Kenya

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

HIV Epidemic in Kenya:

- HIV Prevalence in Adults 15-49: 7.1% (Kenya AIDS Indicator Survey, 2007)
- Estimated Number of Orphans due to AIDS: 1.1-1.3 million (UNAIDS, 2008)
- Estimated Number of HIV-positive People: 1.41 million (Kenya AIDS Indicator Survey, 2007)
- Estimated Number of Individuals on Anti-Retroviral Therapy (ART) as of September 2009: 297,830 (Government of Kenya [GoK] and U.S. Government [USG] data, 2009)

Program Description/Country Context:

Kenya has a severe generalized epidemic with estimated adult HIV prevalence of 7.1%, translating into 1.4 million adults over age 15 and approximately 155,000 children aged 15 and under living with HIV. The 2007 Kenya AIDS Indicator Survey (KAIS) documented disturbing trends in infection, including higher-than-expected rates among older adults and rural populations as well as continuing disproportionate impact on women and girls. The rate of new infections has leveled-off after several years of declines, but HIV-related mortality claimed the lives of an estimated 100,000 Kenyans in 2007 (UNAIDS/WHO, 2008). Deaths to date have left an estimated 1.1 million children orphaned by AIDS. The Kenyan epidemic varies significantly from region to region, with Nyanza Province affected by prevalence rates nearly twice the national average.

Although the majority of HIV transmission in Kenya occurs through heterosexual contact in the general population, a UN-funded Modes of Transmission (MoT) study in 2008 indicated that over 30 percent of new infections are driven by a limited number of groups including commercial sex workers (CSW), men who have sex with men (MSM), intravenous drug users (IDU), and HIV-positive partners in discordant relationships. Policies governing programming around MARPS are improving and National MARPS guidelines are currently in development, with active involvement of USG members.

In the preparation of COP 2010, we placed increased emphasis on prevention consistent with new data as noted above, including increased emphasis on counseling and testing efforts to increase knowledge of status but also rapid scale-up of voluntary medical male circumcision (VMMC) and higher visibility to the implementation of The Partnership for an HIV-Free Generation, a global initiative to link the core competencies of private sector partners with the programmatic experience and reach of traditional partners in youth prevention.

Kenya exceeded all targets except one, PMTCT prophylaxis for the first phase of PEPFAR. As we enter into the second phase of PEPFAR, we are increasing our targets and we expect to continue to contribute significantly to the global targets. Our 2010 COP meets or exceeds all legislatively mandated funding levels for specific program areas. As Kenya developed COP 2010, realizing that PEPFAR II requires greater emphasis on country ownership and sustainability, and since we received level funding from prior year funding, it required the interagency team to be particularly critical of proposed investments, taking into account partner

performance, pipelines, and the best strategic fit between our funding and that of the host government and other development partners.

The USG and the GOK signed the Partnership Framework (PF) in December 2009. The signing of the Partnership Framework represented an unprecedented level of coordination and collaboration between the Government of Kenya, the United States Government, and other partners in jointly setting programmatic priorities, articulating individual and shared objectives, and undertaking strategic planning of the Kenyan national AIDS response for the next five years. The COP 2010 is in full alignment with the PF and the recently launched National AIDS Strategic Plan III (KNASP III).

Prevention:

Kenya's prevention portfolio includes medical/technical interventions to improve blood safety; and reduce exposure through safer medical injection, VMMC, and prevention of mother-to-child transmission. Behavioral/Sexual transmission interventions include abstinence and be faithful programs aimed at both youth and adults, condoms and other prevention activities, and work with IDUs.

The sexual transmission prevention portfolio has been significantly recalibrated based on better understanding of sources of new infections. The level of funding committed to OP programs is approximately the same as the prior years; support for AB programs is 50 percent of the prevention funding. Prevention with Positive (PwP) programs in both clinical and community settings are well established based on national guidelines that USG helped develop.

While funding directly allocated to work with injecting and non-injecting drug users is a small portion of the overall prevention budget, an increasing number of partners supported for AB and OP work are incorporating alcohol and substance awareness messaging in their comprehensive programs.

Full support for the Partnership for an HIV-Free Generation is through USAID mechanism. The Partnership is a unique and promising network of public-private partnerships linking the core competencies of the private sector with the experience and reach of existing youth prevention and support programs.

USG supported the roll out of VMMC policies and guidelines, training programs, and community mobilization. The VMMC program will continue with a focus on responding to very high levels of demand from uncircumcised men between the ages of 10 and 50 in Nyanza Province, with targeted Nairobi communities a second priority, reaching 170,000 males with a comprehensive package of services for VMMC.

The funds available for PMTCT will enable 4,000 USG PEPFAR-supported sites to provide HIV testing and counseling, including provision of test results, to 1.3 million pregnant women in 2010 – reaching nearly 87 percent of women who will visit an antenatal clinic (ANC) during that time period. Among those tested, 87,315 HIV-positive women (91 percent) will receive a full course of prophylaxis to interrupt vertical transmission, with the majority receiving more efficacious regimens including AZT. Based on a very positive experience with a South Africa-based "mentor mother" program, Kenya is awarding a bi-lateral agreement through USAID to adapt it

to the Kenyan context, and bring it to national scale as rapidly as possible.

Blood and injection safety programs will continue measured progress toward national coverage of these important interventions. Kenya's six regional blood transfusion centers and four satellite centers are expected to collect 180,000 safe units of blood, representing a 718% increase from pre-PEPFAR levels. We will continue to expand provision of HIV test results to blood donors, with up to 80,000 donors notified in 2010. Kenya will support scaling up safe injection initiative to achieve national coverage, will be implemented in all provinces of Kenya, and key staff will be trained in injection safety. The GOK will continue to complement USG efforts with significant procurement of auto-disable syringes and waste management systems will be established in 50 percent of the USG supported sites.

Care:

Kenya's care and mitigation efforts include: HIV testing and counseling (HTC) integrally linked to prevention and treatment, as well as TB/HIV programs to identify and care for those who are co-infected; support for OVC ; integrated TB and HIV programs for rapid diagnosis of HIV among those with TB and vice versa, and treatment of TB among those who are HIV-positive; and community-support and mitigation services to strengthen households affected by AIDS as well as health services for children and adults that complement ART by intervening to prevent/treat opportunistic infections (OIs), to prevent transmission of HIV by those who are in care, and/or offering end-of-life care when treatment fails or is unavailable.

With strong U.S. technical and financial support, Kenya continues to provide global leadership in expanding HTC beyond traditional voluntary counseling and testing (VCT). HTC efforts in 2010 are expected to help five million Kenyans learn their HIV status (1.3 million in PMTCT programs, 1.5 million through provider-initiated HTC, one million through home based couples and family HTC, and the remainder in TB programs, mobile outreaches, and traditional VCT). We will continue rapid expansion of family counseling and testing and initiate HTC within OVC programs and populations. HTC activities (including testing in TB and PMTCT programs) will be supported by funds allocated to the laboratory infrastructure program area for purchase of required stocks of HIV rapid test kits.

OVC programs are budgeted at $48.925 million, which fully meets the 10% earmark for this special population. Innovations for 2010 include the scaling up HTC in OVC programs and creating a conducive environment recognizing the sensitivities of testing children. Kenya will continue to strengthen the capacity of families to advocate for services and care for OVC and provide a range of essential services that reduce vulnerability to 650,000 OVC and their families. In 2010, we will place a special focus on economic strengthening activities that increase families' capacities to provide and care for children under their care; there will be a greater emphasis placed on strategies for enhancing household economic strengthening.

Focus on non-ART Palliative care for adults and children (which include community support/mitigation services as well as clinical care other than ART and hospice) will continue to meet unmet needs of Kenyans struggling with the effects of HIV and AIDS. It will make possible much wider use of cotrimoxazole, improved linkages between community and clinic settings, and greater availability of medications to prevent and treat OIs for 750,000 Kenyans. Expanded emphasis on water, sanitation and hygiene contributions to reduce morbidity is reflected in the

activities of many partners.

Home-based care (HBC) will continue to be improved with a special emphasis on promoting consistent implementation of the GOK guidelines and wider availability of better-equipped Basic Care Kits (BCK). Deployment of 440,000 BCK to HIV-affected households is expected to improve household and individual morbidity for up to approximately 1.75 million Kenyans in 2010.

We will provide TB treatment and cotrimoxazole prophylaxis to 100 percent of eligible co-infected Kenyans in 2010 and will screen 45 percent of HIV-positive persons at enrollment into care, provide HIV testing to over 90 percent of TB patients, their partners and families, and further strengthen referrals between HIV and TB service points. More aggressive case-finding of dually-infected children will be prioritized, and TB diagnosis and treatment in HIV clinical settings will be expanded.

Treatment:

The combined country and headquarters-allocated budget for ARV drugs and laboratory infrastructure – supplemented by host government, Global Fund, and other sources – will make continuous, high-quality treatment available to approximately 75 percent of those who need it by the end of the 2010 implementation period.

Treatment priorities include procurement of generic ARVs at over 80 percent of the value of all purchases, accommodating patients failing first-line therapy by increasing the percentage of drug procurement committed to second-line regimens in anticipation of phased-out Clinton HIV/AIDS Initiative funding, and preparing for an expected shift to a tenofovir-based first line regimen later in 2010.

This next phase of treatment scale up will be closely coordinated through the National AIDS and STI Control Programme (NASCOP). Consistent with the PEPFAR Strategy, USG inputs include assistance with planning and development of strategies, policies and guidelines; support for centralized activities such as drug procurement and delivery, training, and enhancement of laboratory capacity; direct support to an anticipated 700 sites that will be providing ART in Kenya; and indirect support to nearly all sites providing ART in Kenya through collaboration with NASCOP. It is expected that a combined total of 350,000 Kenyans will be on ART through direct and indirect PEPFAR support by September 30, 2010.

Turning earlier investments in pediatric treatment into greatly increased numbers of children on ART will be a continuing priority, with a special emphasis on very young children. In light of the Clinton Foundation commitment to procure all pediatric ARVs through December 2010, we will emphasize greatly expanded early infant diagnosis and expect that over 49,000 children (under the age of 15) will receive ART by September 30, 2010.

Strengthened support for health systems will be a continuing priority in the continued expansion of ART. USG Implementing partners will (1) strengthen sites within a region and network and referrals between those sites, (2) improve regional functions such as quality assurance, and (3) offer supportive supervision to networked sites. Networks are now well defined in all regions and are overseen by NASCOP Provincial ART Officers (PARTOs). PARTOs, most of whom are

physicians, determine which sites become treatment centers, provide supervision, work to strengthen treatment networks, and conduct periodic meetings where health care providers can share experiences and receive continuing medical education. Investments in this area prioritize procurement and human resources to expand laboratory services in Kenya, with an increasing number of facilities receiving quality assurance and training for personnel.

All treatment programs will be supported to expand Prevention with Positives (PwP) programs in health care facilities and at the community level. Core PwP activities will include expanded partner and family member HTC, encouraged/assisted disclosure, employment and training of patients to facilitate prevention support groups, providing HIV-positive children with age-appropriate HIV prevention interventions linked to their clinical care, condom education and provision, and STI screening.

Systems Strengthening and Human Resources for Health (HRH):

In 2010, Kenya will place greater emphasis on systems strengthening and HRH focusing on sustainability. Systems strengthening and policy analysis will focus on efforts that have proven to hold great promise. We will support strengthened policy framework to optimally support an effective HIV response in the overall health sector by engaging the GOK in the development of an integrated policy process management system which aims at enhancing facilitation, management, coordination and implementation roles of the government in the policy process. There will be greater emphasis placed on the health financing component with a focus on financial sustainability of the HIV program, increasing not only the GOK resources committed to the health sector but also greater involvement of the private sector. Additionally, Kenya will place greater emphasis on supply chain management, building on the efforts of the Millennium Challenge Corporation (MCC)/Account Threshold Program at both the national level operations as well as lower level facilities. Kenya will continue to work with the GOK to improve physical infrastructure, including health facilities and laboratories.

Kenya's HRH efforts will focus on strengthening planning and management in the GOK for the health sector; developing a health sector HR information system to inform decision making; strengthening pre and in-service training; addressing policy barriers to good HR practices; and strengthening professional bodies' structures and regulator role for effective health practices. As we scale up HRH efforts, we will contribute towards: 1,200 new health care workers graduating from pre-service training; 2,400 community health workers and para-social workers successfully completing a pre-service training program; and 2,400 health care workers successfully completing an in-service training program, specifically in male circumcision and pediatric treatment. We will support the GOK to implement the national HRH strategic plan, including developing sound policies for health workforce training, recruitment, deployment and retention, as well as, task shifting and work place improvement. PEPFAR will continue to support the development of leadership and management skills at all levels, including national and service delivery.

We will continue to support networks of people living with HIV (PLHIV) – including positive teachers, health care workers, religious leaders, Muslim women, youth and ART patients – so that they can provide mutual support to one another and in the long run become effective participants in the policy councils of their nation to promote accountability, efficiency, and transparency. USG personnel will be actively engaged in trying to assure that Global Fund

resources – one third of which come from American taxpayers – are used wisely and efficiently in Kenya. We will continue technical and financial assistance to implement revised administrative structures to support Global Fund planning, procurement, and programming while equipping PLHIV and civil society representatives to effectively participate in the Country Coordinating Mechanism.

Other Costs:
Resources invested in Other Costs primarily fulfill our commitment to effective management and monitoring of the substantial American investment in the response to HIV in Kenya. These efforts are also directly related to the "Three Ones" to which our Government and other donors have committed.

Our efforts in strategic information (SI) assure that we continue to be responsible stewards of Kenya's PEPFAR funding. Our SI program includes targeted allocations to increase the capacity of both the National AIDS Control Council (NACC) and MMS/MPHS to implement the one monitoring and evaluation framework called for in the "Three Ones," and we are philosophically and practically committed to assuring that the data collected from our programs strengthens the national system. We will expand capacity building efforts for the GOK at both the national and sub-national levels to ensure sustainable systems and programs. We will continue our support to strengthening the GOK community-based monitoring system to increase reporting rates as well as supporting the rolling out of the National Health Information Management System, which incorporates all of PEPFAR's next generation indicators.

Redacted.

Other Donors, Global Fund Activities, Coordination Mechanisms:
The United States is the predominant donor to HIV interventions in Kenya. The United Kingdom's Department for International Development (DFID) is the next largest bilateral donor and the World Bank is the largest multilateral funder. Other development partners active in the response to AIDS in Kenya include the Japanese International Cooperation Agency, the German Development Corporation, the Gates Foundation, and the Clinton Foundation.

The Global Fund for AIDS, Tuberculosis and Malaria (GFATM) has approved HIV grants totaling over $156 million, with approximately $87.5 million disbursed as of October 30, 2009. The United States participates in the Global Fund Country Coordinating Mechanism (CCM) and all relevant Interagency Coordinating Committees (ICCs) dealing with HIV and other health issues. USG technical staff also work closely with both the multi-sectoral NACC and NASCOP.

We and other development partners are vitally interested in assuring that Kenya receives maximum resources from the Global Fund *and* that it has the capacity to use those resources rapidly and effectively. For that reason, our 2010 efforts will include continued focus and resource commitment to establishing better systems for planning and using GFATM funds to prevent new infections and prolong the lives of Kenya already infected with HIV.

Population and HIV Statistics

Population and HIV		Additional Sources

Statistics	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Becton Dickinson Lab Strengthening			300,000	300,000	This PPP does not exist in Kenya.
Becton Dickinson Safe phlebotomy		Becton Dickinson			In FY2011, BD continued working with PEPFAR partner NASCOP to scale up the safe phlebotomy trainings based on the lessons learnt from the first year of the partnership. Management sciences on Health (MSH) also helped in scaling up the activity. This has resulted in a total of 45 master trainers and 1754 health workers being trained in 30 health facilities. In addition JICA-a non-

					PEPFAR partner has also trained 400 health workers in 5 facilities. BD supported establishment of a Center of Excellence in Phlebotomy at the Kenya Medical Training College (KMTC). In FY2012 Jhpiego will be awarded $750,000 to set up such centers in 5 other KMTC campuses in other counties in the country. BD hired a technical officer to support this project who has since transitioned to Jhpiego.
KEMRI Production Facility Business Development Plan (BDP)					The 2nd phase of the KEMRI BDP PPP will not be supported by USG funds in 2012. GOK will continue advocate and identify funding for the KEMRI Production Facility from other partners.
Partnership for an HIV Free		TBD, Grassroots			HFG proposed PPPs: Africa Youth

Generation		Soccer, Johnson and Johnson, Microsoft, Telkom			Trust & Hope World Wide's PPP will provide enterprise training, business skills & create 2000 jobs: The Huru International Dream for our Daughters project will produce/distribute 40,000 reusable sanitary pads for girls in/& out of school. The Digital Opportunity Trust will train 12,000 youth on ICT & business skills & create over 6000 jobs. The NBO Institute of Technology Animation for an HFG project focuses on 9-13yr olds to deliver life skills & character formation messages. Telkom will promote a soccer tournament & deliver skills training for 3600 9-13yr olds in school. TechnoServe/Coke PPP focuses on youth entrepreneurial

					skills for 800 girls. Microsoft/British Council PPP focuses on ICT skills for high school students. SC Johnson PPP focuses on developing business for 200 in shoe shining. Liverpool VCT will expand one2one hotline for counseling youth. Ashley's Beauty School will train 2000 youth in hair dressing. Private Sector funds total est. 4M.
Phones for Health		CDC Foundation	1,000,000	0	The objective of the Phones for Health PPP is to support the implementation of mHealth information systems for the GOK in collaboration with NASCOP, KEMSA, the Division of HIS and ICT Department of the Office of the President. The MOH is committed to leveraging the wide availability of mobile phone technology to

					improve information systems in health services. CDC Foundation and the MOH will work with the private sector to develop mobile platforms, identification systems, and systems integration interfaces that enable timely and secure transfer and access of programmatic, logistical, surveillance and other health related data. Problem statements have been determined and the first two quarters of 2012 will detail planning and project initiation to leave FY2012 for activity implementation and roll-out. The CDC Foundation Country Manager, an ICT Lead and Finance/Administration staff to be hired within the first quarter of 2012 will

					assist in directing the Phones for Health PPP in Kenya.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
ANC-PMTCT data for surveillance transition	Evaluation of ANC and PMTCT transition	Pregnant Women	Publishing
Demographic Surveillance Systems (DSS)	Other	General Population	Data Review
Kenya AIDS Indicator Survey (KAIS)	Population-based Behavioral Surveys	General Population	Planning
Most at Risk Population (MARPS) Survey	Population-based Behavioral Surveys	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Data Review
PLACE Study	Other	Female Commercial Sex Workers, General Population, Injecting Drug Users, Men who have Sex with Men, Street Youth	Data Review
Service Provision Assessment (SPA)	Other	Other	Publishing

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			23,475,509		**23,475,509**
HHS/CDC	5,247,516	8,121,000	146,805,149		**160,173,665**
HHS/HRSA	5,851,680		8,805,000		**14,656,680**
State			446,469		**446,469**
State/AF			100,000		**100,000**
USAID	138,750		347,988,368		**348,127,118**
Total	**11,237,946**	**8,121,000**	**527,620,495**	**0**	**546,979,441**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	State	DOD	HHS/CDC	HHS/HRSA	State/AF	USAID	AllOther	
CIRC		435,000	8,645,380			4,000,000		**13,080,380**
HBHC		1,300,000	8,670,000	1,130,000	50,000	30,850,000		**42,000,000**
HKID		736,000	700,000		50,000	47,439,000		**48,925,000**
HLAB		1,978,666	11,800,000			14,050,000		**27,828,666**
HMBL			5,112,284			2,200,000		**7,312,284**
HMIN			2,372,406			1,488,750		**3,861,156**
HTXD						84,750,000		**84,750,000**
HTXS		7,650,801	41,081,959	10,051,680		34,250,000		**93,034,440**
HVAB		756,463	4,772,666	775,000		24,641,374		**30,945,503**
HVCT		2,550,000	14,869,993	100,000		16,150,000		**33,669,993**
HVMS	446,469	1,926,032	14,099,100			12,630,887		**29,102,488**
HVOP		400,475	10,459,038			20,085,990		**30,945,503**
HVSI		1,030,569	8,299,000	300,000		7,200,000		**16,829,569**
HVTB		1,500,000	8,424,154	1,350,000		7,245,000		**18,519,154**

IDUP			182,500			750,000		**932,500**
MTCT		2,131,503	12,153,185			16,967,104		**31,251,792**
OHSS			3,592,000			11,749,013		**15,341,013**
PDCS		270,000	1,450,000	180,000		1,850,000		**3,750,000**
PDTX		810,000	3,490,000	770,000		7,930,000		**13,000,000**
	446,469	**23,475,509**	**160,173,665**	**14,656,680**	**100,000**	**346,227,118**	**0**	**545,079,441**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	42,000,000	
HTXS	93,034,440	
Total Technical Area Planned Funding:	**135,034,440**	**0**

Summary:
Key Result 1: Provide HIV care and support services for 670,000 adults.

Key Result 2: Provide a Basic Care Kit to 400,000 HIV-infected persons.

Key Result 3: Provide direct antiretroviral treatment (ART) support for 310,000 HIV-infected adults.

Key Result 4: Integrate prevention strategies in all care and ART programs

Key Result 5: Strengthen linkages from HIV testing and counseling (HTC), Prevention of Mother to Child Transmission (PMTCT), male circumcision (MC) and TB/HIV to HIV care and ART services.

Current Program Context
Tremendous progress in provision of adult HIV care and ART services has been made in the last 5 years, ensuring provision of care services to 690,000 people living with HIV, and ART to 270,000. Each month > 10,000 HIV+ adults enroll in care and 5,000 initiate ART. Over 700 health facilities (including all national, provincial, and district hospitals) offer care and ART services. Service decentralization to health centers and dispensaries is ensuring greater coverage. This massive expansion is attributed to increased funding and scale-up primarily through PEPFAR and Global Fund (GF) support.

According to the 2007 Kenya AIDS Indicator Survey (KAIS) among HIV-infected people who know their status, > 70% are receiving care and 90% of those eligible for ART are receiving it. Unfortunately, HIV counseling and testing (HTC) services have not reached many Kenyans; KAIS data indicates that 84% of the HIV-infected did not know their.

The National AIDS and STD Control Program (NASCOP) coordinates all care and ART activities and oversees development and implementation of care and ART policies, guidelines, and training curricula. A national care and ART taskforce, chaired by NASCOP whose membership includes USG, WHO, UNAIDS, Medecins Sans Frontieres (MSF) and other donors, meets quarterly. By August 2009, GF resources were supporting ARV's for ~111,000 patients; Government of Kenya (GoK) ~ 12,000 patients; Clinton Foundation ~41,800 patients (mainly second line drugs); and MSF ~5,000 patients.

Several editions of ART and care guidelines have been issued through the taskforce. Current guidelines emphasize opportunistic infection (OI prevention and treatment through universal provision of cotrimoxazole (CTX) and multivitamins for all HIV-infected persons. Ongoing discussions continue

regarding the revision of national ART guidelines to incorporate safer and better first-line antiretroviral (ARV) regimens, revise second-line regimens, provide third-line ARV options for treatment-experienced patients, and raise the CD4 cut-off for ART initiation to 350cells/mm3. Health facility ART decentralization policy and mentorship guidelines to inform multi-tasking and task-shifting to lower level health facilities have been developed, tools and materials for use have been printed, and distribution is in progress. Development of guidelines and materials advising on provision of mental health services to HIV patients has been initiated.

A comprehensive package of services offered to all HIV+ patients at health facilities includes assessment for ART eligibility; laboratory monitoring with CD4 testing; psychosocial counseling; adherence counseling; nutritional assessment/supplementation; prevention with positives [PwP], (including support for family testing, supportive disclosure, condom provision, family planning, and STI services); OI diagnosis and treatment, including TB services; ART for those eligible; and defaulter tracing. In addition, the community supports ongoing prevention interventions for HIV+ individuals, e.g., education by peer educators and support groups to provide prevention messaging.

Of the 270,000 current adult ART patients, < 5% are on second-line regimens with only a small number experiencing clinical failure. However as the number of ART-experienced patient increases, ARV resistance surveillance is imperative. In 2005, a threshold ANC sentinel resistance survey showed no primary resistance, and a second survey is ongoing. NASCOP has piloted monitoring for early warning indicators and plans for scale-up are underway. A secondary ARV resistance surveillance protocol has been developed and is awaiting approval.

GoK is finalizing the 2009-2012 Kenyan National Strategic Plan (KNASP III) guiding HIV service implementation and targeting care and ART service provision to 80% of eligible HIV-infected Kenyans. Kenya's Partnership Framework aligns KNASP III HIV activities with PEPFAR II. This outlines the roles of GoK and USG in implementation of HIV services and ensures joint commitment from GoK and USG, hence promoting sustainability. FY10 PEPFAR activities are formulated within the context of the Partnership Framework.

The Ministry of Public Health and Sanitation has finalized a community strategy to ensure that Kenyan communities have the capacity and motivation to take up an essential role in health care delivery. Implementation is challenging, mainly due to resource constraints as the community strategy promotes implementation of a broad range of community level health services and interventions including HIV psychosocial and spiritual support, home care and nutrition. PEPFAR will support a community strategy pilot in specific high burden HIV districts identified in consultation with NASCOP.

Adult ART training has been incorporated into the Integrated Management of Adult Illnesses curriculum for lower cadre health care workers (HCW), and there are efforts towards developing an integrated training curriculum to incorporate different HIV program areas (Care, ART, PMTCT, PITC, etc), to provide a comprehensive HCW training package. PEPFAR supports 739 HCW at public facilities; 850 HCW supported in PEPFAR I are being transitioned to GoK. Other implementing partners (IP) also employ clinical staff. However, most Kenyan health care facilities remain staffed at ~50% of optimal levels. To address this deficit, various approaches have been suggested to task-shift HCW roles and responsibilities to lay care workers and the community.

Building upon PEPFAR I & COP 2009
In FY09, NASCOP launched the national PwP initiative, followed by regional sensitizations and HCW PwP trainings of trainers (TOTs). Activities are continuing with district and lower level provider trainings. Materials and job aids for clinical settings have been printed and disseminated. 157 health care facilities are now providing PwP services, and approximately 10,000 patients have received PwP messages. PwP guidelines/policies and M/E framework are being developed. Community PwP materials are being

finalized and will be launched in 2010.

In 2009 increased emphasis was placed on identifying HIV-infected persons earlier. Partners incorporated provider-initiated HIV testing and counseling (PITC) more widely into clinical services and home-based counseling and testing (HBCT) conducted in Nairobi and rural areas linked ~50% of HIV-infected individuals identified to care and ART facilities. Strategies employing peer educators and community health workers are ongoing to improve coverage.

TB/HIV collaborative activities have been suboptimal within the HIV program. In FY09 NASCOP identified a TB coordinator to prioritize TB/HIV activities within HIV clinical settings. Although most HIV patients receive TB screening at enrollment into care, this process is not standardized. The NASCOP coordinator is leading the development and implementation of a standardized TB screening tool.

In 2009, PEPFAR piloted provision of a Basic Care Kit: (safe water system, multivitamins, insecticide-treated mosquito nets, condoms, and educational materials) to over 55,000 patients in 3 provinces through 33 health care facilities. The pilot was very successful, and an evaluation is almost complete. Evaluation results will be used to improve scale-up.

Access to viral load testing to improve clinical management is slowly being expanded at approved sites. Providers requesting testing are expected to follow the MOH algorithm. In one pilot, among 264 patients' samples requested for viral load based mainly on clinical and immunologic failure, only 126 (48%) indicated detectable viral load.

In most health facilities, ART is only available through the HIV care and ART clinic. A few programs have been piloting integration of ART in MCH and TB sites. From integration models at Kericho District Hospital, CTX and ART uptake were high, at 97% and 85% respectively for TB/HIV co-infected patients. In FY10, based on these successes the integrated models will be scaled up to other health facilities, initially targeting the district and provincial hospitals, but also being emphasized at lower level facilities.

Over 60 health care facilities receive nutritional supplements (Food by Prescription [FBP]) to distribute to eligible patients, and > 75,000 adult patients have benefited. Other nutritional support is provided through leveraging of private funds and innovative food production programs.

GoK funding for ARV procurement and other commodities remains low but is expected to annually increase by at least 10% during the term of the Partnership Framework. In 2009, GoK allocated ~$5 million for ARVs to cover 25,000 patients on generic first-line regimens. However, given the current rate of scale-up and future plans to provide more efficacious and costly ARV regimens to more people, this is insufficient. GF Round 2 Phase 2 only procured ARVs for 42,500 patients for 3 years. It is unclear how future patients will continue to be covered but GoK has initiated innovative and sustainable financing options with the Parliamentary Health Committee and with Treasury.

Strategy for 2010
In FY10, PEPFAR funds will support 670,000 Kenyan adults in care (~56% of adults living with HIV) and 310,000 on ART. Decentralization to lower level facilities will continue increasing the number of care/ART sites from 700 to 900 (~15% of ~6,200 health facilities) focusing on integrating HIV services.

In FY10 all IP will continue leveraging care and ART funds to support PITC in clinical facilities, including medical wards and outpatient departments. Support for couple and family testing in facility and community settings will continue. HIV-infected persons will be linked to comprehensive care services, including ART. HIV-negative men in discordant relationships will be referred for MC. Program evaluations of strategies to improve care and ART uptake following HBTC activities will be performed.

All patients enrolled in care will receive CTX, 400,000 will receive a BCK, and the FBP project will expand to support another 50,000 adults bringing the total supported to 125,000. Funds will be used to develop a comprehensive tool kit with curricula for water, sanitation and hygiene (WASH) to be integrated into all service delivery trainings. Scale up of WASH activities will also be integrated into the BCK roll out plan. PEPFAR will support the Kenya Hospice and Palliative Care Association to advocate for policy changes to expand access of opioid pain medication for adult HIV patients in health facility settings. Integration of HIV prevention strategies, i.e., PwP, at all service delivery points will be emphasized.

Activities planned for FY09, but not realized and now prioritized in FY10 include: a) evaluating the cervical cancer screening pilot programs to inform the USG team on how to support cervical cancer screening activities; b) modifying care indicators to capture adult patients current, ever, and newly initiated in care; and c) developing indicators to capture the number of people receiving community and/or facility care to avoid double counting.

IPs will continue to provide care/ART services to hard-to-reach and marginalized populations including refugees, prisoners, and sex workers. Tailored services will meet the needs of youth, elderly and disabled populations. Strategies to increase male enrollment in care/ART services will include support to male peer educators, mentors and support groups, and supporting women to disclose and bring their male partners for HTC and ART. HIV + pregnant women will receive CTX at MCH or HIV care clinics and be evaluated for ART.

In FY10, renovation funds will prioritize provincial and high volume district hospitals. Renovations will follow a standardized construction plan and will include infection control elements. Pre-service and in-service trainings will continue to be supported, ensuring training for over 2,000 HCW, through both classroom training and mentorship. A standardized modular CME will be developed and piloted.

Data collection and reporting will continue improving at all levels to increase reporting to MOH/NASCOP and PEPFAR. At MOH, there is an effort to integrate HIV data reporting with overall disease reporting through the Health Management Information System unit. Kenya will incorporate the new generation PEPFAR indicators. TB indicators have been incorporated into HIV care and ART reporting to capture active TB cases and ART uptake among HIV/TB co-infected patients. National indicators to capture TB screening in HIV settings remains a challenge and will be developed in 2010.

Several IPs use electronic databases to capture patient and program data. Other IPs will be assisted to adopt recommended systems. Development of quality of care indicators for monitoring the quality of HIV clinical services (HIVQUAL) was initiated in FY09. Implementation will be supported in FY10. A longitudinal survey to assess HIV care and ART provision, building on a similar 2007 survey, is planned for 2010. An evaluation will be supported to assess the cost of HIV care and treatment services, to inform the program on cost-effectiveness of different service delivery models.

The USG will continue to collaborate and hold joint review meetings with the GoK to ensure continued joint commitment towards achieving these goals. To ensure sustainability, over 80% of Kenya ART and care programs are within MOH facilities; implementing partners' care and treatment plans are integrated into the MOH annual district operations plans; PEPFAR funds will continue to support HCW didactic trainings and mentorship; and implementing partners will continue to be encouraged to establish, support, and capacity-build local indigenous organizations.

The USG team will continue to encourage the GoK to commit more funds for procurement of ARV's and other commodities and leverage other funding sources. It is hoped that with adoption of the Partnership Framework, this will ensure expanded commitment from GoK. USG will continue to strengthen MOH capacity in HIV service provision. Due to limited availability of additional resources to support more patients, cost-effective approaches will be adopted to ensure the resources available are used to support

a larger number of patients.

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	84,750,000	
Total Technical Area Planned Funding:	**84,750,000**	**0**

Summary:
Key Result 1: Procure sufficient quantities of antiretroviral (ARV) drugs to treat 250,000 patients.

Key Result 2: Leverage resources from GFATM, Government of Kenya (GOK) and other donors to cover ARV drugs for an additional 100,000 patients

Key Result 3: Strengthen national HIV/AIDS commodity forecasting, procurement, distribution and management systems to ensure uninterrupted supplies of critical HIV commodities, including ARV drugs

Current Program Context
Since 2003, the Kenya antiretroviral therapy (ART) program has grown tremendously from 11,000 patients to 297,830 patients (including 30, 174 children) through September 2009. Currently over 6,000 patients are initiated on ART every month of whom 10% are children. Through PEPFAR support the pharmaceutical procurement system has continued to be strengthened and fewer ARV stock-outs have been experienced. Improved coordination between USG and GoK pipelines has ensured that patients are covered and do not miss treatment even when there have been interruptions in government supplies. The introduction of electronic data management tools and training has contributed to improvements in the completeness, accuracy, and timelines of commodity reporting. User-friendly electronic ARV dispensing tools are now available in over 200 of the more than 700 antiretroviral treatment (ART) centers, and over 1,000 HIV/AIDS practitioners have received training in ART commodity management. The dispensing tools, regular trainings, and institutionalization of therapeutic drug committees at the facility level have contributed to improved national ART reporting rates.

PEPFAR-procured ARVs are mainly adult first and second-line drugs based on Kenya's National Treatment Guidelines. In early 2009, after a competitive process, a new bilateral procurement contract was awarded to Chemonics for Kenya PHARMA; the previous award had been with the Mission for Essential Drugs and Supplies (MEDS).. The Kenya PHARMA project has been operational since mid-July 2009 and their specific activities are to quantify and procure all ARV and opportunistic infection (OI) drugs needed to meet the PEPFAR Kenya country targets. Kenya PHARMA is also responsible for storage and warehousing of PEPFAR stocks, timely and efficient distribution of pharmaceuticals, and product quality assurance checks. Kenya PHARMA has partnered with Phillips Pharmaceuticals for procurement and warehousing, DHL for commodity distribution, and the India-based Vimta Labs for commodity quality control and quality assurance.

The public sector counterpart to Kenya PHARMA is Kenya Medical Supplies Agency (KEMSA), which has been a key partner for HIV-related commodities. KEMSA distributes ARVs purchased with Global Fund (GFATM) and GOK resources, as well as HIV test kits, laboratory reagents, and OI drugs. KEMSA has two large-capacity central warehouses in Nairobi and eight additional provincial warehouses that cater for re-supply needs of local facilities. KEMSA contracts with transporters to distribute HIV products to ART centers. Through the Millennium Challenge Account (MCA) threshold program, which ended in September 2009, USAID worked with KEMSA to improve procurement practices in the public sector. This

two-year project whose objective was to reform public procurement and to improve healthcare service delivery. As part of the support to KEMSA, a number of KEMSA staff were trained in supply chain management, standard operating procedures (SOP) were written and the KEMSA website capacity was improved to enable posting of tender prices.

Management Sciences for Health (MSH) through the Strengthening Pharmaceutical Systems (SPS) project has been the main technical partner supporting drug supply chain activities, managing the logistics management information system (LMIS) to track procurement, warehousing, and distribution of these commodities. MSH also assists the KEMSA-based Logistics Management Unit (LMU) that manages and maintains a database on commodities consumption and stocks information at all levels of the supply chain. This unit ensures an uninterrupted supply of commodities and helps identify problems in the pipeline. Kenya PHARMA works closely with the LMU. A number of facilities receive ARVs from both KEMSA and PHARMA which has created reporting challenges; harmonization of distribution is well underway to ensure each facility is served by only one pipeline. An MSH/SPS evaluation will be undertaken in March 2010 to inform a supply chain TA program redesign.

Two other donors, Medecins san Frontieres (MSF) and Clinton Foundation (CF), procure ARVs. MSF supports ARVs for a small number of patients (4,931) in selected sites. Since 2007, CF has procured all pediatric ARVs and second-line formulations. However, CF will discontinue ARV procurement in December 2010. Thereafter, USG will procure both pediatric and second-line drugs. Increasingly, more patients on second-line regimens are experiencing treatment failure and management is challenging. USG is working with GoK to develop guidelines and looking at the cost effectiveness of third-line ART regimens.

In FY 2008-09, GOK allocated $7 million for ARVs; this decreased to $5 million for FY 2009-2010 although emergency procurements may push GoK levels up to or above the 2008 figure. Currently, only GFATM Round 7 is active but Round 7 ARV tender has gone into judicial review because one supplier challenged the process. This has affected KEMSA stock status and GoK has requested PEPFAR ARVs to avert stock outs at the facility level. We will put more pressure on the GoK to ensure an increased allocation to ARV drug procurement in future GoK budgets as reflected in Kenya's Partnership Framework.

The USG team, in partnership with GoK, GFATM, CF, MSH SPS, Kenya PHARMA and other development partners and stakeholders have regular national quantification meetings to ensure adequate ARV stocks to meet national needs are procured. Planned GFATM procurements rarely arrive on time, so USG and CF are often requested to fill critical gaps. Under the 2009 Kenya National AIDS Strategic Plan (KNASP III), NASCOP will continue to convene commodity needs quantification meetings to prepare medium-term forecasts and quantifications for each commodity group. USG will actively participate in this process.

Building upon PEPFAR I & COP 2009
As of September 2009, PEPFAR-purchased ARVs supported 121,203 (45%) of the 267,656 adult ART patients. A small percentage of USG-procured ARVs have been used for pediatric ART, post-exposure prophylaxis in sexual assault, occupational exposure for health care workers, and PMTCT prophylaxis for both mothers and babies. Over 300 ART centers receive PEPFAR ARVs, of which ~70% are public sector/GoK facilities. Procured ARVs are generic (82%), and cost savings have enabled us to exceed previously determined ART patient ceilings.

A recent PEPFAR-supported innovation adopted by NASCOP is production of a monthly 2-page summary of current and projected ARV stocks for principal adult and pediatric regimens. It assists policy-makers and those responsible for resource allocation to mitigate the possibility of stock-outs, modulate rates of scale-up if necessary, and ensure adequate funding for future demand.

In 2009 consistent with WHO recommendations, Kenya revised its national pediatric treatment guidelines so that all HIV-infected infants < 18 months are eligible for ART regardless of CD4. Kenya is also currently revising national adult ART guidelines to encourage the use of safer regimens, especially those containing tenofovir and raising the CD4 count for ART initiation to 350 cells/cu mm. The most immediate implication of these policies will be increased costs of treating patients, as stavudine-based regimens will likely be phased out in favor of the more expensive tenofovir. Raising the treatment threshold to 350 cells/cu mm will result in an additional 160,000 HIV-infected people who will require ART.

The 2009 KNASP III is expected to rely on multiple national and international sources for ARV financing. Various strategies have been outlined to ensure financial sustainability of the national response to HIV including mobilization of resources through the public sector, private sector, other development partners and establishment of an AIDS fund among other strategies. Nationally, the Public Procurement and Disposal Act, 2005 and Regulations 2006, will guide the procurement of KNASP III goods and services.

Additionally, in KNASP III, GoK expressed interest to join the GFATM initiative on Voluntary Pooled Procurement and Capacity Building/Supply Chain Management Systems (VPP and CBS/SCMA) whose main objective is to provide country support to facilitate timely access to medicines and other health products and improve on grant performance while eliminating bottlenecks in procurement and management of pharmaceutical products. The CBS/SCMA is a long-term strategy to support the strengthening of country systems for an effective, efficient and sustainable procurement and supply management organization.

Strategy for 2010
In 2010, PEPFAR will budget $84,750,0000 for ARV drugs, and plans to provide ARVs for 250,000 patients, of whom at least 25,000 will require second-line or alternate regimens. Eligible mothers will be given ARVs as per national ART/PMTCT guidelines or WHO recommended extended postnatal prophylaxis to make breastfeeding safer. In 2010, USG Kenya will continue to purchase FDA-approved generic ARVs, especially fixed-dose combinations (FDC). FDCs will simplify quantification and procurement, reduce patient pill burden, and promote better adherence. FDC use at PEPFAR sites will closely mirror formulations already available in public sector facilities from GFATM and GOK resources. As of August 2009, 94 United States Federal Drug Administration (FDA)-approved or tentatively approved ARV formulations have been registered for use in-country by the Kenya Ministry of Medical Services (MOMS). Most of these ARVs are already on the Kenyan market through multiple procurement agencies. A significant number of other USFDA approved or tentatively approved companies have also initiated registration with the Kenya MOMS and will soon be available locally. Registration pace for the FDA-approved ARVs has been acceptable, and the USG will work with MOMS to expedite local registration of new products.

Currently, most USG-procured ARVs do not require cold storage, and heat-stable boosted Lopinavir formulations have been locally available for over two years. However, for Lopinavir pediatric formulations, and other such products that have cold-chain requirements, PHARMA has adequate capacity to handle, store, and transport them without breaking the cold chain. In addition, most ART health facilities have cold storage capacity.

SPS will work directly with KEMSA and its staff at the LMU. This includes managing the LMIS system for reproductive health, malaria, and the national TB program commodities. MSH/SPS will provide TA to maintain the database and help distribute reports to relevant MOH divisions and agencies on stock status. The LMU will gradually transition to KEMSA, and this will entail expansion of the LMIS database to include all products warehoused and distributed by KEMSA.

USG will continue to monitor and support routine reporting on ARV consumption through monthly reports from ordering points to central stores. This data will be used in forecasting and quantification of future

ARV needs to help ensure uninterrupted supplies. COP 10 activities will support and expand system strengthening, pharmacovigilance and procurement of ARVs as outlined in COP 09.

Although well-developed systems for drug registration exist in Kenya, post-market surveillance is weak, albeit improving. The capacity of the National Quality Control Laboratory (NQCL) is limited by available resources. Ongoing and expanded activities proposed in the 2010 COP will broadly support improvement in pharmaceutical management and pharmacovigilance in Kenya. The USG will continue to strengthen NQCL to assure post-market surveillance.

Lastly, although GOK allocates financial resources for ARVs, the funding is minimal and limits real scale-up of programs or the ability to transition to safer but more expensive regimens. Moreover, delays in GFATM procurements continue to hamper adequate ARV availability in the public sector. On multiple occasions USG has supplied ARVs to KEMSA to avoid stock-outs in public sites solely dependent on KEMSA. Many ART centers receiving dual supply have substantially increased the proportion of their ARVs that are USG-procured, given their far greater reliability. While dual drug sources impose additional reporting burdens on treatment sites, they consider dual supply advantageous in preventing treatment interruptions. With strengthened coordination, dual supply will be eliminated and efforts will be made to ensure that both pipelines are able to continuously supply their supported facilities. A standardized reporting and monitoring system will be emphasized. Failure to maintain timely and accurate reporting has compromised Kenya's ability to make optimal use of drug donation programs. In 2010 assistance will be provided to NASCOP to address this problem.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	13,080,380	
HMBL	7,312,284	
HMIN	3,861,156	
IDUP	932,500	
Total Technical Area Planned Funding:	**25,186,320**	**0**

Summary:
Blood Safety
Key Result 1: Increase voluntary blood collection to 6 units per 1000 population.

Key Result 2: Establish 20 hospital transfusion committees.

Key Result 3: Screen 100% of blood for HIV in a quality assured manner.

Current Program Context
The National Blood Transfusion Service (NBTS) consists of six regional blood transfusion centers (RBTC) that collect, process, test and distribute blood; and nine satellite centers that distribute blood to health facilities. It collaborates with other partners for mobilization of volunteer donors and strengthening of hospital transfusion practices. Despite great progress, challenges remain and current blood collections stand below the WHO recommendation of 10-20 per 1000 population. Although NBTS recruits low risk donors, the 2007 Kenya AIDS Indicator Survey (KAIS) showed that a third of blood is collected in hospitals from family replacement donors. This is an improvement from 2003 when 80% of the donors

were family replacement. NBTS collected 124,190 units in 2007 from voluntary donors, -25% of whom donate regularly. This dropped to 100,032 units in 2008 due to post-election violence in the country, but trends for 2009 indicate HIV prevalence among donors declined from 6% in 2000 to 1.4% in 2008.

Referrals and Linkages
NBTS partners have created linkages with community groups, student groups and celebrities to raise awareness of the need for blood donations. One PEPFAR partner has engaged in public-private partnerships which have resulted in $100,000 raised annually from corporations to support donor recruitment. NBTS has developed referral a mechanism for HIV-positive donors to HIV care and treatment services and is developing a plan where HIV prevention, counseling and testing programs will educate clients about blood donation. Additionally, NBTS will work with partners to develop a standard HIV prevention package for donors to ensure positive lifestyles so they remain HIV-uninfected and continue donating blood.

Strategy for 2010
All blood safety activities will be in line with the Kenya National AIDS Strategic Plan III (KNASP) and the Partnership Framework whose objective is to eliminate medical transmission in healthcare settings with emphasis on blood safety.

Policies will be reviewed and implemented. These will include implementing cost recovery system to ensure sustainability; reaching a bigger blood donor base through mass media campaigns and use of cell phone text messaging technology and support for blood donor clubs. Information on blood donation will be disseminated through HIV prevention, counseling and testing programs. Procurement of testing supplies will complement the Global Fund procurement quality assurance services will be outsourced; quality management systems implemented, and a roadmap to achieve WHO accreditation of all NBTS blood banks drawn.

To improve centralized testing started in FY09, additional infectious disease testing equipment will be installed in a second region of the country. Service contracts will be made for preventive maintenance of NBTS equipment. The blood program will interlink with programs that use a lot of blood such as malaria and obstetric programs. In COP 2010, the hospital end of the transfusion service will be strengthened by procurement of cold chain equipment. More hospital transfusion committees will be established and existing ones supported to enhance good transfusion practices. To improve equity in distribution and access to safe blood, additional satellite blood centers will be constructed and existing ones supported to collect blood whose samples will be sent to the RBTCs. To improve human capacity development, specialized training in blood transfusion medicine will be supported for physicians at Emory University while some laboratory staff will be sponsored to attend a diploma course in transfusion science at the Kenya Medical Training College (KMTC) or equivalent.

Injection Safety
Key Result 1: Scale up injection safety initiatives to achieve national coverage

Key Result 2: Implement and support waste management systems in 50% of PEPFAR supported sites

Key Result 3: Support establishment and sustainability of Infection Prevention and Control Committees in 50% PEPFAR supported facilities

Current Program Context
Since 2004 the PEPFAR Injection Safety program has complemented GoK efforts in achieving injection safety. This includes policy support, training of health workers, advocacy to decrease injection demand in the community and increase budgetary allocation for relevant commodities, improved logistics management, strengthening of waste management systems, and review of essential drug list and

treatment guidelines. For sustainability, local training institutions have been assisted to review teaching curricula to include safe injection practices. Accomplishments include: 24,000 health care workers trained with good impact, e.g., prescription records review (PRR) in Western Province showed decrease of injection prescriptions from 27% to 21% while in Embu Hospital, use of puncture proof sharps containers increased from 56% to 97%.

Referrals and Linkages
Injection Safety principles will be integrated in all HIV programs that conduct injections and draw blood for diagnosis and monitoring. This will include training for safe practices to prevent injury; offer post exposure prophylaxis and ensure that each program procures safer injection safety /waste disposal commodities. Injection safety and waste management will be integrated into the broader infection prevention and control (IPC) activities. The HIV care and treatment program will procure enough PEP kits to ensure all health workers can access PEP services within acceptable duration of time.

Strategy for 2010
All injection safety activities will be in line with Kenya National AIDS Strategic plan III (KNASP) and the Partnership Framework. In-service training will be scaled up to ensure universal coverage on injection and phlebotomy safety. This will be scale up of public private partnership on safe phlebotomy in 8 facilities in FY09. Safe medical waste management systems will be strengthened with purchase or installation of incinerators and outsourcing of waste management services for centralized incineration within respective region. IPC committees will be strengthened from national to facility level to advocate for injection safety issues. Collaboration with other health programs such as TB, Flu, WHO, EPI, reproductive health as well as environmental programs will be sustained. For sustainability injection safety trainings will be integrated into pre-service training curriculum at the medical training colleges and the universities and in-service. Other HIV PEPFAR programs will integrate injection safety principles in their routine work in treatment and blood drawing. They will include budgets to procure injection safety commodities and waste management. Using health communication and marketing strategies, information aimed at the community to reduce injection demand will be disseminated. During critical gaps in supplies, injection safety commodities will be procured.

Injecting and non Injecting Drug Use
Current Program Context
Injection drug users (IDUs) are at disproportionately high risk for HIV infection and are a 'bridging population', sharing needles and syringes and engaging in unprotected (often transactional sex) ,often with multiple partners to support their drug dependency. Limited data, social and legal inhibitions restrict engagement with public and political leaders in Kenya. Cannabis and khat are the most widely abused substances, while heroin and cocaine are a rising problem. Drug abuse is neither solely associated with poverty nor is it exclusively a male issue. Young girls and women are also drug users. Their drug abuse is often correlated with child/sexual abuse and transactional sex and women are more susceptible to drug-related verbal, physical, and sexual abuse from their drug-taking spouses, as well as to poverty and deprivation when limited family income is spent on drugs.

Kenya has a generalized HIV epidemic with prevalence of 7.1% nationally. The Modes of Transmission Study (MOT 2008) indicate that most-at-risk populations (MARPS) contribute to over 1/3rd of new HIV infections in Kenya. According to KAIS 2007, IDUs contribute 3.8% national prevalence. A study of 336 heroin users in Nairobi found that 44.9% were currently, or had previously been, injectors. Of 101 current injectors, 52.5% were HIV-positive, compared to 13.5% among heroin users who had never injected. Hepatitis C prevalence varied, from 61.4% among current injectors to 3.8% for those who had never injected. Medication assisted treatment is slowly gaining ground with private practitioners, hence need to support policy development for substitution therapy in public health care settings and strengthen private providers.

A MOH TWG coordinates IDU programming in Kenya. A detailed situational analysis will be undertaken in 2010. The Kenya Government supports IDU activities through their Total War on AIDS (TOWA) program. Other partners working with IDUs include UNODC who support counseling and testing, HIV case management and addiction counseling. The Open Society program supports civil rights of users and legal issues.

Building upon PEPFAR I & COP 2009
Community interventions mainly through USG funded projects provide outreach services, HCT testing for IDUs (injecting drug user)and NIDUs(non-injecting drug user) and training and technical assistance to develop the capacity of community agencies. Most of the activities are implemented in the Coast and Nairobi Provinces. Technical working groups for IDU/NIDU are in place through the National AIDS Control Council and Ministry of Health (NASCOP). Policy development workshop was held in 2008 to move the agenda forward. A Curriculum for alcohol and drug education screening and referral in VCT centers has been developed.

Strategy for 2010
PEPFAR will support finalization of the situational analysis, national guidelines for IDU/NIDUs and programming policy. A comprehensive mapping and size estimate of the IDU/NIDU population will be conducted. In- school drug abuse awareness will continue as part of the ongoing life-skills education programs. PEPFAR will support the development and testing of community based alcohol education, treatment and support services.

Technical priorities include mapping, program strengthening of medication-assisted therapy and behavior change interventions. Prevention with positives will be strengthened among IDU/NIDUs and ARV adherence issues and offering addictions recovery treatment services.

Male Circumcision
Result 1: Increase the # of circumcised men in Kenya through provision of Voluntary Medical Male Circumcision (VMMC) to 170,000 men.

Result 2: Train health care workers (HCW) in provision of VMMC

Result 3: Increase knowledge and awareness of and create sustained demand for VMMC

Current Program Context
In 2006, The Government of Kenya (GoK) recognized VMMC as a key strategy for HIV prevention in men. An integrated VMMC Taskforce which advises MOH on policy and development programs for expanding safe, accessible, sustainable VMMC services was established by GOK.

Kenya has made remarkable progress in VMMC. In 2008 the GoK adopted policy on VMMC and launched the national VMMC program. In July 2009 GoK endorsed training of nurses to provide VMMC services, guaranteeing an adequate pool of HCW to deliver services. In October 2008, Kenya officially requested financial and technical assistance (TA) from PEPFAR to support VMMC rollout. PEPFAR has also supported GoK and MOH in the development of policy and guidelines, adopting materials from WHO/UNAIDS. USG staff are also members of the VMMC Taskforce which provides leadership and coordination of the VMMC program.

Thus far, 600 HCW have been trained and over 50,000 clients have received the minimum package for VMMC in over 124 facilities in Nyanza. Less than 2% of adverse events have been reported. Such support will continue in 2010, focusing on Nyanza and expanding into Nairobi, Rift Valley, and Western

Provinces.

Statistics
Studies show that MC provides protection to men against acquiring HIV from women by 60%. Data from the Kenya AIDS Indicator Survey (KAIS) 2007 indicate that 85% of Kenyan men are circumcised, with Nyanza province having the lowest MC rates below 50% (10% in the targeted non-circumcising community). Nairobi has 20% uncircumcised men, and Rift Valley and Western provinces each have 15% uncircumcised. KAIS 2007 showed that HIV prevalence in uncircumcised men (13.2%) is 3-4 times greater than in circumcised men (3.9%). Kenya has an estimated 1.2 million uncircumcised men aged 15-49.

Services
In 2010, PEPFAR will continue supporting MoH to implement VMMC in accordance with national recommendations. VMMC activities include delivery of the minimum package of VMMC services, training of HCW, community mobilization, and M&E. Other service provision approaches will be explored, including models for improving efficiency and mobile outreaches. Support will be provided for commodities, as well as personnel and other infrastructure renovation necessary for service delivery. Mechanisms to ensure adequate supply and provision of surgical supplies, STI drugs, and HIV testing will be strengthened. Implementation of the national VMMC Communication Strategy will lead to increased demand for VMMC services. Specific prevention messaging will address male/gender norms and behaviors that promote safer sexual practices. VMMC will not be recommended to HIV-infected men at this time, but will not be denied if requested. Relevant program indicators will be collected to monitor outcomes of VMMC scale up.

Referrals and Linkages
Eligible youth and adults will be referred to nearby VMMC sites, while linkages with care and treatment sites will be established to ensure all HIV infected individuals' access HIV care and treatment services.

Contributions to National Scale-Up and Sustainability
Kenya National AIDS Strategic Plan III (KNASP) has highlighted priority areas in HIV Prevention, Care and Treatment, including VMMC. The goal is to increase the percentage of circumcised men in Kenya from 85% to 94% by 2013. PEPFAR aims to contribute 70% of the MoH VMMC targets.

Capacity building in government facilities and local partners is an important part of PEPFAR-supported activities. VMMC activities in Kenya are developed in partnership with GOK to ensure integration into the larger health plan.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	33,669,993	
Total Technical Area Planned Funding:	**33,669,993**	**0**

Summary:
Key Result 1: Expand and support a variety of HIV Testing and Counseling (HTC) approaches to provide at least 3.7 million Kenyans accurate knowledge of their HIV status

Key Result 2: Support HTC training of 20,000 health service providers as per national guidelines

Key Result 3: Develop and strengthen effective referral and linkages to HIV prevention, care, support and treatment services for all individuals and their families reached through HTC programs

Key Result 4: Support implementation of the National HTC Quality Assurance Strategy to improve counseling quality and ensure accuracy and validity of HIV test results

Current Program Context
HIV testing and Counseling (HTC) has been a key strategy in HIV prevention in Kenya. The Government of Kenya (GoK) has developed policies to ensure increased opportunities for HTC services for the population. In recognition of increased human resources needed to provide HTC, GoK has defined cadres of HTC providers that extend beyond formal health care workers to include lay counselors trained and certified based on HTC national regulations and policy. A standardized national HIV Testing algorithm specifying GoK approved rapid HIV test kits is in place.

Following establishment of three pilot Voluntary Counseling and Testing (VCT) centers in 2001, Kenya's HTC program has expanded in scope and approach to minimize missed opportunities and accelerate HTC coverage to achieve universal access. The national HTC program continues VCT client-initiated testing and counseling (CITC) but in recent years has rapidly expanded to emphasize new strategies incorporating provider-initiated (PITC) and combination HTC approaches, including HTC provision as part of routine care in medical wards and outpatient departments (TB, STI and FP clinics) as well as community settings including door-to-door, home-based and outreach/mobile services.

From FY 04 to FY 09 the number of VCT sites increased from 79 to >3,000 and the number of individuals receiving HTC annually increased from 175,681 to 1,574,934. Over 13,576 health care providers have been trained, and the total number of Kenyans received HTC services exceeds 5,000,000. Data from the 2003 Kenya Demographic Health Survey and 2007 Kenya AIDS Indicator Survey (KAIS) demonstrate increases in the proportion of adults with accurate knowledge of HIV status from 14% to 34%. PEPFAR has been the single largest contributor to this expansion in access to HTC services. In 2008 the National AIDS and STI Control Program (NASCOP) and stakeholders revised HTC National Guidelines which derive their validity from key national legislative documents and other HIV/AIDS programs in Kenya and provide a framework for expansion of HTC services. In follow-up the national program initiated the process of standardization, harmonization and review of national HTC training curricula and has also embarked on harmonization and development of national reporting tools to improve data management and reporting.

The 2009-2013 Kenya National AIDS Strategic Plan (KNASP III), a collaborative effort led by GoK and involving key partners, provides strategies, goals and objectives focused on the theme "delivering universal access to services." Subsequently, the Partnership Framework between GoK and USG supports implementation of KNASP III priorities to strengthen capacity of Kenyan facilities and providers to expand HTC using multiple approaches through community and facility settings such that at least 80% of Kenyan adults know their HIV status, by the end of the planning period.

Statistics
Accurate knowledge of one's HIV status is the entry point to HIV prevention, care and treatment services and coupled with appropriate behavior change can contribute to reducing HIV transmission in the population. Based on KAIS 2007, 34% of people reported a previous HIV test, and women were more likely to have been tested than men (41% vs 25%). Among HIV-infected individuals, only 16.4% correctly reported their current HIV positive status and 76% of these reported access to HIV care and treatment services. Rapid expansion of HTC Services in the two years since KAIS field work was undertaken has helped close the gap but there are still large numbers of HIV-infected individuals unaware of their HIV infection status which makes it difficult to link them to available HIV care services.

Kenya has a 46% testing gap to reach 80% coverage (KAIS) translating to 12,842,000 people who need HTC. HIV prevalence is higher in urban compared to rural (8.7; 7%) areas although the majority of HIV-infected adults live in rural areas which have lower coverage of HTC services. Of concern is the suggested increase in rural HIV prevalence from 5.6% (2003) to 7% (2007).

The Kenya 2008 Modes of Transmission (MOT) study, an epidemiologic modeling of HIV incidence provides further insight on the epidemic drivers and identified populations in Kenya. Study shows heterosexual transmission is the leading mode of transmission and casual heterosexual sex contributes ~20.3% of new infections. Most-at-risk Populations (MARPs) contribute 33.1% new infections, and 44.1% new infections occur in regular non-casual heterosexual partnerships.

Approximately 6% of KAIS couples were in HIV discordant relationships and 73.5% of couples were unaware of their discordance. A key barrier to HTC was perception of low risk of HIV acquisition among these couples. KAIS data stresses the importance of providing education and information on risks of HIV acquisition and knowledge of one's and sexual partners HIV status as a strategy for HIV prevention.

Services
HTC services are provided to the Kenyan general population through facility and community approaches. HTC services are provided to MARPs through outreach including "moonlight VCT" services as part of HIV prevention services. Perceived barriers to accessing HTC services are distance, HIV associated stigma and fear of accessing formal HCT services among vulnerable and MARPS population due to stigma. PEPFAR also supports HTC services among prisoners and the disabled particularly the deaf.

National HTC campaigns have been used to increase opportunities for HTC. During the 2008 national campaign over 700,000 received HTC; in the 2009 campaign, over 1.5 million were reached. The national monitoring and evaluation system routinely captures and reports information on HTC services, though there is need to revise current national summary reporting tools to include key information for monitoring program performance.

An important area for HTC growth is PITC, a low cost model for identification of HIV infected individuals. According to the Kenya Annual Health Sector Status report (2005-2007) there were over 34 million medical visits nationally presenting opportunity to increase coverage if PITC was incorporated as routine service in health facilities. PITC services are available in all high volume facilities where ~140,000 individuals have been tested. In-patient coverage is 60-80 %, while outpatient coverage is 30%.

Door-to-door HTC is one of the strategic approaches to achieving universal access. In FY09, >340,000 individuals have received door-to-door HTC with 35% from the heavily HIV burdened Nyanza Province and 60% from the heavily-populated Rift Valley Province. Within these two provinces reside 50% of HIV-infected adults.

Efforts continue to be challenged by stock out of rapid HIV test kits at service delivery points, resulting in interruption of service delivery. PEPFAR is working with the NASCOP to strengthen the distribution system.

Referrals and Linkages
All HIV-infected persons will be linked to care and treatment services at facility level. Some key referral/linkages strategies include referral cards or use of peer escorts. HTC and Care and Treatment programs will implement models that provide information on linkages and access that is measurable. Use of unique client identifiers that can be used to track clients from HTC to other HIV service delivery points is under discussion. The program will work with community groups to establish mechanisms for referrals/ linkages to ensure HIV infected individuals and their families access care and support services in the community. HIV-negative individuals will be referred to PEPFAR supported prevention services.

