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AIDS in Kenya:
Background, Projections, Impact and Interventions

Edited by:
GM Baltazar, J Stover, TM Okeyo, BON Hagembe, R Mutemi, C H O Olola

Fifth Edition, 1999

HIV/AIDS in Kenya
Itinerary for Sandra Thurman Team
January 19-22. 2000

Wednesday, January 19

Team arrives: 1855, Air Tanzania Flight 732
Control Officer: Neen Alrutz, USAID, home telephone: 254-2-521736
Hotel: Grand Regency, telephone: 254-2-211199, 228820

evening: free

Thursday, January 20

0900 – 1030 Mother-to-child transmission clinical trial, Kenyatta National Hospital, Department of Pediatrics *(main group departs hotel at 0840 accompanied by Neen Alrutz)*

0930 - 1015 Meeting with the Minister of Health, Dr. Sam Ongeri and staff, AFYA House *(Ms. Thurman, accompanied by Dana Vogel, Lee MacTaggart and, possibly, Dr. Kevin DeCock, depart hotel at 0900)*

1030 – 1130 Meeting with media executives from major Kenyan newspapers, Barclay's Plaza, 4th floor conference room *(attended by Ms. Thurman and Ambassador Carson)*

1130 – noon Press conference, Barclay's Plaza, 4th floor conference room *(attended by entire group and USAID representatives)*

1230 – 1400 Lunch at Ambassador and Mrs. Carson's residence *(depart Ambassador's residence by 1415)*

1430 – 1600 Society for Woman and AIDS in Kenya and Kenya Voluntary Women's Rehabilitation Centre

1615 – 1700 Population Services International. Visit condom social marketing outlets in Eastleigh, an urban slum

evening free

Friday, January 21

Day trip to Mombasa: The purpose of the trip will be to meet with key project staff, from both Family Health International/IMPACT and Pathfinder's community-

based care and support project, COPHIA, and their highly involved government partners and visit several of the target groups in Kisauni, an urban slum.

5:45 Leave hotel for airport
7:00 Plane departs Nairobi
1700 Plane departs Mombasa
1800 Plane arrives Nairobi

evening free

Saturday, January 22

Note: The Embassy has requested a meeting with President Moi or Vice President Saitoti on Saturday. Ms. Thurman and the Ambassador would attend.

0845 Depart hotel for Lea Toto program

0915 - 1230 Launch of *Lea Toto* Outreach Program of Nyumbani (Kangemi and Karen)

afternoon Shadow Minister of Health, Mr. Norman Nyaga (phone 221291), has requested a meeting with Ms. Thurman. This will be scheduled after her arrival.

No other activities are planned for the group; however, a USAID vehicle will be available for transportation as needed.

2030 Pick up at hotel by USAID vehicles; depart for airport

2305 Depart Nairobi, NW 8566

See attached background papers for descriptions of individual site visits.

To: Neen Alrutz@USAID.PHD@NAIROBI
From: "Christopher Scharf" <csf@usis.africaonline.co.ke>
Cc:
Subject: Fwd: Media Executives against AIDS
Attachment: Headers.822
Date: 01/19/2000 7:40 AM

TO: Neen Alrutz **January 18, 2000**

FROM: Chris Scharf

SUBJECT: Meeting of media executives with Sandy Thurman

The following is the list of 14 media executives that we plan to invite to the meeting with Sandy Thurman on Thursday morning (10:30):

KENYA BROADCASTING CORPORATION (KBC):
Simeon Anabwani,Managing Director
Kipserem Maritim, Editor in Chief

NATION:
Wilfred Kiboro, Chief Executive, Nation Media Group
Wangethi Mwangi, Group Managing Editor, Nation Media Group

STANDARD/KTN:
Wachira Waruru, Group Managing Editor
Isaiya Kabera, Head of News, Kenya Television Network

KENYA TIMES:
Wilson Kibett, Executive Chairman, Kenya Times Media Trust
Amboka Andere, Editor in Chief, Kenya Times Media Trust

THE PEOPLE
Ivy Matiba, Managing Director
George Mbugguss, Editor in Chief

CITIZEN RADIO/TV:
Karanja Njoroge, Managing Director
Herman Igambi, Head of News

CAPITAL FM:
Linda Holt, Managing Director

FAMILY RADIO/TV:
Leo Slingerman, Managing Director

Index for briefing book for Sandy Thurman team

1. Itinerary for team visit
File name: "Overview itinerary"

2. Brief on mother to child transmission site visit
File name: "KNH visit – background"

3. Brief on SWAK site visit
File name: "SWAK background"

4. Background information for Population Services International site visit
File name: "PSI description"

5. Background information on HIV/AIDS implementing agencies in Mombasa and schedule for Mombasa site visit
File name: "Mombasa background"

