



**Kenya**  
**Operational Plan Report**  
**FY 2011**



## Operating Unit Overview

### OU Executive Summary

#### Background

HIV Epidemic in Kenya:

- HIV Prevalence in Adults 15-49: 6.3% (Kenya Demographic and Health Survey [KDHS], 2008–09)
- Estimated Number of Orphans due to AIDS: 1.1-1.3 million (UNAIDS, 2008)
- Estimated Number of HIV-positive People: 1.38 million (KDHS 2008-09 and Kenya National Bureau of Statistics [KNBS], 2009)
- Estimated Number of Individuals on Anti-Retroviral Therapy (ART) as of October 2010: Estimated at 400,000 (Government of Kenya [GoK] )

Kenya has a generalized epidemic with an estimated adult HIV prevalence rate of 6.3%, translating into 1.38 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 a continuing disproportionate burden on women and girls. The KDHS 2008-09 has also demonstrated that urban and rural populations differ in their prevalence rates; urban women have a considerably higher risk of HIV infection than rural women, while rural men have a higher level of HIV infection than their urban counterparts (KDHS 2008-09). In terms of absolute numbers, there are more HIV infected people in rural (72%) than urban areas in Kenya due to the predominant rural nature of the Kenyan population. The rate of new infections has leveled-off after several years of decline, and HIV-related mortality has shown a steady decline from its peak in 2002 due to the rapid expansion of care and treatment programs (UNAIDS/WHO, 2008). To date, deaths due to HIV/AIDS have left an estimated 1.1 million children orphaned. The Kenyan epidemic varies significantly by 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 the 2011 COP, we have placed an increased emphasis on prevention efforts, based on the new data noted above, including: expanding counseling and testing efforts to increase knowledge of status, scaling-up voluntary medical male circumcision (VMMC); and creating greater visibility 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).

In the second phase of PEPFAR we are increasing our targets, while continuing to contribute significantly to GOK targets. Our 2011 COP meets or exceeds all legislatively mandated funding levels for specific program areas. The interagency team developing the 2011 COP was particularly dedicated to achieving the best strategic fit between our funding and that of the GOK goals and commitments taking into account partner performance, pipelines, and other synergistic development programs.

#### Sustainability and Country Ownership

The Kenyan national HIV/AIDS response is coordinated by the National AIDS Control Council (NACC). In 2009, PEPFAR, along with other stakeholders in the HIV/AIDS response, supported the GOK in the development of the new Kenya National AIDS Strategic Plan 2009/10 – 2012/13 (KNASP III). As a result of the comprehensive HIV epidemiologic evidence collected through the Kenya AIDS Indicator Survey (KAIS) 2007, the MoT Study, and data collected through routine program monitoring, the KNASP III reflects the best available evidence on Kenya's HIV epidemic. Further, it solidifies the GOK, USG and



other partners to support the most comprehensive, prioritized and effective national AIDS response possible. In coordination with the goals and strategies of KNASP III, the GOK and USG developed the Kenya Partnership Framework (PF) followed by the Kenya Partnership Implementation Plan (PFIP). The signing of the PF and the development of the PFIP represented an unprecedented level of coordination and collaboration between the GOK, USG, and other partners in jointly setting programmatic priorities, articulating individual and shared objectives, and undertaking the strategic planning of the Kenyan national AIDS response for the next five years.

In line with both KNASP III and the PF, the Kenya 2011 COP delineates our programmatic goals and priorities. Thus, continuing our high level commitment to the national HIV/AIDS response. The Kenya PEPFAR team is committed to scaling up our ongoing success supporting in-country ownership of the HIV/AIDS response, as well as expanding and building upon these successes as we begin an exciting new phase of assistance in Kenya under President Obama's Global Health Initiative (GHI). One successful example of country ownership and improved sustainability under PEPFAR is the direct bilateral agreement between USG and the Ministries of Health. In FY 2011, the ministry will be entering its second year of an integrated and comprehensive agreement with USG. The agreement focuses on strengthening the institutional capabilities of both the Ministry of Public Health and Sanitation (MOPHS) and the Ministry of Medical Services (MOMS) to: plan, implement and evaluate evidence-based public health programs, conduct public health surveillance, and carry-out epidemiological analysis that support disease control and prevention efforts. Moreover, the program ensures that the results of program evaluations inform and improve HIV prevention and treatment programs, as well as national strategies and guidelines. In FY 2011, direct USG financial support to GOK through this and other mechanisms will increase by 4.6%.

The GOK is already making strides in increasing its own commitment to investing in the health of its people. In response to existing weaknesses in the health care system, the GOK has defined an economic stimulus package which includes resource allocations for health facility infrastructure development. In addition, government resources are being deployed to support the employment of additional nurses to address critical human resource gaps. Under the PFIP, GOK committed to increasing its annual budget by 10% per year for healthcare, a figure that dramatically exceeded the first year PFIP expectations. Once again, the USG will build on close and effective bilateral relations led by the Chief of Mission. Meaningful engagement at the right time in Kenya's budget and planning cycle will enable PEPFAR and GHI to accelerate these improvements.

With country ownership serving as the centerpiece of the GHI principles, we will redouble our efforts to respect and work within existing host country management and coordination structures, in line with the Partnership Framework, the Kenya Code of Conduct and the principles of the Three Ones.

#### **Integration across the USG**

The USG PEPFAR program, together with other USG health investments in Kenya, is one of the largest USG health portfolios globally. The PEPFAR interagency team recognizes the need for purposeful and strategic integration of efforts and resources in order to maximize impact. Selected as a GHI+ country and recognizing the opportunities that exist within USG programs to ensure more integrated planning and coordination without duplication of efforts, we will practice a whole-of-government approach, strengthening and leveraging partnerships within and outside of USG, thereby increasing our impact through strategic coordination and integration. This approach has been exemplified in the planning processes for both the Kenya 2011 COP and the newly developed GHI Strategy. The GHI Strategy builds on the existing PEPFAR interagency governance systems through which USG agencies have successfully planned, implemented and reported for many years. It seeks to utilize existing activities, strengths and platforms from each of the agencies to create efficient and functional cross-agency synergies. This tight, multi-tiered governance structure allows for full participation across agencies, at all levels, and across technical areas – resulting in well-conceived programs that are responsive and consistent with Kenyan-led needs and goals.

GHI and its implementation through our interagency collaborative operational plans provide the opportunity to establish a more deliberate approach to integrated planning, coordination and measurement across PEPFAR, PMI, and other USG programs. This will ensure a comprehensive



package of services without unnecessary duplication of effort. The proposed GHI Learning Agenda will be a clear example of this opportunity, providing a focused environment for evaluating the impact of integrated service delivery on health outcomes.

### **Health Systems Strengthening and Human Resources for Health (HRH)**

PEPFAR will augment the Kenya GHI Strategy and contribute to the strengthening of the Kenyan health system by continuing to support health systems strengthening and human resources for health. USG will address the WHO HSS building blocks in several ways: (1) Leadership and Management: Building host country capacity at national and lower government administrative levels, and promoting broad partnerships in delivery of health services; (2) Policy: Advocacy for increased GOK resources for health, development, dissemination and implementation of relevant policies, strategies, guidelines and tools; (3) Human Resources for Health: Improvement of human resource policies, planning and information systems; skills building for community health workers and health facility providers; and development and improvement of curricula for various health cadres; (4) Health Facility Infrastructure: Improvements in infrastructure and procurement of common technical platforms; (5) Supply Chain Systems: Improvement of the national coordination systems for supply chains, including planning, quantification, procurement, distribution and reporting by providing support to Kenya Medical Supplies Agency (KEMSA), Ministries of Health and their peripheral health facilities; and (6) Financing and Cost Effectiveness: Evaluating the costing, quality and impact of health services. These activities will contribute to multiple Partnership Framework goals.

Guided by the recommendations of a July 2010 Government of Kenya health systems assessment (supported by PEPFAR and other partners), in FY 2011 we will support a national level coordination mechanism to serve as a secretariat to enhance the functioning of the various GOK coordination mechanisms, including national level inter-agency committees (ICCs), regional ICCs or stakeholder forums. Working with GOK, we will establish modalities of effective data and information sharing. USG will support a new national level service delivery activity that will be developed to ensure no duplication of efforts with other USG activities and is expected to fill a critical gap that arises from having predominantly regional based service delivery mechanisms in providing support to national level programs.

We will support the GOK to harmonize existing health policies and align these policies with the governance structures outlined in the new constitution. In line with health sector reforms and increased decentralization of management and financing of the health system, we will place greater emphasis on financial management systems and strengthening capacity at the county level to plan and utilize health service funds and the National Health Insurance Fund (NHIF). We will continue to pursue interventions that are expected to address gaps that exist in health legislation, health care financing, and private sector engagement.

Building on the past efforts of the Millennium Challenge Corporation (MCC)/Account Threshold Program at both the national level operations (Ministries of Health Department of Pharmacy and priority disease programs) as well as peripheral health facilities, we will scale up support for strengthening a health commodities and services management system and will work with the GOK, other development partners and the private sector to improve the physical infrastructure of health facilities and laboratories.

Kenya's HRH efforts will focus on: (1) Strengthening planning and management in the GOK for the health sector; (2) Supporting GOK in implementing health sector HR information systems which will support evidence based decision making and strengthen pre- and in-service training; and (3) Addressing policy barriers to good HR practices, which will strengthen professional bodies' structures and regulator roles for effective health practices. As we scale up HRH efforts, we will make contributions toward: 1,775 new health care workers graduating from pre-service training programs; 2,400 community health workers and para-social workers successfully completing a pre-service training program; and 1,463 health care workers successfully completing an in-service training program focused on 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.



In order to address the leadership and management gap that exists among the current health sector managers, we will scale up the training of health worker managers. In FY 2011, USG will scale up support for the development of leadership and management skills at various levels of health care delivery for effective management of health programs and improved outcomes of program interventions. We will make a deliberate effort to minimize wastage of training resources to ensure quality of trainings and to promote standardization.

### **Coordination with Other Donors and the Private Sector**

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 \$117.5 million, with an estimated \$112.3 million disbursed in 2010. The United States has one of two bilateral development partner seats on the Global Fund Country Coordinating Mechanism (CCM) and also participates in all relevant GOK Interagency Coordinating Committees (ICCs) dealing with HIV and other health issues. USG technical staff also work closely with both the multi-sectoral NACC and the National AIDS/STI Control Program (NASCOP).

The GOK submitted their Global Fund Round 10 application in August 2010 with substantial support from USG and other development partners in the development of the proposal. The level of resources requested for the proposal is estimated at US\$350 million over a period of 5 years with a focus on HIV. Seventy percent (70%) of the funds requested in the proposal is for commodity support. Kenya's application is a National Strategic Application (NSA) and is fully aligned with the KNASP III. In the meantime, Kenya is submitting request to reallocate funding already approved in Round 7, Phase 2. 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 2011 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 Kenyans already infected with HIV. These efforts work seamlessly with our health systems strengthening and human resources for health initiatives.

### **Programmatic Focus**

PEPFAR Kenya funding for COP 2011 will be focused on the following programmatic areas to support and achieve the goals of the Government of Kenya's KNASP III.

**1. Prevention:** Kenya's HIV prevention portfolio includes biomedical and behavioral interventions. Biomedical interventions include improving blood safety, reducing exposure through safer medical injection, Voluntary Medical Male Circumcision (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 most-at-risk populations. HIV testing and counseling services will be provided as part of the core package of all biomedical and evidence based behavioral/Sexual Transmission Prevention interventions. These activities will contribute primarily to the Partnership Framework Goal of reduced HIV incidence.

The sexual transmission prevention portfolio has been significantly recalibrated based on the Modes of Transmission study. The level of funding committed to OP programs is approximately the same as the prior years; support for AB programs accounts for 50 percent of prevention funding. 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 activities are incorporating alcohol and substance awareness messaging in their comprehensive programs. Prevention with Positive (PwP) programs in both clinical and community settings form another key component of the sexual transmission prevention portfolio.

In FY 2009, 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 15 and 49 in Nyanza Province. The next phase of scale up will include targeted Nairobi communities and expansion into Rift Valley and Western Provinces. To date over 170,000 males have been reached with a comprehensive package of services for VMMC. In FY 2011, this scale up will continue and USG funding will be used to provide VMMC services to 200,000 additional men.

USG will contribute its full support of the Partnership for an HIV-Free Generation (HFG) during FY 2011. HFG 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 PEPFAR-supported youth prevention and support programs.

In collaboration with NASCOP, the USG is developing a three pronged approach to move evidence-based behavioral interventions (EBIs) from research to practice. The first prong includes identification of interventions developed and rigorously evaluated in Kenya with proven efficacy for translation into user friendly packages for wide spread dissemination. In the second prong, the USG and NASCOP will adapt EBIs from the U.S. and other countries and explore the adaptation of several other EBIs disseminated by USG, including a scale up of the Families Matter Program, a parent-focused intervention for parents and guardians of preadolescents ages 9–12 years which promotes parental monitoring and effective parent-child communication on sexual topics and sexual risk reduction. The third prong is a systematic assessment of intervention curricula currently used by PEPFAR to determine if a given intervention includes characteristics found in effective programs and covers conventional health education standards. PMTCT is another critical component of the USG's support in prevention programming. The funds available for PMTCT in FY 2011 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 2011—reaching nearly 87 percent of pregnant women during that time period. Among those tested, 70,201 HIV-positive women (87 percent of expected HIV-positive women) will receive a full course of prophylaxis to interrupt vertical transmission, with the majority receiving more efficacious and safe regimens including AZT. Based on the positive results of a South Africa-based —mentor mother|| program, we will adapt the program to the Kenya 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. Through direct USG support to the National Blood Transfusion Service (NBTS), Kenya's six regional blood transfusion centers and nine satellite centers are expected to collect 180,000 safe units of blood, representing a 350% increase from pre-PEPFAR levels. We will continue to expand provision of HIV test results to blood donors, with up to 90,000 donors notified in 2011. Individuals found to be HIV-positive will be referred for care and treatment. Kenya will support scaling up of the safe injection initiative to achieve national coverage with implementation in all provinces of Kenya. Key staff will be trained in injection safety and infection control. These USG efforts will complement the GOK's procurement of auto-disable syringes. Waste management systems will be strengthened in 50 percent of the USG supported sites.

**2. Care and Support:** Kenya's care and mitigation efforts include: HIV testing and counseling integrally linked to prevention and treatment; TB/HIV programs to identify and care for those who are co-infected (including integrated TB and HIV programs for rapid diagnosis of HIV among those with TB and vice versa); treatment of TB among those who are HIV-positive; support for Orphans and Vulnerable Children (OVCs); community support and mitigation services to strengthen households affected by AIDS; health services for children and adults that complement ART by intervening to prevent/treat opportunistic infections (OIs); programs to prevent transmission of HIV by those who are in care; and, offering end-of-life care when treatment fails or is unavailable. These activities will contribute to multiple Partnership Framework goals through the execution of the PFIP.

With USG technical and financial support, Kenya continues to provide global leadership in expanding HTC beyond traditional voluntary counseling and testing (VCT). HTC efforts in 2011 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 including 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. In FY 2011, the PEPFAR interagency team has budgeted \$48.85 million for OVC efforts, an amount which exceeds the 10% earmark for this special population. Innovations that will be implemented in FY 2011 include continued scale up HTC in OVC programs and creating an environment conducive to the sensitivities of testing children. Kenya will continue to provide a range of essential services that reduce vulnerability to 680,000 OVC and their families and to strengthen the capacity of families to advocate for services and care for OVCs. In FY 2011, we will place a special focus on addressing protection issues, strengthening the social welfare workforce and 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 with a focus on the family/caregiver.

Focus on non-ART palliative care for adults and children (including community support/mitigation services, clinical care, 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 opportunistic infections for 1,100,000 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 with a special emphasis on promoting consistent implementation of the GOK guidelines and wider availability of better-equipped Basic Care Kits (BCK). Deployment of 750,000 BCK to HIV-affected households is expected to improve household and individual morbidity for up to approximately 1.75 million Kenyans during FY 2011.

USG funds will be used to provide TB treatment and cotrimoxazole prophylaxis to 100 percent of eligible co-infected Kenyans and will screen for TB in 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 continue to be prioritized, and TB diagnosis and treatment in HIV clinical settings will be expanded.

**3. 3. Treatment:** The combined Kenya and headquarters-allocated budget for ARV drugs and laboratory infrastructure – including the Government of Kenya, Global Fund, and other sources – will make continuous, high-quality treatment available to approximately 75% of those who need it by the end of the COP11 implementation period. In line with the Partnership Framework and PFIP, the GOK has increased its annual budget for ARV procurement. Although the percent increase is high (80%) and exceeded the annual goal of 10% increase, this still only meets 15% of the country's needs. USG, other development partners and civil society will continue to highlight to GOK the importance of continued scale up of investments for sustainability of the treatment program.

For FY 2011, treatment priorities include: procurement of generic ARVs at over 80 percent of the value of all purchases, accommodation of 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 [CHAI] funding), and preparation for an expected shift to a tenofovir-based first line regimen. In the last year, increased emphasis on generic drug procurement has translated to greater cost savings and enabled USG partners to enroll more patients on ART despite flat-lined budgets. Other measures to improve ART efficiencies include close coordination between USG, GOK as well other pipelines (Global Fund, CHAI) in forecasting and quantification as well as careful and timely stock-sharing between the national supply chain, the Kenya Medical Supplies Agency-KEMSA, and the USG ARV procurement contractor to ensure that there is both little wastage and no stock outs of ARVs and other drugs.

This next phase of treatment scale up will be closely coordinated through the National AIDS and STI Control Programme (NAS COP). 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 strengthening laboratory capacity; direct support to more than 1000 anticipated sites that will be providing ART in Kenya; and, indirect support to nearly all sites providing ART in Kenya through collaboration with NAS COP. It is expected that a combined total of 550,000 Kenyans will be on ART through direct and indirect PEPFAR support by September 30, 2012. 7



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 March 2012, 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, 2012.

Together with the GOK, USG will lead an ART costing study to estimate the annual per-patient cost of outpatient HIV treatment and associated care. The study has been performed in other countries and has informed planning and resource requirements for treatment scale-up, identified the factors that drive costs, and created projection models for use at both country and PEPFAR-wide levels.

Strengthened support for health systems will be a continuing priority in the ongoing 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 AIDS & STI Control Officers (PASCOS). PASCOS, most of whom are physicians, help 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 and efficiencies 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.

In APR 2009, USG Kenya reported 297,830 patients receiving ART at the end of the reporting period. This number increased to 343,396 patients on ART at the 2010 SAPR, translating to an average of 7,600 new ART patients per month. At the end of June 2010 the country adopted the new WHO treatment guidelines, which raised CD4 eligibility to 350 and introduced tenofovir as a new first-line option for adult patients. After the change of the national guidelines, the net national scale-up rate on ART for the past three months has risen to about 9,000 new patients per month.

**4. Women and Girl - Centered Approaches:** The 2007 KAIS reported that women represent nearly 60% of HIV-positive Kenyans. HIV prevalence among 15-64 year olds is 8.7% for females and 5.6% for males. Among youth aged 15-24, women are four times more likely to be infected than men. PEPFAR will utilize existing data and, through GHI, become more closely aligned with other USG health programs to maximize impact in addressing the needs of women and girls in a more integrated manner. Under GHI, we will look specifically at the impact of USG programs and GOK priorities and resources, including PEPFAR, on maternal, neonatal and child health, one of the global goals of GHI.

PEPFAR will continue to utilize wraparound funding support for family planning / reproductive health (FP/RH). The integration of these wraparound services will become even more strategic under GHI. The Ministry of Public Health and Sanitation has made significant progress on the national FP/RH integration strategy, but PMTCT client demand for and access to FP/RH services remains a challenge and a priority. PEPFAR will continue efforts to leverage resources from other donors to meet the critical demand for FP/RH services within PEPFAR-supported PMTCT and HIV care and treatment programs.

Through the Women's Justice and Empowerment Initiative (WJEI), USG will support activities to address sexual violence and abuse against women in four areas: prosecutorial assistance, law enforcement development, awareness-raising, and victim support, including support for the Kenyatta National Hospital Gender Based Violence Support Center and training on GBV for medical personnel. PEPFAR will work closely with WJEI to build linkages across programs, optimize the comparative advantages and resources of the two programs, fill program gaps, and share lessons learned.

PEPFAR continues to support gender policy literacy and access to appropriate legal services at both the national and community levels. Nationally, PEPFAR partners work with the Government of Kenya to ensure implementation and policy training on the Sexual Offences Act. PEPFAR partners also address





community concerns through training on legal rights for widows confronted with wife inheritance, sustainable income-generating activities, and gender sensitization workshops for the media, community chiefs, and elders.

In FY 2011, gender indicators will be developed to track and report progress on reaching gender targets as an integral part of PEPFAR's Kenya Program Monitoring System (KePMS). USG will continue to better utilize gender-related data, which implementing partners collect for program monitoring purposes but are not required for PEPFAR reporting. Capacity building with partners for more in-depth analysis will include sex and age disaggregation as well as tracking of high-risk groups such as female sex workers and men who have sex with men. Routine partner meetings and portfolio reviews will be established to discuss and plan around priority gender issues, including better program targeting for boys and girls, addressing sexual violence, and access to education for girls. In FY 2011, PEPFAR Kenya plans to conduct a gender assessment of its OVC programs as part of the Gender Strategic Plan process; the outcomes for this will further guide improvements in COP11 implementation.

PEPFAR Kenya's capacity to identify and prioritize gender-related factors within its portfolio has grown significantly in the past year, and the strategic planning process in 2011 will help to extend this capacity. However, challenges remain in balancing these priorities with other programmatic needs and in linking gender-focused activities across program areas. While gender expertise among implementing partners continues to grow, gaps in the evidence base for gender programming remain a constraint.

**5. Other Programs:** Resources invested in other programs 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 NACC and MOMS/MOPHS 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 strengthen the GOK community-based monitoring system to increase reporting rates as well as supporting the roll out of the National Health Management Information System, which incorporates all of PEPFAR's next generation indicators.

In FY 2011, we will support the GOK in implementing KAIS 2011, an important activity for the people of Kenya, policymakers, and international stakeholders. KAIS 2011 will play a crucial role in building an evidence base to evaluate progress under KNASP III and will serve as an important tool for on-going resource allocations for PEPFAR and GHI.

In FY 2011, we will continue to explore innovative strategies for the use of technology in improving the HIV/AIDS response. USG will provide technical assistance to the GOK and implementing partners on the use of cell phone technology to improve data transmission through a public private partnership. The Ministries of Health are committed to leveraging the wide availability of mobile phone technology to improve data transmission in health services. USG and the Kenyan Ministries of Health are working with technology partners (local and international) to develop a platform that allows multi-channel transmission of data using cell phone technology. This will enable access to programmatic, logistical, surveillance and other health related data. This activity is linked to the wider health sector informatics work that is supported through the partnership framework. Through USG's collaboration with the Kenyan Medical Research Institute (KEMRI), new technologies for data capture will continue to be piloted and evaluated, with documented results shared across the GOK for national scale up. Such technologies include the use of mobile devices (e.g. netbooks) for data collection and biometrics (e.g. finger-printing) for unique patient identification.

The laboratory system broadly impacts the national HIV/AIDS response—laboratory quality systems are fundamental and critical to meeting PEPFAR goals including prevention, care, and treatment of HIV-infected patients. The Partnership Framework commits to improving quality and access of/to laboratory services in Kenya. As we implement the 2011 COP, we will focus on building a strong laboratory quality



management system (QMS) with accreditation of laboratories as the ultimate goal, in line with WHO's step-wise approach to accreditation.

In the coming year, the USG will continue to collaborate with Kenya partners, health sector stakeholders, and other donors to identify joint opportunities to promote health sector improvements. For example, USG through support to UNAIDS and direct support to GOK will provide capacity building and systems strengthening by placing senior-level technical advisors throughout GOK's health programs.

Management and staffing funds will support the in-country personnel needed to implement the PEPFAR program in Kenya. Funds will ensure effective program management, monitoring, accountability and adherence to USG policy while working under the leadership of the Kenyan national response. In our efforts to ensure appropriate use of USG taxpayer dollars, agencies have examined management and staffing pipelines, resulting in a 4.2% decrease for requested management and staffing funds. These saving will be used for one-time activities in systems strengthening and strategic information. In future years, management and operations funding will need to return to past levels.