The program will ensure all individuals receive education and information counseling for decision-making and behavior change. All Kenyan blood donors are screened for HIV. HTC program will work with PEPFAR-supported blood donation program to ensure individuals tested for HIV receive counseling and referral in line with guidelines.

Contributions to National Scale-Up and Sustainability
PEPFAR will support capacity-building and system strengthening of local indigenous partners to support community-based HTC services and will work with NASCOP to enhance supervision at provincial, district and facility levels. PEPFAR will promote HTC in public health facilities through PITC as key strategy for sustainability and saturation of HTC services. PEPFAR 2010 contribution to national scale-up is 3,700,000 persons tested for HIV (and received results) contributing to achievement of 88% of the KNASP III HTC target for the period. PEPFAR support will include procurement of 4 million HIV rapid test kits. PEPFAR will support integration of the HTC curriculum into Kenyan pre-service training curricula for training of all medical cadres to ensure new health care providers graduate with HTC knowledge and skills.

Work of Host Government and Other Development Partners
In line with KNASP III, GoK is committed to increasing HTC services to enable >80% of Kenyan adults to know their HIV status. As articulated in the Partnership Framework, GoK provision of HTC services includes addressing policy issues including expansion of the role of counselors in HTC service provision, particularly non-clinical counselors and integration of HTC as part of the minimum standard package of services in all clinical settings. GoK plans to increase the volume of HTC occurring in the public sector by 20% annually. GoK is expected to provide national guidance on consent for HIV testing for minors (<18 years of age) and development and implementation of an HTC national quality assurance strategy.

Building upon PEPFAR I & COP 2009
During PEPFAR I, NASCOP was supported to review and update two key HTC documents, the 2004 Guidelines for HIV Testing in Clinical Settings and the 2008 National Guidelines for HTC in Kenya that provide the framework for implementation of HTC services.

We will continue to strengthen expansion and implementation of HTC services as part of the routine basic care package in all inpatient and outpatient facilities and clinics through improved PITC models, contributing to “normalizing” HTC services.

Building on previous program experience, community-based HTC services will be provided based on population density, HIV prevalence and knowledge of status. HBTC and outreach HTC services will be provided in geographic regions of high HIV prevalence and low level of knowledge of HIV status. Outreach HTC services will cover vulnerable subpopulations which often have poor access to formal health care services.

PEPFAR will strengthen and support couple HTC and disclosure as a key prevention strategy, and will extend the term “couple” to include casual sexual relationships where HIV transmission occurs and is often ignored.

Given the 4% HIV prevalence among the 15-24 year (KAIS) we will continue to support and strengthen youth-friendly HTC centers and services. Partners will leverage public-private partnership resources, in collaboration with the Partnership for HIV-Free Generation to promote youth initiatives such as Jijue (know your HIV status) campaign to provide HTC to one million youths and provide skills training for HIV prevention using peer networks and support. Ongoing linkages and expanded leveraging of HTC services within OVC activities will ensure children access HIV testing and are linked appropriately into care and treatment. PEPFAR staff are working with NASCOP to ensure clear guidelines for HIV testing among children are in place including who provides consent so that lack of consent is not a barrier to testing.

PEPFAR will provide HTC to 200,000 children.

Strategy for 2010
Guided by gaps identified in KAIS and MOT, COP 2010 will support HTC service implementation with specific areas of focus including facility and community-based HTC approaches to permit expansion of HTC services to increase knowledge of HIV status to at least 80% of the Kenyan adult population. Using HTC combination approaches, PEPFAR will support the national HTC goal of 3,700,000 individuals through targeted approaches: 1,992,528 through PITC; 341,775 through HBCT and 1,365,697 through mobile/outreach. These targets have been subdivided into provincial and district level targets to guide implementation and program monitoring.

PEPFAR will work to support structures for linkage between HTC and HIV Care and Treatment programs for HIV-infected individuals through improved documentation and reporting. The program has defined a minimum package of support that includes site staff capacity building, site capacity building in logistics, implementation, establishment of linkages to other HIV services, data management and reporting and implementation of quality assurance measures. This will guide implementing partners in supporting delivery of comprehensive HTC services in respective regions. PEPFAR will also work towards equitable national distribution of HTC services.

PEPFAR will collaborate with NASCOP to develop and disseminate HIV-related information directed at different populations and geographic regions using multimedia campaigns. Messages will emphasize importance of knowing one's HIV status, risk perception and behavior change.

We will support strengthened quality assurance in HTC services through implementation of the National Quality Assurance Strategy that addresses program related activities including ensuring validity of HIV test results, training of services providers, supervision of counselors and collection and reporting of HTC data using standardized national relevant packages and tools.

PEPFAR will support implementation, coordination and monitoring of KNASP III in achieving universal access to HTC and increased knowledge of status through the national standardized package of HTC services. PEPFAR will support training of 20,000 health workers using the revised national HTC training curriculum package. Staff shortage in health facilities has been an obstacle in expansion of PITC. PEPFAR will work with GoK to address this through the existing Human Resource for Health strategy.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	15,341,013	
Total Technical Area Planned Funding:	**15,341,013**	**0**

Summary:
Key Result 1: Established/strengthened policy framework to optimally support effective HIV response and the overall health sector.

Key Result 2: Strengthened GOK health commodity projection, procurement, warehousing and distribution systems based on mutually agreed baselines

Key Result 3: Improved quality assurance for HIV testing, referral, Laboratory Information Systems (LIS), physical infrastructure, overall management and rollout of WHO/CDC accreditation program

Key Result 4: Increased GOK allocation for recurrent budget expenditures for health on annual basis for term of the Partnership Framework.

HSS Assessment

In 2007, PEPFAR Kenya funded a health system assessment which identified various gaps, such as overall institutional system weakness, poor governance structures, lack of operational policies and procedures as well as weak health care delivery systems. In 2008 we assisted the Ministry of Health (MOH) to conduct a comprehensive assessment of the laboratory system building blocks and service delivery. PEPFAR also funded Kenya's National Health Accounts 2005/06 that was launched in March 2009. This NHA included the second HIV/AIDS sub-account survey to be done in Kenya and is currently being used to inform the country's health financing strategy. USG funds the Kenya Service Provision Assessment (KSPA) that is done every five years and has funded the third round of this survey in 2009 which includes a detailed HSS assessment with the results expected in 2010.

PEPFAR will fund several assessments in FY 2009 onwards. This will include: an assessment that takes stock of health sector policies and determines their stage in terms of design, development and implementation; and an assessment of the national health supply chain systems strengthening support conducted by PEPFAR 1 with the aim of aligning supply chain strengthening support with the guidance for PEPFAR 2 and identification of current supply chain gaps. Other USG supported assessment include: the USAID/Washington supported analysis of the overall sustainability of Kenya's HIV/AIDS program using the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) to be done in the November/December 2009 period; and, a Health Systems Assessment to be done in January 2010 that will identify major strengths and weaknesses of the country's health system and provide general recommendations on potential activity areas for health system strengthening. These assessments are expected to feed into the overall Government of Kenya and USG strategies for HSS.

Significant health systems strengthening efforts by host government, other donors and/or USG programs

Host government

In 2008, GoK assessed the Kenya Medical Supplies Agency (KEMSA), the agency mandated to procure, warehouse and distribute public sector health commodities. The result was a comprehensive report with substantive recommendations. GoK has also invested heavily on an Enterprise Resource Planning tool for KEMSA, to improve the logistics management information system of all public health commodities. The ERP is expected to be rolled out before end-2009.

The National Laboratory Interagency Coordinating Committee (ICC) has been coordinating the public sector laboratory activities and donor efforts. We have supported the committee to guide the implementation of the national laboratory strategic plan through coordination of donors and alignment of all lab activities to the national strategy.

Other donors

The Danish Development Agency (DANIDA) has worked on various policy documents related to direct transfer of funding to health facilities. The agency piloted this direct transfer of funding in two provinces and used lessons learned for dialogue and advocacy with GoK. DANIDA also supports a pull system for health commodities' distribution, currently in five of Kenya's eight provinces. A donor coordination group (comprising of World Bank, USAID, German Development Corporation and DANIDA) initiated negotiations with both ministries of health in October 2009 to have implementation of the 2008 KEMSA Task Force recommendations fast tracked. In health financing, development partners organized for Ministry of Medical Services (MOMS) and Ministry of Public Health and Sanitation (MOPHS) senior officials to go on a study tour of health finance in France, Germany and the United Kingdom. The aim of that trip was to produce a concept note on health finance aimed at stimulating debate on the various financing options and choices that Kenya must make in targeting the poor.

Other USG programs

Through support from Millennium Challenge Corporation/Account Threshold Program (MCA-TP) that closed out in September 2009, KEMSA was supported to set up basic warehousing and logistics platforms towards a strengthened public supply chain system. These included strengthening KEMSA's procurement capacity and accountability systems, improving supply chain management for the health

sector, establishing capacity at MOMS to monitor KEMSA's procurement function and accountability, and strengthening support supervision for improving timely access to drugs and medical supplies by rural health facilities. The National Quality Control Laboratory (NQCL) was also revamped with tools, equipment and system improvements that resulted in WHO prequalification.
PEPFAR supported development of national policies and plans focusing on OVC, HIV/AIDs and Gender mainstreaming in HIV/AIDS. Institutional strengthening of key GOK bodies institutions such as NACC, NASCOP, KMTC and other ministries has also been carried out to support HIV/AIDs programming. Technical assistance on leadership and governance has been provided to enhance efficiency in service delivery. In addition, we supported TA to strengthen legal and traditional community structures in HIV/AIDS programming and institutional strengthening activities of civil society organizations, NGOs and FBOs in areas such as advocacy and policy dialogue. In health financing, PEPFAR supported production of the 2005/06 National Health Accounts.
PEPFAR supported management consultancy services in KEMSA that were aimed at capacity building; systems development; commercialisation; renovations; integration of parallel systems; mobilisation of funds; and board advisory services. This resulted in significant improvements in KEMSA's management systems and structure. In 2009, we supported recruitment of short-term technical advisors for the functional departments of KEMSA to transfer needed skills to KEMSA staff.
PEPFAR strengthened operational and supply chain systems of Mission for Essential Drugs and Supplies (MEDS), a local faith–based organization that implemented the first phase of the PEPFAR Kenya ARV supply chain. Achievements included mainstreaming the project's logistics management information system into the general organization's system for increased accountability, and revamping the warehousing module with bar-coding technology for enhanced stock visibility and accountability, thus raising the warehousing standards of a host-country entity to internationally acceptable levels.
PEPFAR has strengthened the laboratory system to provide services for the whole health system, choosing to support integrated laboratory service delivery in GOK facilities rather than establish vertical labs outside GOK. Laboratory equipment was procured in line with GOK's policy for each tier of the health delivery system and the equipment used to provide services as defined in the basic package of healthcare. We and other donors supported development of an integrated national lab policy together with a strategic plan. The laboratory information system has been strengthened and is integrated with the HMIS, standardized tools for collecting lab data for all testing have been developed and an electronic LIS implemented. In-service training in laboratory management has been supported thus benefitting the whole system. All support for laboratory systems is fully aligned to the MOH's national policy and integrated into the national strategic plan per the 'three Ones' principal.
System Barriers
The split of the Ministry of Health into two ministries initially slowed down progress due to competition for resource control and duplication. As a result, this split has slowed the reform process, weakened management functions and affected morale of senior planners and managers at provincial and district levels. In addition, the split has brought about politicization beyond health care policy to service provision which may further hamper the decentralization strategy.
In KEMSA many challenges remain including: lack of integration and collaboration between KEMSA and programs' health commodities activities; a lack of donor confidence in KEMSA that results in donors continuing to support vertical supply chains; slow release of procurement funds by the Ministry of Health thus creating strained buyer-seller relationships; and limited coordination between donors and KEMSA in regard to donor-procured commodities distributed through KEMSA that results in significant disruption to KEMSA's daily operations and often leads to wastage of commodities at KEMSA or along the supply chain.
Further, the creation of new districts without corresponding district budget allocation has strained human and financial Resources of both existing and new districts.
Focus Areas for COP 2010
Recognizing that MOMS/MOPHS have been adept at producing policy papers but weak in their implementation, HSS will engage GOK in the development of an integrated policy process management system which aims at enhancing facilitation, management, coordination and implementation roles of the

government in the policy process.
The current Health Policy Framework was produced in 1994 and is out-of-date. HSS and other donors will support the GOK to review and develop a revised Health Policy Framework that will incorporate the longer term view of the health sector as articulated in the GOK's Vision 2030 document.
In line with the Partnership Framework, HSS will support increased advocacy and negotiation efforts to increase budget allocation to the health sector in line with the Abuja targets. The HSS health financing component will focus on financial sustainability of the HIV program and look to increase not only government resources to this area but the private sector. Currently, upwards of 65% - 70% all the 300,000 patients on ARVs are seen in the public sector, creating a huge burden to the sector. Shifting some of these numbers to the private sector will help decongest the public sector. HSS recognizes overall inefficiencies in the use of health resources within GOK and will work with GOK to enhance its regulatory framework and create an enabling environment for private sector participation and greater community involvement in service management.
Although previous assessments acknowledge some level of improvement in the public supply chain system over the years, many aspects of KEMSA's performance continue to call for an enabling governance structure and operating environment. With the MCC support now ended, continued support to the supply chain both at national level operations and downstream will ensure sustained impact and sustainability, building upon the MCC achievements. HSS, in FY 2010, will thus focus on supporting KEMSA's task force implementation plan.
In line with improvements in service delivery, we will support continued efforts to improve physical infrastructure. The strategy will be to work with MOMS and MOPHS to develop standards for facilities at all tiers of the systems and provide assistance with their operational plan for infrastructure improvement. Kenya has a good network of laboratories but much current physical infrastructure is old and was not purpose-built for laboratory use and therefore lacks sufficient space or design to accommodate required laboratory equipment and staff. A recent MOH survey to inform the programming process revealed that 70% of laboratories fail to meet minimum national laboratory design standards. Building of new laboratories and upgrading and renovations of current laboratory buildings to meet minimum area and designs standards are priority areas. In line with the Three Ones principal and with support from PEPFAR the laboratory system has a single standardized information management system linked to the HMIS. Additionally, a national policy and strategic plan was developed and implementation of this plan is guided by the respective heads of lab services in MOMS and MOPHS and the laboratory interagency coordination committee. We will support fast tracking the implementation.
Spillovers and Targeted Leveraging
A new health policy framework will affect the entire health sector. In addition, the health policy process management system and database will improve the effectiveness of the overall policy environment and will contribute to the Partnership Framework that seeks to strengthen and/or establish policies that will support optimally effective HIV responses.
Targeted support to the public health supply chain from an integrated systems perspective will benefit the entire supply system for all public health commodities. Strengthening the public supply chain will explicitly contribute to Objective Number 6 of the partnership framework, "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."
Improvement in laboratory systems will improve overall diagnostic capacity for other diseases not just HIV/AIDS. PEPFAR supported infrastructure improvements and procurement of common lab equipment, testing techniques, and human resource capacities strengthening will improve access to quality basic laboratory services for all patients.
The overall health financing strategy that GoK intends to develop will cut across and benefit all programs. This area will also contribute to Objective 10 of the Partnership Framework which seeks to increase GOK recurrent budget expenditure for health on an annual basis for the term of the Framework.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	27,828,666	
Total Technical Area Planned Funding:	**27,828,666**	**0**

Summary:
Key Result 1: Quality assurance for HIV rapid testing improved through quarterly proficiency testing standardized training, site supervision and data management implemented at 4,000 sites.

Key Result 2: Laboratories (21) commenced on WHO/CDC laboratory (lab) step-wise accreditation program to ensure quality testing in conformance with international standards.

Key Result 3: Sample referral systems strengthened for HIV diagnosis and related testing to enhance access to lab testing services across the country.

Key Result 4: Improved physical lab infrastructure through constructing 15 new laboratories.

Key Result 5: Improved lab management information systems (LIS) through expansion of electronic standardized paper-based data collection systems and central data management systems.

Current Program Context
In FY06 through PEPFAR support, Kenya developed a National Strategic Plan for Medical Laboratory Services (MLS) and a National Laboratory Policy. The strategic plan provides a comprehensive guide to ensure the delivery of efficient, effective, accessible, equitable and affordable quality medical laboratory services. Its main objectives are to reorganize and strengthen a) organizational management; b) quality services; c) human capacity development; d) The legal and regulatory framework; and e) monitoring, evaluation, and research.

The 2006-2010 Kenyan National AIDS Strategic Plan (KNASP II) identified six levels of health care facilities ranging from community-based (level 1) to referral hospitals (level 6). Two referral, 8 provincial, > 200 district/sub-district hospitals, 710 health centers and 3,000 dispensaries house medical diagnostic laboratories. The three national reference laboratories include: HIV (ensures national quality in HIV serology, HIV viral load, CD4, biochemistry and hematology testing in support of HIV treatment and surveillance activities); the Central TB Reference Lab (CRL), and Central Microbiology Laboratory (CML). KNASP III, launched in 2009, acknowledges laboratories as an essential part of the country's health care plan to support HIV/AIDS prevention and treatment programs and proposes to increase the percentage of health facilities with the capacity to perform clinical lab tests for HIV patients.

The PEPFAR strategy focuses on strengthening the capacity of lab systems within government structures rather than creating parallel independent PEPFAR labs. An integrated approach has been taken with emphasis on: 1) implementation of the Kenya MLS strategic plan; 2) lab quality systems; 3) efficient and accurate rapid HIV testing; 4) monitoring of antiretroviral therapy 5) development of HIV, TB, and microbiology national reference laboratories; 6) infrastructure improvement; 7) human resource capacity development; 8) strengthening lab networking and sample referral systems; 9) lab information management systems; and improvement of forecasting, procurement and logistics management of lab equipment and supplies.

The Lab Interagency Coordinating Committee (ICC) coordinates the Kenya National Public Health Laboratory Services (NPHLS) activities and donor efforts. This PEPFAR supported committee guides implementation of the national MLS strategic plan through coordination of donors and alignment of all lab

activities to the national strategy. USG leads the Quality Systems Subcommittee of the ICC while PEPFAR partners lead logistics, information systems, and training subcommittees. Global Fund, Clinton Foundation, and the Government of Japan support the procurement of additional HIV testing reagents, including reagents necessary for early infant diagnosis (EID).

From FY04 to FY09, PEPFAR supported rapid HIV testing performed by health care providers and lay counselors at 5,090 sites, including client-initiated and provider-initiated programs; as well as 700 sites performing additional HIV-related lab testing. We supported the establishment of the National HIV Reference Lab (NHRL) that plays a major role in testing for MOH surveillance programs including annual ANC sentinel surveillance, the 2007 AIDS Indicator Survey, and the 2009 Demographic Health Survey. Since FY08, PEPFAR has supported MLS through procurement of standardized lab equipment and supplies and development of site level logistic management tools.

Building upon PEPFAR I & COP 2009
• PEPFAR support improved quality of HIV testing through site monitoring, proficiency testing, validation, training and data management using the standardized log books developed by CDC-GAP International Lab Branch (GILB). The newly established KEMRI Nairobi PCR lab received intensive support from GILB to ensure quality systems were in place. GILB also supported revision and harmonization of HIV training curriculum and establishment of national protocols for HIV test kit evaluation.
• A system for tracking in-service training was implemented by the Lab ICC training subcommittee.
• Additional lab workers were hired through the Capacity Project and a national Ministry of Medical Services (MOMS) and Ministry of Public Health Services (MOPHS) HRH strategic plan was developed.
• Support for improved diagnosis of TB and opportunistic infections (OIs) in the NPHLS lab network. This includes facilities (CRL, KEMRI labs in Nairobi, Kisumu and Kericho and hospital laboratories at Moi Teaching and Referral, Homa Bay) that provide TB culture; and two sites performing drug susceptibility testing (DST). We continue to support AFB smear diagnostics, provision of LED microscopes for high volume sites, training and external quality assurance (EQA).
• Support to ensure the quality of molecular diagnostic testing has enabled viral load testing and monitoring for HIV drug resistance for suspected cases of treatment failure and surveys at reference labs in Kisumu and Nairobi.
• In-service training modules were standardized for AFB smear microscopy, basic microbiology, rapid HIV testing and ART monitoring. In-service training for over 400 lab staff was conducted for AFB smear microscopy, TB Culture and DST, ART monitoring, EID, PITC, rapid HIV testing data, microbiology, quality systems, and organizational management. Continuing education lab programs including WHO/CDC HIV Rapid Test training package and the Lab Management training package will be supported. Some of this training will occur at the African Centre for Integrated Lab Training in Johannesburg.

In 2008, the Ministry of Health split into two ministries-- Medical Services and Public Health and Sanitation- which has led to unclear lines of authority for implementing national lab policy and quality assurance programs. This is an impediment to integrated service delivery.

Inadequate lab physical infrastructure and human resources for health (HRH) remain major hindrances to decentralizing lab testing capacity. Many service delivery labs are dilapidated, lack running water and electricity, and are too small to accommodate modern laboratory equipment. The number of laboratory personnel is grossly inadequate: currently only 1,700 lab technologists serve 1,000+ laboratories. In addition, unevenly distributed staff and frequent transfers pose major challenges to service continuity and implementation of specimen referral networks. Retention remains a major concern as well-trained lab workers leave for better paid positions with other organizations and PEPFAR implementing partners. The HRH challenges require urgent attention by both ministries of health to address the career structures of the lab workforce, improve salaries and working conditions in the public service along with improved HRH management systems.

Other major areas of unmet need are establishment of quality management systems and the provision of Laboratory Information Systems (LIS) to improve data for resource planning and decision-making. The national logistics and supply chain management system for lab commodities continues to be a challenge. PEPFAR will continue to support HIV surveillance and program activities through centralized procurement of supplies and commodities through Partnership for Supply Chain Management Systems (SCMS).

Strategy for 2010
Lab support is directed specifically at government laboratories and medical training institutions. In FY 08, the pre-service training curriculum was revised for medical lab technologists at the Kenya Medical Training College (KMTC). We will support continued implementation of this curriculum in 2010 with first class of 450 graduates entering the workforce by September 2011. A PEPFAR supported mentorship program targeting government lab staff has provided > 25 lab technologists with 1-2 weeks at specialized labs and will continue in 2010.

Following the 2007 lab facility assessment, plans are at an advanced stage for the construction of a new national reference lab for TB and microbiology, one provincial and 4 district laboratories. In FY2010, 15-20 district labs will be constructed to enhance bio-safety, access, and quality of service delivery. Establishment of PCR laboratories at three provincial labs will decentralize both TB culture and EID resulting in reduced time for results delivery. The integrated quality systems management scheme leading to WHO/CDC step-wise accreditation will be initiated at an additional eight laboratories across the country. Patient and specimen referral networks will be harmonized to create continuity of care and responsiveness to the needs of clinical decision-making while complex testing and validation of new technologies or testing algorithms will be retained at specialized laboratories.

In FY2010, HLAB will support rapid HIV tests for 5.3 million persons in various settings including HIV Testing and counseling (HTC), TB, PMTCT, and surveillance. (HTC 3.7M, PMTCT 1.3M, 0.5M TB screening tests and 0.1M tests for opportunistic infections in HIV positive persons.) To support timely enrollment and treatment monitoring, 1million CD4, 1million hematology and 750,000 chemistry tests will be supported. Specialized tests such as EID-(70,000) and viral loads(100,000) will also be supported at central laboratories. TB culture capacity will be expanded to three provinces and new diagnostic tools to rapidly detect rifampicin and isoniazid resistance will be introduced. CRL will build capacity for speciation and detection of MDR and X-DR tuberculosis.

PEPFAR will establish systems to improve efficiency of return of EID results and increase access to hemoglobin and CD4 testing to PMTCT sites to facilitate timely treatment of HIV infected mothers and babies. Regional EQA hubs providing and monitoring CD4 split sample testing will be established.

We will also strengthen the general capacity of laboratories at provincial and district hospitals through development and use of LIS, establishment of QMS and training in bio-safety systems and continued support for electronic and paper-based LIS at public health laboratories to streamline lab data collection, storage, analysis, and reporting. PEPFAR will continue to strengthen the Central Data Unit to manage lab strategic information and collect essential indicators. Use of PEPFAR II indicators for measuring quality in lab services (number of testing laboratories, and the number of accredited laboratories) will provide critical information for more accurate forecasting, planning and budgeting for lab support for program activities

In FY2010 PEPFAR will focus on quality, integration and sustainability of lab systems while supporting HIV/AIDS-related activities through:
1. Equipment, HIV test kits, reagents and other commodity procurement through SCMS. SCMS will provide technical assistance to build local capacity in forecasting and quantification, local procurement and warehousing/distribution of lab commodities, as well as setting up a logistics management system for

test kits, reagents and related lab commodities. These activities will help develop mechanisms for the collection and analysis of available information on consumption and use of lab products to ensure timely replenishment of supplies.
2. Provision of quality assurance, staff training and mentorship towards the lab accreditation process. Through NASCOP, we will support periodic on-site supervision of lab testing. NHRL will produce proficiency panels, distribute them and analyze results from all laboratories for QA in rapid HIV testing as part of a National External Quality Assessment Scheme (NEQAS). Gaps in quality will be identified and appropriate remedial action including refresher training, supervision and equipment maintenance taken. NEQAS participation will be mandatory and linked to annual lab registration and accreditation.
3. Continued support for MLS strategic plan implementation through both implementing partners and the Lab ICC.
4. Provincial and district health facility lab renovation and construction to enable the lab system to support integrated service delivery testing services including testing for disease specific programs (HIV, TB, malaria).
5. Human resource capacity building through strengthening technical, managerial and information management systems. Leveraging with other existing USG efforts overseas, PEPFAR will sponsor two GoK lab specialist to study in the Field Epidemiology and Lab Training Program (FELTP). To enhance efficiency of in-service training, two regional lab training centers will be established. This will facilitate bench training and mentorship.
6. The USG lab team will work with the Department of Standards and Regulation the Kenya Medical Lab Technologists and Technicians Board (KMLTTB), and Kenya National Accreditation Service (KENAS) to implement certification of lab personnel and accreditation of medical laboratories. The CRL, NHRL and eight other laboratories will aim for CDC/WHO accreditation.
7. Reinforcement of local referral networks both within and among implementing partners. All facility-based PEPFAR implementing partners will be encouraged to engage regional lab coordinators to support this principle in a structured manner. Lab focal persons will coordinate quality assurance, standardized best practices, equipment maintenance, referral systems and lab supply logistics. The lab coordinators will also track delivery / utility of EID results, equipment maintenance, quality systems and training needs.
8. Continue support to the CML and expand lab diagnostic testing options for significant opportunistic infections including cryptococcal meningitis. PEPFAR will work synergistically with other CDC programs, WHO and the IDSR program to strengthen national microbiology capacity.
9. In order to build in-country capacity to sustain lab strengthening efforts, partnership with indigenous lab organizations will be encouraged.
10. Training of biomedical engineers to provide quality equipment maintenance will be supported.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	29,102,488	
Total Technical Area Planned Funding:	**29,102,488**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount

HKID	48,925,000	
Total Technical Area Planned Funding:	**48,925,000**	**0**

Summary:
Key Result 1: 650,000 Orphans and Vulnerable Children (OVC) provided with care

Key Result 2: 65,000 providers/caregivers trained in provision of quality care services for OVC

Key Result 3: Expanded capacity-building activities for the GoK and local partners at national and sub-national levels to ensure quality OVC programs

Current Program Context
According to the Kenya National AIDS Strategic Plan (KNASP), 2005/6-2009/10, approximately 2.4 million (12%) of Kenyan children below 18 years of age are orphans; ~ 1 million (42%) have been orphaned due to HIV/AIDS. By 2010, the number of orphans is expected to grow to more than 2.4 million. It is estimated that HIV alone has killed one or both parents of 1 million children. At the national level, the Department of Children Services (DCS) under the Ministry of Gender, Children and Social Development plays a major role in coordinating various sectors and stakeholders in responding to the OVC issues in Kenya. At the regional level, DCS is represented through Provincial and District Children's Offices which are responsible for coordinating community efforts in close collaboration with Area Advisory Councils (AACs) and Locational OVC Committees (LOC). As of September 30, 2009, PEPFAR was supporting 568,811 Kenyan OVC with direct services.

In 2009, the Government of Kenya (GoK) merged all separate national policies on various profiles of children into the Kenya Children Policy which is currently awaiting cabinet approval. The national policy on children provides the framework for addressing issues related to children's rights and welfare in a holistic and focused manner. It includes the establishment of social and child protection mechanisms as a specific policy objective.

PEPFAR supported the development of the 2007-2010 National Plan of Action (NPA) for OVC that provides the framework for a coordinated multi-sectoral and sustainable approach to supporting OVC in Kenya. This plan has been finalised, printed and disseminated. The NPA identifies the need for OVC programs to ensure access for OVC to essential services. This emphasis aligns with PEPFAR's support to OVC through the six core program areas: education and vocational training; food and nutrition; psychosocial support; protection; health and prevention education; as well as economic strengthening support to households looking after OVC.

There are a number of challenges that need to be addressed to improve OVC care and support. First, sexual abuse against children has been on the increase over the years, but many cases are never reported. Police reports indicate that 1,626 cases of attacks against children were recorded in 2007. The number rose to 1,984 in 2008, representing an increase of over 300 or over 18% (2008 Kenya Police crime report and data). . Second, insufficient human resources affect the Department of Children Services' capacity to effectively deal with OVC issues in Kenya, a situation exacerbated by the increased workload from the GoK/World Bank, DFID and UNICEF-funded Cash Transfer program. Third, the lack of Children's Offices in all districts, particularly the newly-created districts, hinders the identification, targeting, and receipt of care and support to children at risk. Lastly, the policy environment for pediatric HIV testing does not support early identification of HIV-infected children and subsequent linkage to care and antiretroviral treatment (ART). This issue has particular implications for OVC who often lack legal guardians to provide consent for testing. Kenya's Cash Transfer program has expanded dramatically from

a pre-pilot project beginning in 2004 supporting 500 households in 3 districts to a project in Phase II now funded by development partners and contributed to by the GoK itself in 47 districts covering more than 60,000 households and approximately 198,000 OVC. The objective is to expand to 300,000 beneficiaries in 2012. While PEPFAR does not provide financial support to the Cash Transfer Program, it continues to provide support to the largest number of OVC in Kenya and provides necessary linkages that enable caregivers to access health services for OVC. PEPFAR provides wider coverage to reach more OVC that are not currently benefiting from the cash transfer program so that they too can receive the care and support they need.

As of September 30th 2009, PEPFAR's implementing partners were providing direct OVC services to 568,811 children. The proportion of number of OVC reached with three or more services increased from 54% in 2008 to 75% in 2009. Educational support was the most commonly provided service, followed by psychosocial support. While the number of OVC reached in FY2009 is a substantial increase compared to the number of OVC served in previous years, this represents only ~57% of the children in need. PEPFAR in Kenya will continue to collaborate with GoK and other key stakeholders such as UNICEF, World Bank and DFID to ensure a more comprehensive approach for bringing OVC programs to scale in the country.

In 2008/9, PEPFAR focused on building capacity within GoK to spearhead quality-improvement initiatives of services for OVC. GoK endorsed the setting of National Service Standards for OVC as a priority activity for the Department of Children Services at the Ministry of Gender, Children and Social Development. To date, OVC draft service standards have been developed and plans are underway to have them piloted using a community collaborative in target districts, which will use a multi-disciplinary team approach that brings together a range of individuals who make up the team responsible for service delivery efforts to children.

One of the successes of Kenya's integrated health program is the ability to identify and link HIV+ positive children to care. In 2009, PEPFAR supported the development of paediatric HTC guidelines to address barriers in the early identification of HIV-positive children. With PEPFAR support, partners have developed strategies for identifying HIV-infected children using home-based care platforms and linking them to care. In addition, PEPFAR has supported implementing partners to identify and build the capacity of genuine grass root organizations at the forefront of providing care to OVC, helping them provide quality care to these OVC and to reach out to more children in need. PEPFAR continues to work through extended families and communities as the first line in responding to children orphaned and made vulnerable by HIV/AIDS. PEPFAR partners have focused on initiatives that support family and community efforts. By working through umbrella organizations and multiple grass-root organizations, we have been able to improve coverage whilst ensuring that local organizations remain at the forefront of the response to OVC issues.

Strategy for 2010
Through the Partnership Framework, the USG will contribute towards national OVC goals and activities outlined in KNASP III. A key output of KNASP III is increasing the Civil Society Organisations (CSOs) supported to deliver HIV services at community level responsive to local context. PEPFAR support will build the capacity of these CSOs in creating demand for services as wells as enhanced service coverage to serve approximately 35% of the total OVC population at the provincial level based on disease burden and OVC population.

The USG will continue to collaborate and hold joint review meetings with the GoK to ensure mutual commitment towards achieving OVC goals. USG implementing partners will continue to integrate programming for OVC into the GoK annual district operations plan. PEPFAR will continue to advocate and support evidence based programming, including support to GoK to undertake OVC service mapping that will facilitate informed decision making and support regional coordination of OVC stakeholders. A greater focus will be on providing care and support to OVC in high prevalence areas (including Nyanza

and Rift Valley) as well as identifying under-served and at risk populations.

In 2010, PEPFAR partners will continue to strengthen the capacity of families and provide the range of essential services in line with the National Plan of Action for OVC and the USG Guidance for OVC programming. With PEPFAR support, implementing partners have been able to provide an increased number of services to individual children and their families. In 2010, PEPFAR will target 650,000 OVC and their families with essential services that reduce their vulnerability. Family-centred care for OVC will be enhanced as this empowers families to care for their own OVC. PEPFAR partners will focus on supporting children in and through families by enhancing approaches that keep parents alive, making every effort to keep children in families, enhancing care of OVC in family settings, empowering families to educate their children and building community systems that provide child protective services. Specific focus will be bolstering economic strengthening activities that will increase families' capacities to provide and care for children under their care. Given the significant potential of household economic strengthening programming to bolster family capacity to provide OVC with comprehensive care, a greater focus will be on identifying strategies for enhancing Household Economic Strengthening (HES) in existing OVC programs. We will work with Emerging Markets Group to review and strengthen these HES activities for OVC programs, facilitate linkages with HES experts, and assist in the planning and design of interventions based on the latest HES tools, learning and practices. Partners will be supported to ensure that economic strengthening activities and vocational training for older OVC and caregivers are adequately linked with market conditions. Prevention will continue to be a specific focus of PEPFAR in Kenya; PEPFAR will continue to work with its partners and with the Government of Kenya (GoK) to ensure that OVC and their households are able to access age-appropriate prevention services that reduce their vulnerability to HIV.

In 2010, PEPFAR partners will continue to support and strengthen local committees in the identification, targeting and support to vulnerable children. USG will support the review of the Ministry of Health's Community Health Strategy to ensure that OVC issues are comprehensively incorporated and integrated in health service delivery.

The 2008-09 KDHS indicates a worrying trend in Kenya for gender-based violence. Approximately 39% of women aged 15-49 report that they have ever been physically or sexually violated by their partners, an increase from 32% from the previous year. While 2008-09 KDHS did not measure the extent to which women and girls experience physical violence in childhood sexual abuse, the 2003 KDHS indicates that 83% women and girls experienced physical violence in childhood, 46% reported one or more episodes of sexual abuse in childhood, and a quarter of 12-24 year olds described their first sex as having been forced. The incidence of children as victims of sexual abuse has been on the increase. A recent 2009 report released by the NGO, CRADLE, indicates that sexual abuse of children continues to rise, two year after the enactment of the Sexual Offences Act. Abuse of children accounts for 73 percent of all reported cases. The GoK and other key stakeholders plan to develop a comprehensive child protection system that will address the continuum from prevention to response, including violence against children. Given our comparative advantage in working at the community and grass-root levels, we will support the establishment of community-based mechanisms and build community capacity, with particular focus on male adolescents and youth, to prevent and respond to gender based violence with specific focus on sexual violence. In 2010, PEPFAR will continue to support the national review of the OVC service standards and disseminate these standards to all stakeholders implementing OVC programs.

We will continue to support provider-initiated, home and community-based HIV-testing as an entry for OVC into care and support services as well as ensure that appropriate linkages and referral protocols are in place and effectively used to ensure OVC identified for care are linked to health facilities for services.

The PEPFAR-supported Muangalizi (accompagnateurs) pilot program, initiated in 2007, has developed effective strategies for identifying and supporting the specific needs of HIV-positive OVC. The pilot project

aims to strengthen the link between clinical and household settings for better quality and continuum of care of HIV-positive children. In 2010, PEPFAR will build the capacity of implementing partners to integrate best practices and lessons learnt in caring for these OVC and linking OVC supported by Muangalizi to other PEPFAR OVC partners for non-facility services.

In 2010 and based on findings from the OVC Program Evaluation that was aimed at determining specific vulnerabilities of adolescents aged 13-18, we will build the capacity of our partners in identifying and mitigating gender based vulnerabilities and risk factors for adolescent OVC and supporting stronger linkages to reproductive health/family planning services as well as appropriate prevention with positive (PwP) messaging and interventions for HIV-positive adolescents.

Partners working in urban areas will provide services to street children especially addressing HIV prevention and providing linkages to care and treatment.

To enhance strategic decision-making for OVC programming, PEPFAR will continue to strengthen the capacity of its partners to collect, store, retrieve report on, and analyze data for effective program implementation. In 2010, PEPFAR will support the standardization of OVC data collection forms harmonizing these with GoK reporting systems.

PEPFAR will continue to collaborate with GoK and key stakeholders such as UNICEF, World Bank and DFID to ensure a more comprehensive approach for bringing OVC programs to scale.

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	3,750,000	
PDTX	13,000,000	
Total Technical Area Planned Funding:	**16,750,000**	**0**

Summary:
Key Result 1: Provide direct HIV care and support services for 80,000 children and indirect support for an additional 3,000 children
Key Result 2: Provide a Basic Care Kit (BCK) to 50,000 HIV+ children including a safe water system, cotrimoxazole (CTX) for opportunistic infection (OI) prophylaxis, an insecticide-treated bed net, and multivitamins
Key Result 3: Provide direct antiretroviral treatment (ART) support for 40,000 HIV infected children and indirect support for an additional 1,500 children
Key Result 4: Expand the integration of pediatric HIV services with maternal and child health (MCH) services, strengthen linkages and referrals across PMTCT, TB programs, wrap-around, community, and OVC services
Key Result 5: Expand HIV testing and counseling (HTC) for infants, children, adolescents, and their families
Current Program Context
The 2007 Kenya HIV and AIDS Estimates Report prepared by the National AIDS and STI Control Programme (NASCOP) and National AIDS Control Council (NACC) estimates there are 142,000 HIV+ children, of 52,000 (37%) require antiretroviral treatment (ART). Currently, > 2,000 PEPFAR-supported sites throughout Kenya offer pediatric HIV care services to 90,000 HIV-infected/exposed children; 743

sites offer ART to 30,000 children. While PEPFAR ART indicators do not further distinguish by age, data from large PEPFAR partners suggest that 60% of children in care and 50% of pediatric ART patients are < 5 years of age.
Kenya has a draft national policy on basic HIV care and support services that supports provision of preventive care packages for exposed/infected infants, including cotrimoxazole (CTX) prophylaxis for all HIV-infected and exposed children (CTX coverage exceeds 70% in PEPFAR sites), safe water/hygiene interventions, and malaria prevention (i.e. insecticide treated nets). Due to high mortality among children co-infected with tuberculosis (TB) and HIV, the Ministry of Medical services (MOMS) emphasizes enhanced TB case finding among HIV-infected children through pediatric screening and provision of isonazid preventive therapy after excluding active TB in five selected clinical sites. Other emphasized MOH pediatric HIV activities include routine immunization, micronutrient support, growth monitoring, improved infant and young child feeding, and treatment of life-threatening childhood illnesses, e.g., malaria.
In 2009, the Government of Kenya (GoK), USG, and all funding and implementing partners developed the 2009-2012 Kenya National AIDS Strategic Plan (KNASP III): Delivering on Universal Access to Services. The Partnership Framework (PF) provides a five-year joint strategic agenda for cooperation between GoK and USG and is aligned with KNASP and the National Strategy Application to the Global Fund in support of Kenya's response to pediatric HIV and achieve care/ART coverage to 80% of HIV-infected Kenyans.
Kenya was a global leader in establishing national early infant diagnosis (EID) networks. PEPFAR supported dried blood spot (DBS) PCR lab programs, including development of standard protocols, national guidelines, and testing algorithms. From 2005 to September 2009, ~50,000 children had received HIV testing through MCH or HIV care sites. Challenges include timely return of test results, initiation of early ART for HIV-infected infants, and follow-up of HIV-exposed children to determine final infection status. To improve maternal and pediatric follow-up after delivery, in 2009, Kenya launched the combined MCH mother-child card. These cards include information on maternal HIV status, PMTCT prophylaxis, and CTX initiation. This approach should address some of the challenges of identifying exposed infants in clinical settings and establish links between PMTCT, MCH, and ART programs.
In 2008, Kenya developed and disseminated new National Guidelines for HIV Testing and Counseling which encouraged pediatric counseling, testing and disclosure although provided minimal guidance on how to manage difficult situations. The guidelines outline the core principles of pediatric testing and counseling and are expected to increase the number of children tested and enrolled in pediatric care and treatment. Issues surrounding pediatric consent are not universally understood or applied by HTC counselors, and guidelines do not address HTC for at-risk children living outside of family care or who lack caregivers. Children generally are referred to facilities that charge for HTC or require consenting adults. Additional challenges continue regarding access to pediatric HTC, erratic test kit supply, and lack of sufficiently detailed national scale-up plans for pediatric HTC.

Although Kenya launched its pediatric ART guidelines and training curriculum in 2005 and a University of Nairobi (UoN) Pediatric HIV/AIDS psychosocial counseling and disclosure curriculum in 2006, pediatric ART scale-up has initially occurred slowly compared to adult HIV services due to limited access to pediatric HTC and pediatric HIV care and ART services limited to large facilities with consultant pediatricians. However, recently access to pediatric HIV care/ART has been greatly enhanced through decentralization of services from the major hospitals to the smaller health facilities prodded by the 2008 Decentralization and Mentorship Guidelines and the capacity and confidence of clinicians at these smaller facilities has been built though training and mentorship. In addition, in 2009, the Ministry of Medical Services (MOMS) changed guidelines to recommend ART for all HIV-infected children < 18 months of age.
GoK has developed a national community health strategy which identifies community health workers (CHWs) and community health extension workers as critical community resource persons contributing to pediatric HIV prevention, care, and ART. However, the strategy does not address pediatric HIV/AIDS issues, and lacks guidelines on identifying HIV positive children in community settings, referral and linkages to care, support services and follow-up. The strategy requires revision to include these missing

pediatric HIV components and disseminate the community strategy concept, policy, and guidelines to the various stakeholders, including implementing partners. In the meantime, many partners train and employ CHWs/peer educators to assess pediatric nutritional status, counsel for adherence, follow patients, refer family members for HTC and escort pediatric patients to clinic visits if the caregiver is unavailable. CHWs also escort mothers and children between different HIV programs for effective referrals.
NASCOP coordinates all pediatric care and ART activities and chairs the national Pediatric Care and ART Taskforce, whose membership includes USG, Clinton Foundation (CF), WHO, UNAIDS, Medecins Sans Frontieres, and other development partners. This taskforce meets quarterly to deliberate on pediatric care and ART issues. WHO and UNAIDS provide technical support to NASCOP and Global Fund resources support limited pediatric OI drug procurement. CF procures EID commodities, covers specimen transport, and all pediatric antiretroviral (ARV) drugs.
Building upon PEPFAR I & COP 2009
In 2009, GoK and USG made concerted efforts to improve access to pediatric testing and linkage to care/ART. EID service provision continues to expand with 22% of PMTCT facilities offering networked services through 4 laboratories. In the last six months 25,431 samples from 1,024 facilities have been tested. Since 2005, in South Rift Valley Province, US Department of Defense laboratory capacity has been leveraged with CF support to expand DBS PCR-DNA for EID. As of September 2009, ~4000 samples were processed and 615 children HIV-infected children were identified and linked to care/ART. Increased emphasis has also been placed on provider-initiated counseling and testing (PITC) and routine HTC in health care facilities in pediatric outpatient and medical wards. In addition, the 2009 launch of the mother-child card should improve identification of HIV-exposed children and subsequent linkages into HIV care and receipt of all routine child health services including immunizations and malaria prevention.
By September 2009, > 90,000 HIV exposed/infected children were receiving care services (a 50% increase from September 2008), including nutritional assessment, growth monitoring, safe water interventions, malaria prevention, OI management, psychosocial support, TB screening, and CTX prophylaxis. PEPFAR provided nutritional supplementation through Food by Prescription (FBP) and counseling to 28,000 severely and moderately malnourished children <5 years of age at > 200 health care facilities. National review of infant and young child feeding guidelines and messages is ongoing.
In 2009, Kenya piloted distribution of a basic care kit (BCK) in three provinces (Nyanza, Coast and Western) based on HIV, malaria and diarrheal disease prevalence. As at September 2009, children received 8,000 (8%) of the 106,000 BCKs distributed over a 6 month period through 33 health facilities; additional children most likely indirectly benefited when their parents received BCK. Evaluation of BCK distribution and patient/family utilization is underway and results are anticipated shortly to inform national expansion.
Pediatric care and ART has expanded from pediatric comprehensive care centers to MCH and TB settings, thereby improving the linkage to care and ART after diagnosis and increasing access to HIV pediatric clinical services. Access to pediatric ART occurs in all provinces. From September 2008 to September 2009, pediatric ART patients have increased from 15,000 to 30,000. Per the national guidelines, all HIV-infected children < 18 months of age initiated on ART within MCH or HIV care and treatment settings regardless of their CD4 level. At least three implementing partners are providing integrated MCH/ART service delivery. The furthest along, Walter Reed Program at Kericho District Hospital (KDH), started integrating ART services with the MCH in January 2005. By June 2009, KDH had counseled and tested over 20,000 expectant mothers with > 2000 HIV-infected women identified; 96% of women received ARVs for PMTCT and ~94% of exposed infants received ARV prophylaxis and CTX. WRP is evaluating their program in the context of PEPFAR-supported public health evaluation and preliminary results should be available within the next year.
Several partners have been training CHWs or peer educators (persons living with HIV/AIDS) to perform clinical, non-clinical or community activities to improve HIV care. As significant data have indicated multiple caregivers as a predictor for poor pediatric outcomes, in 2007, the Mwangalizi (“caregiver” in Swahili) Project was piloted at five facilities to improve consistency of care.. As of the end of 2009, 2,521 HIV positive children were enrolled in these programs; 47% are on ART. Each month an average of 144 children are enrolled. Although 25% of children were made aware of their HIV status while in care,

disclosure and inadequate referral systems continued to be challenging within this pilot.
Strategy for 2010
PEPFAR II goals will support 750,000 patients (including 11% children) in care and 310,000 (including 15% children) on ART. To accomplish these goals, in 2010 the Kenya PF proposes to identify more children, and expand the capacity of providers to deliver and document quality pediatric HIV services. The PF will emphasize strategies utilizing CHWs or peer educators for task-shifting and support the establishment and strengthening of pediatric care and ART policies.

In 2010 we will support HTC provision through EID or PITC to 200,000 children including OVC. The EID network will reach 65,485 (75% of exposed) infants to increase the number of children accessing early ART and assess the impact of PMTCT interventions. Exposed/infected children will be enrolled into care at MCH or HIV clinics and be provided with care (i.e, CTX/ART, immunizations, growth/disease monitoring, safe water systems, bednets, feeding services, counseling, and social support services). PEPFAR funds will support the revision of the UoN disclosure protocol and expand family psychosocial programs.
We will provide direct HIV care and support services for 80,000 HIV-infected children, and indirect support for an additional 3,000 children. 50,000 (62%) of HIV-infected children will receive a BCK. This will constitute about 12% of all 2010 BCK distributed. Water, sanitation, and hygiene (WASH) activities will be integrated with the BCK to achieve cost efficiencies. Funds will continue to procure FBP and Ready to Use Therapeutic Food to cover 40 more sites, > 20,000 malnourished children, and >10,000 pregnant/lactating mothers.
PEPFAR will provide direct ART support for 40,000 HIV-infected children and indirect support for an additional 1,000. Family-centered approaches will be used to scale-up access to ART while simultaneously supporting decentralization to lower level facilities and task-shifting within facilities. All HIV-positive children < 18 months will be initiated on ART within the MCH/HIV clinics following diagnosis. Funds will be used to improve diagnosis/management for toxicity and treatment failure as well as support NASCOP to develop guidance for use of viral load and resistance testing for the increasing numbers of ART patients on second-line and long-term therapy. A 2010 national pediatric ART survey will provide further information on pediatric patients and their outcomes
Implementing partners will be encouraged to use CHW or peer educators, people living with HIV AIDS (PLWHA) for monitoring adherence and providing support to the household, disclosure support and to improve defaulter tracing and follow-up of pediatric patients. Funds will also support HCW disclosure training and formation of support groups for caregivers and their children.
Youth-friendly, gender appropriate HIV clinical services will be delivered where adolescents gather. HIV-infected youth will receive specific PWP messages and interventions and will be facilitated to access reproductive health/family planning services as necessary. HIV-exposed youth will receive post-exposure prophylaxis. PEPFAR funds will support CBOs to provide specific referrals for children and families needing HIV care services and expand the number of HIV clinics that offer pediatric support groups.
Kenya does not have recent ART costing data based on current pediatric and PMTCT ART initiation guidelines, recommended 1st and 2nd line regimens, pediatric diagnostic and monitoring needs, and care service delivery. The USG in-country team plans to work with the OGAC costing unit to identify/address key pediatric costing issues and include pediatrics in PEPFAR costing models and planning.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	31,251,792	
Total Technical Area Planned Funding:	**31,251,792**	**0**

Summary:
Key Result 1: Provide a comprehensive package of PMTCT services, including HIV Counseling and Testing (HIV CT) to 1,300,000 women at 5,000 sites.

Key Result 2: Improve quality of PMTCT services through supportive supervision, training of 4,000 Health Care Workers (HCW) using Ministry of Health (MoH) guidelines, strengthening quality assurance/quality control procedures, and increased use of more efficacious ARV prophylactic regimens to > 86,000 HIV-infected pregnant women as well as screening and counseling for gender based violence.

Key Result 3: Integrate PMTCT services into facilities providing maternal and child health (MCH) services to incorporate primary HIV prevention; focused antenatal care (ANC); family planning (FP) services; sexual and reproductive health; gender mainstreaming into all PMTCT services; maternal, infant and young child feeding counseling and support to make breastfeeding safer; comprehensive child health services; early infant diagnosis (EID) and strategies for minimizing Mother To Child Transmission of HIV (MTCT).

Key Result 4: Increase demand for and utilization of PMTCT services, stigma reduction and psycho-social support (PSS) through the MOH community strategy, mass media communications, and greater involvement of HIV positive mothers e.g. Mentor Mothers (MM), and male involvement through Men as Partners model programs.

Key Result 5: Improve access to comprehensive HIV/TB treatment, care and support services including expanded laboratory testing for approximately 70,000 HIV-infected pregnant women and family members through decentralization of care and treatment services to MCH clinics and improved referral to existing programs

Current Program Context
Since PEPFAR inception, 3,542,218 pregnant Kenyan women have received HIV CT services and ARV prophylaxis has been provided to 213,764 women. Over the same time period, nearly 47,500 pediatric infections have been averted.

PMTCT program data estimate the current national ANC HIV prevalence rate at 6.4%, with urban areas reporting higher prevalence rates than rural areas (8.4% vs 6.7%). The PMTCT program reaches > 80% of all pregnant women accessing ANC with HIV CT services, representing 70% of all expected pregnancies in Kenya. From October 2008 through September 2009, PMTCT services were offered in 3,688 of 6,000 facilities (61%) providing ANC services and 3,046 HCW were trained. Among the expected 1,500,000 pregnant women seeking ANC services, 1,057,241 (70%) received HIV CT. Among the expected 96,248 women identified as HIV-infected, 58,591 (61%) received ARV prophylaxis. The roll out of the mother and child booklet is expected to contribute towards program effectiveness by improving identification and linkages. The launch of the 2009 PMTCT guidelines provided avenues to improve the PMTCT program including the use of efficacious regimens such as HAART for prophylaxis. The quality of PMTCT services improved through participatory supportive and facilitative supervision, health care provider training as well as national, regional and district partner meetings. A substantial number of facilities have integrated HIV care into MCH.

Although PMTCT service provision coverage has continued to expand, universal coverage remains a challenge. Loss in the PMTCT cascade and poor linkages and referrals to HIV care and treatment are worrisome as they directly affect program efficacy. PMTCT counseling services tend to focus on the urgent issues of explaining MTCT risk and initiation of PMTCT regimens for pregnant women, and much less on reinforcing risk reduction for women who are negative. Factors such as women not accessing ANC care, women visiting private clinics not offering comprehensive PMTCT services, and sub-optimal recording and reporting continue to hinder the national uptake of ARV prophylaxis. Only 40% of deliveries

occur in facilities preventing full completion of the PMTCT prophylaxis as AZT syrup is dispensed postnatally. Logistics to support decentralization and scale-up of more efficacious regimens are challenging.

Provision of EID services continued to expand, with 30% of PMTCT facilities offering networked services through 4 laboratories. From October 2008 through September 2009, 46,549 DBS samples from 1,108 facilities were sent to the laboratories. Despite expanding access to EID testing, time until receipt of results remains too long at an average of 6-7 weeks and the majority of infants tested are over 3 months old. Infants identified as HIV-negative who continue to breastfeed pose a programmatic challenge for health care providers in ensuring that they remain negative. Involvement of male partners of pregnant women served either at MCH or maternity remains low, at only ~15% in the best performing sites.

Statistics/Goals
2010 PMTCT PEPFAR targets are based on the Partnership Framework, which aims at achieving universal access to PMTCT by 2013 and subsequently averting 50% of pediatric HIV infections. In 2010, there will be ~1.5 million pregnancies in Kenya and > 96,000 expectant mothers will be HIV-infected. We will support HIV CT for 1,300,000 (87%) pregnant women and provide a complete course of ARV prophylaxis to at least 86,400 (90%) that will include either single-dose Nevirapine (SD NVP) (20%); short-course AZT at 28 weeks gestation (50%), or HAART (30%). Extended postnatal prophylaxis during breastfeeding in accordance with WHO guidelines will be piloted. All HIV-infected women who receive SD NVP will be given combination AZT/3TC for one week postpartum to cover the NVP “tail.” The use of stabilizing tubes will expand access to the laboratory network and allow CD4 testing for at least 50% of pregnant women at HIV diagnosis. All exposed babies will receive SD NVP, 3TC for one week and AZT for six weeks. The EID network will expand to reach 67,500 (75%) HIV-exposed babies with PCR testing. All diagnosed HIV-infected children < 18 months of age will be initiated on ART within MCH or HIV care and treatment settings as per national guidelines. PMTCT scale-up will include in-service training of 4,000 service providers, increase facility coverage to 5,000 (83%) of 6,000 sites, and reach 260,000 couples (20%) male partners with C&T services.

Services
A comprehensive package (including malaria intermittent presumptive treatment (IPT), TB and syphilis screening, micronutrient support and insecticide-treated nets (ITN)) is offered to all pregnant women seeking ANC services. Routine opt-out HIV rapid testing with same day results is offered in all PMTCT facilities. Facilities provide NVP tablets and syrup for use at delivery to all HIV-infected women at first ANC contact to minimize missed opportunities. HIV-infected women are staged clinically using WHO criteria, and CD4 testing occurs in facilities with onsite CD4 machines or through laboratory networking. All HIV-infected pregnant women are started on cotrimoxazole (CTX) prophylaxis. Women with WHO stage > 3 and those with CD4 cell count < 350 receive ART. Those in WHO stage < 2 and CD4 cell count > 350 are initiated on AZT for PMTCT from 28 weeks gestation. EID is done when the infant reaches six weeks of age or at first contact thereafter and infant CTX prophylaxis is initiated. Infant feeding counseling is done at each follow-up MCH visit as per national guidelines, which support exclusive breastfeeding for 6 months unless replacement feeding is acceptable, feasible, affordable, sustainable and safe. Program reports indicate that increasing number of women receive additional services such as cervical cancer screening and referral and also screening and HIV testing for gender-based violence victims.

Referrals and Linkages
All HIV- infected pregnant women are enrolled into HIV care, and those eligible initiate ART. The program supports and strengthens functional referral lab networks, decentralization, and task-shifting in the initiation and provision of ART within MCH for mothers and their HIV infected infants in an effort to improve access to HIV care and treatment services. The program also supports facility-community linkages through PMTCT PSS groups. There is enhanced meaningful involvement of people living with HIV (MIPA) through facility- and community-based PSS groups such as Mentor Mothers. The male

involvement program utilizes combined prevention strategies such as reduction in concurrent partners, condom use and circumcision. National referral tools are used to link mothers and their families to palliative care, including TB services and home-based care; ART; malaria prevention activities; FP services; and income-generating activities. Increased linkages to sexual and reproductive health/FP services including skilled deliveries and gender mainstreaming ensure that the sexual and reproductive health needs of women focus on preventing unwanted pregnancies.

Contributions to National Scale-Up and Sustainability
PEPFAR Kenya will improve sustainability by supporting HCW pre-service training in HIV prevention, care and treatment at both university and medical training colleges with plans to eventually replace the majority of in- service training. USG and partner participation in developing MoH Annual Operational Plans at district level will also support sustainability by strengthening systems required for delivery of quality health care services. Reporting, data collection, monitoring and evaluation tools will be revised jointly with the MoH to include the next generation indicators (NGI). Community/government involvement and ownership will be encouraged through active involvement of a broad base of stakeholders.

Work of Host Government and Other Development Partners
PMTCT is a key result area in the 2008-2013 Kenya National HIV/AIDS Strategic Plan (KNASP III). The GoK provides leadership in the delivery of services at PEPFAR supported sites and is responsible for the provision of qualified health workers. Health development partners in Kenya collaborate with government counterparts to mobilize and coordinate resources for optimal and efficient utilization. The PMTCT, Pediatric and Adult ART Technical Working Groups meet quarterly to address national level activities including policy guidelines, curricula development, and linkages.

Building upon PEPFAR I & COP 2009
In line with the Partnership Framework, which seeks to achieve 100% coverage of PMTCT, a key priority will be to expand FP within PMTCT settings in support of the RH/HIV Integration strategy. The PMTCT ARV logistic system being implemented in FY09 will provide an effective system to manage PMTCT commodities and ease the challenges related to scale up and decentralization of more efficacious regimens. Laboratory networking will continue scale-up to provide CD4 testing and EID. The PMTCT program will build upon existing Infant and Young Child Feeding (IYCF) strategies and continue to explore facility and community mechanisms to make breast-feeding safer. Integration of HIV into MCH services is an ongoing process and includes strengthening of HIV primary prevention services; prevention of unintended pregnancies among HIV infected women; integration of ART within PMTCT programs; integrating HIV follow up with well child and immunization services; integration with safe motherhood initiatives and use of a family-centered approach to improve retention in care and treatment.

Use of NGI in reporting, particularly combination ARV prophylaxis and EID outcomes will contribute towards assessing PMTCT program effectiveness. Laboratory networks for CD4 and PCR for EID will continue to scale-up to reach the lowest level of service delivery. Implementing partners will be encouraged to use program level quality indicators to increase effectiveness. PMTCT Mentor Mother Groups will be standardized using Mothers to Mothers (M2M) program tools.

Strategy for 2010
GoK policy supports routine HIV testing for all women accessing ANC services. In high prevalence areas, women in late pregnancy or at delivery will be re-tested to capture new infections.
Emphasis will be placed on primary prevention for the majority of women identified as HIV-negative through PMTCT programs through improved and repeated post-test counseling. Efforts will be made to integrate FP with HIV care and treatment service provision for HIV-infected women.
Expansion of the laboratory network will ensure HIV infected pregnant women access CD4 cell count testing so that those eligible can receive HAART. PEPFAR Kenya will support NASCOP to develop and implement guidelines on the use of more efficacious ARV regimens for PMTCT including to prevent

transmission through breastfeeding, and appropriate infant feeding guidance in accordance with recent WHO recommendations (2009). To make breastfeeding safer, continued ARV prophylaxis in the post-natal period (either to mother or infant in accordance with newly launched WHO guidelines) will be implemented. The program will enhance supervision and clinical mentorship of health providers and continue to draw upon the goodwill from the government to encourage decentralization of ART services into the MCH as well as task shifting to allow the process of delegating clinical care functions from more specialized to less specialized health workers. Special needs of young people will be addressed through youth-friendly strategies.

There will be systematic, sustained and coordinated communication for behaviour and social change approach in support of optimal infant feeding, and involving male partners and other family members.

PEPFAR will continue logistics support to ensure effective supply chain management of PMTCT-related products such as HIV test kits, ARVs, opportunistic infection drugs, and laboratory commodities. Data management efforts will focus on the incorporation of NGI for better program evaluation at the national level and development of capacity-building materials and strategies to encourage data utilization for decision-making. Additional support will be given to performance evaluation through quality assurance/quality improvement practices.