6. Brief on Single Mothers' Group in Kisauni
File name: "Single Mothers background – Mombasa"

7. Brief on ARTNET Waves Communications
File name: "Artnet waves background"

8. Brief on Kisauni Health Center
File name: "Kisauni Health center background"

9. Brief on Lea Toto site visit and schedule for site visit
File name: "Lea Toto background"

10. Guest list for lunch at Ambassador Carson's residence
File name: "guest list – lunch"

11. Summary of USAID's HIV/AIDS program and approach (long version – 7pp.)
File name: "Revised Brief AIDS Program – Jan00"

12. Summary of USAID's HIV/AIDS program (short version – 1 page)
File name: "Facts Kenya's HIV/AIDS program.Jan00"

13. Summary of LIFE Initiative cable and program implications for Kenya (3 pp.)
File name: "Life Made Simple – Jan00"

File: briefing book index

PREVENTING MOTHER TO CHILD TRANSMISSION
BACKGROUND INFORMATION ON SITE VISIT TO
KENYATTA NATIONAL HOSPITAL
JANUARY 20, 2000

Kenyatta National Hospital is one of three sites in Kenya of USAID-sponsored study: *Preventing Mother to Child Transmission (MTCT) of HIV through Integration of Voluntary Counseling and Testing (VCT) in Routine Antenatal Care Services.* The program is recruiting pregnant women to the program, giving health education, counseling and testing and delivering a "minimum package" of services to those testing HIV positive. The group is likely to meet pregnant women, observe group counseling session and talk with program staff from both the Hospital and the University of Nairobi's Department of OB/GYN and other groups implementing this important project.

BACKGROUND: Approximately 20-30 percent of pregnant women in Kenya are infected with HIV, thus exposing a large proportion of infants to the virus. The Horizons project will examine the feasibility of providing HIV voluntary counseling and testing in an antenatal clinic to enable women to make decisions about preventing mother-to-child transmission of HIV. UNICEF will provide the project with AZT and infant feeding formula. Mothers who discover they are HIV positive will be counseled and given options regarding AZT and infant formula.

WHY IS THIS STUDY IMPORTANT? Use of antiretrovirals in low income settings to reduce mother-to-child transmission is an issue which is currently the subject of a highly charged debate throughout Africa and the world. There are a number of related questions which we hope will be answered by this study. These include questions about the acceptability of the interventions, operational concerns and cost.

PURPOSE OF THE STUDY: This multi-site, multi-country study will measure the feasibility of VCT on enabling HIV positive women attending antenatal clinics (ANC) to make decisions about interventions to prevent MTCT, such as the use of AZT and avoidance of breast-feeding. Study objectives are to:

1) measure the effect of the study interventions on reducing mother to child transmission of HIV in the clinic population;
2) measure the effect of the interventions on infant morbidity and mortality in the clinic population;
3) assess the effect of VCT in assisting HIV negative women to protect themselves from infection; and
4) monitor the coverage and quality of implementation of a package of services, the acceptability of the intervention by health staff and patients, client characteristics associated with the adoption of various parts of the package, and

marginal and total costs with the aim of refining the implementation of the intervention and to enhance its potential for replication and sustainability.

PARTNERS IN THE STUDY: Horizons is collaborating with the Network of AIDS Researchers in East and Southern Africa (NARESA) which will be implementing the study in cooperation with the Ministry of Health, UNICEF/Kenya (which is providing financial and technical support), and WHO. There are three study sites: Kenyatta National Hospital (Nairobi), Karatina District Hospital in Nyeri District, and Homa Bay District Hospital in Nyanza Province.

ACTIVITIES UNDERTAKEN TO DATE: Numerous meetings have been held with local partners to review the proposal; with regional partners to develop a training curriculum; with clinical staff to prepare facilities; with MOH and local leaders to explain the study; and with partners to develop a monitoring and evaluation plan in line with revised international guidance.

A training program has introduced health workers, supervisors and community leaders to the purposes of the study and the techniques which will be used, giving the hands-on trainers the opportunity to provide feedback on the course content; training service supervisors; and informing and training community mobilisers. The course covered a variety of topics including epidemiology of MTCT and how to prevent MTCT; how to integrate MTCT interventions in MCH settings; lactation management; infant feeding choices for HIV-infected mothers; care of HIV infected women and their children; counseling to improve provider attitudes and counseling skills; supervision and support of counselors, including the management of burnout. The course also addressed community mobilization including understanding the community; psychosocial aspects of MTCT in the community; advocacy; communication and partnerships.