Through PEPFAR, activities within the Kenyan Ministry of Defense (KMOD) and Uniform Services provide a unique opportunity to enhance HIV/AIDS care, support and prevention in a country-owned and country-led environment. These established programs serve as a source of USG leverage within GOK ministries, modeling activities and leadership which establish a direct link between USG resources and GOK. In addition, the USG support of HIV/AIDS within KMOD and Uniform Services place a significant role in establishing and supporting defense, diplomacy and development.

**New Procurements**

Redacted

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**Time Frame:** October 2011 to September 2012

**Population and HIV Statistics**

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	1,300,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	06	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	180,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	80,000	2009	UNAIDS Report on the global AIDS Epidemic			

			2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	1,479,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	81,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	1,500,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	1,200,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV	710,000	2009	Towards Universal Access. Scaling up priority			



infection (in need of ART)			HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	760,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

### 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					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

					<p>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.</p>
KEMRI Production Facility Business					The 2nd phase of the KEMRI BDP

Development Plan (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 Generation		TBD, Grassroots Soccer, Johnson and Johnson, Microsoft, Telkom		HFG proposed PPPs: Africa Youth 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 &

				<p>character formation messages. Telkom will promote a soccer tournament &amp; 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.</p>
Phones for Health		CDC Foundation		<p>The objective of the Phones for Health PPP is to support the implementation of mHealth information systems</p>

				<p>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</p>
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					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.
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### 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
HIV DR surveillance	HIV Drug Resistance	Other	Planning
Kenya AIDS Indicator Survey (KAIS)	Population-based Behavioral Surveys	General Population	Planning
Longitudinal surveillance of ARV outcome among treated pediatric patients in Kenya	Other	Other	Implementation
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	Data Review



		Sex Workers, General Population, Injecting Drug Users, Men who have Sex with Men, Street Youth	
Prevalence study for the Kenyan Defense Forces	Population-based Behavioral Surveys	Uniformed Service Members	Development
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			23,743,268		23,743,268
HHS/CDC	4,554,000	8,121,000	141,078,475		153,753,475
HHS/HRSA	5,851,680		6,536,793		12,388,473
PC			1,547,353		1,547,353
State			464,025		464,025
State/AF			100,000		100,000
USAID	0		325,290,581		325,290,581
<b>Total</b>	<b>10,405,680</b>	<b>8,121,000</b>	<b>498,760,495</b>	<b>0</b>	<b>517,287,175</b>

### Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	PC	State/AF	USAID	AllOther	
CIRC		435,000	8,629,323				4,150,000		13,214,323
HBHC		1,300,000	8,970,000	830,000		50,000	30,183,684		41,333,684
HKID		1,026,000	700,000			50,000	47,069,188		48,845,188
HLAB		1,978,665	5,700,000			0	14,050,000		21,728,665
HMBL			4,275,000			0	2,400,912		6,675,912
HMIN			2,160,000				1,695,176		3,855,176
HTXD							70,768,240		70,768,240
HTXS		7,650,801	42,247,892	8,751,680			30,550,000		89,200,373
HVAB		756,463	4,723,214	775,000	390,600		24,250,774		30,896,051
HVCT		2,546,083	14,876,993	70,000			15,625,187		33,118,263
HVMS	464,025	2,057,510	13,392,910		836,753		12,227,397		28,978,595
HVOP		400,475	10,340,370		70,000		20,085,990		30,896,835



HVSI		1,029,508	9,037,623	250,000			8,890,937		<b>19,208,068</b>
HVTB		1,500,000	8,133,207	921,793		0	6,945,000		<b>17,500,000</b>
IDUP			181,385				750,000		<b>931,385</b>
MTCT		1,982,763	11,543,558	150,000			16,461,388		<b>30,137,709</b>
OHSS			3,592,000		250,000		9,730,800		<b>13,572,800</b>
PDCS		270,000	1,510,000	120,000			1,845,508		<b>3,745,508</b>
PDTX		810,000	3,740,000	520,000			7,610,400		<b>12,680,400</b>
	<b>464,025</b>	<b>23,743,268</b>	<b>153,753,475</b>	<b>12,388,473</b>	<b>1,547,353</b>	<b>100,000</b>	<b>325,290,581</b>	<b>0</b>	<b>517,287,175</b>

### 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	41,333,684	
HTXS	89,200,373	
<b>Total Technical Area Planned Funding:</b>	<b>130,534,057</b>	<b>0</b>

**Summary:**  
(No data provided.)

##### Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	70,768,240	
<b>Total Technical Area Planned Funding:</b>	<b>70,768,240</b>	<b>0</b>

**Summary:**  
(No data provided.)

##### Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	13,214,323	
HMBL	6,675,912	
HMIN	3,855,176	
IDUP	931,385	
<b>Total Technical Area Planned Funding:</b>	<b>24,676,796</b>	<b>0</b>



**Summary:**  
(No data provided.)

**Technical Area: Counseling and Testing**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	33,118,263	
<b>Total Technical Area Planned Funding:</b>	<b>33,118,263</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Health Systems Strengthening**

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	13,572,800	
<b>Total Technical Area Planned Funding:</b>	<b>13,572,800</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Laboratory Infrastructure**

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	21,728,665	
<b>Total Technical Area Planned Funding:</b>	<b>21,728,665</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Management and Operations**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	28,978,595	
<b>Total Technical Area Planned Funding:</b>	<b>28,978,595</b>	<b>0</b>

**Summary:**  
(No data provided.)



**Technical Area: OVC**

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	48,845,188	
<b>Total Technical Area Planned Funding:</b>	<b>48,845,188</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Pediatric Care and Treatment**

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	3,745,508	
PDTX	12,680,400	
<b>Total Technical Area Planned Funding:</b>	<b>16,425,908</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: PMTCT**

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	30,137,709	
<b>Total Technical Area Planned Funding:</b>	<b>30,137,709</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Sexual Prevention**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	30,896,051	
HVOP	30,896,835	
<b>Total Technical Area Planned Funding:</b>	<b>61,792,886</b>	<b>0</b>

**Summary:**  
(No data provided.)



**Technical Area: Strategic Information**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	19,208,068	
<b>Total Technical Area Planned Funding:</b>	<b>19,208,068</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: TB/HIV**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	17,500,000	
<b>Total Technical Area Planned Funding:</b>	<b>17,500,000</b>	<b>0</b>

**Summary:**  
(No data provided.)





## Technical Area Summary Indicators and Targets

Redacted

## Partners and Implementing Mechanisms

### Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
2866	CENTERS FOR HEALTH SOLUTIONS	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State), Central GHCS (State)	3,947,892
7133	Price Waterhouse Coopers	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,795,000
7139	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
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)	81,768,240
7143	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	200,000
7145	Indiana University	University	U.S. Agency for International Development	GHCS (State)	16,121,872
7305	University Research Corporation	Private Contractor	U.S. Agency for International Development	GHCS (State)	500,000
9034	Tearfund	NGO	U.S. Agency for International	Central GHCS (State)	0

			Development		
9039	The American Society for Microbiology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	250,000
9053	Population Services International	NGO	U.S. Agency for International Development	GHCS (State)	13,510,781
9062	Population Council	NGO	U.S. Agency for International Development	GHCS (State)	1,200,000
9065	Pathfinder International	NGO	U.S. Agency for International Development	GHCS (State)	6,841,382
9075	Mildmay International	NGO	U.S. Agency for International Development	GHCS (State)	1,000,000
9076	Macro International	Private Contractor	U.S. Agency for International Development	GHCS (State)	800,937
9082	Kenya Rural Enterprise Program	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,100,000
9092	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,573,500
9093	CDC Foundation	NGO	U.S. Department of Health and Human	GHCS (State)	1,150,000

			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)	1,300,000
9100	Program for Appropriate Technology in Health	NGO	U.S. Agency for International Development	GHCS (State)	9,450,000
9103	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	500,000
9108	American International Health Alliance Twinning Center	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	775,000
9109	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	300,000
9110	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers	GHCS (State)	400,000

			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)	4,702,000
9127	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	740,000
9136	International Medical Corps	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,365,162
9138	Internews	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,720,000
9139	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State)	10,265,000
9141	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State), Central GHCS (State)	11,363,473

9143	Henry M. Jackson Foundation Medical Research International, Inc.	NGO	U.S. Department of Defense	GHCS (State)	2,218,696
9144	JHPIEGO	NGO	U.S. Agency for International Development	GHCS (State)	520,000
9149	Program for Appropriate Technology in Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,239,685
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)	17,619,892
9251	Baptist AIDS Response Agency, Kenya	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Central GHCS (State)	0
9538	Matibabu Foundation	NGO	U.S. Department of Health and Human Services/Centers	GHCS (State)	0

			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)	6,565,694
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 for Disease Control and Prevention	GHCS (State)	8,970,000
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
12051	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	Redacted	Redacted



			International Development		
12056	Ananda Marga Universal Relief Teams	Implementing Agency	U.S. Agency for International Development	Central GHCS (State)	0
12057	GRASS ROOTS ALLIANCE FOR COMMUNITY EDUCATION	Implementing Agency	U.S. Agency for International Development	Central GHCS (State)	0
12058	Kindernothilfe	Implementing Agency	U.S. Agency for International Development	Central GHCS (State)	0
12059	UNAIDS	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	772,800
12061	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12068	National Organization for Peer Educators, Kenya	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Central GHCS (State)	0
12082	United Nations High Commissioner for Refugees	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,596,303
12083	Liverpool VCT and Care	NGO	U.S. Department of Health and Human Services/Centers	GHCS (State)	1,170,000



			for Disease Control and Prevention		
12530	Nyanza Reproductive Health Society	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,126,400
12540	Macro International	Private Contractor	U.S. Agency for International Development	GHCS (State)	350,000
12551	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	8,179,323
12554	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	800,000
12555	University of Nairobi	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,907,000
12585	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and	GHCS (State)	4,890,000

			Prevention		
12598	International Rescue Committee	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	600,000
12605	Care International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,070,000
12612	New York AIDS Institute	Other USG Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	250,000
12637	The Futures Group International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,000,000
12656	Eastern Deanery AIDS Relief Program	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	7,680,000

12658	Mkomani Society Clinic	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,260,000
12664	African Medical and Research Foundation, South Africa	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,335,000
12947	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12950	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12970	Johns Hopkins University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,150,000
12979	Population Reference Bureau	NGO	U.S. Agency for International Development	GHCS (State)	400,000
12984	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12985	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted

12994	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	6,755,187
13025	Impact Research and Development Organization	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,173,600
13028	Community Housing Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	750,000
13040	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13050	Coptic Hospital	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,683,207
13061	MINISTRY OF PUBLIC HEALTH AND SANITATION	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	7,588,178
13072	Management Sciences for	NGO	U.S. Agency for International	GHCS (State)	3,693,000

	Health		Development		
13078	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13097	Liverpool VCT and Care	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,750,000
13121	University of Maryland	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,240,000
13134	TO BE DETERMINED	Implementing Agency	U.S. Agency for International Development	Redacted	28,658,037
13164	Management Sciences for Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,950,000
13179	Association of Schools of Public Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,092,000
13210	Global Healthcare	Implementing	U.S. Department	GHCS (State)	600,000

	Public Foundation	Agency	of Health and Human Services/Centers for Disease Control and Prevention		
13231	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13287	Program for Appropriate Technology in Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,200,000
13302	Hope Worldwide	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	775,000
13307	Impact Research and Development Organization	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,433,355
13309	Kenya Medical Research Institute	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHCS (State)	8,240,000

			Prevention		
13312	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13340	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13346	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	172,500
13347	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13349	Sustainable Health Enterprise Foundation	NGO	U.S. Agency for International Development	GHCS (State)	100,000
13354	Kenya Episcopal Conference	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,220,000
13356	Tuberculosis Control Assistance Program, KNCV Foundation	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	2,370,000

13358	Regional Procurement Support Office/Frankfurt	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	0
13366	Christian Health Association of Kenya	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,095,000
13367	Johns Hopkins University	University	U.S. Agency for International Development	GHCS (State)	150,000
13385	University of Manitoba	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,988,585
13399	University of Maryland	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,740,000
13439	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13471	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13474	Hope Worldwide	FBO	U.S. Department of Health and	GHCS (State)	1,220,000



			Human Services/Centers for Disease Control and Prevention		
13481	University of Nairobi	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,650,000
13497	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13502	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,137,623
13517	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
13543	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,900,000



13545	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	710,600
13546	Henry M. Jackson Foundation Medical Research International, Inc.	NGO	U.S. Department of Defense	GHCS (State)	1,847,170
13547	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13548	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	3,500,000
13550	National Blood Transfusion Service, Kenya	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,700,000



## Implementing Mechanism(s)

### Implementing Mechanism Details

<b>Mechanism ID: 2866</b>	<b>Mechanism Name: Columbia University HHS/CDC follow on</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: CENTERS FOR HEALTH SOLUTIONS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 3,947,892</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
Central GHCS (State)	2,277,000
GHCS (State)	1,670,892

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Cross cutting budget attributions include Human Resources for Health and Renovation. Funds will continue to be used to support additional staff salaries in accordance with Emergency Plan guidance, facility renovations and procurement of equipment needed to provide treatment, laboratory reagents, and service costs of supportive supervision. Advanced training in HIV clinical services will target 200 health care workers. TBD will continue to support adult and pediatric HIV treatment, PMTCT, HIV testing and counseling, and TB services, health worker training, monitoring and evaluation, laboratory and pharmacy activities. Key linkages within health facilities and between facilities and communities will be improved and expanded.

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	87,050
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Human Resources for Health	603,972
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 2866			
<b>Mechanism Name:</b> Columbia University HHS/CDC follow on			
<b>Prime Partner Name:</b> CENTERS FOR HEALTH SOLUTIONS			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,172,892	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	75,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	200,000	



<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	600,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7133</b>	<b>Mechanism Name: Orphans and Vulnerable Children Scholarship Program</b>
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

<b>Total Funding: 2,795,000</b>	
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
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	7133		
<b>Mechanism Name:</b>	Orphans and Vulnerable Children Scholarship Program		
<b>Prime Partner Name:</b>	Price Waterhouse Coopers		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HKID	2,795,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7139</b>	<b>Mechanism Name: Health Policy Project</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>



Redacted	Redacted
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**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**

<b>Mechanism ID:</b> 7139			
<b>Mechanism Name:</b> Health Policy Project			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted



<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7141</b>	<b>Mechanism Name: Nutrition and HIV/AIDS</b>
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

<b>Total Funding: 4,340,000</b>	
Funding Source	Funding Amount
GHCS (State)	4,340,000

### Sub Partner Name(s)

Insta Products		
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### Overview Narrative

This is a continuing mechanism.

### Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	3,906,000
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Food and Nutrition: Policy, Tools, and Service Delivery	347,200
Water	86,800

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 7141			
<b>Mechanism Name:</b> Nutrition and HIV/AIDS			
<b>Prime Partner Name:</b> Academy for Educational Development			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	3,500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	340,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 7142	<b>Mechanism Name:</b> Kenya Pharma Project
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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

<b>Total Funding: 81,768,240</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	81,768,240

### Sub Partner Name(s)

DHL Exel	Phillips Pharmaceuticals, Kenya	Vimta Labs
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### Overview Narrative

This is a continuing mechanism.

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	7142		
<b>Mechanism Name:</b>	Kenya Pharma Project		
<b>Prime Partner Name:</b>	Chemonics International		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	10,500,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,000,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	68,268,240	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7143</b>	<b>Mechanism Name: Health Systems 20/20</b>
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

<b>Total Funding: 200,000</b>	
Funding Source	Funding Amount
GHCS (State)	200,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This is a continuing mechanism.



### Cross-Cutting Budget Attribution(s)

Human Resources for Health	80,000
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### Key Issues

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

### Budget Code Information

<b>Mechanism ID:</b>	7143		
<b>Mechanism Name:</b>	Health Systems 20/20		
<b>Prime Partner Name:</b>	Abt Associates		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7145</b>	<b>Mechanism Name: USAID-AMPATH Partnership</b>
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



<b>Total Funding: 16,121,872</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	16,121,872

**Sub Partner Name(s)**

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



<b>Mechanism ID:</b> 7145			
<b>Mechanism Name:</b> USAID-AMPATH Partnership			
<b>Prime Partner Name:</b> Indiana University			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,020,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	700,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	6,100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	700,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	393,008	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	2,780,400	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HVAB	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	700,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,178,464	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,150,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7305</b>	<b>Mechanism Name: Health Care Improvement Project (formerly TBD HKID)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation	



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

<b>Total Funding: 500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	500,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

This is a continuing mechanism.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	500,000
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 7305			
<b>Mechanism Name:</b> Health Care Improvement Project (formerly TBD HKID)			
<b>Prime Partner Name:</b> University Research Corporation			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HKID	500,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**





(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9034</b>	<b>Mechanism Name: NPI</b>
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

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
Central GHCS (State)	0

### Sub Partner Name(s)

ACK Transmara Development Programme	Evangelical Alliance of Kenya	Inter Diocesan Christian Community Services
Life Skills Promoters	Narok Integrated Development Program	St. John's Community Centre

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

Addressing male norms and behaviors

### Budget Code Information

Custom



<b>Mechanism ID:</b>	9034		
<b>Mechanism Name:</b>	NPI		
<b>Prime Partner Name:</b>	Tearfund		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HKID	0	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9039</b>	<b>Mechanism Name:</b>
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

<b>Total Funding: 250,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	250,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This activity has cross cutting attributions related to human resources for health by virtue of supporting in-service training, management and leadership training, strengthening local health professional associations, and quality improvement. Strengthening of local institutions will facilitate systems strengthening and transition. The key indicators will be laboratories accredited and number of people trained.



### Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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### Key Issues

Malaria (PMI)  
TB

### Budget Code Information

<b>Mechanism ID:</b> 9039			
<b>Mechanism Name:</b>			
<b>Prime Partner Name:</b> The American Society for Microbiology			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	250,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 9053	<b>Mechanism Name:</b> 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

<b>Total Funding: 13,510,781</b>
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Funding Source	Funding Amount
GHCS (State)	13,510,781

### Sub Partner Name(s)

JHPIEGO		
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### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000
Gender: Reducing Violence and Coercion	100,000
Water	500,000

### Key Issues

Addressing male norms and behaviors  
 Increasing women's access to income and productive resources  
 Malaria (PMI)  
 Child Survival Activities  
 Workplace Programs  
 Family Planning

### Budget Code Information

<b>Mechanism ID:</b>	9053		
<b>Mechanism Name:</b>	APHIA II - Health Communication & Marketing		
<b>Prime Partner Name:</b>	Population Services International		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	5,000,000	

<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	2,400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	800,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	2,900,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,700,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	MTCT	210,781	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9062</b>	<b>Mechanism Name: APHIA II OR</b>
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

<b>Total Funding: 1,200,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,200,000

### 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)

Gender: Reducing Violence and Coercion	100,000
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## Key Issues

Addressing male norms and behaviors  
 Impact/End-of-Program Evaluation  
 Malaria (PMI)  
 Child Survival Activities  
 Safe Motherhood  
 TB  
 Family Planning

## Budget Code Information

<b>Mechanism ID:</b> 9062			
<b>Mechanism Name:</b> APHIA II OR			
<b>Prime Partner Name:</b> Population Council			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	
<b>Narrative:</b>			



None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9065</b>	<b>Mechanism Name: APHIA II - North Eastern Province</b>
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

<b>Total Funding: 6,841,382</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	6,841,382

### Sub Partner Name(s)

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

### Overview Narrative

This is a continuing mechanism.

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	250,000
Economic Strengthening	200,000
Education	100,000





Food and Nutrition: Commodities	200,000
Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	800,000

### 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
- Malaria (PMI)
- Child Survival Activities
- Mobile Population
- Safe Motherhood
- Workplace Programs
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 9065			
<b>Mechanism Name:</b> APHIA II - North Eastern Province			
<b>Prime Partner Name:</b> Pathfinder International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	360,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,075,000	

<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	72,500	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	114,500	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,230,774	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	715,990	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	MTCT	347,618	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	125,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

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

<b>Total Funding: 1,000,000</b>	
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	1,000,000
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 9075			
<b>Mechanism Name:</b> Palliative Care Training			
<b>Prime Partner Name:</b> Mildmay International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,000,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 9076		<b>Mechanism Name:</b> MEASURE III DHS	
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	

<b>Total Funding:</b> 800,937	
Funding Source	Funding Amount
GHCS (State)	800,937

### Sub Partner Name(s)

(No data provided.)



## Overview Narrative

### Goals and Objectives-

This activity has two main components. The first component will be the carrying out of Geographical Information Systems (GIS technology). SI funding will cover technical assistance for geo-spatial analysis of program level indicators and work on further analysis of KSPA 2009 and KDHS 2008 datasets and development of dissemination plans.

### Linkages to Partnership Framework-

The technical assistance by this partner fits with partnership framework objective of strengthening strategic information gathering and data utilization to improve targeting of programs and evidence based resource allocation.

### Explication for each 2011 programmatic target-

- HVSI

Strengthen the geographic interpretation - geo-spatial analysis of program indicators among USG partners and GOK institutions. The partner will develop capacity-building programs for USG and GOK staff aimed at strengthening their skills mix and expertise in the use of GIS technology. Finally, this partner will work with GOK institutions namely NCAPD and KNBS conducting further data analysis of KDHS and KSPA with national and regional dissemination forums to ensure wider use of the findings.

- OHSS

This activity will provide technical assistance to 20 GOK and USG in development of dissemination manuals, conducting one national and 8 regional KSPA dissemination forums, and 70 district-level dissemination and data use forums for the district health management boards and other key stakeholders at that level. Participating institutions will be supported to develop action plans for addressing gaps identified in the health facility survey. This decentralized data dissemination approach is expected to result in increased use of data for planning and improving delivery of health care services at all levels.

## Cross-Cutting Budget Attribution(s)

Human Resources for Health	160,187
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## Key Issues

Malaria (PMI)

Child Survival Activities

Custom

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Safe Motherhood  
 TB  
 Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 9076			
<b>Mechanism Name:</b> MEASURE III DHS			
<b>Prime Partner Name:</b> Macro International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,937	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**



<b>Mechanism ID: 9082</b>	<b>Mechanism Name: FAHIDA</b>
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

<b>Total Funding: 1,100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,100,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This is a continuing mechanism.

### Cross-Cutting Budget Attribution(s)

Economic Strengthening	900,000
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID: 9082</b>			
<b>Mechanism Name: FAHIDA</b>			
<b>Prime Partner Name: Kenya Rural Enterprise Program</b>			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	1,100,000	
<b>Narrative:</b>			



None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9092</b>	<b>Mechanism Name: Umbrella</b>
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

<b>Total Funding: 3,573,500</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	3,573,500

### Sub Partner Name(s)

Adventist Centre for Care and Support (ACCS)	African Brotherhood Church	African Inland Church (AIC)
Anglican church of Kenya: Narok Integrated Development Program	Apostles of Jesus AIDS Ministry	Archdiocese of Nyeri
Christian Mission Fellowship (CMF)	Dream Kenya	Faraja Trust
JHPIEGO	Kenya Hospices and Palliative Care Association (KEHPCA)	Kenya Widows And Orphans Support Programme (KWOSP)
Movement of Men Against AIDS in Kenya (MMAAK)	Nomadic Communities Trust	Scriptures Union Centre-Hurlingham
The Kenya Scouts Association	UZIMA Foundation- Africa	

### Overview Narrative

Cross cutting attributions





CRS will also support strengthening the Health system in Faith based and Government of Kenya care and treatment facilities, by recruiting appropriate staff to run clinical services in these centers. In addition, it will support the Government of Kenya led community strategy by employing Community Health Workers who would help roll-out community based activities.

Food commodities and education will be provided to OVCs, while economic strengthening, water and programs to reduce gender violence will be provided to the hosting families.