Funding
In 2010 the district focus and population based approach in target setting and resource allocation will be used. District targets are allocated based on expected pregnancies, past partner/geographic locations/performance, and level of infrastructure development. On average it costs $18 to reach a woman; ranging from $25 in hard to reach areas to $13 in mature programs. The remaining funds support other partners and programs who contribute indirectly to achievement of quality indicators such as supervision, policy and curricula guidelines, IEC and participating labs for EID.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	30,945,503	
HVOP	30,945,503	
Total Technical Area Planned Funding:	**61,891,006**	**0**

Summary:
Key Result 1: Strengthen programs and bring to scale with efficient combination prevention interventions that include evidence-based behavioral, bio-medical, and structural interventions.

Key Result 2: Use current epidemiological data to guide targeting and programming.

Key Result 3: Support implementation, coordination, and monitoring of the sexual transmission priorities in the Kenya National AIDS Strategic Plan 2009-2013 (KNASP)-III.

Current Program Context
The PEPFAR Kenya Sexual Transmission Prevention (STP) program continues to intensify prevention interventions by developing a minimum package of services for all target populations, increasing coverage, improving quality, and enhancing program efficacy to reduce the risk of HIV transmission. The STP program consistently integrates prevention across all program areas through a combination of

prevention interventions including behavioral, bio-medical and structural. Kenya's approach targets the Most-At-Risk Populations (MARPs), youth, the general population, uniformed services personnel, and prisoners. Except for training, other prevention efforts with people living with HIV/AIDS (PLWH) are addressed in the care and support TAN.

The 2007 Kenya AIDS Indicator Survey (KAIS) documents a national HIV prevalence of 7.1% among adults 15-64. There are significant gender disparities with women having a higher prevalence (8.4%) than men (5.4%); women aged 20-24 are almost four times more likely to be HIV-positive than their male peers (7.4% vs. 1.9%). Nationally, the highest prevalence is found within the 30-34 age bracket, and 70% of PLWH reside in rural areas. There is wide variation of HIV prevalence across provinces in Kenya from less than 1% in North Eastern to almost 15% in Nyanza.

The 2008 Kenyan Modes of Transmission (MOT) Study indicates that two-thirds of new infections occur in the general population while MARPs contribute to the remaining one-third. The primary MARPs contributing to Kenya's epidemic include sex workers and their clients (14.1%), MSM and prison populations (15.2%). Fishing communities are an important MARP in Nyanza Province accounting for 23% of new infections. Other drivers of the epidemic are multiple and concurrent partners, uncircumcised males, and low condom use.

Though male condoms are readily available in the country with World Bank and UNFPA support, more female condoms need to be provided. USG funds are used for promotion of condom distribution and marketing. These condoms are targeted for use by all relevant groups described above including PLWH.

Policies governing programming around MARPs are generally improving, with the Ministries of Health taking leadership. The Sexual Offenses Act 2006 provides opportunities for prevention of sexual- and gender- based violence. MC, condom and peer education guidelines have been developed; standard guidelines will also be developed for youth programs and other interventions. A Life Skills Education Curriculum developed in collaboration with Ministry of Education (MOE) is being rolled out in all primary and secondary schools in Kenya and an Education Sector Policy on HIV and AIDS is being implemented in all education institutions.

A National Prevention with Positives (PwP) Task Force has developed guidelines and materials for services for PLWH. National MARPs guidelines are currently in development. An Education Monitoring and Management Information System to assess the impact of HIV and AIDS in the education sector is being rolled out in all Districts as part of the wider MOE Management Information System.

Statistics
Data from the 2007 KAIS indicate that 83.6% of HIV infected adults did not know their status. In 77.9% of all sexual partnerships in the past year, respondents had no knowledge of their partner's HIV status. An estimated 80% of adults perceive themselves to have low risk of infection, a factor associated with low uptake of VCT services. To increase knowledge of HIV status, this low perception of risk needs to be addressed.

Almost 6% of couples in Kenya are discordant with one partner HIV infected; however, knowledge about the potential for HIV discordance in sexual partnerships is low. Ongoing HIV counseling and testing (CT) initiatives, including couple and home-based CT, have helped to identify couple discordance. About two-thirds of HIV-positive adults report currently being in a union, yet only 50% reported ever using a condom and less than 20% used a condom at last sex with a partner of unknown status or known HIV-negative status. Condom promotion and distribution programs are important to increase condom use amongst discordant couples and the general population.

STI and HIV co-infection is prevalent. Amongst KAIS participants who are HSV-2 positive versus

negative, HIV prevalence was 8-fold whereas it was 2.5-fold with syphilis co-infection.

HIV prevalence increases significantly by number of lifetime sexual partners. According to KAIS 2007, the percentage of prevalence amongst individuals with no and incomplete education is 8.2% and 8.4%, respectively, and there were also disparities in HIV prevalence by household wealth categories amongst those with the lowest household wealth (8.4%) and amongst those with the highest household wealth (6.6%).

In the KAIS 2007, 23.8 % of youth aged 15-24 years reported having had their sexual debut before 15 years of age and youth who reported having had sex before 15years of age were significantly less likely to use condoms at first sex. HIV prevalence in higher for the youth with a lower age of sexual debut.

Services
A USG team of prevention technical experts from USAID, CDC, DoD, and Peace Corps jointly plans, reviews program progress, and provides technical guidance to the overall prevention portfolio. This synergy will be enhanced in 2010 through continued joint technical meetings for all implementing partners to exchange best practices, ensuring consistent prevention messaging, and reducing duplication of effort.

Services will be provided for the above specified groups. Comprehensive combination prevention strategies, consisting of evidence-based behavioral, bio-medical and structural interventions guided by KNASP III, will be implemented. Behavioral interventions increase knowledge and skills motivating individuals to adopt healthier behaviors. Biomedical interventions reduce risk of transmission or acquisition of HIV through biomedical approaches (e.g., PEP, MC, ART). Structural interventions address deep-rooted causes of vulnerability to HIV such as gender inequality, poverty, and promote broader social change (e.g., income generating activities, changing gender norms, and sensitization of human rights).

A minimum package and 2010 targets for each of above groups have been outlined below:

General Population (961,308): Deliver the following messages through targeted individual and small group prevention intervention programs: know your status/Universal testing, reduce partners, increase condom use, eliminate concurrency, improve risk perception, be aware of discordancy, decrease stigma and discrimination and change harmful gender norms.

For all other populations (youth, MARPs, and uncircumcised males) the minimum package also includes: peer education and outreach, sexual risk assessment, risk reduction counseling and skills training, routine HIV CT incorporating all strategies, STI screening and treatment, promotion and distribution of condoms (education on condoms for prisoners) and access to HIV care and treatment (including PEP).

In addition to the above, the following specific components will be part of the minimum package for the groups below:

Youth – ages 15-24 years old (in school: 591,988; out of school: 289,514): access to family planning (FP) for sexually active youth and reproductive health services; more involvement of people (youth) living with AIDS (MIPA); youth friendly services; provision of Voluntary Male Medical circumcision (VMMC) based on national and WHO guidelines; youth development and mentoring programs; parental programs (monitoring and communication); and targeted mass media, community, school and interpersonal communication programs (IPC) that deliver appropriate prevention messages.

MARPs (CSW 82,000; MSM 25,200; Truckers: 34,000; Fisherfolk: 50,000): conducting STI surveillance for drug resistance and updating National protocol for STI management; promotion and distribution of condoms and lubricant; access to reproductive health services (post-abortion services, cervical cancer screening and counseling); access to FP; referrals to other appropriate services; and MARPs friendly

services.

IDU (8,800): (addressed in the MTP TAN)

Uniformed services personnel (Military: 35,000; Other: 40,000): promotion and distribution of condoms; referrals to other appropriate services; access to VMMC based on national and WHO guidelines; targeted media, community, workplace, and IPC programs that deliver appropriate prevention messages; MC education & information (including written materials); male reproductive health and healthy sexual norms information including FP; leadership training; family outreach including spouse support group; counseling & alcohol reduction program; and facilitated partner testing and disclosure.

Prisoners (6,500): Counseling and alcohol and drug reduction program, at entry TB screening and referral and access to treatment; peer support groups; and sexual violence and human rights education.

Uncircumcised males (171,000): referrals to other appropriate services; provision of VMMC based on national and WHO guidelines; MC education and information (including written materials); male reproductive health and healthy sexual norms information including FP; facilitated partner testing and disclosure; peer support groups; and sexual violence and human rights education.

As noted above, other prevention efforts with PLWH are addressed in the care and support TAN. However, for training, 2010 target is to train 1,146 peer counselors, MIPA and health care providers on PwP interventions.

Referrals and Linkages
Prevention activities and messages continue to be integrated into other health programs in order to avert new infections. Prevention programs will work closely with other programs (e.g., care and treatment) to strengthen prevention services at facility and in the community and to ensure that clients receive appropriate services as outlined above. Where a comprehensive package of services is offered, an M&E system will be incorporated into the package.

Contributions to National Scale-Up and Sustainability
The expected contributions of USG include seeking to increase support for prevention interventions focusing on above specified target groups. The Government of Kenya (GoK) contributions will include providing leadership in disseminating policy and guidelines, community mobilization, and provision of facilities and personnel. Together USG and GoK will jointly advocate for increased prevention funding from other partners to implement proven and emerging prevention interventions, including STI management; convene an annual National HIV Prevention Summit to promote best practices and maintain high-level focus on the prevention agenda; and develop at least one comprehensive, jointly-funded youth health care facility.

Work of Host Government and Other Development Partners
Work of the GoK and other development partners is directed by the KNASP III; the Kenya Partnership Framework further specifies principles and policies including the “three Ones,” using evidence-based, data driven approaches, efficiency of activities, focusing of human rights, meaningful involvement of PLWH, and sustainability of all interventions. The relevant goals and objectives of the Partnership Framework include using evidence-based behavioral interventions to promote character formation, abstinence among youth, fidelity, partner reduction, and correct and consistent condom use by sexually active persons targeting populations at risk for transmission or acquisition of HIV.

Building upon PEPFAR I and COP 2009
Over the last five years, all the STP program areas have been developed and rolled out. Most required guidelines and policies have been formulated. This COP 2010 will strengthen accomplishments achieved

over the past five years through:
scaling up of all interventions, including MC; more focus on MARPs; achieving greater efficiency in providing combination interventions; incorporating more interventions with evidence of efficacy; evaluating the strength of evidence of current interventions; and completing development of pending policies and guidelines (e.g. MARPs).

Strategy for 2010
Services will be provided for the above target groups. Combination prevention strategies guided by KNASP-III will be implemented and a special focus on MARPs to deliver minimum package of services will be adopted.

The USG will continue to build its own and the partner government's technical capacity in order to support KNASP III achieve its implementation targets in scaling up and ensuring quality of services, including those on MARPs and other vulnerable groups.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	16,829,569	
Total Technical Area Planned Funding:	**16,829,569**	**0**

Summary:
Key Result 1: Strengthened national, regional, district and program-level reporting and information systems.

Key Result 2: Strengthened HIV and TB surveillance systems for evidence based programming, planning and policy formulation.

Key Result 3: Expanded capacity-building activities for the GoK and local partners at national and sub-national levels to ensure sustainable systems and programs.

Current Program Context
The USG strategic vision is to strengthen routine monitoring and evaluation systems and surveillance for evidence based programming, and capacity building for sustainable health systems. USG partners supported the rollout of the revised HMIS tools through Government of Kenya (GOK). USG interagency jointly with partner government technical teams conducted supportive supervision, data quality audits and data analysis and use/dissemination activities at the decentralized levels, resulting in increased use of program and surveillance data to develop annual operation plans at all levels. Based on the Partnership Framework's overall strategic information goal to strengthen data gathering and utilization, health care workers' capacity to collect, collate, report and use service delivery data has been strengthened.

The Kenya National AIDS Strategic Plan (KNASP-III) was recently developed through a consultative process with key stakeholders. The KNASP has been largely informed by data from the Kenya AIDS Indicator Survey (KAIS, 2007) which provides the most comprehensive information on the HIV epidemic in Kenya including gaps in services such as HIV testing, care and treatment. KAIS data complement HIV incidence estimates from the Modes of Transmission (MoT) study.

The Kenya expanded SI team consists of an Epidemiologist, M&E specialists, and a HMIS specialists from USG, two ICF-MACRO SI Resident Advisors and M&E Managers/Advisors from the National AIDS

Control Council (NACC), National AIDS and STI Control Program (NASCOP), UNAIDS, and the World Bank. GoK faces serious shortage of staff to support SI activities, and in the previous years, USG through Capacity Project has been complementing host government efforts by hiring additional staff on contract basis.

Accomplishments since last COP
Key accomplishments include the successful completion and launch of the preliminary report of the Kenya Demographic and Health Survey (KDHS) and KAIS final report. KAIS provincial fact sheets and key findings have been produced and packaged for a series of provincial dissemination workshops. The 2008/2009 round of ANC sentinel surveillance was conducted, data analyzed and the final report is due for release early 2010.

USG has supported the GOK to set up an information technology infrastructure to support the national Community Based Program Activity Report (COBPAR) system for processing and reporting community-level activities. Data quality audits have been institutionalized as part of the routine monitoring and evaluation framework. Reporting rates have improved overall, both for facility and community-based activities and the GOK largely attributes this to the USG support. ICF-MACRO/APHIA II Evaluation/Tulane University entered into a partnership with Kenyatta University (a local institution) to develop and implement an MPH Program with M&E concentration with an institutional capacity plan for long-term sustainability. This activity will help the country in producing much-needed middle and senior level SI managers. A fellowship program by the Universities of Nairobi and Washington targeting middle-level managers of HIV programs aims to provide key skills in Program Management, Health Economics and Informatics/M&E. The Kenya SI team had active participation in the development of KNASP-III and one agreed country-level comprehensive National HIV and AIDS Monitoring, Evaluation and Research Framework. The country developed a set of national indicators that include harmonized global indicators and PEPFAR II's Next Generation Indicators.

Through USG and WHO support, the GoK conducted an assessment of Electronic Medical Records (EMR) systems used in the country. The findings have formed the basis for a standards-based framework for the development of EMR systems that are interoperable and can interact with lab and pharmacy sub-systems. EMRs will enable the efficient monitoring of patients and provide data for cohort analysis to assess treatment outcomes. A database of uniquely coded master list of all health facilities was developed, containing GIS coordinates.

Goals and Strategies for 2010:
Strategic direction will be guided by the Partnership Framework that seeks to expand ongoing investments in the GoK surveillance, monitoring and evaluation capacities for optimal response to HIV, more focused 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.

Strategies will revolve around strengthening national surveillance, monitoring and evaluation systems to generate timely, accurate, relevant and complete data for managing the national HIV response in an efficient way based on the Partnership Framework and the 3-Ones principles. Through Partnership Framework principles, GoK counterparts will be encouraged to have SI specific budget line items included in the national, regional and district level annual work plans and jointly funded. Human resources for health that will be supported on short contracts will be hired on the understanding that the GoK will absorb them in the long run. GoK counterparts' joint supportive supervision on data collection and management is one strategy that USG SI team plans to adopt to build the capacity of host country health care workers. Joint implementation strategies will be developed to ensure that GoK counterparts provide leadership and coordination roles for future sustainability. USG will collaborate with various stakeholders in the health sector including DfID, World Bank, UNAIDS, WHO and GoK in planning and implementing national SI

priority areas. KNBS, NACC, NASCOP, National TB/HIV Program, NCAPD, DRH, Malaria Control Program are among key government agencies that will form part of the strategic partners.

The USG will support the strengthening of community-based monitoring systems (COBPAR) for HIV prevention, HIV care and OVC services to increase reporting rates. Development of stronger facility and community-based monitoring systems and support to rollout of new standard HMIS tools that incorporate NGI will be supported.

In order to strengthen HIV surveillance, the GOK together with USG and other key partners have developed a matrix that will enhance coordination and highlight priority areas. Kenya will conduct an assessment on the feasibility of using routine PMTCT data instead of the annual ANC sentinel surveillance to provide data for monitoring HIV prevalence trends. MARPs surveillance targeting MSM, IDU and CSW in urban areas will be conducted to provide behavioral and serologic data, while other surveillance activities include incidence surveillance, STI surveillance, mortality surveillance, case reporting and clinical outcomes surveillance, and pediatric surveillance. The Kenya Department of Defense will conduct an HIV biological and behavioral study among military personnel to determine HIV prevalence, describe socio-demographic and behavioral determinants.

The USG informatics partners, under the leadership of NASCOP and HMIS division, will embark on a phased approach to implement standards-based EMR systems. With collaboration from WHO (Kenya and Geneva), UNAIDS and UCSF/University of Washington/ITECH, the USG will support the development of standards and customize them for Kenya. The upgraded EMRs will be installed and training of health workers conducted at high volume sites. Phones for Health project will be restructured to utilize a mix of local and international technology partners in order to provide the best solutions to enhance and strengthen the flow of data from health facilities to regional and national levels. Kenya is one of the countries selected by OGAC to participate in the informatics initiatives of the newly established partnership between PEPFAR and the mHealth Alliance.

The SI team will continue to support the GoK and implementing partners to conceptualize operations research questions and protocol development for public health evaluations. As part of capacity building, the SI team will directly offer short courses on epidemiology, data analysis and interpretation as well as manuscript writing.

Statistics
According to KAIS-2007, the national HIV prevalence was 7.1% among adults aged 15-64, with wide regional variations ranging from 0.8% - 14.9%. Among those aged 15-49, prevalence was 7.4% although this was not statistically different from the 6.7% in the KDHS-2003. KAIS showed that Herpes Simplex Virus type II (HSV-2) and syphilis prevalence among the 15-64 were 35.1% and 1.8%, respectively. Among those with HIV, HSV-2 prevalence was 83.6% while syphilis prevalence was 4.2%. These findings emphasize the importance of routine surveillance to monitor the trends in HIV and STIs known to be associated with risk of HIV acquisition and transmission.

The Kenya 2008 Modes of Transmission (MOT) study, an epidemiologic modeling of HIV incidence, provides further insight on the epidemic drivers and identified populations in Kenya. According to the MOT study, heterosexual transmission is the leading mode of HIV transmission in Kenya, and casual heterosexual sex contributes ~20.3% of new infections. Most-at-Risk Populations ([MARPs], including commercial sex workers and their clients, MSM, prisoners, and injecting drug users) contribute 33.1% of new infections. This underscores the importance of the planned MARPs surveillance which has been identified as a priority.

Services
Through routine M&E, surveillance and surveys, the USG SI team will generate national level data to

inform programs. Data triangulation will be done from various data sources and analyzed using qualitative and quantitative methods. Data quality audits will be conducted jointly with different program areas to ensure data ownership and use among technical teams. Technology solutions will be implemented to improve the flow of data from health facilities and community based programs to the national level and to provide multi-channel access to information.

Referrals and Linkages
USG SI team will support the GOK to implement the WHO's 3-interlinked patient monitoring systems for HIV care/ART, MCH/PMTCT and TB/HIV. Community-Facility referral/linkages systems and structures will also be strengthened.

Contributions to National Scale-up & Sustainability
The SI team puts a lot of emphasis on capacity building for sustainable programs at all levels. The planned activities support the development of materials for basic training of health workers on M&E and data use to cope with the changing demand for data as HIV programs are scaled up. Health managers are also targeted with capacity building programs that range from short courses in M&E, data analysis and interpretation and data use, to Masters level training on M&E and fellowship programs to enhance program management, health economics and informatics. The USG SI program also strengthens infrastructural, leadership and management capacity of GoK M&E/HMIS units for effective and efficient use of resources that support SI activities.

Work of Host Government and Other Development Partners
USG will continue the collaboration with the GoK and other donor groups in the implementation of national M&E strategies. In support of the "third one", the SI team will continue to work closely with GoK to prioritize and implement the activities listed in the National M&E Framework and the KNASP-III. Discussions on the harmonization and inclusion of PEPFAR II Next Generation Indicators on the GoK's National M&E Framework started in 2009. The revised national M&E framework will provide a roadmap for monitoring health and community indicators for GoK and PEPFAR II targets beyond 2010.

The USG SI team will collaborate with WHO, UNAIDS, UNICEF and others to strengthen surveillance activities. Coordination, data sharing through common indicators and data interpretation will be enhanced. Mathematical and epidemiologic modeling with support from UN agencies will provide complementary information for comprehensive understanding of the HIV epidemic in Kenya and for comparison with other countries.

The expanded SI team will work with the World Bank and UNAIDS (supporting NACC); DFID, JICA (supporting NASCOP); Swedish Development Agency (health sector M&E at district level); UNICEF and Children's Department (M&E of OVC programs).

Outstanding Challenges and Gaps
Outstanding challenges include the development of a national surveillance strategy and an epidemiologic profile for Kenya that is constantly updated. Delayed implementation of Phones for Health (P4H) in Kenya due to unclear capacity building plan and use of a single platform has been challenging. With the new award to CDC Foundation and the signing of the MOU between PEPFAR and mHealth Alliance, an excellent opportunity exists to re-structure the P4H partnership to maximize use of local and international solutions.

There was a significant delay in the development of the framework for Electronic Medical Records (EMR) systems and implementation plan. This was largely attributable to delays in making an award to the implementing partner. This has since been resolved and the GoK team together with WHO, USG and other partners are working on implementation.

Building upon PEPFAR I & COP 2009
In the next five years, strengthening of the country's capacity on HIV and TB surveillance will be a key focus with special emphasis on the expansion on MARPs surveillance to ensure better representativeness. The GOK plans to conduct the second AIDS Indicator Survey 2012 to generate new information on the state of the HIV epidemic.

The strong partnership and collaboration between the GoK, UN agencies and the USG SI team will be enhanced to enable the country to collect, analyze and use routine monitoring data as well as survey and surveillance data for evidence based programming. USG will support HIS division to transform its current File Transfer Protocol system of reporting district level aggregates into a Web-based system for reporting district-level data for HIV/AIDS, MCH, RH/FP, Malaria, Immunization, and TB/HIV by facility name to the national level. NACC's decentralized M&E structures will be strengthened to increase the functionality of the national community based monitoring system. NASCOP will be supported to coordinate the preparation and use of national HIV Care Cohort Analysis reports annually.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	18,519,154	
Total Technical Area Planned Funding:	**18,519,154**	**0**

Summary:
Key Result 1: Expand intensified TB case finding (ICF) to cover > 24% of people living with HIV/AIDS (PLWH) in HIV care and treatment settings

Key Result 2: Strengthen national TB surveillance through expanded coverage for smear microscopy, external quality assurance (EQA) to > 60% of TB diagnostic facilities and expand TB culture capacity to two facilities

Key Result 3: Increase MDR-TB treatment sites from 4 to 10

Key Result 4: Expand basic TB infection control (IC) measures to > 40 facilities

Current Program Context
In Kenya, tuberculosis (TB) is the leading cause of death of PLWH and HIV is the greatest factor behind the nearly three-fold rise in the TB burden in the last 10 years. Ranked 13th among 22 high TB burden countries, Kenya recorded a drop in TB case notification from 116,723 cases in 2007 to 110,251 in 2008. Despite this downward trend, the national TB burden remains high, 338/100,000 persons in 2007 and 329/100,000 in 2008. Of the 2008 TB cases, 33.4% were smear-positive, 27.5% smear-negative, and 15.3% extra-pulmonary disease. Directly observed therapy-short course (DOTS) coverage is universal, and TB treatment is observed by a health provider, community health worker (CHW) or treatment partner for 87% of cases. The 2007 Kenya AIDS Indicator Survey indicated a 7.1% adult HIV prevalence; the national HIV prevalence among TB patients remains ~45% but reaches 70% in some settings. Multi-drug resistant TB (MDR-TB) prevalence is <1%.

Kenya adopted the Global Stop TB Strategy emphasizing effective DOTS delivery with focus on HIV-associated and drug-resistant TB, health system strengthening (particularly primary care and laboratories) and closer engagement with patients and communities. By the end of 2009, Kenya will complete transition to the 6-month rifampicin-based TB treatment regimen.

Collaborative HIV-TB activities remain key priorities articulated in the National HIV and TB strategic plans. In 2009, Kenya hosted an external review of the Division of Leprosy, TB and Lung Disease (DLTLD) that included an audit of HVTB activities and recommendations for improvement. Concurrently, in partnership with USG and the Tuberculosis Control Assistance Program (TB CAP), the National AIDS and STD Control Program (NASCOP) and Division of Leprosy Tuberculosis and Lung Disease (DLTLD) held a joint workshop to strengthen collaboration and adapted the Management and Organizational Sustainability Tool (MOST HVTB) to assess their collaboration and develop action plans for improvement. The MOST HVTB strategy provides a foundation for activities to reduce TB in PLWH.

PEPFAR's support will assist in building sustainable health service delivery systems and increased ownership by the GOK which is articulated in the Partnership Framework which supports implementation of the 2009-2013 Kenya National AIDS Strategic Plan III (KNASP III). KNASP advocates for increased TB screening, detection and treatment in HIV care settings, and increased HIV testing and referral from TB clinics to enable > 80% co-infected persons access antiretroviral treatment (ART). USG will support these efforts through participation in policy work groups and technical and financial assistance as well as revision of the national pre and in-service HVTB training curriculum to equip providers with essential technical/managerial skills.

The GoK WHO, the Global Fund Against AIDS, TB, and Malaria (GFATM), TB-CAP and PEPFAR support national HIV/TB program activities. Kenya hopes their GFATM FY10 -14 (Round 9) TB application will succeed. Separately, Kenya will continue to receive non-PEPFAR USAID support through TB-CAP. To maximize USG resources and avoid duplication, Kenya USG agencies plan together in national technical teams and participate in interagency technical working groups. All USG TB support will be factored into a FY 10 country HIV/TB program work plan. Non-PEPFAR funds will provide additional support to expand DOTS and HIVTB activities linked closely to laboratory, HIV counseling and testing, HIV care and ART, health systems strengthening and strategic information program areas. FY10 efforts will optimize coordination of funding and expand the GoK contribution through the Partnership Framework. To build sustainable programs and local capacity, PEPFAR will increasingly support infrastructure, human capacity, systems for commodity distribution and health information systems.

Implementation of HIV/TB activities is distributed among 35 USG partners: 17 USAID, 16 CDC and two DOD. USG agencies plan and budget for all partners through interagency technical teams, and partners support harmonized national, regional and district work plans to ensure activities complement one another and achieve adequate technical and geographic HIV/TB service coverage.

HIV testing for newly diagnosed TB patients is the standard of care; > 80% of patients have been tested, and 93% of co-infected patients initiated cotrimoxazole (CTX). Per Kenya ART guidelines, ~80% of co-infected TB patients would be eligible for ART. However, despite awareness of HIV status and high CTX uptake, documentation of ART initiation among TB patients remains low (30-50%) suggesting poor linkages to HIV care and ART. Programs are using peer escorts or integrated services to improve ART uptake. Some sites (e.g., Eastern Deanery in Nairobi, AMPATH and Kericho District Hospital (KDH) in Rift Valley province) support integrated HIV/TB services which initiate ART for eligible TB patients within one clinic. In KDH, of 1,130 HIV-infected TB patients eligible for ART, 712 (63%) initiated ART during TB treatment and 248 (22%) immediately after completing TB treatment. Despite this impressive coverage, the patient pill burden was challenging. Additional partners are piloting ART initiation in other clinics.
A national HIV/TB technical team is reviewing and harmonizing national guidelines and developing standardized adult and pediatric TB screening tools. Sufficient technical capacity and proficiency to conduct intensified case finding (ICF) essential before the current isoniazid preventive therapy (IPT) policy will be expanded. DLTLD currently restricts IPT to five sites due to concerns of isoniazid resistance.

Kenya's TB and HIV programs use separate monitoring tools with poor ability to track patient referrals.

The NASCOP pre-ART and ART registers do not capture TB screening data. To address this deficiency, NASCOP has drafted an ART register annex to monitor TB screening and ICF outcomes over 60 months. PEPFAR will also support development of electronic TB and HIV recording/reporting systems.

MDR-TB threatens to reverse Kenya's gains in achieving WHO TB control targets. Kenya's MDR-TB burden is largely attributed to refugees from neighboring countries and poor private sector DOTS practices. Since 2003, DLTLD has identified 401 MDR-TB cases and 1 XDR-TB; ~20-30% are HIV-infected. Through support of national TB culture and DST capacity, PEPFAR has prioritized MDR-TB surveillance, including development and wide dissemination of Guidelines for the Management of Multi-Drug Resistant Tuberculosis in Kenya (2008). Currently, through Green Light Committee (GLC) support and other sources, 100 MDR-TB patients are treated at four sites; Kenyatta National Hospital, Blue House, Moi Teaching and Referral Hospital, and Homa Bay District Hospital.

PEPFAR also developed HIV prevention with positives (PwP) tools and SOPs for clinical settings and trained 30 TB providers. One key PwP intervention is knowledge of partner serostatus/testing, an activity DLTLD has documented since FY05. From 2008 DLTLD data, 6,712 (16%) of 41,950 HIV/TB patients indicated knowledge of their partners' serostatus; of 4,732 (71%) partners for whom data were available, 2,328 (49%) were negative.
Kenya's TB and HIV clinical programs face many challenges including staff shortages and weak linkages making community support crucial. In 2004, community-based TB care (CBTC) was introduced in 11 districts and expanded to 40 districts in 2008. CBTC engages community volunteers to liaise with patients to ensure adherence to treatment and clinic appointments. Since 2004 USG has provided technical/financial support in Nyanza for community TB treatment supporters ("TB Ambassadors") to similarly promote TB treatment adherence. In 2007, Kenya adopted the Community Health Strategy (2007) emphasizing the role of community volunteers in primary health care provision. However, much of this strategy is unclear, especially in terms of training and remuneration for the community volunteers.

Building upon PEPFAR I & COP 2009
In FY 09, Kenya achieved 80% TB case detection rate and 85.2% treatment success rate for smear-positive disease exceeding WHO targets of 70% and 85%, respectively. TB treatment sites increased from 1,909 to 2,280 and TB diagnostic sites from 930 to 1,183. In FY 09, HIV testing among TB patients increased from 80% to 83%; CTX prophylaxis for co-infected patients increased from 85% to 93%.
In FY 09, USG assisted Kenya improve its sputum smear microscopy network through mentorship and training of laboratory staff and strengthening of external quality assurance (EQA) programs (coverage is currently ~50- 60%). PEPFAR replaced Ziehl Nielsen microscopy at regional hospitals and high-volume sites with more efficient and sensitive LED microscopes. In FY09, we sponsored external consultants to mentor staff at the Nairobi Central Reference Laboratory (CRL) and upgrade their proficiency and the standard operating procedures (SOPs) for TB cultures and drug susceptibility tests (DST) in preparation for international accreditation. Concurrently, DST for TB re-treatment cases improved from 40% in FY07 to 60% in FY09. PEPFAR funds procured essential laboratory commodities, supported supply management logistics, installed a back-up power generator at the CRL, and improved communication between CRL and peripheral laboratories.

In 2009, we provided technical and financial assistance for the training of 30 MOH facility staff in standard TB IC procedures and development of the Guidelines for Tuberculosis Infection Prevention in Kenya. Two provincial IC trainings assisted 49 staff to conduct local facility needs/risk assessments and support policy formulation for administrative, environmental and personal protection measures applicable to all levels of health care facilities. A recent Nairobi IC workshop advocated for better coordination of TB infection with other IC activities, e.g., waste management, blood safety, injection safety and respiratory infection control. USG technical staff participates in IC technical work groups and support development of three IC demonstration projects.

To improve TB screening among PLWH, in FY09 NASCOP hired a HIV/TB coordinator and initiated ICF guideline development. In addition, simple standardized TB screening and recording tools for HIV patients are nearly complete and will be incorporated into the ART register.

STRATEGY FOR 2010
USG will assist Kenya to adapt the MOST HVTB strategy to achieve FY10 national and PEPFAR goals. The mandates of the present national, provincial and district HVTB steering committees will be strengthened to make them more responsive to stakeholder needs. New steering committees will be established to cover new districts. PEPFAR funds will support coordination meetings, supervision, training, and strategic information.

Of the 100,000-120,000 FY10 TB patients, ~50,000 (50%) will be co-infected with HIV. PEPFAR will target 100% of co-infected patients for CTX, and ART to 25,000 (50% of those eligible) using the approaches described above. To reduce the TB burden in PLWH, 24% of HIV patients will receive ICF. ICF will start in select care and treatment sites before expansion to PMTCT and HIV testing sites. Care and treatment clinics in three provinces will pilot the new adult TB screening tool and three ART clinics will pilot the pediatric TB screening tool. Patients diagnosed with active TB will receive rapid treatment which should reduce further transmission. Patients without active TB will be considered for IPT in sites able to conduct/sustain patient adherence and document outcomes. USG will work with MOH and partners to identify IPT implementation strategies to expand the coverage beyond the current 5 sites. We will support TB IC demonstration projects in three regions and expand basic TB IC measures to 40 health facilities and other congregate settings, e.g., prisons. TB and HIV control in the prisons is a national priority and PEPFAR will support clinical service expansion from seven to 32 prisons.

To improve MDR-TB surveillance, Kenya will expand DST for TB re-treatment cases from 60% to 90% using WHO-approved sputum specimen transportation and tracking systems. USG will support Kenya's GLC application for additional drugs; PEPFAR funds will be used to increase MDR-TB treatment sites to 10, develop SOPs for supervised MDR-TB community care, support DOTS delivery and continuous medical education for private practitioners, evaluate the quality of TB drugs, available and support a national TB drug resistance survey.

USG will support CRL culture and DST accreditation efforts. Funds will be used to strengthen EQA for smear microscopy networks through national and regional supportive supervision and mentorship, provide LED microscopy for high volume sites, procure laboratory commodities, and support for supplies management systems. Our funds will support new CRL construction and upgrade bio-safety and expand TB culture and DST capacity at 2 provincial laboratories. Efforts will be made to use newer WHO recommended diagnostic methods for rapid identification of MDR-TB.

PEPFAR funds will support CHW engagement for ICF, assist with family TB/HIV screening, and provide adherence support and patient education. Facility and community groups will provide a two-way referral and communication system to coordinate outreach activities to identify/support co-infected patients and families. Community-based care will expand and link to PwP, community HIV testing, and ICF strategies.

Kenya will expand partner testing for HIV-infected TB patients from 11% to 40%. TB clinics will initiate PwP interventions such as supported disclosure, adherence counseling, condom use, and risk reduction counseling with linkages to family planning, STI, and medical male circumcision services.

Other FY10 priorities include strengthening HVTB program monitoring and evaluation. USG will expand support for the development of electronic TB and HIV recording/reporting systems to improve patient referrals and programs linkages and evaluation. National and regional TB/HIV data review and coordination meetings will ensure that data collected are comparable and accurate. Efforts will support data use for planning, resource allocation and program improvement.


PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7133	Price Waterhouse Coopers	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,795,000
7137	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State), Central GHCS (State)	19,788,750
7139	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
7140	KOKA Koimburi Tucker	Implementing Agency	U.S. Agency for International Development	GHCS (State)	2,134,457
7141	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	4,340,000
7142	Chemonics International	Private Contractor	U.S. Agency for International Development	GHCS (State)	95,750,000
7143	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,000,000
7144	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
7145	Indiana University	University	U.S. Agency for International	GHCS (State)	15,835,193

			Development		
7198	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	800,000
7305	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State)	125,000
9033	University of Washington	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9034	University of Nairobi	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9035	University of Nairobi Department of Obstetrics and Gynecology	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9036	Macro International	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,900,000
9037	Sustainable Health Enterprise Foundation	NGO	U.S. Agency for International Development	GHCS (State)	100,000
9039	The American Society for	NGO	U.S. Department of Health and	GHCS (State)	150,000

	Microbiology		Human Services/Centers for Disease Control and Prevention		
9041	University of Manitoba	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9052	Population Reference Bureau	NGO	U.S. Agency for International Development	GHCS (State)	400,000
9053	Population Services International	NGO	U.S. Agency for International Development	GHCS (State)	14,157,560
9062	Population Council	NGO	U.S. Agency for International Development	GHCS (State)	700,000
9063	Population Council	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9065	Pathfinder International	NGO	U.S. Agency for International Development	GHCS (State)	5,352,000
9067	Pathfinder International	NGO	U.S. Department of Health and Human Services/Centers for Disease		

			Control and Prevention		
9069	New York University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9071	Network of AIDS Researchers in East and Southern Africa	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9073	National AIDS & STD Control Program	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,948,089
9074	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	3,470,000
9075	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9076	Macro International	Private Contractor	U.S. Agency for International Development	GHCS (State)	900,000
9077	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	1,943,000
9078	KNCV TB	NGO	U.S. Agency for	GHCS (State)	1,900,000

	Foundation		International Development		
9080	Liverpool VCT and Care	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9082	Kenya Rural Enterprise Program	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,100,000
9085	International Training and Education Center on HIV	University	U.S. Department of Health and Human Services/Health Resources and Services Administration		
9090	National Blood Transfusion Service, Kenya	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9092	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,343,500
9093	CDC Foundation	NGO	U.S. Department of Health and Human	GHCS (State)	1,000,000

			Services/Centers for Disease Control and Prevention		
9097	University of Nairobi	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,500,000
9100	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9103	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	500,000
9104	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	8,808,040
9106	African Medical and Research Foundation, South Africa	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9107	American Association of Blood Banks	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9108	American International	NGO	U.S. Department of Health and	GHCS (State)	775,000

	Health Alliance		Human Services/Health Resources and Services Administration		
9109	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	600,000
9110	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	150,000
9111	Association of Schools of Public Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9114	Care International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9118	Children of God Relief Institute	FBO	U.S. Agency for International Development	GHCS (State)	2,100,000

9122	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State), Central GHCS (State)	7,504,000
9125	Eastern Deanery AIDS Relief Program	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9127	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	744,340
9133	Hope Worldwide	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9134	Impact Research and Development Organization	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9135	Institute of Tropical Medicine	University	U.S. Department of Health and Human Services/Centers for Disease		

			Control and Prevention		
9136	International Medical Corps	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9137	International Rescue Committee	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9138	Internews	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,565,079
9139	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State)	7,984,104
9141	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State), Central GHCS (State)	13,881,680
9143	Henry M. Jackson Foundation Medical Research International, Inc.	NGO	U.S. Department of Defense	GHCS (State)	2,496,801
9144	JHPIEGO	NGO	U.S. Agency for International Development	GHCS (State)	1,900,000

9146	John Snow, Inc.	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9147	Kenya AIDS NGO Consortium	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9149	Program for Appropriate Technology in Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,989,685
9150	International Medical Corps	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,705,000
9171	Henry M. Jackson Foundation Medical Research International, Inc.	NGO	U.S. Department of Defense	GHCS (State)	19,052,676
9251	Baptist AIDS Response Agency, Kenya	FBO	U.S. Department of Health and Human Services/Centers		

			for Disease Control and Prevention		
9452	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	500,000
9520	Tearfund	NGO	U.S. Agency for International Development		
9538	Matibabu Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
10826	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	5,722,926
10830	Associates in Rural Development	NGO	U.S. Agency for International Development	GHCS (State)	400,000
10951	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11406	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	100,000
11413	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers	GHCS (State)	6,989,720

			for Disease Control and Prevention		
12047	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12048	Children of God Relief Institute	FBO	U.S. Agency for International Development	GHCS (State)	200,000
12049	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12050	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12051	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12052	Mothers 2 Mothers	NGO	U.S. Agency for International Development	GHCS (State)	700,000
12053	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12054	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12055	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12056	Ananda Marga	Implementing	U.S. Agency for		

	Universal Relief Teams	Agency	International Development		
12057	Grassroot	NGO	U.S. Agency for International Development		
12058	Kindernothlife	Implementing Agency	U.S. Agency for International Development		
12059	UNAIDS	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	750,000
12060	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12061	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12062	African Medical and Research Foundation, South Africa	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,200,000
12063	Global Healthcare Public Foundation	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
12064	TBD	TBD	U.S. Department	Redacted	Redacted

			of Health and Human Services/Centers for Disease Control and Prevention		
12065	Johns Hopkins University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,320,000
12066	Liverpool VCT and Care	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,150,000
12067	Management Sciences for Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,050,000
12068	National Organization for Peer Educators, Kenya	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
12069	Nyanza Reproductive	NGO	U.S. Department of Health and	GHCS (State)	5,250,000

	Health Society		Human Services/Centers for Disease Control and Prevention		
12070	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,200,000
12071	University of Maryland	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,010,000
12072	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12073	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12074	TBD	TBD	U.S. Department of Health and Human	Redacted	Redacted

			Services/Centers for Disease Control and Prevention		
12075	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12076	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12077	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12078	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12079	TBD	TBD	U.S. Department of Health and Human Services/Centers	Redacted	Redacted

			for Disease Control and Prevention		
12080	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12081	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12082	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12083	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7133	**Mechanism Name: Orphans and Vulnerable Children Scholarship Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Price Waterhouse Coopers	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,795,000	
Funding Source	**Funding Amount**
GHCS (State)	2,795,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Education	2,795,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7133**

Mechanism Name:	Orphans and Vulnerable Children Scholarship Program		
Prime Partner Name:	Price Waterhouse Coopers		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	2,795,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7137	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 19,788,750	
Funding Source	**Funding Amount**
Central GHCS (State)	138,750
GHCS (State)	19,650,000

Sub Partner Name(s)

Crown Agents Consultancy, Inc	John Snow Research and Training Institute	Management Sciences for Health
The Fuel Logistics Group	UPS Supply Chain Solutions	Voxiva

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7137		
Mechanism Name:			
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	2,450,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	2,000,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	1,775,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	988,750	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	MTCT	400,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	11,100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	1,075,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7139	**Mechanism Name: Health Policy Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7139		
Mechanism Name:	Health Policy Project		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7140	**Mechanism Name: National M&E Support Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: KOKA Koimburi Tucker	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,134,457	
Funding Source	**Funding Amount**
GHCS (State)	2,134,457

Sub Partner Name(s)

Nairobi Urban DSS	Rusinga DSS	Welcome Trust Kilifi

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7140**
Mechanism Name:	**National M&E Support Program**
Prime Partner Name:	**KOKA Koimburi Tucker**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	134,457	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	2,000,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7141	**Mechanism Name: Nutrition and HIV/AIDS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,340,000

Funding Source	Funding Amount
GHCS (State)	4,340,000

Sub Partner Name(s)

Insta Products		

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	1,674,976
Food and Nutrition: Policy, Tools, and Service Delivery	117,271
Water	16,458

Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID:	**7141**
Mechanism Name:	**Nutrition and HIV/AIDS**
Prime Partner Name:	**Academy for Educational Development**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	3,500,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	500,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	340,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7142	**Mechanism Name: Kenya Pharma Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Chemonics International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 95,750,000	
Funding Source	**Funding Amount**
GHCS (State)	95,750,000

Sub Partner Name(s)

DHL Exel	Phillips Pharmaceuticals, Kenya	Vimta Labs

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7142**

Mechanism Name:	Kenya Pharma Project		
Prime Partner Name:	Chemonics International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	10,500,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	3,000,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	82,250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7143	**Mechanism Name: Health Systems 20/20**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

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

Budget Code Information

Mechanism ID:	**7143**		
Mechanism Name:	**Health Systems 20/20**		
Prime Partner Name:	**Abt Associates**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	1,000,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7144	**Mechanism Name: Eastern Province**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This contract will end in September 26th 2010. Therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7145	**Mechanism Name: USAID-AMPATH Partnership**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: Indiana University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 15,835,193	
Funding Source	**Funding Amount**
GHCS (State)	15,835,193

Sub Partner Name(s)

Indiana Institute for Global Health	Moi Teaching and Referral Hospital	Moi University

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	500,000
Economic Strengthening	250,000
Education	518,500
Food and Nutrition: Commodities	405,000
Food and Nutrition: Policy, Tools, and Service Delivery	230,000
Human Resources for Health	4,956,489

Key Issues

Impact/End-of-Program Evaluation

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**7145**
Mechanism Name:	**USAID-AMPATH Partnership**
Prime Partner Name:	**Indiana University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,020,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	700,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	6,100,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	700,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	400,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDTX	2,800,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	220,033	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	683,160	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	862,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	1,150,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7198	**Mechanism Name: Washplus**

Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 800,000	
Funding Source	**Funding Amount**
GHCS (State)	800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000
Water	800,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7198**		
Mechanism Name:	**Washplus**		
Prime Partner Name:	**Academy for Educational Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	800,000	
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7305	**Mechanism Name: Health Care Improvement Project (formerly TBD HKID)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 125,000	
Funding Source	**Funding Amount**
GHCS (State)	125,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7305		
Mechanism Name:	Health Care Improvement Project (formerly TBD HKID)		
Prime Partner Name:	University Research Corporation, LLC		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	125,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9033	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Coptic Hospital		

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0. This mechanism narrative is for the portion of the cooperative agreement that is supported by central funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9034	**Mechanism Name: NPI**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Nairobi	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0. This mechanism narrative is for the portion of the cooperative agreement that is supported by central funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9035	**Mechanism Name: Dept of Obstetrics & Gynecology**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Nairobi Department of Obstetrics and Gynecology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0. This mechanism narrative is for the portion of the cooperative agreement that is supported by central funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9036	**Mechanism Name: APHIA II Evaluation**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Macro International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,900,000	
Funding Source	**Funding Amount**
GHCS (State)	1,900,000

Sub Partner Name(s)

ESART	John Snow, Inc.	Population Studies & Research Institute
The Futures Group International	Tulane University	University of North Carolina

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	150,000
Human Resources for Health	167,646

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9037	**Mechanism Name: Child and Family Wellness Shops**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Sustainable Health Enterprise Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

Surgipharm		

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9037**		
Mechanism Name:	**Child and Family Wellness Shops**		
Prime Partner Name:	**Sustainable Health Enterprise Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9039	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: The American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism from 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**9039** **The American Society for Microbiology**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	150,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9041	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Manitoba	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0. This mechanism narrative is for the portion of the cooperative agreement that is supported by central funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9052	**Mechanism Name: BRIDGE Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Reference Bureau	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9052**		
Mechanism Name:	**BRIDGE Project**		
Prime Partner Name:	**Population Reference Bureau**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	HVSI	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	350,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9053	**Mechanism Name: APHIA II - Health Communication & Marketing**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 14,157,560	
Funding Source	**Funding Amount**
GHCS (State)	14,157,560

Sub Partner Name(s)

JHPIEGO		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	2,101,792
Water	500,000

Key Issues

Malaria (PMI)

Child Survival Activities

Workplace Programs

Family Planning

Budget Code Information

Mechanism ID:	**9053**
Mechanism Name:	**APHIA II - Health Communication & Marketing**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	5,000,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	2,900,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	700,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	275,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	200,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	3,106,751	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,575,809	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9062	**Mechanism Name: APHIA II OR**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000	
Funding Source	**Funding Amount**
GHCS (State)	700,000

Sub Partner Name(s)

Christian Health Association of Kenya	Liverpool VCT and Care	PLAN International
Program for Appropriate Technology in Health		

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Education	500,000
Gender: Reducing Violence and Coercion	1,030,000

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	9062		
Mechanism Name:	APHIA II OR		
Prime Partner Name:	Population Council		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	400,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9063	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9065	**Mechanism Name: APHIA II - North Eastern Province**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pathfinder International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,352,000	
Funding Source	**Funding Amount**
GHCS (State)	5,352,000

Sub Partner Name(s)

IntraHealth International, Inc	ISMAHO	Management Sciences for Health
North Eastern Welfare Society (NEWS)	Wajir South Development Association	

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	250,000
Education	75,000
Food and Nutrition: Commodities	125,000
Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	800,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing women's access to income and productive resources
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**9065**		
Mechanism Name:	**APHIA II - North Eastern Province**		
Prime Partner Name:	**Pathfinder International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	280,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,250,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	500,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	650,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	60,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	300,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,000,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	450,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	562,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	150,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9067	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pathfinder International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9069	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: New York University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0

Funding Source	Funding Amount

Sub Partner Name(s)

Bomu Medical Centre, Mombasa		

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9071	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Network of AIDS Researchers in East and Southern Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9073	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National AIDS & STD Control Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,948,089	
Funding Source	**Funding Amount**
GHCS (State)	4,948,089

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This continuing mechanism is unchanged from 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9073**		
Mechanism Name:			
Prime Partner Name:	**National AIDS & STD Control Program**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	270,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	940,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	70,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	110,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,319,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	50,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	120,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	31,858	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	187,231	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	800,000	
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	700,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	350,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9074	**Mechanism Name: Strengthening Pharmaceutical Systems**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,470,000	
Funding Source	**Funding Amount**
GHCS (State)	3,470,000

Sub Partner Name(s)

African Medical and Research Foundation, South Africa		

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	80,000
Human Resources for Health	1,420,000

Key Issues

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**9074**
Mechanism Name:	**Strengthening Pharmaceutical Systems**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,000,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	2,000,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	470,000	

Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9075	Mechanism Name: Palliative Care Training
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9075 Mechanism Name: Palliative Care Training Prime Partner Name: TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9076	**Mechanism Name: MEASURE III DHS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Macro International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 900,000	
Funding Source	**Funding Amount**
GHCS (State)	900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

Key Issues

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**9076**
Mechanism Name:	**MEASURE III DHS**
Prime Partner Name:	**Macro International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	500,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9077	**Mechanism Name: Leadership, Management, and, Sustainability**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,943,000	
Funding Source	**Funding Amount**
GHCS (State)	1,943,000

Sub Partner Name(s)

Adventist Development & Relief Agency	Eastern & Southern Management Institute	

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**9077**

Mechanism Name:	Leadership, Management, and, Sustainability		
Prime Partner Name:	Management Sciences for Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	1,943,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9078	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: KNCV TB Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,900,000	
Funding Source	**Funding Amount**
GHCS (State)	1,900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID: 9078 Mechanism Name: Prime Partner Name: KNCV TB Foundation			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	1,900,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9080	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Liverpool VCT and Care	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9082	**Mechanism Name: FAHIDA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Kenya Rural Enterprise Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,100,000	
Funding Source	**Funding Amount**
GHCS (State)	1,100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**9082**
Mechanism Name:	**FAHIDA**
Prime Partner Name:	**Kenya Rural Enterprise Program**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,100,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9085	**Mechanism Name: Electronic Medical Records**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: International Training and Education Center on HIV	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9090	**Mechanism Name: Donor Notification**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Blood Transfusion Service, Kenya	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0. This mechanism combines both the central (mech 9010) and country (old mech 8991)funds to the National Blood Transfusion Service, Kenya in the HMBL budget code.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9092	**Mechanism Name: Umbrella**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,343,500	
Funding Source	**Funding Amount**
GHCS (State)	4,343,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing unchanged mechanism from 2009.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	30,000
Education	70,000
Food and Nutrition: Policy, Tools, and Service Delivery	9,800
Gender: Reducing Violence and Coercion	150,000
Human Resources for Health	711,500
Water	13,500

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Mobile Population
TB

Budget Code Information

Mechanism ID:	**9092**		
Mechanism Name:	**Umbrella**		
Prime Partner Name:	**Catholic Relief Services**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	500,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	658,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	600,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	300,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,035,500	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	600,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9093	**Mechanism Name: Phones for Health**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: CDC Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement was awarded to CDC Foundation in FY 09. The activity was written into COP 09 as a TBD "Phones for Health" (mechanism ID: 7286.09, mechanism system ID: 9022). This TBD was named and approved in August 09 reprogramming.

The CDC Foundation will provide technical assistance to the GoK and implementing partners on informatics/data information systems activities. The partnership between Kenyan MOH, CDC Foundation and other will leverage the tremendous potential of wireless devices and networks to strengthen prevention and health care, improving patient outcomes. Cell phone coverage in Kenya is quite extensive both in rural and urban areas.

CDC Foundation and the Kenyan Ministries of Health will work with technology partners (local and international) to develop a platform that allows multi-channel transmission of data using the cell phone technology. This will enable the timely and secure transfer and access of programmatic, logistical, surveillance and other health related data.

During COP 10, CDC Foundation will support the following activities in order to achieve the above objectives:

• Working with partners to continue to support the development of solutions based on mobile technology for transmission of data in key areas identified by the Ministries of Health (Integrated Disease Surveillance and Response (IDSR), integrated reporting tools (including HIV and TB) and Division of Vaccine and Immunization (DVI)) and in at least two provinces, covering different levels of health facilities.
• Establishing and maintaining contracts for secure data hosting and appropriate billing mechanism for the services offered by cellular phone providers.
• Expanding these systems to other PEPFAR supported programs such as blood safety, prevention of mother to child transmission, and master facility list to improve data transfer and access.
• Building capacity of the Ministries of Health staff to run and sustain the developed systems beyond the life of the project. This includes training in programming, systems administration and user support. This will also entail working with a training sub-partner to develop training materials to be integrated into the health workers training program. This component will specifically focus on the use of the developed mobile solutions for data reporting, analysis and dissemination.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9093**
Mechanism Name:	**Phones for Health**
Prime Partner Name:	**CDC Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,000,000	

Narrative:

The CDC Foundation will provide technical assistance to the GoK and implementing partners on informatics/data information systems activities. The partnership between Kenyan MOH, CDC Foundation and other will leverage the tremendous potential of wireless devices and networks to strengthen prevention and health care, improving patient outcomes. Cell phone coverage in Kenya is quite extensive both in rural and urban areas.

CDC Foundation and the Kenyan Ministries of Health will work with technology partners (local and international) to develop a platform that allows multi-channel transmission of data using the cell phone technology. This will enable the timely and secure transfer and access of programmatic, logistical, surveillance and other health related data.

During COP 10, CDC Foundation will support the following activities in order to achieve the above objectives:

• Working with partners to continue to support the development of solutions based on mobile technology for transmission of data in key areas identified by the Ministries of Health (Integrated Disease Surveillance and Response (IDSR), integrated reporting tools (including HIV and TB) and Division of Vaccine and Immunization (DVI)) and in at least two provinces, covering different levels of health facilities.
• Establishing and maintaining contracts for secure data hosting and appropriate billing mechanism for

the services offered by cellular phone providers. • Expanding these systems to other PEPFAR supported programs such as blood safety, prevention of mother to child transmission, and master facility list to improve data transfer and access. • Building capacity of the Ministries of Health staff to run and sustain the developed systems beyond the life of the project. This includes training in programming, systems administration and user support. This will also entail working with a training sub-partner to develop training materials to be integrated into the health workers training program. This component will specifically focus on the use of the developed mobile solutions for data reporting, analysis and dissemination.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9097	**Mechanism Name: HIV Fellowships**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Nairobi	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHCS (State)	1,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is continuing from 2009.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,500,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9097**
Mechanism Name:	**HIV Fellowships**
Prime Partner Name:	**University of Nairobi**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	500,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,000,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9100	**Mechanism Name: AIDSTAR/HFG**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount

Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9100**		
Mechanism Name:	**AIDSTAR/HFG**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9103	**Mechanism Name: TEPD (Teacher Education & Professional Development)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Education	500,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9103**		
Mechanism Name:	**TEPD (Teacher Education & Professional Development)**		
Prime Partner Name:	**Academy for Educational Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	400,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9104	**Mechanism Name: Capable Partners**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,808,040	
Funding Source	**Funding Amount**
GHCS (State)	8,808,040

Sub Partner Name(s)

ACE Africa	Beacon of Hope	Child Welfare Society of Kenya
Church World Service, Inc.	Community Asset Building and Development Action	Community Research in Environment and Development Initiatives
Franciscan Sisters of the Immaculate Conception	Handicap International	Health Education Africa Resource Team
Health NGOs Network (HENNET)	HelpAge International	Homeless Children International

Hope Valley Family Institute	Hope Worldwide	Kenya HIV/AIDS Private Sector Business Council
Kenya Network of Women with AIDS	Kisumu Urban Apostulate Program	Makindu Children's Centre
Nazareth Hospital	Neighbors in Action - Kenya	Rafiki wa Maendeleo
Reachout	Ripples International	Rural AIDS Prevention and Development Organization
The Omari Project	The Raphaelites	

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	57,912
Economic Strengthening	543,018
Education	755,886
Food and Nutrition: Commodities	57,895
Food and Nutrition: Policy, Tools, and Service Delivery	173,224
Gender: Reducing Violence and Coercion	6,872
Human Resources for Health	1,560,568

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

Workplace Programs

Budget Code Information

Mechanism ID:	**9104**

Mechanism Name:	Capable Partners		
Prime Partner Name:	Academy for Educational Development		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	450,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	4,150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	500,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	600,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	849,785	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	2,008,255	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	IDUP	250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9106	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Medical and Research Foundation, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9107	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Association of Blood Banks	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0. This mechanism represents funding from central and country sources.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9108	**Mechanism Name: Twinning Center**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: American International Health Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 775,000	
Funding Source	**Funding Amount**
GHCS (State)	775,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This continuing mechanism remains unchanged from 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9108		
Mechanism Name:	Twinning Center		
Prime Partner Name:	American International Health Alliance		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	775,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9109	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHCS (State)	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is continuing and unchanged from 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9109 Mechanism Name: Prime Partner Name: American Society of Clinical Pathology			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	600,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9110	**Mechanism Name: APHL**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is continuing and unchanged since 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9110**
Mechanism Name:	**APHL**
Prime Partner Name:	**Association of Public Health Laboratories**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	150,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9111	**Mechanism Name: Emory University**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Schools of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires in September, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9114	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Care International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0

Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9118	**Mechanism Name: Lea Toto**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Children of God Relief Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,100,000	
Funding Source	**Funding Amount**
GHCS (State)	2,100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	14,231
Education	13,168
Food and Nutrition: Commodities	47,368
Human Resources for Health	104,302
Water	200

Key Issues

Increasing women's access to income and productive resources

Child Survival Activities

TB

Budget Code Information

Mechanism ID:	**9118**
Mechanism Name:	**Lea Toto**
Prime Partner Name:	**Children of God Relief Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVCT	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	1,000,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9122	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 7,504,000	
Funding Source	**Funding Amount**
Central GHCS (State)	4,554,000

GHCS (State)	2,950,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is combining mechanisms 9058 and 9059 - both central and country funds going to Columbia University - Central Province.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9122**		
Mechanism Name:			
Prime Partner Name:	**Columbia University Mailman School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	850,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	4,854,000	
Narrative:			
central funds: 4,554,000 country funds: 300,000			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	350,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	400,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	500,000	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	400,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9125	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Eastern Deanery AIDS Relief Program	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0. This mechanism narrative is for the portion of the cooperative agreement that is supported by central funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9127	**Mechanism Name: PTA (Formerly Contraceptive Research Technology and Utilization)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 744,340	
Funding Source	**Funding Amount**
GHCS (State)	744,340

Sub Partner Name(s)

I Choose Life	Kenyatta University	

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Education	744,340

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Family Planning

Budget Code Information

Mechanism ID:	**9127**		
Mechanism Name:	**PTA (Formerly Contraceptive Research Technology and Utilization)**		
Prime Partner Name:	**Family Health International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	467,760	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	276,580	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9133	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Hope Worldwide	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9134	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Impact Research and Development Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9135	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Institute of Tropical Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9136	**Mechanism Name: IMC MARPS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Medical Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0. This mechanism narrative is for the portion of the cooperative agreement that is supported by central funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9137	**Mechanism Name: IRC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Rescue Committee	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9138	**Mechanism Name: Voices in Health**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Internews	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,565,079	
Funding Source	**Funding Amount**
GHCS (State)	1,565,079

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	9138		
Mechanism Name:	Voices in Health		
Prime Partner Name:	Internews		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	400,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	75,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	77,960	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	152,119	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	110,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9139	**Mechanism Name: Capacity Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 7,984,104	
Funding Source	**Funding Amount**
GHCS (State)	7,984,104

Sub Partner Name(s)

African Medical and Research Foundation, South Africa	Deloitte Touche Tohmatsu	Interchurch Medical Assistance

JHPIEGO	Kenya Medical Training College	Liverpool School of Tropical Medicine
Management Sciences for Health	Program for Appropriate Technology in Health	Training Resources Group

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	7,984,104

Key Issues

Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9139**
Mechanism Name:	**Capacity Project**
Prime Partner Name:	**IntraHealth International, Inc**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	4,900,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,815,000	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	469,104	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	700,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9141	**Mechanism Name: AIDSRelief**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 13,881,680	
Funding Source	**Funding Amount**
Central GHCS (State)	5,851,680
GHCS (State)	8,030,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Catholic Relief Services(CRS) through the AIDS Relief Consortium supports a standard package of basic HIV care services, including antiretroviral treatment (ART), tuberculosis (TB)/HIV, and prevention of mother to child transmission (PMTCT) at 25 Mission and several satellite clinics located all over Kenya. Recently, CRS has been funded to support and expand male circumcision. Activities are accomplished by offering on-site material and technical support to build the capacity of these local facilities to provide the services. The package of HIV clinical care services will include cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional supplementation, TB screening, and sexually transmitted infection (STI) diagnosis and treatment, PMTCT, improved access to malaria prevention interventions, and safe water for pediatric households. CRS also supports staff salaries, training of staff and laboratory evaluation. Institutional capacity is also strengthened through support for strategic information systems, commodities management, and finance and administrative management capacities. CRS collaborates with various in-country organizations (government, FBO, NGO) for additional training resources. Leveraging of other resources through wrap-around programs will increase access to clean water, provide insecticide treated bednets, and support improved nutrition.

CRS and its consortium members will also work towards building the capacity of an indigenous organization to implement comprehensive prevention, care and treatment activities and compete for USG and other funds as required by the class deviation waiver for track 1 partner.
These activities complement the activities funded through track 1 treatment program area(HTXS).

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9141**

Mechanism Name:	AIDSRelief		
Prime Partner Name:	Catholic Relief Services		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,130,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	10,051,680	
Narrative:			
$4,200,000 - country funds; and $5,851,680 - central funds			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	100,000	
Narrative:			

Catholic Relief Services (CRS), working within the AIDSRelief consortium, will begin to work with the Kenyan ministries of health and the National AIDS and STI control program at the national, provincial and district levels to support the provision of HIV testing and counseling services in all health facilities in five provinces of Nyanza, Central, Eastern, Western, Coast and Nairobi. The partner will specifically support provider initiated HIV testing and counseling (PITC) provided by all health workers as part of routine minimum package of care for all patients, family members and relatives regardless of their presenting signs and symptoms. This shall be in line with the Kenya National AIDS Strategic Plan for HIV AIDS (KNASP III) that aims to attain universal access to HIV testing and counseling by 2013.