CONCLUSION: We believe this study has important regional and global implications. We hope and expect that it will produce information needed for making informed choices and for the development of a best practice in providing VCT and MTCT prevention in resource constrained settings.

File: KNH visit - background

SOCIETY FOR WOMEN AND AIDS IN KENYA (SWAK)
BACKGROUND INFORMATION ON THE SITE VISIT TO SWAK AND THE KENYA VOLUNTARY WOMEN'S REHABILITATION CENTRE
JANUARY 20, 2000

The Society for Woman and AIDS in Kenya (SWAK) has a nationwide membership of individuals and organizations interested and engaged in empowering women and girls to protect themselves against HIV/AIDS, providing care and support to infected persons, and advocating for effective and compassionate HIV/AIDS-related policies and programs. USAID support will improve SWAK's capacity to help women to network and train them in community-based are and advocacy, particularly in IMPACT's five priority communities: Mumias, Webuye, and Busia in Western province, Nakuru and outskirts in Rift Valley and Mombasa in Coast Province.

During the site visit, the SWAK founder and chairwoman would give a brief history of the organization in Kenya and its current status.

The Kenya Voluntary Women's Rehabilitation Centre (KVWRC). KVWRC was founded in 1992. The centre provides services focusing on enabling highly vulnerable women (sex workers) to protect themselves and their families through socio-economic empowerment initiatives. he centre also provides services and support to girls who have been victims of sexual abuse, including care for girls who are HIV-positive.

KCWRC's networking with SWAK, which is primarily funded with USAID resources, illustrates the potential impact of U.S. funding beyond the confines of recipient organizations -- the most important one being to respond to all levels of need, from prevention among the uninfected to caring for the infected to supporting survivors (widows and orphan support).

File: SWAK background

POPULATION SERVICES INTERNATIONAL
BACKGROUND INFORMATION FOR SITE VISIT IN NAIROBI
JANUARY 20, 2000

Population Services International (PSI/Kenya) is a non-profit, non-governmental organization that has been operating in Kenya since 1990. USAID/Kenya currently has a $3.8 million cooperative agreement with PSI/Kenya, extending from 1 April 1998 through 30 June 2000.

PSI uses social marketing as a communications tool to promote positive behavior change and deliver products for many public health objectives. The current focus of USAID's cooperative agreement with PSI is on the provision of condoms to young people age 15-24 to reduce the spread of HIV/AIDS. An additional goal is to increase the accessibility of modern contraceptives and reduce the cost of the public sector's family planning program. PSI's current objectives are to continue to increase the use of TRUST condoms; to improve the impact of a "generic" marketing campaign promoting condom use generally; and beginning the social marketing of hormonal contraceptives.

Product and packaging: PSI currently distributes condoms which are currently manufactured in India and provided through DFID. They are locally packaged into a cardboard pack containing three condoms. The consumer price of a 3-pack is Ksh 10 (about $0.13). The package design was introduced after pre-testing with focus groups of people from the intended market. Dispensers holding 24 3-packs (72 condoms) are distributed to the retail level.

Sales: PSI has 10 sales zones in which regional sales managers supervise 110 commission-only retail sales staff known as micro-distributors. The retail staff buys TRUST condoms from commercial sub-distributors and sells them directly to kiosks, dukas, bars, and other non-traditional outlets in their areas. Efforts to both start and maintain sales in existing private retail outlets have played an important role in the expansion of TRUST sales. Wholesale pharmacies also distribute TRUST condoms to retail pharmacists and chemists, as they do with other products stocked by these outlets.

Marketing Operations: PSI runs an advertising campaign that targets the 15-24 year age group. This campaign is "hip" and encourages youth to talk about their options for avoiding HIV/AIDS. Advertisements feature attractive young couples, contemporary music, and bold layouts. TRUST messages are disseminated through both electronic and print media.

PSI is launching a new mass media campaign that consists of both branded TRUST advertisements as well as generic spots that promote condom use. New material for TRUST branded advertising includes one 60 second TV spot and 11 radio spots. The new material differs primarily in its extensive use of both Kiswahili and "Sheng", a

mixture of Kiswahili, English, and American hip-hop. The TV spot, shot in the style of Will Smith's "Miami" pop video, is currently running on KBC and KTN. PSI recently produced three generic videos and five generic radio spots. These spots address the "trusted partner problem," which leads to low or non-use of condoms. This "trust" is due to a number of factors, such as the length of relationship, family background, and lack of any sign of illness. The three themes that PSI addresses are: a) you cannot tell who has HIV/AIDS; b) your partner has a sexual history; and c) you are connected to that history, and could be infected, if you do not use a condom.