**Cross-Cutting Budget Attribution(s)**

Economic Strengthening	300,000
Education	70,000
Food and Nutrition: Commodities	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**

<b>Mechanism ID:</b>	9092
<b>Mechanism Name:</b>	Umbrella
<b>Prime Partner Name:</b>	Catholic Relief Services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	280,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	658,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	600,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	300,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,035,500	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	250,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9093</b>	<b>Mechanism Name: Phones for Health</b>
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

<b>Total Funding: 1,150,000</b>	
Funding Source	Funding Amount
GHCS (State)	1,150,000

### Sub Partner Name(s)

Custom



(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**

<b>Mechanism ID:</b> 9093 <b>Mechanism Name:</b> Phones for Health <b>Prime Partner Name:</b> CDC Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	800,000	

**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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	350,000	

**Narrative:**

This is one-time funding for PPPs to support the KEMRI Production Unit

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 9097</b>	<b>Mechanism Name: HIV Fellowships</b>
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

<b>Total Funding: 1,300,000</b>	
Funding Source	Funding Amount
GHCS (State)	1,300,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**



**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	1,300,000
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID: 9097</b>			
<b>Mechanism Name: HIV Fellowships</b>			
<b>Prime Partner Name: University of Nairobi</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,000,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 9100</b>	<b>Mechanism Name: AIDSTAR/HFG</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract



Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 9,450,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	9,450,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This is a continuing mechanism.

### Cross-Cutting Budget Attribution(s)

Economic Strengthening	1,000,000
Education	3,000,000
Gender: Reducing Violence and Coercion	1,000,000

### 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

### Budget Code Information

<b>Mechanism ID:</b>	9100		
<b>Mechanism Name:</b>	AIDSTAR/HFG		
<b>Prime Partner Name:</b>	Program for Appropriate Technology in Health		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>





Prevention	HVAB	5,800,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	3,650,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9103</b>	<b>Mechanism Name: TEPD (Teacher Education &amp; Professional Development)</b>
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

<b>Total Funding: 500,000</b>	
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
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 9103		<b>Mechanism Name:</b> TEPD (Teacher Education & Professional Development)	
<b>Prime Partner Name:</b> Academy for Educational Development			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 9108	<b>Mechanism Name:</b> 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 Twinning Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



<b>Total Funding: 775,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	775,000

**Sub Partner Name(s)**

DePaul University, Chicago ILL	Kenya Episcopal Conference and Catholic Secretariat (KEC-CS) Nairobi ,Kenya	
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**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

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

**Implementing Mechanism Indicator Information**

(No data provided.)



### Implementing Mechanism Details

<b>Mechanism ID: 9109</b>	<b>Mechanism Name:</b>
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

<b>Total Funding: 300,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	300,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This activity has cross cutting attributions related to human resources for health by virtue of supporting in-service training, management and leadership training, and quality improvement. Strengthening of local institutions will facilitate systems strengthening and transition. The key indicators will be laboratories accredited (13) and number of people trained (90).

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000
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### Key Issues

TB

### Budget Code Information



<b>Mechanism ID:</b> 9109			
<b>Mechanism Name:</b>			
<b>Prime Partner Name:</b> American Society of Clinical Pathology			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	300,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 9110	<b>Mechanism Name:</b> 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

<b>Total Funding: 400,000</b>	
Funding Source	Funding Amount
GHCS (State)	400,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This activity has cross cutting attributions related to human resources for health by virtue of supporting in-service ---This activity has cross cutting attributions related to human resources for health by virtue of supporting in-service training, and quality improvement. The LIS will be used for managing data in the laboratories for all programs and will be fully integrated into the national HMIS to provide vital national laboratory and public health data for decision making. Strengthening of local institutions will facilitate systems strengthening and transition.



### Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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### Key Issues

Malaria (PMI)

TB

### Budget Code Information

<b>Mechanism ID:</b> 9110			
<b>Mechanism Name:</b> APHL			
<b>Prime Partner Name:</b> Association of Public Health Laboratories			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	400,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 9118	<b>Mechanism Name:</b> 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

<b>Total Funding: 2,100,000</b>
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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

<b>Mechanism ID:</b> 9118			
<b>Mechanism Name:</b> Lea Toto			
<b>Prime Partner Name:</b> Children of God Relief Institute			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	
<b>Narrative:</b>			



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

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9122</b>	<b>Mechanism Name:</b>
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





<b>Total Funding: 4,702,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
Central GHCS (State)	2,277,000
GHCS (State)	2,425,000

**Sub Partner Name(s)**

CENTERS FOR HEALTH SOLUTIONS		
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**Overview Narrative**

Cross cutting budget attributions include Human Resources for Health and Renovation. CU-ICAP will continue to work closely with the Provincial Health Officers for Central Province to implement HIV clinical services. Funds will continue to be used to support additional staff salaries in accordance with Emergency Plan guidance, facility renovations and equipment needed to provide treatment, laboratory reagents, and supportive supervision. Advanced training in HIV clinical services for 200 health care workers will be conducted ICAP-Kenya will continue to support adult and pediatric HIV treatment, PMTCT, HIV testing and counseling, TB services, health worker training, monitoring and evaluation, laboratory and pharmacy activities.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	174,100
Human Resources for Health	1,207,944

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	9122
<b>Mechanism Name:</b>	
<b>Prime Partner Name:</b>	Columbia University Mailman School of Public Health



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	450,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,577,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	250,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	75,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	950,000	
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	
<b>Narrative:</b>			



None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9127</b>	<b>Mechanism Name: PTA (Formerly Contraceptive Research Technology and Utilization)</b>
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

<b>Total Funding: 740,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	740,000

### Sub Partner Name(s)

I Choose Life	Kenyatta University	
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### Overview Narrative

This is a continuing mechanism.

### Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	200,000
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### 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**

<b>Mechanism ID:</b> 9127			
<b>Mechanism Name:</b> PTA (Formerly Contraceptive Research Technology and Utilization)			
<b>Prime Partner Name:</b> Family Health International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	470,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	270,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 9136	<b>Mechanism Name:</b> 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

<b>Total Funding: 1,365,162</b>	
Funding Source	Funding Amount
GHCS (State)	1,365,162



**Sub Partner Name(s)**

Health Child	Liverpool VCT and Care	Mildmay International
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**Overview Narrative**

This cooperative agreement has been extended to March 31, 2011. Therefore funds are being reprogrammed to Cross-cutting Attributions  
 Under key issues, the program will address Gender through increasing gender equity in HIV/AIDS program by targeting both female and male population in the HIV prevention program (youth in school and out of school), promotion of Couple HIV Testing and Counseling in the General Population. continue activities.

**Cross-Cutting Budget Attribution(s)**

Gender: Reducing Violence and Coercion	400,000
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**Key Issues**

Increasing gender equity in HIV/AIDS activities and services

**Budget Code Information**

<b>Mechanism ID:</b> 9136			
<b>Mechanism Name:</b> IMC MARPS			
<b>Prime Partner Name:</b> International Medical Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	930,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	112,885	

<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	322,277	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9138</b>	<b>Mechanism Name: Voices in Health</b>
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

<b>Total Funding: 1,720,000</b>	
Funding Source	Funding Amount
GHCS (State)	1,720,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This is a continuing mechanism.

### Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	100,000



### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Malaria (PMI)
- Child Survival Activities
- TB
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 9138			
<b>Mechanism Name:</b> Voices in Health			
<b>Prime Partner Name:</b> Internews			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	300,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	150,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	120,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9139</b>	<b>Mechanism Name: Capacity Project</b>
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

<b>Total Funding: 10,265,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	10,265,000

### Sub Partner Name(s)

African Medical and Research Foundation, South Africa	Deloitte Touche Tohmatsu	Management Sciences for Health
Training Resources Group		

### Overview Narrative

This is a continuing mechanism.

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	10,215,000
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### Key Issues

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

### Budget Code Information

<b>Mechanism ID:</b> 9139
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<b>Mechanism Name:</b> Capacity Project			
<b>Prime Partner Name:</b> IntraHealth International, Inc			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	4,900,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,000,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,815,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	MTCT	450,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	700,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	100,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9141</b>	<b>Mechanism Name: AIDSRelief</b>
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

<b>Total Funding: 11,363,473</b>	
Funding Source	Funding Amount
Central GHCS (State)	5,851,680
GHCS (State)	5,511,793

### Sub Partner Name(s)



Mission for Essential Drugs and Supplies		
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**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)**

Construction/Renovation	251,254
Human Resources for Health	4,086,436

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 9141			
<b>Mechanism Name:</b> AIDSRelief			
<b>Prime Partner Name:</b> Catholic Relief Services			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	830,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	8,751,680	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	70,000	
<b>Narrative:</b>			
<p>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.</p> <p>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</p>			

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	120,000	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	520,000	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	150,000	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	921,793	

**Narrative:**

None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9143</b>	<b>Mechanism Name: Kenya Department of Defense</b>
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
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<b>Total Funding: 2,218,696</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,218,696

**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	250,000

### Key Issues

Addressing male norms and behaviors  
 Increasing gender equity in HIV/AIDS activities and services  
 Military Population  
 TB  
 Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 9143			
<b>Mechanism Name:</b> Kenya Department of Defense			
<b>Prime Partner Name:</b> Henry M. Jackson Foundation Medical Research International, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	76,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,000,801	



<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	30,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	202,095	
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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</li> </ul>			

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	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	99,800	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9144</b>	<b>Mechanism Name: ACCESS</b>
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

<b>Total Funding: 520,000</b>	
Funding Source	Funding Amount
GHCS (State)	520,000

### Sub Partner Name(s)

(No data provided.)

## Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

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

### Budget Code Information

<b>Mechanism ID:</b> 9144			
<b>Mechanism Name:</b> ACCESS			
<b>Prime Partner Name:</b> JHPIEGO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	220,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)



### Implementing Mechanism Details

<b>Mechanism ID: 9149</b>	<b>Mechanism Name: Uniformed Services Project</b>
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

<b>Total Funding: 2,239,685</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,239,685

### Sub Partner Name(s)

Elizabeth Glaser Pediatric AIDS Foundation		
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### Overview Narrative

Cross cutting Attributions:

PATH will work with uniform service members to improve information and perception about gender based violence. The program will encourage men to be responsible in their sexual behavior, reduce sexual violence and coercion, and advancement of women's legal rights.

The UoN UNITID program will continue supporting Stipend for fellows and other allowances necessary to enable them to go through their fellowship program.

### Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	200,000

### 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  
 Increasing women's legal rights and protection  
 Malaria (PMI)  
 Mobile Population  
 TB  
 Workplace Programs  
 Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 9149			
<b>Mechanism Name:</b> Uniformed Services Project			
<b>Prime Partner Name:</b> Program for Appropriate Technology in Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	807,860	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	981,825	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9150</b>	<b>Mechanism Name: Prisons Project</b>
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

<b>Total Funding: 1,705,000</b>	
Funding Source	Funding Amount
GHCS (State)	1,705,000

### Sub Partner Name(s)

Catholic Relief Services	Legal Resource Foundation	
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### Overview Narrative

Cross cutting budget attributions include support for human resource development through refresher trainings of service providers and hiring of new health workers, renovation of clinical and laboratory facilities in selected prisons and provision of food supplements pegged on objective clinical assessment of deserving patients In 2011, IMC will expand the scope of support from 30 prisons targeted in Year 2 to additional 10 prisons



### Cross-Cutting Budget Attribution(s)

Human Resources for Health	255,750
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 9150			
<b>Mechanism Name:</b> Prisons Project			
<b>Prime Partner Name:</b> International Medical Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	235,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	420,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount





Prevention	MTCT	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	600,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9171</b>	<b>Mechanism Name: South Rift Valley</b>
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

<b>Total Funding: 17,619,892</b>	
Funding Source	Funding Amount
GHCS (State)	17,619,892

### Sub Partner Name(s)

Africa Inland Church Litein Hospital	I Choose Life	James Finlay (K) Ltd.
Kapkatet District Hospital	Kapsabet District Hospital	Kericho District Hospital, Kenya
Kericho Youth Centre	Kilgoris District Hospital	Live With Hope Centre
Londiani District Hospital	Longisa District Hospital	Nandi Hills District Hospital
Samoei Community Development Programme	Tenwek Hospital	Unilever Tea Kenya



## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	547,957
Economic Strengthening	10,029
Education	45,000
Food and Nutrition: Commodities	193,714
Food and Nutrition: Policy, Tools, and Service Delivery	85,000
Gender: Reducing Violence and Coercion	60,000
Human Resources for Health	3,083,510
Water	971

### Key Issues

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

### Budget Code Information

<b>Mechanism ID:</b> 9171			
<b>Mechanism Name:</b> South Rift Valley			
<b>Prime Partner Name:</b> Henry M. Jackson Foundation Medical Research International, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	921,309	
<b>Narrative:</b>			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	950,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	5,911,621	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	2,196,083	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	200,727	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	630,091	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	570,286	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	400,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	681,463	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,475	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,771,278	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,978,665	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,107,894	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9251</b>	<b>Mechanism Name: New Partners Initiative</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement



Prevention	
Prime Partner Name: Baptist AIDS Response Agency, Kenya	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
Central GHCS (State)	0

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Cross cutting attributions

Under key issues, the program will address Gender through increasing gender equity in HIV/AIDS program by targeting both female and male population in the HIV prevention program (youth in school and out of school), promotion of Couple HIV Testing and Counseling in the General Population.

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

Increasing gender equity in HIV/AIDS activities and services

### Budget Code Information

<b>Mechanism ID:</b>	9251		
<b>Mechanism Name:</b>	New Partners Initiative		
<b>Prime Partner Name:</b>	Baptist AIDS Response Agency, Kenya		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>



Prevention	HVAB	0
<b>Narrative:</b>		
None		

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9538</b>	<b>Mechanism Name: New Partners Initiative</b>
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

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	0

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This NPI is zero funded in 2011 from country funds--partner is centrally funded.

Cross cutting budget attributions include Human Resources for Health and Renovation.

MF-K will prioritize and support renovation of health facilities to improve space for provision of HIV services and work closely with other USG partners (e.g. ICAP, NRHS) to assist local Ministry of Health (MOH) implement the District Annual Operation Plan whose priorities have been drawn from the Kenya National AIDS Strategic Plan III and the Partnership Framework which jointly provide a platform for local ownership and program sustainability with special focus on basic maternal and child-survival issues fronted in the new GHI. MF-K will continue to support laboratory services and laboratory networking in Ugenya District through facilitating of sample transport networking to increase access to CD4, hematology, biochemistry and microbiology (AFB) tests. MF-K will similarly facilitate transport and



feedback mechanism for EID (DNA PCR) for HIV exposed children to and from the central reference laboratory.

MF-K will support human resource development through hiring new staff and capacity development through classroom trainings, OJT, mentorship and CMEs. MF-K plans to support a high impact evidence-based community HIV prevention strategies targeting in and out of school youth, parents, discordant couples and other risk groups. Those testing HIV positive through these community activities will be linked to appropriate HIV care, treatment and prevention services.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 9538			
<b>Mechanism Name:</b> New Partners Initiative			
<b>Prime Partner Name:</b> Matibabu Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	0	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 10826	<b>Mechanism Name:</b> Umbrella
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement



Prevention	
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 6,565,694</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	6,565,694

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Cross Cutting Attributions

EGPAF will support strengthening the Health system of Ministry of Health care and treatment facilities, by recruiting appropriate staff to run clinical services in these centers. . In addition, it will support the Government of Kenya led community strategy by employing Community Health Workers who would help roll-out community based activities.

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000
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### Key Issues

TB

Workplace Programs

### Budget Code Information

<b>Mechanism ID:</b>	<b>10826</b>
<b>Mechanism Name:</b>	<b>Umbrella</b>
<b>Prime Partner Name:</b>	<b>Elizabeth Glaser Pediatric AIDS Foundation</b>





Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	180,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	950,000	
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	651,665	
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	
<b>Narrative:</b>			
<p>Elizabeth Glaser Pediatric Aids Foundation (EGPAF) Umbrella project, through the TUNAWWEZA 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 TUNAWWEZA 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.</p> <p>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</p>			

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	1,169,704	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,214,325	

**Narrative:**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Prevention	MTCT	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	250,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10951</b>	<b>Mechanism Name: KEMSA Support Program</b>
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

Impact/End-of-Program Evaluation

### Budget Code Information

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

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 11406	<b>Mechanism Name:</b> Community Grants Program
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: U.S. Department of State	



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

<b>Total Funding: 100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
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)**

Economic Strengthening	10,000
Education	10,000

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 11406			
<b>Mechanism Name:</b> Community Grants Program			
<b>Prime Partner Name:</b> U.S. Department of State			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	50,000	
<b>Narrative:</b>			
This is a continuing mechanism and unchanged since 2009.			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>



Care	HKID	50,000	
<b>Narrative:</b>			
This is a continuing mechanism and unchanged since 2009.			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 11413</b>	<b>Mechanism Name: Nyanza Province</b>		
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		

<b>Total Funding: 8,970,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	8,970,000

### Sub Partner Name(s)

Ministry of Health, Kenya	Ogra Foundation	
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### Overview Narrative

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 attributions include Human Resources for Health and Renovation.

ICAP will work with the MOH to identify areas with staff shortages and support recruitment of additional staff through a MOH driven hiring mechanism which ensures MOH ownership and sustainability.

ICAP will prioritize and support renovation of health facilities to improve space for provision of HIV services. ICAP will continue to strengthened data collection and reporting at all levels to increase and improve reporting to NASCOP and PEPFAR. Use of an electronic medical records system will be strengthened and expanded.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	30,000
Human Resources for Health	1,400,000

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 11413			
<b>Mechanism Name:</b> Nyanza Province			
<b>Prime Partner Name:</b> Columbia University Mailman School of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,115,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	4,730,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	500,000	

**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	345,000	

**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
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Treatment	HVTB	1,350,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12048</b>	<b>Mechanism Name: Nyumbani Village International</b>
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

<b>Total Funding: 200,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
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	32,000
Education	6,000
Food and Nutrition: Commodities	2,000
Human Resources for Health	16,000
Water	6,000

**Key Issues**

Increasing women's access to income and productive resources  
 Child Survival Activities

**Budget Code Information**

<b>Mechanism ID:</b> 12048			
<b>Mechanism Name:</b> Nyumbani Village International			
<b>Prime Partner Name:</b> 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

<b>Mechanism ID: 12049</b>	<b>Mechanism Name: Track 1 OVC Follow On</b>
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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	
<b>Funding Source</b>	<b>Funding Amount</b>
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)

Economic Strengthening	Redacted
Education	Redacted
Gender: Reducing Violence and Coercion	Redacted

### Key Issues

Increasing women's access to income and productive resources

### Budget Code Information

<b>Mechanism ID:</b> 12049 <b>Mechanism Name:</b> Track 1 OVC Follow On <b>Prime Partner Name:</b> 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

<b>Mechanism ID: 12051</b>	<b>Mechanism Name: Youth HIV Combined Prevention Programs</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>



Redacted	Redacted
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### **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)**

Education	Redacted
Gender: Reducing Violence and Coercion	Redacted

**Key Issues**

Addressing male norms and behaviors



Increasing gender equity in HIV/AIDS activities and services  
 Family Planning

**Budget Code Information**

<b>Mechanism ID:</b>	12051		
<b>Mechanism Name:</b>	Youth HIV Combined Prevention Programs		
<b>Prime Partner Name:</b>	TBD		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
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

<b>Mechanism ID: 12054</b>	<b>Mechanism Name: HOPE</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
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 program 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 plan, 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
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## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	12054		
<b>Mechanism Name:</b>	HOPE		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
<b>Narrative:</b>			
<p>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.</p> <p>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.</p> <p>The project will support the training of 14,200 individuals on HIV and AIDS prevention through abstinence and/or being faithful.</p> <p>Budget allocation: Redacted</p>			

## Implementing Mechanism Indicator Information

(No data provided.)





### Implementing Mechanism Details

<b>Mechanism ID: 12055</b>	<b>Mechanism Name: Renovation Project</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
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### Key Issues

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

### Budget Code Information



<b>Mechanism ID:</b> 12055			
<b>Mechanism Name:</b> Renovation Project			
<b>Prime Partner Name:</b> TBD			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>



Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12056</b>	<b>Mechanism Name: NPI</b>
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

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
Central GHCS (State)	0

### Sub Partner Name(s)

Imani Initiative Development Group	Slums Development Network Initiatives	
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### 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**

Addressing male norms and behaviors

**Budget Code Information**

<b>Mechanism ID:</b> 12056			
<b>Mechanism Name:</b> NPI			
<b>Prime Partner Name:</b> Ananda Marga Universal Relief Teams			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	
<b>Narrative:</b>			
AMURT HBHC activities will be geared towards Improving treatment, care, protection of rights, and access to effective services for 1,000 PLWHAs. The project will also strengthen local organizations and neighborhood committees to create sustainable support structures to oversee the development of the 3,000 OVC.			

This activity will be implemented in Kikuyu, Thika and Nyeri (Central Province), Mahaya, Mbita and Kendu Bay (Nyanza Province) and Likoni, Malinid and Ukunda (Coast Province). It will target orphans and vulnerable children, caregivers of OVC and community leaders. AMURT activities are being implemented in an integrated manner. This will ensure synergies in service delivery and avoid duplication of interventions, both of which are essential in cost-efficient programming.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	

**Narrative:**

AMURT Activities will:

- (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

This activity will be implemented in Kikuyu, Thika and Nyeri (Central Province), Mahaya, Mbita and Kendu Bay (Nyanza Province) and Likoni, Malinid and Ukunda (Coast Province). It will target orphans and vulnerable children, caregivers of OVC and community leaders. AMURT activities are being implemented in an integrated manner. This will ensure synergies in service delivery and avoid duplication of interventions, both of which are essential in cost-efficient programming.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	

**Narrative:**

AMURT project will 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.

Geographic coverage and target populations:

This activity will be implemented in Kikuyu, Thika and Nyeri (Central Province), Mahaya, Mbita and Kendu Bay (Nyanza Province) and Likoni, Malinid and Ukunda (Coast Province). It will target orphans and vulnerable children, caregivers of OVC and community leaders. AMURT activities are being implemented in an integrated manner. This will ensure synergies in service delivery and avoid duplication



of interventions, both of which are essential in cost-efficient programming.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	
<b>Narrative:</b>			
AMURT project will 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.			
Geographic coverage and target populations: This activity will be implemented in Kikuyu, Thika and Nyeri (Central Province), Mahaya, Mbita and Kendu Bay (Nyanza Province) and Likoni, Malinid and Ukunda (Coast Province). It will target orphans and vulnerable children, caregivers of OVC and community leaders. AMURT activities are being implemented in an integrated manner. This will ensure synergies in service delivery and avoid duplication of interventions, both of which are essential in cost-efficient programming.			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12057</b>	<b>Mechanism Name: NPI</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: GRASS ROOTS ALLIANCE FOR COMMUNITY EDUCATION	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
Funding Source	Funding Amount
Central GHCS (State)	0

### Sub Partner Name(s)

Chuka Youth Information Centre	Embu Youth AIDS Advocates	Forum for Community Mobilization
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Isiolo Youth Against AIDS and Poverty	Kamahuha Anti AIDS Project	Kenya Society for People with AIDS
Kisumu Urban Apostolate Programme - Pandipieri	Kokechi Jamii Tujiunge Kwa Mapambano ya Ukimwi	Matutu SDA Dispensary, Nyamira
Maua - Methodist	Mt. Kenya Animators and Puppeteers Project	Pastoralist Women for Health and Education
Sahaya International	St Francis Hospice	Trust for Indigenous Culture And Health
UZIMA Foundation	Victoria Agricultural & Environmental Conservation Organization	Wege

### 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 their 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**

<b>Mechanism ID:</b> 12057			
<b>Mechanism Name:</b> NPI			
<b>Prime Partner Name:</b> GRASS ROOTS ALLIANCE FOR COMMUNITY EDUCATION			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	

**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 their current network of grassroots organizations and strengthen their ability to conduct programs, measure outcomes and sustain themselves over the long run. G.R.A.C.E. will provide technical assistance in these areas and manage the overall evaluation and outcomes measurement activities. They will also provide the financial management and reporting umbrella for all project activities.