CRS will support HIV testing and counseling for 30,000 patients, family members and relatives in 2010-2011 program year. It will also support training of 40 health care workers on PITC, support staff salaries, continuous medical education, promotional meetings, national and regional coordination meetings, quality assurance activities, printing of recording and reporting tools, supplies and other relevant logistics. CRS will continue to ensure that at least 30% of all out patients and 80% of all patients admitted in the health facilities are provided HIV testing and counseling and received their results as per national guidelines. The CRS will work closely with NASCOP and the ministry of medical services, medical superintendants and other relevant leadership to ensure that a positive attitude and support is given towards routine HIV testing and counseling. It will also work towards ensuring high level of quality through supporting of regular supervisions, mentorships, and external test validation and proficiency

testing as per the Kenya national quality assurance strategy. Finally, CRS will work to ensure effective referral and linkages to prevention, care and treatment depending on the outcome of the HIV testing and counseling.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	180,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	770,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	1,350,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9143	**Mechanism Name: Kenya Department of Defense**
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: Henry M. Jackson Foundation Medical Research International, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,496,801	
Funding Source	**Funding Amount**
GHCS (State)	2,496,801

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Kenya Department of Defense HIV program is a national wide program based on collaboration between the Kenya Ministry of Defense and the Walter Reed Project. Over the last four years, the program has significantly expanded HIV services to the over 100, 000 people who include the KDOD personnel, their dependants, KDOD civilian employees and communities living in the neighborhood of the barracks. The Program encompasses the entire continuum of HIV prevention, care and treatment services including: Prevention of Mother to Child Transmission (PMTCT), HIV Testing & Counseling (HTC), TB/HIV, OVC, ART, Laboratory Infrastructure (HLAB) and Strategic Information.

Key 2010 program emphasis include HTC expansion in all the treatment sites including PITC, couple and family testing at the facility level. Other encouraged approaches will include barrack based HCT, mobile services in the military hot spots and other hard to reach areas throughout the country. This will contribute towards the partnership framework goal to support implementation of the Kenya HIV response that seeks to strengthen the capacity to increase HCT such that 80% of Kenyan adults know their status.

The program will consistently integrate prevention across all program areas through a combination of prevention interventions including behavioral, biomedical and structural.

In order to build on sustainability of the program, integration of care and ART plans into the annual Military performance contracts will be continued. The program will support and strengthen the capacity of the KDOD HIV structures from the Unit HIV committees at the lowest military establishment to the Armed Forces AIDS Committee at the highest level. High level command sensitization will be maintained in order to promote ownership of the program. Collaboration with other USG partners, GoK, NGOs, CBO and FBOs will be enhanced. The program will continue to be closely monitored in line with PEPFAR and the Ministry of health guidelines.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	100,000
Food and Nutrition: Commodities	80,000
Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Human Resources for Health	235,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Military Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9143**
Mechanism Name:	**Kenya Department of Defense**
Prime Partner Name:	**Henry M. Jackson Foundation Medical Research International, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	76,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HTXS	1,200,801	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	30,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	110,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	270,000	

Narrative:

• In FY 2005, Kenya Department of Defense (KDOD) initiated the development of a basic data system for documentation of individual patients and will continue to phase in a data collection, recording, monitoring, reporting, dissemination system to all other treatment and prevention sites.
• Support in provision of the necessary data automation computerized systems and other communication equipment required for electronic entry of patient-specific encounter data, computerization and enhancing email and internet system for information sharing and submission of reports in real time.
• The HIV prevalence among the armed forces, a potential high-risk group, is unknown. The Kenya departments of defense will Conduct HIV biological and behavioral study among the military personnel; to determine the extent of HIV transmission, describe social-demographic and behavioral determinants; monitor trends of infection for improved planning and service delivery. The rationale is to help in identifying who is infected and who is at risk of infection. Surveillance data will help identify which behaviors put them at risk and interventions that can prevent the further spread of HIV.
• Support for supervisory and mentorship Monitoring and evaluation visits, supervisory and Data Quality

Assessments. Review and Roll out of data collection, recording and reporting tools for implementation and operationalisation of next generation indicators will be supported. A quality improvement program will be developed and implemented.
• Roll out plan for a patient level EMR system to treatment and care sites and maintaining of installed system will be done.
• Capacity building of data handling personnel in data management, analysis, dissemination and use to improve programming, service delivery for better client management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	35,000	

Narrative:

KDOD has received support from the Emergency Plan to implement a comprehensive HIV/AIDS program since FY 2004. In response to the Kenya National AIDS Strategic Plan Priority 1, prevention of new infections including targeted focus on Voluntary Medical Male Circumcision. In 2010 KDOD will introduce and support male circumcision activities within its comprehensive HIV prevention program as an additional HIV intervention. Evidence has shown medical circumcision accords men 60% protection from acquiring HIV infection from infected female partners. The activity will focus on minimizing the risks for the uncircumcised military personnel as well as support the development and maintenance of healthy relationships that will significantly reduce the risks related to the acquisition of HIV.
The government of Kenya rolled out male circumcision program in 2008 targeting uncircumcised male who are at risk of acquiring HIV if not circumcised. KDOD will align the male circumcision intervention according to GOK policy and guidelines. The program targets to provide a comprehensive male circumcision package to 500 uncircumcised males in the KDOD community. The VMMC services will be concentrated within 4 military medical establishments distributed in the 4 military regions (Nairobi, Mt. Kenya, Rift valley and Coast). Core activities will include training of 16 (one MC team per military region) personnel on VMMC in line with national guidelines, policy dissemination, awareness message development, quality assurance, equipment and commodities procurement, HIV counseling and testing provided on site, pre and post operative sexual risk reduction counseling, active exclusion of symptomatic STIs treatment when indicated, provision and promotion of correct and consistent use of condoms, circumcision surgery in accordance with national guidelines. The program will leverage on the well established MAP program to disseminate correct information on VMMC. In addition Commanding Officers barazas, Padre Hour will be used to send VMMC messages to the soldiers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	75,000	

Narrative:

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9144	**Mechanism Name: ACCESS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,900,000	
Funding Source	**Funding Amount**
GHCS (State)	1,900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	100,000
Economic Strengthening	50,000
Education	125,000
Food and Nutrition: Commodities	150,000
Food and Nutrition: Policy, Tools, and Service Delivery	200,000
Gender: Reducing Violence and Coercion	275,000
Human Resources for Health	1,000,000

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9144**		
Mechanism Name:	**ACCESS**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HTXS	500,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	900,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9146	**Mechanism Name: Making Medical Injections Safer**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0. This mechanism narrative combines the central and country funding received by John Snow for the HMIN budget code.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9147	**Mechanism Name: KANCO**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Kenya AIDS NGO Consortium	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement expires on March 31, 2010, therefore this mechanism is continuing with $0.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9149	**Mechanism Name: Uniformed Services Project**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,989,685	
Funding Source	**Funding Amount**
GHCS (State)	1,989,685

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This continuing mechanism remains unchanged from 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9149**
Mechanism Name:	**Uniformed Services Project**
Prime Partner Name:	**Program for Appropriate Technology in Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	807,860	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	981,825	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9150	**Mechanism Name: Prisons Project**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Medical Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,705,000	
Funding Source	**Funding Amount**
GHCS (State)	1,705,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This continuing mechanism remains unchanged from 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9150**

Mechanism Name:	Prisons Project		
Prime Partner Name:	International Medical Corps		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	235,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	420,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	600,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9171	**Mechanism Name: South Rift Valley**
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: Henry M. Jackson Foundation Medical Research International, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 19,052,676	
Funding Source	**Funding Amount**
GHCS (State)	19,052,676

Sub Partner Name(s)

AIC Litein Mission Hospital	I Choose Life	JFK Hospital
Kapkatet District Hospital	Kapsabet District Hospital	Kericho District Hospital and the Brown Medical School
Kericho Youth Centre	Kilgoris District Hospital	Kombewa District Hospital
Live With Hope Centre	Londiani District Hospital	Longisa District Hospital
Nandi Hills District Hospital	Samoei Community Development Programme	Tenwek Mission Hospital
UTK Hospital		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	258,330
Education	40,000
Food and Nutrition: Commodities	135,742
Food and Nutrition: Policy, Tools, and Service	75,511

Delivery	
Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	2,456,725

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Malaria (PMI)

Child Survival Activities

Mobile Population

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**9171**
Mechanism Name:	**South Rift Valley**
Prime Partner Name:	**Henry M. Jackson Foundation Medical Research International, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,100,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	660,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	6,450,000	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	2,450,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	240,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	700,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	760,569	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	400,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	681,463	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,475	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	2,031,503	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	1,978,666	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	1,300,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9251	**Mechanism Name: New Partners Initiative**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Baptist AIDS Response Agency, Kenya	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9452	**Mechanism Name: ROADS Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**9452**
Mechanism Name:	**ROADS Project**
Prime Partner Name:	**Family Health International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9520	**Mechanism Name: New Partners Initiative (NPI)-Tearfund**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Tearfund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Christian Community Services Mt. Kenya East (CCS MKE)	Evangelical Alliance of Kenya (EAK)	Life Skills Promoters (LISP)
Narok Integrated Development Program	St. Johns Community Centre (SJCC)	Transmara Rural Development Program (TRDP)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9538	Mechanism Name: New Partners Initiative
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Matibabu Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This NPI is zero funded in 2010.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10826	**Mechanism Name: Umbrella**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,722,926	
Funding Source	**Funding Amount**
GHCS (State)	5,722,926

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing unchanged mechanism from 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10826**		
Mechanism Name:	**Umbrella**		
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	300,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	657,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	400,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	

Narrative:

Elizabeth Glaser Pediatric Aids Foundation (EGPAF) Umbrella project, through the TUNAWEZA consortium- under the leadership of EGPAF, has developed a strategy that integrates an innovative mix of financial support and technical assistance. The implementation framework for the TUNAWEZA project includes leadership development; HIV prevention, care, treatment and program implementation support; resource allocation and management; and monitoring and evaluation. The project strategy includes building capacity for indigenous organizations in the areas of organizational development for sustainability, technical capacity building for evidence-based programming and strategic information management.

EGPAF Umbrella will build the organizational and technical capacity of Kenyan organizations and provide sub-grants to NGOs, FBOs, and CBOs, resulting in the provision of care and support services for 300 children in 5 facilities and programs, in addition to providing training for 30 individuals in delivery of HIV-related palliative care services. The key activities of the EGPAF Umbrella project are to develop the organizational and technical capacity of local, preferably indigenous, organizations and provide supportive supervision. Funds granted through EGPAF Umbrella to sub-partners will be used to provide a standard package of palliative care services, including support for health care worker salaries in accordance with PEPFAR guidance; training; infrastructure improvement; community mobilization

activities; HIV counseling and testing; support for laboratory evaluation; prevention and treatment of opportunistic infections; positive prevention activities; expanded access to safe water; and malaria prevention interventions. This activity will expand existing Kenyan programs and identify and add new sub-partners. Capacity building activities will include both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific technical ability to implement clinical care programs, logistics and commodity forecasting, and routine program monitoring and evaluation activities). This activity will include support to sub-recipients for activities integral to the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	50,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	450,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,119,156	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,146,770	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	300,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HVTB	250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10830	**Mechanism Name: Women''s Property and Inheritance Rights**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Associates in Rural Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	200,000

Key Issues

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**10830**
Mechanism Name:	**Women''s Property and Inheritance Rights**
Prime Partner Name:	**Associates in Rural Development**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10951	**Mechanism Name: KEMSA Support Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10951**		
Mechanism Name:	**KEMSA Support Program**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11406	**Mechanism Name: Community Grants Program**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism and unchanged since 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11406**
Mechanism Name:	**Community Grants Program**
Prime Partner Name:	**U.S. Department of State**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	50,000	
Narrative:			
This is a continuing mechanism and unchanged since 2009.			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	50,000	
Narrative:			
This is a continuing mechanism and unchanged since 2009.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11413	**Mechanism Name: Nyanza Province**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,989,720	
Funding Source	**Funding Amount**
GHCS (State)	6,989,720

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism from 2009.

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP) has been supporting

HIV care and treatment and TB/HIV services in Nyando District of Nyanza Province since 2008, working in 20 health facilities. In FY 10, ICAP will continue to support these services, and expand to Bondo (which is transitioning in FY 09), and Siaya (will transition in FY 10) Districts. In addition, ICAP will support and expand prevention of mother to child activities and counseling and testing in the facilities where they are implementing care and treatment.

CU-ICAP will continue to work with the ministries of health at the provincial, district and health facility levels, to jointly plan, coordinate and implement HIV care and ART and TB/HIV services, in accordance with the Kenya National Strategic Plan III, the Kenya and United States Government Partnership Framework, and the district and provincial annual operation plans.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11413**		
Mechanism Name:	**Nyanza Province**		
Prime Partner Name:	**Columbia University Mailman School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	950,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	3,500,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	200,000	

Narrative:

Nyanza province, which has a population of about 5.1 million people, carries the highest HIV burden in Kenya, with an estimated adult HIV prevalence of 14.9% (compared to the national 7.1%), and about 500,000 people are living with HIV.

CU-ICAP has been supporting HIV care and treatment and TB/HIV services in Nyando District of Nyanza Province since 2008. The Counseling and Testing (CT) program in Siaya and Bondo Districts are supported by KEMRI, while in Nyando District by KEMRI (Provider Initiated Testing and Counseling-PITC) and Liverpool (Voluntary Testing and Counseling- CT). In the past, different partners have been supporting different program areas in the same geographic region and health facilities. Collaboration across these partners has been a big challenge, compromising the efficiency and cost-effectiveness of HIV service implementation. In COP10, in an effort to address this challenge, CU-ICAP, who will be supporting HIV care and treatment, TB/HIV and PMTCT services in Siaya, Bondo and Nyando Districts, will also support CT in these same districts.

CU-ICAP will work with the Ministry of Health at the provincial, district and health facility levels, to jointly plan, coordinate and implement HIV CT services, in accordance with the Kenya National Strategic Plan III, the Kenya and United States Government Partnership Framework, and the district and provincial annual operation plans.

In FY 10 CU-ICAP will ensure provision of CT services to 60,000 people in the 3 districts. CT approaches will include both client and provider initiated, and will be provided in both health facilities and in the community.

CU-ICAP will support PITC by all health workers as part of routine minimum package of care for all patients, family members and relatives regardless of their presenting signs and symptoms. This shall be in line with the Kenya National AIDS Strategic Plan for HIV AIDS (KNASP III) that aims to attain universal access to HIV testing and counseling by 2013. Decentralization efforts to lower level facilities will continue to ensure coverage of all the health facilities in the 3 districts that CU-ICAP will work in. CU-ICAP will ensure that at least 30% of all out patient and 80% of all patients admitted in the medium to high level public facilities are provided HIV testing and counseling and received their results as per national guidelines. CU-ICAP will work closely with the ministry of health staff at provincial, district and health facility levels to ensure that a positive attitude and support is given towards routine HIV testing and counseling.

In FY10 CU-ICAP will prioritize the identification of exposed/infected children < 5 years of age, through systematic provision of EID for those < 18 months of age at the MCH, PITC in clinical settings, family-testing through clinical and community HTC strategies, and the systematic use of the combined mother-

child card at MCH. All exposed children until 18 months of age will be linked to pediatric care services and ART if HIV-infected.
CU-ICAP will also support implementation of home based CT in the 3 districts, as part of a comprehensive community HIV/AIDS program. The home-based CT program 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.
CU-ICAP will support training of 50 healthcare workers on CT, support staff salaries, continuous medical education, regional and district level coordination and program review meetings, quality assurance activities, printing of recording and reporting tools, supplies and other relevant logistics.
CU-ICAP will work towards ensuring high level of quality for CT services through support of regular supervision, mentorship, and external test validation and proficiency testing as per the Kenya national quality assurance strategy. CU-ICAP will also work to ensure effective referral and linkage to prevention, and care and treatment depending on the outcome of the HIV testing and counseling.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	130,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	245,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	814,720	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,150,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12047	**Mechanism Name: MARPS Surveillance**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The new partner will provide technical assistance to the GoK and implementing partners on MARPS surveillance activities. The overall objective is to establish and regularize surveillance among MARPs, initially targeting injecting drug users (IDUs), men who have sex with men (MSMs) and commercial sex workers (CSWs). There is no established national level surveillance system to monitor the behavioral and serological aspects among these populations in Kenya.

A number of partners, including NACC, NASCOP, UNAIDS, WHO, CDC, Population Council and others have established a technical working group and drafted a protocol to implement a surveillance system for MARPs in major urban areas in Kenya where networks to the MARPs have been established. COP 10 funds will be used to:

• Continue the use of respondent driven sampling (RDS) and other appropriate methods to recruit individuals in the target populations and estimate population sizes

• Obtain behavioral data and conduct HIV/STI testing to establish prevalence among these populations
• Apply HIV prevention messages
• Refer those with HIV/STI infection for care and treatment
• Inform interventions, e.g. tailored services for MARPs, and policy development for MARPs
• Inform further planning and development of MARPS surveillance, including potential modification of protocols and addition of new surveillance sites

Health workers and program managers will be trained on sampling methodologies for hidden and hard to reach populations, analyzing and interpreting qualitative data for decision making and to inform policy. This will ensure that relevant capacity is created among the technical level individuals in order to sustain MARPs surveillance in Kenya.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12047**		
Mechanism Name:	**MARPS Surveillance**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
The new partner will provide technical assistance to the GoK and implementing partners on MARPS surveillance activities. The overall objective is to establish and regularize surveillance among MARPs, initially targeting injecting drug users (IDUs), men who have sex with men (MSMs) and commercial sex workers (CSWs). There is no established national level surveillance system to monitor the behavioral and serological aspects among these populations in Kenya.			

A number of partners, including NACC, NASCOP, UNAIDS, WHO, CDC, Population Council and others have established a technical working group and drafted a protocol to implement a surveillance system for MARPs in major urban areas in Kenya where networks to the MARPs have been established. COP 10 funds will be used to: • Continue the use of respondent driven sampling (RDS) and other appropriate methods to recruit individuals in the target populations and estimate population sizes • Obtain behavioral data and conduct HIV/STI testing to establish prevalence among these populations • Apply HIV prevention messages • Refer those with HIV/STI infection for care and treatment • Inform interventions, e.g. tailored services for MARPs, and policy development for MARPs • Inform further planning and development of MARPS surveillance, including potential modification of protocols and addition of new surveillance sites Health workers and program managers will be trained on sampling methodologies for hidden and hard to reach populations, analyzing and interpreting qualitative data for decision making and to inform policy. This will ensure that relevant capacity is created among the technical level individuals in order to sustain MARPs surveillance in Kenya.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12048	**Mechanism Name: Nyumbani Village International**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Children of God Relief Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Nyumbani Village has been an existing mechanism under Lea Toto (mechanism ID 9054 that has been split into 2). Although the activities remain unchanged, in COP10 it will be entered as a new mechanism.

Goals and Objectives

The goal of Nyumbani Village is to contribute towards poverty reduction among target communities by improving food security, nutrition and agro-income among vulnerable households particularly those headed by HIV orphans and vulnerable children and old grandparents through training in sustainable agriculture, food processing and marketing along with other vocational training opportunities.
Currently the program has 549 children and 54 grandparents in residence receiving shelter, food, clothing, medical care, education, spiritual guidance and leisure opportunities. The Village Medical Clinic currently serves approximately 300 clients per month, the majority coming from the outside community.
The main objectives are to ensure that enrolled families within the Village have adequate social support and have reached a certain level of self-reliance and expand of the Health Care Centre in order to provide high quality clinical, nursing, and counseling services to residents of Nyumbani village while integrating the Kwa - Vonza and Kwa - Mutonga communities. These activities will reach an additional 2,000 adults and 1,000 children by September 2011. An estimated 75 HIV+ adults and children will receive care and treatment.
Additional activities include provision of optimal holistic social support, quality care and counseling services to the Nyumbani village families as well as ensuring the residents and the surrounding communities reach certain level of self-reliance through sustainability program.

How does this link to Partnership Framework Goals

This activity will contribute towards 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. It will also contribute towards increasing the number of people (including children) tested in both clinical and non-clinical settings

Geographic coverage and target populations

This activity will be implemented in Kitui District in Eastern Province. It will target orphans and vulnerable children, caregivers of OVC, community leaders as well as community based Faith-Based organizations.

Contributions to Health Systems Strengthening

Nyumbani Village project supports the policy development in the National Strategies for the care of HIV

affected persons, through cooperation and exchange of experiences with the National AIDS Control Council (NACC). To this end the program will gradually interact with the relevant stakeholders in documenting best practices and lessons learned which will be made available to any interested party, including civil society organizations, private and public sectors.

Cross-cutting programs and key issues:
This activity will support key cross cutting programs on Economic Strengthening through income generating and savings led activities to enhance household food security. The activity will also support educational activities targeting OVC enrolled in the program, provide safe water guards, food and nutrition commodities for house-holds looking after OVC.

IM strategy to become more cost-efficient over time (e.g. coordinated service delivery, PPP, lower marginal costs, etc):
Nyumbani Village is an eco-village with the farm registered as organic. A variety of income generating projects have been established to ensure that the outputs from the farm will be used to meet both the basic needs of the villagers as well as generate sufficient income to support the infrastructure of services. These projects include establishment of a forestry unit with a variety of trees for commercial use, rearing of livestock and chicken units and production of agricultural produce.
Budget allocation: $ 200,000

Cross-Cutting Budget Attribution(s)

Economic Strengthening	6,234
Education	59,221
Food and Nutrition: Commodities	93,506
Human Resources for Health	29,062
Water	1,404

Key Issues

Increasing women's access to income and productive resources
Child Survival Activities

Budget Code Information

Mechanism ID:	**12048**
Mechanism Name:	**Nyumbani Village International**
Prime Partner Name:	**Children of God Relief Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	

Narrative:

The Nyumbani Village concept aims to establish a self-sustaining, community-based, residential village that will accommodate both those infected and affected by HIV/AIDS. The project is being implemented over a six year period with a goal of housing approximately 1,000 orphaned children and 100 grandparents who have lost their security in society due to the premature deaths of their own children. Nyumbani Village is providing a family-like structure for the orphaned children under the stewardship of elderly caregivers.

Nyumbani Village will provide shelter, food, clothing, medical care, education, spiritual guidance and leisure opportunities for the children residing in the village. Counseling of both grandparents and children is provided including seminars on life skills, sexuality, behavior change, health care and career possibilities. Through Legal protection the children are able to retain their ancestral land and will return to their homes once they complete their education. The surrounding community and households receive technical agricultural expertise and in return, the community members are asked to tend a perimeter tree system which acts as protection for the Village. The surrounding community is also gradually being involved in identifying the needs of the orphans, infected children and in mobilizing resources to meet their needs.
Apart from providing OVC services, Nyumbani Village seeks to become a resource centre, a focus for social and medical care, together with educational and cultural activities for the surrounding community and an agent of innovation, training, inspiration and technical support for others. It will expand vocational training opportunities for the OVC in Nyumbani village and in the surrounding Kwa-Vonza and Kwa-Mutonga communities.

The village is located in Kitui District in Eastern Province. The target groups are OVC and the grandparents who look after them. The surrounding community also benefits from the program by accessing medical services at the clinic which include HTC, PMTCT and MCH services.

There has been a rapid increase in the number of OVC enrolled; younger children less than five years pose as a challenge in terms of care by the elderly grandparents. The growing number of adolescent

children has created a need for continuous counseling and social activities to minimize incidents of indiscipline. Several children are fast approaching 18 years and will therefore not be eligible for OVC care. However, the Village has constructed a polytechnic where children who complete schooling can obtain vocational skills. The challenge is funding for those who are eligible to join institutions of higher learning. This activity will reach 1000 OVC with comprehensive quality services under 100 care givers/providers.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12049	**Mechanism Name: Track 1 OVC Follow On**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives

It is estimated that approximately 2.4 Million (11%) of Kenyan children below 15 years of age are orphans (KDHS, 2003); approximately 1 million (42%) of these have been orphaned due to AIDS (estimated from KNASP 2005/6-2009/10). As of September 30th 2009, PEPFAR in Kenya was supporting 568,811 OVC with direct services; 208,705 (38%) of these results were achieved by centrally funded Track 1.0 OVC mechanisms.

A key focus of PEPFAR in 2009 will be to continue service delivery to OVC already receiving support from

PEPFAR and on enhancing family centered care for OVC in ways that empowers families to care for their own OVC. The Track 1 OVC follow on will enable OVC receiving support from centrally funded activities continue to access the care and support they need in ways that reduce their vulnerabilities to HIV and AIDS.

The TBD project will focus on the following result areas:-

Result 1: Continued service delivery to the 208,705 OVC receiving care and support through mechanisms that were centrally funded
Result 2:- Strengthening the capacity of PEPFAR funded partners to provide family centered care for OVC
Result 3:- Bolstering family capacity to provide care for the 208,705 OVC and other household members through identification of strategies for enhancing household economic strengthening in OVC programs.

How does this link to the Partnership Framework Goals.
One of the key focus areas of the Partnership Framework is to support community efforts and mitigation programs including capacity building for households with OVC and to expand care for children by AIDS.

The Track 1 OVC follow on will ensure that the 208,705 OVCs that were being served by centrally funded mechanisms continue to receive the care and support they need and that their families capacities to care for them and other household members is strengthened through high yielding strategies such as household economic strengthening activities.

Geographic Coverage and target populations.
This Track 1 OVC follow on will support OVC and their families at the regional level as well as work to build the capacity of local CBOs to enhance family centered care for these OVC.

Cross-cutting programs and key issues:
Track 1 OVC Follow on partners will support gender issues, including male involvement to address male norms to indirectly strengthen women's ability to access health services, Protection and land tenure; focus on achieving gender equity in HIV/AIDS activities and services and increasing women's access to income and productive resources through IGA activities. The Track 1 OVC Follow on partners will build the capacity of local partners to address gender-based vulnerabilities and risk factors for OVC, support stronger linkages to reproductive health/family planning services, PwP messaging and interventions for those HIV-positive. Track 1 OVC follow on partners will support robust mechanisms that support delivery of quality services and referrals; and build sustainable community based structures to ensure continuum of care for OVC.

IM strategy to become more cost efficient over time (e.g. coordinated service delivery, PPP, lower marginal costs etc).
Enhancing capacity of local partners in family centered care for OVC will ensure that more children and parents are kept alive, family members are able to access treatment, children are kept in families and economic strengthening is reinforced so as to allow families and their children effectively reap the benefits of PEPFAR interventions, striving for locally led responses that will in time reduce dependence on PEPFAR and ensure sustainability.

Budget allocation: Redacted

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12049**		
Mechanism Name:	**Track 1 OVC Follow On**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
Track 1 OVC follow on will be a regional activity covering target regions in target provinces in Kenya and will provide care and support to HIV infected and affected Orphans and Vulnerable Children and their families and will build on the progress of APHIA II and Track 1 OVC activities in providing care and support for HIV infected and affected Orphans and Vulnerable Children and their families. The TBD partner will continue to work with local CBOs, FBO, NGOs and local communities to serve OVC and their families and implement community based activities aimed at reducing their vulnerability to HIV and AIDS and to help them grow into healthy and productive members of society.			

The TBD partner will continue to strengthen the capacity of families and provide the range of essential services in line with the Kenya's National Plan of Action for OVC and the USG Guidance for OVC programming. The partner will provide an increased number of services to individual children and their families based on needs and will continue to support and strengthen local committees in the identification, targeting and support to vulnerable children.
The TBD partner will offer a Family-Centered Care for OVC and will ensure that families are empowered to care for their own OVC. The partner will specifically focus on keeping parents alive, increasing their capacity to care for their own children and enhancing access to education. The TBD partner will focus on bolstering family capacity to provide OVC with comprehensive care, a greater focus will be on identifying strategies for enhancing Household Economic Strengthening (HES) and in ensuring that economic strengthening activities and vocational training for older OVC and caregivers are adequately linked with market conditions.

The TBD partner will offer support to the community based mechanisms with the aim of changing gender roles between men and women. The partner will collaborate with the Ministry of Education at the regional level to support and sensitize schools on their role in making schools a safer place for children. The partner will also focus on identifying highly vulnerable children that have hitherto not been reached. TBD partners working in urban areas will provide services to street children especially addressing HIV prevention and providing linkages to care and treatment.

The TBD partner will continue to support capacity building of local partners. Specific areas of capacity building will include building their capacity to integrate best practices and lessons learnt in caring for HIV positive OVC and linking them non-facility service providers based on lessons learnt from the Muangalizi pilot project, enhancing capacity of local partners to provide quality OVC services and initiating quality improvement processes at the point of service delivery, identification and implementation of appropriate exit strategies for adolescent OVC, integrating HIV prevention interventions, promoting stronger linkages to Reproductive Health/Family Planning services as well as appropriate PWP messaging and interventions for HIV positive adolescents as well as building the capacity of local partners in collecting, storing, retrieving and reporting on, and analyzing data for effective program implementation.
This activity will result in multiple awards.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12050	Mechanism Name: APHIA II Follow on
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives

The APHIA II Follow On is an integrated national activity covering all eight provinces of Kenya and will result in multiple awards. There will be a prime partner with multiple sub-partners to support increasing access to ART; providing care to people affected by HIV, including orphans and vulnerable children; and preventing new infections. The mechanism will seek to increase HIV testing and counseling through community involvement, PMTCT, TB clinical and other provider-initiated approaches. HIV positive mothers and infants will be given ARVs per national ART/PMTCT guidelines. The mechanism will contribute towards national OVC goals and seek to cover approximately 35% of the total OVC population at the provincial level, based on disease burden and OVC population. Comprehensive combination prevention strategies, consisting of evidence-based behavioral, bio-medical and structural interventions will be implemented. The TBD partner will support national guidelines development for IDU/NIDUs and implementation. Support will also be extended to GoK to implement VMMC in accordance with national recommendations. All of these activities will be developed jointly with the GOK and are aligned with national priorities set forth in the PF and KNASP III.

How IM Links to PF Goals

The PF strengthens coordination and collaboration between GoK, USG and other partners to set programmatic priorities; the APHIA II follow-on will work closely with GoK to ensure full coordination and ownership. Furthermore, the PF supports development and implementation of policies that address and mitigate societal norms or cultural practices that impede HIV programming To enhance coordination and fill existing gaps, the TBD partners will seek to increase HIV testing and counseling through community,

PMTCT, TB clinical and other provider-initiated approaches; support proven behavioral interventions targeting sources of new infections and MARPs ;strengthen community support and mitigation programs to reach households with PLWHA and OVC with effective prevention, health maintenance and economic support services; enhance M&E capacity at community level and health facilities to collect and report routine data and continuously inform programming, operational and strategic planning.

Geographic coverage and Target population
This will be a national activity covering all eight provinces. The target populations are (i) Community level - OVC, youth (in and out of school), MARPs, pregnant women, adults and the general population; (ii) Health Facilities and health workers; and (iii) GoK Health Systems and Human Resources..

Contributions to Health systems Strengthening
The TBD partners will offer a comprehensive package of integrated support to health facilities and communities holistically addressing HIV prevention, care and treatment. Support to health commodity supply chain management and human resource capacity will impact positively on the country's health system. Collection and reporting of routine data will continually inform strategic planning.

Cross-cutting programs and key issues
TBD partners will support gender issues, including male involvement to address male norms to indirectly strengthen women's ability to access health services; focus on achieving gender equity in HIV/AIDS activities and services and increasing women's access to income and productive resources through IGA activities. The TBD partners will link FP with PMTCT services, interlink the blood program with malaria and obstetric programs and strengthen the hospital end of the transfusion service. Build the capacity of local partners to address gender-based vulnerabilities and risk factors for OVC, support stronger linkages to reproductive health/family planning services, PwP messaging and interventions for those HIV-positive. Support robust mechanisms for TB/HIV collaboration at all levels; and build sustainable clinical and laboratory structures to support HIV, TB and MDR-TB surveillance, diagnosis and treatment. Collaborate with and provide technical assistance to private companies to establish or enhance workplace programs.

Cost Efficiency
TBD partners will implement integrated programs that include HIV/AIDS, reproductive health, child survival and malaria activities. In doing so, efficiencies will be realized in investments in equipment, infrastructure and training as services are co-located and the same staff and facilities are utilized in service delivery. They will also work towards providing technical assistance on task shifting to increase health worker efficiencies. Additionally, they will collaborate with the National work groups exploring options of sustainable financing, such as health insurance schemes and promoting integration of the private sector in service delivery. The TBD partners will provide technical assistance to the GOK

programs at the provincial, district and service delivery levels to ensure ownership of the programs by the Government of Kenya. Furthermore, they will support strengthening systems, including working with DHMTs and PHMTs, as well as enhancing partnership with host governments to strengthen country ownership and build capacity for a sustainable, long-term GoK response to the HIV pandemic.

Budget Allocation: Redacted

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
Food and Nutrition: Commodities	Redacted
Gender: Reducing Violence and Coercion	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12050**		
Mechanism Name:	**APHIA II Follow on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

APHIA II follow on will be a national activity covering all the eight provinces of Kenya targeting the HIV infected adult population. This activity will build on the progress of APHIA II activities providing adult care and support working through health facilities and communities. The TBD partner will implement all facility-based and community-based activities for HIV infected adults and their families aimed at extending and optimizing quality of life for the HIV-infected clients and their families throughout the continuum of illness through provision of clinical, psychological, spiritual, social, and prevention of OIs and other HIV and AIDS-related complications including malaria and diarrhea.

The TBD partner will continue to strengthen linkages of HIV-infected patients identified through HTC services including, PMTCT, TB/HIV, VCT, PITC, and home-based counseling and testing to care and

treatment services. HIV + pregnant women will be enrolled in care at MCH or HIV care clinics where they will start CTX and be evaluated for ART. HIV+ men identified through HTC during male circumcision activities will be linked to care; HIV-negative men in discordant relationships will be referred for male circumcision. Involvement of the community and organizations of persons living with HIV (PLWHA) will continue through psychosocial support groups, PLWHA employment as peer educators, HIV treatment awareness activities, wrap-around food programs, and income-generating activities.
The TBD partner will offer an integrated comprehensive package of care services to all HIV+ patients at health facility level, including clinical assessment for ART eligibility; laboratory monitoring with 6 monthly CD4 testing; psychosocial counseling, including support for HIV status disclosure, positive living and referral to support groups; adherence counseling and support ; nutritional assessment , counseling and supplementation; prevention with positives; family planning; support for family testing for spouses/partners and children; opportunistic infection diagnosis and treatment, including TB screening, diagnosis and treatment, and increasing access to crypotococcal antigen test for diagnosis of cryptococcal meningitis; pain management including use of non-steroidal inti-inflammatory drugs, and increased access to opioids for registered palliative care centers. The TBD partner will work closely with the regional nutrition and HIV program (NHP) including participation in scale up and implementation support - trainings, equipment, inventory management, and early identification of malnutrition using MUACs for early referrals. The partner will also increase linkages to and implementation of food security and livelihoods interventions as they graduate patients out of therapeutic nutritional care.

The TBD partner will build on the APHIA II systems for data collection and reporting at all levels to increase and improve reporting to NASCOP and PEPFAR. The PEPFAR indicators will be realigned to incorporate the new generation indicators. The partner will use an electronic medical records system to monitor indicators to capture the number of people receiving community and/or facility care will be developed to avoid double counting. In 2010 persons reported as receiving basic care and support will receive at least one clinical service, plus at least one service in another domain of palliative care (psychosocial, spiritual, social or preventive).
This activity supports the Kenya Partnership Framework by focusing on strengthening community support and mitigation programs and expanding services to reach 80% of households with PLWHA with effective prevention, health maintenance including treatment adherence and disease monitoring and social support services.
Support to HBHC will be one component of a package of integrated support at health facilities and communities, holistically addressing HIV prevention, treatment and care.
The budget allocation is Redacted. This Activity will result in multiple awards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

APHIA II follow on will be a national activity covering all the eight provinces of Kenya targeting HIV infected and affected Orphans and Vulnerable Children and their families and will build on the progress of APHIA II activities in providing care and support for HIV infected and affected Orphans and Vulnerable Children and their families. The TBD partner will continue to work with local CBOs, FBO, NGOs and local communities to serve OVC and their families and implement community based activities aimed at reducing their vulnerability to HIV and AIDS and to help them grow into healthy and productive members of society.

The TBD partner will continue to strengthen the capacity of families and provide the range of essential services in line with the Kenya's National Plan of Action for OVC and the USG Guidance for OVC programming. The partner will provide an increased number of services to individual children and their families based on needs and will continue to support and strengthen local committees in the identification, targeting and support to vulnerable children.

The TBD partner will offer a Family-Centered Care for OVC and will ensure that families are empowered to care for their own OVC. The partner will specifically focus on keeping parents alive, increasing their capacity to care for their own children and enhancing access to education. The TBD partner will focus on bolstering family capacity to provide OVC with comprehensive care, a greater focus will be on identifying strategies for enhancing Household Economic Strengthening (HES) and in ensuring that economic strengthening activities and vocational training for older OVC and caregivers are adequately linked with market conditions.

The TBD partner will offer support to the community based mechanisms with the aim of changing gender roles between men and women. The partner will collaborate with the Ministry of Education at the regional level to support and sensitize schools on their role in making schools a safer place for children. The partner will also focus on identifying highly vulnerable children that have hitherto not been reached. TBD partners working in urban areas will provide services to street children especially addressing HIV prevention and providing linkages to care and treatment.

The TBD partner will continue to support capacity building of local partners. Specific areas of capacity building will include building their capacity to integrate best practices and lessons learnt in caring for HIV positive OVC and linking them non-facility service providers based on lessons learnt from the Muangalizi pilot project, enhancing capacity of local partners to provide quality OVC services and initiating quality improvement processes at the point of service delivery, identification and implementation of appropriate exit strategies for adolescent OVC, integrating HIV prevention interventions, promoting stronger linkages to Reproductive Health/Family Planning services as well as appropriate PWP messaging and interventions for HIV positive adolescents as well as building the capacity of local partners in collecting, storing, retrieving and reporting on, and analyzing data for effective program implementation.

The activity supports the partnership framework by addressing community support and mitigation for OVCs, including capacity building for households with OVC to expand care to reach at least 80 % of

children orphaned by AIDS and 80% of household with OVC.
Support to HKID will be one component of a package of integrated support at health facilities and communities, holistically addressing HIV prevention, treatment and care
The Budget allocation is Redacted. This activity will result in multiple awards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

APHIA II follow on will be a national activity covering all the eight provinces of Kenya targeting the HIV infected children, youth and adult population. This activity will build on the progress of APHIA II in all the provinces of Kenya. The TBD partner on will continue to strengthen the ability of the ART facilities to provide quality HIV services. The activities will include infrastructure, training clinicians and other providers, clinical monitoring, related laboratory services, community-adherence activities and management of opportunistic infections.
The TBD partner will build the capacity of health workers through training and introduction of innovative methods of service delivery. The training activities will include in-service trainings, mentorships and preceptor program. During the training, best practices and lessons learnt will be shared across the various provinces of Kenya. The TBD partner will support clinical staff continuing medical education, mentorship, onsite technical assistance to strengthen the provision of HIV services. The TBD partner will also support training in commodity management to ensure proper use and reporting of the commodities. Due to the high staff turnover and changing disease patterns the TBD partner will regularly evaluate training needs and subsequently organize for the necessary training.
The TBD partner will support the ministries of health's supportive supervision and progress review meetings as well as strengthen quality assurance. The partner will support the introduction and institutionalization of continuous quality improvement (CQI) teams at the facility level. The CQI teams will champion the continuous quality improvement will the small test of change concept. The partner will enhance quality of care through improved case management and introduction/strengthening of Electronic Medical Records (EMR). The EMR will improve patient tracking and will also be a major resource for the CQI teams. The EMR will improve the facility reports in terms of accuracy, completeness and timeliness. The partner will also encourage data use at the facility level in order to improve the service delivery. Most of the service improvement can be addressed at the facility if the management and staff learn to use the data they collect. The laboratory networks will be strengthened and networked to provide the required HIV monitoring tests like CD4 tests, hematology and liver function test. This will ensure that patients are evaluated for eligibility of starting ART or regimen switch. The partner will support viral load testing for suspected treatment failure cases through the network. Referral mechanism will be strengthened to ensure proper handling of suspected treatment failure cases. The partner will strengthen the case

management of second line patients to minimize failure in this category as the third regimen is expensive and not readily available.
The TBD partner will enhance the facility capacity in treatment preparation for patients before starting ART. Adequate treatment preparation is necessary for good adherence to treatment by patients. The TBD partner will also enhance the capacity and create systems to strengthen facility-community linkages by sharing and implementing best practices across the program. The partner will support community activities carried out by the facilities. Patient follow up in the community will be a crucial activity to enhance adherence. The program will provide support in adherence training to ensure that the facilities have adequate capacity to provide the adherence services. The TBD partner will also support communities to improve referral and linkage to the health facilities. The TBD partner will follow up to ensure that loss to follow up is kept to a minimum and adherence rates are above the recommended levels. Because of the cultural diversity among the various communities in Kenya, tailor made behavior change communication programs will be established 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 even amongst health workers in Kenya, this activity whilst conducting clinical training will also train health workers on stigma and discrimination reduction using a curriculum specifically produced for this purpose.
The TBD partner will carry out activities to support the strengthening and expansion of ART services in all the provinces of Kenya. The TBD partner will support both public and private sector facilities to strengthen their capacity in providing comprehensive HIV services. The partner will support and strengthen Public Private Partnership initiatives. Through this initiative the capacity of faith based and private service providers to provide HIV treatment services will be strengthened. This will involve offering ART technical assistance, provision of laboratory, pharmaceutical and other commodities. The TBD partner will support the integration of HIV services with Reproductive Health/Family Planning (RH/FP) and TB services. Prevention services will be emphasized and treatment at the comprehensive care clinics will be expanded to link to other entry points such as outpatient departments, inpatients, PMTCT, VCT centers and community services. The partner will support decentralization of services so that patients can get treatment closer to where they live to improve access. The TBD partner will support the introduction and strengthening of Gender based violence services at the facility.
This activity supports the Partnership Framework by focusing on strengthening community support and mitigation programs and expanding to reach 80% of households with PLWHA with effective prevention, health maintenance including treatment adherence and disease monitoring and social support services. Support to HTXS will be one component of a package of integrated support at health facilities and communities, holistically addressing HIV prevention, treatment and care
Budget Allocation Redacted. This activity will result in multiple awards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVCT	Redacted	Redacted

Narrative:

The APHIA II follow on will be a national activity covering all the eight provinces of Kenya. This activity will support implementation of innovative HTC activities, implement social mobilization activities to increase uptake of CT services to increase the number of individuals who know their accurate HIV status, work to strengthen referral systems between HTC and other prevention, care and treatment services; and build the capacity of local organizations to implement HTC services. Accurate knowledge of one's HIV status is the entry point to HIV prevention, care and treatment services and coupled with appropriate behavior change can contribute to reducing HIV transmission in the population. This activity will build on the progress of APHIA II activities providing community and facility based CT services.

The overall objective of the APHIA II Follow on HTC activities will be to support HTC service implementation with specific areas of focus including supporting facility and community-based HTC approaches to permit expansion of HTC services to increase knowledge of HIV status to at least 80% of the Kenyan adult population. Using HTC combination approaches, APHIA II will support the national HTC through targeted approaches which include PITC, HBCT, VCT, and mobile/outreach. Targets will be subdivided into provincial and district level targets to guide implementation and program monitoring. This activity will target the general population across all ages in the community and household setting with an emphasis on couples. Other population groups targeted include children and adolescents; Most-at-risk Populations (MARPS) such as sex workers and their clients, men who have sex with other men (MSM), Injection Drug users (IDU), long distance truck drivers and migrant workers. Public health care providers, and non clinical service providers such as lay counselors, peer educators and community members are targeted for increased prevention (including HTC), care and treatment knowledge skills on HTC.APHIA II Follow-on will work to support structures for linkage between HTC and HIV Care and Treatment programs for HIV-infected individuals through improved documentation and reporting.
The TBD Partner will work in collaboration with other programs to facilitate referral and linkages for individuals and their families reached through HTC services. All HIV infected individuals will be referred to health facilities for comprehensive HIV Care and Treatment services and HIV Community Care and support services. All individuals, including the HIV un-infected, will be referred and linked to existing comprehensive HIV prevention services. TBD partners will also build capacity of local organizations implementing community HTC activities to ensure establishment of community structures for the sustainability of services. The TBD partners will support to develop and strengthen organizational structure, management and capacity of these local organizations through training and other approaches to implement quality community HTC services.
APHIA II Follow-on will support implementation, coordination and monitoring of KNASP III in achieving universal access to HTC and increased knowledge of status through supporting implementation of identified national standardized package of HTC services. To support service delivery, TBD Partners will

support training of HTC providers using revised national HTC training curriculum package. This activity supports the partnership framework by increasing access to HIV testing and counseling through community as well as PMTCT, TB clinical and other provider-initiated approaches to achieve the goal of at least 80% of Kenyan adults know their status.
Support to HVCT is one component of a package of integrated support at health facilities and communities, holistically addressing HIV prevention, treatment and care.
The budget allocation is Redacted.This activity will result in multiple awards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

APHIA II follow on will be a national activity covering all the eight provinces of Kenya targeting the HIV exposed/infected and affected children. The aim will be to optimize the continuum of care for HIV exposed and infected infants from birth through provision of clinical, psychosocial, spiritual, and social and prevention services to enroll HIV infected children in care.
The TBD partner will build upon the APHIA II program and continue to prioritize the identification of exposed, and infected children through EID for those <18 months of age, conduct PITC in clinical settings, family-testing through clinical and community HTC strategies, and the launch and use of the combined mother-child card. The activities will involve the intensified identification of HIV-exposed and infected children both at the facility and community level, collection of samples for DBS and strengthening of DBS networks to all facilities offering PMTCT services. DBS collection will be closely linked to Cotrimoxazole prophylaxis, immunization schedule and regular growth & nutritional monitoring. Exposed children will be followed until their status is confirmed, and they are proactively linked to pediatric care services and ART if HIV-infected. Efforts will be made to decentralize services so that patients get treatment where they are presenting for care.
The laboratory networks for CD4 count tests will be strengthened and improved to ensure that all infected children are screened to assess eligibility for ART.
The partner will provide a care and support package that will include aggressive patient empowerment on adherence for older children and caregiver/parent empowerment on adherence for younger children, strengthened support mechanisms (support groups, IGA for families, advocacy and legal aid), home nursing care, community based defaulter tracing, nutritional support, specialized counseling and strengthened continuum of care from health facility to the community level, including strong linkages with PMTCT services for prevention. Other community BCC activities will include formation of Kids clubs, adolescent support groups and working with adolescent post-test club members will be enhanced, fun days for children, peer education, dialogue forums, sporting activities and edutainment for youth. Life skills training sessions will be held with adults and children aged between 7 and 16 years address issues

related to drug adherence basic hygiene and nutrition.
The partner will work in collaboration with other partners to ensure that malnourished children receive nutrition therapeutic or supplementary feeding for better health outcomes. Health care workers will be trained on infant and young child feeding (IYCF) in order to strengthen the care components.
In addition, these families will be linked to a supply of insecticides treated bed nets targeting especially those with pregnant women and children less than five years.
The partner will also support and strengthen prevention and treatment of opportunistic infections (OIs) including malaria and diarrheal diseases by training and sensitizing the health care workers on the management of OIs, distributing free cotrimoxazole to eligible children and scaling up prevention in young people. Distribution of job aids to enhance correct protocol use in management of OIs, and support the sites with emergency stocks of drugs for both prevention and treatment of OIs including Septrin, fluconazole, antibiotics, anti-diarrheal and anti-protozoa's will also be done.
The partner will work towards establishing or strengthening linkages with HIV community care services through Community Health Extension Workers (CHEW) or Community Health Workers (CHW). CHEW or CHW activities will include pediatric and family HTC, referral, tracking, and enrollment into clinical care of all identified HIV-infected children; monitoring usage of BCK and assisting with refills; pediatric and family medication adherence counseling and monitoring; and patient education on general health issues. The project will link with and support efforts in community awareness to educate and support caregivers, to inform them about available services and to reduce stigma.
These activities support the Partnership Framework which seeks to increase support for OI prophylactic and curative medicines to mitigate HIV related morbidity and mortality among adults and children with HIV. Support to PDCS will be one component of a package of integrated support at health facility and communities, holistically addressing HIV prevention, treatment and care
Budget allocation: Redacted. The activity will result in multiple awards

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

APHIA II follow on will be a national activity covering all the eight provinces of Kenya targeting the HIV infected children.
The TBD partner will build upon the APHIA II program and continue to prioritize the identification of exposed, and infected children through EID for those <18 months of age, conduct PITC in clinical settings, family-testing through clinical and community HTC strategies, and the launch and use of the combined mother-child card. In 2010, the partner will prioritize identification of exposed/infected children <5 years of age. Key emphasis will be placed on identifying the 100,000 children estimated to be HIV-infected and initiating ART for all HIV-positive children <18 months of age, regardless of CD4

Increased access to pediatric care and treatment began in 2006 and will continue through decentralization to lower-level health facilities and integration of care and treatment into MCH. In addition to this, a using family-centered model will be utilized to provide services to all family members. The partner will institutionalize task shifting / task sharing approaches to address the human capacity began in 2006 and will continue. EP support will strengthen service delivery systems including referral mechanisms. The partner will endeavor have children representing 15% of the adults on treatment.
The TBD partner will provide a package of basic care services to exposed/infected/affected children through supported facility, community, and/or home-based basic care services. Services include nutrition assessment, growth monitoring, safe water interventions, malaria prevention, OI management, psycho-social support, TB screening, and CTX at the service delivery points. Infected children will be provided with a BCK including a safe water system, CTX for OI prophylaxis, an insecticide-treated bed net, and multivitamins.
The TBD partner will strengthen pediatric TB case finding, diagnosis and treatment, and will increase availability of the cryptococcal antigen test.
In 2010, the partner will work in collaboration with the Kenya Pediatric Association (KPA) and regional mentors to offer regular pediatric HIV care mentorship in all the satellite pediatric HIV sites and to include mentorship in clinical monitoring and management of HIV-related complications and treatment.
Child psychosocial support will be directed towards providers involved both in child counseling and testing as well as treatment. The partner will establish kids clubs and adolescents psychosocial support groups that will be supported at facility level to improve community linkages, adherence to ART and stigma reduction among the infected children.
Other forms of partner support include infrastructure improvement, logistics strengthening, procurement of supplies and dissemination of materials such as standard treatment protocols, guidelines and pamphlets to address adherence, networking and establishment of laboratory services to new health centers and facilitate provision of laboratory equipments and reagents including CD4 percent and CD4 count.
The partner will build on the APHIA II systems for data collection and reporting at all levels to increase and improve reporting to NASCOP and PEPFAR. The PEPFAR indicators will be realigned to incorporate the new generation indicators. The partner will also support both paper based and electronic versions of record keeping at the CCC in line with the NASCOP guidelines.
This supports the Partnership Framework by strengthening community support and mitigation programs and expanding to reach 80% of households with PLWHA with effective prevention, health maintenance including treatment adherence and disease monitoring and social support services.
Support to PDTX will be one component of a package of integrated support at health facilities and communities, holistically addressing HIV prevention, treatment and care.
Total budget allocation: Redacted. This activity will result in multiple awards

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	HVSI	Redacted	Redacted

Narrative:

APHIA II Follow On will be a national activity covering all the eight provinces of Kenya focusing on strengthening activities at provincial, district and facility level. The TBD Partner will continue with the work currently going at all these levels. The TBD Partner will continue to support strengthening of host country's national HMIS system at the decentralized structures; support will mainly focus on training health providers on the use of the revised tools in the collection, collation, reporting and use of health data to improve the quality of service delivery. The program will continue to assess and improve the quality of data being collected, reported and used by health managers in managing service delivery. Use of Routine Data Quality Assessment tools at the facility level will be strengthened through planning and implementation of RDQA jointly with MoH staff. Capabilities of health managers to collect, analyze, report and use data on service delivery will be assessed routinely to inform the revision of capacity building plans on an annual basis. Health managers will also be supported to develop data dissemination plans at the district level as a strategy for enhancing data use in planning and targeting. Strong APHIA II follow on and MoH partnerships will be built around M & E supportive supervision, data quality audits, capacity building, better analysis and use of program monitoring data to advance better targeting of HIV prevention, care and treatment programs at the provincial and district level.

Generation and utilization of quality information to support effective prevention, care and treatment program management and implementation is key to improving quality of life of PLWHAs at the community level. APHIA programs have played a critical role in supporting the decentralized structures for collection, collation and reporting of results for community based programs. National AIDS Control Council's Community Based Program Activity Report (COBPAR System) despite having received technical support from the current APHIA II programs, still has very low reporting rates for the community-based programs. APHIA II follow on will increase their capacity building activities targeting Constituency AIDS Control Committees on all aspect of data collection, collation, reporting and use. Capacity building of community-based organizations in basic M&E and M&E-related institutional strengthening functions will remain as the main strategy for ensuring improved delivery at community level. Focus will also shift to strengthening the district level structures for them to support the flow and management of community based data for planning and decision-making. Building of stronger linkages between community and facility-based monitoring systems will remain critical area of focus for the APHIA II follow on program. Overall, APHIA II follow-on will play a major role in the implementation of PEPFAR II's Next Generation Indicators for community and facility-based programs. The TBD partner will especially focus on building the capacity of health providers to effectively use the revised HMIS and COBPAR tools to collect and report quality and reliable data. TBD partner will ensure that existing facility and community-based monitoring systems are fully harmonized with national systems through supporting the use of national data collection and reporting systems in meeting USG's reporting requirements. The TBD partner will

also support the host country in rolling out the Electronic Medical Records Systems at provincial and at least three high volume district hospitals.
These activities support the Partnership framework by enhancing the capacity of Kenyan facilities to collect and report routine data which will continuously inform strategic planning and program implementation as well as strengthen national systems.
Support to SI will be one component of a package of integrated support at health facility and communities, holistically addressing HIV prevention, treatment and care
Budget allocation: Redacted. This activity will result in multiple awards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

APHIA II follow on will be a national activity covering all the eight provinces of Kenya. This activity will focus on enhancing policy dissemination, commodity management systems and quality assurance from national level to the provincial and district regions in Kenya. Overall goal is to establish a policy framework that will optimally support HIV/AIDs programming and the overall health sector, strengthen GOK commodities management systems, improve quality assurance and inform GOK budget allocation process of recurrent expenditures specific to HIV/AIDS as well as overall health sector.
In addition, this activity will assist the Ministry of Health increase efficiency in utilization of resources by strengthening the monitoring of activities carried out under the Health Sector Services Fund (HSSF), Hospitals Management Services Fund (HMSF) as well as in assisting in the rollout of the Output Based Approach (OBA) program. The HSSF program seeks to provide direct funding to dispensaries and health centers thus increasing the amount of resources available at lower level facilities and enhancing the care provided by these facilities whereas the HMSF is expected to improve efficiency and effectiveness of services in districts and provincial hospitals through the formation of management teams that will run them. The OBA program provides vouchers to previously identified low-income families for specific services identified by the program this in Kenya ranges from Long-acting family planning methods to paying for deliveries.
This is part of supply-side reforms with the HSSF fund increasing resources to low level facilities thus improving the care provided at these facilities and helping to decongest the public sector district and provincial hospitals. The OBA program is a demand-side reform program providing clients with vouchers for specific services and allowing them to choose where to go to receive these services. This has been shown to create useful competition amongst providers both public and private and helps in increasing access to key services.
The TBD Partner will also work with the ministries of health, specifically KEMSA, to enhance coordination of commodity supply and information reporting to and from national level and health facilities. The activity

will also support commodity re-distribution among health facilities in the districts and provinces. The TBD Partner will support coordination of all logistics functions at the district and provincial levels. This will include technical assistance to build facility capacity in forecasting and quantification, local procurement and warehousing/distribution as well as setting up a logistics management information system for health commodities. This will ensure timely replenishment of supplies from the national level.

The TBD Partner will support Human Resources for Health (HRH) initiatives. This will be done in relation to the national HRH strategy and in recognition of the leadership, management and sustainability of health sector. The initiatives will include, strengthening institutions, structures and policies for Human resources management; improvement of health workers competencies at all levels of service delivery and improving workforce through hiring, support, productivity and improved HRM systems. These activities are support the partnership framework which seeks to increase GOK recurrent budget expenditure for health, establish policies that will address and mitigate societal norms or cultural practices that impede HIV programming and improve GOK health commodity supply chain management and human resource for health capacity building.

The TBD Partners will be expected to work with the regional, district and health facility management teams to promote health sector reform process activities such as logistics management and trainings as well as inform the formulation of policies and strategies e.g. National health framework, National Health Finance Strategy, National Medical Supplies Agency (KEMSA) and others.

Support to OHSS will be one component of a package of integrated support at health facilities and communities, holistically addressing HIV prevention, treatment and care.

Budget allocation: Redacted. This allocation will result in multiple awards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	Redacted	Redacted

Narrative:

The USAID APHIA II Follow on project will continue to expand the geographical coverage to increase access to Voluntary Medical Male Circumcision (VMMC) services. This will be a national activity focusing on areas that have the highest numbers of uncircumcised men, including Nairobi, Nyanza, Western, and Rift Valley Provinces. The TBD partner will build on the progress of APHIA II activities, which were initiated in Nyanza Province in FY 2008, in providing a high quality minimum package of male circumcision services to eligible boys and men.

Activities will include training in VMMC clinical skills to health care workers, including nurses, doctors, and clinical officers, based on curriculum developed and approved by the Government of Kenya. HIV testing and counseling, STI screening and treatment, sexual risk reduction counseling, and condom provision, promotion, and demonstration are all part of the integrated VMMC program. Provision of integrated services at both facility and outreach levels will ensure effective linkages to treatment, care

and support, as well as to family planning and reproductive health services. The TBD partner will support purchase of equipment, furniture, consumables, and reusable supplies. VMMC in clinical settings will require support for logistics, creation and renovation of space, supportive supervision, ongoing clinical mentoring and monitoring and mainstreaming VMMC reporting.
This activity is part of a comprehensive prevention package delivered by the APHIA II Follow on.
Activities will incorporate preventive messaging at health facilities targeting VMMC clients, their partners, and their families. It will involve the concept of AB and will promote the use of condoms in high-risk encounters and support STI prevention and management. Behavior change communication (BCC) strategies will focus on stigma reduction to increase utilization of services, psychosocial support and promotion of VMMC services. Outreach workers, peer educators, and community health workers will be trained to reach out to communities, men's and women's groups, workplace employees, and community leaders to increase knowledge of health benefits of VMMC.
The TBD partner will create awareness and demand as appropriate through activities such as community radio. Radio spots with appropriate BCC messages will be aired and interactive programs that bring in experts to debate the importance of VMMC while creating awareness and provoking communities to action will be facilitated to reach a large percentage of youth, men and women. Similarly, FBO-based youth leaders in supported churches/mosques will be facilitated to promote ABY and VMMC messages to adolescents and young adults. There will be continued advocacy with community structures such as the Luo Council of Elders in Nyanza Province and other leaders to increase acceptability of VMMC as part of an integrated prevention strategy.
The TBD partner will develop an intensive monitoring and evaluation plan in order to ensure the highest quality services are delivered. Activities for monitoring and evaluation will include routine site visits, reporting checks, and training of workers in data collection. Adverse events will be closely monitored and steps taken to improve the rate of such events. The TBD partner will ensure standardization of data collection forms and consent forms across all sites and according to national and World Health Organization guidance.
This activity supports the Kenya Partnership Framework by using evidence-based, data driven approaches, efficiency of activities, and sustainability of all interventions. The goals and objectives of the partnership framework include providing facilities, personnel, and technical leadership for VMMC facilities, and to support community mobilization and outreach approaches.
Support to VMMC will be one component of a package of integrated support at health facilities and communities, holistically addressing HIV prevention, treatment and care
Budget allocation is Redacted. This activity will result in multiple awards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

The APHIA II Follow On will be a national activity covering all eight provinces of Kenya targeting general populations, adults, youth both in and out of school, teachers, most-at-risk populations, and more with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful. Specific attention will be paid to AB messaging that targets young men and women aged,15-35,with the aim of reducing multiple concurrent partnerships. Gender-specific programming and messaging will be taken into account in all activities. Peer education, informal and formal worksite interventions, community outreach by PLWA, mobile VCT and life skills education for youth will all serve as means through which messages will be conveyed. In-school programs for 10 to18 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. 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.

The TBD partner will ensure that persons will be trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful. The TBD partner will implement prevention with positives by working with PLWHA support groups, linking them to comprehensive care centers and other services, and delivering key messages about living positively. This activity will provide assistance to patient support groups and post-test clubs in VCT centers to ensure abstinence by HIV-infected persons. This will empower support group participants to become peer and advocacy leaders in prevention at the community level. Technical assistance will continue to be provided to implementing partners working in behavior change communication programs in HIV and develop new print materials addressing alcohol abuse, stigma and discrimination.

The TBD partner will develop an intensive monitoring and evaluation plan in order to ensure the highest quality services are delivered. Activities for monitoring and evaluation will include routine site visits, reporting checks, and training of workers in data collection.

This activity supports the Kenya Partnership Framework by using evidence-based approaches that promote character formation and abstinence among youth as well as fidelity and partner reduction by sexually active persons.

Support to AB will be one component of a package of integrated support at health facility and community levels, holistically addressing HIV prevention, treatment and care.

Budget allocation: Redacted.This activity will result in multiple awards.

,

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

The APHIA II Follow On will be a national activity covering all eight provinces of Kenya and targeting general populations, adults, youth both in and out of school, teachers, high-risk populations including low-income community women, sex workers (both male and female), men having sex with men, truck drivers, cattle traders, uniformed services, fisher folk, mobile populations, and discordant couples with community outreach HIV/AIDS prevention programs that promote condoms and other prevention strategies.

The TBD partner will ensure that persons will be trained to provide HIV/AIDS prevention programs that promote prevention other than abstinence and being faithful. The TBD partner will implement prevention with positives by working with PLWHA support groups, linking them to comprehensive care centers and other services, and delivering key messages about living positively. This activity will provide assistance to patient support groups and post-test clubs in HCT centers, empowering participants to become peer and advocacy leaders in prevention at the community level.

The TBD Partner 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. Activities will also include targeted promotion of correct, consistent condom use and distribution to high-risk populations through countrywide condom outlets and improved quality of STI services working through the Ministry of Health and other partners. Prevention activities might 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 and linking them to HCT, PMTCT, care and support services; support prevention efforts among the uniformed services to expand police peer education programs; support peer education programs targeting MARPS; support prevention programs targeting hard-to-reach MARPS such as the MSM and injection drug users; provide counseling, information and prevention to HIV-positive individuals through peer and provider education, outreach services and regional mass media. Implementing partners will integrate prevention messages into models of care and support for OVC and PLWHAs. Technical assistance will continue to be provided to implementing partners working on behavior change communication programs in HIV and substance abuse and develop new print materials addressing alcohol abuse, stigma and discrimination.

The TBD Partner will expand support in HIV prevention and supportive services to victims of gender-based violence in all provinces with projects based on the successes of the Gender Based Violence Center at Nairobi Women's Hospital. The GBV activities will target police, uniformed services, women, leaders, employees of the Kenyan judicial system, medical personnel, spouses and others on issues of gender-based violence.

The TBD partner will develop an intensive monitoring and evaluation plan in order to ensure the highest quality services are delivered. Activities for monitoring and evaluation will include routine site visits, reporting checks, and training of workers in data collection.

This activity supports the Kenya Partnership Framework by using evidence-based, data driven approaches, efficiency of activities, focusing on human rights, meaningful involvement of PLWHA, and

sustainability of all interventions. The goals and objectives of the partnership framework include using evidence-based a behavioral interventions to promote character formation, abstinence among youth, fidelity, partner reduction, and correct and consistent condom use by sexually active persons targeting populations at risk for transmission or acquisition of HIV.
Support to OP will be one component of a package of integrated support at health facilities and communities, holistically addressing HIV prevention, treatment and care.
Budget allocation is Redacted. This activity will result in multiple awards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted

Narrative:

The APHIA II follow on will be a national program covering all the eight provinces of Kenya. This activity will support implementation of IDU activities in select provinces. Injection drug users (IDUs), though relatively small in number in Kenya, are at disproportionately high risk for HIV infection. Many share needles and syringes and engage in unprotected, often transactional, sex often with multiple partners to support their drug dependency. IDUs are universally recognized as a "bridging" population, hastening the spread of HIV to the general population. The Modes of Transmission Study (MOT) conducted in 2008 indicates that most-at-risk populations (MARPS) contribute to more than one-third of new HIV infections in Kenya. According to KAIS 2007 IDUs contribute 3.83% of HIV prevalence in Kenya.
This activity will build on the progress of APHIA II activities providing IDU and NIDU. Work at the community level has occurred primarily through the APHIA program. Outreach programs have been established in several geographical regions of Kenya to provide education and VCT testing for IDUs and NIDUs. Training and technical assistance has been provided to develop the capacity of each of the respective implementing NGOs at the community level. Some scale up has occurred in expanding coverage areas by each of the NGOs. Most of the activities are implemented in the Coast Province and in Nairobi.
The overall objective of the APHIA II Follow on IDUs and NIDUs is to reduce the spread of HIV among the high-risk populations of drug and alcohol users. The program will utilize both recovering drug users as well as non-drug-users to make contact with addicts to establish behavior plans to reduce their risk of HIV. Other activities will include a comprehensive mapping exercise of IDU/NIDUs in the different regions of Kenya. Some regions already providing IDU/NIDU interventions will be able to strengthen their programs based the mapping results. In addition, current programs need to strengthen the technical programming in terms of mediation assisted treatment, addiction recovery treatment services, and improving skills in the area of HIV outreach behavior change interventions. Prevention with positives is also a targeted need for the IDU/NIDU population which will include an intensive case management program to follow HIV positive IDU/NIDU in their HIV treatment services. Such programs will track

IDU/NIDUs through each level of their HIV treatment process and ARV adherence. The goal is to facilitate comprehensive wraparound services. Working with HIV treatment centers in identifying HIV positive substance abusers (IDU/NIDU & Alcohol) to provide HIV risk reduction services, dealing with ARV adherence issues, and offering addictions recovery treatment services.

The APHIA II Follow-on program will continue supporting in- school drug abuse awareness and will continue supporting the development of community based alcohol education, treatment and support services. The APHIA II follow-on supported programs will continue to ensure effective referrals for relevant services, including HIV counseling and testing, HIV care and treatment services and male circumcision services.

This activity supports the Kenya Partnership Framework by implementation of proven behavioral interventions optimally targeted to the sources of new infections and those most at risk groups, specifically IDU/NIDUs.

.

Budget allocation: Redacted. This activity will result in multiple awards

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

APHIA II follow on will be a national activity covering all eight provinces of Kenya with the goal of reaching more than 80% of expected pregnant women with PMTCT interventions, utilizing both facility and community based approaches. The TBD partner will support facilities to provide a comprehensive antenatal package for all pregnant women including screening, prevention and treatment for any infections, nutritional support, prophylactic ARVs, counseling on safe infant feeding, counseling and HIV testing of women and their partners.

The TBD will utilize multiple approaches to reach women currently not accessing ANC due to challenges related to culture, stigma and inaccessibility due to vast distances to health facilities.

Counseling and testing will be offered primarily to pregnant women in both ANC and labor and delivery, (including repeat testing in high prevalence areas). The CT services will be extended to other 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. All HIV- infected pregnant women who will be enrolled into HIV care, and those eligible will initiate ART.

In an effort to improve access to HIV care and treatment services including ART, the TBD partner will support the integration of HIV care and treatment into MCH for the mother and family by strengthening

referral laboratory networks for CD4, decentralization and task-shifting. The use of this family-centered approach will improve retention in care and treatment. The partner will use national referral tools to link mothers and their families to palliative care, including TB services and home-based care; ART; malaria prevention activities; FP services; and income-generating activities. Mothers will be offered the most efficacious regimen according to the national guidelines.

The TBD partner will use a combination of strategies, including working with other partners carrying out activities to promote male involvement in PMTCT. Such strategies, though not limited, will include reduction in concurrent partners, condom use, circumcision and couple counseling.

The TBD partner, in collaboration with other partners, will support logistics to improve Early Infant Diagnosis (EID) as well the follow up of exposed infants by integrating the follow up with well child and immunization services. The partner will build upon existing Infant and Young Child Feeding (IYCF) strategies such as involvement of men, grandmothers, PLHIV peer educators, mother-to-mother support groups, and other community leaders at community level and explore the use of ARVs at facility level to make breastfeeding safer.

The partner will conduct both in service training according to the national guidelines as well as ensure that a comprehensive supervision and mentorship program is set up to enhance on job skills.

The partner will work meaningfully with people living with HIV/AIDS to promote the uptake of PMTCT interventions. Such groups will include Mentor Mothers whose roles and activities will be standardized using mothers to mothers (m2m) program tools.

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.

The partner will provide updates/training to the PHMT and DHMT members to build their capacity to manage the PMTCT program. Under this strategy periodic meetings will be held at different levels as a part of a performance feedback process. The partner will be encouraged to use program level quality indicators to increase effectiveness.

This activity supports the Partnership Framework, by supporting 100% coverage of PMTCT; a key priority will be to expand FP within PMTCT settings in support of the RH/HIV Integration strategy. Increased linkages to sexual and reproductive health/FP services will include skilled deliveries, cervical cancer screening and referral and screening and HIV testing for gender-based violence victims. Gender mainstreaming will ensure that the sexual and reproductive health needs of women focus on preventing unwanted pregnancies.

Support to PMTCT will be one component of a package of integrated support at health facilities and communities, holistically addressing HIV prevention, treatment and care

Budget allocation: Redacted. This activity will result in multiple awards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HVTB	Redacted	Redacted

Narrative:

APHIA II follow on will be a national activity covering all the eight provinces of Kenya targeting the HIV and TB co-infected adult and children population. In Kenya, tuberculosis (TB) is the leading cause of death of PLWH and HIV is the greatest factor behind the nearly 3-fold rise in the TB burden in the last 10 years. This activity will build on the progress of APHIA II activities providing HIV/TB services working through health facilities and communities. The overall objective of the APHIA II Follow on HIV/TB care project is to decrease the prevalence of TB in all areas served and integrate care of co-infected patients into a comprehensive program that meets the objectives of the Division of Leprosy, Tuberculosis and Lung Diseases (DLTLD) and NASCOP. This activity will support and strengthen what Kenya has adopted, the Global Stop TB Strategy emphasizing effective DOTS delivery with focus on HIV-associated and drug-resistant TB, health system strengthening (particularly primary care and laboratories) and closer engagement with patients and communities.

The TBD partner will assist the provinces adapt the Management and Organizational Sustainability Tool HVTB (MOST HVTB) strategy to achieve FY10 national and EP goals. The mandates of the present national, provincial and district HVTB steering committees will be strengthened to make them more responsive to stakeholder needs. New steering committees will be established to cover new districts. The TBD partner will support coordination meetings, supervision, training, and strategic information. In Kenya, HIV testing for newly diagnosed TB patients is and will remain the standard of care; > 80% of patients are tested, and >90% of co-infected patients initiated cotrimoxazole (CTX). The TBD partner will target 100% of all co-infected patients for CTX and provide access to ART to 50% of those eligible. To reduce the TB burden in PLWH, 80% of HIV patients in each province will receive intensified TB case finding (ICF). ICF will start in select care and treatment sites before expansion to PMTCT and HIV testing sites. Select care and treatment clinics in at least 3 provinces will pilot the new adult TB screening tool and the pediatric TB screening tool. Patients diagnosed with active TB will receive rapid treatment and reduce further transmission. Patients without active TB will be considered for IPT in sites able to conduct/sustain patient adherence and document outcomes.

The TBD partner will support CHW engagement for ICF, assist with family TB/HIV screening, and provide adherence support and patient education. Facility and community groups will provide a two-way referral and communication systems to coordinate outreach activities to identify/support co-infected patients and families. Community-based care will expand and link to PwP, community HIV testing, and ICF strategies. TB clinics will initiate PwP interventions such as supported disclosure, adherence counseling, condom use, and risk reduction counseling with linkages to family planning, STI, and medical male circumcision services.

The TBD partner will support strengthening HVTB program monitoring and evaluation through development of electronic TB and HIV recording/reporting systems to improve patient referrals and

programs linkages and evaluation. National and regional TB/HIV data review and coordination meetings will ensure that collected data collected are comparable and accurate. Efforts will support data use for planning, resource allocation and program improvement. This activity supports the Partnership Framework by increasing TB screening, detection and treatment in HIV care settings, and referral from TB settings so that at least 80% of co-infected eligible individuals are on ART. Support to HVTB will be one component of a package of integrated support at health facilities and communities, holistically addressing HIV prevention, treatment and care Budget allocation is Redacted. This activity will result multiple awards.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12051	**Mechanism Name: Youth HIV Combined Prevention Programs**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives:

2007 KAIS data indicates that the overall prevalence of HIV among the youth ages 15–24 is 3.8%, with young women contracting HIV at a much higher rate than young men. By 24 years old, women are 5.2 times more likely to be infected than men of the same age (12% versus 2.6%). This intervention will support development and quality improvement on USAID Kenya's youth program. The objectives of which

are (a) Support interventions that provide evidence of impact of youth prevention programs.; (b) define best practices for replicable in and out of school youth prevention programs that are linked to care and treatment; (c) coordinate mapping of youth activities by USG-funded partners to build synergy, provide adequate service coverage, and avoid duplication of efforts.

The intervention will focus on the following result areas:
Result 1: Strengthen programs and bring to scale with efficient combination prevention interventions that include theory driven; evidence-based behavioral, bio-medical, and structural interventions
Result 2: Use current epidemiological data to guide targeting and programming
Result 3: Support implementation, coordination, and monitoring of Kenya National AIDS Strategic Plan 2009-2013 KNASP-III

How does this link to Partnership Framework Goals:
The Partnership Framework focuses on supporting evidence-based approaches promoting abstinence among youth as well as partner reduction and correct and consistent condom use. Proven behavioral interventions target the sources of new infections and most at risk groups. Policies are established or strengthened to support effective HIV responses and mitigate societal norms or cultural practices that impede programming.

The intervention for the Youth HIV Combined Prevention Program is in sync with the Partnership Framework as it will provide evidence of the youth prevention interventions and recommendations for implementation to achieve high impact in terms of reducing new infections, providing linkages and increased involvement for youth living positively with care and treatment.

Geographic coverage and target populations:
This will be a national intervention targeting youth in and out of school and participants in youth development, mentoring and parental programs. The intervention will look at mass media interventions that deliver prevention messages through radio and other media. It will target 16,200 primary school teachers, 4,500 secondary school teachers, and 50,000 youth in tertiary institutions.

Cross-cutting programs and key issues:
The key approaches in the intervention include but not limited to the following:
1. Mass media interventions that deliver age-relevant sexual health and HIV prevention information and are designed to challenge norms which inhibit risk reduction behaviors.
2. Health interventions that train service providers and make clinics more 'youth friendly' with activities in the community and involvement of other sectors e.g. education.
3. Long term involvement of youth in programs to develop a pipeline of leadership for social innovation

and provide mechanisms for successful BCC for young people and adults at high risk.
4. Target periods of transition like school holidays and transition to higher levels of school.

IM strategy to become more cost-efficient over time (e.g. coordinated service delivery, PPP, lower marginal costs, etc)
The outcome from this intervention will assist USG and GOK to prioritize areas within the youth program with the aim of averting new infections. This will enable partners to network with other partners and work together to advocate for increased prevention funding to implement proven and emerging prevention interventions among the youth. The intervention will also contribute to maintaining a high-level focus on the youth prevention agenda.

The mapping exercise will build synergy in service delivery and avoid duplication of interventions, both of which are essential in cost-efficient programming. The study will highlight evidence-based, replicable best-practices; this information will be used widely to develop programs that are effective and will reduce the need for costly trial-and-error prevention programming.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**12051**		
Mechanism Name:	**Youth HIV Combined Prevention Programs**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
This will be a national intervention targeting the following populations (a) youth in and out of school			

(between ages 15 – 24), (b) youth development and mentoring programs; (c) parental programs. The mentors will be older well-trained youth and adults. The intervention will also look at mass media interventions that deliver age-relevant sexual health and HIV prevention information. The study will target 16,200 primary school teachers, 4,500 secondary school teachers and 50,000 youth in tertiary institutions, and will look specifically at USAID Kenya's youth program.
2007 KAIS data indicates that the overall prevalence of HIV among the youth ages 15–24 is 3.8%, with young women contracting HIV at a much higher rate than young men. By 24 years old, women are 5.2 times more likely to be infected than men of the same age (12% versus 2.6%).
The intervention will (a) provide evidence as to whether the youth prevention programs are having a positive impact; (b) define best practices for replicable in and out of school youth prevention programs that are linked to care and treatment; (c) coordinate mapping of youth activities by USG-funded partners to build synergy, provide adequate service coverage, and avoid duplication of efforts.
The intervention will be carried out nationally.
The whole process will be well documented. The intervention will ensure there is a large and all inclusive sample size of the various target groups and control group. The outcome from the process will be shared widely and will be expected to inform youth programming.
The intervention for the Youth HIV Combined Prevention Program is in sync with the Partnership Framework as it will provide evidence of the youth prevention interventions and recommendations for implementation to achieve.
The intervention will define best practices for replicable in and out of school youth prevention programs that are linked to care and treatment; The process will also coordinate mapping of youth activities by USG-funded partners to build synergy, provide adequate service coverage and avoid duplication of efforts.
Budget allocation: Redacted

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

This will be a national intervention targeting the following populations (a) youth in and out of school (between ages 15 – 24),(b) youth development and mentoring programs; (c) parental programs. The mentors will be older well-trained youth and adults. (d)The intervention will also look at mass media interventions that deliver age-relevant sexual health and HIV prevention information. The activity will target 16,200 primary school teachers, 4,500 secondary school teachers and 50,000 youth in tertiary institutions.
This will be an intervention that will be working through different types of youth groups and adult mentors in and out of school.

2007 KAIS data indicates that the overall prevalence of HIV among the youth ages 15–24 is 3.8%, with young women contracting HIV at a much higher rate than young men. By 24 years old, women are 5.2 times more likely to be infected than men of the same age (12% versus 2.6%). This intervention will support development and quality improvement process on USAID Kenya's youth program. The intervention will (a)provide evidence as to whether the youth prevention programs are having a positive impact; (b)define best practices for replicable in and out of school youth prevention programs that are linked to care and treatment; (c)coordinate mapping of youth activities by USG-funded partners to build synergy, provide adequate service coverage, and avoid duplication of efforts. The intervention will be carried out nationally. The whole process will be well documented. The intervention will ensure there is a large and all inclusive sample size of the various target groups and control group. The outcome of this process will be shared widely and will be expected to inform youth programming. The intervention for the Youth HIV Combined Prevention Program is in sync with the Partnership Framework as it will provide evidence of the youth prevention interventions and recommendations for implementation to achieve. The intervention will define best practices for replicable in and out of school youth prevention programs that are linked to care and treatment; The process will also coordinate mapping of youth activities by USG-funded partners to build synergy, provide adequate service coverage and avoid duplication of efforts.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12052	**Mechanism Name: New Partners Initiative (NPI)-Mothers 2 Mothers**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Mothers 2 Mothers	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000

Funding Source	Funding Amount
GHCS (State)	700,000

Sub Partner Name(s)

Catholic Medical Mission Board		

Overview Narrative

Goals and Objectives

The goal of the M2M is to improve the quality of PMTCT service delivery in Kenya's health care facilities through the widespread integration of M2M model of peer-based psychosocial education and support for pregnant women, new mothers and caregivers living with HIV/AIDS in Kenya. Ultimately this will contribute towards minimizing vertical transmission, increase access to heath care for HIV positive mothers and empower and enable mothers to live positively further contributing to a reduction in OVCs.
The M2M uses a Prevention with Positives (PwP) approach to achieve each of these goals by training and employing HIV-positive mothers to provide high quality support and education to their peers in the health care setting. This is in line with the Partnership Framework on expanding clinic based PwP interventions.
As former PMTCT clients themselves, M2M's Mentor Mothers will link women to various services in both the antenatal and post-natal period; promote skilled and hospital deliveries; improve the continuum of care that so often breaks down across PMTCT service delivery.

The program will also increase uptake of infant testing by educating and encouraging women to bring their babies back after delivery for HIV tests and CTX prophylaxis.

Infant feeding is one of the most critical interfaces between HIV and child survival and remains one of the major barriers in preventing pediatric transmission. The ability of mothers to successfully achieve a desired feeding practice is significantly influenced by the support provided through formal health services and other community-based groups. M2M will work towards linking the facility based groups with community based support groups and in so doing strengthen adherence to infant feeding options at these levels. The role of men in PMTCT cannot be underestimated. Through the mother mentors M2M will use innovative strategies to promote male involvement in PMTCT care as well as facilitate regular support groups for couples.

How does this link to Partnership Framework Goals

The partnership framework seeks to achieve 100 percent coverage of PMTCT in all health facilities,

including the use of more efficacious regimens, HAART for those eligible. Mentor mothers will support the PF goals by encouraging women to attend ANC clinic, promote hospital delivery, increase uptake and adherence of PMTCT interventions and create linkages to care and treatment. In addition to this the program will also contribute to the expansion of clinic based PwP interventions. Since it will also target spouses it will also contribute to the continued efforts to make ANC / PMTCT an entry point for family-centered care

Geographic coverage and target populations
During this COP, mother to mother will achieve national coverage will target pregnant women, primarily HIV-positive pregnant women who receive M2M educational and psychosocial support (includes those employed by the program), their spouses; The HIV-exposed infants who are born to the women who receive M2M services are also beneficiaries of the M2M program activities.

Cross-cutting programs and key issues:
In support of PMTCT services, M2M will provide linkages to other critical components of HIV care and prevention efforts. The program will work directly with Counseling and Testing (VCT) programs by encouraging women to learn their HIV status during pregnancy provide women with information about interventions and assist HIV-positive women to access linkages and referral systems to bridge PMTCT and other health services such as family planning and other sexual and reproductive health services.

IM strategy to become more cost-efficient over time (e.g. coordinated service delivery, PPP, lower marginal costs, etc)
This will be a national activity and as such standard operating procedures including training, referral systems will be utilized. One of the outcomes of this activity is to support the government to come up with cost effective models which will be region and facility level specific. Increase of PwP activities will reduce stigma and improve health seeking behaviors. Patients are more likely to enroll into care and treatment and reduce morbidity and mortality rates. The strategy will become more cost efficient with time.

Budget allocation: $ 700,000

Cross-Cutting Budget Attribution(s)

Construction/Renovation	7,359
Economic Strengthening	1,902
Education	69,853

Food and Nutrition: Commodities	67,808
Food and Nutrition: Policy, Tools, and Service Delivery	157,718
Human Resources for Health	313,797

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12052**
Mechanism Name:	**New Partners Initiative (NPI)- Mothers 2 Mothers**
Prime Partner Name:	**Mothers 2 Mothers**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	700,000	

Narrative:

The goal of the m2m is to improve the quality of PMTCT service delivery in Kenya's health care facilities through the widespread integration of m2m model of peer-based psychosocial education and support for pregnant women, new mothers and caregivers living with HIV/AIDS in Kenya. Ultimately this will contribute towards minimizing vertical transmission, increase access to heath care for HIV positive mothers and empower and enable mothers to live positively further contributing to a reduction in OVCs. The TBD partner will undertake the activities using a two prong approach - a direct and an indirect form of implementation.

In direct implementation, the TBD partner will set up program sites that will serve as "centers of excellence"; these will provide a reference for technical assistance activities against which implementing partners could benchmark efforts to replicate and scale-up mothers2mothers' model of care. In addition to this they will conduct a Training of Trainers course for the National program.

In indirect implementation the partner will provide technical assistance. At the national level they will form a partnership with the National AIDS and STI Coordinating Program (NASCOP) and the national PMTCT Technical Working Group to conceptualize a strategic plan for national scale-up. They will work with these teams to adapt and adopt of the m2m curriculum and other program tools to the national context through a consultative process They will also continue to refine and adapt the m2m program model and begin to respond to the challenge to support rapid national scale–up of integrated and cost effective services to ~4000 PMTCT facilities.

At the level of implementing partner organizations, they will create partnerships with partner organizations to implement the m2m model of care throughout the country through accreditation or other similar approaches. A Quality Assurance/Quality Improvement system will be set up to facilitate this process. They will design a roll out strategy that will include building the skills of management teams and partners to conduct supportive supervision. The partner is expected to lay down a clear devolution strategy to an in-country implementing partner and NASCOP for sustainability Contributes towards the number of women receiving C&T, ARV prophylaxis and infant testing. Budget allocation: $700,000

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12053	**Mechanism Name: TBD (HKID)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives

It is estimated that approximately 2.4 Million (11%) of Kenyan children below 15 years of age are orphans (KDHS, 2003); approximately 1 million (42%) of these have been orphaned due to AIDS (estimated from KNASP 2005/6-2009/10). As of September 30th 2009, the PEPFAR in Kenya was supporting 568,811 OVC with direct services.

Two of the major social crises plaguing Kenya are gender based violence, specifically in the form of sexual violence against women and children, and human immunodeficiency virus and acquired immunodeficiency syndrome (HIV and AIDS). Whereas a high number of women and children report experiencing sexual violence on a regular basis, during times of crises the numbers escalate (see below). Studies indicate that the risk of acquiring HIV is higher among women who have been exposed to violence than those who have not (UNIFEM, Gender Based Violence, Both Cause and Consequences of HIV and AIDS, 4 August 2008).
The increased numbers of defilement cases (2008 Kenya police crime report and data) is further compounded by insufficient human resources which affect the department of Children Services capacity to effectively deal with OVC issues in Kenya. This is particularly aggravated by the increased workload from the Cash Transfer program funded by GoK/World Bank, DFID and UNICEF and the lack of established Children's Offices in all districts, particularly the newly created districts.

The TBD project will focus on the following result areas:-

Result 1: Strengthen the Department of Children Services to effectively handles OVC issues
Result 2:- Establish a comprehensive child protection system that will address the continuum from prevention to response, including violence against children.
Result 3:- Building the capacity of PEPFAR funded partners in delivering household economic strengthening programs to bolster family capacity to provide OVC with comprehensive care.

How does this link to the Partnership Framework Goals.
One of the key focus areas of the Partnership framework is on establishing or strengthening policies to support optimally effective HIV responses and address and mitigate societal norms or cultural practices that impede effective programming. The Partnership framework also lays an emphasis on supporting community efforts and mitigation programs including capacity building for households with OVC and to expand care for children by AIDS.

The TBD project will address current challenges in effectively responding to the increased numbers of defilement cases (2008 Kenya Police crime report and data); insufficient human resources that affects the Department's capacity to effectively deal with OVC issues in Kenya and build the capacity of PEPFAR funded partners to re-energize household economic strengthening activities as one strategy for increasing capacity of households to care for their own OVC.

Geographic Coverage and target populations.
This will support national and regional efforts in building capacity of the Department of Children Services

as well as enhancing PEPFAR funded partners' capacity in handling and referring defilement cases and in identifying high yielding strategies for enhancing Household Economic Strengthening (HES) in existing OVC programs.

Cross-cutting programs and key issues:
TBD partners will support gender issues, including male involvement to address male norms to indirectly strengthen women's ability to access health services, Protection and land tenure; focus on achieving gender equity in HIV/AIDS activities and services and increasing women's access to income and productive resources through IGA activities. The TBD partners will build the capacity of local partners to address gender-based vulnerabilities and risk factors for OVC, support stronger linkages to reproductive health/family planning services, PwP messaging and interventions for those HIV-positive. TBD partners will support robust mechanisms that support delivery of quality services and referrals; and build sustainable community based structures to ensure continuum of care for OVC.

IM strategy to become more cost efficient over time (e.g. coordinated service delivery, PPP, lower marginal costs etc).
Enhancing capacity of Department of Children Services may include mapping of OVC service providers to better inform future programming. Mapping would provide crucial information on where service provides are and identify un-served populations and provide a framework for a more robust community based referral mechanisms.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12053**
Mechanism Name:	**TBD (HKID)**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HKID	Redacted	Redacted

Narrative:

TBD will be an activity providing support to National and regional partners working in the eight provinces of Kenya that are providing care and support services to HIV infected and affected Orphans and Vulnerable Children and their families and will build on the progress of APHIA II and Track 1.0 OVC activities in reaching out to OVC and their families using community based approaches.

Given Government of Kenya's focus on cash transfer, increased number of defilement cases, newly created districts and lack of established Children offices in these new districts, the TBD partner will work closely with Department of Children Services and other key stakeholders such as UNICEF, World Bank and DFID to ensure that the Department has the capacity it needs, including sufficient human resources, in dealing with OVC issues

The TBD partner will strengthen the capacity of PEPFAR funded regional partners in bolstering family capacity to provide OVC with comprehensive care, a greater focus will be on identifying strategies for enhancing Household Economic Strengthening (HES) in OVC programs. The partner will support PEPFAR OVC partners to ensure that economic strengthening activities and vocational training for older OVC and caregivers are adequately linked to market conditions.

The TBD partner will work with both National and Regional partners to support Government of Kenya efforts in building a comprehensive child protection system that will address the continuum from prevention to response, including violence against children. The TBD partner will support the establishment of community based mechanisms that will promote a referral mechanism to proposed protection centre and to health facilities to ensure abused children access the support they require.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12054	**Mechanism Name: HOPE**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives-

The overall goal of this new program, which will build upon the successes and lessons learned of previous school-based initiatives, is to provide students, teachers and education managers in targeted areas with the knowledge and skills that will lead to reduced incidences of new HIV infections, as well as improve the care of those already affected or infected with HIV and AIDS. The program expects to engage in the following areas: improve HIV prevention behavior among the learners; alleviate gender based violence; equip learners with psychosocial competencies that will improve their decision making processes; increase the level of parental monitoring and support to the HIV prevention education program; prevent HIV and AIDS and other Sexually Transmitted Infections (STIs) through Information, Education, Communication (IEC) and Behavior Change Communication; equip students and teachers in the targeted schools with accurate information on HIV and AIDS, abstinence, drugs and substance abuse, to help them make right decisions and avoid irresponsible behaviors; provide quality, comprehensive services to at least 500 HIV-infected or affected Orphans and Vulnerable Children (OVCs) with a focus on increased enrollment, retention and academic performance through provision of School Support Block Grants; and strengthen the coordination of the HIV and AIDS education programs by working with civil society organizations on the implementation of the guidelines for district HIV and AIDS education coordination.

How does this link to Partnership Framework Goals-
This programs is directly linked to the U.S Government and Government of Kenya partnership framework sub-objective 2/3.2.3 that seeks to increase coverage and quality of HIV-related services to reach at least 400,000 orphans and vulnerable children; sub-objective 2/3.2.1 that seeks to train at least 250,000 with Life Skills Education Training and sub-objective 2/3.1.5 that seeks to develop mass media campaigns to support community prevention.

Geographic coverage and target populations-
The HIV and Life Skills Education project will be implemented in Nairobi and Nyanza provinces. The project will target populations aged 15 – 49 years.

Cross-cutting programs and key issues-

This program will strengthen the implementation of the Kenya Education Sector Support Program; HIV and AIDS investment plant, particularly in the implementation of the Education Sector Policy on HIV and AIDS. This program has a cross-cutting budgetary attribution in the area of education. Almost 80% of the budget will contribute towards formal education of the primary and secondary school learners.

A plan for collecting, evaluating, and validating data which will be used to measure overall progress and compare status over time will be developed. The program will develop performance indicators and targets, and show how baseline measurements can be established to assess the impact of proposed interventions. The implementer is also expected to use the new generation indicators proposed under the PEPFAR New Generation Indicator Guidance. The performance monitoring plan must also include an explanation of how data and information will be collected, analyzed, used, and verified, and the cost effectiveness of such activities. Mid-term evaluation will be conducted in addition to end of term evaluation. At the program level performance will be verified by field visits and periodic special surveys. Monitoring and evaluation findings will provide useful guidance for any necessary adjustment of the program approach. Tracer and tracking studies will also be initiated to assess the impact of the program.

Budget Allocation - Redacted

Cross-Cutting Budget Attribution(s)

Education	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12054**		
Mechanism Name:	**HOPE**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			

The overall goal of this new program, which will build upon the successes and lessons learned from previous school-based initiatives, is to provide students, teachers and education managers in targeted areas with the knowledge and skills that will lead to reduced incidences of new HIV infections, as well as improve the care of those already affected or infected with HIV and AIDS. The program is expected to improve HIV prevention behavior among the learners; alleviate gender-based violence; equip learners with psychosocial competencies that will improve their decision-making processes; increase the level of parental monitoring and support to the HIV prevention education program; prevent HIV and AIDS and other Sexually Transmitted Infections (STIs) through Information, Education, Communication (IEC) and Behavior Change Communication; equip students and teachers in the targeted schools with accurate information on HIV and AIDS, abstinence, drugs and substance abuse, to help them make right decisions and avoid irresponsible behaviors; provide quality, comprehensive services to at least 500 HIV-infected or affected Orphans and Vulnerable Children (OVCs) with a focus on increased enrollment, retention and academic performance through provision of School Support Block Grants; and strengthen the coordination of the HIV and AIDS education programs by working with civil society organizations on the implementation of the guidelines for district HIV and AIDS education coordination. The project will support the training of 14,200 individuals on HIV and AIDS prevention through abstinence and/or being faithful. Budget allocation: Redacted

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12055	**Mechanism Name: Renovation Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives

Kenya's public health infrastructure has long been a source of concern for service providers. The physical infrastructure of health facilities is dilapidated and many of the buildings at provincial, district and lower level were not purpose built and as a result service delivery is impaired. Currently many CCC's (Comprehensive Care Centers) in GOK are overcrowded as they cope to handle the increasing numbers on people on care and ART. The existing facilities were not designed for efficient patient flow and are in a poor state. In FY10 PEPFAR will support the renovations of CCC's at GOK facilities. It is also recognized that an investment in equipment and reagents particularly for laboratory must be balanced with investment in physical infrastructure to ensure service delivery.

The laboratory physical infrastructure will improved by renovating/building new district laboratories in accordance with national standards.
Comprehensive care centers and counseling and testing centers will be renovated to improve service delivery.

The mechanism will contribute towards national HIV prevention, care and treatment goals. The renovations plans will be developed jointly with the GOK and are aligned with national priorities set forth in the PF and KNASP III.

How IM Links to PF Goals

The PF strengthens coordination and collaboration between GoK, USG and other partners to set programmatic priorities; the TBD Renovations Project will work closely with GoK to ensure full coordination and ownership. Furthermore, the PF supports development and renovations of facilities that address the need to improve coverage of patients who require HIV testing, HIV care and treatment. To enhance coordination and fill existing gaps, the TBD Renovations Project will seek to increase infrastructural capacity for facilities providing HIV Care and treatment and HIV testing and counseling

Geographic coverage and Target population

This will be a national activity covering all eight provinces. The target populations are (i) HIV infected adults and children, pregnant women, adults and the general population; (ii) Health Facilities and health workers; and (iii) GoK Health Systems

Contributions to Health systems strengthening

The TBD Renovations Project will offer a comprehensive package of infrastructural improvements support to health facilities holistically addressing HIV prevention, care and treatment. The strategy will be to work with MOMS and MOPHS to develop standards for facilities at all tiers of the systems and provide assistance with their operational plan for infrastructure improvement. This will result in improved health facilities' infrastructural capacity to deliver HIV care and treatment services that will impact positively on the country's health system.

Cross-cutting programs and key issues
The TBD Renovations Project will link with other facility based services like PMTCT, FP and TB/HIV services.

Cost Efficiency
The TBD Renovations Project will support infrastructural improvements in facilities that will implement integrated programs that include HIV/AIDS, reproductive health, child survival and malaria activities. In doing so, efficiencies will be realized in investments in equipment, infrastructure and training as services are co-located and the same staff and facilities are utilized in service delivery. They will also work towards providing technical assistance on task shifting to increase health worker efficiencies. The TBD partner will provide technical assistance to the GOK programs at the provincial, district and service delivery levels to ensure ownership of the renovations program by the Government of Kenya. Furthermore, this will support strengthening systems, as they will be working through PHMTs and DHMTs, as well as enhancing partnership with host governments to strengthen country ownership and build capacity for a sustainable, long-term GoK response to the HIV pandemic.

Budget Allocation: Redacted

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12055**
Mechanism Name:	**Renovation Project**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

In line with improvements in service delivery, USAID will support continued efforts to improve physical infrastructure. The strategy will be to work with MOMS and MOPHS to develop standards for facilities at all tiers of the systems and provide assistance with their operational plan for infrastructure improvement. USAID previously supported renovations through the APHIA regional service delivery partners but is changing the approach to a national level mechanism to ensure better linkage with work at the national level. Kenya's health care facilities are divided in to different levels (Level 1 to level 5) with the provincial hospital being the highest. The provincial hospitals provide care and ART to a significant number of patients and also act as referral sites, and centers of excellence. With the increase in the number of patients, the provincial and other level 5 facilities have been stretched to capacity. The purpose of this activity is to improve physical infrastructure at these provincial hospitals to accommodate more patients and also improve the quality of care.

Budget Allocation: Redacted

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

In line with improvements in service delivery, USAID will support continued efforts to improve physical infrastructure. The strategy will be to work with MOMS and MOPHS to develop standards for facilities at all tiers of the systems and provide assistance with their operational plan for infrastructure improvement. USAID previously supported renovations through the APHIA regional service delivery partners but is changing the approach to a national level mechanism to ensure better linkage with work at the national level. Kenya's health care facilities are divided in to different levels (Level 1 to level 5) with the provincial hospital being the highest. The provincial hospitals provide care and ART to a significant number of patients and also act as referral sites, and centers of excellence. With the increase in the number of patients, the provincial and other level 5 facilities have been stretched to capacity. The purpose of this activity is to improve physical infrastructure at these provincial hospitals to accommodate more patients and also improve the quality of care.

Budget allocation: Redacted

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12056	**Mechanism Name: NPI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Ananda Marga Universal Relief Teams	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Imani Initiative Development Group		

Overview Narrative

Goals and Objectives

The goal of the program is to prevent the transmission of HIV/AIDS, and to bring sustainable services to those infected and affected by HIV in targeted areas. Specifically the program will seek to:

(i) Support 3,000 OVC aged 6 – 17 years through direct services, and by strengthening community capacity to take responsibility for their care and well-being

(ii) Launch a prevention program that reaches 300,000 people to protect those that are not infected, and that equips 30,000 out-of-school youth aged 18 to 25 with HIV/AIDS prevention messages and life skills

(iii) Improve treatment, care, protection of rights, and access to effective services for 1,000 PLWHAs

(iv) Strengthen local organizations and neighborhood committees to create sustainable support structures to oversee the development of the 3,000 OVC

Link to the Partnership Framework.

This activity is going to contribute towards community support and mitigation programs including capacity

building for households with OVC.

This activity will be implemented in (Eastern Province), (Nyanza Province) and (Coast Province).

This activity will support key cross cutting programs in Economic Strengthening through income generating and savings-led activities to enhance household food security and also support educational activities targeting OVC.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12057	**Mechanism Name: NPI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Grassroot	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Chuka Youth Information Centre	Embu Youth AIDS Advocates	Forum for Community Mobilization (FOFCOM)
Isiolo Youth Against AIDS and Poverty	Kamahuha Anti AIDS Project	Kenya Society for People with AIDS
Kisumu Urban Apostulate Programme - Pandipieri	Kokechi Jamii Tujiunge Kwa Mapambano ya Ukimwi	Matutu SDA Dispensary, Nyamira
Mt. Kenya Animators and Puppeteers Project	Pastoralist Women for Health and Education	Sahaya International
St Francis Hospice Kimosi	Trust for Indigenous Culture And Health (TICAH)	UZIMA Foundation
Victoria Agricultural & Environmental Conservation Organization	Wegen Aden	

Overview Narrative

The activity will implement a five-faceted approach to the issues of OVC, that will focus on:
i) Educating OVC from early childhood through secondary school or in vocational training by providing school fees and social support systems for children
ii) Developing leadership in skills training among community OVC caregivers and families
iii)Developing and empowering youth by expanding the Youth Education Network (YEN) to enable youth to take control of their futures
iv) Strengthening 17 partner grass root institutions to facilitate scaled up responses to community needs
v) Fostering and engaging in forums, networking and system development with local and national entities concerning HIV/AIDS policy, services and funding.

They will build on theeir current network of grassroots organizations and strengthen their ability to conduct programs, measure outcomes and sustain themselves over the long run.

The geographical coverage is Nyanza, Central and Eastern provinces.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12058	**Mechanism Name: NPI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Kindernothlife	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

ACK Diocese of Mt. Kenya Central Christian Community Services	ACK Diocese of Mt. Kenya West Christian Community Services	ACK Diocese of Thika Christian Community Services
AKUDEP CBO	Budalang'I Theatre CBO	Busiada Tusongemebele Women Group
Catholic Diocese of Muranga	Catholic, Anglican, Muslim & Pentecostals (CAMP)	Empowerment & Participatory Dev. Agency (EPADA)
Rural Education & Economic Empowerment Program (REEP)	St John's Community Centre	The Integrated AIDS Program

Overview Narrative

The proposed program aims to expand Kindernothilfe's (KNH) support to Orphans and Vulnerable Children (OVC) in Kenya by reaching out to 30 Small Community Projects (SCPs) in 5 selected provinces within the country. The program intends to make a major contribution towards enhancing local responses to the growing number of OVC within the selected regions. This will complement the work of the local and national government, public institutions, and other civil society organizations within the identified regions.

The program will contribute to the care and support of 34,500 OVC by building the capacity of community based initiatives using participatory approaches. The program will therefore select community based initiatives that have produced good results at a low cost per beneficiary but whose coverage has been very limited, aiming to scale up the quality and quantity of coverage.

The program will build on a three year pilot OVC program currently implemented by Saint John's Community Center (SJCC), where 27 SCPs have been supported within the 5 provinces. An external evaluation of the pilot program was carried out in 2007 to critically assess the progress, impact and learning points. The evaluation revealed that the pilot program was very successful in mobilizing communities to take care of HIV/AIDS affected children, in strengthening guardians, and in empowering older OVC to generate their own income and self reliance. The program will mainly focus on capacity building for the SCPs to ensure that OVC are supported in a holistic and sustainable manner. This will include provision of grants to the SCPs, provision of backstopping services, need-based training of the SCPs' structures, regular monitoring, and periodic evaluations. In addition, collaborative and networking relations between the supported SCPs and other like-minded stakeholders within the region in question will be established. The SCPs under this program will initiate and/or scale up income generating activities enabling the communities to meet in a sustainable way the essential needs of the OVC in the six core areas, namely food, shelter and care, protection, medical care, psycho-social support and education.

Components of skills training for out-of-school OVC with a special emphasis on apprenticeship training will also form an integral part of the program. This will ensure that OVC and child-headed households have a regular income as the head of the household will be supported to acquire skills that will ensure they can earn a living. In addition, emphasis will also be put on imparting essential skills to the guardians and SCPs leaders in order to meet other essential needs such as psycho-social support and the implementation of human rights.

The key distinction of this program will be its ability to uplift the spiritual, social and economic conditions of OVC through capacity building, institutional strengthening and support of the SCPs in a cost effective, efficient, sustainable, and socially acceptable way in order to maximize benefits to OVC while enhancing

unity, equity, prosperity and the common good of all. The geographical coverage is:

• Western region – 2 Districts i.e Teso and Busia Districts
• Nyanza region – 2 Districts – Kisii and Migori
• Nairobi region – 3 slum areas i.e Korogocho, Kibera and Westlands
• Rift Valley region – 2 District i.e. Nakuru and Narok
• Central region – 3 Districts – Nyeri, Murang'a and Thika

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12059	**Mechanism Name: Technical Assistance**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: UNAIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 750,000

Funding Source	Funding Amount
GHCS (State)	750,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In order to enhance the collaboration between PEPFAR and the UN System this UNAIDS project will provide support to the UN system to hire four technical support staff over a three-year period in order to contribute towards optimal effectiveness and sustainability of HIV work in Kenya.

The UN, through the UN-Kenya Joint Program of Support on AIDS aims to strengthen the country-level response through translation of international guidance and best practices into locally meaningful and standardized programs. The support from PEPFAR will thus strengthen the ability of the Joint UN Program on AIDS to provide high level technical support in the national response. This will be achieved through strengthening of the UN system's role and engagement in advancing the deeply shared targets and principles contained in the newly signed Partnership Framework Agreement between the Government of Kenya and the United States Government (2009-13) to support implementation of the Kenya national response on AIDS as articulated in KNASP III.

The four strategic positions within the Joint program will support NACC and NASCOP in their respective roles in the national response as follows: Senior HIV prevention advisor, PMTCT Officer, MARPs Officer and an ART Surveillance, and Monitoring and Quantification Officer. With the technical support, the UN system in Kenya is expected to deepen and enhance its partnership and working relations on HIV with both the USG and Government of Kenya.
Specifically, the IM will to contribute towards the following selected four goals of the USG-GOK Partnership Framework: Reduced HIV incidence through increased capacity of Kenyan facilities and providers to deliver more effective and better integrated prevention programs, including 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; proven behavioral interventions optimally targeted to the sources of new infections and those most at risk; greatly increased HIV testing and counseling such that at least 80 percent of Kenyan adults know their status; greatly increased availability of voluntary medical male circumcision (VMMC) for sexually active adult males, and 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.

The UNAIDS project will also help build 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. It will contribute to increase in GOK health commodity projection, procurement, warehousing, and distribution systems from mutually-agreed baselines and in a manner that builds on Millennium Challenge Corporation Threshold Program. In addition it will contribute to increased capacity of Kenyan facilities to collect and report routine program data so as to continuously inform programming as well as operational and strategic planning.

The project will expressly pursue and promote the following shared principles of collaboration that govern the USG-GOK Partnership Framework:
High-level government commitment, national leadership, and continued ownership of the response by the government and people of Kenya and 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. In addition it will ensure 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 and 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. The TBD will also promote meaningful involvement of PLHIV 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. This project will be expected to collect and share optimal detail on planned annual financial commitments to HIV so that the total resource support for the national response is well understood and optimally integrated.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12059		
Mechanism Name:	Technical Assistance		
Prime Partner Name:	UNAIDS		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	750,000	

Narrative:

In order to enhance the collaboration between PEPFAR and the UN System this UNAIDS project will provide support to the UN system to hire four technical support staff over a three-year period in order to contribute towards optimal effectiveness and sustainability of HIV work in Kenya.

The UN, through the UN-Kenya Joint Program of Support on AIDS aims to strengthen the country-level response through translation of international guidance and best practices into locally meaningful and standardized programs. The support from PEPFAR will thus strengthen the ability of the Joint UN Program on AIDS to provide high level technical support in the national response. This will be achieved through strengthening of the UN system's role and engagement in advancing the deeply shared targets and principles contained in the newly signed Partnership Framework Agreement between the Government of Kenya and the United States Government (2009-13) to support implementation of the Kenya national response on AIDS as articulated in KNASP III.

The four strategic positions within the Joint program will support NACC and NASCOP in their respective roles in the national response as follows: Senior HIV prevention advisor, PMTCT Officer, MARPs Officer and an ART Surveillance, and Monitoring and Quantification Officer. With the technical support, the UN system in Kenya is expected to deepen and enhance its partnership and working relations on HIV with both the USG and Government of Kenya.

Specifically, the IM will to contribute towards the following selected four goals of the USG-GOK Partnership Framework: Reduced HIV incidence through increased capacity of Kenyan facilities and providers to deliver more effective and better integrated prevention programs, including 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; proven behavioral interventions optimally targeted to the sources of new infections and those most at risk; greatly increased HIV testing and counseling such that at least 80 percent of Kenyan adults know their status; greatly increased availability of voluntary medical male circumcision (VMMC) for sexually active adult males, and 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.

The UNAIDS project will also help build 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. It will contribute to increase in GOK health commodity projection, procurement, warehousing, and distribution systems from mutually-agreed baselines and in a manner that builds on Millennium Challenge Corporation Threshold Program. In addition it will contribute to increased capacity of Kenyan facilities to collect and report routine program data so as to continuously inform programming as well as operational and strategic planning.

The project will expressly pursue and promote the following shared principles of collaboration that govern the USG-GOK Partnership Framework:
High-level government commitment, national leadership, and continued ownership of the response by the government and people of Kenya and 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. In addition it will ensure 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 and 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. The TBD will also promote meaningful involvement of PLHIV 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. This project will be expected to collect and share optimal detail on planned annual financial commitments to HIV so that the total resource support for the national response is well understood and optimally integrated.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12060	**Mechanism Name: TBD-Association for Schools for Public Health Follow-on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism will provide technical assistance to GoK to assist in their implementation of human resources information system (HRIS). Through this technical assistance, the HRIS will:

• Expand an already developed workforce database to include a new health cadre: clinical officers, physicians and laboratory technologists

• Ensure GoK-Ministry of Health linkage with the professional regulatory boards of nurses, physicians, dentists, laboratorians & clinical officers

• Continue the provision of IT backup and software support to these expanded cadres of health care providers on a national basis

• Produce health workforce data that the government of Kenya can use for national policy decision-making

• Complete training of management and technical staff at physicians', dentists', pharmacists', laboratory and clinical officers' regulatory boards on the HRIS. This will include installation of the HRIS software, hardware and communication devices.

• Conduct an evaluation of the HRIS project in Kenya and make recommendations on future sustainability of the systems under the Kenyan Ministries of Health.

• Ongoing maintenance and replacement of outdated equipment. This will occur concurrently with any additional training at the departments of the Ministries of Health dealing with HRIS.

• Ensure data analysis and use for policy formulation as well as routine reporting of HRH data. This will be to GoK, PEPFAR, stakeholders in the health sector and donor.

• Ongoing dissemination of HRH data at various forums such as in-country workshop, scientific conferences. This activity will also see the continuing production of IEC materials on HRH.

The activities carried out by this IM will address pillar 1 of the KNASP III: Health Sector HIV Service Delivery. It will focus on national, district, sub-district regions or sets of villages and/or clinics for the

implementation of public health programs on emerging or reemerging human infectious diseases, with an emphasis on HIV/AIDS and malaria, as well as other identifiable public health problems in Kenya.

The IM's primary contribution to cross-cutting programs/key issues is developing the MOH linkage with the professional regulatory boards. Over time, this IM will become more cost-efficient by leveraging funds received from other organizations to reduce reliance upon USG funds or implementation and evaluation of HIV/AIDS related activities.

This project, partner TBD, will continue the work of the previous award to the Association of Schools of Public Health - Emory Kenya Health Workforce Project.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12060**		
Mechanism Name:	**TBD-Association for Schools for Public Health Follow-on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
The ASPH-Emory Kenya Health Workforce Project has been operational in Kenya since 2002, implemented in collaboration with the Kenya Health Ministries. That award is currently being re-competed, and this TBD follow-on project will continue implementation of a standardized human resources information system (HRIS) in sub Saharan Africa. Goals and Objectives of the mechanism are: • Expand already developed workforce database to include a new health cadre: clinical officers, physicians and laboratory technologists. • Ensure Ministry of Health linkage with the professional regulatory boards of nurses, physicians, dentists,			

laboratorians & clinical officers • Continue the provision of IT backup and software support to these expanded cadres of health care providers on a national basis • Produce health workforce data that the government of Kenya can use for national policy decision-making • Complete training of management and technical staff at physicians', dentists', pharmacists', laboratory and clinical officers' regulatory boards on the HRIS. This will include installation of the HRIS software, hardware and communication devices. • Conduct an evaluation of the HRIS project in Kenya and make recommendations on future sustainability of the systems under the Kenyan Ministries of Health. • Ongoing maintenance and replacement of outdated equipment. This will occur concurrently with any additional training at the departments of the Ministries of Health dealing with HRIS. • Ensure data analysis and use for policy formulation as well as routine reporting of HRH data. This will be to GoK, PEPFAR, stakeholders in the health sector and donor. • Ongoing dissemination of HRH data at various forums such as in-country workshop, scientific conferences. This activity will also see the continuing production of IEC materials on HRH.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12061	**Mechanism Name: Health Care Improvement Project (Formerly TBD Community Strategy)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This activity will support the Ministry of Public Health and sanitation implement the community strategy in the country. In particular the TBD partner will 1. support national dissemination of the community strategy at national and all provincial levels, 2. support the Ministry to evaluate the community strategy and develop a process of adaptation of the strategy per province/region based on special health needs of the province. This will result in strengthening the Ministry's capacity to support a national system that then supports the community follow up of HIV care and treatment patients and allows for building of communities capacity to participate in HIV care. This will strengthen clinic-community referral systems and bring the communities to participate more effectively in community clinic referrals using strengthened referral system.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12061**		
Mechanism Name:	**Health Care Improvement Project (Formerly TBD Community Strategy)**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
This activity will support the Ministry of Public Health and sanitation implement the community strategy in the country. In particular the TBD partner will 1. support national dissemination of the community strategy at national and all provincial levels, 2. support the Ministry to evaluate the community strategy and develop a process of adaptation of the strategy per province/region based on special health needs of the province. This will result in strengthening the Ministry's capacity to support a national system that then supports the community follow up of HIV care and treatment patients and allows for building of			

communities capacity to participate in HIV care. This will strengthen clinic-community referral systems and bring the communities to participate more effectively in community clinic referrals using strengthened referral system.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12062	**Mechanism Name: Strategic Information**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Medical and Research Foundation, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,200,000	
Funding Source	**Funding Amount**
GHCS (State)	1,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement with was awarded in FY 09 from FOA PS09-990. The activity was written into COP 09 as a TBD "PS-09-990" (mechanism ID: 12232.09, mechanism system ID: 12232). This mechanism is now being submitted in COP 10 as a continuing implementing mechanism with request for a new mechanism system ID.

The GoK is developing the national Monitoring and Evaluation framework following the recent finalization of the Kenya National AIDS Strategic Plan (KNASP-III). In order to cope with the rapid scale up of programs and the changing need for data at various levels, GoK and its partners, AMREF included, are developing strategies to strengthen national M&E systems. AMREF will provide technical assistance to the GoK and implementing partners on a variety of M&E activities. These include:

• Developing and reviewing the 2009 -2013 National HIV/AIDS M&E framework

• Developing an implementation plan for the M&E framework and supporting the GoK with the development and rollout of of tools for routine monitoring of HIV programs.

• M&E technical assistance (e.g. for routine reporting of laboratory, community based programs and national TB data reporting) and institutionalizing data quality assessments to improve reporting and data use as health facilities.

• M&E capacity building, including review of M&E capacity assessment reports, training and short courses to improve understanding of indicators, introductions to new/ revised tools and registers, data management, analysis, reporting and data use for decision making down to facility level.

• Training of trainers (TOTs) at the national and provincial levels for M&E and program staff of NACC, NASCOP, the two Ministries of Health, AMREF, Afri Afya, and other implementing partners

The above efforts will greatly complement work by the GoK and other partners to strengthen health workers' capacity to collect, collate, analyze, report and use data to improve programs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12062**
Mechanism Name:	**Strategic Information**
Prime Partner Name:	**African Medical and Research Foundation, South Africa**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,200,000	
Narrative:			

The Government of Kenya (GoK) is developing the national Monitoring and Evaluation framework following the recent finalization of the Kenya National AIDS Strategic Plan (KNASP-III). In order to cope with the rapid scale up of programs and the changing need for data at various levels, GoK and its partners, AMREF included, are developing strategies to strengthen national M&E systems. AMREF will provide technical assistance to the GoK and implementing partners on a variety of M&E activities. These include:

• Developing and reviewing the 2009 -2013 National HIV/AIDS M&E framework

• Developing an implementation plan for the M&E framework and supporting the GoK with the development and rollout of of tools for routine monitoring of HIV programs.

• M&E technical assistance (e.g. for routine reporting of laboratory, community based programs and national TB data reporting) and institutionalizing data quality assessments to improve reporting and data use as health facilities.

• M&E capacity building, including review of M&E capacity assessment reports, training and short courses to improve understanding of indicators, introductions to new/ revised tools and registers, data management, analysis, reporting and data use for decision making down to facility level.

• Training of trainers (TOTs) at the national and provincial levels for M&E and program staff of NACC, NASCOP, the two Ministries of Health, AMREF, Afri Afya, and other implementing partners

The above efforts will greatly complement work by the GoK and other partners to strengthen health workers' capacity to collect, collate, analyze, report and use data to improve programs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12063	**Mechanism Name: Laboratory Accreditation**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Global Healthcare Public Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

"Identified in August 09 Reprogramming". This cooperative agreement with A Global Healthcare Public Foundation (AGHPF) was awarded in FY2009 from FOA PS09-965. (An award to Management Sciences for Health was also made from this same FOA PS-09 965). The activity was written into COP 09 as a TBD for Laboratory Training (mechanism ID: 10243.09, mechanism system ID: 10243). The TBD was declared to OGAC in August 2009 reprogramming with a prime partner name "FOA PS09-988 PRIME PARTNER 2" because the official notice of award to AGHPF had not been issued at that time. This mechanism is now being submitted in COP 10 as a continuing implementing mechanism with request for a new mechanism system ID.

OBJECTIVE: A Global Health Public Foundation (AGHPF) will continue to strengthen the national regulatory framework to institutionalize laboratory accreditation within Kenya government structures including ministries of health, medical regulatory boards and the Ministry of Trade and Industry under which the Kenya Bureau of Standards and Kenya Accreditation Services (KENAS) fall. Laboratory services are an essential component in the diagnosis and treatment of HIV and other related diseases of public health significance, including malaria and tuberculosis (TB). The laboratory infrastructure for HIV, malaria, and TB testing and quality assurance remains weak in Kenya. There is urgent need to strengthen quality laboratory services. Establishment of an accreditation system will help Kenya improve and strengthen the capacity of labs in an integrated manner. Acquiring accreditation through ISO and CAP is expensive and unattainable for most laboratories in developing countries. A recent survey revealed that out of 340 accredited labs in Africa 92% are in South Africa and only 10% of them are in the public sector. WHO-AFRO has established an affordable five-step accreditation process.

PROJECT STATUS: In FY 09, AGHPF began sensitizing ministries of health, medical regulatory boards, external quality assurance providers and accrediting bodies on the WHO step-wise accreditation plan. KENAS will be strengthened to become the national laboratory accrediting body.

KEY ACTIVITIES: In FY10 KENAS will be strengthened to become the national laboratory accrediting body. Other activities will include finalization of the national lab accreditation plan, training and mentorship of eight laboratories and accreditation of six laboratories. AGHPF will strengthen the regulatory framework to support national laboratory accreditation implementation by working with MOHs, WHO, KENAS, Kenya Medical Laboratory & Technologists Board (KMLTTB) and Kenya Medical Practitioners and Dentists' Board (KMP&DB) to establish and monitor national laboratory standards. A system for on-going inspection, continuing professional development and certification of labs will be supported. Refresher training for 20 laboratory assessors for WHO accreditation scheme will be conducted. Key deliverables will include a functional local laboratory accrediting body, trained laboratory assessors, a system for monitoring lab professionals' continuing education and proficiency and government support for laboratory accreditation.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12063**
Mechanism Name:	**Laboratory Accreditation**
Prime Partner Name:	**Global Healthcare Public Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	500,000	

Narrative:

The PEPFAR/Kenya laboratory program aims to strengthen sustainable and integrated laboratory network systems in order to provide quality diagnostic tests to meet PEPFAR goals for prevention, treatment, and care of people living with HIV/AIDS. The Government of Kenya (GOK) Medical Laboratory Strategic Plan aims to strengthen quality medical laboratory practice. A long-term goal of technical assistance to national laboratory programs is to develop national laboratory quality assurance programs. Over the past five years, PEPFAR has supported approximately 70 laboratories and about 1,500 HIV

testing sites. In FY09 a Quality Management Systems (QMS) plan to ensure that laboratory testing is accessible, accurate, reliable and timely was developed. In FY 10 Kenya will focus on improving quality practices at these laboratories and lead 21 of them to accreditation based on WHO/CDC standards over the next three years. A Global Healthcare Public Foundation (AGHPF) will support GOK to establish a national laboratory accreditation system to implement the QMS plan through a regulatory framework led by the Department of Standards and Regulation (DoR&S) at Ministry of Health. Kenya National Accreditation Services (KENAS) will be strengthened to develop standards and criteria for medical laboratories in conformity with international accreditation standards. Thirty laboratory assessors will be trained. This will facilitate conduct of laboratory assessments and certification of laboratories. KENAS is an autonomous body under the aegis of Ministry of Trade and Industry dedicated to operating a regional wide, broad spectrum accreditation system.

Medical professional regulatory bodies including Kenya Medical Laboratory & Technologists Board (KMLTTB) and Kenya Medical Practitioners and Dentists' Board (KMP&DB) will be strengthened to certify medical laboratory personnel. Programs for continuing professional development and certification will be supported. National standards for laboratory infrastructure, safety, testing, personnel and quality assurance directed toward accreditation of medical laboratories will be developed. Laboratories will be evaluated in a step-wise process towards full laboratory accreditation using scores on the checklist. A measure of number of laboratories accredited will provide critical information for accurate forecasting, planning and budgeting for laboratory support for PEPFAR program activities. Support for KENAS, KMLTTB and KMP&DB and engagement of the MOH will support the PEPFAR II goal of transition of laboratory services to local in- country partners and result in sustainable accredited laboratories.

This activity supports national systems by targeting policy makers at the Ministries of Health (DoR&S, KMLTTB, KMP&DB), and Ministry of Trade and Industry (KENAS). These stakeholders will be instrumental in effecting regulatory requirements for accreditation of laboratories.

The number of accredited clinical laboratories, the progress of a laboratory towards accreditation, and the laboratory's ability to maintain accreditation over time provides documentation that the laboratory has the capability and the capacity to perform quality-assured clinical laboratory testing for HIV diagnostic and care and treatment services. Maintaining accreditation is a continuous process and can serve as a measure of sustainability and Health Systems Strengthening. It is anticipated that quality laboratory systems will lead to improved quality across multiple health departments including clinical care and pharmacy.

AGHPF will support WHO step-wise laboratory accreditation through training of 30 lab assessors, development of CPD certification programs for laboratory professionals, and development of national

medical laboratory accreditation standards. These initiatives will build local indigenous capacity, lower marginal costs and promote sustainability.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12064	**Mechanism Name: Construction**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal is to improve the physical infrastructure of the health facilities in Kenya to support service delivery. The main objective is to improve physical infrastructure in line with national building standards for the national blood transfusion service, laboratory service, care and treatment services, counseling and testing and TB services in Kenya. This mechanism is intended to build on earlier support to physical infrastructure improvements.