The geographical coverage is Nyanza, Central and Eastern Provinces.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 12058	<b>Mechanism Name:</b> NPI
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement





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

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
Central GHCS (State)	0

**Sub Partner Name(s)**

St John's Community Centre		
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**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**

Addressing male norms and behaviors

**Budget Code Information**

<b>Mechanism ID:</b> 12058 <b>Mechanism Name:</b> NPI <b>Prime Partner Name:</b> Kindernothlife			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>



Care	HKID	0	
<b>Narrative:</b>			
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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:</p>			

- Western region – touches on 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

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12059</b>	<b>Mechanism Name: Technical Assistance</b>
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

<b>Total Funding: 772,800</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	772,800

### 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 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)**

Human Resources for Health	772,800
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 12059			
<b>Mechanism Name:</b> Technical Assistance			
<b>Prime Partner Name:</b> UNAIDS			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	772,800	

**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 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.

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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

<b>Mechanism ID: 12061</b>	<b>Mechanism Name: Health Care Improvement Project (Formerly TBD Community Strategy)</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
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)**

Human Resources for Health	Redacted
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**Key Issues**

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

**Budget Code Information**

<b>Mechanism ID:</b>	12061		
<b>Mechanism Name:</b>	Health Care Improvement Project (Formerly TBD Community Strategy)		
<b>Prime Partner Name:</b>	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

<b>Mechanism ID: 12068</b>	<b>Mechanism Name: New Partners Initiative</b>
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

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
Central GHCS (State)	0

### 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 aged 10-24 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. In support of the US-Kenya Partnership Framework and GHI principles, NOPE will integrate Gender-based violence (GBV) prevention targeting female commercial sex workers, MSM and law enforcement personnel and other stakeholders in all project sites.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

Increasing women's access to income and productive resources

**Budget Code Information**

<b>Mechanism ID:</b> 12068			
<b>Mechanism Name:</b> New Partners Initiative			
<b>Prime Partner Name:</b> National Organization for Peer Educators, Kenya			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**



(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 12082</b>	<b>Mechanism Name: Refugee Health</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations High Commissioner for Refugees	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 1,596,303</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,596,303

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

Increasing gender equity in HIV/AIDS activities and services  
 Mobile Population

**Budget Code Information**

<b>Mechanism ID:</b> 12082
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<b>Mechanism Name:</b> Refugee Health			
<b>Prime Partner Name:</b> United Nations High Commissioner for Refugees			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	190,000	
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	140,000	
<b>Narrative:</b>			
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	160,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	313,328	
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	40,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	15,000	
<b>Narrative:</b>			

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	172,149	

**Narrative:**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	285,826	

**Narrative:**

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 encouraging 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	200,000	

**Narrative:**

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
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Treatment	HVTB	80,000	
<b>Narrative:</b>			
<p>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.</p> <p>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.</p> <p>TBD will monitor and evaluate the TB/HIV activities following the national guidelines and M&amp;E framework.</p>			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12083</b>	<b>Mechanism Name: Community HTC</b>		
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		

<b>Total Funding: 1,170,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,170,000

### Sub Partner Name(s)

Family Health Options Kenya-Nairobi		
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### 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 Attributions: LVCT will initiate combination structural prevention interventions that reduce sexual violence, women economic dependency on men and women's lack of in-depth information about HIV and its transmission.

**Cross-Cutting Budget Attribution(s)**

Gender: Reducing Violence and Coercion	300,000
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**Key Issues**

- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's legal rights and protection

**Budget Code Information**

<b>Mechanism ID:</b> 12083			
<b>Mechanism Name:</b> Community HTC			
<b>Prime Partner Name:</b> Liverpool VCT and Care			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,000,000	
<b>Narrative:</b>			



Reprogramming \$400,000 in HVCT to Hope Worldwide/Community HTC  
 Reprogramming \$800,000 in HVCT to Impact research and Development Organization/Community HTC  
 Reprogramming \$1,000,000 in HVCT to International Medical Corps/Community HTC  
 Reprogramming \$151,665 in HVCT to EGPAF/Umbrella  
 Reprogramming \$250,000 in HVCT to Liverpool VCT and Care/Umbrella  
 Reprogramming \$1,000,000 in HVCT to Liverpool VCT and Care/Community HTC  
 Reprogramming \$1,000,000 in HVCT to Kenya Medical Research Institute  
 Reprogramming \$500,000 in HVCT to Eastern Deanery AIDS Relief Program/Eastern Deanery  
 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	120,000	



<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12530</b>	<b>Mechanism Name: Provision of VMMC</b>
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

<b>Total Funding: 4,126,400</b>	
Funding Source	Funding Amount
GHCS (State)	4,126,400

### 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 Attributions: NRHS will support the Ministry of Health in employing nurses and clinical officers who will help scale-up VMMC in Nyanza province. In addition, NRHS will renovate minor theatres in sites that do not meet the correct quality of services.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	250,000
Human Resources for Health	1,000,000

**Key Issues**

Addressing male norms and behaviors  
Workplace Programs



### Budget Code Information

<b>Mechanism ID:</b> 12530			
<b>Mechanism Name:</b> Provision of VMMC			
<b>Prime Partner Name:</b> Nyanza Reproductive Health Society			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	4,126,400	

**Narrative:**

Reprogramming \$139,000 in CIRC to Liverpool VCT and CARE/Umbrella  
 Reprogramming \$29,000 in CIRC to Pathfinder International/Pathfinder  
 Reprogramming \$75,474, in CIRC to International Medical Corps/IMC  
 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

<b>Mechanism ID:</b> 12540	<b>Mechanism Name:</b> MEASURE 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

<b>Total Funding: 350,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	350,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	70,000
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### Key Issues

Increasing gender equity in HIV/AIDS activities and services

Malaria (PMI)

Child Survival Activities

Military Population

Safe Motherhood

TB

Workplace Programs

Family Planning

### Budget Code Information

<b>Mechanism ID:</b>	<b>12540</b>
<b>Mechanism Name:</b>	<b>MEASURE Evaluation</b>
<b>Prime Partner Name:</b>	<b>Macro International</b>



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	350,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12551</b>	<b>Mechanism Name: Clinical Services</b>
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

<b>Total Funding: 8,179,323</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	8,179,323

### Sub Partner Name(s)

Kenya Medical Research Institute		
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### Overview Narrative

Nyanza Province, with 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 average at 7.1%), ~500,000 people are living with HIV, and ~130,000 require ART in Nyanza. Nairobi Province, on the other hand, has an HIV prevalence of 8.8%. Since 2003, the University of California at San Francisco (UCSF) has been supporting HIV activities in Nyanza and Nairobi Provinces through the Family AIDS Care and Education Services (FACES) program. FACES is a family-focused, comprehensive and coordinated HIV prevention, care, and treatment program that initially started with one HIV site in Nairobi in September 2004 followed by a second site in Kisumu in March 2005. To date FACES supports 62 HIV sites, 60 in



Nyanza Province and 2 in Nairobi; 64 Prevention of Parent-to-Child Transmission (PPCT) sites in Nyanza; 55 Provider Initiated Testing and Counseling (PITC) sites in Nyanza and Nairobi, and 17 Voluntary Medical Male Circumcision (VMMC) sites in Migori and Rongo, both in Nyanza. FACES strives to increase local capacity and works in partnership with the Ministry of Health (MOH), District Health Management Teams (DHMTs), City Councils, non-governmental organizations (NGOs), faith-based organizations, and private health facilities for the provision of HIV care and services. The initial 5 year Cooperative Agreement between UCSF and CDC came to an end in April 2010 and, through a competitive process, were given a new award to continue supporting HIV services in 4 Districts (Kisumu East, Rongo, Suba and Migori) in Nyanza and one site in Nairobi.

In FY10 UCSF/FACES is supporting HIV care and treatment, TB/HIV, PMTCT and PITC services in the 4 districts, (except PITC in Kisumu East and Suba Districts being supported by KEMRI and Liverpool, respectively). They are also supporting VMMC/CIRC in District and Sub District hospitals in the 4 Districts.

In FY11 UCSF/FACES will support HIV care and treatment, TB/HIV, PMTCT and PITC services in the 4 Districts, (taking over PITC in Kisumu East and Suba Districts), and continue to support VMMC in the District and sub-District hospitals. This will ensure that they support comprehensive HIV services at facility level, to optimize resource leverage and strengthen linkages and provision of comprehensive services across the program areas. UCSF will ensure provision of HIV treatment services to 34,743 adult patients receiving ART. UCSF 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 accordance with the Kenya National Strategic Plan III, the GOK and USG Partnership Framework and the District and Provincial level annual operation plans. UCSF will continue to support and build the capacity of the Ministry of Health to offer the HIV services.

UCSF will also support Suba, Migori, Rongo and Kisumu East Districts to offer quality HIV treatment. HIV trainings will continue to be supported through both classroom training and mentorship. UCSF working with the provincial Ministry of Health team will offer continuous medical education for HIV treatment in the four districts. UCSF will work with the MOH to identify areas with staff shortages, and support recruitment of additional staff.

UCSF 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 risk 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.

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. UCSF will collaborate with other partners supporting community activities to ensure linkage and provision of community components of HIV services.

UCSF will adapt the quality of care indicators for monitoring the quality of HIV treatment services that will be developed by the National AIDS and STI Control Program (NAS COP), and integrate them into routinely collected data.

UCSF will adopt strategies to ensure access and provision of friendly HIV treatment services to youth, elderly and disabled populations. Strategies to increase access to 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.

UCSF will prioritize and support renovation of health facilities to improve space for provision of HIV services.

UCSF will continue to strengthen data collection and reporting at all levels to increase and improve reporting to NAS COP 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.

Specific activities and targets in each program area are as follows; 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, PITC, improved access to malaria prevention interventions, and safe water for pediatric households. UCSF will also support and expand adult and infants' male circumcision in District and Sub District hospitals. Other activities will include providing family-centered care for HIV rather than individuals with HIV. This innovative approach has ensured equity and greater disclosure within families

#### PMTCT:

UCSF will provide HIV counseling and testing to 53,093 pregnant women, and provide ARV prophylaxis to a total of 7,399 HIV positive women and their infants as per the Kenyan guidelines. HIV positive pregnant women eligible for ART will be started on Highly Active Anti Retroviral therapy (HAART) as per the Kenyan guidelines. All identified HIV exposed infants will have early infant diagnosis (EID) done using



PCR at six weeks. PCR negative exposed infants will be followed up at the MCH clinic and will receive cotrimoxazole and Nevirapine prophylaxis until their HIV status is determined, while the positive ones will be started on HAART.

#### HBHC and PDCS:

UCSF will support HIV care services for 69,486 adults and 6,684 children below 15 years. Activities will include evaluation for ART using CD4 and WHO staging, management of opportunistic infections, provision of basic HIV care package including but not limited to cotrimoxazole prophylaxis, multivitamins, safe water system, and condom to all patients in care. Prevention with positive (partner and family member testing, condom provision, referral for FP, etc) activities will be provided to all HIV positive clients. Discordant couples identified will be prioritized for evaluation and initiation of ART. 100 health workers will be trained to provide adult and pediatric HIV related palliative care

#### HTXS and PDTX:

UCSF will support ARV treatment for 34,743 adults and 3,342 children below 15 years. Specific activities will include ART initiation, monitoring of patients for toxicity and treatment failure, support for adherence, and prevention with positives activities as described above. 100 Health workers will be trained to deliver ART services according to national standards

#### HVTB:

UCSF will support HIV testing for 2,500 TB patients identified through the TB clinic and TB screening for 55,776 HIV infected patients in the HIV clinics. It is expected that these activities will result in identification and treatment of 2,000 TB /HIV co-infected patients. 50 individuals will be trained to provide TB treatment to HIV infected patients. 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. TB screening for PLWHA will be strengthened, by adopting the standardized TB screening tool that NASCOP has finalized and is rolling out in FY10. 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. Support for TB infection control and use of Isoniazid Preventive Therapy in children will continue in line with the national guidelines.

#### HVCT:

UCSF will expand its geographical coverage to include all health facilities in Kisumu East District, Migori, Rongo and Suba Districts. UCSF will aim at ensuring that PITC coverage in in-patient facilities is maintained at over 80% and that for out-patient departments goes beyond 50%. PITC implementation



shall be in accordance with the Kenya National PITC Implementation manual (2010). Ways to improve efficiency and coverage in OPD shall include task shifting to lay counselors, better use of the lab and better engagement and ownership of the project by MOH staffs. UCSF will target to test 120,000 persons of whom 12,000 of them will be tested as couples. UCSF will also train 90 health workers on PITC as per the Kenya national PITC training curriculum. UCSF will refocus its strategies to minimize unnecessary re-testing in accordance with the WHO guidance on re-testing (2010) and will continue to improve quality of HTC services by adhering to the national quality management guidelines.

**CIRC:**

UCSF will promote sustainability, in collaboration with the Kenyan Ministry of Health (MOH), the PEPFAR team, and the HHS/CDC office in Kenya, to strengthen and expand high quality, VMMC services in large and busy MOH health facilities in selected four Districts in Nyanza Province along where they provide HIV care and treatment services. UCSF will continue to 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. 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, UCSF will train health care workers and provide over 5,000 Male Circumcisions. Pre-operative assessment may follow individual or 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

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	51,948
Human Resources for Health	894,848

**Key Issues**

(No data provided.)

**Budget Code Information**



<b>Mechanism ID:</b>	<b>12551</b>		
<b>Mechanism Name:</b>	<b>Clinical Services</b>		
<b>Prime Partner Name:</b>	<b>University of California at San Francisco</b>		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	900,000	

**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 ~500,000 people are living with HIV, and ~130,000 requiring ART. Nairobi province has a HIV prevalence of 8.8%. Since 2003, the University of California at San Francisco (UCSF) has been supporting HIV activities in Nyanza and Nairobi provinces.

Their initial 5 year cooperative agreement with CDC came to an end in April 2010, and through a competitive process were given a new award to continue supporting HIV services in Suba, Migori, Rongo and Kisumu East Districts. In these four districts they will support comprehensive HIV services including HIV care and treatment, TB/HIV, PMTCT and PITC, except in Kisumu East and Suba Districts where another partner will support PITC services.

In FY10 UCSF will ensure provision of HIV care services to 38,000 adult patients receiving ART. UCSF 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 accordance with the Kenya National Strategic Plan III, the GOK and USG Partnership Framework, and the district and provincial level annual operation plans. UCSF will continue to support and build the capacity of the Ministry of Health to offer the HIV services.

In FY10 UCSF will support Suba, Migori, Rongo and Kisumu East Districts to offer quality HIV care services. HIV trainings will continue to be supported, through both classroom training and mentorship. UCSF working with the provincial Ministry of Health team, will offer continuous medical education for HIV treatment to health care workers in the four districts. UCSF will work with the MOH to identify areas with staff shortages, and support recruitment of additional staff.

UCSF 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 anti-inflammatory drugs.

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. UCSF will collaborate with other partners supporting community activities to ensure linkage and provision of community components of HIV services.

UCSF 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.

UCSF will adopt strategies to ensure access and provision of friendly HIV care services to youth, elderly and disabled populations. Strategies to increase access of HIV care 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.

UCSF will prioritize and support renovation of health facilities to improve space for provision of HIV services.

UCSF 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	HTXS	4,500,000	

**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 ~500,000 people are living with HIV, and ~130,000 requiring ART. Nairobi province has a HIV prevalence of 8.8%. Since 2003, the University of California at San Francisco (UCSF) has been supporting HIV activities in Nyanza and Nairobi provinces.



Their initial 5 year cooperative agreement with CDC came to an end in April 2010, and through a competitive process were given a new award to continue supporting HIV services in Suba, Migori, Rongo and Kisumu East Districts. In these four districts they will support comprehensive HIV services including HIV care and treatment, TB/HIV, PMTCT and PITC, except in Kisumu East and Suba Districts where another partner will support PITC services.

In FY10 UCSF will ensure provision of HIV treatment services to 20,000 adult patients receiving ART. UCSF 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 accordance with the Kenya National Strategic Plan III, the GOK and USG Partnership Framework, and the district and provincial level annual operation plans. UCSF will continue to support and build the capacity of the Ministry of Health to offer the HIV services.

In FY10 UCSF will support Suba, Migori, Rongo and Kisumu East Districts to offer quality HIV treatment. HIV trainings will continue to be supported, through both classroom training and mentorship. UCSF working with the provincial Ministry of Health team, will offer continuous medical education for HIV treatment in the four districts. UCSF will work with the MOH to identify areas with staff shortages, and support recruitment of additional staff.

UCSF 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 anti-inflammatory drugs.

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. UCSF will collaborate with other partners supporting community activities to ensure linkage and provision of community components of HIV services.

UCSF 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.

UCSF 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.

UCSF will prioritize and support renovation of health facilities to improve space for provision of HIV services.

UCSF 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	550,000	

**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	400,000	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	279,323	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	850,000	



**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 ~500,000 people are living with HIV, and ~130,000 requiring ART. Nairobi province has a HIV prevalence of 8.8%. Since 2003, the University of California at San Francisco (UCSF) has been supporting HIV activities in Nyanza and Nairobi provinces.

Their initial 5 year cooperative agreement with CDC came to an end in April 2010, and through a competitive process were given a new award to continue supporting HIV services in Suba, Migori, Rongo and Kisumu East Districts. In these four districts they will support comprehensive HIV services including HIV care and treatment, TB/HIV, PMTCT and PITC, except in Kisumu East and Suba Districts where another partner will support PITC services.

UCSF will ensure provision of PMTCT counseling and testing to 58,309 pregnant mothers, and provision of ARVs for PMTCT to 9,214 HIV positive mothers. Decentralization of PMTCT services to lower level facilities will be supported to ensure coverage of all the health facilities in the districts.

UCSF will work with the Ministry of Health at the provincial, district and health facility levels, to jointly plan, coordinate and implement PMTCT services, in accordance with the Kenya National Strategic Plan III, the GOK and USG Partnership Framework, and the district and provincial annual operation plans.

HIV trainings will be supported, through both classroom training and mentorship. UCSF will work with the district and provincial Ministry of Health (MOH) teams, to offer continuous medical education for PMTCT. UCSF will work with the MOH to identify areas with staff shortages, and support recruitment of additional staff.

Of the expected annual pregnancies in the districts UCSF will work in, efforts will be made to offer HIV CT services to 90% pregnant women attending antenatal, intra-partum, postpartum services. Additionally UCSF will strive to provide ARV prophylaxis to all HIV-infected pregnant women and their babies. All HIV-positive pregnant women will be staged clinically and immunologically by WHO criteria and CD4 cell count testing respectively. Women in WHO stage 3 & 4 and all those with CD4 cell count less than 350 will be initiated on ART. UCSF will strive to initiate AZT from 28 weeks gestation for those in WHO stage 1 & 2 with CD4 cell count greater than 350, and offer a minimum of Single dose nevirapine (SdNVP) to those who present late. 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. The PMTCT services will continue to be integrated into all existing maternity facilities. Emphasis will be placed on primary prevention for the majority of women identified as HIV -ve through PMTCT programs.

Greater involvement of people living with HIV and AIDS through the facility and community based psychosocial support groups, Mentor Mothers and Prevention with Positive (PwP) strategies will be enhanced. Strategies will be adopted to encourage spouses of women 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.

UCSF 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.

UCSF will prioritize and support renovation of health facilities to improve space for provision of MCH and PMTCT services.

UCSF will 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	500,000	

**Narrative:**



None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12554</b>	<b>Mechanism Name: C-Change</b>
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

<b>Total Funding: 800,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	800,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000
Water	500,000

### Key Issues

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b> 12554			
<b>Mechanism Name:</b> C-Change			
<b>Prime Partner Name:</b> Academy for Educational Development			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	800,000	
<b>Narrative:</b>			
C-CHANGE will continue implementation of the Water, Sanitation and Hygiene activities after close out of the Hygiene Improvement Project.			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 12555	<b>Mechanism Name:</b> Clinical Services/Centers of Excellence
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

<b>Total Funding: 3,907,000</b>	
Funding Source	Funding Amount
GHCS (State)	3,907,000

### Sub Partner Name(s)

Kenyatta National Hospital	University of Maryland School of medicine	
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### Overview Narrative

University of Nairobi/Clinical Services-Center of Excellence 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 attributions include Human Resources for Health, Renovations and Food and Nutrition Commodities. Contribution to human resource development will be include hiring of additional staff ,(mainly clinical officers, nurses, laboratory and pharmaceutical technologists) to support service



delivery at KNH salary level scale. Food and nutrition support will mainly target deserving HIV positive patients, and malnourished or vulnerable children.

### Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	50,000
Human Resources for Health	200,000

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	12555		
<b>Mechanism Name:</b>	Clinical Services/Centers of Excellence		
<b>Prime Partner Name:</b>	University of Nairobi		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	380,000	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HTXS	2,050,000	
<b>Narrative:</b>			
<p>UON Center of Excellence will expand a collaborative relationship with Kenya Ministries of health through the National AIDS and STI Control Program (NAS COP) at national, provincial and district level in Nyanza region, to enhance and expand the antiretroviral treatment program in Nyanza region in Kenya, providing treatment to 6,200 people with HIV (including 1,000 new, bringing the total ever treated to 7,440 in over 4 sites. 200 health care providers will receive ART training. UON Center of Excellence 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).</p>			

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. UON Center of Excellence 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	227,000	

**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	230,000	

**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	HLAB	200,000	

**Narrative:**

None

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



**Narrative:**

University of Nairobi –Center of Excellence (UON-COE) will support TB/HIV services by screening ~4,150 HIV patients, identify and treat ~4,15 TB patients including children at 4 sites in the Nairobi region in Kenya.

UON-COE 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. UON-COE will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs of TB testing. 200 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected adults and children. Coptic will refer TB/HIV patients for clinical care appropriately while ensuring that activities are implemented according to the national guidelines. UON-COE will collaborate with the Division of Leprosy Tuberculosis, and Lung Diseases (DLTLD) and other partners to achieve the national and PEPFAR goals.

UON-COE 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**

<b>Mechanism ID: 12585</b>	<b>Mechanism Name: Eastern Province</b>
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

<b>Total Funding: 4,890,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	4,890,000

**Sub Partner Name(s)**

(No data provided.)



## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	5,666
Human Resources for Health	348,220

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 12585			
<b>Mechanism Name:</b> Eastern Province			
<b>Prime Partner Name:</b> Columbia University Mailman School of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	600,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,000,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	80,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount





Care	PDTX	270,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,640,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	300,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12598</b>	<b>Mechanism Name: Partnerships of HIV/AIDS (POA)</b>
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

<b>Total Funding: 600,000</b>	
Funding Source	Funding Amount
GHCS (State)	600,000

### 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

<b>Mechanism ID:</b>	12598		
<b>Mechanism Name:</b>	Partnerships of HIV/AIDS (POA)		
<b>Prime Partner Name:</b>	International Rescue Committee		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	
<b>Narrative:</b>			
Reprogramming \$200,000 in HVOP from TBD/Prevention for General Population and Youth			

### Implementing Mechanism Indicator Information

(No data provided.)



### Implementing Mechanism Details

<b>Mechanism ID: 12605</b>	<b>Mechanism Name: Clinical Services</b>
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

<b>Total Funding: 4,070,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	4,070,000

### Sub Partner Name(s)

Merlin		
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### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	87,351
Human Resources for Health	84,351

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID: 12605</b>
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<b>Mechanism Name:</b> Clinical Services			
<b>Prime Partner Name:</b> Care International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,870,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	150,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HVTB	200,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12612</b>	<b>Mechanism Name: HIVQUAL</b>
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: New York AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 250,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	250,000

### 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

<b>Mechanism ID:</b> 12612			
<b>Mechanism Name:</b> HIVQUAL			
<b>Prime Partner Name:</b> New York AIDS Institute			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	250,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 12637	<b>Mechanism Name:</b> Strengthening Strategic Information in Kenya
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The Futures Group International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding:</b> 1,000,000	
Funding Source	Funding Amount
GHCS (State)	1,000,000

### 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**

<b>Mechanism ID:</b> 12637			
<b>Mechanism Name:</b> Strengthening Strategic Information in Kenya			
<b>Prime Partner Name:</b> The Futures Group International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,000,000	

**Narrative:**

Futures Group International recently received an award to support the implementation of the informatics component of the Kenyan SI activities. Some specific that the reprogrammed funds will be used to accomplish are:

- Supporting the upgrade of IQCare to implement the EMRs standards defined by the TWG. The Ministries of Health have expressed an interest in adapting IQCare as the "default" systems for MOH facilities with no existing EMR as the current CDC informatics partner phases out.
- Supporting the development of the national health data warehouse at provincial and national levels in the first year and extending further to selected districts in subsequent years. This may be impacted by the new administrative boundaries as defined in the proposed constitution. The proposed data warehouse will support the entire health sector in line with the global health initiative (GHI).
- Reviewing the status of the health-sector wide enterprise architecture (EA) concept for Kenya and streamlining implementation of the HIS strategy to ensure all other system (including the DHIS, vital registration, disease surveillance, surveys, etc) are built on platforms that fit into the EA. This also includes drafting proposals for future implementations.
- Building capacity of health workers at facility level on use of installed systems, data quality assurance,



data use for decision making and reporting. Capacity building plans should also include district, provincial and national level staff. The training should include performing cohort analysis on longitudinal treatment data and interpreting the results to improve patient management.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12656</b>	<b>Mechanism Name: Clinical Services</b>
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

<b>Total Funding: 7,680,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	7,680,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Cross cutting budget attributions include Human Resources for Health Renovations and Food and Nutrition Commodities.