Kenya's public health infrastructure has long been a source of concern for service providers. The Physical infrastructure is dilapidated and many of the buildings at district and lower level were not purpose built and as a result service delivery is impaired. It is also recognized that an investment in equipment and reagents particularly for laboratory must be balanced with investment in physical infrastructure to ensure service delivery.

To improve equity and access to safe blood from NBTS in FY-10, TBD will provide contracting services to construct/renovate new blood satellite centers. Such centers will have the capacity to store blood and

distribute it to surrounding regions to ensure universal access of safe blood in all transfusing health facilities.
The laboratory physical infrastructure will improved by renovating/building new district laboratories in accordance with national standards.
Comprehensive care centers and counseling and testing centers will be renovated or built to improve service delivery.
TB MDR isolation wards will be renovated and lab facilities in 2 provinces will be renovated to bio safety levels for TB culture.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12064**		
Mechanism Name:	**Construction**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted

Narrative:

The overall goal is to improve the physical infrastructure of the health facilities in Kenya to support service delivery. This mechanism is intended to build on earlier support to physical infrastructure improvements but we are waiting on OGAC guidance on an implemeting mechanism for the activity. Procurement and contracting services will be provided by TBD (TBD) for Architectural and Engineering and building contract services. National Approved Standard designs will be used.

Kenya's public health infrastructure has long been a source of concern for service providers. The physical infrastructure is dilapidated and many of the buildings were not purpose-built and as a result service delivery is impaired. It is also recognized that an investment in equipment and reagents

particularly for laboratory must be balanced with investment in physical infrastructure to ensure service delivery.

The laboratory physical infrastructure will improved by renovating/building 2-3 new district laboratories in accordance with national standards.

Currently many CCC's (Comprehensive Care Centers) in GOK are overcrowded as they try to cope to handle the increasing numbers on people on ART. The existing facilities were not designed for efficient patient flow and are in a poor state. In FY10 PEPFAR will support the construction /major renovation of CCC's at 3 GOK Level 5 facilities.
Procurement and contracting services will be provided by TBD for Architectural and Engineering and building contract services. National Approved Standard designs will be used. Local architects and local builders will be used to implement the project in accordance with Government of Kenya building standards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

The overall goal of this project is to improve the physical infrastructure of the health facilities in Kenya to support effective HIV/AIDS service delivery. This TBD mechanism is intended to support A/E services to develop building plans, conduct site surveys, and ensure building designs are built in accordance to Government of Kenya building standards. Kenya's public health infrastructure has long been a source of concern for service providers. The physical infrastructure is outdated and many of the buildings were not designed for the current level of service delivery.

Currently many CCC's (Comprehensive Care Centers) in GOK are overcrowded as they cope to handle the increasing numbers on people on ART. The existing facilities were not designed for efficient patient flow. These funds will influence additional FY10 PEPFAR support in other budget codes which support the construction /major renovation of CCC's and Laboratories.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	Redacted	Redacted

Narrative:

Kenya's public health infrastructure has long been a source of concern for service providers. The physical infrastructure is dilapidated and many of the buildings are not purpose-built and as a result service delivery is impaired. The physical infrastructure for the NBTS is poor and unable to

accommodate good service delivery.

The overall goal is to improve the physical infrastructure of the health facilities in Kenya to support service delivery. This mechanism is intended to build on earlier support to physical infrastructure improvements.

To improve equity and access to safe blood in FY-10, TBD for Architectural and Engineering Services will provide contracting services to construct/renovate new blood satellite centers. Such centers will have the capacity to store blood and distribute it to surrounding regions to ensure universal access of safe blood in all transfusing health facilities. It is planned in FY 10 to construct 2 new regional blood transfusion centers.

Procurement and contracting services will be provided by TBD for architectural and engineering and building. National Standards approved designs will be used and the project will be aligned to Ministry of Medical Services national plan.

Local architects and builders contracted by TBD will be used to implement the project in accordance with Government of Kenya building standards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

Kenya's public health infrastructure has long been a source of concern for service providers. The physical infrastructure is dilapidated and many of the buildings at district and lower levels were not purpose-built and as a result service delivery is impaired. It is also recognized that an investment in equipment and reagents particularly for laboratory must be balanced with investment in physical infrastructure to ensure service delivery.

Procurement and contracting services will be provided by the TBD.

The overall goal is to improve the physical infrastructure of the health facilities in Kenya to support service delivery. The main objective is to improve physical infrastructure in accordance with national building standards for the laboratory services. This mechanism is intended to build on earlier support to physical infrastructure improvements.

In FY 10 PEPFAR will through this mechanism construct or renovate 15 new GOK district laboratories in

accordance with national building standards for laboratories and the national health infrastructure plan. Implementation of the national infrastructure plans is coordinated by Ministry of Medical Services and Ministry of Public Health and Sanitation for their respective plans, and regulated by Ministry of Works. Local architects and builders will be used to implement the project in accordance with Government of Kenya building standards.

Local architects and builders contracted by TBD will be used to implement the project in accordance with Government of Kenya building standards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

Tuberculosis (TB) is the leading cause of death of PLWH and HIV is the greatest driving factor for TB in Kenya.
About 45% of TB patients are HIV co-infected. USG is supporting improved capacity of the national TB laboratory systems critical to adequate response to the threat of MDR-TB and successful implementation of collaborative HVTB activities. USG will support construction of a new central TB reference laboratory using funds secured in FY09 and in FY10, USG will assist Kenya expand DST services for TB re-treatments from 60% to 90%. USG will upgrade bio-safety and support expansion of TB culture and DST capacity in two provincial laboratories. New diagnostic methods (eg line probe assays) for rapid identification of MDR-TB in line with WHO algorithm will be introduced in these upgraded labs.
Kenya's public health infrastructure facilities were not designed or built to handle the MDR threat.

At the same provincial sites that will have laboratories upgraded to do TB culture MDR-TB treatment isolation units will renovated/constructed.

The overall goal is to improve the physical infrastructure of the health facilities in Kenya to support service delivery. This mechanism is intended to build on earlier support to physical infrastructure improvements. Procurement and contracting services will be provided by the TBD for Architectural and Engineering Services and building contract services. National Approved Standard designs will be used. Local architects and builders contracted by TBD will be used to implement the project in accordance with Government of Kenya building standards.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12065	Mechanism Name: Pre-Service Training (MTC)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,320,000	
Funding Source	**Funding Amount**
GHCS (State)	1,320,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement was awarded in FY 09. The activity was written into COP 09 as a TBD. This mechanism is now being submitted in COP 10 as a continuing implementing mechanism with request for a new mechanism system ID.

Johns Hopkins University through JHPIEGO will partner with Kenya Medical Training College(KMTCT) and other Medical Training Colleges(MTC), Nursing Council of Kenya, Kenya Medical Laboratory Technologists Association, Clinical Officers Association and other professional associations and regulatory bodies to support pre-service MTC's to achieve outcomes aligned with the Ministries of Health national training policy, the KMTC training goals, the various professional association training and practice goals, Kenya National Strategic Plan 111(KNASP 111) and PEPFAR II goals. The HIV/AIDS training curricula at MTCs will be revised and new HIV/AIDS contents integrated and faculties empowered to implement new curricula. The faculty in all the MTC's including KMTC and its network of colleges, private health training colleges will be supported and faculty trained to deliver the new pre service curricula for comprehensive adult and pediatric HIV/AIDS management including TB/HIV, PMTCT, HIV Laboratory diagnosis, male circumcision: support for the training of a minimum of 200 faculty members from various MTCs will be provided during this fiscal year. MTCs will be supported to deliver pre-service training for medical, nursing, public/environmental health and for postgraduate students; a minimum of 4 MTCs will be supported during this fiscal year. Distance education based e-learning courses will be used to deliver courses in HIV/AIDS prevention, treatment , care and support and additional courses

developed; At least 4 courses will be developed during this fiscal year in addition to using 4 distance education courses developed during the first project year.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12065**
Mechanism Name:	**Pre-Service Training (MTC)**
Prime Partner Name:	**Johns Hopkins University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	500,000	

Narrative:

Johns Hopkins University through JHPIEGO will support strengthening pre-service and in-service training nationally with focus on pre-service HIV Education and Training in MTCs.

The training partner will support training Adult HIV treatment and all aspects of HIV diagnosis, prevention, treatment, care and support by integrating and design and develop curricula that incorporate materials developed and approved by the National AIDS and STD Control Program (NASCOP) and KMTCT and other MTCs as well as respective professional and regulatory bodies and provide trainings for health care workers in all MTCs including private MTCs and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. This activity has been previously supported through implementing partners, through NASCOP and through other training partners such as Mildmay International. The trainings will use integrated, innovative and comprehensive curricula. For example the adult antiretroviral treatment (ART) trainings will adopt and adapt the new NASCOP curriculum on Integrated Management of Adolescent and Adult Illness (IMAI). The initial Adult ART curriculum will still continue to be used for health workers from higher level facilities depending on results of training needs assessment and when the 2nd level advanced curriculum is released. These

activities will include classroom and practical training of health care workers in antiretroviral (ARV) drug management as part of training on comprehensive care of people with HIV/AIDS and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. Faculty will also receive continuing medical education (CME). JHPIEGO will also assist and collaborate with University of Maryland to support training in in-service and pre-service university HIV training including laboratory training and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	

Narrative:

Johns Hopkins University through JHPIEGO will support strengthening pre-service and in-service training nationally with focus on pre-service HIV Education and Training in Medical Training colleges (MTC) including Kenya Medical Training College (KMTC).

JHPIEGO will work with USG agencies: CDC, USAID and DOD in collaboration with Ministries of Health and MTC faculties together with regulatory and accrediting bodies and professional associations. The training will target MTC students in the health professions and their faculty, including, nursing, clinical officers, oral health/dental, pharmaceutical technology, laboratory technology and technicians, public health, nutrition, social work and other health professions and related fields. The students will be trained in all areas of HIV management including HIV diagnosis, prevention, treatment, care and support using integrated curricula and innovative training methods that incorporate the HTC curriculum and the National Guidelines for HIV Testing and Counseling in Kenya. HIV Testing and Counseling (HTC) training will focus on both facility based and community based HTC approaches, Communication skills and models for appropriate linkage to HIV Care and Treatment and Prevention services. The training will also impart knowledge and skills to both faculty and students on core principles of HTC, providing HTC to special groups including couples, children, and Most-at-risk-population e.g Commercial Sex Workers, Men having Sex with Men (MSM) etc. The focus will be on imparting the appropriate skills for communication and counseling. Additionally, the students will also be trained in conducting Rapid HIV Testing using the recommended algorithms to ensure their competency assessed before graduation.

The partnership will contribute to PEPFAR II goal of supporting production of 140,000 new graduates from pre-service educational institutions by 2014 and will support KNASP strategies and build the capacity of Kenyan facilities and health care providers to provide quality HIV diagnosis, prevention, treatment, care and support. In addition, through USAID and DOD funding other activities will be supported to utilize the acquired competencies optimally. JHPIEGO will also assist and collaborate with

University of Maryland to support training in in-service and pre-service university HIV training including laboratory training and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	40,000	

Narrative:

Johns Hopkins University through JHPIEGO will support strengthening pre-service and in-service training nationally with focus on pre-service HIV Education and Training in Medical Training Colleges(MTC) including Kenya Medical Training College(KMTC).

The training partner will support training in Pediatric HIV treatment and all aspects of HIV diagnosis including early infant diagnosis, prevention, treatment, care and support in infants, young children and older children by integrating and design and develop curricula that incorporate materials developed and approved by the National AIDS and STD Control Program (NASCOP) and KMTCT and other MTCs as well as respective professional and regulatory bodies and provide trainings for health care workers in all MTCs including private MTCs and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. This activity has been previously supported through implementing partners, through NASCOP and through other training partners such as Mildmay International. The trainings will use integrated, innovative and comprehensive curricula. For example the pediatric antiretroviral treatment (ART) trainings will adopt and adapt the curriculum on Integrated Management of Childhood Illness (IMCI). These activities will include classroom and practical training of health care workers in antiretroviral (ARV) drug management as part of training on comprehensive care of people with HIV/AIDS and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. Faculty will also receive continuing medical education (CME). JHPIEGO will also assist and collaborate with University of Maryland to support training in in-service and pre-service university HIV training including laboratory training and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	80,000	

Narrative:

Johns Hopkins University will provide support strengthening of medical pre-service and in-service HIV Education and Training in medical training colleges (MTC). Training of health workers in MTCs including Kenya Medical Training College (KMTC) will be strengthened to include all aspects of universal

precautions, bio-safety, infection prevention and control, injection and phlebotomy safety as well as medical waste management. Johns Hopkins University will work with the MTCs and stakeholders to ensure integration of these aspects into existing training curriculum. Johns Hopkins University will support the MTCs to ensure that trainees acquire practical experience on safety measures for infection prevention and control so as to inculcate appropriate culture from college that will impact in their future practice including sharps injury prevention, first aid and post-exposure prophylaxis (PEP) in case of injury.

This activity builds on initiatives that were undertaken by John Snow Inc. (JSI) over the last five years. This activity serves to prevent HIV transmission through unsafe medical injections; phlebotomy; other blood drawing activities and other medical procedures that expose health workers and patients to infectious blood and other body fluids pathogens. Johns Hopkins University will support integration, design and development of curricula that incorporate materials developed and approved by the National AIDS and STD Control Program (NASCOP) for in-service training. Curricula for MTCs will be approved by respective professional and regulatory bodies. The faculty of MTCs and core trainers within Ministries of Health will be supported to use the developed curricula. Johns Hopkins University will institute systems to track trainees and measures to assess impact of training at facility level. Johns Hopkins University will collaborate with University of Maryland to support training in in-service and pre-service university HIV training including laboratory training and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	

Narrative:

Johns Hopkins University through JHPIEGO will support strengthening pre-service and in-service training nationally with focus on pre-service HIV Education and Training in Medical Training colleges (MTC) including Kenya Medical Training College (KMTC).

JHPIEGO will work with USG agencies: CDC, USAID and DOD in collaboration with Ministries of Health and the MTC faculties together with regulatory and accrediting bodies and professional associations. The training will target MTC students in the health professions and their faculty, including, nursing, clinical officers, oral health/dental, pharmaceutical technology, laboratory technology and technicians, public health, nutrition, social work and other health professions and related fields. The students will be trained in all areas of HIV management including HIV diagnosis, prevention, treatment, care and support using integrated curricula and innovative training methods that incorporate the PMTCT curriculum and Guidelines for the Prevention of MTCT in Kenya. PMTCT training will focus on all the four prongs of

PMTCT; primary prevention of HIV, prevention of unwanted pregnancy among HIV positive women and interruption of MTCT among HIV positive pregnant women, and treatment, care and support of HIV positive women and their partners, children and other members of their families.

Training in PMTCT will include all the PMTCT interventions including HIV counseling and testing, antenatal care, ARV prophylaxis including more efficacious regimen and triple ART prophylaxis, ART treatment for eligible HIV positive women, infant feeding counseling and choices. Family planning, integration of PMTCT to other sexual and reproductive health services and gender main streaming including gender based violence will also be covered in PMTCT training. STI and FP orientation packages will be used to train health care provider on integration while other training materials sexuality training materials will be used for other PMTCT training. Linkages to pediatric and adult treatment training will be made using various guidelines and curricula which will be integrated into the PMTCT training and curricula.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	200,000	

Narrative:

Johns Hopkins University in collaboration with KMTC, three national polytechnics and ten government supported technical training colleges will support HIV training at pre-service level. The training partner will work with USG agencies: CDC, USAID and DOD in collaboration with Ministries of Health and the MTC faculties together with regulatory and accrediting bodies and professional associations. The training will target MTC students in medical laboratory technology and their faculty. The partner will support improvements at training laboratories at the colleges, provide laboratory medicine teaching materials (Text books, CD-Rom, journals, atlas) and teaching aids to training institutions to implement teaching of revised college pre-service curriculum and train 45 lecturers from 14 medical lab training colleges on teach back skills to deliver revised laboratory pre-service curriculum.

The partnership will contribute to PEPFAR II goal of supporting production of 140,000 new graduates from pre-service educational institutions by 2014 and will support KNASP strategies and build the capacity of Kenyan facilities and health care providers to provide quality HIV diagnosis, prevention, treatment, care and support. In addition, through USAID and DOD funding other activities will be supported to utilize the acquired competencies optimally.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	

Narrative:

Johns Hopkins University through JHPIEGO will support strengthening pre-service and in-service training nationally with focus on pre-service HIV Education and Training in Medical Training colleges (MTC) including Kenya Medical Training College (KMTC).

The training partner will support training Adult HIV treatment and all aspects of HIV diagnosis, prevention, treatment, care and support by integrating and design and develop curricula that incorporate materials developed and approved by the National AIDS and STD Control Program (NASCOP) and KMTCT and other MTC's as well as respective professional and regulatory bodies and provide trainings for health care workers in all MTC's including private MTC's and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. This activity has been previously supported through implementing partners, through NASCOP and through other training partners such as Mildmay International. The trainings will use integrated, innovative and comprehensive curricula. For example the adult antiretroviral treatment (ART) trainings will adopt and adapt the new NASCOP curriculum on Integrated Management of Adolescent and Adult Illness (IMAI). The initial Adult ART curriculum will still continue to be used for health workers from higher level facilities depending on results of training needs assessment and when the 2nd level advanced curriculum is released. These activities will include classroom and practical training of health care workers in antiretroviral (ARV) drug management as part of training on comprehensive care of people with HIV/AIDS and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. Faculty will also receive continuing medical education (CME). JHPIEGO will also assist and collaborate with University of Maryland to support training in in-service and pre-service university HIV training including laboratory training and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact. This activity links to other TB/HIV activities (HVTB) provided by comprehensive clinical services TBD. Funds will support refresher training of faculty as well as well as basic laboratory microbiology capacity and link to the laboratory training in order to meet the increased needs of TB testing. The training partner will maintain data concerning the numbers students trained and will report both nationally and through the Emergency Plan.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12066	**Mechanism Name: Umbrella**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Liverpool VCT and Care	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,150,000	
Funding Source	**Funding Amount**
GHCS (State)	2,150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement was awarded in FY 09 but does not yet have a mechanism system ID. This mechanism is now being submitted in COP 10 as a continuing implementing mechanism with no mechanism system ID.

Through the Ungana project, Liverpool VCT and Care (LVCT) will provide technical assistance to and build the capacity building of local indigenous organizations to deliver high-quality HIV prevention care and treatment services to communities. This support is intended to strengthen the community and national-level response to the HIV/AIDS epidemic.

The Ungana project will be implemented through sub-grants identified in a competitive process. LVCT, in collaboration with CDC, will provide ongoing technical assistance to sub-partners for comprehensive HIV prevention interventions including to Most at Risk Populations (MARPs), counseling and testing service delivery, as well as activities to promote a safe blood supply.

By providing quality HIV counseling and testing services couple with efforts to reduce stigma, LVCT will contribute to the national population level target of 80% knowledge of HIV status by 2011. LVCT will promote efforts to ensure availability of safe blood by mobilizing and retaining safe donors from the community. LVCT will also adherence to safe transfusion practices policies at all health facilities.

LVCT will also build capacity of the sub-partners in organizational and financial management, and monitoring and evaluation.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12066**
Mechanism Name:	**Umbrella**
Prime Partner Name:	**Liverpool VCT and Care**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,200,000	

Narrative:

Liverpool VCT and Care (LVCT) Umbrella will continue to work with the Kenyan ministries of health and the National AIDS and STI Control Program (NASCOP) at the national, provincial and district levels to support the provision of HIV testing and counseling services. This will include support to 50 health facilities in four provinces of Nyanza, Central, Eastern and Nairobi that had not previously been supported by PEPFAR/CDC/LVCT. LVCT will implement these activities directly and also through sub-grantees.

LVCT will support provider-initiated HIV testing and counseling (PITC) provided by all health workers as part of routine minimum package of care for all patients, family members and relatives regardless of their presenting signs and symptoms. This shall be in line with the Kenya National AIDS Strategic Plan for HIV AIDS (KNASP III) that aims to attain universal access to HIV testing and counseling by 2013. This mechanism will support HIV testing and counseling to an additional 160,000 patients, family members and relatives in 2010 program year making a total target for LVCT to 210,000. It will also support training of health 1500 healthcare workers on PITC, support staff salaries, continuous medical education, promotional meetings, national and regional coordination meetings, quality assurance activities, printing of recording and reporting tools, supplies and other relevant logistics.

LVCT will continue to ensure that at least 30% of all out patients and 80% of all patients admitted in the supported health facilities are provided HIV testing and counseling and received their results as per national guidelines. LVCT will work closely with NASCOP and the Ministry of Medical Services, medical

superintendants and other relevant leadership to ensure that routine HIV testing and counseling is adequately supported. It will also work towards ensuring high level of quality through support to regular staff support supervision, mentorships, and external test validation and proficiency testing as per the Kenya national quality assurance strategy. Finally, LVCT will ensure effective referral and linkages between prevention, care and treatment depending are implemented.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	

Narrative:

This umbrella mechanism will continue to build organizational, financial and technical capacity of the local indigenous organizations to provide quality services while at the same time enabling their growth as organizations which are able to apply and compete and manage donor funds along side others. LVCT will support the sub grants to establish and strengthen health systems to foster successful implementation of developmental priorities at different levels. This will include integration and linkage of the heath services infrastructure and logistics, human resource development, health financing and advocacy and leadership. The sub grants will be supported to mobilize partnerships including people living with HIV, address gender issues, stigma and discrimination.

The ultimate goal is to achieve efficiency and effectiveness in delivery of their corporate vision and mission and purpose to communities they serve. Mentorship will be provided and include us will be placed on the smaller organizations that target peer led interventions such as sex workers and MSM.

Sub grants will be provided to local NGOs, FBOs and CBOS who will then be able to provide quality services in testing and counseling, blood safety, abstinence and being faithful, as well as condoms and other preventions, thus contributing to national targets as well. Twenty facilities will be strengthened to offer safe blood while at the same time establishing blood safety committees.

The sub grants will be supported to engage and get involved in and contribute to national policy issues as opportunities arise.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	550,000	

Narrative:

Liverpool VCT and Care (LVCT) will build the organizational and financial management capacity of local and indigenous organizations and provide supportive supervision. Funds granted through LVCT to sub partners will be used to disseminate a standard package of ABC messages for HIV prevention,

improvement of community blood mobilization activities, and referral for counseling and testing whenever appropriate.

LVCT will build capacity of two local indigenous organizations: one will be involved in blood mobilization specifically in workplaces and colleges/universities while promoting public-private partnerships. This partner will target low risk donors who will be counseled to remain HIV negative and be regular blood donors.

The second partner will promote appropriate blood use by strengthening hospital transfusion practices. This will be done through dissemination of guidelines and formation of hospital transfusion committees (HTC). The HTC will sensitize health care workers on issues of blood safety and will discourage hospital-based family replacement donations since such blood is not tested in a quality assured manner.

These activities will lead to prevention of medical transmission of HIV through provision and proper use of safe blood.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	

Narrative:

Liverpool VCT and care will continue to support the implementation and scale up of a combination of evidence-based, cost-effective HIV prevention interventions for the general population and youth, provide technical support to improve the quality of HIV prevention interventions in Kenya, develop systems for quality assurance of these programs, and share experience, training, and lessons learned with the relevant Government of Kenya agencies.

LVCT will, directly or through sub grantees, support increasing access to combination HIV prevention services that incorporates behavioral, structural, and biomedical HIV-prevention interventions. LVCT will design and implement targeted HIV-prevention behavioral interventions. Adaptations of evidence-based behavioral interventions (e.g., interventions from the Diffusion of Behavioral Interventions project or Replicating Effective Programs project [www.effectiveinterventions.org and www.cdc.gov/hiv/topics/prev_prog/rep/index.htm]) are also encouraged. Behavioral interventions should focus on increasing condom use, reducing number of sexual partners and concurrent partnerships, and decreasing cross-generational sex. LVCT umbrella covers the general population and youth mainly out of school in Central, Eastern, Rift Valley and Nairobi regions and will reach 7000 adults and youth out of school with programs encouraging condom use and reducing number of partners and eliminating concurrent partners.

Quality assurance informed by central policy guidelines and standards will guide the implementation of this program. LVCT will also be required to develop a robust M&E plan to inform the prevention programs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12067	**Mechanism Name: Laboratory Systems Strengthening**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,050,000	
Funding Source	**Funding Amount**
GHCS (State)	2,050,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement with Management Sciences for Health (MSH) was awarded in FY2009 from FOA PS09-965. (An award to A Global Healthcare Public Foundation was also made from this same FOA PS-09 965). The activity was written into COP 09 as a TBD for Laboratory Training (mechanism ID: 10243.09, mechanism system ID: 10243). The TBD was declared to OGAC in August 2009 reprogramming with a prime partner name "FOA PS09-988 PRIME PARTNER 2" because the official notice of award to MSH had not been issued at that time. This mechanism is now being submitted in COP 10 as a continuing implementing mechanism with no mechanism system ID.

The PEPFAR/Kenya laboratory program aims to strengthen sustainable and integrated laboratory

services to meet the goals of prevention, treatment and care for people living with HIV/AIDS. The Kenya National Laboratory Strategic Plan 2005-2010 provides a comprehensive guide to ensure the delivery of efficient, effective, accessible, equitable and affordable quality medical laboratory services. The overall goal of this mechanism is to strengthen public health laboratory systems through policy formulation, implementation, training and development of indigenous local capacity in Kenya to support HIV prevention, treatment, and care as part of the PEPFAR plan. Specific activities will involve supporting the Kenyan ministries of health and the National Public Health Laboratory Services (NPHLS) to coordinate national stakeholder's fora and disseminate information to regions, expand HIV laboratory testing and ART monitoring coverage, support expansion of EQA capacity for HIV testing sites, strengthen the central data unit to generate timely lab reports. MSH will build capacity at ministries of health both nationally and regionally to write successful grants applications. MSH will also coordinate training for safe phlebotomy and infection prevention/ control practices.

The Becton Dickinson Lab Strengthening PPP will train lab personnel on quality managment and will expand the mapping of TB referral sites beyond the capial region. Becton Dickinson will contue to bring technical capabilities in lab strengthening that make this partnership an important component of the national strategy.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12067**		
Mechanism Name:	**Laboratory Systems Strengthening**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	450,000	
Narrative:			

This activity will focus on coordination of national and regional training of health care workers in safe phlebotomy practices and surveillance for needle stick injuries. In FY 09 the Kenyan ministries of health, through a public-private partnership with Becton-Dickinson, trained a core team of trainers in safe phlebotomy and commenced a pilot project at eight health facilities in Kenya.

In FY 10, the ministries of health will expand this activity using the core trainers. MSH will support this activity by coordinating national and regional trainings and meetings to promote safe injection practices and prevent transmission of HIV through medical injections. This activity focuses on prioritizing sharps procedures at highest risk of HIV transmission such as phlebotomy and cost-effective strategies for HIV post exposure surveillance. Collaboration with the National AIDS & STD Control Program (NASCOP) will ensure that activities are consistent with national plans and policies regarding injection safety. Training and capacity building will ensure that all health workers are trained in safe phlebotomy practices, including safe blood drawing, standard precautions, waste management and post-exposure prophylaxis (PEP) for occupational exposure. This activity will promote provision of PEP starter packs to all health care workers, including those in remote areas, during their clinical duties. In FY 10 MSH will coordinate training of health care workers from selected MOH health facilities across the country on safe phlebotomy, safe injection and infection prevention and control practices.
An objective of this activity is to significantly reduce or eliminate the transmission of HIV/AIDS and other blood-borne diseases resulting from unsafe practices. This activity will complement the pilot of safe phlebotomy training and practices that will be implemented through a public-private partnership between CDC and Becton Dickinson. It will also build on prior training by John Snow, Inc. Additionally, MSH will support the development and implementation of a sharps injury surveillance system in the facilities where training will be conducted.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,600,000	

Narrative:

The PEPFAR/Kenya laboratory program aims to strengthen sustainable and integrated laboratory services to meet the goals of prevention, treatment and care of HIV infected persons. The Kenya National Laboratory Strategic Plan 2005-2010 provides a comprehensive guide to ensure the delivery of efficient, effective, accessible, equitable, and affordable quality medical laboratory services. The main objectives stipulated in the strategic plan are to reorganize and strengthen a) laboratory administrative and technical management structures; b) standardized quality laboratory services c) human capacity development; d) the legal and regulatory framework for medical laboratory services; and e) monitoring, evaluation, and research.

The broad objectives of this activity will be to support the Ministries of Medical Services (MOMS) and Public Health and Sanitation (MOPHS) to improve quality management systems; develop and revise national policies; and to strengthen organizational management, laboratory information management systems (LIMS) and coordination of the laboratory sample referral network services. This activity will support both national and regional levels of laboratory services delivery.

Objective 1. Guide policy formulation and implementation. In FY 10 Management Sciences for Health (MSH) will coordinate laboratory inter-agency coordinating committee meetings as well as regional and national stakeholders meetings. MSH will also disseminate laboratory policy guidelines approved by the ministries of health.

Objective 2. Expand HIV testing and ART program coverage in Kenya
In FY 10 MSH will support sample referral network in Coast, Eastern, Central, Nairobi and North Eastern provinces in collaboration with National Public Health Laboratory Services (NPHLS). This activity will involve using a model of district hospital supporting satellite health centers and dispensaries for sample testing, quality assurance, training and support supervision. Standardized tools will be used across all sites for sample collection, packaging, transport, testing, and return of results to improve turn-around time and ensure quality.

Objective 3. Support expansion of external quality assessment (EQA) capacity for HIV Testing & Counseling (HTC) sites and labs in Kenya. In FY 10 MSH will support the East African Community based regional external quality assessment scheme (REQAS) run by AMREF for district hospitals, Nairobi city council health centers and hard-to-reach areas as well as other EQA schemes for HIV testing, TB smear microscopy, CD4, clinical chemistry, hematology and opportunistic infections testing initiated by NPHLS. This activity will include enrollment of labs and HTC sites in EQA programs, coordination of distribution of proficiency testing panels, support supervisory visits and refresher training based on the needs of the facilities. MSH will also support quarterly feedback meetings of the hospital Lab In-charges for the facilities enrolled in EQA programs.

Objective 4. Strengthen central data unit to streamline timely submission of lab reports to central data unit.
In FY 10 MSH will collaborate with the NPHLS central data unit, and provincial and district hospitals to enhance reporting from facilities and data analysis to guide decision making. The activity also includes strengthening use of paper-based reporting which will finally pave the way to electronic medical records (EMR).

Objective 5. Build capacity at ministries of health both nationally and regionally to write successful grants

applications. This activity will continue form FY 09 to FY 10.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12068	**Mechanism Name: New Partners Initiative**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Organization for Peer Educators, Kenya	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NOPE-NPI Scaling up HIV AIDS Prevention will reach 120,000 individuals with abstinence and being faithful messages along two transport belts Namanga-Kajiado-Kiserian and Kangemi-Limuru-Narok-Kisii. They will employ a 360 degree Model of Protection that seeks to delay first sex and increase secondary abstinence among youth aged10-24 years, increase safer sexual practices among sexually active youth and reduction of multiple concurrent partnerships. Most-at-risk groups along hotspots on identified belts will be provided with a minimum package of services as per national guidelines. Other sub-groups to be reached will include vulnerable women in low resource settings, teachers, health care providers, the clergy and religious leaders and PLWHA for positive prevention. The model targets families, schools, health facilities, places of worship and communities by developing activities that build the capacity of the populations to establish and maintain healthy behaviors. It addresses cultural determinants to that promote low-risk behavior. The model aims to encompass individuals with a supportive environment at every level of their lives (family, peers, school and community). 800 individuals will be trained to provide AB programs in the different groups. The AB program will be implemented by FBO sub-partners and other NGO/CBOs to integrate life skills programs for HIV/AIDS prevention, drug and alcohol abuse. In

addition, NPI SHAP will work with the Ministry of Education,Kenya Network of Positive Teachers and use the Kenya Adolescent Reproductive Health (KARHP) strategy to reach out to more youth in and out of learning institutions. The activity will expand the youth peer education interventions using the Y-Peer approach established by Youth-Net and UNFPA; work with the Provincial Education Office, Kenya National Union of Teachers (KNUT) to roll out life-skills peer education programs to schools along the project belt; and work with tertiary training colleges, polytechnics and universities to integrate HIV/AIDS education using the 'I Choose Life' approach and NOPE's Ambassadors of Change (AOC) approach. Referrals and linkages will be established to increase access to treatment and other services. Particular attention will be given to addressing Gender based violence prevention and mitigation.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12069	**Mechanism Name: NRHS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Nyanza Reproductive Health Society	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,250,000

Funding Source	Funding Amount
GHCS (State)	5,250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NRHS will continue scaling up VMMC (voluntary Medical Male Circumcision) services for HIV prevention to contribute to prevention of new infections in Nyanza province. They will deliver the minimum package for MC services, using innovative approaches as recommended by the Kenya VMMC Taskforce, to ensure rapid coverage of 'catch up' population with quality and safe VMMC services through training of health care providers on VMMC skills. These may include use of facilities, as well as mobile and outreach VMMC services to smaller dispensaries, health centers, schools, churches and market places/community centers.

The capacity of facilities serving residents in Luo districts in Nyanza will be increased to provide VMMC in response to increased demand for services likely to result from near-universal awareness of HIV status among many clients who will be referred from Home based CT services (HBVCT). Through this activity, NRHS will train Health Care workers and circumcise over 75,000 men. Outreach and/or mobile VMMC services will involve high quality high-volume standardized approach through trained mobile teams and will follow Ministry of Health (MOH) guidance. Mobile teams will work at temporary sites including existing buildings and tents that will be equipped for minor surgical procedures and pre- and post-operative services. Mobile VMMC Teams may geographically follow HBVCT teams as they move through the target geographical area to ensure coverage and no missed opportunities.

Pre-operative assessment will follow group education about VMMC and HIV risk reduction, including the information that MC is not 100% protective against HIV acquisition. Standard HIV prevention messages in group educational sessions will include age-appropriate information about delaying sexual debut, abstinence where appropriate, partner risk reduction and use of condoms correctly and consistently. This activity includes major emphasis in training of health care providers on VMMC skills, development and distribution of Information, Education and Communication, minor renovation of health facilities out-patient theatres to provide VMMC services and linkages to appropriate health care services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12069**
Mechanism Name:	**NRHS**
Prime Partner Name:	**Nyanza Reproductive Health Society**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	5,250,000	

Narrative:

NRHS will continue scaling up MC services for HIV prevention in Nyanza to contribute to prevention of new infections. They will deliver the minimum package for MC services, using innovative approaches as recommended by the Kenya MC Taskforce, to ensure rapid coverage of 'catch up' population with quality and safe MC services through training of health care providers on MC skills. These may include use of facilities, as well as mobile and outreach MC services to smaller dispensaries, health centers, schools, churches and market places/community centers.

The capacity of facilities serving residents Luo districts in Nyanza will be increased to provide MC in response to increased demand for services likely to result from near-universal awareness of HIV status among many clients who will be referred from Home based CT services (HBVCT). Through this activity, NRHS will train Health Care workers and provide over 75,000 Male Circumcisions. Outreach and/or mobile MC services will involve high quality high-volume standardized approach through trained mobile teams and will follow MOH guidance. Mobile teams will work at temporary sites including existing buildings and tents that will be equipped for minor surgical procedures and pre- and post-operative services. Mobile MC Teams may geographically follow HBVCT teams as they move through the target geographical area to ensure coverage and no missed opportunities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12070	Mechanism Name: Strategic Information
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,200,000	
Funding Source	**Funding Amount**
GHCS (State)	2,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement was awarded in FY2009 from FOA PS09-990. The activity was written into COP 2009 as a TBD "PS-09-990" (mechanism ID: 12232.09, mechanism system ID: 12232). This mechanism is now being submitted in COP 2010 as a continuing implementing mechanism with request for a new mechanism system ID.

Surveillance:
UCSF will provide technical assistance to the GoK and implementing partners on a variety of HIV surveillance activities.
• Developing a protocol that will measure the readiness of Kenya to move from relying ANC sentinel surveillance to estimate prevalence to using PMTCT data.
• Surveillance of MARPs including MARPs protocol review, finalizing MARPs protocol and MARPs technical assistance and capacity building.
• Manuscript preparation support for the Kenya AIDS Indicator Survey 2007
• Surveillance needs assessment for surveillance capacity building with MoH and other implementing partners
• Developing a plan for building surveillance capacity and assisting NASCOP to build up a surveillance team.
• Developing a surveillance matrix and a strategic surveillance plan for Kenya, including incidence surveillance, STI surveillance, mortality surveillance, case reporting and clinical outcomes surveillance, pediatric surveillance

• Developing an epidemiologic profile for Kenya that is constantly being updated
• Preparations for next Kenya AIDS Indicator Survey

Informatics:
UCSF will work with the MoH and NASCOP to support the ongoing informatics activities which include:
• Developing standards for Electronic Medical Records (EMR) systems in Kenya and establishing a framework for systems interoperability.
• Integration of key national electronic sub-systems which include a Laboratory Information Management System (LIMS), Electronic Medical Records (EMR) and Pharmacy systems. This will be demonstrated in at least two geographical locations (district or province) at different levels of health facilities. Internationally recognized standards such as HL7, LOINC, and ICD 10 coding should be included in the framework.
• Building local capacity to support and use EMR/HMIS applications. This will entail the training of staff at local health facilities, regional level and at the national level. This activity will also include the ongoing capacity training workshops in selected technical in informatics topics as a way of ensuring sustainability.
• Supporting the Division of HMIS to fully develop a data warehouse at the MOH. Support will be directed to all HIV programs and will include training MOH.
• Supporting informatics activities in Nyanza province, including integration of Demographic Surveillance System (DSS) and health facilities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12070**
Mechanism Name:	**Strategic Information**
Prime Partner Name:	**University of California at San Francisco**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	2,200,000	

Narrative:

UCSF will support an expanded surveillance portfolio as well as informatics activities. Informatics support was not funded in the previous fiscal period. The activities to be supported through this implementing mechanism are listed below:

Surveillance:
UCSF will provide technical assistance to the GoK and implementing partners on a variety of HIV surveillance activities.
• Developing a protocol that will measure the readiness of Kenya to move from relying ANC sentinel surveillance to estimate prevalence to using PMTCT data.
• Surveillance of MARPs including MARPs protocol review, finalizing MARPs protocol and MARPs technical assistance and capacity building.
• Manuscript preparation support for the Kenya AIDS Indicator Survey 2007
• Surveillance needs assessment for surveillance capacity building with MoH and other implementing partners
• Developing a plan for building surveillance capacity and assisting NASCOP to build up a surveillance team.
• Developing a surveillance matrix and a strategic surveillance plan for Kenya, including incidence surveillance, STI surveillance, mortality surveillance, case reporting and clinical outcomes surveillance, pediatric surveillance
• Developing an epidemiologic profile for Kenya that is constantly being updated
• Preparations for next Kenya AIDS Indicator Survey

Informatics:
UCSF will work with the MoH and NASCOP to support the ongoing informatics activities which were previously supported by University of Washington/ITECH. These include:
• Developing standards for Electronic Medical Records (EMR) systems in Kenya and establishing a framework for systems interoperability.
• Integration of key national electronic sub-systems which include a Laboratory Information Management System (LIMS), Electronic Medical Records (EMR) and Pharmacy systems. This will be demonstrated in at least two geographical locations (district or province) at different levels of health facilities. Internationally recognized standards such as HL7, LOINC, and ICD 10 coding should be included in the framework.
• Building local capacity to support and use EMR/HMIS applications. This will entail the training of staff at local health facilities, regional level and at the national level. This activity will also include the ongoing capacity training workshops in selected technical in informatics topics as a way of ensuring sustainability.
• Supporting the Division of HMIS to fully develop a data warehouse at the MOH. Support will be directed

to all HIV programs and will include training MOH.
• Supporting informatics activities in Nyanza province, including integration of Demographic Surveillance System (DSS) and health facilities

The Kenya AIDS Indicator Survey showed that HIV is still a major problem in Kenya and there is wide geographical variation in prevalence. STIs that are known to be associated with the risk of HIV acquisition and transmission are also common. This calls for strong HIV and STI surveillance systems to monitor these diseases. UCSF will help the GoK to strengthen its surveillance and routine monitoring systems through these expanded activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12071	**Mechanism Name: PACE**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Maryland	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,010,000	
Funding Source	**Funding Amount**
GHCS (State)	2,010,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This cooperative agreement with was awarded in FY 09. The activity was written into COP 09 as a TBD. This mechanism is now being submitted in COP 10 as a continuing implementing mechanism with request for a new mechanism system ID.

The University Maryland in partnership with the University of Nairobi (UON) will support pre-service and

in-service training nationally with focus on three training areas, namely: Pre-service University HIV Education and Training, In-service HIV Training, and Pre-service and In-service HIV Laboratory Education and Training.

The training partner will support training in all aspects of HIV diagnosis, prevention, treatment, care and support using material developed and approved by the National AIDS and STD Control Program (NASCOP) and the university as well as respective professional and regulatory bodies. Training will be provide for health care workers in all regions of the country and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12071**		
Mechanism Name:	**PACE**		
Prime Partner Name:	**University of Maryland**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	800,000	

Narrative:

University of Maryland in partnership with the University of Nairobi (UON) will support pre-service and in-service training nationally with focus on three training areas, namely; Pre-service University HIV Education and Training; In-service HIV Training, and Pre-service and In-service HIV Laboratory Education and Training.

University of Maryland will support training in Adult HIV treatment and all aspects of HIV diagnosis, prevention, treatment, care and support using materials developed and approved by the National AIDS and STD Control Program (NASCOP) and the universities as well as respective professional and

regulatory bodies and provide trainings for health care workers in all regions of the country and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. This activity has been previously supported through implementing partners, through NASCOP and through other training partners such as Mildmay International. The trainings will use national curricula or develop national curricula. For example the adult antiretroviral treatment (ART) trainings will be conducted using the new NASCOP curriculum on Integrated Management of Adolescent and Adult Illness (IMAI). The initial Adult ART curriculum will still continue to be used for health workers from higher level facilities depending on NASCOP's and MOH need's and on how soon the 2nd level advanced curriculum is released. The same curricula will also be used to train health workers from the USAID supported institutions and Department of Defense (DOD) throughout the country. These activities will include classroom and practical training of health care workers in antiretroviral (ARV) drug management as part of training on comprehensive care of people with HIV/AIDS and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. Health care providers will also receive continuing medical education (CME). The training partner will maintain teams of specially trained trainers. Members of these training teams will also provide patient care at supported sites. This on-site participation helps to maintain the clinical skills of the trainers, ensures that the trainers are teaching from recent and relevant experience, and assist with meeting critical staffing needs. This activity has been previously supported through Mildmay International. The cooperative agreement with Mildmay ended in mid 2009. By April 2008, two multidisciplinary teams had provided ART classroom training to over 135 health care professionals and had reached over 1,200 health care workers through CME sessions addressing care of pediatric patients and management of patients co-infected with TB and HIV. The teams have undergone trainings in teaching methodology as well as advanced HIV management as advanced training in adult and pediatric HIV management. Health care providers have also received training in PMTCT, Counseling and testing and HIV laboratory training. Pre-service training has been less structured. University of Maryland will also assist and collaborate with JHPIEGO to support training in Kenya Medical Training Colleges and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	150,000	

Narrative:

The University Maryland in partnership with the University of Nairobi (UON) will support pre-service and in-service training nationally with focus on three training areas, namely; Pre-service University HIV Education and Training; In-service HIV Training, and Pre-service and In-service HIV Laboratory Education and Training.

University of Maryland will support training in HIV Testing and Counseling using materials developed and approved by the National AIDS and STD Control Program (NASCOP) and the universities as well as respective professional and regulatory bodies and provide trainings for health care workers in all regions of the country and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. This activity has been previously supported through implementing partners, through NASCOP and through other training partners such as Liver Pool VCT and Treatment and Care. The country is in the process of finalizing the harmonization of the national HTC training curricular that reflects key knowledge and skills of the HTC service providers given the dynamic HIV testing requirements. The trainings will thus use The National HTC Training Curriculum that covers the different aspects on Client Initiated HIV Testing (CITC) and Provider Initiated HIV Testing (PITC), and has protocols for use in the different HTC settings e.g. Facility, Community, Home , workplace etc. Other important components include effective communication which is key in counseling, providing and supporting Couples to take HIV test and disclosure, HTC in children and in specific other vulnerable populations namely the Most-at-risk-Populations. Finally, the training will also focus on conducting HIV testing as per the national guidelines and various Quality Assurance aspects for HTC services. Health care providers will also receive continuing medical education (CME). The training partner will maintain teams of specially trained trainers working in health facilities. This on-site participation helps to maintain the clinical skills of the trainers, ensures that the trainers are teaching from recent and relevant experience, and assist with meeting critical staffing needs. University of Maryland will also assist and collaborate with JHPIEGO to support training in Kenya Medical Training Colleges and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	60,000	

Narrative:

University of Maryland in partnership with the University of Nairobi (UON) will support strengthening pre-service and in-service training nationally with focus on three training areas, namely: Pre-service University HIV Education and Training, In-service HIV Training, and Pre-service and In-service HIV Laboratory Education and Training.

The training partner will support training in Pediatric HIV treatment and all aspects of HIV diagnosis, prevention, treatment, care and support in infants and young children as well as older children using materials developed and approved by the National AIDS and STD Control Program (NASCOP) and the universities as well as respective professional and regulatory bodies and provide trainings for health care workers in all regions of the country and will incorporate components of follow up and quality assurance

at the sites where these trained health care workers are engaged. This activity has been previously supported through implementing partners, through NASCOP and through other training partners such as Mildmay International. The trainings will use national curricula or develop national curricula. For example the pediatric antiretroviral treatment (ART) trainings will be conducted using the current curricula on Integrated Management of Childhood Illness (IMCI) and other relevant curricula. The same curricula will also be used to train health workers from the USAID supported institutions and Department of Defense (DOD) throughout the country. These activities will include classroom and practical training of health care workers in antiretroviral (ARV) drug management as part of training on comprehensive care of people with HIV/AIDS and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. Health care providers will also receive continuing medical education (CME). The training partner will maintain teams of specially trained trainers. Members of these training teams will also provide patient care at supported sites. This on-site participation helps to maintain the clinical skills of the trainers, ensures that the trainers are teaching from recent and relevant experience, and assist with meeting critical staffing needs. This activity has been previously supported through Mildmay International. The cooperative agreement with Mildmay ended in mid 2009. By April 2008, two multidisciplinary teams had provided ART classroom training to over 135 health care professionals and had reached over 1,200 health care workers through CME sessions addressing care of pediatric patients and management of patients co-infected with TB and HIV. The teams have undergone trainings in teaching methodology as well as advanced HIV management as advanced training in adult and pediatric HIV management. Health care providers have also received training in PMTCT, Counseling and testing and HIV laboratory training. Pre-service training has been less structured. University of Maryland will also assist and collaborate with JHPIEGO to support training in Kenya Medical Training Colleges and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	170,000	

Narrative:

The University Maryland in partnership with the University of Nairobi (UON) with support from PEFPAR through Centers for Disease Control (CDC) and other USG agencies: USAID and DOD will provide support for strengthening pre-service and in-service training nationally with focus on three training areas, namely:

• Pre-service University HIV Education and Training
• In-service HIV Training
• Pre-service and In-service HIV Laboratory Education and Training

Training of health workers in selected MOH health facilities across the country will be conducted on safe phlebotomy practices, safe injection and infection prevention control (IPC) so as to significantly reduce or eliminate the transmission of HIV/AIDS and other blood-borne diseases resulting from unsafe practices.

UOM will target various cadres of staff including facility managers to strengthen infection prevention and control committees, procurement and supplies staff to strengthen injection safety, waste management and other commodity security and waste handlers to improve their health safety skills.

UOM will work with Universities to integrate a component of injection/phlebotomy safety and waste management issues as well as universal precautions and IPC into existing university curricula for doctors, dentists, pharmacists and nurses. The training will empower facility managers to strengthen IPC committees that will promote injection/phlebotomy safety activities within health facilities through short trainings and/or workshops.

University of Maryland will also assist and collaborate with Johns Hopkins University to support training in Kenya Medical Training Colleges and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	

Narrative:

University of Maryland in partnership with University of Nairobi will support HIV training in public universities: University of Nairobi, Moi University, Kenyatta University, Jomo Kenyatta University of Agriculture and Technology, Egerton University and Maseno University as well as Masinde Muliro University. The training partner will work with USG agencies: CDC, USAID and DOD in collaboration with Ministries of Health and the University Senates and faculties together with regulatory and accrediting bodies and professional associations. The training will target university students in the health professions and their faculty, including medical, nursing, dental, pharmacy, laboratory technology and science, public health, nutrition, social work and other health professions and related fields. In-service health care providers in the same professions and working in public health facilities at all levels of health care will also be trained in all areas of HIV management including HIV diagnosis, prevention, treatment, care and support using integrated curricula and innovative training methods that incorporate the PMTCT curriculum and Guidelines for the Prevention of MTCT in Kenya. PMTCT training will focus on all the four prongs of PMTCT; primary prevention of HIV, prevention of unwanted pregnancy among HIV positive women and interruption of MTCT among HIV positive pregnant women, and treatment, care and support

of HIV positive women and their partners, children and other members of their families.

Training in PMTCT will include all the PMTCT interventions including HIV counseling and testing, antenatal care, ARV prophylaxis including more efficacious regimen and triple ART prophylaxis, ART treatment for eligible HIV positive women, infant feeding counseling and choices. Family planning, integration of PMTCT to other sexual and reproductive health services and gender main streaming including gender based violence will also be covered in PMTCT training. STI and FP orientation packages will be used to train health care provider on integration while other training materials sexuality training materials will be used for other PMTCT training. Linkages to paediatric and adult treatment training will be made using various guidelines and curricula which will be integrated into the PMTCT training and curricula.

The partnership will contribute to PEPFAR II goal of supporting production of 140,000 new graduates from pre-service educational institutions by 2014 and will support KNASP strategies and build the capacity of Kenyan facilities and health care providers to provide quality HIV diagnosis, prevention, treatment, care and support. In addition, through USAID and DOD funding other activities will be supported to utilize the acquired competencies optimally. University of Maryland will also assist and collaborate with JHPIEGO to support training in Kenya Medical Training Colleges and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	500,000	

Narrative:

Effective health systems depend on a well trained workforce that can carry out the tasks and build the systems needed to achieve PEPFAR goals. As new technologies are introduced constantly, new pathogens are recognized, and information about known pathogens keeps on expanding. UOM will build the capacity of Ministries of health lab personnel to acquire and maintain relevant skills and knowledge to enable them to perform their duties optimally, to develop leadership and management skills and remain motivated as valuable members of the public health workforce. Training will include QA for rapid HIV testing, microbiology, chemistry, hematology and CD4 for monitoring HIV positive patients on care and treatment, early infant diagnosis, commodity management, laboratory management, good clinical laboratory practice, laboratory equipment maintenance, integrated disease surveillance, and data management.

UOM will work in collaboration with ministries of health and other stakeholders to utilize existing

standardized training materials or develop new ones where such materials does not exist. UOM will train regional trainers to facilitate cascade of trainings to lower facilities with support of regional implementing partners. The in-service training will be packaged to target all levels of health service delivery and will be prioritized based on program needs.

UOM will collaborate with four public universities (KU, JKUAT, Maseno, and Egerton) to strengthen laboratory pre-service training for medical students in medicine, laboratory technology and laboratory sciences. This will include review of medical laboratory technology curriculum as appropriate, provision of teaching materials and training lecturers to deliver new curriculum.

In collaboration with key stakeholders UOM will build the capacity of laboratory workforce through both laboratory in-service and university pre-service training. Following are activities for FY 10:
i) Strengthen office of national lab training coordinator to
a. Develop lab training database
b. Monitor all lab related training
c. Develop library of training resources-both electronic and paper based

ii) Conduct pre training and post training evaluations to assess impact of each training.
iii) Review laboratory in-service training curricula, and where appropriate integrate with training in other program areas.
iv) Train (in-service) 200 laboratory health workers in lab related trainings (management and bench techniques)
v) Review Laboratory sciences curricula at four local universities.
vi) Establish 2 regional training centers for laboratory in-service training in close consultation with CDC and local stakeholders.
vii) Provide laboratory medicine teaching materials (Text books, CD-Rom, journals, Atlas) and teaching aids to training institutions to implement teaching of revised university bachelor of science (medical laboratory) pre-service curriculum.
viii) Train 40 lecturers from 4 public universities (Jomo Kenyatta university of agriculture and technology, Kenyatta , Maseno and Egerton universities) on teach back skills to deliver revised laboratory university pre-service curriculum.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	230,000	

Narrative:

The University Maryland in partnership with the University of Nairobi (UON) will support TB/HIV training

in public universities: University of Nairobi, Moi University, Kenyatta University, Jomo Kenyatta University of Agriculture and Technology, Egerton University and Maseno University as well as Masinde Muliro University. University of Mary land will support and strengthen pre-service and in-service training nationally with focus on three training areas, namely: Pre-service University HIV Education and Training, In-service HIV Training, Pre-service and In-service HIV Laboratory Education and Training.

University of Mary land will support HIV/TB training and all aspects of TB and HIV diagnosis, prevention, treatment, care and support using materials developed and approved by the National AIDS and STD Control Program (NASCOP) and the National TB and Leprosy Control Programme and the universities as well as respective professional and regulatory bodies and provide trainings for health care workers in all regions of the country and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. This activity has been previously supported through implementing partners, through NASCOP and through other training partners such as Mildmay International. The trainings will use national curricula or develop national curricula. For example the adult antiretroviral treatment (ART) trainings will be conducted using the new NASCOP curriculum on Integrated Management of Adolescent and Adult Illness (IMAI). The initial Adult ART curriculum will still continue to be used for health workers from higher level facilities depending on NASCOP's and MOH need's and on how soon the 2nd level advanced curriculum is released. The same curricula will also be used to train health workers from the USAID supported institutions and Department of Defense (DOD) throughout the country. These activities will include classroom and practical training of health care workers in antiretroviral (ARV) drug management as part of training on comprehensive care of people with HIV/AIDS and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. Health care providers will also receive continuing medical education (CME). The training partner will maintain teams of specially trained trainers. Members of these training teams will also provide patient care at supported sites. This on-site participation helps to maintain the clinical skills of the trainers, ensures that the trainers are teaching from recent and relevant experience, and assist with meeting critical staffing needs. This activity has been previously supported through Mildmay International. The cooperative agreement with Mildmay ended in mid 2009. By April 2008, two multidisciplinary teams had provided ART classroom training to over 135 health care professionals and had reached over 1,200 health care workers through CME sessions addressing care of pediatric patients and management of patients co-infected with TB and HIV. The teams have undergone trainings in teaching methodology as well as advanced HIV management as advanced training in adult and pediatric HIV management. Health care providers have also received training in PMTCT, Counseling and testing and HIV laboratory training. Pre-service training has been less structured. University of Maryland will also assist and collaborate with Jhpiego to support training in Kenya Medical Training Colleges and build their capacity to design, develop, and deliver quality training and mentorship and evaluate and monitor the training and its impact.

The support training will be linked to other for TB/HIV activities (HVTB) in the clinical services TBD and partner will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs of TB testing. 150 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. The training partner will maintain data concerning the numbers of health providers trained and report both nationally and through the Emergency Plan.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12072	**Mechanism Name: Prevention for MARPS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The comprehensive goals and objectives under this TBD are to continue to support the implementation and scale up of combination evidence-based, cost-effective HIV prevention interventions for Most At Risk Populations (MARPs) in Kenya. The TBD funded partners will implement programs based on a national minimum package of services including peer education and outreach, condom and lubricant promotion, STI screening and treatment, HIV counseling and testing and HIV care and treatment. Referrals and linkages to reproductive health services, psychosocial support and livelihood skills training and opportunities will also be included. Implementing partners will work in close collaboration with the NASCOP, service providers and other partners and use national standard operational procedures

currently under development. The primary MARPs populations to be targeted will include male and female commercial sex workers (CSWs), Men who have sex with men (MSM), and injecting and non-injecting drug users, including alcohol and substance abusers and partners of these sub-groups. Additionally, populations that have an increased vulnerability to HIV will also be targeted including fisher folk and truckers.

The goals and objectives of this TBD are similar to those of the partnership framework in that they promote intensive prevention interventions that are consistent with the national strategic plan. The program encompasses broad program areas including behavioral prevention, counseling and testing, clinical services addressing STI and HIV prevention and treatment and linkages with psychosocial and structural interventions.

This program announcement covers MARPS including male and female commercial sex workers, MSM, IDU/non-IDUs, fisher folk, mobile populations, and partners of these persons. The following provinces are targeted: Nyanza, Nairobi, Central, Eastern, Rift Valley region, and Nairobi.
The TBD partner will work in close collaboration with health service providers in their provinces through facilitating training partnerships, efficient referral linkages and regional technical working groups and technical consultative forums as guided by NASCOP and other relevant Government of Kenya departments.

TBD partner(s) will support increasing access to combination HIV prevention services that incorporates behavioral, structural, and biomedical HIV-prevention interventions. Prevention efforts in Kenya must be multifaceted in order to magnify their impact; the TBD partners will be encouraged to be cross-cutting in their prevention efforts in all areas: behavioral, bio-medical and structural.

The TBD supports using cost effective strategies, mainly integrated service delivery models. Implementing partners will be required to develop plan to assess cost-effectiveness of program activities that would lead to adoption of models with the optimal efficiency. These programs will be expected to have a significant impact on incidence reduction among both the MARPs population as well as with the general population with whom the MARPS sexual networks interact.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12072**
Mechanism Name:	**Prevention for MARPS**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

The comprehensive goals and objectives under this TBD are to continue to support the strengthening, implementation and scale up of a comprehensive package of evidence-based quality services for injecting and non-injecting drug use prevention and treatment, including interventions for prevention and risk reduction of alcohol-related sexual risk behavior. This initiative will be integrated within programs targeting Most At Risk Populations in Kenya including male and female commercial sex workers (CSWs), Men who have sex with men (MSM), and injecting and non-injecting drug users, including alcohol and substance abusers and very importantly, partners of these sub-groups. HIV Testing and Counseling (HTC) services will be provided to the MARPs using a variety of approaches including Provider Initiated HTC within facilities, as well as both client initiated and provider initiated HTC within community settings such as Outreach or mobile HTC, moonlight HTC, workplace HTC and door-to-door HTC where appropriate. Services will be integrated within the Prevention program, and will be provided in line with the Kenya National HTC guidelines. The program targets to provide HTC to 70,000 MARPs and support the training of 90 health care workers on HTC services using the national HTC training curriculum. The program will also work to provide HTC services to the sexual partners of these MARPs focusing on the importance of knowing self and sexual partner's HIV status as a key strategy in HIV prevention. All HIV infected individuals will be referred to identified health care facilities for linkage to HIV Care and Treatment Services, while all HIV uninfected individuals will be linked to the ongoing HIV Prevention services. TBD will work the Ministry of Health at implementation level to strengthen the commodity management system to ensure constant supply particularly of Rapid Test Kits and will also support the implementation of the National Quality Assurance Strategy to improve counseling quality and ensure accuracy and validity of HIV test results. Standard operating procedures will be used for implementation as well as national M&E and reporting system. The program will be implemented in five provinces: Nyanza, Nairobi, Central, Eastern and Rift Valley.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	Redacted	Redacted

Narrative:

The comprehensive goals and objectives under this TBD are to continue to support the strengthening, implementation and scale up of a comprehensive package of evidence-based quality services for Most At Risk Populations in Kenya. The package will include peer education and outreach, condom and lubricant promotion, STI screening and treatment, HIV counseling and testing and HIV care and treatment. Referrals and linkages to reproductive health services, psychosocial support and livelihood skills training and opportunities will also be included as well as a referral directory. The TBD partner(s) will design and implement targeted HIV-prevention behavioral interventions. Adaptations of evidence-based behavioral interventions (e.g., interventions from the Diffusion of Behavioral Interventions project or Replicating Effective Programs project [www.effectiveinterventions.org and www.cdc.gov/hiv/topics/prev_prog/rep/index.htm]) are also encouraged. Behavioral interventions will focus on reduction of sexual partners, provision of condoms, promotion of correct and consistent condom and lubricant use, reducing concurrent partnerships, HIV testing and counseling (including partner/couple testing and disclosure) and decreasing cross-generational and transactional sex among sexually active adults. Interventions may include use of peer educators through utilization of evidence based models. Standard operating procedures will be used for implementation and a strengthened M&E system linked to the national framework will be used. Populations to be targeted will include male and female commercial sex workers (CSWs), Men who have sex with men (MSM) and, very importantly, partners of these sub-groups. Additionally, populations that have an increased vulnerability to HIV will also be targeted including fisher folk and truckers. The program will be implemented in five provinces: Nyanza, Nairobi, Central, Eastern and Rift Valley.