Human resource support will include hiring of additional staff (clinical officers, nurses, and laboratory and pharmaceutical technologists). EDARP has been working in the same area and has supported some building renovations to create essential additional work spaces. Food and nutrition supplements will support care of deserving HIV positive patients and malnourished or vulnerable children.

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	52,029
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Human Resources for Health	1,569,890
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	12656		
<b>Mechanism Name:</b>	Clinical Services		
<b>Prime Partner Name:</b>	Eastern Deanery AIDS Relief Program		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	600,000	

**Narrative:**

EDARP will support expanded care and support services to 15,000 HIV-infected individuals at over 13 sites in the Nairobi region of Kenya.

EDARP will support a package of services that includes clinical evaluation and laboratory monitoring, provision of cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional support and improved access to safe drinking water and malaria prevention interventions; 50 health care workers will also be trained to provide palliative care services using national guidelines. This will include training in diagnostic counseling and testing to improve/increase provider-initiated testing and subsequently increase patient enrolment into HIV care.

EDARP will expand care programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation. EDARP 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.

<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HTXS	3,850,000	

**Narrative:**

EDARP 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 Nairobi region, to enhance and expand the antiretroviral treatment program in Nyanza region in Kenya, providing treatment to 12,000 people with HIV (including 360 new, bringing the total ever treated to 14,400 in over 13 sites. 50



health care providers will receive ART training. EDARP 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. EDARP 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	1,200,000	

**Narrative:**

This is a new award that will support HIV testing and counseling activities in Slums located in eastlands part of Nairobi Province in Kenya. The partner will offer HIV testing services to a total 160,000 persons and shall train 1000 persons in Provider Initiated HIV testing and counseling as per the national curriculum.

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

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	430,000	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	500,000	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Prevention	MTCT	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	900,000	
<b>Narrative:</b>			
<p>EDARP will support TB/HIV services by screening ~8,750 HIV patients, identify and treat ~875 TB patients including children at 13 sites in the Nairobi region in Kenya.</p> <p>EDARP 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. EDARP will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs of TB testing. 50 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected adults and children. EDARP will refer TB/HIV patients for clinical care appropriately while ensuring that activities are implemented according to the national guidelines. EDARP will collaborate with the Division of Leprosy Tuberculosis, and Lung Diseases (DLTLD) and other partners to achieve the national and PEPFAR goals.</p> <p>EDARP will monitor and evaluate the TB/HIV activities following the national guidelines and M&amp; E framework</p>			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12658</b>	<b>Mechanism Name: Clinical Services</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Mkomani Society Clinic	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 3,260,000</b>	
Funding Source	Funding Amount



GHCS (State)	3,260,000
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**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Cross cutting budget attributions include human resources for health and facility renovations. Human resources will focus on hiring mainly clinical officers and nurses, laboratory and pharmaceutical technologists to support service delivery at the same local government salary level scale. MCS will conduct renovations to some of its facilities to accommodate anticipated expansion of services.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	175,000
Human Resources for Health	1,536,237

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 12658			
<b>Mechanism Name:</b> Clinical Services			
<b>Prime Partner Name:</b> Mkomani Society Clinic			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,230,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	130,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	150,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)



### Implementing Mechanism Details

<b>Mechanism ID: 12664</b>	<b>Mechanism Name: Clinical Services</b>
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

<b>Total Funding: 1,335,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,335,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Reprogramming July 2010.

Cross cutting budget attributions include Human Resources for Health, Renovations and Food and Nutrition Commodities.

Human resource support will include hiring of additional staff (clinical officers, nurses, and laboratory and pharmaceutical technologists). AMREF has been working in the same area and has supported some building renovations to create essential additional work spaces. Food and nutrition supplements will support care of deserving HIV positive patients and malnourished or vulnerable children.

### Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	60,000
Human Resources for Health	105,000

### Key Issues



(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 12664			
<b>Mechanism Name:</b> Clinical Services			
<b>Prime Partner Name:</b> African Medical and Research Foundation, South Africa			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	310,000	
<b>Narrative:</b>			
Reprogramming \$310,000 from HBHC TBD/Clinical Services to African Medical and Research Foundation(AMREF)- Clinical Services			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	710,000	
<b>Narrative:</b>			
Reprogramming \$710,000 from HTXS TBD/Clinical Services to African Medical and Research Foundation(AMREF)- Clinical Services.			
AMREF will expand a collaborative relationship with Kenya Ministries of health through the National AIDS and STI Control Program (NAS COP) at national, provincial and district level in Nairobi region, to enhance and expand the antiretroviral treatment program in Nyanza region in Kenya, providing treatment to 1,900 people with HIV (including 260 new, bringing the total ever treated to 2,280 in over 4 sites. 30 health care providers will receive ART training. AMREF 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. AMREF 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	75,000	
<b>Narrative:</b>			



Reprogramming \$75,000 in HVCT from TBD/Clinical Services.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	40,000	
<b>Narrative:</b>			
Reprogramming \$40,000 from PDCS TBD/Clinical Services to African Medical and Research Foundation(AMREF)- Clinical Services			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PCTX	50,000	
<b>Narrative:</b>			
Reprogramming \$90,000 from PCTX TBD/Clinical Services to African Medical and Research Foundation(AMREF)- Clinical Services			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	50,000	
<b>Narrative:</b>			
Reprogramming \$150,000 from MTCT TBD/Clinical Services to African Medical and Research Foundation(AMREF)- Clinical Services			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	100,000	
<b>Narrative:</b>			
Reprogramming \$50,000 from HVTB TBD/Clinical Services to African Medical and Research Foundation(AMREF)- Clinical Services			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12947</b>	<b>Mechanism Name: SCMS</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

**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**

<b>Mechanism ID:</b> 12947 <b>Mechanism Name:</b> SCMS <b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 12950</b>	<b>Mechanism Name: FUNZO</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The field of health is constantly changing with new and re-emerging disease challenges as well and technological advances. Professional development is critical in ensuring the health workers are abreast with current knowledge and skills and also improve on their professionalism and attitudes. Most of the training institutions have been rigid in adjusting their training needs (both pre-service and in-service) in response to the changing demands in the sector. This has led to constant knowledge and skills gap among the health workers for both those who are fresh from school and those who are in practice.

In response to the knowledge and skills gap, the health workers have had to undertake various in-service courses, workshops and seminars. These in-service courses are mainly supported by the government or development partners who spend huge sums of money annually.

The development of new policies, guidelines, tools and techniques of operations has required the health workers to be updated regularly. Currently such trainings that are supported by USAID/Kenya are offered by various national level and regional partners. Each partner determines how and who is to offer such trainings and this has led to lack of standardization of the trainings across the sector, poor coordination of these trainings leading to wastage of resources as a result of duplication, inequalities, lack of quality assurance and lack of follow-up in some cases. The quality of trainers has also been compromised as



well as quality of materials used for training. The health workers also spend too much time in one training after another, further compounding the staffing shortages and in worst cases leading to temporary closure of facilities particularly in some of the hard-to-reach areas. The modalities of trainings have mainly been the traditional class room training which happens in hotels and institutions, as compared to distance or e-learning modes making them very expensive.

USAID/Kenya has taken a deliberate effort to minimize the wastage of resources by consolidating all the trainings under one umbrella mechanism that will ensure quality of the trainings, standardization across the country as well as effective and efficient resource utilization in this era of flat funding. The training mechanism will also ensure further adherence to GHI principles.

#### Main goals and objectives

The training project shall be able to;

- Support policy and guidelines development for health workers training
- Conduct regular training needs assessment in collaboration with the various implementing partners, GoK, and FBOs
- Engage in the development and roll out of training curriculum and consolidate the various disjointed training curricula currently existing especially those for the in-service courses.
- Develop and roll out other training models such as e learning, distance learning, CMEs, mentorship programs, attachments etc with accredited certification to make them attractive
- Coordinate and conduct trainings in the most effective and efficient approach
- Ensure standardized and quality trainings
- Generate a data base for decision making in matters related to trainings

#### Key activities to occur in FY 2011

##### Training Needs Assessment

The training project shall be responsible for all trainings undertaken by the USAID/Kenya implementing partners (IPs). This has been an ongoing activity embedded in the various IPs, project description. The needs are broad and in some cases they are generated by the GoK's health sector and Faith Based Organizations (FBOs). Training needs are constantly being generated to meet the dynamic nature of the health sector.

This project will develop a mechanism that will regularly engage in training needs assessments and identification of training gaps, in collaboration with the various key players namely USAID/Kenya IPs, GoK departments and FBOs.

The project will prioritize the needs to ensure that ongoing activities are not interrupted.



#### Curriculum development

Effective trainings require a curriculum which is able to determine the needs of the trainers and trainees, training methods, training environment as well as evaluate the trainings. The training project will identify the curricula that need to be developed, reviewed, strengthened or rolled out.

The project will liaise with the regulatory bodies as appropriate to ensure that the curricula meets the professional regulatory body's standards for purpose of accreditation. The regulatory bodies will approve if the particular course offered under a given curricula will form part of continuous professional development for health workers' retention in the regulatory body's register.

The project will also explore ways of merging the various training curricula so far developed for in service trainings so as to come up with a consolidated training curriculum which can be offered on a modular fashion.

#### Coordinate and conduct trainings

The USAID/Kenya IPs conduct many trainings on a regular basis. The trainings are necessitated by the release of new policies, guidelines, tools or new procedures and medication protocols to mention a few. The trainings are as short as a few hours, a day, weeks or sometimes much longer. Some of these training courses are offered on-site and others are off-site. The modes of implementation differ from class room set up to clinical set up and field visits as well as at times a combination of two or more modalities. Some of the training courses are specific to a region while others cut across the country.

The training project will coordinate and also participate in delivery of the trainings in the most effective and efficient manner. Innovative methods will be used for instance use of ICTs will be encouraged as long as it is practically sound and achievable. The main idea is to minimize the time when the health worker is away from the work station, and at the same time ensure the worker is adequately trained.

#### Develop standards for quality training

Uncoordinated trainings have diluted the quality of the desired behavior change among the participants. The training partner shall establish a standard approach to deliver both regional and national trainings. The project will also ensure that the trainers and training materials are of high quality. The training project will develop quality assurance modalities as well as inbuilt monitoring and evaluation processes for both the trainings and behavior change of the recipients of the various courses.

#### Develop a data base for decision making

The health workers at management and leadership positions have the tendency of participating in the



most of the training courses for health workers. This has contributed to inequalities in the number of trainings done by each recipient. In some cases trainings have not positively impacted on service delivery since most of the beneficiaries are not the directly involved in service delivery. The project will develop criteria for selection of training participants and maintain a data base for all the attendees of training courses and also share the information with the decision makers at various levels. This will help identify inequalities in course attendance as well as existing gaps and deficits in knowledge and skills. The data base will also be useful to the regulatory bodies for staff retention purposes where they can inform the employer those who may need recognition, motivation or promotion based on their knowledge and skills.

#### Policy and guidelines

The project will engage in the development of various policies and guidelines related to health workers training or professional development. The end result is to promote good practices within the government structures on continued professional development in response to ever changing needs in the health sector.

#### Linkages to the Partnership Framework/GHI Principles,

The training project will ensure that all the trainings are inline with the GoK health workers training needs as stipulated in the Ministries of health strategic plans and annual operational plans. It will also ensure that the needs of other GoK sectors such as youth, gender and children in relation to health sector are addressed. With this level of coordination it will be much easier for the project to ensure balance in trainings so as not to disenfranchise any region or cadre of health workers.

The project will ensure leveraging on existing mechanisms, training institutions expertise as well as private sector engagement as appropriate. The interventions of this project through sharing of good practices will help to inform policy decisions for long term sustainability and integration into GoK structures.

The project will improve monitoring and evaluation of both the training process and desired attitudinal change of the recipients much more than has been the case in the current disintegrated training approaches. Through the data base and knowledge management the project will enhance the quality of information for research and innovation in this region and globally.

#### Geographic coverage and target populations

The project will be implemented in Kenya at both national and regional levels. The target population will be all health workers in both GoK, and Faith based organizations. Where applicable, the private organizations and private practitioners will also benefit.



### Contributions to health systems strengthening

The training project will contribute to health systems strengthening through the human resources for health pillar. Knowledgeable, skilled health workers will in the long run ensure good quality of services and effective and efficient resource utilization. In addition, this will have a positive impact on commodities and resource utilization as well as improvement of the overall management of health services.

### Cross-cutting programs and key issues

The nature of training is cross cutting in various areas, ranging from health systems, diseases and gender issues.

### Strategy for cost efficiency over time

The project by its design is a cost effective approach from the current disintegrated mechanisms. In its inception the project's start up cost may be reasonably high due to purchase of materials and training aids. However, most of these materials are one-time-buy-item and may be replaced after a long duration of use. On the other hand one training aid like a projector may be used a cross various sessions in various regions as compared to a disintegrated approach where each region would require buying its own or hiring.

### Monitoring and Evaluation Plans

The project will have its own inbuilt monitoring and evaluation plan for implementation of the various courses and desired behavior change for the recipient. Externally the USAID's regular monitoring and evaluation processes will be applied including, regular field visits, meetings, financial and performance reports and mid/end term review.

### **Cross-Cutting Budget Attribution(s)**

Human Resources for Health	Redacted
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### **Key Issues**

Addressing male norms and behaviors

Malaria (PMI)

Child Survival Activities

Safe Motherhood

Custom



TB  
Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 12950			
<b>Mechanism Name:</b> FUNZO			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
<b>Narrative:</b>			
None			





Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12970</b>	<b>Mechanism Name: Pre-Service Training</b>
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

<b>Total Funding: 1,150,000</b>	
Funding Source	Funding Amount
GHCS (State)	1,150,000

### Sub Partner Name(s)



KMTC		
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**Overview Narrative**

The trainings will contribute to development of human resource for health which is cross-cutting and will lead to sustainable HIV/AIDS and other programs.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	20,000
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 12970			
<b>Mechanism Name:</b> Pre-Service Training			
<b>Prime Partner Name:</b> Johns Hopkins University			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	40,000	
<b>Narrative:</b>			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	60,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	150,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12979</b>	<b>Mechanism Name: IDEA</b>
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

<b>Total Funding: 400,000</b>	
Funding Source	Funding Amount



GHCS (State)	400,000
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**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 gender equity in HIV/AIDS activities and services

**Budget Code Information**

<b>Mechanism ID:</b> 12979			
<b>Mechanism Name:</b> IDEA			
<b>Prime Partner Name:</b> Population Reference Bureau			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	350,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**



(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12984</b>	<b>Mechanism Name: Health Care Improvement Project</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

#### Overview

This is a new mechanism expected to be in place in FY 2011. This new mechanism is expected to fill a critical gap in programming that arises from having predominantly regional based service delivery mechanisms particularly in providing support to national level programs and other related departments and divisions in the Ministries of Health.

#### Comprehensive Goals and Objectives

- Provide support to key departments in the Ministry of Public Health and Sanitation and the Ministry of Medical Services.
- Contribute to the development of key national strategies, treatment guidelines etc. and ensure their linkage to regional service delivery.
- Contribute to ensuring coordination of support amongst multilateral and bilateral development partners in service delivery.

#### Background

In late 2009 USAID/Kenya conducted a review of their APHIA II health portfolio along four main thematic lines – Policy, Service Delivery, Health Systems Strengthening and Monitoring & Evaluation. One of the



key findings from the Service delivery assessment was that whereas the regional service delivery partners contributed a great deal to improving service delivery particularly in HIV/AIDS the program had tended to bypass the National Government and been largely unresponsive to national priorities and strategies as well as being insufficiently collaborative with National GOK in ensuring synergy particularly in responding to underserved health needs, especially maternal and child health and community health needs.

It is to ameliorate this criticism that USAID/Kenya intends to have a national Service Delivery mechanism that will ensure closer collaboration between national and regional service delivery ensuring regional partners are responsive to national policies, strategies, and guidelines.

#### Key activities

The mechanism is anticipated to provide support to and help build the capacity of national level Ministry of health departments and divisions. Key amongst these are the National AIDS Control Council (NACC) and the National AIDS and STI Control Program (NAS COP).

In addition the Ministries of Health are anticipating updating the current National Health Sector Strategy beginning calendar year 2011. This mechanism is expected to provide support for this exercise and ensure that the strategy is informed by the field.

The mechanisms is expected to help key departments in the Ministries of health improve the overall coordination of service delivery amongst the multilateral and bilateral development partners.

#### Linkages to the Partnership Framework/GHI principles

This mechanism will contribute to the following principles:

- The principle of increasing impact through strategic coordination and integration through enhancing the capacity of Ministries of Health departments to better coordinate service delivery activities of the various development partners.
- The principle of encouraging country ownership and investing in country-led plans by ensuring that not only capacity building of departments but also assisting in the development and roll-out of national strategies in service delivery.

#### Geographic coverage and target populations

The scope of the program is national and will target all populations.

#### Key contributions to health system strengthening

Focus on creating a sustainable service delivery program by building the capacity of national departments and divisions to better support their ongoing programs.

#### Strategy for Cost-efficiency



This project is expected to enhance cost-efficiency by representing regional based service delivery projects at national level meetings thus reducing their travel time and costs to participate in these meetings. In addition the mechanism anticipates enhancing and building the oversight role of national level departments to ensure well coordinated and run country programs.

Monitoring and Evaluation plans

These will be developed and key indicators and milestones highlighted

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 12984			
<b>Mechanism Name:</b> Health Care Improvement Project			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12985</b>	<b>Mechanism Name: Zone 2 - Nairobi/Coast</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
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.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	Redacted
Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Commodities	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

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

**Budget Code Information**

<b>Mechanism ID:</b>	12985		
<b>Mechanism Name:</b>	Zone 2 - Nairobi/Coast		
<b>Prime Partner Name:</b>	TBD		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12994</b>	<b>Mechanism Name: FANIKISHA Institutional Strengthening</b>
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



<b>Total Funding: 6,755,187</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	6,755,187

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**INSTITUTIONAL STRENGHTENING**

**Overview**

This is a new mechanism expected to be in place by FY 2011. The purpose of the FANIKISHA Institutional Strengthening project is to build the capacity of Kenyan organizations to lead and empower civil society (CS) to better respond to the health needs and well-being of all Kenyans.

**Comprehensive Goals and Objectives**

The strategic goal of USAID/Kenya's Implementation Framework for the Health Sector (IFHS) (2011-2015) is "Sustained improvement of health and well-being for all Kenyans". This Institutional Strengthening project will contribute to this overarching strategic goal under its Strategic Objective to "Build capacity of national level CSOs to provide sustainable leadership to deliver on the Community Response".

**Background**

Since 2004, USAID/Kenya's Office of Population and Health (OPH) has provided support in collaboration with the Government of Kenya (GoK) through its Kenya Small Grants and Institutional Strengthening Program (KSGISP) to strengthen organizations providing HIV/AIDS support and non-clinical care services especially targeted to orphans and other vulnerable children (OVCs), prevention among substance-abusing populations, HIV counseling and testing, and palliative care and support. In addition to improving the quality of these services provided by organizations in Kenya, KSGISP II provided technical assistance that effectively improved the organizational and technical capacity of 49 non-governmental organizations (NGOs), faith-based organizations (FBOs) and community-based organizations (CBOs).With a new five-year Implementation Framework for the Health Sector (2011-2015) in place, USAID/Kenya will build upon and redirect successful aspects and lessons learned in institutional strengthening under KSGISP I & II through a new Institutional Strengthening project, hereafter referred to as FANIKISHA. USAID Kenya's next five-year health sector (2011-2015) assistance will be implemented at all levels of the geographic scope to include national, provincial, district and community levels. This new five-year CSO institutional strengthening project is expected to operate primarily at the national level with appropriate linkages to the



district and community levels as part of the overall Implementation Framework for the Health Sector.

#### Key activities

The FANIKISHA project will:

1. Identify and strengthen the capacity of approximately 4-8 national-level Kenyan CSOs and/or CS umbrella organizations to enable them to:
  - mentor and build the institutional and technical capacity of affiliate CSOs;
  - manage significant donor grant funds in excess of US\$ 300,000 annually for small grants programs to improve and expand access to health services;
  - advocate for a larger role for CSOs in implementing community health service delivery and for the inclusion of CSOs in the development of national policies and strategies for Community Health and implementation planning;
2. Develop a CSO database for the health sector and work with the custodial ministry to maintain the data base and establish standard criteria for CSO inclusion for a country-led/owned and managed Health CSO database;
3. Develop standards for institutional and technical capacity building, including standard procedures for APHIA Plus Service Delivery partners to use in rolling out IS tools and approaches. Designation of standard indicators for tracking IS achievements to support and complement the CSO strengthening component of the APHIA Plus Project and other appropriate projects that may work with CSOs within the Implementation Framework for Health

#### Linkages to the Partnership Framework/GHI principles

This mechanism will contribute to the following principles:

- The principle of increasing impact through strategic coordination and integration through enhancing the capacity of Kenyan CSOs, GoK and Development partners to ensure a synergetic approach without duplication of effort and high transaction costs.
- The principle of encouraging country ownership and country managed programs. This will be through identifying and strgthening a GoK ministry to manage and maintain the CSO database for sustainability.

#### Geographic coverage and target populations

The scope of the program is national with regional support to the APHIA Plus Service Delivery partners

#### Key contributions to health system strengthening

The emphasis of this project is on institutional strengthening rather than on health service delivery, although the eventual and intended outcome of institutional strengthening is, of course, improved health service delivery and improved linkage between the communities and health facilities for better health outcomes.



Cross-cutting programs and key issues

None

Strategy for Cost-efficiency

The implementing partner for the FANIKISHA project will be required to fully support country priorities and programs and to establish seamless mechanisms for coordination and communication with the GoK and other local organizations, donors and development partners

Monitoring and Evaluation plans

These will be developed and key indicators and milestones highlighted

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

Addressing male norms and behaviors

**Budget Code Information**

<b>Mechanism ID:</b> 12994			
<b>Mechanism Name:</b> FANIKISHA Institutional Strengthening			
<b>Prime Partner Name:</b> Academy for Educational Development			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	450,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	2,480,000	
<b>Narrative:</b>			
None			





Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	425,187	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	600,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,000,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,550,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	250,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13025</b>	<b>Mechanism Name: Integrated HIV Prevention Interventions Including Male Circumcision</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement



Prevention	
Prime Partner Name: Impact Research and Development Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 4,173,600</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	4,173,600

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	500,000
Human Resources for Health	674,000

### Key Issues

Addressing male norms and behaviors

Workplace Programs

### Budget Code Information

<b>Mechanism ID:</b> 13025			
<b>Mechanism Name:</b> Integrated HIV Prevention Interventions Including Male Circumcision			
<b>Prime Partner Name:</b> Impact Research and Development Organization			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HVCT	300,000	



<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	3,373,600	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	250,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13028</b>	<b>Mechanism Name: TA for Implementation and Expansion of Blood Safety Activities in Kenya</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Community Housing Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 750,000</b>	
Funding Source	Funding Amount
GHCS (State)	750,000



## **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.

#### Health Related Wrap-around issues

Improved access to safe and adequate blood especially in pediatric packs is important in improving child survival especially because some infant mortality is related to anemia due to malaria or other causes. Blood or red blood cells concentrate are important therapies in anemia caused by malaria which is a common complication. Adequate safe blood is critical in averting deaths related to childbirth-maternal hemorrhage is a major contributor to maternal mortality thus compromising safe motherhood

#### Health Related Wrap-around issues

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### **Cross-Cutting Budget Attribution(s)**

(No data provided.)



**Key Issues**

Malaria (PMI)  
 Child Survival Activities  
 Safe Motherhood

**Budget Code Information**

<b>Mechanism ID:</b>	13028		
<b>Mechanism Name:</b>	TA for Implementation and Expansion of Blood Safety Activities in Kenya		
<b>Prime Partner Name:</b>	Community Housing Foundation		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	750,000	

**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**

<b>Mechanism ID: 13040</b>	<b>Mechanism Name: Kenya Mentor Mother Program</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

The goal of the Kenya Mentor Mother Program (KMMP) is to consolidate all mentor mother models being implemented and to roll out a standardized mentor mother program that will contribute to closing the gaps in the PMTCT program. In addition to this, the Mentor Mother Program will use 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 (PF) on expanding clinic based PwP interventions. As former PMTCT clients themselves, 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. The KMMP 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. The KMMP 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 PF 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, KMMP will achieve national coverage and target pregnant women, primarily HIV-positive pregnant women who will receive educational and psychosocial support (includes those employed by the program), their spouses; The HIV-exposed infants who are born to the women will be beneficiaries of the KMMP activities.