This TBD mechanism will reach 39,618 CSW, 8,775 MSM, 25,067 fisher folk, and 6,771 truckers with a minimum package of services including behavioral interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted

Narrative:

The comprehensive goals and objectives under this TBD are to continue to support the strengthening, implementation and scale up of a comprehensive package of evidence-based quality services for injecting and non-injecting drug use prevention and treatment, including interventions for prevention and risk reduction of alcohol-related sexual risk behavior. This initiative will be integrated within programs targeting Most At Risk Populations in Kenya including male and female commercial sex workers (CSWs), Men who have sex with men (MSM), and injecting and non-injecting drug users, including alcohol and

substance abusers and very importantly, partners of these sub-groups. Standards and tolls for prevention and risk reduction will be adopted from the WHO and other existing ones such as the CAGE and the brief intervention model for risk assessments and addiction therapy. Service providers will be trained to integrate these services within the public and private health care systems and a collaborative referral network with IDU/NIDU Services established. The program will also offer a technical collaborative partnership with youth and general population programs for synergy and referrals. Standard operating procedures will be used for implementation and a strengthened M&E system linked to the national framework will be used. Quality assurance informed by central policy guidelines and standards will guide the implementation of programs. The program will be implemented in five provinces: Nyanza, Nairobi, Central, Eastern and Rift Valley. This TBD mechanism will reach 3,650 IDUs with a minimum package of services including behavioral interventions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12073	**Mechanism Name: Prevention for General Population and Youth**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The TBD partner(s) will support increasing access to combination HIV prevention services that incorporates behavioral, structural, and biomedical HIV-prevention interventions. Behavioral interventions are systematic instruction in techniques to decrease HIV-risk behaviors and increase protective behaviors. Structural interventions aim at modifying the social, economic, and political structures and systems in which people live. Biomedical interventions for preventing HIV transmission include HIV counseling and testing, testing for and treatment of STIs, voluntary medical male circumcision utilizing a minimum package of services, and post-exposure prophylaxis.
The comprehensive goals and objectives under this TBD are to continue to support the implementation and scale up of a combination of evidence-based, cost-effective HIV prevention interventions for the general population and youth, provide technical support to improve the quality of HIV prevention interventions in Kenya, develop systems for quality assurance of these programs, and share experience, training, and lessons learned with the relevant Government of Kenya agencies.

The goals and objectives of the partnership framework are similar to this TBD and include using evidence-based a behavioral interventions to promote character formation, abstinence among youth, fidelity, partner reduction, and correct and consistent condom use by sexually active persons targeting populations risk for transmission or acquisition of HIV.

This program announcement covers the general population and youth (both in and out of school) in the following areas and provinces: Central, Nyanza, Eastern, Rift Valley region, and Nairobi. The TBD partner will provide technical support to improve the quality of HIV prevention interventions in Kenya, develop systems for quality assurance of these programs, and share experience, training, and lessons learned with the relevant Government of Kenya agencies.

TBD partner(s) will support increasing access to combination HIV prevention services that incorporates behavioral, structural, and biomedical HIV-prevention interventions. Prevention efforts in Kenya must be multifaceted in order to magnify their impact; the TBD partners will be encouraged to be cross-cutting in their prevention efforts in all areas: behavioral, bio-medical and structural.

The TBD partners will be required to develop plan to assess cost-effectiveness of program activities.

Averting new infections in the general population and especially youth is cost effective and will contribute toward turning the tide against HIV/AIDS.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12073**
Mechanism Name:	**Prevention for General Population and Youth**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

The comprehensive goals and objectives under this TBD are to continue to support the implementation and scale up of a combination of evidence-based, cost-effective HIV prevention interventions for the general population and youth, provide technical support to improve the quality of HIV prevention interventions in Kenya, develop systems for quality assurance of these programs, and share experience, training, and lessons learned with the relevant Government of Kenya agencies. The TBD partner will support increasing access to combination HIV prevention services that incorporates behavioral, structural, and biomedical HIV-prevention interventions. Biomedical interventions for preventing HIV transmission include HIV counseling and testing, incorporating all strategies including home-based, provider initiated, voluntary, couples, and special events counseling and testing. This TBD covers the general population and youth (both in and out of school) in the following areas and provinces: Central, Nyanza, Eastern, Rift Valley region, and Nairobi and will reach 70,000 individuals from the target population who will receive test results. The TBD also will train 90 health care workers trained or sensitized in CT. Quality assurance informed by central policy guidelines and standards will guide the implementation of this program. The TBD partner will also be required to develop a robust M&E plan to inform the counseling and testing activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

The comprehensive goals and objectives under this TBD are to continue to support the implementation and scale up of a combination of evidence-based, cost-effective HIV prevention interventions for the

general population and youth, provide technical support to improve the quality of HIV prevention interventions in Kenya, develop systems for quality assurance of these programs, and share experience, training, and lessons learned with the relevant Government of Kenya agencies. The TBD partner will support increasing access to combination HIV prevention services that incorporates behavioral, structural, and biomedical HIV-prevention interventions and will design and implement targeted HIV-prevention behavioral interventions. Adaptations of evidence-based behavioral interventions (e.g., interventions from the Diffusion of Behavioral Interventions project or Replicating Effective Programs project [www.effectiveinterventions.org and www.cdc.gov/hiv/topics/prev_prog/rep/index.htm]) are also encouraged. Behavioral interventions should focus on delaying sexual debut, reducing number of sexual partners and concurrent partnerships, and decreasing cross-generational sex. This TBD covers the general population and youth (both in and out of school) in the following areas and provinces: Central, Nyanza, Eastern, Rift Valley region, and Nairobi and will reach 70,322 adults with programs encouraging fidelity and 33,607 youth with programs to delay the initiation of sex. Quality assurance informed by central policy guidelines and standards will guide the implementation of this program. The TBD partner will also be required to develop a robust M&E plan to inform the prevention programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

The comprehensive goals and objectives under this TBD are to continue to support the implementation and scale up of a combination of evidence-based, cost-effective HIV prevention interventions for the general population and youth, provide technical support to improve the quality of HIV prevention interventions in Kenya, develop systems for quality assurance of these programs, and share experience, training, and lessons learned with the relevant Government of Kenya agencies. The TBD partner will support increasing access to combination HIV prevention services that incorporates behavioral, structural, and biomedical HIV-prevention interventions and will design and implement targeted HIV-prevention behavioral interventions. Adaptations of evidence-based behavioral interventions (e.g., interventions from the Diffusion of Behavioral Interventions project or Replicating Effective Programs project [www.effectiveinterventions.org and www.cdc.gov/hiv/topics/prev_prog/rep/index.htm]) are also encouraged. Behavioral interventions should focus on increasing condom use, reducing number of sexual partners and concurrent partnerships, and decreasing cross-generational sex. This TBD covers the general population and youth (both in and out of school) in the following areas and provinces: Central, Nyanza, Eastern, Rift Valley region, and Nairobi and will reach 70,322 adults with programs encouraging condom use and reducing number of partners and eliminating concurrent partners and 35,679 youth with programs to return to abstinence, decrease partners, and increase condom use. Quality assurance informed by central policy guidelines and standards will guide the implementation of

this program. The TBD partner will also be required to develop a robust M&E plan to inform the prevention programs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12074	**Mechanism Name: Medical Waste Management**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this activity is to prevent medical transmission of HIV (and other blood borne pathogens) through sharps and medical waste by promoting safe medical waste disposal practices, ensuring an adequate supply of related commodities; decreasing unnecessary injections and improving integration of injection safety and medical waste disposal into all health programs. The activity will support the implementation of environmental friendly medical waste disposal systems that minimize risk of HIV and other infectious diseases transmission to the community. This activity will build the capacity of healthcare workers in handling medical waste and performance of procedures with a risk of exposure to HIV with emphasis on quality systems and evidence based strategies. TBD will focus on integrating Bio-safety, medical waste management, universal precautions and infection control measures into existing programs such as Care & Treatment, Prevention, Counseling & Testing, Reproductive Health and Childhood Immunizations. The TBD will strengthen waste management infrastructure through procurement or

construction of incinerators; advocate for injection safety and waste management.

How IM links to PF goals
Unnecessary and unsafe injection practices place staff, patients and the community at risk of infection with HIV and other bloodborne pathogens. National plans for safe, final disposal of all medical waste are crucial to protect the entire community and will require exploration of innovative, low-cost technologies that are easy to deliver and maintain even in remote areas. These coordinated efforts will ensure continued progress in the provision of safe medical injections to meet PEPFAR prevention targets and Millennium Development Goals (MDGs).

Geographic coverage & target populations
This is a national program targeting health care workers and medical waste handlers in all health facilities in the country.

Contributions to Health Systems Strengthening:
This mechanism will contribute to health facility infrastructural support by renovation, installation or construction of incinerators or other waste management systems and implementing pooled and centralized waste management systems. It will also lead to human capacity development through training and support of the health care workers and waste handlers. By preventing HIV and other blood borne infections in the health care workers it will ensure occupational safety and thus a healthy work force.

Ramp-up of antiretroviral therapy (ART) and related interventions, such as counseling and testing, and prevention of mother-to-child transmission (PMTCT) will substantially increase the volume of medical waste and HIV-contaminated sharps generated in health care settings and create a burden on strained or inadequate waste management systems. Increased laboratory testing of HIV-infected persons will also increase the burden. These tests range from the initial HIV test to monitoring of CD4/CD8 counts and viral loads. Each test generates HIV-contaminated sharps and other medical wastes. TBD will work with the Ministry of Health (MOH) and PEPFAR medical-injection safety staff on strategies to foster effective waste management in the face of these challenges. Linkages will be established with PEPFAR Blood Safety program for incinerator management and with CDC Infection Control Programs for bio-safety and infection control.

The mechanism will seek to apply cost effective measures in waste management such as having some regional incinerators serving several facilities to reduce costs of running and maintenance. Additionally it will seek to implement the national healthcare waste management plan by leveraging resources from other funding agencies like the Global Fund, the World Bank and other private partners working on the area of waste management. It will use more cost efficient strategies like waste segregation to ensure only

infectious waste is segregated while some of the hospital general waste like paper and plastics is recycled. This will minimize the use of incinerators thus lowering running costs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12074**		
Mechanism Name:	**Medical Waste Management**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	Redacted	Redacted

Narrative:

Includes Redacted central funds - one time only for 2010.

Since 2004, the PEPFAR Injection Safety program complements the Kenya Government efforts in achieving injection safety for prevention of medical transmission of HIV. Approaches employed to achieve national safe injection practices include: development and dissemination of national policies and standards on injection safety and medical waste management as well as an integrated infection prevention and control (IPC) policy; training of health workers ; advocacy to decrease injection demand in the community; improved logistics management to eliminate stock out of injection devices, strengthening of facility-level infection prevention and control (IPC) committees ; supplementing injection safety and waste management commodities and strengthening of waste management systems. Advocacy with the government aims to secure the required budget for adequate injection 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 have been assisted to review teaching curricula to include safe injection practices.

In the PEFAR project period a lot of achievement has been met with training of at least 24,000 health care workers which has led to a good impact e.g. a prescription records review (PRR) in western province showed a decrease of injection prescriptions from 27% to 21%. Training combined with strengthened procurement systems also led to an increase of use of puncture proof sharps containers from 56% to 97% in Embu hospital.

Studies have shown that medical transmission of HIV and other blood borne infections may occur through unsafe medical injections, sharps and other medical waste. Inappropriate injection use arises from client demand, prescriber preference and deficient national treatment and procurement policies. The Kenya AIDS Indicator Survey 2007 showed a third of the respondents aged 16 to 64 years had received at least one medical injection within the previous year. It also showed that 46% of the people preferred injections over pills. This demonstrated the widespread use of injections raising issues of safety to the healthcare worker, patient and the community. Failure to systematically provide sufficient injection equipment supplies is a key contributor to widespread re-use of syringes and needles.

REFERRAL AND LINKAGES

Injection Safety principles will be integrated in all HIV program areas that conduct injections and blood drawing procedures for diagnosis and monitoring. This will include trainings to ensure safe practices to prevent injury, offer post exposure prophylaxis and ensure that each program procures safer injection safety and waste disposal commodities. Health facilities will be supported to establish and reactivate IPC committees to advocate for integrated infection prevention measures alongside injection safety and waste management. The care and treatment program will procure enough PEP kits to ensure that all health workers can access PEP services within acceptable duration of time.

STRATEGY OF 2010

From the FY10 all funding for the injection safety will be managed in country. However activities will build on and complement on achievements of PEPFAR-1. They will be in line with the Kenya National Strategic plan-3 (KNASP) and the partnership framework whose objective is to eliminate medical transmission in healthcare settings with emphasis on blood and injection safety. In-service training will be scaled up to ensure universal coverage in areas previously not trained. Cost effective strategies will be used to reach the hard-to-reach areas. Additionally training will be expanded to include phlebotomy safety and other blood drawing procedures. This will be a scale up of what will be piloted in a public private partnership in 8 health facilities in the FY 09. In 2010, safe medical waste management systems will be emphasized. Based on lessons learnt in the first five years and advice from waste management specialists from office of health and safety (OHS) new innovative ways to deal with the ever increasing medical waste will be implemented. This will include purchase and installation of medium sized incinerators and outsourcing of a waste management firm to pilot a centralized waste management

system within a region. Infection prevention and control (IPC) committees will be strengthened from the national to facility level to enhance advocacy for injection safety issues including availability and surveillance of PEP in all healthcare facilities; waste management and commodity security. Continued collaboration with other health programs such as TB, Flu, WHO, EPI, reproductive health as well as environmental programs will be sustained. To ensure sustainability injection safety trainings will be integrated into pre-service training curriculum at the medical training colleges and the universities as well as in-service. Also other PEPFAR programs like care and treatment, PMTCT, laboratory, male circumcision and counseling and testing will integrate injection safety principles in their routine work in treatment and blood drawing. These programs will include budgets to procure injection safety commodities and waste management. Using health communication and marketing strategies information aimed at the community to reduce injection demand will be disseminated. The government has continued to increase the procurement of safer injection devices to 60%. With the PEPFAR program progressively reducing commodity procurement, increased investment by the government and other donors will be required for sustainability. However during critical gaps in supplies procurement of these commodities will be supported.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12075	**Mechanism Name: Integrated HIV Prevention Services in Nyanza**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The TBD partner will promote sustainability, in collaboration with the Kenyan Ministry of Health (MOH), the PEPFAR team, and the HHS/CDC office in Kenya, to strengthen, expand and initiate high quality, evidence-based HIV/AIDS combination interventions in Nyanza Province in Kenya. To avoid duplication, the TBD will work in collaboration with other stakeholders and implementing partners in Nyanza province.

The partner will focus on provision of integrated HIV/AIDS combination prevention interventions in Nyanza province targeting Youth, general population and MARPS, including fisher-folk and uncircumcised males in specific districts of Nyanza province. Nyanza province has unique HIV epidemiology in Kenya. According to the 2007 Kenya AIDS Indicator Survey, the province had an HIV prevalence rate of 15.3%, whereas Kenya's average rate was 7.4%. Specific districts within the Nyanza province bore the majority of the HIV burden and require targeted combination prevention interventions.

It is envisaged that the TBD partner will use a mix of innovative and evidence based preventive interventions. These include design and implementation of targeted age appropriate HIV behavioral prevention interventions among youth in and out of school that delay sexual debut, increase correct and consistent condom use, reduction of number of sexual partners and concurrency, and decreasing cross-generational sex; adaptation and implementation of activities that empower adults in close contact with youth (Parents, teachers, religious leaders) to provide supportive environment that fosters health and safer sexual behaviors among the youth, implementation of alcohol and substance abuse, transactional sex and gender based violence interventions to reduce HIV infection among young people in informal settlements in Kisumu city and other towns in Nyanza; implementation of evidence based behavioral and biomedical intervention in general population focusing on reduction of sexual partners, provision and promotion of consistent and correct condom use, reduction of concurrent sexual partnerships, HIV testing and counseling (including partner/couple testing and disclosure; implementation of HIV prevention strategies targeting MSM in Nyanza, implementation of PWP interventions especially targeting the youth, provision of HBCT and provision of correct male circumcision massaging and providing VMMC services where appropriate/selected districts. The TBD partner will develop models that link prevention to treatment and care programs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12075**
Mechanism Name:	**Integrated HIV Prevention Services in Nyanza**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

The comprehensive goals and objectives under this TBD are to continue to strengthen, expand and initiate high quality, evidence-based HIV/AIDS combination interventions for the general population, youth and uncircumcised males in Nyanza Province in Kenya. To avoid duplication, the TBD will work in collaboration with other stakeholders and implementing partners in Nyanza province. The partner will focus on provision of integrated HIV/AIDS combination prevention interventions in Nyanza province targeting Youth, general population and MARPS, including fisher-folk and uncircumcised males in specific districts of Nyanza province. It will develop systems for quality assurance of these programs, and share experience, training, and lessons learned with the relevant Government of Kenya agencies. The TBD partner will support increasing access to combination HIV prevention services that incorporates behavioral, structural, and biomedical HIV-prevention interventions and will design and implement targeted HIV-prevention behavioral interventions. Biomedical interventions for preventing HIV transmission include HIV counseling and testing, incorporating all strategies including home-based, provider initiated, voluntary, couples, and special events counseling and testing. This TBD covers the general population and youth (both in and out of school) in Nyanza province and will reach 50,000 individuals from the target population who will receive test results. The partner will also train 100 staff to undertake HTC activities and establish 25 new outlets. Quality assurance informed by central policy guidelines and standards will guide the implementation of this program. The TBD partner will also be required to develop a robust M&E plan to inform the counseling and testing activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	Redacted	Redacted

Narrative:

The TBD partner will promote sustainability, in collaboration with the Kenyan Ministry of Health (MOH), the PEPFAR team, and the HHS/CDC office in Kenya, to strengthen, expand and initiate high quality,

evidence-based HIV/AIDS combination interventions in Nyanza Province in Kenya. To avoid duplication, the TBD will work in collaboration with other stakeholders and implementing partners in Nyanza province.

This partner will focus on provision of integrated HIV/AIDS combination prevention interventions in Nyanza province targeting Youth, general population and MARPS, including fisher-folk and uncircumcised males in specific districts of Nyanza province. The capacity of facilities serving residents in Luo districts in Nyanza will be increased to provide Voluntary Medical Male Circumcision (VMMC) in response to increased demand for services likely to result from near-universal awareness of HIV status among many clients who will be referred from Home based CT services (HBVCT). Through this activity, the partner will train Health Care workers and provide minimum package of VMMC for HIV prevention to 32,140 Men. Outreach and/or mobile MC services will involve high quality high-volume standardized approach through trained mobile teams and will follow MOH guidance. Mobile teams will work at temporary sites including existing buildings and tents that will be equipped for minor surgical procedures and pre- and post-operative services. Mobile MC Teams may geographically follow HBVCT teams as they move through the target geographical area to ensure coverage and no missed opportunities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

The comprehensive goals and objectives under this TBD are to continue to strengthen, expand and initiate high quality, evidence-based HIV/AIDS combination interventions for the general population, youth and uncircumcised males in Nyanza Province in Kenya. To avoid duplication, the TBD partner will work in collaboration with other stakeholders and implementing partners in Nyanza province. It will focus on provision of integrated HIV/AIDS combination prevention interventions in Nyanza province targeting Youth, general population and MARPS, including fisher-folk and uncircumcised males in specific districts of Nyanza province. The partner will develop systems for quality assurance of these programs, and share experience, training, and lessons learned with the relevant Government of Kenya agencies. It will support increasing access to combination HIV prevention services that incorporates behavioral, structural, and biomedical HIV-prevention interventions and will design and implement targeted HIV-prevention behavioral interventions. Adaptations of evidence-based behavioral interventions (e.g., interventions from the Diffusion of Behavioral Interventions project or Replicating Effective Programs project [www.effectiveinterventions.org and www.cdc.gov/hiv/topics/prev_prog/rep/index.htm]) are also encouraged. Behavioral interventions should focus on increasing condom use, reducing number of sexual partners and concurrent partnerships, and decreasing cross-generational sex. This TBD covers the general population and youth (both in and out of school) in Nyanza province and will reach 12,500 adults with programs encouraging fidelity and 12,500 youth with programs to delay the initiation of sex.

Quality assurance informed by central policy guidelines and standards will guide the implementation of this program. The TBD partner will also be required to develop a robust M&E plan to inform the prevention programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

The comprehensive goals and objectives under this TBD are to continue to strengthen, expand and initiate high quality, evidence-based HIV/AIDS combination interventions for the general population, youth and uncircumcised males in Nyanza Province in Kenya. To avoid duplication, the TBD will work in collaboration with other stakeholders and implementing partners in Nyanza province. The partner will focus on provision of integrated HIV/AIDS combination prevention interventions in Nyanza province targeting Youth, general population and MARPS, including fisher-folk and uncircumcised males in specific districts of Nyanza province. It will develop systems for quality assurance of these programs, and share experience, training, and lessons learned with the relevant Government of Kenya agencies. The partner will support increasing access to combination HIV prevention services that incorporates behavioral, structural, and biomedical HIV-prevention interventions and will design and implement targeted HIV-prevention behavioral interventions. Adaptations of evidence-based behavioral interventions (e.g., interventions from the Diffusion of Behavioral Interventions project or Replicating Effective Programs project [www.effectiveinterventions.org and www.cdc.gov/hiv/topics/prev_prog/rep/index.htm]) are also encouraged. Behavioral interventions should focus on increasing condom use, reducing number of sexual partners and concurrent partnerships, and decreasing cross-generational sex. This TBD covers the general population and youth (both in and out of school) in Nyanza province and will reach 25,000 adults and youth out of school with programs encouraging condom use and reducing number of partners and eliminating concurrent partners, 1250 Commercial sex workers, 500 MSM and 3250 fisher-folk with the PEPFAR Kenya defined minimum package for each target population. Quality assurance informed by central policy guidelines and standards will guide the implementation of this program. The TBD partner will also be required to develop a robust M&E plan to inform the prevention programs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12076	Mechanism Name: KEMRI
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This Implementing Mechanism will implement evidence-based public health programs on important human infectious diseases, with an emphasis on HIV/AIDS, Malaria, Emerging and Re-emerging Infectious Diseases, Neglected Tropical Diseases, Tuberculosis, Influenza and other diseases with pandemic potential as well as Environmental Health Issues, Chronic Diseases, Maternal and Child Health, Public Health Preparedness, Bio-safety, Injury Control and Prevention.

The activities carried out by this IM will address all four core pillars of the KNASP III:
• 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

This TBD will translate epidemiological and project evaluation findings into public health practice in the Republic of Kenya and ensure sharing of expertise and lessons learned with other nations, non-governmental agencies and academic institutions. Other contributions to Health Systems Strengthening include planning, implementation and evaluation of public health interventions and projects that lead to improved health outcomes for targeted populations, as well as dissemination of surveillance, intervention planning, execution and evaluation results through written publications, oral presentations, or other means.

This TBD's strategy is to become more cost-efficient over time (e.g. coordinated service delivery, PPP, lower marginal costs, etc.): leveraging funds received from other organizations to reduce reliance upon

USG funds or implementation and evaluation of HIV/AIDS related activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12076		
Mechanism Name:	KEMRI		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

Nyanza province, which has a population of about 5.1 million people, carries the highest HIV burden in Kenya, with an estimated adult HIV prevalence of 14.9% (compared to the national 7.1%), and ~500,000 people are living with HIV, and ~130,000 requiring ART. Nairobi province has a HIV prevalence of 8.8%. The New Nyanza Provincial General Hospital (NNPGH) is the referral hospital for the province.

Since 2003, the Kenya Medical Research Institute (KEMRI) has been supporting HIV activities in Nyanza and Nairobi provinces. The current KEMRI cooperative agreement will end in September 2010 and a new procurement is in process.

The TBD partner will support the NNPGH in Nyanza Province, and the International Emerging Infectious Disease Program directed Tabitha Clinic in Nairobi. Bondo District, which is being transitioned this year, will be fully supported by Columbia University Mailman School of Public Health (ICAP) in FY10. Support of Siaya District will be transitioned to ICAP, while that of Mathare clinic to the TBD clinical services partner.

By March 2009, the NNPGH had ever enrolled 15,000 adults on care. In FY10 the TBD partner will

ensure provision of HIV care services to 26,000 adult patients receiving care and support.

TBD partner will continue to support the NNPGH to offer quality HIV care, and to serve as a model and mentorship site for the province. The partner will also continue to build the capacity for the hospital to offer specialized treatment, including management of complicated opportunistic infections, drug adverse reactions and cancer chemotherapy.

The TBD partner will offer a comprehensive package of services to all HIV+ patients at health facility level, including clinical assessment for ART eligibility; provision of ART for those eligible; laboratory monitoring with biannual CD4 testing; cotrimoxazole prophylaxis; psychosocial counseling, including, positive living and referral to support groups; adherence counseling; nutritional assessment and supplementation; secondary prevention (prevention with positives [PwP], including support for family testing for spouses/partners and children; supportive disclosure, adherence counseling ,risk reduction counseling including condom provision, alcohol counseling,, family planning counseling and provision or referral of services; STI diagnosis and treatment, etc.) Provision of a BCK (safe water system, multivitamins, insecticide-treated mosquito nets, condoms, and educational materials); improved OI diagnosis and treatment, including TB screening, diagnosis and treatment; and pain management with non-steroidal inti-inflammatory drugs. Cryptococcal antigen testing and opioids for pain management will be made available at the NNPGH.

Ongoing community prevention interventions for HIV+ individuals, including education by peer educators, use of support groups to provide prevention messaging and defaulter tracing and follow up will continue to be supported. The
TBD partner will collaborate with other partners supporting the community strategy to ensure linkage and provision of community components of HIV services, including ongoing income generating programs.

The TBD partner will adapt the quality of care indicators for monitoring the quality of HIV care services that will be developed by NASCOP, and integrate them into routinely collected data.
The TBD partner will adopt strategies to ensure access and provision of friendly services to youth, elderly and disabled populations. Strategies to increase access of care services by men will be employed, including supporting male peer educators, mentors and support groups, and supporting women to disclose and bring their male partners for testing and care and treatment.
The TBD partner will continue to strengthen data collection and reporting at all levels to increase and improve reporting to NASCOP and PEPFAR. With guidance from the national PEPFAR office, the new generation indicators will be adopted. Use of an electronic medical records system will be supported and strengthened.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HTXS	Redacted	Redacted

Narrative:

Nyanza province, which has a population of about 5.1 million people, carries the highest HIV burden in Kenya, with an estimated adult HIV prevalence of 14.9% (compared to the national 7.1%), and ~500,000 people are living with HIV, and ~130,000 requiring ART. Nairobi province has a HIV prevalence of 8.8%. The New Nyanza Provincial General Hospital (NNPGH) is the referral hospital for the province.

Since 2003, the Kenya Medical Research Institute (KEMRI) has been supporting HIV activities in Nyanza and Nairobi provinces. The current KEMRI cooperative agreement will end in September 2010. Therefore, in COP10 CDC will solicit a new partner (To Be Determined-TBD) to support the services that KEMRI has been supporting.
The TBD partner will support HIV adult treatment services, at the NNPGH, and the International Emerging Infectious Disease Program directed Tabitha Clinic in Nairobi. Bondo District, which is being transitioned this year, will be fully supported by Columbia University Mailman School of Public Health in FY10. Support of Siaya District will be transitioned to ICAP, while that of Mathare clinic to University of Maryland.

In FY10 the TBD partner will ensure provision of HIV treatment services to 15,000 adult patients receiving ART. The TBD partner will work with the Ministry of Health at the provincial, district and health facilities levels, to jointly plan, coordinate and implement adult HIV treatment services.

In FY10 the TBD partner will support the NNPGH to offer quality HIV treatment, and to serve as a model and mentorship site for the province. The partner will also continue to build the capacity for the hospital to offer specialized treatment, including management of patients with ARV treatment failure and complicated drug adverse reactions.
HIV trainings will continue to be supported, ensuring training for 120 health care workers, through both classroom training and mentorship. The TBD partner, working with the provincial Ministry of Health team, will offer continuous medical education for HIV treatment at the provincial hospital to health care workers in the province. The TBD partner will work with the MOH to identify areas with staff shortages, and support recruitment of additional staff.

The TBD partner will offer a comprehensive package of services to all HIV+ patients at health facility level, including clinical assessment for ART eligibility; provision of ART for those eligible; laboratory monitoring with biannual CD4 testing; cotrimoxazole prophylaxis; psychosocial counseling, including, positive living and referral to support groups; adherence counseling; nutritional assessment and supplementation; secondary prevention (prevention with positives [PwP], including support for family

testing for spouses/partners and children; supportive disclosure, adherence counseling ,risk reduction counseling including condom provision, alcohol counseling, family planning counseling and provision or referral of services; STI diagnosis and treatment, etc.); provision of a BCK (safe water system, multivitamins, insecticide-treated mosquito nets, condoms, and educational materials); improved OI diagnosis and treatment, including TB screening, diagnosis and treatment; and pain management with non-steroidal inti-inflammatory drugs.

Use of viral load testing for monitoring ART treatment failure has been successfully piloted in Nyanza province, with KEMRI taking lead. The TBD partner will continue to support viral load testing in the province, and work with the National AIDS and STI Control Program (NASCOP) to develop guidelines and expand access to other regions in the country.

Ongoing community interventions for HIV+ individuals, including education by peer educators and use of support groups to provide adherence messaging, and defaulter tracing and follow up will continue to be supported. The TBD partner will collaborate with other partners supporting community activities to ensure linkage and provision of community components of HIV services.

The TBD partner will adapt the quality of care indicators for monitoring the quality of HIV treatment services that will be developed by NASCOP, and integrate them into routinely collected data.

The TBD partner will adopt strategies to ensure access and provision of friendly HIV treatment services to youth, elderly and disabled populations. Strategies to increase access of ART by men will be employed, including supporting male peer educators, mentors and support groups, and supporting women to disclose and bring their male partners for testing and care and treatment.

The TBD partner will continue to strengthened data collection and reporting at all levels to increase and improve reporting to NASCOP and PEPFAR. With guidance from the national PEPFAR office, the new generation indicators will be adopted. Use of an electronic medical records system will be supported and strengthened.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

The aim of the mechanism is to contribute to the Kenya goal of accelerated testing and counseling by expanding and taking services to the communities. The mechanism will include both Provider initiated Counseling and testing services and client initiated services both at facility and community levels. The objective is to provide services in the high prevalence and low knowledge of HIV status areas and thus will concentrate on the Informal settlements of Nairobi. These are very densely populated with HIV prevalence which is above the national average. The second area is Nyanza province where the prevalence is double the national average. At the same time Provider initiated testing and counseling will be offered as a routine service provided to those who visit the health facilities both in patient and

outpatient targeting 80 % and 50 % coverage in the two areas respectively. The visitors and relatives visiting their hospitalized relatives will also be targeted. Linkage will be made with the provincial and district comprehensive care centers to follow the index client in their homes and offer Testing and counseling to their families. The mechanism will use all the evidence based approaches ensuring quality in each namely, Home based testing, workplace, facility based and outreaches. Emphasis will be put on couple counseling and disclosure. Prevention activities will be integrated in the services thus male circumcision activities; education and referral will be provided as appropriate. The hard to reach populations like the MARPS will be an important component of the strategy and the program will integrate prevention activities with provision of counseling and testing services. The overall objective will be to achieve higher knowledge of HIV status by the communities and those positive will be linked to care and treatment services. The target to be tested and counseled will be 360, 000 clients and service providers to be trained and sensitized to provide services will be 1250.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

Nyanza province, which has a population of about 5.1 million people, carries the highest HIV burden in Kenya, with an estimated adult HIV prevalence of 14.9% (compared to the national 7.1%), and ~500,000 people are living with HIV, ~ 10% being children. Nairobi province has a HIV prevalence of 8.8%. The New Nyanza Provincial General Hospital (NNPGH) is the referral hospital for the province.

Since 2003, the Kenya Medical Research Institute (KEMRI) has been supporting HIV activities in Nyanza and Nairobi provinces. The current KEMRI cooperative agreement will end in September 2010. Therefore, in COP 10 CDC will solicit a new partner to support the services that KEMRI has been supporting.

The TBD partner will support pediatric HIV Care services at the New Nyanza Provincial Hospital in Nyanza Province, and the International Emerging Infectious Disease Program directed Tabitha Clinic in Nairobi. Bondo District, which is being transitioned this year, will be fully supported by the Columbia University Mailman School of Public Health (ICAP) program in COP 10. Support of Siaya District will be transitioned to ICAP, while that of Mathare clinic to University of Maryland.

In FY 10 the TBD partner will ensure provision of pediatric HIV treatment services to 3000 children. The TBD partner will work with the Ministry of Health at the provincial, district and health facility levels, to jointly plan, coordinate and implement pediatric HIV services.

In FY 10 the TBD partner will continue to support the NNPGH to offer quality pediatric HIV care and treatment, and to serve as a model and mentorship site for the province. The partner will also continue to build the capacity for the hospital to offer specialized pediatric treatment, including management of children with ARV treatment failure, and complicated drug adverse reactions.

Pediatric HIV trainings will continue to be supported, ensuring training for 120 health care workers (HCW), through both classroom training and mentorship. The TBD partner, working with the provincial Ministry of Health team, will offer continuous medical education for HIV treatment at the provincial hospital to health care workers in the province. The TBD partner will work with the MOH to identify areas with staff shortages, and support recruitment of additional staff.
In FY 10 the TB partner will prioritize the identification of exposed/infected children < 5 years of age, through systematic provision of EID for those < 18 months of age at the MCH, PITC in clinical settings, family-testing through clinical and community HTC strategies, and the systematic use of the combined mother-child card at MCH. All exposed children until 18 months of age will be linked to pediatric care services and ART if HIV-infected. Per MOH guidelines, the TBD partner will support CTX for HIV+ children and for all exposed children until their HIV status is conclusively determined.

The TBD partner will offer a comprehensive package of services to all HIV+ children at health facility level, including clinical assessment for ART eligibility; provision of ART for those eligible; laboratory monitoring with biannual CD4 testing; cotrimoxazole prophylaxis; psychosocial counseling, supported disclosure and referral to the children support groups; adherence counseling; nutritional assessment and supplementation; secondary prevention for adolescents (prevention with positives [PwP], including adherence counseling ,risk reduction counseling including condom provision, alcohol counseling, family planning counseling and provision or referral of services; STI diagnosis and treatment, etc.); provision of a BCK (safe water system, multivitamins, insecticide-treated mosquito nets, condoms, and educational materials); improved OI diagnosis and treatment, including TB screening, diagnosis and treatment; and pain management with non-steroidal anti-inflammatory drugs. Pediatric TB case finding, diagnosis and treatment will be strengthened, and the cryptococcal antigen test will be made available.

Ongoing community interventions for HIV+ children, including use of support groups to provide adherence messaging, and defaulter tracing and follow up will continue to be supported. The TBD partner will collaborate with other partners supporting community activities to ensure linkage and provision of community components of pediatric HIV services.
The TBD partner will adapt the quality of care indicators for monitoring the quality of pediatric HIV services that will be developed by NASCOP, and integrate them into routinely collected data.
The TBD partner will continue to strengthened pediatric data collection and reporting at all levels to increase and improve reporting to NASCOP and PEPFAR. With guidance from the national PEPFAR

office, the new generation indicators will be adopted. Use of an electronic medical records system will be supported and strengthened. An ongoing evaluation of NNPGH program data will be completed in FY 09, and will inform the program on their performance, including clinical outcomes, and areas that require strengthening.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

Nyanza province, which has a population of about 5.1 million people, carries the highest HIV burden in Kenya, with an estimated adult HIV prevalence of 14.9% (compared to the national 7.1%), and ~500,000 people are living with HIV, ~ 10% being children. Nairobi province has a HIV prevalence of 8.8%. The New Nyanza Provincial General Hospital (NNPGH) is the referral hospital for the province.

Since 2003, the Kenya Medical Research Institute (KEMRI) has been supporting HIV activities in Nyanza and Nairobi provinces. The KEMRI cooperative agreement will come to an end in September 2010. Therefore, in COP 10 CDC will solicit a new partner to support the services that KEMRI has been supporting.

The TBD partner will support pediatric HIV Care and Treatment services at the New Nyanza Provincial Hospital in Nyanza Province, and the International Emerging Infectious Disease Program directed Tabitha Clinic in Nairobi. Bondo District, which is being transitioned this year, will be fully supported by the Columbia University Mailman School of Public Health (ICAP) program in COP 10. Support of Siaya District will be transitioned to ICAP, while that of Mathare clinic to University of Maryland.

In FY 10 the TBD partner will ensure provision of pediatric HIV treatment services to 2000 children. The TBD partner will work with the Ministry of Health at the provincial, district and health facility levels, to jointly plan, coordinate and implement pediatric HIV services.

In FY 10 the TBD partner will continue to support the NNPGH to offer quality pediatric HIV care and treatment, and to serve as a model and mentorship site for the province. The partner will also continue to build the capacity for the hospital to offer specialized pediatric treatment, including management of children with ARV treatment failure, and complicated drug adverse reactions.

Pediatric HIV trainings will continue to be supported, ensuring training for 120 health care workers (HCW), through both classroom training and mentorship. The TBD partner, working with the provincial Ministry of Health (MOH) team, will offer continuous medical education for pediatric HIV treatment at the

provincial hospital to health care workers in the province. The TBD partner will work with the MOH to identify areas with staff shortages, and support recruitment of additional staff.
The TBD partner will support provision of a comprehensive package of services to all HIV+ children at health facility level, including clinical assessment for ART eligibility; provision of ART for those eligible; laboratory monitoring with biannual CD4 testing; cotrimoxazole prophylaxis; psychosocial counseling, supported disclosure and referral to the children support groups; adherence counseling; nutritional assessment and supplementation; secondary prevention for adolescents (prevention with positives [PwP], including adherence counseling ,risk reduction counseling including condom provision, alcohol counseling, family planning counseling and provision or referral of services; STI diagnosis and treatment, etc.); provision of a BCK (safe water system, multivitamins, insecticide-treated mosquito nets, condoms, and educational materials); improved OI diagnosis and treatment, including TB screening, diagnosis and treatment; and pain management with non-steroidal anti-inflammatory drugs. Pediatric TB case finding, diagnosis and treatment will be strengthened, and the cryptococcal antigen test will be made available. The TBD partner will continue to advocate for exclusive breastfeeding for infants and nutrition education to all affected families. The TBD partner will adopt strategies to ensure access and provision of children friendly HIV treatment services.

Ongoing community interventions for HIV+ children, including use of support groups to provide adherence messaging, and defaulter tracing and follow up will continue to be supported. The TBD partner will collaborate with other partners supporting community activities to ensure linkage and provision of community components of pediatric HIV services.

The TBD partner will adapt the quality of care indicators for monitoring the quality of pediatric HIV treatment services that will be developed by NASCOP, and integrate them into routinely collected data. The TBD partner will continue to strengthened pediatric data collection and reporting at all levels to increase and improve reporting to NASCOP and PEPFAR. With guidance from the national PEPFAR office, the new generation indicators will be adopted. Use of an electronic medical records system will be supported and strengthened.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

The following strategic information activities will be supported under KEMRI:

• Capacity building in data collection, entry, management, analysis, and utilization. This will include training in the use of EPI Info and other appropriate software and electronic reporting tools, e.g. handheld

devices, for health workers and data handling staff to improve analysis, dissemination and utilization of strategic information, e.g. from surveillance, to strengthen HIV/AIDS policies and programs. This will also include rollout of the revised MOH registers and forms at facilities in Nyanza province.

• Supporting data collection, management, analyses and distribution at the Demographic Surveillance Systems (DSS) in Nyanza and Nairobi to better understand the HIV/AIDS epidemic. These activities will include the development, piloting, and rollout of suitable software and piloting of innovative technologies. KEMRI will also continue to conduct mortality surveillance by cause at the two DSS sites through sample vital registration using Verbal autopsy (SAVVY).

• Supporting the Division of Leprosy, TB and Lung Diseases (DLTLD) to roll out the PDA based electronic TB register to two more provinces following the evaluation of installations in Nyanza and Nairobi provinces. The inclusion of a GPRS module will enable direct submission of data from the field to a central database resulting in fast and secure data submission.

The above activities will complement national effort by other SI partners to strengthen the national informatics and M&E systems through ongoing capacity building and systems strengthening. Mortality surveillance will provide data on estimated deaths by cause and help in assessing the impact of PEPFAR programs on HIV related mortality. This is a new activity that was previously funded under USAID.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

Nyanza province, which has a population of about 5.1 million people, carries the highest HIV burden in Kenya, with an estimated adult HIV prevalence of 14.9% (compared to the national 7.1%), and ~500,000 people are living with HIV. The New Nyanza Provincial General Hospital (NNPGH) is the referral hospital for the province.

Since 2003, Kenya Medical Research Institute (KEMRI) has been supporting HIV activities in Nyanza and Nairobi. The current KEMRI cooperative agreement ends in September 2010. Therefore, in COP 10 CDC will solicit a new partner (TBD) to support continuation of services.

KEMRI has been supporting PMTCT services in Nyamira, Manga, Borabu, Gucha South, Kisii Central, Kisii South and Masaba districts of Nyanza Province. In the past, different partners have been supporting different program areas in the same geographic region and health facilities. Collaboration across these partners has been a big challenge, compromising the efficiency and cost-effectiveness of HIV service

implementation. In COP 10, TBD partner will offer comprehensive HIV services.

The TBD partner will ensure provision of PMTCT services to 69,925 pregnant mothers. Decentralization of PMTCT services to all lower level facilities will be supported.

HIV trainings will be supported, ensuring training of 330 health care workers (HCW) in PMTCT, through both classroom training and mentorship. The TBD partner will work with the district and provincial Ministry of Health (MOH) teams, to offer continuous medical education for PMTCT. The TBD partner will work with the MOH to identify areas with staff shortages, and support recruitment of additional staff.

HIV CT services will be offered to 69,925 (93.4%) pregnant women attending antenatal, intra-partum, postpartum services. ARV prophylaxis will be provided to 3994 (93.4%) of HIV-infected pregnant women and their babies. All HIV-positive pregnant women will be staged by WHO Clinical Stage and by CD4 count.

Women in WHO stage 3 & 4 or with CD4 cell count <350 will be initiated on ART. AZT will be initiated from 28 weeks gestation for those in WHO stage 1 & 2 with CD4 cell count >350, and offer a minimum of Single dose nevirapine (SdNVP) to those who present late. Of all the HIV positive pregnant women, 50% should receive AZT and NVP, 30% should receive HAART either for their own treatment or as prophylaxis to cover breastfeeding period, and 20% should receive the minimum sdNVP. All the HIV-positive pregnant women who receive sdNVP will be given AZT and 3TC combination for one week post natally to cover the Nevirapine "tail" to reduce the development of NVP resistance. All exposed babies will receive sdNVP, 3TC for one week and AZT for six weeks. Nevirapine tablets will be dispensed to all HIV-positive pregnant women at first contact to minimize missed opportunities.
All HIV-positive pregnant women will receive a comprehensive package of HIV care and ART services, either at the MCH or HIV clinic. Linkage to the HIV clinic will be strengthened by use of peer counselors or mentor mothers. The comprehensive package of services will include clinical assessment for ART eligibility based on the national guideline; provision of ART for those eligible; laboratory monitoring with biannual CD4 testing; cotrimoxazole prophylaxis; psychosocial counseling; adherence counseling; nutritional assessment and supplementation; secondary prevention (prevention with positives [PwP], including support for family testing for spouses/partners and children; supportive disclosure, adherence counseling ,risk reduction counseling including condom provision, alcohol counseling, family planning counseling and provision or referral of services; STI diagnosis and treatment, etc.); provision of a BCK (safe water system, multivitamins, insecticide-treated mosquito nets, condoms, and educational materials); improved OI diagnosis and treatment, including TB screening, diagnosis and treatment. Cotrimoxazole prophylaxis will be provided to all HIV exposed infants and their mothers. Counseling on infants feeding will also be provided. Exclusive breastfeeding for 6 months will be supported unless the

HIV positive mother unless formula milk is AFASS (acceptable, feasible, affordable, sustainable and safe). The PMTCT services will be integrated into all maternity facilities. Emphasis will be placed on primary prevention for majority of women identified as HIV negative.

Early infant diagnosis of HIV will be done from 6 weeks. Infants who test HIV positive below 18 months will be initiated on antiretroviral treatment. Those who test HIV negative but continue to breastfeed will be covered by extended maternal HAART prophylaxis where feasible. Follow up of infants tested will be done to ensure linkage to care and treatment, and effort will be made to improve RH/STI integration into PMTCT services and linkage to family planning services.

Greater involvement of people living with HIV/AIDS through facility and community based psychosocial support groups, Mentor Mothers and PwP strategies will be enhanced. Strategies will be adopted to encourage partners to be tested and receive HIV services.

Efforts will be made to improve ANC attendance and hospital deliveries by working with existing community programs and organizations.

The TBD partner will adapt the quality of care indicators for monitoring the quality of PMTCT services that will be developed by NASCOP, and integrate them into routinely collected data.
The TBD partner will prioritize and support renovation of health facilities to improve space for provision of MCH and PMTCT services.
The TBD partner will strengthen data collection and reporting at all levels to increase and improve reporting to NASCOP and PEPFAR. With guidance from the national PEPFAR office, the new generation indicators will be adopted.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

KEMRI leverages its laboratory research expertise to build capacity of the National Public Health Laboratory Services and hospital based labs to support surveillance, prevention, and care and treatment of HIV/AIDS and TB. In the FY 2010, KEMRI's objectives under EP award will include: i) support for laboratory-based public health evaluations (PHE) and HIV/AIDS surveillance activities, ii) support regional specialized lab-based trainings iii) Provide mentorship support in laboratory technology to regional laboratories, especially in the Nyanza, western, Central, Eastern and Nairobi regions iv) Strengthen laboratory networks for sample referrals, v) evaluate tests and new technologies and pioneer the use of emerging technologies like PCR and HIV-drug resistance testing, vi) Strengthening quality

assurance and proficiency testing for rapid HIV test procedures, clinical laboratory tests for monitoring of HIV treatment, and TB testing in district and provincial/regional hospitals, vii) Strengthen general laboratory capacities and efficiencies including supportive supervision, reference laboratory services, and validation of new laboratory tests and equipment, viii) support national infection prevention and bio-safety laboratory initiatives, ix) Support equipment maintenance and service for laboratory equipment at PEPFAR supported laboratories. These activities will contribute to PEPFAR II indicators through maintenance of quality testing at laboratories enabling attainment of WHO step-wise accreditation. The KEMRI Production unit will support national EQA activities. Quality of rapid and PCR based HIV testing are essential entry points for HIV positive persons into care and treatment programs. Close monitoring of anti retroviral therapy will enable timely detection of treatment failures. Increasingly treatment programs are requesting for viral load and drug resistance testing. These are expensive procedures and evaluation of available methodologies needs to be done to guide cost-effective decisions for public health implementation in Kenya. The activity will also support sample referral and split-sample testing to build quality and accessibility to lab services. These activities will continue to support the training of 200 individuals in the provision of lab-related services and will contribute to improvement of the capacity of 6 and 100 laboratories to perform PCR and CD4/ lymphocyte tests, respectively.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

Nyanza province, which has a population of about 5.1 million people, carries the highest HIV burden in Kenya, with an estimated adult HIV prevalence of 14.9% (compared to the national 7.1%), and ~500,000 people are living with HIV. Nyanza also has high burden of TB, having 23,455 TB patients diagnosed in 2007, and a TB case notification rate of 443 per 100,000 population. Nairobi province has a HIV prevalence of 8.8%. The New Nyanza Provincial General Hospital (NNPGH) is the referral hospital for the province.

Since 2003, the Kenya Medical Research Institute (KEMRI) has been supporting TB/HIV activities in Nyanza and Nairobi provinces. The KEMRI cooperative agreement will come to an end in September 2010. Therefore, in COP 10 CDC will solicit a new partner (To Be Determined-TBD) to support the services that KEMRI has been supporting.

The TBD partner will support TB/HIV services at the New Nyanza Provincial Hospital in Nyanza Province, and the International Emerging Infectious Disease Program directed Tabitha Clinic in Nairobi. Bondo District, which is being transitioned this year, will be fully supported by the Columbia University Mailman School of Public Health (CU-ICAP) program in COP10. Support of Siaya District will be transitioned to

CU-ICAP, while that of Mathare clinic to University of Maryland.

The TBD partner will ensure provision of TB/HIV services to enable 3000 TB patients to be tested for HIV, and 1800 TB/HIV co-infected patients to receive TB treatment and HIV care and treatment services. In FY10 the TBD partner will continue to support the NNPGH to offer quality TB/HIV services, and to serve as a model and mentorship site for the province.

The TBD partner will support training, sensitization, mentorship, regular review and stakeholder meetings and continued technical assistance through joint supervision visits by District GOK TB, HIV and laboratory teams. The TBD partner, working with the provincial Ministry of Health team, will offer continuous medical education for TB/HIV at the provincial hospital to health care workers in the province. The TBD partner will work with the MOH to identify areas with staff shortages, and support recruitment of additional staff.

To increase the number of TB patients accessing HIV testing services the TBD partner will ensure availability of HIV testing in all TB treatment facilities, and support provision of HIV testing to all TB patients in these facilities. To ensure access and provision of HIV care (including cotrimoxazole prophylaxis) and ART to all TB/HIV co-infected patients, referrals and linkage of TB/HIV patients to the HIV clinic will be strengthened. At the NNPGH an integrated model will be adopted where HIV care and treatment services will be offered at the TB clinic. TB screening for PLWHA attending HIV care and treatment services will be strengthened, by adopting the standardized TB screening tool that NASCOP will finalize in FY 09. Support will be provided to improve the laboratory capacity for quality sputum microscopy services through training of laboratory technologists on AFB microscopy using the national AFB microscopy manual, and collection of sputum slides and re-reading of the slides by the District medical laboratory technologists, as part of the sputum quality assurance system.
The TBD partner will support provision of a comprehensive package of HIV care and treatment services to all TB/HIV co-infected patients at health facility level, including TB treatment and monitoring (with sputum microscopy); cotrimoxazole prophylaxis; clinical assessment for ART eligibility; provision of ART for those eligible; laboratory monitoring; psychosocial counseling, including, positive living and referral to support groups.
Data will be analyzed on a regular basis to inform program performance. The TBD partner will adapt the quality of care indicators for monitoring the quality of TB/HIV services that will be developed by NASCOP, and integrate them into routinely collected data. With guidance from the national PEPFAR office, the new generation indicators will be adopted. Use of an electronic medical records system will be adopted at the NNPGH.
In collaboration with the NLTP and the Provincial TB coordinators, the TBD partner will continue support of a TB-MDR treatment center at the Nyanza provincial hospital, which will be initiated in FY 09. The

program will additionally support purchase of MDR-TB drugs mainly for use the NNPGH. The TBD partner will collaborate with other partners supporting the community activities to ensure linkage and provision of community components of TB and HIV services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12077	**Mechanism Name: MOH (MOPHS/MOMS)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This Implementing Mechanism provides technical assistance to enhance the national capabilities in the conduct of public health field surveillance and epidemiology; development of national high-quality laboratory systems and diagnostic capacity; and implementation of evidence-based public health programs on important human infectious diseases, with an emphasis on HIV/AIDS and related interventions including but not limited to blood safety, injection safety, infection control, and medical waste management, Malaria, Emerging and Re-emerging infectious Diseases, Neglected Tropical Diseases, Tuberculosis, Influenza and other diseases with pandemic potential as well as Environmental Health issues, Chronic Diseases, Maternal and Child Health, Reproductive Health, Public Health Preparedness, Bio-safety, and Injury Control and Prevention.

The activities carried out by this IM will target all populations on a national level and address all four core pillars of the KNASP III:
• 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

Contributions to Health Systems Strengthening:

Enhance the human resources for health (HRH) technical, scientific and managerial capacities through the provision of training opportunities for university and graduate level students; public health professionals; and GOK staff and other program implementers. Focus areas include but are not limited to training in basic and applied public health research, public health program planning, program implementation, program evaluation, data collection and analysis, and financial and administrative management.

Cross-cutting programs and key issues: describe: Strengthen the Ministry of Public Health and Sanitation's institutional capability to plan, implement and evaluate evidence-based public health programs, conduct public health surveillance and develop public health interventions that support national and regional disease identification as well as disease prevention and control efforts. other entities concerned about public health issues in the region. incorporate the results of research and program evaluations into operational disease prevention and control programs, ensure the sharing of expertise and research findings nationally, regionally and internationally, and use the results to inform national public health policies and guidelines.

IM strategy to become more cost-efficient over time: leveraging funds received from other organizations to reduce reliance upon USG funds or implementation and evaluation of HIV/AIDS related activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12077**		
Mechanism Name:	**MOH (MOPHS/MOMS)**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NASCOP) which ends in September 2011. The procurement of the new partner is in process and it is anticipated to be a sole source to the Ministry of public Health and Sanitation (MOPHS) in collaboration with Ministry of Medical Services (MOMS).

The partner will oversee the implementation of all HIV care programs to all people living with HIV/AIDS including health care workers and others providing services to people living with HIV in Kenya. These activities will also result in the training of 200 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 TBD 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 Government of Kenya (GOK) and other facilities. Specific guidelines for prevention and treatment of opportunistic infections, including sexually transmitted illness, HIV prevention in care settings, and management of nutrition interventions will be updated, printed, and distributed as needed. The national system for tracking the numbers of people enrolled in patient support centers (i.e. HIV clinics) will continue to be improved. Funds will also be used to provide administrative support and transport for the Provincial/Regional ART coordinators so that they can coordinate, track, and provide supportive supervision to sites in their areas as well as supporting regular regional meetings of care providers.

The national supervisory structure includes a core staff at a national level that consists of a small technical and administrative staff and an expanding staff responsible for M&E. A system of regional supervision of HIV/AIDS treatment activities has been established using Provincial AIDS and STI Coordinating Officers (PASCOS) who are responsible for assisting with the establishment of care and treatment services at additional sites, conducting site evaluations and accreditation, and supervision of care programs. The partner will distribute HIV prevention materials for health care providers that incorporate consistent messages regarding HIV status disclosure, partner testing, and condom use to

prevent sexual transmission. Other activities will include the development of referral systems and care linkages for HIV positive mothers identified through the PMTCT programs, decentralization of care and treatment services to lower level health facilities to increase access and reduce the waiting list at the provincial and district hospitals, and improved coordination with other sources of support such as the Global Fund for AIDS Tuberculosis, and Malaria.

There are strong linkages between these activities and virtually all HIV prevention and treatment activities in Kenya. All Emergency Plan partners have been encouraged to extend efforts to further strengthen these linkages by coordinating with and supporting the activities of the PASCOS and by participating in national efforts such as policy/guideline revision and national stakeholders meetings. Activities are closely linked to the Management Systems of Health (MSH) supported logistics/systems strengthening particularly for the Kenya Medical Supplies Agency. Other linkages include Counseling and Testing, PMTCT, ARV Services, Strategic Information and TB/HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NASCOP) which ends in September 2011. The procurement of the new partner is in process and it is anticipated to be a sole source to the Ministry of public Health and Sanitation (MOPHS) in collaboration with Ministry of Medical Services (MOMS).

The partner will oversee the implementation of all HIV care and antiretroviral treatment (ART) programs for people living with HIV/AIDS, health care workers and others providing services to people with HIV in Kenya. These activities will also result in the training of 200 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 Government of Kenya (GoK) supported and other facilities. It will also continue to coordinate with other sources of support such as Global fund for AIDS, Tuberculosis and Malaria, and Clinton Foundation.

The partner will improve the national system for tracking the number of people receiving ART, and provide financial and administrative support to the Provincial AIDS and STI coordinating Officer (PASCO) so that they can coordinate, track and provide supportive supervision to area sites. Funds will also be used to support regular regional meetings of care providers. The National supervisory structure 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. The PASCOs are responsible for assisting with the establishment of services at additional sites, conducting site evaluations and accreditations, and the supervision for ART programs. All activities are closely linked to other GOK and PEPFAR supported HIV treatment and prevention activities, the networks of care in the Private and Mission sectors, and Kenya Pharma/ Chemonics supported logistics/systems strengthening (particularly for the Kenya Medical Supplies Association). Emphasis will be placed on developing regional trainers who will provide classroom training and mentorship of health care workers at the facility level.

The partner will continue to support implementation of HIV prevention activities in clinical care settings, the development of referral systems and care linkages for HIV positive mothers and infants identified through the PMTCT programs, decentralization of care and treatment services to lower level health facilities to increase access and reduce the waiting list at the provincial and district hospitals, and improved coordination with other sources of support such as the Global Fund for AIDS, Tuberculosis, and Malaria.. 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.
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. This activity includes minor emphases in development of networks, human resources, policy and guidance development, quality assurance and supportive supervision, training, and strategic information.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

This Implementing Mechanism (IM) will coordinate National activities pertaining to HIV testing and counseling. The mechanism will continue to give overall guidance and coordination of all service provision activities by determining the policies and guidelines to be followed by service providers. This IM will ensure that standardized practices are carried out in the country and that clients get quality services. The IM will be instrumental in influencing policy at national level especially the HIV bill to adopt practices that make it easy for clients to access and get to know their HIV status. The IM will coordinate and work with all partners and stakeholders to develop guideline documents and tools for data collection for the innovative approaches like Home based testing and counseling, work place and outreach services. The IM will roll out disseminate and supervise the implementation of the National quality assurance strategy to ensure all stakeholders adhere to quality standards for HIV testing and counseling. This will be done

by developing sound supervisory tools and using such tools in the visits.

Counseling and testing has a national target of achieving 80% universal knowledge of HIV status by 2011 will review and coordinate the strategies for accellerati9ng activities to achieve this. To this end the IM will convene regular and special Technical working groups to deliberate and design strategies to be implemented for example the National testing campaigns. The IM has the mandate of strengthening the regions to identify and respond to their epidemic patterns by using the most suitable innovative and evidence based testing and counseling approaches. Data collection is an important aspect of a national program and the IM will ensure that all data collection tools are available and service providers know how to use them and provide timely reports to the national office. In ordered to promote learning and experience sharing, the IM will organize and hold national implementers meeting on Testing and counseling for purposes of disseminating any new guidance, sharing of best practices across programs and to evaluate the progress towards the achievement of the national target coordinate and the IM will conduct supervisory visits and support to the regions to ensure quality of service provision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NASCOP) which ends in September 2011. The procurement of the new partner is in process and it is anticipated to be a sole source to the Ministry of public Health and Sanitation (MOPHS) in collaboration with Ministry of Medical Services (MOMS). The partner will oversee the implementation of all pediatric HIV care and antiretroviral treatment programs for the under 15 year olds in Kenya. These activities will result in the training of 200 health care workers not included in other targets.

Specific activities supported by the TBD will include the coordination of all partners in the area of pediatric antiretroviral treatment (ART) provision (through national level meetings such as the National ART task force), and supervision of pediatric treatment in Government of Kenya (GOK)-supported and other facilities. TBD will also continue to coordinate with other sources of support such as Global fund for AIDS, Tuberculosis and Malaria. TBD will continue to improve the national system for tracking the number of children receiving ART, and provide financial and administrative support to the Provincial AIDS and STI coordinating officers (PASCO) so that they can coordinate, track and provide supportive supervision to area sites. Funds will also be used to support regular regional meetings of care providers. The national supervisory structure 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. The PASCO's are responsible to assist with establishment of services at additional sites,

conducting site evaluations and accreditations, and supervising for ART programs. All activities are closely linked to other GOK and PEPFAR supported HIV treatment and prevention activities, the networks of care in the Private and Mission sectors, and Kenya Pharma/Chemonics 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. TBD will support development and implementation of HIV prevention activities in clinical care settings, the development of referral systems and care linkages for HIV positive mothers and infants identified through the PMTCT programs, decentralization of care and treatment services to lower level health facilities to increase access and reduce the waiting list at the provincial and district hospitals, an intensified focus on pediatric provision of care, and improved coordination with other sources of support such as the Global Fund for AIDS, Tuberculosis, and Malaria.
These activities are essential to the overall implementation and coordination of HIV treatment programs 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 PASCO's and by participating in national efforts such as policy/guideline revision and national stakeholders meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NASCOP) which ends in September 2011. The procurement of the new partner is in process and it is anticipated to be a sole source to the Ministry of public Health and Sanitation (MOPHS) in collaboration with Ministry of Medical Services (MOMS). TBD will oversee the implementation of all pediatric HIV care and antiretroviral treatment programs for the under 15 year olds in Kenya. These activities will result in the training of 200 health care workers not included in other targets.

Specific activities supported by the partner will include the coordination of all partners in the area of pediatric antiretroviral treatment (ART) provision (through national level meetings such as the National ART task force), and supervision of pediatric treatment in Government of Kenya (GOK)-supported and other facilities. This partner will also continue to coordinate with other sources of support such as Global fund for AIDS, Tuberculosis and Malaria. TBD will continue to improve the national system for tracking the number of children receiving ART, and provide financial and administrative support to the Provincial AIDS and STI coordinating officers (PASCO) so that they can coordinate, track and provide supportive supervision to area sites. Funds will also be used to support regular regional meetings of care providers. The supervisory structure at 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. the PASCOs are responsible to assist with establishment of services at additional sites, conducting site evaluations and accreditations, and supervising for ART programs. All activities are closely linked to other GOK and PEPFAR supported HIV treatment and prevention activities, the networks of care in the Private and Mission sectors, and Kenya Pharma/Chemonics 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. TBD will continue to support development and implementation of HIV prevention activities in clinical care settings, the development of referral systems and care linkages for HIV positive mothers and infants identified through the PMTCT programs, decentralization of care and treatment services to lower level health facilities to increase access and reduce the waiting list at the provincial and district hospitals, an intensified focus on pediatric provision of care, and improved coordination with other sources of support such as the Global Fund for AIDS, Tuberculosis, and Malaria. These activities are essential to the overall implementation and coordination of HIV treatment programs in Kenya. These national 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. 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 teams and by participating in national efforts such as policy/guideline revision and national stakeholders meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

The goals and objectives of this award are to strengthen the national monitoring and evaluation systems through strong data management and surveillance systems.

Specific activities to achieve the above goals and objectives are:

• To support the implementation of Kenya National AIDS Strategic Plan through development of M&E tools and collecting routine data.
• Data Quality Assessment (DQA) of program data at selected sites
• Direct support to the provincial and district health management teams through PASCO's and DASCO's to enhance their data use skills.