Cross-cutting programs and key issues:

In support of PMTCT services, KMMP 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.



**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	Redacted
Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Commodities	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Human Resources for Health	Redacted

**Key Issues**

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's legal rights and protection
- Child Survival Activities
- Safe Motherhood
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 13040			
<b>Mechanism Name:</b> Kenya Mentor Mother Program			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**



<b>Mechanism ID: 13050</b>	<b>Mechanism Name: Coptic Hospital / University of Washington Collaborative HIV Care Program</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Coptic Hospital	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 3,683,207</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	3,683,207

### Sub Partner Name(s)

University of Washington		
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### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	180,000
Human Resources for Health	1,971,000

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	13050
<b>Mechanism Name:</b>	Coptic Hospital / University of Washington Collaborative HIV Care
<b>Prime Partner Name:</b>	Program



Coptic Hospital			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	370,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,750,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	80,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	210,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	123,207	



<b>Narrative:</b>
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13061</b>	<b>Mechanism Name: Advancement of Public Health Practices in Kenya</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: MINISTRY OF PUBLIC HEALTH AND SANITATION	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 7,588,178</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	7,588,178

### 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)**

Human Resources for Health	1,183,226
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### **Key Issues**

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b> 13061			
<b>Mechanism Name:</b> Advancement of Public Health Practices in Kenya			
<b>Prime Partner Name:</b> MINISTRY OF PUBLIC HEALTH AND SANITATION			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	370,000	

**Narrative:**

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NAS COP) 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	1,340,000	

**Narrative:**

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NAS COP) 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 NAS COP will include the coordination of all partners in the area of ART provision (through national level meetings such as the National ART task force), and supervision of treatment in 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	430,000	

**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 accelerating 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 order 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	100,000	

**Narrative:**

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NASCO) 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	160,000	

**Narrative:**

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NASCO) 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 NASCO 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	1,800,000	

**Narrative:**

Reprogramming \$250,000 in HVSI to MOPHS/MOPHS.

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	CIRC	50,000	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	350,000	

**Narrative:**

National AIDS & STD Control Program (NAS COP) 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. NAS COP 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	313,716	

**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	374,462	

**Narrative:**

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NAS COP) 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 NAS COP 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
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Prevention	MTCT	800,000	
<b>Narrative:</b>			
<p>This TBD represents follow-on for national PMTCT (NASCO) activities currently provided by the National STD and STI Control Program (NASCO) 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.</p> <p>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.</p> <p>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.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,000,000	



**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	500,000	

**Narrative:**

This TBD is a follow on to the activities currently supported by The National AIDS and STD Control Program (NAS COP) 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 DLTLTD 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, DLTLTD 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.

DLTLTD 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 DLTLTD 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 DLTLTD 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 DLTLTD 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 DLTLTD 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

<b>Mechanism ID: 13072</b>	<b>Mechanism Name: Leadership, Management and Sustainability Program</b>
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

<b>Total Funding: 3,693,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	3,693,000

### Sub Partner Name(s)

Custom



Strathmore University Business School		
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## Overview Narrative

### 1. Mechanism's comprehensive goals and objectives

The health sector in Kenya has well qualified personnel particularly in specific technical skills related to health. However there are clear gaps amongst the health workforce in regards to leadership and management skills and oftentimes these workers find themselves in leadership and management positions without the requisite skills or exposure as they have not been trained and the mentorship process is weak. In addition for a majority of those who would wish to improve their leadership and management skills, there is no easy access to appropriate training.

The Government of Kenya (GoK) recognizes the leadership and management skills gaps that exist in its health workforce. Both the ministry of medical services and ministry of public health and sanitation have identified the development of leadership and management skills as a key strategy that would help improve performance within the health care system. USG has taken a deliberate step to support the GoK's health sector in strengthening the leadership and management skills at all levels through the Management Sciences for Health's Leadership, Management and Sustainability project (MSH-LMS). The MSH- LMS Kenya project was awarded as a follow on to the LMS global award, for the next five years.

The main objective of the project is to strengthen Kenya's health sector leadership, and management skills for effective outcomes of target diseases and interventions. The intermediate results are;

1. improved management and leadership of health sector and priority health programs on HIV/AIDS, TB, FP/RH, Maternal and child health and malaria
2. improved management and systems in health care organizations and priority health programs
3. increased sustainability and ability to manage change

### 2. Key Activities

Training health workers on leadership and management skills

In order to address the leadership and management gaps that exist among the current health sector managers, the LMS project will continue training health workers at the various levels of health care delivery. The project has a course tailored to address Ministry of Health's senior leadership at the Strathmore School of management. This course is offered in class and follow-up done for individuals at their work stations. The senior leadership is exposed to field visits locally and abroad to learn from success stories. The target is policymaker-level personnel in both ministries.



The mid-level managers are trained on the leadership development program (LDP) which helps them to identify their management challenges and address them as a project over six months duration. This course, based on the observed success among teams that have benefited from it, has gained popularity among the health workers and demand for it has increased.

At the community level the community health committees are charged with the leadership and management roles. These committees are not well prepared to address their roles effectively due to a weak curriculum and inadequate training. The project supports review of the curriculum and roll out in selected communities.

In all the three levels of trainings the LMS Kenya project is designed to impact the training skills to local trainers who will eventually take over the trainings for long term effect.

#### Pre-service and in-service curriculum development and roll out

The project is in the process of finalizing the pre-service and in-service training curriculum on leadership and management. The curriculum has been developed in collaboration with the government of Kenya, training institutions and key regulatory bodies.

The project will support the roll out of the curriculum in selected training institutions including universities and medical training colleges. This is a long term intervention that will ensure all the health workers who qualify from training institutions are well grounded in management and leadership skills, knowledge and attitudes. The project will support initial stages of roll out to training institutions ensuring that the trainings become one of their examinable courses.

#### Mentorship program for new health sector managers

The project will support the mentorship program for the health workers who are appointed to management positions. Currently the health workers who are newly promoted to management and leadership positions find it difficult to adjust. The mentorship program will help them learn how the systems operate for effective resources utilization. The project will strengthen the mentorship program and institutionalize it so that it becomes the culture within the health sector.

#### Priority Hospital reforms

The current public hospitals structures and systems have not adequately responded to the needs and demands for health services. As a result the Ministry of Medical Services has embarked on reforms that will enable hospitals be more responsive to high disease burden in an environment of limited resources. The LMS project has been charged with the responsibility of steering these reforms in selected hospitals



in a phased approach. The project will continue with this activity.

#### Support to various health sector departments

The project shall continue supporting selected department in reorganization of their management and leadership structures. The Division of Reproductive Health (DRH) plays a critical role particularly in relation to decreasing maternal and child health morbidities and mortalities in Kenya. The DRH structure has been weak and needs to be strengthened an activity that this project will support.

#### Policy revision and development

The project will continue supporting initiatives to review or develop policies in support of leadership and management in the health sector. One of the policies of priority is the development of a career ladder for management and leadership in the sector. This will delink clinical services career development from the leadership and management positions. The policy will help redefine the management structures with emphasis on trained managers running the health sector as opposed to the current system where clinicians hold key non-clinical management positions.

#### Local training institutions support

The project will continue supporting capacity building for local training institutions to take up the challenge of training health workers on leadership and management. This includes faculty training and mentorship as well as infrastructure development. The desire is to have local institution offering high quality courses using various models such as classroom training, distance education and e-learning for purposes of wide access.

There are intensions to have a centre of excellence institution dedicated to health workforce leadership and management training. The Kenya Medical Training College (KMTTC) is intending to offer one of its colleges at Karen for this purpose. The LMS project shall continue pursuing the discussions and support the institution if such a decision is agreed upon.

#### Networks for exchange of ideas

The LMS project will support forum and networks for exchange of ideas and good practices. This will be done through support for individuals to attend workshops and seminars, sponsoring such activities directly or in partnership, support to community of practice on leadership and management as well as supporting a website where those interested can exchanges views.

### 3. Linkages to partnership framework and GHI principles

This project's strategies and implementation takes into account the following strategies;



Working with local partners and strengthening their capacity: The project is designed to allow transfer of skills and expertise to local individuals and institutions. The arrangement is such that gradually the local health training institutions will take over the responsibilities of both pre-service and in-service trainings.

Create partnerships that emphasize collaboration and mutual accountability: The project will plan, implement and monitor in collaboration with ministries of health's departments. It will also reach out to other stakeholders working in related projects to minimize duplications and maximize on synergies. Working in collaboration with local training institutions has enabled the project to be more relevant in addressing local needs effectively. The project will therefore continue making use of its existing coordination mechanisms and structures such as interagency coordination committees, annual operational plans and regional forums.

Sensitivity to gender issues and disparities. The project is sensitive to gender imbalances and disparities within the health sector management. Some of its activities are geared towards addressing these inequalities.

#### 4. Geographical Area and Target population

This is a national project in Kenya targeting health workers within the health sector as well as those in the training schools. It also targets the leadership and management personnel in both public and faith-based institutions. The project targets the top level management at the ministries headquarters and heads of departments. These calibers of workers are taken through a specialized leadership and management course. The mid level managers are also targeted such as provincial health teams and leadership. This caliber of staff is taken through a high level of leadership and management training. The last caliber is the facility levels leadership who, via a team approach, are taken through a leadership development program (LDP).

#### 5. Contributions to health systems strengthening

By supporting and strengthening the leadership and management skills in the health sector, the project addresses the leadership and management pillar of Health systems strengthening as defined by World Health Organization (WHO). Supporting the health sector's leadership and management skills goes a long way in ensuring a better management of resources and impact is felt along the entire system.

#### 6. Cross cutting benefits

The quality of leadership and management determines effectiveness of resources utilization for maximum gains. Impacting these skills to health workers in the long run will ensure optimum value for money for both USG and GOK across the entire health sector.



7. Cost efficient strategies

Through capacity building of local individuals, institutions and organization the project will utilize them in future trainings hence saving on costs on non local consultants and facilitators.

8. Monitoring and evaluation plan

The project develops annual work plans against which its performance is monitored. Regular meetings with the team and quarterly reports allow for monitoring and evaluation process to take place. Field visit are done regularly to establish physically the level to which the interventions are realized on the ground. The project has developed a project monitoring plan (PMP) which is used to gauge against the set indicators. Financial monitoring is done regularly through accrual reports and pipeline analysis.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	2,143,000
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**Key Issues**

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

**Budget Code Information**

<b>Mechanism ID:</b> 13072			
<b>Mechanism Name:</b> Leadership, Management and Sustainability Program			
<b>Prime Partner Name:</b> Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	
<b>Narrative:</b>			
None			





Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	3,493,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13078</b>	<b>Mechanism Name: SHOPS</b>
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

#### Overview

The Policy, Health Finance and Private Sector mechanism will address gaps that exist in health legislation, health care financing, and private sector engagement.

#### Comprehensive Goals and Objectives

This project will;

- Support the review and harmonization of health legislation and regulatory framework.
- Engage in the development and implementation of the new Health Policy Framework in line with the new constitution.
- Contribute to the review, development and implementation of Health Care Financing strategies.



- Contribute to increased private sector participation in policy formulation, planning and financing within the health sector

## Background

In 1994, the Government of Kenya (GoK) through its Ministry of Health developed the Kenya Health Policy Framework (KHPF) 1994-2010, which formed the blue print for health sector development. The KHPF had, as its strategic theme 'Investing in health', and its overall stated goal was 'To promote and Improve the health of all Kenyans through deliberate restructuring of the health sector to make all health services more effective, accessible and affordable'. The National health strategic Plan (NHSSP 1), guided the first phase of the implementation of the policy objectives which resulted in downward trend of various key indicators and as a result stagnation of expected impact. The National Health Sector Strategic Plan II (2005 – 2010) was developed to address the reversing trend in key health indicators. The KHPF was designed to end in 2010 and as a result the process of developing a policy framework in line with various changes that have taken place including the new constitution has been initiated within the health ministries. Various changes have taken place that include the development of the MDGs to which Kenya signed up to, the vision 2030 which is Kenya's long term vision strategy, shift to increased focus on scaling up universal access to cost effective interventions addressing key causes of ill health and death such as HIV, Malaria, TB, Immunization amongst others, addressing underlying determinants of health and strengthening the stewardship functions of both health ministries.

Additionally, the Kenya's health sector is also inadequately regulated. The Report on the Review of the Health Act is yet to be implemented, the implications of the new constitution in the health sector is also yet to be formulated and implemented. The existing regulatory agencies and medical professional associations do not also have adequate resources to enforce regulations.

Thirdly, the Ministry of Health constituted a Task Force composed of various stakeholders that embarked on the development of a Health Care Financing strategy in 2007. The task force focused on developing a long-term, fiscally sustainable, equitable and efficient approach to financing health services in Kenya. The lack of consensus among the various key stakeholders including GoK and other private sector in the development of the strategy has necessitated the government to respond with ad hoc financing arrangements prompting resistance from key stakeholders. The health sector therefore continues to be heavily dependent on Donors especially in key areas such as HIV/AIDS where donors account for 70% of total funding, Malaria, and Immunizations. A review of health sector financing for the next three years shows that donor funds are flattening posing a major challenge to the government in regard to financing the anticipated gap. The HCF strategy will attempt to develop innovative ways of financing health within the country's macro-economic framework.

In June 2010, USAID/Kenya carried out a health systems assessment which identified limited participation of the mainstream civil society organizations in the development of health policies and the



planning process within the health sector. Sector policy development and planning was found to be mainly dominated by Ministry officials. The private sector and mainstream civil society organizations including citizens, communities, NGO's and the media have not claimed space to establish representation in the existing mechanisms and forums for developing the sector's plans and policies.

#### Key activities

USAID/Kenya through this mechanism proposes to support the review and harmonization of health legislations so that they are consistent with the new constitution and vision 2030 as well as continue supporting the regulatory bodies.

The mechanism will also support the review and development of the Kenya Health Policy Framework 2011 – 2030 in line with the new constitution. This will be done by providing various policy options for various stakeholders on review, development of the policy framework and development of a popular version for dissemination.

Under Health care financing, USAID/K will support the development of a comprehensive Health Care Financing Strategy (HCF) which will include innovative approaches in financing health care. The support for the development of the strategy will seek to address three key areas of health finance:

- Mobilization of funds for health and reviewing the roles of the current key players - government, private sector and NHIF.
- Enhancing efficiency in payment of services
- Increasing product scope and quality by determining the roles of both private and public sector as well as engaging stakeholders in a consultative process to build consensus on the revised HCF strategy. The consultations will gauge stakeholders' views and acceptability on various health care financing options. USAID/Kenya will support the development of a strategy for engaging the private sector; this involves sharing the health sector problems with the private sector both for profit and non profit and exploring opportunities for collaboration to increase private sector participation in the overall health sector.

#### Linkages to the Partnership Framework/GHI principles

This mechanism will contribute to the following principles:

- Through the support of the development of country health policy frameworks and HCF strategy, it will increase impact through strategic coordination and integration by enhancing equity and increasing programmatic efficiency and effectiveness in turn this will impact positively on the overall health outcomes.
- The principle of encouraging country ownership and investing in country-led plans by supporting and strengthening health policy, financing and private sector policy framework that will guide overall implementation in the sector.
- Through the development of a strategy for private sector engagement, the mechanism will strengthen global health partnerships and private sector engagement.



- It will also build sustainability by strengthening government stewardship.

Geographic coverage and target populations

The scope of the program is national and will target the total country's population.

Key contributions to health system strengthening

The focus of this mechanism is in systems strengthening on policy, health financing and private sector engagement and is expected to strengthen stewardship of the GoK in this three key health systems components.

Efficiency, Effectiveness, Equity and Sustainability

This mechanism is expected to enhance stewardship within the health ministries. The developed strategies will enhance efficiency within the sector in regard to policy development. The health care financing options will enhance equity, transparency, accountability, sustainability and overall quality of health services in the sector.

Monitoring and Evaluation plans

The USAID policies and guidelines will be applied in the monitoring and evaluation of the project. The mechanism will develop work plans with key process activity indicators that will include reports both narratives and financial, field visits, meetings, and regular updates on review workshops. Other Key monitoring and evaluation indicators will be developed. The expected key milestones/outputs will be;

- Health Policy Framework that was developed through a very intensive consultative process.
- Health Care Finance strategy (HCF) developed through also a very intensive consultative process with all the key stakeholders
- Refined planning manuals compatible with the county planning and budgeting cycle Refined
- Public Private Partnerships Strategy

## **Cross-Cutting Budget Attribution(s)**

(No data provided.)

## **Key Issues**

Malaria (PMI)

Child Survival Activities

Safe Motherhood



TB  
Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 13078			
<b>Mechanism Name:</b> SHOPS			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 13097		<b>Mechanism Name:</b> Ungana Project	
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	
<b>Total Funding:</b> 2,750,000			
Funding Source		Funding Amount	



GHCS (State)	2,750,000
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**Sub Partner Name(s)**

Action for Research and Development (AFORD)	Bar Hostess Empowerment and Support Programme (BHESP)	Better Poverty Eradication Organization
Bloodlink Foundation	Catholic Diocese of Muranga	Discordant Couple of Kenya
Integrated Development Facility (IDF)	Mama Maria Kenya (MMK)	World Provision Centre
Zinduka Afrika		

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	801,200
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13097			
<b>Mechanism Name:</b> Ungana Project			
<b>Prime Partner Name:</b> Liverpool VCT and Care			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,450,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Other	OHSS	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	650,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	
<b>Narrative:</b>			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13121</b>	<b>Mechanism Name: Partnership in Advanced Clinical Education (PACE)</b>
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

<b>Total Funding: 2,240,000</b>	
Funding Source	Funding Amount



GHCS (State)	2,240,000
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**Sub Partner Name(s)**

Kenya Pediatric Association (KPA)		
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**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 (NAS COP) 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 attributions include Human Resources for Health.

UMB 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.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	50,000
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**Key Issues**

(No data provided.)





### Budget Code Information

<b>Mechanism ID:</b>	13121		
<b>Mechanism Name:</b>	Partnership in Advanced Clinical Education (PACE)		
<b>Prime Partner Name:</b>	University of Maryland		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,000,000	

**Narrative:**

Reprogramming \$402,000 in HTXS to University of Manitoba.

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 (NAS COP) 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 NAS COP 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 NAS COP curriculum on Integrated Management of Adolescent and Adult Illness (IMAI). The initial Adult ART curriculum will still continue to be used for health workers from higher level facilities depending on NAS COP's and MOH need's and on how soon the 2nd level advanced curriculum is released. The same curricula will also be used to train health workers from the 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 (NAS COP) 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 NAS COP 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 (NAS COP) 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 NAS COP 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	100,000	

**Narrative:**

The University Maryland in partnership with the University of Nairobi (UON) with support from PEPFAR 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	200,000	

**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:**

Reprogramming \$230,000 in HVTB to University of Manitoba/Univ. of Manitoba.

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 (NAS COP) 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 NAS COP 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 NAS COP curriculum on Integrated Management of Adolescent and Adult Illness (IMAI). The initial Adult ART curriculum will still continue to be used for health workers from higher level facilities depending on NAS COP's and MOH need's and on how soon the 2nd level advanced curriculum is released. The same curricula will also be



used to train health workers from the 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

<b>Mechanism ID: 13134</b>	<b>Mechanism Name: Zone 1 - Nyanza/Western</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TO BE DETERMINED	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No





<b>Total Funding: 28,658,037</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	28,658,037

**Sub Partner Name(s)**

(No data provided.)

**Overview 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 \$17,800,000. This activity will result in multiple awards.

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 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 with 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

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	250,000
Economic Strengthening	200,000
Education	100,000
Food and Nutrition: Commodities	200,000
Gender: Reducing Violence and Coercion	200,000
Human Resources for Health	600,000



## Key Issues

Addressing male norms and behaviors  
 Increasing gender equity in HIV/AIDS activities and services  
 Malaria (PMI)  
 Child Survival Activities  
 Safe Motherhood  
 TB  
 Workplace Programs  
 Family Planning

## Budget Code Information

<b>Mechanism ID:</b> 13134			
<b>Mechanism Name:</b> Zone 1 - Nyanza/Western			
<b>Prime Partner Name:</b> TO BE DETERMINED			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	10,950,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	4,900,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	2,100,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	330,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	575,500	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,000,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	2,000,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,582,537	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	620,000	



<b>Narrative:</b>
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13164</b>	<b>Mechanism Name: Strengthening Public Health Laboratory Systems in Kenya</b>
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

<b>Total Funding: 1,950,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,950,000

### 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 management and will expand the mapping of TB referral sites beyond the capital region. Becton Dickinson will continue to bring technical capabilities in lab strengthening that make this partnership an important component of the national strategy. This activity has cross-cutting attributions related to Human Resources for Health due to support for in-service training of laboratory personnel.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	500,000
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**Key Issues**

Malaria (PMI)  
TB

**Budget Code Information**

<b>Mechanism ID:</b>	13164		
<b>Mechanism Name:</b>	Strengthening Public Health Laboratory Systems in Kenya		
<b>Prime Partner Name:</b>	Management Sciences for Health		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
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 (NAS COP) 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	1,500,000	

**Narrative:**

Reprogramming \$350,000 in HLAB to University of Manitoba/Univ. of Manitoba and \$350,000 in HLAB to Pathfinder International/Pathfinder.

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

<b>Mechanism ID: 13179</b>	<b>Mechanism Name: Emory University</b>
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

<b>Total Funding: 1,092,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,092,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

The overarching objective of this activity is to assist the Kenya Ministries of Health and health professional regulatory bodies in developing technical capacity for human resource strategic planning and management in response to the increased need for HIV care and treatment. The activity focuses on building a data-driven HRH knowledge base that can provide reliable workforce analysis to facilitate evidence-based HRH policies including training, deployment and retention. This system provides a "best practice" model which can be shared and replicated in countries also struggling to implement HIV/AIDS interventions, especially in sub-Saharan Africa.



### Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,092,000
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 13179			
<b>Mechanism Name:</b> Emory University			
<b>Prime Partner Name:</b> Association of Schools of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,092,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13210	<b>Mechanism Name:</b> Strengthening Laboratory Accreditation Services in Kenya
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

<b>Total Funding: 600,000</b>	
Funding Source	Funding Amount
GHCS (State)	600,000



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

This activity has cross cutting attributions related to human resources for health by virtue of supporting in-service training, management and leadership training, strengthening health professional regulatory bodies and associations, and quality improvement. Improved quality systems will also benefit laboratory diagnosis of malaria, TB and neglected tropical diseases. Strengthening of local institutions will facilitate systems strengthening and transition.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	300,000
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**Key Issues**

Malaria (PMI)

TB

**Budget Code Information**

<b>Mechanism ID:</b> 13210			
<b>Mechanism Name:</b> Strengthening Laboratory Accreditation Services in Kenya			
<b>Prime Partner Name:</b> Global Healthcare Public Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	600,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)



### Implementing Mechanism Details

<b>Mechanism ID: 13231</b>	<b>Mechanism Name: National M&amp; E</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

The goal and objective of this program is to; 1. Strengthen sustainable national-level monitoring and evaluation systems including support for a implementation of MOH's Community Strategy's Community based Health Information System that tracks and measures social determinants of health; National AIDS Control Council's Community Based Program Activity Reporting System (COBPAR) and their linkages to the one unified national health information systems at the district, regional and national levels, 2. Build the human resource capacity of GOK and local institutions especially the community health workers and community health extension workers to manage and make use of health information and to provide a framework for sustaining health systems at the household/community levels, and strengthen linkages to the health facility systems and upwards to the host country's national health information system.

The host country's health sector currently doesn't have a comprehensive sector M&E framework, but instead have individual M&E strategies for the vertical programs such HIV/AIDS, Malaria Reproductive Health/Family Planning. The need for the development of a sector wide M&E framework to manage activities at all level through a multi stakeholders' initiative was highly by both the host country government and other key stakeholders including health sector development partners. One key area that USAID Kenya's new five year implementation framework identified as critical to achieving improved health outcomes is social determinants of health that in overall will help in improving the well-being of targeted communities and populations. Currently HMIS/M&E systems for the community based programs that largely track and measure social determinants of health at community/household level operate outside the health HMIS/M&E systems. The program will therefore support the development and linkages of the



community health systems with that of health facility. It will support activities that may not have been anticipated in the health sector's Annual Operating Plans but which are deemed essential and requested by through MOH's Community Strategy's Community based Health Information System (CBHIS), and M&E support that fall outside of the ministries of health's organization structure and direct mandate, such as the National Aids Control Council (NACC), Community-Based Program Activity Reporting system (COBPAP), Ministry of Gender, Children and Social Development, and other ministries responsible for water, sanitation, nutrition, education, etc. who provide data useful to HIS. Other special programs supported by the HMISD may also be supported.

Broadly this program will support the strengthening of these community-based information systems around the three broad thematic areas: management and coordination, systems capacity development and communication, learning and knowledge-based practices.

Management and coordination: It will support the required coordination and direction between the health sector and other non-health sector programs especially those that work in social health determinants to improve better systems linkages and harmonization of reporting systems at the community level. Accordingly, it will help toward a process to through the GOK established coordination mechanisms of different sector strategic plans review and joint planning for better health outcomes at the household and community levels and upwards the hierarchy of service delivery. Some of the key outputs will be the development of a comprehensive health sector M&E framework and strengthened GOK stakeholders' joint review mechanisms and structures at national, regional, district and community levels.

Systems capacity development: It will support development of stronger linkages between facility and community-based monitoring systems and support rollout of new CBHIS tools that incorporates health sector indicators including NGIs through capacity building, supportive supervision/effective program monitoring, health systems/structures strengthening at facility, district and provincial levels. Supporting and strengthening the implementation and operational level capacity of the CBHIS strategies, functions and linkages to national HMIS at all levels—facility, district, regional and national levels. Support to improve the CBHIS and COBPAP systems to adequately supply data collection tools and facilitate within community units the data collection processes both for quality and institutionalization. It will strengthen supervision within the CBHIS and COBPAP systems including the development and implementation of supervision standards that support the effectiveness of the community based health information systems. It will support continuous assessment and strengthening of community-based monitoring/reporting systems for the health sector including social health determinants measures and HIV/AIDS's NGIs to increase reporting rates at community to facility and then to the national system through both COBPAP and facility health information system.



Communication, learning and knowledge-based practices: It will facilitate a 'culture shift' that would strengthen the demand for information at community units, to devise and supply various information products to meet the demand for various targeted groups at community household and community levels, and to heighten the actual use of information by the targeted groups in improving their health seeking behaviors. It support the breaking of the 'vicious cycle' of poor data quality, availability and lack of its use in planning and decision making and in facilitating data use to improve household practices and health seeking behaviors.

Human resources for health will also be a priority area as lack of it affects the quality of data the system generates for use in planning and program development.

Geographical coverage will be national.

A key cross cutting issue will include HRH.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	Redacted
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**Key Issues**

- Increasing gender equity in HIV/AIDS activities and services
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 13231			
<b>Mechanism Name:</b> National M& E			
<b>Prime Partner Name:</b> TBD			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>





Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13287</b>	<b>Mechanism Name: Establishment of Medical Waste Management Systems in Kenya</b>
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

<b>Total Funding: 1,200,000</b>	
Funding Source	Funding Amount
GHCS (State)	1,200,000

### 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.

Health Related Wrap-around issues: With the rapid scale up of HIV and other health programs, there has been a large increase in injections, blood collections and associated medical waste generated. PATH will lead efforts to strengthen injection safety and medical waste management which is cross cutting in all health programs. This will lead to reduced transmission of not only HIV but other blood borne pathogens thus reducing disease burden among the health workers and the community. There will also be improved health care worker safety which will lead to better retention of human resource. Additionally PATH will directly train health workers on issues of waste management as well as IPC.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	200,000
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13287			
<b>Mechanism Name:</b> Establishment of Medical Waste Management Systems in Kenya			
<b>Prime Partner Name:</b> Program for Appropriate Technology in Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	1,200,000	
<b>Narrative:</b>			
Includes 693,516 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

<b>Mechanism ID: 13302</b>	<b>Mechanism Name: HIV Prevention Activities for Youth and General Population</b>
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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

<b>Total Funding: 775,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	775,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Cross Cutting Attributions:

The general population interventions will be integrated with programs that reduce gender violence attributed to issues concerning HIV

### Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	300,000
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### Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

### Budget Code Information

<b>Mechanism ID:</b>	13302
<b>Mechanism Name:</b>	HIV Prevention Activities for Youth and General Population
<b>Prime Partner Name:</b>	Hope Worldwide



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	75,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	186,400	
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	413,600	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13307</b>	<b>Mechanism Name: Prevention for Youth and General Population</b>
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



<b>Total Funding: 1,433,355</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,433,355

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Cross-cutting Attributions: IRDO will initiate combination structural prevention interventions that reduce sexual violence, women economic dependency on men (especially amongst those women exchanging sex for fish) and women's lack of in-depth information about HIV and its transmission.

**Cross-Cutting Budget Attribution(s)**

Gender: Reducing Violence and Coercion	400,000
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**Key Issues**

Increasing gender equity in HIV/AIDS activities and services

**Budget Code Information**

<b>Mechanism ID:</b> 13307			
<b>Mechanism Name:</b> Prevention for Youth and General Population			
<b>Prime Partner Name:</b> Impact Research and Development Organization			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HVCT	600,000	
<b>Narrative:</b>			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVAB	50,000	





<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	783,355	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13309</b>	<b>Mechanism Name: Kenya Medical Research Institute</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Kenya Medical Research Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 8,240,000</b>	
Funding Source	Funding Amount
GHCS (State)	8,240,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)



Construction/Renovation	50,000
Human Resources for Health	400,000

### Key Issues

Malaria (PMI)

TB

### Budget Code Information

<b>Mechanism ID:</b> 13309			
<b>Mechanism Name:</b> Kenya Medical Research Institute			
<b>Prime Partner Name:</b> Kenya Medical Research Institute			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	2,610,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	80,000	
<b>Narrative:</b>			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,000,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	800,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	450,000	
<b>Narrative:</b>			



None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13312</b>	<b>Mechanism Name: Afyainfo</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This program will support the strengthening of national HIMS/M&E systems in four key thematic areas that include Management and coordination, ICT Technical support and services, Systems capacity development and Communication, Learning and Knowledge-based practices. The support to the strengthening of these host country national systems will be based on priorities identified in every performance year through the Annual Operation Plan development processes. It will contribute towards strengthening of national HIS to a strong, unified and integrated HIS essential to improving the quality of health service delivery through use of quality and timely information. Broadly the focus will include:

- Management and coordination – policy and coordination support and translation of the policies (National HIS Policy and National HIS Strategic Plan) into prioritized and budgeted implementation plans that are integrated into the health sector Annual Operating Plans and into the performance contracts of departments and their managers. It will also require the development of capacity for ongoing policy review and development of new policy directions as necessary, as well as the capacity to bring together and coordinate all stakeholders toward the unified HIS. A key area of policy development will be the development of a monitoring and evaluation strategy for the health sector, which will help coordinate all



data needs, data collection tools, and analysis and data use for each level in the system. To facilitate implementation a key component will be the enforcement of policies and ensuring that all efforts and investments in information by partners go toward the single integrated HIS. In terms of resources management, the program will support one of the most important aspects of achieving sustainability for the GoK by making sufficient resources available to the HIS on a timely basis. The HIS functions are grossly underfunded and many of the activities in the AOP cannot be achieved without external development partner support. The current strategy proposes an additional 1550 or so staff over the next five years, which is a reasonable start. The program will therefore ensure that these staff receives appropriate training, supportive supervision and performance management.

- ICT technical support and services – supporting the host country to develop District Health Information System, deploy, train HRH to manage the system and systems maintenance and evolution. Broadly the host country government will be supported to develop standards that will ensure that ICT systems are open architecture and interoperable to facilitate communication with each other; develop data capture standards, such as the use of unique identifiers for facilities, patients, personnel and services to facilitate transfer of data across systems; support the development and implementation of hardware and software installation; set up of technical support for all users; and assist in the development of data storage capacity and access systems for each level. It will also look at institutionalizing the funding of the ICT through the Government planning and budgeting functions. The module will have four components: i) hardware, software and user services and infrastructure; ii) systems implementation and support; iii) data bases; and, iv) resource management.

- Systems capacity development – this support will focus on strengthening the implementation and operational level capacity of the HIS function at all levels—national, provincial, district, facility and community level. The operational level capacity will include the logistics for supplies of HIS commodities such as data collection tools, and providing oversight and supervision over the HIS function at each level, and the resources to facilitate the implementation of all aspects of the HIS system. This will include facilitating the organization structure to function at each level. This will support the HIS through various means to i) strengthen data collection and quality control, ii) facilitate human resource development, and iii) institute effective supportive supervision

- Human Capital Development, Learning and Knowledge Based Practices – support the GoK to develop and implement trigger and facilitate a 'culture shift' to actually strengthen the demand for information at all levels, to devise and supply various information products to meet the demand, and to heighten the actual use of information; it will facilitate and strengthen the 'learning' and 'knowledge management' aspects of the human capacity development to address the issues of information and knowledge generation and their use; establish both on the job training and periodic retraining programs for all clinical and HRIO staff, and a one month pre-assignment training program for all clinicians (including physicians) on the various management tools they need to do their jobs, including health information, planning, patient care, pharmacy management, logistics etc.; and support GoK to establish supervision training and refresher



training specifically for managing health information systems and the staff.

Human resources for Health will be a cross cutting with the other program areas as there will be need to train and build the capacity of health workers for recording, reporting and use of information.

Linkages to Partnership Framework-

This activity fits within the partnership framework objective of strengthening strategic information gathering and data utilization to improve targeting of programs and evidence based resource allocations.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	Redacted
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**Key Issues**

- Military Population
- Mobile Population
- Workplace Programs

**Budget Code Information**

<b>Mechanism ID:</b> 13312			
<b>Mechanism Name:</b> Afyainfo			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)



### Implementing Mechanism Details

<b>Mechanism ID: 13340</b>	<b>Mechanism Name: APHIAPlus Rift Valley</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
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.

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Commodities	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

### 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
- Workplace Programs
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 13340			
<b>Mechanism Name:</b> APHIAPlus Rift Valley			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	Redacted	Redacted
<b>Narrative:</b>			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13346</b>	<b>Mechanism Name: Support Services for HIV Pandemic</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



<b>Total Funding: 172,500</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	172,500

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Cross-cutting Attribution:

The entire funding will support the salary of a National Professional Officer and some limited operational costs in World Health Organization who will work closely with the National Program to scale-up HIV prevention activities

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	172,500
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	13346		
<b>Mechanism Name:</b>	Support Services for HIV Pandemic		
<b>Prime Partner Name:</b>	World Health Organization		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HVCT	70,000	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVOP	102,500	



<b>Narrative:</b>
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13347</b>	<b>Mechanism Name: Blood Safety Technical Assistance-Central Task Order</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Improved access to safe and adequate blood especially in pediatric packs is important in improving child survival especially because some infant mortality is related to anemia due to malaria or other causes. Blood or red blood cells concentrate are important therapies in anemia caused by malaria which is a common complication. Adequate safe blood is critical in averting deaths related to childbirth-maternal hemorrhage is a major contributor to maternal mortality thus compromising safe motherhood.

### Cross-Cutting Budget Attribution(s)

(No data provided.)



## Key Issues

Malaria (PMI)  
 Child Survival Activities  
 Safe Motherhood

## Budget Code Information

<b>Mechanism ID:</b>	13347		
<b>Mechanism Name:</b>	Blood Safety Technical Assistance-Central Task Order		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	Redacted	Redacted
<b>Narrative:</b>			
None			

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13349</b>	<b>Mechanism Name: Child and Family Wellness Shops</b>
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

<b>Total Funding: 100,000</b>	
Funding Source	Funding Amount
GHCS (State)	100,000

## Sub Partner Name(s)

Custom  
 2012-10-03 17:39 EDT



(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Child Survival Activities

## Budget Code Information

<b>Mechanism ID:</b> 13349			
<b>Mechanism Name:</b> Child and Family Wellness Shops			
<b>Prime Partner Name:</b> Sustainable Health Enterprise Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	100,000	
<b>Narrative:</b>			
None			

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID:</b> 13354	<b>Mechanism Name:</b> Kenya AIDS Response (KARP)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Kenya Episcopal Conference	



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

<b>Total Funding: 2,220,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,220,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Funds will continue to be used to support additional staff salaries, facility renovations and procurement of equipment needed to provide treatment, laboratory reagents and supportive supervision. Advanced training in HIV clinical services will target 60 health care workers. TBD will continue to support adult and pediatric HIV treatment, PMTCT, TB services, health worker training and program monitoring and evaluation. Key linkages within health facilities and between facilities and communities will be expanded and improved.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	13354		
<b>Mechanism Name:</b>	Kenya AIDS Response (KARP)		
<b>Prime Partner Name:</b>	Kenya Episcopal Conference		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	150,000	
<b>Narrative:</b>			





None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	15,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	30,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	125,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)



### Implementing Mechanism Details

<b>Mechanism ID: 13356</b>	<b>Mechanism Name: TB Care I</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Tuberculosis Control Assistance Program, KNCV Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 2,370,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,370,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Narrative:

Kenya is ranked 13th amongst the 22 high burden countries in the world and notified 116,723 TB cases in 2007. This is mainly attributed to the devastating HIV epidemic and an improvement in case detection rate. The TB strategy and HIV care and prevention services are tightly linked to each other. Kenya has made good progress and currently does HIV tests on 80% of all TB patients. 48% of those tested are found to be HIV positive and of those positive 80% are put on cotrimoxazole and 25-30% receive ARV in the first three months of TB treatment. Kenya has also met the WHO global targets for case detection rate and treatment success rates.

Challenges remain and some of these are as follows: a weak monitoring and evaluation system; poor coordination of the various donors and implementing partners working not only on TB but on TB/HIV issues; need to improve TB screening of PLWHA visiting ART, PMTCT and VCT sites; low ART uptake amongst TB patients partly due to the reporting system not been able to capture patients whose treatment is delayed; and weak coordination and collaboration between NASCOP and the TB program.

USAID will utilize the centrally awarded Tuberculosis Control Assistance Program (TBCAP) implemented by KNCV Tuberculosis foundation as the prime and six other organizations as subs including American Thoracic Society, Family Health International, the International Union Against Tuberculosis and Lung Disease, Japanese Anti-Tuberculosis Association, Management Sciences for Health, World Health



Organization. The focus of TBCAP is to decrease TB morbidity and mortality in USAID priority TB countries through improving case detection and treatment success.

In Kenya TBCAP will work to improve coordination of firstly USG partners working in TB/HIV helping to clarify the roles of all the various partners particularly as they relate to the overall National TB strategic plan. TBCAP plans to utilize a management tool (Management and Organizational Sustainability Tool – MOST) for TBHIV to work with participants from TB and HIV/AIDS programs to determine their status in different collaboration components, prioritize the components for improvement and create an action plan for increased joint activities that will provide an integrated package of services to patients with TB and/or HIV/AIDS. Therefore with this tool the program will be able to analyze the current support and gaps and plan appropriately for further scaling up of TB/HIV. In addition and in order to reach the NGO, CSO and FBO sectors TBCAP will work with the Kenya AIDS NGOs Consortium (KANCO) to address TB HIV amongst their members. KANCO will provide training to CSOs to conduct regular outreach support promoting the TB HIV components.

### 3. CONTRIBUTIONS TO OVERALL PROGRAM AREA.

This TBCAP activity will contribute to enhancing referrals and linkages between TB and HIV programs, improving monitoring and evaluation of the TB/HIV program and enhancing collaboration of the various development partners and implementing agencies working in TB and TB/HIV. Because the program works nationally no direct targets will be assigned.

### 4. LINKS TO OTHER ACTIVITIES

The activity will link to all HVTB activities among all USG agencies.

### 5. POPULATIONS BEING TARGETED

This activity targets People Living with HIV/AIDS, HIV/AIDS affected families and individuals diagnosed with TB.

### 6. EMPHASIS AREAS

This activity has two major emphasis areas one on networks/linkages/referral systems and the other on supportive supervision, development of referral systems, IEC, and linkages with other sectors and initiatives.

## **Cross-Cutting Budget Attribution(s)**

(No data provided.)



**Key Issues**

TB

**Budget Code Information**

<b>Mechanism ID:</b> 13356			
<b>Mechanism Name:</b> TB Care I			
<b>Prime Partner Name:</b> Tuberculosis Control Assistance Program, KNCV Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	2,370,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 13358		<b>Mechanism Name:</b> Construction	
Funding Agency: U.S. Department of State/Bureau of African Affairs		Procurement Type: Contract	
Prime Partner Name: Regional Procurement Support Office/Frankfurt			
Agreement Start Date: Redacted		Agreement End Date: Redacted	
TBD: No		Global Fund / Multilateral Engagement: No	
<b>Total Funding:</b> 0			
Funding Source		Funding Amount	
GHCS (State)		0	

**Sub Partner Name(s)**

(No data provided.)



## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	0
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 13358			
<b>Mechanism Name:</b> Construction			
<b>Prime Partner Name:</b> Regional Procurement Support Office/Frankfurt			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	0	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	0	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	0	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information



(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13366</b>	<b>Mechanism Name: Expanding High Quality HIV Prevention, Care and Treatment within Faith-Based Health Facilities</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Christian Health Association of Kenya	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No
<b>Total Funding: 2,095,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,095,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Funds will continue to be used to support additional staff salaries, facility renovations and procurement of equipment needed to provide treatment, laboratory reagents and supportive supervision. Advanced training in HIV clinical services will target 60 health care workers. TBD will continue to support adult and pediatric HIV treatment, PMTCT, TB services, health worker training and program monitoring and evaluation. Key linkages within health facilities and between facilities and communities will be expanded and improved.

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b>	13366		
<b>Mechanism Name:</b>	Expanding High Quality HIV Prevention, Care and Treatment within		
<b>Prime Partner Name:</b>	Faith-Based Health Facilities Christian Health Association of Kenya		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	150,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	15,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	30,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HVTB	200,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13367</b>	<b>Mechanism Name: SYMMACS</b>
Funding Agency: U.S. Agency for International Development	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

<b>Total Funding: 150,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	150,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Objective: To buy into an ongoing core-funded, multi-country study of facilitators and barriers to demand for male circumcision (MC) and HIV Testing and Counseling Services. This project, Systematic Monitoring of MC Scale-up (SYMMACS), is part of a USAID-funded task order, called Research to Prevention (R2P), which is under the Project SEARCH IQC and is being conducted by Johns Hopkins University.

Male circumcision has been shown to significantly reduce acquisition of HIV in men, and in turn large scale efforts are underway in sub-Saharan Africa to increase coverage of MC services throughout the region. In addition to ensuring access to safe and efficient clinical services related to MC, client demand for services is a critical component of increased uptake of MC. During year 3, R2P will conduct a mixed methods study to understand facilitators and barriers to demand for MC services in Kenya, one of the four SYMMACS countries.





MC services also offer an important venue and opportunity to offer HIV testing and counseling (HTC) services to men at heightened risk for HIV who may not otherwise be in frequent contact with formal health care services. In turn, improving the quality and acceptability of counseling services is critical to increased HTC uptake and an integrated approach to prevention and treatment of persons living with HIV. During year 3, R2P will also conduct a mixed methods study to understand the facilitators and barriers to uptake of HTC within the context of MC services among both men and couples.

This project directly supports the Partnership Framework and its goal of scaling up MC in Kenya, and the GHI principles of evidence-based prevention programming.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13367			
<b>Mechanism Name:</b> SYMMACS			
<b>Prime Partner Name:</b> Johns Hopkins University			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	150,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 13385	<b>Mechanism Name:</b> Prevention for MARPS
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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

<b>Total Funding: 2,988,585</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,988,585

### Sub Partner Name(s)

University of Nairobi		
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### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	200,000
Human Resources for Health	600,000

### 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
- Increasing women's legal rights and protection
- Workplace Programs
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 13385			
<b>Mechanism Name:</b> Prevention for MARPS			
<b>Prime Partner Name:</b> University of Manitoba			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	250,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	900,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	30,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,327,200	
<b>Narrative:</b>			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	181,385	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	150,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13399</b>	<b>Mechanism Name: PACT</b>
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

<b>Total Funding: 3,740,000</b>	
Funding Source	Funding Amount
GHCS (State)	3,740,000

### Sub Partner Name(s)



University of Nairobi		
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**Overview Narrative**

Cross cutting budget attributions include Human Resources for Health Renovations and Food and Nutrition Commodities. Human resource support will include hiring of additional staff (clinical officers, nurses, and laboratory and pharmaceutical technologists). PACT will renovate buildings to create essential additional work spaces for clinical services. Food and nutrition supplements will support care of deserving HIV positive patients and malnourished or vulnerable children

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	10,000
Human Resources for Health	243,467

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13399			
<b>Mechanism Name:</b> PACT			
<b>Prime Partner Name:</b> University of Maryland			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	250,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,400,000	
<b>Narrative:</b>			
University of Maryland will expand a collaborative relationship with Kenya Ministries of health through the National AIDS and STI Control Program (NAS COP) at national, provincial and district level in Nairobi			



region, to enhance and expand the antiretroviral treatment program in Nyanza region in Kenya, providing treatment to 2,000 people with HIV (including 100 new, bringing the total ever treated to 2,200 in over 70 sites. 50 health care providers will receive ART training. University of Maryland 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. University of Maryland 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	190,000	

**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	100,000	

**Narrative:**

None

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

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,200,000	



**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 University of Maryland in specified city council health facilities in Nairobi Province, University of Maryland 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, to enhance and expand Prevention of Mother to child Transmission , providing HIV testing ad counseling to 32,300 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 3,230 HIV positive pregnant mothers as per the Ministry of Health guidelines.

All HIV exposed infants will be given ARV prophylaxis in line with the National PMTCT guidelines. The program will target all HIV exposed infants by PCR at 6 weeks immunization time point. The program will strengthen comprehensive PMTCT including couple counseling and will target to reach at least 6, 460 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 ally and through the Emergency Plan.

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	250,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13439</b>	<b>Mechanism Name: Zone 4 – Central/Eastern</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
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.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	Redacted
Economic Strengthening	Redacted
Food and Nutrition: Commodities	Redacted



Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

### 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
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- TB
- Workplace Programs
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 13439			
<b>Mechanism Name:</b> Zone 4 – Central/Eastern			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted



<b>Narrative:</b>
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13471</b>	<b>Mechanism Name: To Be Determined (HKID)</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
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 providers are and identify un-served populations and provide a framework for a more robust community based referral mechanisms.

**Cross-Cutting Budget Attribution(s)**

Economic Strengthening	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

**Key Issues**

- Addressing male norms and behaviors
- Increasing women's access to income and productive resources

**Budget Code Information**

<b>Mechanism ID:</b> 13471			
<b>Mechanism Name:</b> To Be Determined (HKID)			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

**Narrative:**  
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13474</b>	<b>Mechanism Name: HIV Prevention for MARPs</b>
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





<b>Total Funding: 1,220,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,220,000

**Sub Partner Name(s)**

DSW	FHOK	
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**Overview Narrative**

Cross cutting attributions

The program will address gender issue through focusing on couples for CHCT and HIV prevention activities thereby increasing gender equity in HIV/AIDS programs and will also work to address male norms and behaviors by working with the truckers –the majority of whom are men.

**Cross-Cutting Budget Attribution(s)**

Gender: Reducing Violence and Coercion	400,000
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**Key Issues**

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

**Budget Code Information**

<b>Mechanism ID:</b> 13474			
<b>Mechanism Name:</b> HIV Prevention for MARPs			
<b>Prime Partner Name:</b> Hope Worldwide			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HVCT	700,000	

<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	520,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13481</b>	<b>Mechanism Name: Prevention for MARPs-Central and Eastern</b>
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

<b>Total Funding: 1,650,000</b>	
Funding Source	Funding Amount
GHCS (State)	1,650,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Cross-cutting Attributions:

- UoN will implement combination structural prevention interventions that reduce sexual violence, women economic dependency on men and women's lack of in-depth information about HIV and its transmission. The program should address social factors that sustain the low social status of women and girls which contributes to the increased vulnerabilities to HIV/AIDS, promote empowerment of women in



interpersonal situations, encourage men to be responsible in their sexual behavior, reduce sexual violence and coercion, improve women's access to paid work and economic resources, and advancement of women's legal rights.