MOPHS will also work with other partners to strengthen the collection, analysis and use of surveillance

information through:

• ANC sentinel surveillance and moving towards the use of PMTCT program data to measure national HIV prevalence
• MARPs and STI surveillance
• HIV drug resistance surveillance

MOPHS will coordinate and supervise the implementation of standards based Electronic Medical Records (EMR) system with linkages to lab and pharmacy systems for patient monitoring. MOPHS will coordinate the Phones for Health activities to improve data flow from health facilities.

The MOPHS will provide technical staff and other resources to generate and promote the use of strategic information for evidence based policy formulation and decision making. The use of SI should encourage the host country government to commit more resources to support M&E, surveillance and informatics and reduce dependency on partner support. Use of SI in the annual operation plan (AOP) will ensure allocation of GoK budget lines for priority activities.

The ongoing capacity building for the GoK staff will ensure sustainability of the systems put in place through partnership with PEPFAR. It is also anticipated that as part of the partnership framework, MOPHS will ensure commitment of additional GoK resources (human, financial and other) towards the sustainability of these projects.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	Redacted	Redacted

Narrative:

National AIDS & STD Control Program (NASCOP) will coordinate and monitor the implementation of all national policies, standards, guidelines and strategic plans for injection safety and health care waste management in the country. NASCOP guide the scale up and integration of medical Injection Safety, phlebotomy and Infection Prevention and Control as well as bio-safety into existing health programs by various partners country-wide. Sharps injuries surveillance will be strengthened to identify practices and procedures that pose risk to HIV exposure to health workers and patients. Uptake of post exposure prophylaxis by health care workers will be assessed and linkages to Care and Treatment services established. In FY 10 particular emphasis will be given to enhancing safe medical waste management systems and phlebotomy practices.

NASCOP will monitor injection practices country-wide and give supportive supervision that will strengthen

performance at all levels of health delivery. Infection Prevention Committees (IPC) at hospitals will be reactivated to oversee infection control, safe injection and waste management practices. The lessons learned from these initial hospitals will be used to enhance the functions of IPC at all hospitals in the country. These committees will serve to ensure sustainability of safe injection practices in years to come. NASCOP will coordinate quarterly meetings to plan and monitor the outcomes of activities for safe injection practice, phlebotomy, infection control and sharps waste management. NASCOP will support a community communication campaign to reduce injection demand and promote safe injection practices and medical waste disposal practices. Training in phlebotomy practice commenced in FY09 through a public-private partnership with Becton-Dickinson will be expanded to more health facilities across the country. This activity will also support medical training colleges and universities to integrate safe injection practices into pre-service and in-service training curricula.

Target Explication
Formulate policy, coordinate and monitor implementation of policies for injection safety, phlebotomy and medical waste management practices leading to prevention of medical transmission of HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NASCOP) which ends in September 2011. The procurement of the new partner is in process and it is anticipated to be a sole source to the Ministry of public Health and Sanitation (MOPHS) in collaboration with Ministry of Medical Services (MOMS).

This new mechanism 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. As a follow-up mechanism to NASCOP, it 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. It 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. It will also partner with the Kenya Medical Training College (KMTC) and other higher levels of tertiary education to help develop in-service training guidelines for 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. It will play a key role in ensuring that epidemiological data is captured, analyzed and presented for use in implementation of prevention programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NASCOP) which ends in September 2011. The procurement of the new partner is in process and it is anticipated to be a sole source to the Ministry of public Health and Sanitation (MOPHS) in collaboration with Ministry of Medical Services (MOMS).

This new mechanism will support policy formulation, guidelines development, and roll-out documents focusing on at-risk youth, most-at-risk-populations, prevention with positives and other vulnerable populations in Kenya. In addition, STI management will be strengthened through revision of STI surveillance and management protocols geared towards Positive prevention and Most-at-risk populations. Further, health workers will be continually updated and educated on new information concerning STI screening and treatment for individuals with HIV. The new mechanism will continue supporting NASCOP with its coordination role in the promotion, information and education of condoms 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. The new mechanism 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

This TBD represents follow-on for national PMTCT (NASCOP) activities currently provided by the National STD and STI Control Program (NASCOP) whose award expires in September 2010. The TBD partner will provide leadership and coordination to the national PMTCT program towards the goal of

universal access to comprehensive integrated PMTCT services. In partnership with all USG agencies and other PMTCT implementing partners and stakeholders this partner will promote strategies towards the achievement of KNASP, PEPFAR and UNGASS PMTCT goals In collaboration with the MOH's Division of Reproductive Health and Medical Training College (MTC), and 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.

The TBD partner 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. It will improve coordination across ministries of health (Ministry of Public Health Services (MOPHS) and Ministry of Medical Services MOMS) programs supporting MCH services at the national provincial and district levels with decentralization to the district level. Through the national Technical Working Groups (TWGs), the partner will provide the framework and guidance for the national roll out of comprehensive integrated PMTCT services in addressing all the four PMTCT prongs including provision of FP services within PMTCT programs and couple counseling and testing. It will facilitate the functioning of the Provincial PMTCT TWGs that will work at district level to enhance active community participation, coordinate various partner activities, review district micro plans and use program data for improving specific regional performance. Other significant activities include developing models to ensure improved access to HAART for eligible mothers either within the MCH setting or through linkage with existing ART programs.

Additionally, the program will continue working at strengthening the referral systems for the continuum of care for successful referral of mothers to antiretroviral therapy centers and early infant diagnosis and referral to appropriate care to enhance maternal and child survival. This program will also adopt a training package for the training of community groups to provide HIV prevention, treatment, care and support services at the community level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

Ministries of health in Kenya encourage improvement of integrated laboratory services to support both clinical care and public health demands. Key among the drivers of laboratory strengthening laboratory in Kenya will include development and/or implementation of sound policies, strategic planning, and coordination of services provided by various stakeholders and monitoring and evaluation of laboratory

capacity to support program goals.

Objective 1. Expansion of QA capacity for rapid HIV, CD4, clinical chemistry and hematology testing for ART monitoring to regions.
Objective 2. Strengthen decentralization and regional on-site support supervision for quality and timely service delivery. Coordinate provincial level lab activities by allocating resources to regions for these activities.
Objective 3. Strengthen of PCR testing capacity at public laboratories; establish PCR testing capacity at 2 provincial hospital laboratories.
Objective 4. Strengthen central data unit to streamline timely submission and analysis of monthly lab reports from facilities to ensure data generated is used for decision making.
Objective 5. Coordinate laboratory policy formulation efforts through provision of national and regional leadership and stakeholder's involvement (Lab Quality policy, equipment technology policy, and Infrastructure development plan, Referral networks plan, and supervision plan, strategic and operational plans).
Objective 6. Oversee dissemination/implementation of laboratory policy guidelines development/review.
Objective 7. Strengthen monitoring system of HIV test kits (kit lot validation and post market surveillance) and laboratory equipments (procurement and maintenance) to conform to nationally established standards.
Objective 8. Strengthen diagnostic microbiology capacity at district level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NASCOP) which ends in September 2011. The procurement of the new partner is in process and it is anticipated to be a sole source to the Ministry of public Health and Sanitation (MOPHS) in collaboration with Ministry of Medical Services (MOMS).

The partner will be responsible for establishing TB policy and provide overall coordination, implementation and evaluation oversight for all TB/HIV activities in Kenya. TB/HIV is a priority program area for DLTLD and the National AIDS and STI Control Program (NASCOP) with which collaborative activities will be strengthened and expanded in FY 10. As part of their national mandates, DLTLD and NASCOP coordinate implementation of collaborative activities through national, regional and district coordinating bodies. Since 2004, TB/HIV activities have advanced on the national agenda and are well articulated in the National TB Strategic Plan.

DLTLD has expanded TB treatment points from 1909 to 2280 and TB diagnostic points from 930 to 1183. In FY 10, the Emergency Plan will continue to provide essential support towards the achievement of targets set in the National TB Strategic Plan. National roll-out of collaborative TB/HIV activities is coordinated by the National TB/HIV Steering Committee (NTHSC) established jointly by the DLTLD and NASCOP, 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.

Concurrently, in partnership with Kenya USG agencies and the Tuberculosis Control Assistance Program (TB CAP), the National AIDS and STD Control Program (NASCOP) and DLTLD held a joint workshop to strengthen collaboration and adapted the Management and Organizational Sustainability Tool (MOST TB/HIV) in order to assess their level of collaboration and develop action plans for improvement. The MOST TB/HIV instrument was introduced by TBCAP and adapted to the Kenya TB and HIV contexts.

In 2008 DLTLD registered 110,345 TB cases. Out of these, 33.4%, 27.5% and 15.3% constituted smear positive, smear negative and extra-pulmonary disease, respectively. Of the 41,950 registered HIV+ TB patients in 2008, 6,712 (16%) invited their partners out of whom 4,732 (71%) were tested for HIV leading to identification of 2,404 positive and 2,328 negative partners. Directly observed therapy (DOTS) coverage is universal and treatment is observed either by a health provider, a community health worker or a treatment partner for 87% of cases. After achieving WHO TB control targets in FY07, TB case detection rates increased from 70% to 80% in FY09 and treatment success rates improved from 85% to 85.2% over the same period. HIV testing among TB patients is the standard of care with HIV status documented for 83% of patients. The average national HIV prevalence among TB patients remains around 45-48% but is as high as 70% in some settings. In FY 09, 93% of co-infected patients received cotrim. The percentage of MDR-TB patients is estimated at <1% and drug susceptibility testing (DST) for TB re-treatment cases improved from 40% in FY07 to 60% in FY09. Since 2003, 401 MDR-TB cases and 1 XDR-TB have been identified. Through the support of the Green Light Committee (GLC) and other sources, 100 MDR-TB cases are receiving treatment at 4 facilities (Kenyatta National Hospital [KNH], Blue House, Moi Teaching and Referral Hospital [MTRH] and Homa Bay District Hospital) and increased coverage is planned in the next phase
In FY 10, the DLTLD will build on gains already made to consolidate and further increase access to integrated TB/HIV services nationwide.
In FY 10, the DLTLD will concentrate on getting more eligible TB patients onto ART and intensify, in collaboration with NASCOP and other partners, TB screening for HIV-infected persons identified in HIV care settings, TB infection control in HIV care settings and expand access to TB preventive treatment (IPT) in selected sites. The DLTLD is coordinating efforts to optimize MDR-TB surveillance and expand

access to treatment. USG is supporting revision of the national TB/HIV training curriculum to equip providers with essential technical and managerial skills through an expanded pre and in-service training plan. In FY10, USG will assist Kenya conduct a national anti-TB drug resistance survey, strengthen TB diagnostic services, support construction of a new central reference laboratory and decentralize TB culture capacity. Other priorities include: expanding prevention with positive (PwP) services in TB clinics, sustaining TB/HIV control activities in the prisons, strengthening linkages between facility and community-based services, improving patient referrals and tracking systems and increasing support for operation research (OR). To strengthen HVTB program monitoring, USG will expand support for establishment of electronic TB and HIV recording and reporting systems to improve patient referrals, tracking, linkages and program evaluation. In addition to required PEPFAR TB/HIV indicators, the DLTLD will support reporting of selected custom indicators to assist with program management and evaluation and monitoring of new activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12078	**Mechanism Name: Clinical Services (FOA 962 & 991)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD represents a follow-on for HIV clinical services (MTCT, HBHC, HTXS, PDCS, PDTX, HVTB,)

currently provided by the following partners whose awards are expiring on March 31, 2010: AMREF (295.09), CARE International (368.09), EDARP (282.09), IMC (662.09), IRC (305.09) NARESA (296.09), NYU (286.09), Pathfinder International, UCSF (292.09), University of Manitoba (287.09), University of Nairobi (217.09 and 303.09), University of Washington (483.09). The existing services will transition to several TBD partners (PS09-991, PS09-962 and PS10-1004). The current activities under the listed partners are located in Central, Nairobi, Eastern and Nyanza regions. We anticipate making ~9 awards to follow on these activities. This TBD will cover Comprehensive Prevention care and treatment activities including PMTC, Provider Initiated Counseling and Testing, Basic care, Antiretroviral treatment and Prevention of HIV in clinical settings.

These activities will contribute to the expansion of access to quality comprehensive care and treatment services for people with HIV and pregnant mothers, strengthened human resource capacity to deliver comprehensive, prevention and treatment services, and a strengthened referral network for the provision of these services.

Activities will cover Nairobi, Eastern, Central and Nyanza regions in Kenya. These activities target pregnant mothers and people living with HIV/AIDS, including HIV positive infants (0 - 5 years), children (6 - 14 years), adult men and women and pregnant women. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased comprehensive prevention, care and treatment knowledge and skills
The To be Determined (TBD) partners will expand a collaborative relationship with National AIDS and STD control Program at national, provincial and district level . TBD will also support establishment/strengthening of other regional activities, including developing a system for quality control at supported facilities and the development of a regional system for transfer of blood samples/results to optimize the utilization of CD4 cell count machines. TBD partners will also assist with development of a quality improvement program for the region and will assist the National AIDS and STD Control Program (NASCOP) with implementation of a similar system nationally.

Due to the expansion of HIV clinical care services and the shortage of health workers, funds will be used to hire additional health workers who will be placed at the facilities providing HIV services. Funds will also be used for training of these health workers in comprehensive prevention care and treatment.
TBD partners will support integration of prevention care and treatment services at facility level. TBD partners will implement in coordination with other USG partners and Ministry of health at provincial and district level.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12078**
Mechanism Name:	**Clinical Services (FOA 962 & 991)**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

Narrative:

The To be Determined (TBD) partners will expand a collaborative relationship with Kenya Ministries of health through the National AIDS and STI Control Program(NASCOP) at national , provincial and district level in Central, Nyanza, Eastern and Nairobi regions, providing care for over 135,700 adults with HIV. This TBD represents a follow-on for Pediatric HIV basic care activities (PDCS) currently provided by the following partners whose awards are expiring on March 31, 2010: AMREF (9039), EDARP (9062), IRC , NYU (8989), UCSF (8946), University of Manitoba (8947), University of Nairobi (8939 and 8940), University of Washington (8935). The existing services will transition to several TBD partners under the CDC clinical services Funding Opportunity Announcements (PS09-991, PS09-962 and PS10-1004). TBD will support staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. The activity will also support the training of 200 individuals in the provision of HIV-related palliative care services. The package of services provided to children will include cotrimoxazole prophylaxis, treatment of opportunistic infections, management of malnutrition, improved access to safe drinking water, and interventions to reduce the risk of malaria. TBD will work closely with, and support the activities of, the Provincial AIDS and STI Coordinating Officer for the region, e.g., supporting regular meetings of area providers. TBD will also support establishment/strengthening of other regional activities, including developing a system for quality control at district level and the development of a regional system for transfer of blood samples/results to optimize the utilization of CD4 cell count machines and Early Infant Diagnosis. TBD partners will also assist with development of a quality improvement program for the assigned region and will assist NASCOP with implementation of a similar system nationally.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

The To be Determined (TBD) partners will expand a collaborative relationship with Kenya Ministries of health through the National AIDS and STI Control Program(NASCOP) at national , provincial and district level in Central, Nyanza, Eastern and Nairobi regions, to enhance and expand the antiretroviral treatment program in Eastern , Central, Nairobi and Nyanza regions in Kenya, providing treatment to 71, 600 people with HIV (including 9660 new , bringing the total ever treated to 85,920 in over 150 sites. 900 health care providers will receive ART training. This TBD represents a follow-on for treatment activities (HTXS) currently provided by the following partners whose awards are expiring on March 31, 2010: The existing services will transition to several TBD partners under the CDC clinical Services AMREF (9039), EDARP (9062), IRC , NYU (8989), UCSF (8946), University of Manitoba (8947), University of Nairobi (8939 and 8940), University of Washington (8935). Funding Opportunity Announcements (PS09-991, PS09-962 and PS10-1004).TBD partners will support, staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. ARVs will be supplied to the sites through the distribution system of the recently awarded Kenya Pharma project and the Kenya Medical Supplies Agency (KEMSA).

The partners will work closely with and support the activities of the Provincial AIDS and STI Coordinator for the assigned region. These activities will include support for regular meetings of providers from sites in each region. TBD will also support establishment/strengthening of other regional activities, including developing a system for quality control, a regional system for transfer of blood samples/results to optimize the utilization of the CD4 cell count machines, and a regional quality improvement program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

To be determined (TBD) partners will continue to work with the Kenyan ministries of health and the National AIDS and STI control program at the national, provincial and district levels to support the provision of HIV testing and counseling services in all health facilities in four provinces of Nyanza, Central, Eastern and Nairobi. The partners will specifically support provider initiated HIV testing and counseling (PITC) provided by all health workers as part of routine minimum package of care for all patients, family members and relatives regardless of their presenting signs and symptoms. This shall be in line with the Kenya National AIDS Strategic Plan for HIV AIDS (KNASP III) that aims to attain universal access to HIV testing and counseling by 2013. This TBD will support HIV testing and counseling for 357,000 patients, family members and relatives in 2010-2011 program year. It will also support training of

health 2,325 healthcare workers on PITC, support staff salaries, continuous medical education, promotional meetings, national and regional coordination meetings, quality assurance activities, printing of recording and reporting tools, supplies and other relevant logistics.

The TBD partners will continue to ensure that at least 30% of all out patients and 80% of all patients admitted in the medium to high level public facilities are provided HIV testing and counseling and received their results as per national guidelines. The TBD partners will work closely with NASCOP and the ministry of medical services, medical superintendants and other relevant leadership to ensure that a positive attitude and support is given towards routine HIV testing and counseling. It will also work towards ensuring high level of quality through supporting of regular supervisions, mentorships, and external test validation and proficiency testing as per the Kenya national quality assurance strategy. Finally, the TBD will work to ensure effective referral and linkages to prevention, care and treatment depending on the outcome of the HIV testing and counseling.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

The To be Determined (TBD) partners will expand a collaborative relationship with Kenya Ministries of health through the National AIDS and STI Control Program(NASCOP) at national , provincial and district level in Central, Nyanza, Eastern and Nairobi regions, providing care for 16,750 children below 15 years with HIV. This TBD represents a follow-on for Pediatric HIV basic care activities (PDCS) currently provided by the following partners whose awards are expiring on March 31, 2010: AMREF (9039), EDARP (9062), IRC , NYU (8989), UCSF (8946), University of Manitoba (8947), University of Nairobi (8939 and 8940), University of Washington (8935). The existing services will transition to several TBD partners under the CDC clinical services Funding Opportunity Announcements (PS09-991, PS09-962 and PS10-1004). TBD will support staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. The activity will also support the training of 200 individuals in the provision of HIV-related palliative care services. The package of services provided to children will include cotrimoxazole prophylaxis, treatment of opportunistic infections, management of malnutrition, improved access to safe drinking water, and interventions to reduce the risk of malaria. TBD will work closely with, and support the activities of, the Provincial AIDS and STI Coordinating Officer for the region, e.g., supporting regular meetings of area providers. TBD will also support establishment/strengthening of other regional activities, including developing a system for quality control at district level and the development of a regional system for transfer of blood samples/results to optimize the utilization of CD4 cell count machines and Early Infant Diagnosis. TBD partners will also assist with development of a quality improvement program for the assigned region and will assist NASCOP with implementation of a

similar system nationally.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

The To be Determined (TBD) partners will expand a collaborative relationship with Kenya Ministries of health through the National AIDS and STI Control Program(NASCOP) at national , provincial and district level in Central, Nyanza, Eastern and Nairobi regions, to enhance and expand the antiretroviral treatment program in Eastern , Central, Nairobi and Nyanza regions in Kenya, providing treatment to xxx children below 15 years with HIV (including 2,850 new , bringing the total ever treated to 10,644 in 150 sites. 900 health care providers will receive ART training. This TBD represents a follow-on for pediatric treatment activities (PDTX) currently provided by the following partners whose awards are expiring on March 31, 2010: AMREF (295.09), EDARP (282.09), IRC, (305.09) NYU (286.09), UCSF (292.09), University of Manitoba (287.09), University of Nairobi (217.09 and 303.09), University of Washington (483.09). The existing services will transition to several TBD partners under the CDC clinical Services Funding Opportunity Announcements (PS09-991, PS09-962 and PS10-1004).TBD partners will support, staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. ARVs will be supplied to the sites through the distribution system of the recently awarded Kenya Pharma project and the Kenya Medical Supplies Agency (KEMSA).

The partners will work closely with and support the activities of the Provincial AIDS and STI Coordinator for the assigned region. These activities will include support for regular meetings of providers from sites in each region. TBD will also support establishment/strengthening of other regional activities, including developing a system for quality control, a regional system for transfer of blood samples/results to optimize the utilization of the CD4 cell count machines, and a regional quality improvement program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	Redacted	Redacted

Narrative:

The TBD partner will promote sustainability, in collaboration with the Kenyan Ministry of Health (MOH), the PEPFAR team, and the HHS/CDC office in Kenya, to strengthen, expand and initiate high quality, VMMC services in selected geographical areas in Nairobi province. To avoid duplication, the partner will work in collaboration with other stakeholders and implementing partners in Nairobi province.

Nairobi province has second highest HIV prevalence in Kenya. According to the 2007 Kenya AIDS Indicator Survey, the province had an HIV prevalence rate of 9%, whereas Kenya's average rate was

7.4%. About 20% of males are not circumcised and based on population; this is estimated to about 170,000 uncircumcised men aged 15-64 years. Specific areas within the Nairobi province where these uncircumcised males reside require targeted demand creation as well as provision of safe and quality MC services.

It is envisaged that the TBD will deliver the minimum package for MC services, using innovative approaches as recommended by the Kenya MC Taskforce, to ensure rapid coverage of 'catch up' population with quality and safe MC services through training of health care providers on MC skills. These may include use of facilities, as well as mobile and outreach MC services to smaller dispensaries, health centers, schools, churches and market places/community centers. The capacity of facilities serving residents will be increased to provide MC in response to increased demand for services likely to result from near-universal awareness of HIV status among many clients who will be referred from Home based CT services (HBVCT). Through this activity, the partner will train Health Care workers and provide over 10,000 Male Circumcisions. Outreach and/or mobile MC services will involve high quality high-volume standardized approach through trained mobile teams and will follow MOH guidance. Mobile teams will work at temporary sites including existing buildings and tents that will be equipped for minor surgical procedures and pre- and post-operative services. Mobile MC Teams may geographically follow HBVCT teams as they move through the target geographical area to ensure coverage and no missed opportunities.

Pre-operative assessment will follow group education about MC and HIV risk reduction, including the information that MC is not 100% protective against HIV acquisition. Standard HIV prevention messages in group educational sessions will include age-appropriate information about delaying sexual debut, abstinence where appropriate, partner risk reduction and use of condoms correctly and consistently. This activity includes major emphasis in training of health care providers on VMMC skills, development and distribution of Information, Education and Communication, minor renovation of health facilities out-patient theatres to provide VMMC services and linkages to appropriate health care services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

This TBD represents a follow-on for Prevention of Mother to child Transmission (MTCT)) currently provided by the following partners whose awards are expiring on March 31, 2010: AMREF (295.09), CARE International (368.09), EDARP (282.09), IMC (662.09), IRC (305.09) NARESA (296.09), NYU (286.09), Pathfinder International, UCSF (292.09), University of Nairobi (217.09 and 303.09), The existing services will transition to several TBD partners (PS09-991, PS09-962 and PS10-1004). The To

be Determined (TBD) partners will expand a collaborative relationship with Kenya Ministries of health through the National AIDS and STI Control Program(NASCOP) at national , provincial and district level in Nyanza, Eastern and Nairobi regions, to enhance and expand Prevention of Mother to child Transmission in Eastern , Nairobi and Nyanza regions in Kenya, providing HIV testing ad counseling for 240,104 pregnant mothers. All HIV positive pregnant women shall have immunological and HIV clinical staging to identify appropriate ARV prophylaxis regimen as per the national guidelines. The partners will target to provide a complete course of ARV prophylaxis to 26,266 of the 28,550 HIV positive pregnant mothers as per the Ministry of Health guidelines.

All HIV exposed infant will be given ARV prophylaxis in line with the National PMTCT guidelines. The program will strengthen comprehensive PMTCT including couple counseling and will target to reach at least 14,000 male partners with HIV counseling and testing services. To improve the quality of life for HIV infected women, the program will wrap around other programs namely Safe motherhood and Family planning as well as TB screening and linkage to treatment. In strengthening the linkage between PMTCT and Pediatric HIV care services, the program shall support early infant HIV infection diagnosis by use of Polymerase Chain Reaction (PCR) for all HIV exposed infants and link all eligible infants to the pediatric ART program. The program shall strengthen the post natal HIV care clinic and shall support all the facilities in all the regions to initiate this strategy. The program shall also work and strengthen linkage with Child Survival activities to ensure that all infants and especially the HIV exposed and infected access immunization, growth monitoring, safe water and Infant and Young Child feeding services and support which will contribute to improved infant and child health outcomes. The mentor mothers' initiative is another national effort aimed at improving Infant and Young Child Feeding especially for the HIV exposed or infected child. The program will support the roll out of this strategy in at in all assigned regions.

Improved access to laboratory services for HIV+ women and their exposed infants is an important step in ensuring accurate assessment for HIV care and treatment. The program will work with the other PEPFAR funded partners, Ministry of Health and other implementing partners in establishing and maintaining a functional laboratory network in the geographical area of focus. Intra-partum and immediate post partum counseling and testing shall also be strengthened with a target of reaching 100% of all women attending delivery services at the maternity units within the program area. Currently over 50% pregnant women admitted in the labor and delivery units do not know their HIV status. The program will also promote couple counseling and testing to identify discordant and concordant couples to improve primary prevention and facilitate linkage to HIV care and treatment program for the eligible, in addition to strengthening Prevention with Positives strategy. The program will support the training of 100 service providers on PMTCT, Rationale use of ARVs, and Data collection and reporting in all facilities

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

The To Be Determined Partners (TBD) will support TB/HIV services BY screening ~ 78,000 HIV patients, identify and treat ~7,900 TB patients including children sites in Eastern, Nairobi, Central and Nyanza regions in Kenya. This TBD represents follow-on for TB/HIV activities (HVTB) currently provided by the following partners whose awards are expiring on March 31, 2010: AMREF (9039), EDARP (9062), IRC , NYU (8989), UCSF (8946), University of Manitoba (8947), University of Nairobi (8939 and 8940), University of Washington (8935) and IMC (9097). The existing services will transition to several TBD partners under the CDC Funding opportunity Announcements (PS09-991, PS09-962 and PS10-1004). TB screening will be offered to all HIV patients as a standard of care at the facilities; approximately 80,000 patients will be diagnosed as co-infected with TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs of TB testing. 150 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. The TBD partners will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12079	**Mechanism Name: LSTICK**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD in collaboration with National AIDS and STD Control Program will carry out a survey looking at

the longitudinal outcomes of adult patients in care and treatment. Although a similar survey was carried out in 2007, it did not include patients who had never initiated ART. In addition, the numbers of patients in care and treatment have increased tremendously over the last two yeas plus we now have cohort of patients who have been on treatment for more than 5 years. The results of the survey will be used to improve the care and treatment program, and to inform national policy and guidelines on care and treatment.

This is a national activity with a nationally representative sample.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12079**		
Mechanism Name:	**LSTICK**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted

Narrative:

The To Be Determined (TBD) partner will work in collaboration with the National AIDS and STD Control Program (NASCOP) to carry out the second Longitudinal Surveillance of Care and Treatment in Kenya (LSCTiK) to measure outcomes of adults in care and treatment in a nationally representative sample of people on care and ART . This will include measures of retention, adherence, treatment effectiveness (including viral suppression), morbidity and mortality from longitudinal follow-up of patients. The first survey was carried out in 2007 and the results of these have been used to improve the national ART program. The proposed survey will be more comprehensive than the 2007 in that it will look at a sample of patients who never stated ART and measure treatment eligibility, monitoring, basic services offered etc. Protocol development will be performed by TBD in collaboration with CDC technical staff and

NASCOP. NASCOP will provide data management and coordination with USG technical assistance.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12080	**Mechanism Name: NBTS TA - follow on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The NBTS TA TBD will contribute to prevention of medical transmission of HIV through technical assistance to National Blood Transfusion Service for provision of safe and adequate blood and components to all transfusing facilities in Kenya. TBD will collaborate with Kenya MOH, U.S. Government in-country Emergency Plan team, and HHS/CDC Kenya office to improve the breadth, scale and quality of the Blood Safety program through mobilization of low-risk, voluntary non-remunerated blood donors, blood collection, transport through the cold chain, testing for transfusion transmissible infections (HIV, HBV, HCV, syphilis) at quality assured laboratories, establishment of national quality system, monitoring and evaluation, coordination and monitoring for appropriate clinical use of blood and outcomes of transfusion - haemovigilance. A comprehensive quality system covering the entire transfusion process, from donor recruitment to the follow-up of recipients of transfusion will be established. TBD will implement evidence based strategies to improve on program management and evaluation. TBD will build the capacity of local organizations responsible for blood safety and transfusion services.
Collection of blood only from voluntary, non-remunerated, low-risk blood donors, universal blood

screening for HIV, hepatitis B and C viruses and syphilis and the appropriate clinical use of blood. All potential blood donors will receive HIV prevention messages. HIV positive donors will be referred for care, treatment and Prevention for Positive programs.

An adequate supply of safe blood in partner countries, prescribed by clinicians trained in the appropriate use of blood, is an important component of the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR) global HIV prevention strategy.

TBD will build the capacity of NBTS and health care workers in technical, managerial and administrative capacity. Provision of safe blood will improve patient care and strengthen the laboratory capacity with equipment and information management systems. TBD will support hospital transfusion committees to improve collaboration of blood users and the blood banks.

This activity will establish linkages with HIV prevention and counseling programs for appropriate messages to blood donors. HIV positive donors will be referred to and HIV care & treatment services. Linkages will be strengthened with high blood using programs such as malaria and reproductive health as well as pre-service training institutions.
Collaboration with Injection Safety program will enhance medical waste management.

TBD will establish government commitment, support and recognition for the NBTS as a separate unit with an adequate budget, necessary legislation/regulation, management team, and the formation of an organization with responsibility and authority for the BTS. Additional funding sources including Global Fund will be identified. TBD will foster development and implementation of a budgeting and finance system for sustainability through cost recovery and/or annual budget allocation, will strengthen public-private-partnerships. TBD will give technical assistance on cost effectiveness for efficient systems in collection, testing and processing of blood. This will be done through improved financial management system, efficient automated blood testing systems and centralized testing of blood.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12080**		
Mechanism Name:	**NBTS TA - follow on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted

Narrative:

The technical assistance partner will give expert guidance to the National Blood Transfusion Service of Kenya (NBTS) in PEPFAR II. The NBTS consists of six regional blood transfusion centers (RBTC) which collect, process, test, and distribute blood, and nine satellite centers, which distribute blood to health facilities. The NBTS collaborates with three non-governmental organizations for mobilization of volunteer blood donors among high school, college and university students, community and faith-based organizations, and adults in the work place. Other partners strengthen hospital transfusion practices and raise awareness on blood transfusion through media. The TBD will give support to these blood safety stakeholders.

Previous technical support has included development of policies, standards and guidelines; guidance on procurement of reagents and equipment; infrastructural planning support; collection , screening, processing and appropriate use of blood; training of health workers and strengthening of a monitoring and evaluation system. The support has led to increased blood collections to over 140,000 units in the last two years up from about 40,000 in 2003. HIV prevalence among donors declined from 6% in 2000 to 1.4% in 2008.

Despite great progress some challenges still remain. Current blood collections stand at about 3-4 units per 1000 population which is below the WHO recommendation of 10-20 per 1000 population. Although NBTS recruits low risk donors, the Kenya AIDS Indicator Survey (KAIS), 2007 showed that about a third of blood is collected in hospitals from family replacement donors reflecting inadequate safe supplies nationally.

Goals and Strategies for the Coming Year
The technical assistant partner will work with NBTS and its partners to strengthen all activities related to blood safety as outlined below. Activities will build on and complement on achievements of PEPFAR-1. They will be in line with the Kenya National Strategic plan-3 (KNASP) and the partnership framework whose objective is to eliminate medical transmission in healthcare settings with emphasis on blood

safety. Blood Safety Policies will be reviewed as necessary, disseminated and implementation supported. This will include transitioning of the NBTS to semi-autonomous status and implementing a cost recovery system to promote sustainability. NBTS will be supported to seek other funding sources from bilateral donors like the Global Fund and to engage public-private-partnerships to increase its funding base. Innovative methods of reaching a broader blood donor base will be implemented such as increasing knowledge on need to donate blood through mass media campaigns, use of cellular phone short text messaging (sms) technology and support for donor clubs such as Club-25. Information on blood donation will be disseminated through the prevention, counseling and testing programs along other prevention packages. This will mainly be done in outreaches for the general population and not for programs targeting the most at risk populations (MARPS) who may compromise blood safety. All blood donors will be notified of their blood screening test results and HIV positive donors linked to counseling care and treatment services. External quality assurance services will be outsourced to enhance testing. Quality management systems will be put in place and a roadmap to achieve WHO Step-wise accreditation of all NBTS blood banks be implemented. The move to improve quality through centralization of testing will be advanced by equipment installation in a second region of the country. Service contracts will be made for preventive maintenance of all the NBTS testing and processing equipment and incinerators. TBD will collaborate with the injection safety program for waste management. To improve monitoring and evaluation an internet based laboratory information system for the blood banks will be reinforced and linked to key health facilities. Linkage with programs that use a lot of blood such as malaria and reproductive health programs will be strengthened. In FY-10 the hospital end of the transfusion service will be strengthened through improvement of cold chain cold chain maintenance. Ten more hospital transfusion committees will be established and existing eight will supported to enhance good transfusion practices. A national haemovigilance system will be established. Plans to improve equity in distribution and access to safe blood will be developed. To improve human capacity development specialized training in blood transfusion medicine will be supported for physicians at Emory University or equivalent while technical laboratory staff will be sponsored to attend higher diploma training in Transfusion Science at the Kenya Medical Training College (KMTC) or equivalent.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12081	**Mechanism Name: Blood Safety - NBTS Follow on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The National Blood Transfusion service, Kenya (NBTS) will contribute to prevention of medical transmission of HIV through provision of safe and adequate blood and blood components in all transfusing facilities in Kenya. It will work in collaboration with the Kenyan MOH, the U.S. Government in-country Emergency Plan team, and the HHS/CDC Kenya office to improve the breadth, scale, and quality of the Blood Safety program. This will be accomplished through mobilization of low-risk, voluntary non-remunerated blood donors; blood collection; transport through the cold chain; testing for transfusion transmissible infections (HIV, HBV, HCV, syphilis) at quality assured laboratories; processing of blood to components; establishment of national quality system, including guidelines, standard operating procedures, accurate records; monitoring and evaluation; distribution of blood and blood products to the health facilities; coordination and monitoring for appropriate clinical use of blood and outcomes of transfusion (hemovigilance) and the establishment of a comprehensive quality system covering the entire transfusion process, from donor recruitment to the follow-up of recipients of transfusion. NBTS will implement evidence based strategies to improve on program management and evaluation. In addition it will build the capacity of other indigenous organizations responsible for blood safety and transfusion services.

The NBTS will work to provide safe and adequate supply for blood in the country. This blood will be tested in a quality assured manner for HIV and other transfusion transmissible infections contributing to the prevention of medical transmission of HIV through blood. This will support the PEPFAR- Kenya partnership framework goals for HIV prevention. The partnership framework implementation plan is based on the Kenya National AIDS Strategic Plan-3 (KNASP-3). This plans targets to eliminate HIV medical transmission in health care settings in the next 3 years. Provision of safe blood free of HIV will be a major step towards achieving this goal.

The blood safety program will have a national coverage. The target population for blood donation is persons aged 16 and 65 years and at low risk for HIV and other transfusion transmissible infections Transfusions are given to the general population with one third going to children and another third to pregnant women for child birth related complications.

NBTS will build the capacity of the health care workers both in technical, managerial and administrative capacity. Provision of safe and adequate blood will lead to shortened hospital stays for patients resulting in cost-savings to the health system. This activity will also strengthen the laboratory capacity with equipment, quality systems and information management systems.

The NBTS mobilizes safe voluntary non remunerated donors from the general population. During mobilization campaigns AB HIV prevention as well as healthy lifestyle messages will be disseminated to the youth who are the majority of blood donors. Counseling and testing programs will educate and refer low risk HIV negative clients for possible blood donation. Donors who test HIV positive during routine donation process will be referred for care and treatment. Additionally they will be encouraged to take their partners for counseling and testing and enroll in prevention with positives programs (PWP).

NBTS will seek to establish government commitment, support and recognition as a separate unit with an adequate budget, necessary legislation, management team, and the formation of an organization with responsibility and authority for the BTS. It will foster development and implementation of a budgeting and finance system to ensure a sustainable blood program through cost recovery and/or annual budget allocation. ?It will also seek to work with public-private-partnerships to improve blood recruitment efforts. It will explore the best ways to be cost effective including using efficient systems in collection, testing and processing of blood. This will be done through improved financial management system, efficient automated blood testing systems and centralized testing of blood. An expanded safe blood donor pool will ensure collection of blood safe from HIV and other transfusion transmissible infections thus minimizing the cost of mobilizing new blood donors and of discarding blood from reactive donors.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12081**		
Mechanism Name:	**Blood Safety - NBTS Follow on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted

Narrative:

The NBTS consists of six regional blood transfusion centers (RBTC), which collect, process, test, and distribute blood, and nine satellite centers, which distribute blood to health facilities. The NBTS collaborates with three partners for mobilization of volunteer blood donors among high school, college and university students, community- and faith-based organizations, and adults in the work place. Other partners strengthen hospital transfusion practices; raise awareness on blood transfusion through media and offer technical assistance to NBTS.

Since 2004, PEPFAR complements Kenya Government efforts in achieving blood safety for the country. Support has led to development of policies, procurement of reagents and equipment; infrastructural support; collection, screening, processing and appropriate use of blood; training of health workers and strengthening of a monitoring and evaluation system. The PEPFAR Blood Safety program has collaborated with stakeholders such as JICA, WHO and Global Fund. However the JICA blood safety project ends in 2009 creating a potential gap in activities and funding.

NBTS collected 124,190 units in 2007 from voluntary non remunerated donors, 25% of whom were regular repeat donors. HIV prevalence among donors declined from 6% in 2000 to 1.4% in 2008.

Despite great progress in blood safety and sufficiency some challenges remain. Current blood collections are 3-4 units per 1000 population. (WHO recommends 10-20 per 1000 population). The Kenya AIDS Indicator Survey (KAIS), 2007 showed that about a third of blood is collected in hospitals from family replacement donors. This is an improvement from 2003 when 80% of the donors were family replacement. Sustainable funding for blood safety is lacking.

NBTS partners have created linkages with communities, student and local celebrities to raise awareness on blood donations. One of the partners has engaged public-private partnerships resulting in up to $100,000 raised annually from local corporations in support of donor recruitment. NBTS has developed a

referral mechanism for HIV-positive donors for care and treatment and is also developing a plan where prevention, counseling and testing programs will educate their clients about blood donation. NBTS will work with partners to develop standard HIV prevention packages for blood donors to ensure positive lifestyles so that they remain negative and continue donating blood. NBTS will collaborate with the PEPFAR Injection Safety program for waste management. Procurement of testing supplies will be synergized with Global Fund procurement.

Activities will build on achievements of PEPFAR-1 and align to Kenya National Strategic Plan-3 and the partnership framework whose objectives are to eliminate medical transmission in healthcare settings with emphasis on blood safety. Blood Safety Policies will be reviewed and implemented. This will include transitioning of NBTS to semiautonomous status and implementation of a cost recovery plan for sustainability through funding from bilateral donors like Global Fund and public-private-partnerships. Innovative methods to reach a broader blood donor base will be implemented such as market segmentation, mass media, use of cellular phone short text messaging technology and support for Club-25 donor clubs. Blood donation messages will be disseminated through Prevention, Counseling & Testing programs for the general population but not in programs targeting the most at risk populations who may compromise blood safety. Quality of blood services will be improved, through enrollment in external quality assurance, establishment of quality management systems and a roadmap to achieve WHO accreditation of all NBTS blood banks. Service contracts will be made for the preventive maintenance of testing and processing equipment and incinerators. Additional Infectious Disease Testing equipment will be installed in a second region of the country. Internet based blood bank laboratory information system will be reinforced and linked to key health facilities to improve monitoring and evaluation. Linkages with care and treatment for referral of HIV positive clients and programs that use a lot of blood such as malaria and obstetric will be strengthened. Blood utilization will be strengthened through improved cold chain maintenance and support for 20 hospital transfusion committees. To improve equity and access to safe blood more satellite blood centers will be built and transport systems strengthened by procurement of durable vehicles able to withstand all terrains. To improve human capacity development specialized training in blood transfusion medicine will be supported for physicians at Emory University or equivalent while technologists will be sponsored to attend higher diploma training in Transfusion Science at the Kenya Medical Training College.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12082	**Mechanism Name: Refugee Health**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this IM is:

• To reduce the morbidity and mortality of refugees and migrants immigrants in Kenya.

• Strengthen and scale up prevention, care and treatment among HIV positive refugees and migratory populations in Kenya, including urban refugees in Nairobi.

• Provide a comprehensive package of prevention services to populations at increased risk of HIV/MARPs including CSWs, out of school youth, miraa traders/users, and migratory merchants within the refugee populations.

• Provide other combination prevention services including STI screening and treatment and ART.

• Provide care and treatment services specifically for this marginalized but highly migratory population.

• Establish community outreach campaigns that promote knowledge of HIV status and provide education for other health seeking behaviors specifically for those refugees identified for re-settlement to the United States of America and linkage to programs once in the United States.

• Establish syndromic surveillance systems to enable early response and detection to communicable diseases of public health significance in these populations.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12082**		
Mechanism Name:	**Refugee Health**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

TBD will support care and support services for 200 HIV-infected adults at Dadaab and Kakuma refugee camp in North Eastern and Rift valley Province, Kenya and will target both refugees and the local population who access care in the refugee based clinics. TBD represents a follow-on for care and support activities (HBHC) currently provided by International Rescue committee and UNHCR.

Sentinel surveillance activities in 2005 reported a 1.4% HIV sero-prevalence among ANC clinic attendees, and 1.7% among STI patients, indicating a generalized epidemic and providing an estimate of 2,300 HIV-infected refugees.
Dadaab, which was established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somalis. Each camp has a hospital and three satellite health centers. Kakuma Refugee hosts 55,995 refugees of nine different nationalities out of which 5,090 are local. In Kakuma, the IRC directly implements HIV interventions at Kakuma Refugee camp serving mostly the refugee population while implementing HIV activities for the host population through partnership with Kakuma Mission Hospital.

TBD will identify mechanisms that will address client retention and referrals including the use of outreach and bidirectional referral systems. TBD will create and identify linkages with other HIV program sites and non HIV program services for specific services within its jurisdiction.

TBD will use accredited methods of program monitoring and evaluation, monitoring quality of care and support services to inform the care and support program.

TBD will expand care programs by providing technical support, training staff, supporting staff salaries, conducting laboratory evaluation, and providing adherence counseling and monitoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

TBD) will support expanded treatment services to 2000 orphans and vulnerable children (OVC) and train 200 caregivers at the Dadaab and Kakuma Refugee Camps in North Eastern Province and Rift Valley Provinces of Kenya respectively, targeting both refugees and the local population.

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.
TBD will build on established PEPFAR supported treatment activities currently being provided by among others , CARE, National Council of Churches of Kenya, GTZ, International Rescue Committee and UNHCR for with the OVC at the refugee camps hospitals and health centers.

Dadaab refugee camp 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. Kakuma Refugee hosts 55,995 refugees of nine different nationalities out of which 5,090 are local.

OVC will receive a package of services as per the PEPFAR and other UN guidelines, complementary to others services that are already provided through the overall UNHCR refugee framework. An important element in this program is strengthening HIV prevention education among OVC to equip them with life skills that would reduce their vulnerability to the risk of HIV infection. Caregivers will be trained to strengthen the family support system and strong linkages will be established between PLWHAs, HIV-infected children and health care services, including ensuring that children and their parents or caregivers and other family members affected access appropriate care and treatment. The scope of the current programs will be expanded to ensure that they provide a package of essential services that qualify as primary direct support. All programs will work in close collaboration with the District Children's Department and will follow guidelines provided by the parent ministry, alongside PEPFAR and UNHCR guidelines.

There will also be recruitment of staff both incentive and national to support and follow up OVC's. These include incentive counselors in the entire camps pediatric counselor, HIV/AIDS and gender project officers and HIV/AIDS and behavior change

TBD will ensure that all activities will link to Abstinence/ Be Faithful, condoms and other prevention UNHCR and Counseling and Testing UNHCR, ARV services, Basic Health Care and Support. The

various implementing partners in the refugee camps will work collaboratively under TBD guidance to offer appropriate interventions to OVC and their caregivers.
TBD will expand OVC programs by providing technical support, supporting staff salaries and training staff.TBD will offer community based support activities to OVC and their care givers, unaccompanied minors, older OVC, widows and widowers, HIV/AIDS affected families and people living with HIV/AIDS. The outcomes of these activities will be monitored and evaluated.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

TBD will support expanded treatment services to 100 HIV-infected individuals at Dadaab and Kakuma Refugee Camps in North Eastern Province and Rift Valley Provinces of Kenya respectively, targeting both refugees and the local population.

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.

TBD will build on established PEPFAR supported treatment activities currently being provided by the International Rescue Committee and UNHCR for people with HIV at the refugee camps hospitals and health centers.

Dadaab refugee camp 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. Kakuma Refugee hosts 55,995 refugees of nine different nationalities out of which 5,090 are local. In Kakuma, the IRC directly implements HIV interventions at Kakuma Refugee camp serving mostly the refugee population while implementing HIV activities for the host population through partnership with Kakuma Mission Hospital.

TBD 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 treatment workers will also be trained to provide palliative treatment 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 treatment.

TBD will ensure that gender issues, referral and linkages between facility and community based services, monitor and evaluate clinical outcomes.TBD will also ensure that they work within strategies that are evidence based and cost efficient in delivery of treatment services.

TBD will expand treatment programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation.TBD will offer both facility and community based support activities to PLHIV to HIV counseling and testing , adherence to ART, psychosocial support , positive living and stigma reduction. The outcomes of these activities will be monitored and evaluated.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

The main purpose under this TBD is to reduce the morbidity and mortality of refugees and immigrants in Kenya. The selected TBD partner will:

• Support the implementation of Facility Based and Community Based HIV Testing and Counseling services among the refugees and migratory populations in Kenya.
• Work to establish and strengthen linkage to other ongoing HIV prevention, care and treatment services for all individuals receiving HIV counseling and testing services.
• Support provision of HTC services as part of the comprehensive package of comprehensive package of prevention services to populations at increased risk of HIV including CSWs, out of school youth, miraa traders/users, and migratory merchants within the refugee populations.
• Establish community outreach campaigns that promote knowledge of HIV status and provide education for other health seeking behaviors - specifically for those refugees identified for resettlement to the United States of America and linkage to programs once in the United States.

The HVCT funding of this TBD will reach provide HTC services to 20,000 individuals including out-of school youth and will support the training of 100 providers on HTC service delivery. The TBD partner will be required to implement rigorous monitoring and evaluation of the project that will be used for reviewing and adjusting program activities based on monitoring information obtained.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

TBD partner will support care and support services for 100 HIV-infected children at Dadaab and Kakuma refugee camp in North Eastern and Rift valley Province, Kenya and will target both refugees and the

local population who access care in the refugee based clinics. This TBD represents a follow-on for care and support activities (PDCS) currently provided by International Rescue committee and UNHCR.

Dadaab, which was established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somalis. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV sero-prevalence among ANC clinic attendees, and 1.7% among STI patients, indicating a generalized epidemic and providing an estimate of 2,300 HIV-infected refugees. Kakuma Refugee hosts 55,995 refugees of nine different nationalities out of which 5,090 are local. In Kakuma, the IRC directly implements HIV interventions at Kakuma Refugee camp serving mostly the refugee population while implementing HIV activities for the host population through partnership with Kakuma Mission Hospital.

TBD will support activities that provide drugs, food and commodities, supervision, improved quality of care and strengthening of health services, promote integration of routine care, nutrition services into maternal health services, strengthen laboratory and diagnostics for pediatric patients.TBD will support a package of services that includes clinical evaluation and laboratory monitoring and provision of care and support services. Training related to care and support services will be provided for 10 health care workers using national guidelines. This will include about adult antiretroviral care and support (ART) that will subsequently increase patient enrolment into HIV care and support.

TBD will expand care programs by providing technical support, training staff, supporting staff salaries, conducting laboratory evaluation, and providing adherence counseling and monitoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

TBD partner will support treatment services for 50 HIV-infected children (including 20 new patients resulting in a 60 ever) at Dadaab and Kakuma refugee camp in North Eastern and Rift valley Province, Kenya and will target both refugees and the local population who access care in the refugee based clinics. This TBD represents a follow-on for treatment activities (PDTX) currently provided by International Rescue committee and UNHCR.

Dadaab, which was established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somalis. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV sero-prevalence among ANC clinic attendees, and 1.7% among STI patients, indicating a generalized epidemic and

providing an estimate of 2,300 HIV-infected refugees. Kakuma Refugee hosts 55,995 refugees of nine different nationalities out of which 5,090 are local. In Kakuma, the IRC directly implements HIV interventions at Kakuma Refugee camp serving mostly the refugee population while implementing HIV activities for the host population through partnership with Kakuma Mission Hospital.

TBD will support activities that provide drugs, food and commodities, supervision, improved quality of care and strengthening of health services, promote integration of routine care, nutrition services into maternal health services, strengthen laboratory and diagnostics for pediatric patients. TBD will support a package of services that includes clinical evaluation and laboratory monitoring and provision of treatment services. Training related to treatment services will be provided for 10 health care workers using national guidelines. This will include about adult antiretroviral treatment (ART) that will subsequently increase patient enrolment into HIV treatment.

TBD will expand care programs by providing technical support, training staff, supporting staff salaries, conducting laboratory evaluation, and providing adherence counseling and monitoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

The main purpose under this TBD is to reduce the morbidity and mortality of refugees and immigrants in Kenya.
The HVAB funding of this TBD will reach 17,215 in-school-youth with programs to delay the initiation of sex. The TBD partner will be required to implement rigorous monitoring and evaluation of the project that will be used for reviewing and adjusting program activities based on monitoring information obtained.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

The main purpose under this TBD is to reduce the morbidity and mortality of refugees and immigrants in Kenya. The selected TBD partner will strengthen and scale up prevention, care and treatment among HIV positive refugees and migratory populations in Kenya, including urban refugees. The partner will provide a comprehensive package of prevention services to populations at increased risk of HIV including CSWs, out of school youth, miraa traders/users, and migratory merchants within the refugee populations. The TBD partner will also provide other combination prevention services (including STI screening and treatment in addition to ART) and provide care and treatment services for this marginalized and highly migratory population. Further, the TBD partner will establish community outreach campaigns that

promote knowledge of HIV status and provide education for other health seeking behaviors. These programs are specifically for those refugees identified for resettlement to the United States of America and linkage to programs once in the United States.

The HVOP funding of TBD will reach 14,291 adults with programs encouraging condom use, partner reduction, and elimination of concurrent partners, and will reach 4,764 youth with programs encuoraging return to abstinence, partner reduction, and increases condom use. The TBD partner will be required to implement rigorous monitoring and evaluation of the project that will be used for reviewing and adjusting program activities based on monitoring information obtained.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

TBD partner will support PMTCT services for 200 HIV-infected individuals at Dadaab and Kakuma refugee camps in North Eastern and Rift Valley Province, Kenya and will target both refugees and the local population who access care in the refugee based clinics. This TBD represents a follow-on for PMTCT activities (PMTCT) currently provided by International Rescue Committee and UNHCR.

Dadaab, which was established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somalis. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV sero-prevalence among ANC clinic attendees, and 1.7% among STI patients, indicating a generalized epidemic and providing an estimate of 2,300 HIV-infected refugees.

Kakuma Refugee hosts 55,995 refugees of nine different nationalities out of which 5,090 are local. In Kakuma, the IRC directly implements HIV interventions at Kakuma Refugee camp serving mostly the refugee population while implementing HIV activities for the host population through partnership with Kakuma Mission Hospital.

TBD will support activities that promote integration of PMTCT with routine maternal child health/reproductive health services, adult and child care and treatment. TBD will identify and/or create linkages with food and nutrition services while ensuring that all activities are carried out in a cost efficient and sustainable manner.

TBD will support a package of services that includes routine HIV testing and counseling, ARV prophylaxis and treatment for eligible women, inclusion of HIV specific information on mother and child health cards,

essential care for women and children identified in the PMTCT programs, infant feeding and nutritional support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

TBD partner will support TB/HIV services for 100 HIV-infected adults and children individuals at Dadaab and Kakuma refugee camps in North Eastern and Rift Valley Province, Kenya and will target both refugees and the local population who access care in the refugee based clinics. This TBD represents a follow-on for TB/HIV activities (HVTB) currently provided by International Rescue Committee and UNHCR.

Sentinel surveillance activities in 2005 reported a 1.4% HIV sero-prevalence among ANC clinic attendees, and 1.7% among STI patients, indicating a generalized epidemic and providing an estimate of 2,300 HIV-infected refugees.
Dadaab, which was established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somalis. Each camp has a hospital and three satellite health centers.
Kakuma Refugee hosts 55,995 refugees of nine different nationalities out of which 5,090 are local. In Kakuma, the IRC directly implements HIV interventions at Kakuma Refugee camp serving mostly the refugee population while implementing HIV activities for the host population through partnership with Kakuma Mission Hospital.

TBD will support a package of services at the facility and community including TB screening of HIV patients and HIV testing for TB patients, clinical monitoring, related laboratory services, treatment and prevention of Tuberculosis, infection control.

TBD will refer TB/HIV patients for clinical care appropriately while ensuring that activities are implemented according to the national guidelines. TBD will collaborate with the Division of Leprosy Tuberculosis, and Lung Diseases (DLTLD) and other partners to achieve the national and PEPFAR goals. TBD will train 30 workers to offer TB/HIV activities to both adults and children.

TBD will monitor and evaluate the TB/HIV activities following the national guidelines and M&E framework.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12083	Mechanism Name: Community HTC
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD represents a follow-on for Community HIV Counseling and Testing services currently provided by the following partners whose awards are expiring on March 31, 2010: Hope World Wide (9070), EDARP (9062), IMC (9075), IRC (9076), LVCT VCT & Care (9001) ITM (9074); KANCO (9092); IRDO (9072);Population Council (8982); and University of Manitoba (8947) . The existing services will transition to several TBD partners (PS09-966). The current activities under the listed partners are located in Nairobi, Eastern and Nyanza regions. We anticipate making ~4 awards to follow on these activities. This TBD will support implementation of new and innovative community HTC activities, implement social mobilization activities at the local level to increase uptake of HTC services to increase number of individuals who know accurate HIV status, work to strengthen referral systems between community HTC and other HIV prevention, care and treatment services; and build capacity of local organizations to implement community HTC services.

These activities will contribute to the capacity building of Kenyan facilities and providers to expand HTC services through community approaches including Mobile Outreach and Door-to-door HTC and community VCT services, in the effort of enabling 80% of Kenyan adults know their accurate HIV status and access the available HIV Prevention, Care and Treatment services.

Activities will cover Nairobi, Eastern and Nyanza regions in Kenya. These activities target the general

population across all ages in the community and household setting with an emphasis on couples. Other population groups targeted include children and Adolescents; Most-at-risk Populations (MARPS) such as sex workers and their clients, men who have sex with other men (MSM), Injection Drug users (IDU) ;long distance truck drivers and migrant workers. Public health care providers, and non clinical service providers such as lay counselors , peer educators and community members are targeted for increased prevention (including HCT), care and treatment knowledge skills on HTC.

The To be Determined (TBD) partners will expand a collaborative relationship with National AIDS and STD control Program at national, provincial and district level . TBD partners will also support establishment/strengthening of support systems for community HTC activities at regional levels including supporting development and implementation of quality assurance strategies that are in line with national and international policies and guidelines to improve counseling quality and ensure accuracy and validity of HIV test results. TBD partners will also work to strengthen referral mechanisms between the community and health facilities.

TBD partners will work in collaboration with other programs to facilitate referral and linkages for individuals and their families reached through HTC services. All HIV infected individuals will be referred to health facilities for comprehensive HIV Care and Treatment services and HIV Community Care and support services. All individuals including the HIV un-infected will be referred and linked to existing comprehensive HIV prevention services. TBD partners will also build capacity of local organizations implementing community HTC activities to ensure establishment of community structures for the sustainability of services. TBD partners will support to develop and strengthen organizational structure, management and capacity of these local organizations through training and other approaches to implement quality community HTC services.
TBD partners will support implementation of HTC services at community level with gradual and phased in integration with other USG partners supporting implementation of other HIV prevention, care and treatment services. This approach will facilitate sharing of tasks and costs across the different program areas including personnel, training, supervision, community mobilization and follow up activities across the USG supported program thereby achieving efficiency in resource utilization as well effectiveness of providing a comprehensive HIV prevention, care and treatment program in the respective region. TBD partners will implement in coordination with other USG partners and Ministry of health at provincial , district level and community levels.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12083**
Mechanism Name:	**Community HTC**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

The To be Determined (TBD) partners will support expansion of community HIV Testing and Counseling (HTC) services through collaborative relationship with the National AIDS and STI Control Program(NASCOP) in Nairobi, Eastern and Nyanza regions. The program will target to support the delivery of HTC services to enable 293,000 individuals learn their HIV status. The target population includes the general population across all ages as well as special populations such as the physically disabled, Orphans and Vulnerable Children (OVC), the youth and MARPS. TBD partners will also support expanded HTC services among couples and health workers. TBD partners will use innovative strategies such as supporting accelerated HIV testing activities, community and social mobilization and in collaboration with other stakeholders participate in the development of national media campaigns, to increase uptake of community HTC services in specified regions.

TBD partners will support implementation of community HTC activities through stand alone (static) HTC sites, Mobile and outreach including moonlight HTC services and Work place HTC services and will also build capacity of local organizations to provide HTC services in the community setting. Other services include Couple HTC with a focus on promotion of disclosure between sexual partners. In collaboration with NASCOP, TBD partners will support implementation of new HIV testing technologies including self HIV testing.

In building capacity of local organizations, TBD partners will develop clearly defined measurable achievement outcomes for the organizations and use standard assessment tool to evaluate local organization capacity and performance. In collaboration with other USG HIV Implementing partners, TBD partners will establish mechanisms for linkage for HIV infected individuals to HIV Care and Treatment

services and secondary prevention services; and linkage to Prevention services for the HIV un-infected ones and provide information on access to these services. TBD partners will also support the training of 2,000,000 counselors to increase knowledge and skills on HTC, and will work to ensure timely supply and distribution of supplies for HTC in line with established national logistics system.

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				445,102		445,102
ICASS				1,314,016		1,314,016
Institutional Contractors				384,033		384,033
Management Meetings/Professional Developement				813,362		813,362
Non-ICASS Administrative Costs				1,077,407		1,077,407
Staff Program Travel				761,865		761,865
USG Staff Salaries and Benefits				7,835,102		7,835,102

Total	**0**	**0**	**0**	**12,630,887**	**0**	**12,630,887**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		445,102
ICASS		GHCS (State)		1,314,016
Management Meetings/Professional Developement		GHCS (State)		813,362
Non-ICASS Administrative Costs		GHCS (State)		1,077,407

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				30,000		30,000
ICASS				172,817		172,817
Institutional Contractors				1,158,522		1,158,522
Management Meetings/Professional Developement				89,000		89,000
Non-ICASS Administrative Costs				300,000		300,000
Staff Program Travel				101,693		101,693
USG Staff				74,000		74,000

Salaries and Benefits						
Total	**0**	**0**	**0**	**1,926,032**	**0**	**1,926,032**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		30,000
ICASS		GHCS (State)		172,817
Management Meetings/Professional Developement		GHCS (State)		89,000
Non-ICASS Administrative Costs		GHCS (State)		300,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				200,000		200,000
Computers/IT Services				722,546		722,546
ICASS				1,000,000		1,000,000
Institutional Contractors			589,000	911,000		1,500,000
Management Meetings/Professional Developement			230,000	300,000		530,000
Non-ICASS			1,113,000	1,500,000		2,613,000

Administrative Costs						
Staff Program Travel			889,000	315,000		1,204,000
USG Renovation				435,613		435,613
USG Staff Salaries and Benefits			5,300,000	593,941		5,893,941
Total	**0**	**0**	**8,121,000**	**5,978,100**	**0**	**14,099,100**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		200,000
Computers/IT Services		GHCS (State)		722,546
ICASS		GHCS (State)		1,000,000
Management Meetings/Professional Developement		GAP		230,000
Management Meetings/Professional Developement		GHCS (State)		300,000
Non-ICASS Administrative Costs		GAP		1,113,000
Non-ICASS Administrative Costs		GHCS (State)		1,500,000
USG Renovation		GHCS (State)		435,613

U.S. Department of State

Agency Cost	Central	DHAPP	GAP	GHCS (State)	GHCS	Cost of

of Doing Business	GHCS (State)				(USAID)	Doing Business Category Total
Computers/IT Services				4,000		4,000
ICASS				211,525		211,525
Management Meetings/Professional Developement				84,500		84,500
Non-ICASS Administrative Costs				24,000		24,000
USG Staff Salaries and Benefits				122,444		122,444
Total	**0**	**0**	**0**	**446,469**	**0**	**446,469**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		4,000
ICASS		GHCS (State)		211,525
Management Meetings/Professional Developement		GHCS (State)		84,500
Non-ICASS Administrative Costs		GHCS (State)		24,000