**Cross-Cutting Budget Attribution(s)**

Gender: Reducing Violence and Coercion	400,000
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**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
- Increasing women's legal rights and protection
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 13481			
<b>Mechanism Name:</b> Prevention for MARPs-Central and Eastern			
<b>Prime Partner Name:</b> University of Nairobi			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	155,000	
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HVOP	1,295,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13497</b>	<b>Mechanism Name: Health Policy Project</b>
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	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

#### Background

The Government of Kenya's (GoK) Ministries of Health have established Interagency Coordinating Committees (ICC) for purposes of coordinating key activities in the health sector. The ICCs provide a forum where the key stake holders can discuss how well to coordinate their activities in order to minimize wastage of resources and build consensus and synergies in interventions. The ICCs also provide a stage where the various key players i.e. government departments, development partners, Faith Based Organizations (FBOs) and Non Governmental Organizations (NGOs) are informed, discuss and coordinate various activities.

The ICCs has been very vibrant and have focused on addressing challenges faced by the various players in meeting certain health sector objectives. However, there is no appropriate secretariat that would ensure meeting logistics, follow-up on deliberations, and inter-ICC linkages.. The ICCs are also expected to be



replicated at the regional levels but with a very strong link to the nation level.

Linking these coordination mechanisms at the various levels requires expertise and dedicated manpower. The government needs support to initiate such a secretariat for ease of coordinating the ICCs at the various regional levels. USAID/Kenya is determined to support a secretariat that will enhance coordination as this will improve on efficiencies in resources utilization.

#### Goals and Objectives

The Coordinating secretariat project will;

- Establish mechanisms for effective coordination
- Manage both the national and regional coordination mechanisms including ICCs
- Develop a data base for the meeting proceedings and deliberations
- Share and disseminate key meeting decisions widely

#### Key activities for FY 2011

The mechanism will work closely with the various coordination mechanisms such as national level ICCs, regional ICCs or stake holder's forum and establish modalities of effective data and or information sharing.

The project will offer high level and professional administrative and secretarial services to the various ICCs and coordinating mechanisms at the national and regional levels. Many a times the minutes of past meetings are hard to trace hence institutional memory is lacking and some decisions take long to be realized. The high level of participant's turnover does not facilitate the process. The project will develop a shared data base where the meeting deliberations can be stored and preserved for future use.

Information sharing and cross pollination among various coordination mechanisms such as ICC is weak. As a result there is little room for consultations, collaborations and synergies. The project will retrieve information from the data base and package it for sharing with the wider community in a user friendly and effective manner. The information sharing will be real time and hence enable cross checking and collaboration in ongoing activities.

#### Geographical coverage and target population

This mechanism will target various GoK coordination mechanisms/structures nationally and regionally.

#### Cross cutting issues

The nature of the project will be that it supports all the areas of health sectors given that the ICCs and other coordinating mechanisms are cross cutting.



**Linkages to Partnership Framework and Global Health**

The project is aimed at supporting the health sector in Kenya to be better coordinated and hence give the government a better stand in managing the various players in the sector. The partnership framework emphasizes the need for coordination and collaborations of various key players, and that is what the coordination secretariat will be fostering. This will enhance government leadership and ownership of the various activities including the ones supported by development partners.

**Contributions to Health Systems Strengthening**

The coordination secretariat will be building on leadership and management aspect of the health systems strengthening. It will offer opportunity for various health sector activities to be effectively managed.

**Cost saving strategies over time.**

Having a centralized coordinating secretariat enhance efficiencies and effectiveness of resource utilization. This may be due to shared manpower, materials and equipments.

**Monitoring and Evaluation**

The USAID policies and guidelines will be applied in the monitoring and evaluation of the project. Field visits, regular meeting and reports will be closely observed and corrective action taken as appropriate. Financial reports and pipeline analysis will be done regularly.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13497			
<b>Mechanism Name:</b> Health Policy Project			
<b>Prime Partner Name:</b> TBD			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>

Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13502</b>	<b>Mechanism Name: Strengthening HIV Strategic Information Activities in the Republic of Kenya</b>
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
<b>Total Funding: 3,137,623</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	3,137,623

## 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**



<b>Mechanism ID:</b>	13502		
<b>Mechanism Name:</b>	Strengthening HIV Strategic Information Activities in the Republic of Kenya		
<b>Prime Partner Name:</b>	University of California at San Francisco		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	2,937,623	

**Narrative:**

Futures Group International recently received an award to support the implementation of the informatics component of the Kenyan SI activities. Some specific that the reprogrammed funds will be used to accomplish are:

- Supporting the upgrade of IQCare to implement the EMRs standards defined by the TWG. The Ministries of Health have expressed an interest in adapting IQCare as the "default" systems for MOH facilities with no existing EMR as the current CDC informatics partner phases out.

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.

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

**Narrative:**

Reprogramming \$112,000 in OHSS from TBD/ASPH-follow on Emory.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 13517</b>	<b>Mechanism Name: Strengthening Strategic</b>
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	<b>Information Activities in the Republic of Kenya</b>	
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	

<b>Total Funding: 1,200,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,200,000

**Sub Partner Name(s)**

Afri Arya	Danya International, Inc	ICF Macro
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**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 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

<b>Mechanism ID:</b> 13517			
<b>Mechanism Name:</b> Strengthening Strategic Information Activities in the Republic of Kenya			
<b>Prime Partner Name:</b> African Medical and Research Foundation, South Africa			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,200,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13543	<b>Mechanism Name:</b> PAMOJA
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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

<b>Total Funding: 2,900,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,900,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Cross cutting budget attributions include Human Resources for Health and Renovation. EGPAF will work with the MOH to identify areas with staff shortages and support recruitment of additional staff through a MOH driven hiring mechanism which ensures MOH ownership and program sustainability.

EGPAF will prioritize and support renovation of health facilities to improve space for provision of HIV services.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	50,000
Human Resources for Health	800,000

**Key Issues**

(No data provided.)

**Budget Code Information**



<b>Mechanism ID:</b> 13543			
<b>Mechanism Name:</b> PAMOJA			
<b>Prime Partner Name:</b> Elizabeth Glaser Pediatric AIDS Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,000,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	400,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	150,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	800,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HVTB	200,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13545</b>	<b>Mechanism Name: Peace Corps</b>
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 710,600</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	710,600

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Peace Corps Kenya will support the Government of Kenya as part of the USG PEPFAR team to reduce HIV infections and mitigate the impacts of the epidemic through institutional capacity building of HIV - service facilities and use of evidence- based approaches promoting girls' and women's empowerment, reduction of multiple concurrent partnerships, address of harmful gender norms and access to opportunities for sustainable livelihoods for vulnerable populations, including women, OVCs, caregivers of OVCs/PLHA and PLHA. Peace Corps train HCNs and produce resource materials to support Training of Trainers programs. This approach will improve delivery of training and information services on HIV/AIDS to communities through cascade subsequent trainings and build community capacity to deliver the same. Activities will focus on Nyanza, Coast and Rift Valley. Other areas including central Kenya and North Eastern Province will also receive trainings and Peace Corps support. Activities boost Universal access targets for an integrated prevention, care and treatment through strengthening of the health sector. Activities will also provide opportunity for sectoral mainstreaming of HIV/AIDS programs in





reducing sexual transmission. Volunteers will work with community organizations and health facilities in promoting Family Planning and safe motherhood, distribution of mosquito nets to reduce malaria. More gender issues will be addresses through addressing male norms and behaviors. Training programs will benefit girls and women to empower them make informed decisions regarding their life. Activities will empower women economically through training on Village Loans and Saving Schemes and increasing their access to loans, incomes and productive resources. Peace Corps will track all activities through Volunteer Reporting Forms (VRF), an electronic monitoring system and site visits by requisite staff and all information be integrated into the country Strategic Information reporting system.

**Cross-Cutting Budget Attribution(s)**

Economic Strengthening	142,120
Education	142,120
Food and Nutrition: Commodities	35,530
Gender: Reducing Violence and Coercion	177,650
Human Resources for Health	213,180

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

**Budget Code Information**

<b>Mechanism ID:</b> 13545			
<b>Mechanism Name:</b> Peace Corps			
<b>Prime Partner Name:</b> U.S. Peace Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	250,000	

<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	390,600	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	70,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13546</b>	<b>Mechanism Name: Kisumu West</b>
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

<b>Total Funding: 1,847,170</b>	
Funding Source	Funding Amount
GHCS (State)	1,847,170

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Henry Jackson Foundation (HJF Inc.) South Rift Valley has been supporting Kisumu West district (KW) since September 2007 but beginning COP 11, HJF KW will be a new funding mechanism.



The Kisumu-West (KW) district, in Nyanza Province, is situated between Lake Victoria and the Nairobi-Busia Trans-highway, 40km west of the Provincial Capital of Kisumu. The district is comprised of two roughly equally sized rural divisions: Kombewa and Maseno, with a population of about 143,000 (based on 1999 census). The district is predominantly rural with major infrastructure challenges such as little electrical and no water distribution system. Subsistence agricultural activities, petty trading and fishery are the mainstays of the local economy. Rudimentary fishing activities are undertaken by the shores of Lake Victoria; mostly by the male folk who demand sex from the women in exchange for fish. HJF KW plans to target this group to curb further spread of HIV.

The population is composed of 47.7% males and 52.3% females with 52.6% of the total population being <18years (WRP Kisumu Health and Demographic Surveillance System). The HIV prevalence in rural Nyanza Province is at 14.9% (KAIS 2007). It is estimated that the greater Kisumu District has an HIV prevalence of 18.3% (based on PMTCT national program data). Approximately 21% of pregnant women tested in Kisumu-West District in 2008 were found to be HIV-infected (WRP unpublished data). Further, 14% (76/534) of HIV-exposed infants tested in 2008 were found to be HIV-infected.

Factors contributing to high HIV prevalence in the KW district include wife inheritance by the Luo sub-tribe, low levels of education, practice of demanding for sex in change for fish by the male fishermen, and poverty among others.

Up to 80% of women attend ANC at least once during their pregnancy with 19% of these attending at least 4 ANC clinic visits (KW GoK District Health Records and Information System). HJF KW will target 99% HIV counseling for all pregnant mothers who attend ANC clinics.

There are 22 health facilities (including 1 district and 1 sub-district hospital) in the district. KW HIV services are centered at the Kisumu West District Hospital with 7 HIV Care & Treatment sites, 22 PMTCT Sites and 22 HIV Testing and Counseling (HTC) sites. KW uses a network model of HIV service delivery where the main facility is supported to replicate best practices in the smaller facilities.

HJF KW implements its activities through the DHMT and HMT in collaboration with NASCOP to promote local leadership, ownership and sustainability, in line with GHI principles.

HJF KW will promote further decentralization of Comprehensive HIV services towards achieving universal access in line with KNASP 2009/10-2013/14.

In COP 2010 PEPFAR funds were used to support infrastructural renovations, monitoring and evaluation, staff capacity building, laboratory and pharmaceutical commodities, diagnostics, support quality



assurance activities and strengthening linkages across PMTCT, Counseling and testing, Care and treatment. KW will continue to support these activities in COP 2011, with increased focus on quality improvement.

All HIV services in KW will be implemented based on Kenyan policies and guidelines. Specific targets and activities in each program areas are as follows:

**PMTCT:**

HJF KW will support HIV counseling and testing for 6151 pregnant women, provision of ARV Prophylaxis to (1013) 905 HIV positive women and their infants as per the current guidelines, provision of Cotrimoxazole prophylaxis for both mother and infant, and Early Identification of exposed infants using PCR DNA. Exposed children identified through PMTCT will be enrolled into care at the MCH or HIV clinics. Focus will be honed towards expansion of Couple and Family counseling in PMTCT settings, increasing male involvement to improve uptake of PMTCT services and promoting the integration of ART in the MCH clinics.

**HBHC & PDCS:**

HJF KW will continue to support HIV Care services for 6000 adults and 1000 children below 15 years. This is aimed at reducing mortality, morbidity and new infections by 50% by 2013. This program will endeavor to enhance activities that foster early identification and management of Opportunistic Infections, Quality provision of the Basic Care Package, individual and facility based nutritional support, access to cotrimoxazole prophylaxis, as well as enhancing community PwP through Condom provision, referral for FP, Identification and support of discordant couples, provision of /referral to other Prevention with Positive Services, and support implementation of the GoK 's Community Health Strategy. HIV-positive adults and children identified through HTC services – including PMTCT, TB/HIV, VCT, PITC, and home-based CT – will be linked to care and treatment services.

**PDTX & HTXS:**

HJF KW will support treatment for 3000 adults and 350 children below 15 years. Specific activities include early initiation of ART in pediatrics and adults as per the current guidelines, Improvement of patient retention and follow up, emphasis on drug adherence, decentralization to attain 80% universal coverage, monitoring of toxicities and treatment failure all in an effort to improve quality of treatment.

**HVTB:**

The program will support screening of upto 80% of patients in the HIV Clinic for TB , 500 TB patients in the TB setting will be Counsellled and tested for HIV while 500 TB/HIV co-infected patients will be put on treatment. The program will scale up the 3Is –Intensified Case Finding, Isoniazid Preventive Therapy,



Infection Control, promotion of Integrated TB/HIV services in the TB Clinic, and Immediate initiation of ART in those co-infected patients in line with the GoK guidelines.

**HVCT:**

HJF KW will provide counseling and testing to 30,000 individuals focusing on increasing HTC access to first time testers and couples (couple counseling should account for over 10% of the target population). Efforts will be geared towards scaling up PITC in all health facilities and reaching the most at risk populations among the fisher-folks with mobile services as well as integration of PWP services in HTC settings and continued promotion of Quality Assurance. The program will place emphasis on strengthening the health system capacity to scale up access quality HTC services and referrals. In COP 11, KW plans to roll out a Home Based Counseling and testing program. HIV positive adults and children identified through this activity will be enrolled into care and treatment at the local HIV clinics.

**HVSI:**

HJF KW SI will support joint coordination through: TWG meetings, supportive supervision, mentorship & leadership, management and coordination, ICT technical support and services, systems capacity development, learning & knowledge management – data use etc) through MOH leadership (HIS), covering all program areas. Support in Data Quality Audits and Data reconstruction in health facilities, complete development and support implementation of national EMR upgrades including roll out trainings on EMR. GOK and NACC will be strengthened to carry out Monitoring and Evaluation activities, rollout of national indicators/tools (including NGIs), and printing, TOTS, training of DHMTs, HCWs and their distribution to activity sites. Support to NACC data management including regional stakeholder forums for reviewing of community data and developing action plans, capacity building efforts in data management, data use, demand and analysis, monitoring and evaluation of health programs targeting 30 data management personnel.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	9,045
Education	955
Food and Nutrition: Commodities	604
Food and Nutrition: Policy, Tools, and Service Delivery	282
Gender: Reducing Violence and Coercion	3,351
Human Resources for Health	5,495



## Key Issues

Child Survival Activities

Safe Motherhood

TB

## Budget Code Information

<b>Mechanism ID:</b> 13546			
<b>Mechanism Name:</b> Kisumu West			
<b>Prime Partner Name:</b> Henry M. Jackson Foundation Medical Research International, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	178,691	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	738,379	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	250,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	39,273	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	PDTX	79,909	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	257,127	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	111,685	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	192,106	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13547</b>	<b>Mechanism Name: Catholic Relief Services/HRSA Track 1 follow on</b>
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
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Funding Source	Funding Amount
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Funds will continue to be used to support additional staff salaries, facility renovations and procurement of equipment needed to provide treatment, laboratory reagents and supportive supervision. Advanced training in HIV clinical services will target 60 health care workers. TBD will continue to support adult and pediatric HIV treatment, PMTCT, TB services, health worker training and program monitoring and evaluation. Key linkages within health facilities and between facilities and communities will be expanded and improved.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13547			
<b>Mechanism Name:</b> Catholic Relief Services/HRSA Track 1 follow on			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount





Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13548</b>	<b>Mechanism Name: HCSM (Formerly Strengthening Pharmaceutical Systems)</b>
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

<b>Total Funding: 3,500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	3,500,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

SPS-MSH

Goals and Objectives

Under COP 2010, SPS approach to TA will involve deliberate and participatory inclusion of GOK counterparts to ensure buy in and sustainability. SPS capacity building efforts will also target strengthening of local partners such as Universities, Kenya Medical Training College, Professional and accrediting bodies. MSH/SPS will provide technical assistance and support to GOK counterparts and stakeholders under the following broad technical objectives.

Objective 1: To support access to medicines by providing technical leadership and assistance in pharmaceutical management system strengthening.

One of the key goals of GOK and USG is to improve access and use of high quality and efficacious medicines for prevention, care & treatment. To achieve this, constant and uninterrupted supply of medicines to sites is crucial. SPS Technical Assistance will aim to improve supply chain efficiency, rational use, commodity quality, system capacity, information management and improved supply chain and logistics monitoring & evaluation. MSH/SPS will provide support to National commodity security working groups. MSH/SPS will provide technical assistance to key organizations in the area of commodity quantification & forecasting, procurement planning, distribution resource planning, human capacity development, commodity supply chain operations management strengthening, Pharmaceutical/MIS and M&E.

Objective 2: To improve the capacity of GOK and Non-GOK institutions for pharmaceutical management.

To address existing HR and institutional pharmaceutical management issues, MSH/SPS will provide targeted training at national and regional levels. These trainings will be undertaken using a variety of approaches including pre-service, in-service, OJT, mentorship, apprenticeships and facility based



performance improvement approaches such as MTP. Institutionally, MSH/SPS will continue to provide manual and electronic commodity management tools, SOPs, user handbooks, flow charts and job aids. SPS will continue to support GOK with commodity decentralization and task shifting initiatives in line with Health Sector Strategic and Reform Plans. SPS will continue to work with institutions and systems that are charged with the role of ensuring the quality of pharmaceutical services.

**Objective 3: To strengthen the pharmaceutical and logistics information management systems (P/LMIS) in support of priority GOK Health programs**

USG and other donor-supported parallel health programs have continued to rely on the Logistics Management Unit (LMU) as a source of access and use commodity management data. In particular, LMU database provides routine data for decision making in support of priority prevention and treatment programs such as HIV/AIDS, TB/ Leprosy, Malaria, Reproductive health and laboratory commodities. Under COP 2010, MSH/SPS will continue to support LMU routine operations including the maintenance the database that tracks nationwide usage of priority commodities. Information maintained by the LMU will continue to inform KEMSA and user departments in commodity re-supply decisions and commodity security issues.

**Objective 4: To provide technical support for commodity management activities in support of TB/HIV activities undertaken by the Division of Leprosy, TB and Lung Diseases (DLTLD).**

The national TB & Leprosy program's main activities focus on DOTS expansion, active case detection, and more recently TB/HIV collaboration and services. MSH/SPS will continue to support the DLTLD centrally by providing technical assistance to MOH/DLTLD activities aimed at strengthening TB Commodity Supply chain in order to improve access to and use of quality pharmaceutical products in support of TB management and TB/HIV services. MSH/SPS will also support the peripheral TB/HIV activities by strengthening the institutional and human resource capacity for TB/HIV commodity management practices. This will include but not limited to trainings, support to development and implementation of various tools and job aids, new approaches for support supervision, provision of tools for reporting on TB commodity use among others.

**Objective 5: To increase the capacity of GOK to improve access to and provision of quality medical laboratory services.**

Quality laboratory services for diagnosis and monitoring is an important determinant for success of a national HIV/AIDS program. In many instances, the laboratory has been found to be the rate limiting factor to treatment and prevention programs.

MSH/SPS will continue to work with GOK and USG partners to improve laboratory commodity management with particular emphasis of the revision and implementation of a National Laboratory Policy and Strategic Plan.



Linkages to Partnership Framework

GOK health commodity projection, procurement, warehousing, and distribution systems each increased from 16 mutually-agreed baselines and in a manner that builds on Millennium Challenge Corporation Threshold Program

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

Impact/End-of-Program Evaluation

**Budget Code Information**

<b>Mechanism ID:</b> 13548			
<b>Mechanism Name:</b> HCSM (Formerly Strengthening Pharmaceutical Systems)			
<b>Prime Partner Name:</b> Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,000,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	2,000,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13550</b>	<b>Mechanism Name: Implementation and Expansion of Blood Safety Activities in Kenya</b>
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

<b>Total Funding: 2,700,000</b>	
Funding Source	Funding Amount
GHCS (State)	2,700,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Health Related Wrap-around issues

NBTS will contribute to: child survival, malaria and safe motherhood. Improved access to safe and adequate blood especially in pediatric packs is important in improving child survival especially because some infant mortality is related to anemia due to malaria, malnutrition, worms or other causes. Blood or red blood cells concentrate are important therapies in anemia caused by malaria which is a common complication. Adequate safe blood is critical in averting deaths related to childbirth since maternal hemorrhage is a major contributor to maternal mortality thus compromising safe motherhood. NBTS will



also contribute to human resources for health since some of the activities will be direct training of the staff or participation in scientific conferences.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	500,000
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**Key Issues**

- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood

**Budget Code Information**

<b>Mechanism ID:</b> 13550			
<b>Mechanism Name:</b> Implementation and Expansion of Blood Safety Activities in Kenya			
<b>Prime Partner Name:</b> National Blood Transfusion Service, Kenya			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	2,700,000	
<b>Narrative:</b>			
None			

**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				380,232		380,232
ICASS				2,680,000		2,680,000
Institutional Contractors				450,000		450,000
Management Meetings/Professional Development				300,000		300,000
Non-ICASS Administrative Costs				1,728,923		1,728,923
Staff Program Travel				274,440		274,440
USG Staff Salaries and Benefits				6,413,802		6,413,802



<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,227,397</b>	<b>0</b>	<b>12,227,397</b>
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**U.S. Agency for International Development Other Costs Details**

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		380,232
ICASS		GHCS (State)		2,680,000
Management Meetings/Professional Development		GHCS (State)		300,000
Non-ICASS Administrative Costs		GHCS (State)		1,728,923

**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				50,000		50,000
ICASS				172,817		172,817
Institutional Contractors				1,250,000		1,250,000
Management Meetings/Professional Development				89,000		89,000
Non-ICASS Administrative Costs				300,000		300,000
Staff Program Travel				121,693		121,693
USG Staff				74,000		74,000





Salaries and Benefits						
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,057,510</b>	<b>0</b>	<b>2,057,510</b>

**U.S. Department of Defense Other Costs Details**

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		50,000
ICASS		GHCS (State)		172,817
Management Meetings/Professional Development		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				903,183		903,183
ICASS				1,049,973		1,049,973
Institutional Contractors			400,000	150,000		550,000
Management Meetings/Professional Development			250,000	109,799		359,799
Non-ICASS			1,252,340	2,578,741		3,831,081



Administrative Costs						
Staff Program Travel			625,000	280,214		905,214
USG Staff Salaries and Benefits			5,593,660			5,593,660
<b>Total</b>	<b>0</b>	<b>0</b>	<b>8,121,000</b>	<b>5,271,910</b>	<b>0</b>	<b>13,392,910</b>

**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)		903,183
ICASS		GHCS (State)		1,049,973
Management Meetings/Professional Development		GAP		250,000
Management Meetings/Professional Development		GHCS (State)		109,799
Non-ICASS Administrative Costs		GAP		1,252,340
Non-ICASS Administrative Costs		GHCS (State)		2,578,741

**U.S. Department of State**

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total



ICASS				170,000		170,000
Management Meetings/Professional Development				54,500		54,500
Non-ICASS Administrative Costs				19,000		19,000
Staff Program Travel				33,000		33,000
USG Staff Salaries and Benefits				187,525		187,525
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>464,025</b>	<b>0</b>	<b>464,025</b>

#### U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		170,000
Management Meetings/Professional Development		GHCS (State)		54,500
Non-ICASS Administrative Costs		GHCS (State)		19,000

#### U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Management Meetings/Professional Development				20,000		20,000



Non-ICASS Administrative Costs				400		400
Peace Corps Volunteer Costs				616,353		616,353
Staff Program Travel				12,000		12,000
USG Staff Salaries and Benefits				188,000		188,000
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>836,753</b>	<b>0</b>	<b>836,753</b>

### U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Management Meetings/Profession al Development		GHCS (State)		20,000
Non-ICASS Administrative Costs		GHCS (State)		400