Mass media activities are supported by TRUST special events and merchandising at the "grass roots" level. The special events campaign consists of both sporting and musical activities. Sporting events include both local and national level soccer tournaments and cycle races. The events are important because many people in the target market (the 15-24 year old age group) participate in or actively follow sports.

Merchandising activities consist of the distribution of point-of-purchase materials and outdoor advertising. Point-of-purchase materials currently in circulation include "TRUST Sold Here" stickers, bumper stickers, t-shirts, caps, shelf stickers, drink coasters, and posters. Outdoor advertising consist of billboards, which are positioned along strategic routes, wall paintings, and metal signs that are placed on kiosks and dukas.

Media Relations: The media department plays an important and innovative role in the program. The full-time media liaison person regularly meets with journalists, editors, and managers of all the major media in order to assure that HIV/AIDS messages are accurately and adequately reported. The media strategy has proven to be extremely effective at minimizing much of the misinformation that was previously disseminated about condoms. The media department also assures that our special events are covered in the mass media. This has the effect of amplifying small, local events into national events seen or heard by millions of Kenyans nationwide. Finally, the media department has succeeded in securing free or highly concessional air and production time from media.

Results

Monthly TRUST sales have grown from 175,000 units on average in 1995 to 1.4 million in November 1999. TRUST condoms are now known and available throughout Kenya, as shown in the 1998 KDHS and various PSI surveys. They are once again advertised on national TV and radio (after the Government of Kenya banned such advertising on TV from November 1995 – January 1998), and are sold in 33% of all retail outlets in urban and peri-urban areas. Among 15-25 year old condom users 61% use TRUST all or most of the time, showing youth's loyalty to the TRUST brand.

File: PSI description

BACKGROUND INFORMATION ON USAID/KENYA'S IMPLEMENTING AGENCIES IN MOMBASA JANUARY 21, 2000

The purpose of the field visit to Mombasa will be to meet with key project staff from Family Health International's IMPACT project and Pathfinder's community-based care and support project, COPHIA. In addition, the group will meet USAID's government partners and visit with a group of highly vulnerable women -- self-identified as single mothers -- in Kisauni, an urban slum. Several hundred such vulnerable women have organized into groups and will soon be beginning an intensive peer education intervention. The group will also visit Coast Provincial Hospital and a local clinic in Kisauni that provides both voluntary counseling and testing and tuberculosis services. Finally, Artnet Waves youth group and a Bamako Initiative group will give short demonstrations of their AIDS education-oriented performances. The performances will be a combination of drama, song, and dance with messages and a delivery style that is attractive to young people in the neighborhood.

The COPHIA and IMPACT complementary activities which are being undertaken in several of the *same* locations represent USAID/Kenya's efforts to address the prevention-to-care continuum in a very practical way. USAID hopes that this collaboration, initially in two areas will lead to a more focused HIV/AIDS program that will provide a more complete package of prevention, care and support initiatives.

Overview of IMPACT Project in Mombasa

Mombasa was selected as an IMPACT priority community site based on high HIV prevalence rates and programmatic need. In the initial phase of the project IMPACT is focusing on Kisauni division. With such a focus, IMPACT aims for programmatic intensity in both intervention mix and geographic coverage. Community outreach to female sex workers, employed adults with a focus on men, and women and youth community members generally – is the programmatic centerpiece of IMPACT's priority community strategy. An outreach-centered behavior change communication campaign, relying on radio, print and alternative media, will complement and support intensive peer education and popular outreach. Community-based education will also be linked to improvement of STD case management at health facilities in Kisauni and a voluntary testing and counseling service. Referral of affected individuals and families to existing clinical (e.g., at Coast General) and social support services (e.g., supported under COPHIA) will be an element of peer educator training under IMPACT.

Overview of the COPHIA Project in Mombasa

Pathfinder International is the implementing agency for USAID/Kenya community-based program on HIV/AIDS (COPHIA). This three year project, running from June 1999-May 2002, began in September 1999 with the setting up of district offices in Mombasa and Kakamega and the initial introductory visits to the districts. The results expected from this project are improved capacity of local organizations in Mombasa, Kakamega, Busia, Thika and Nairobi districts to manage and implement care, support and prevention services. A second result is improved ability of select communities in the geographic to identify their needs and develop and undertake activities focusing on home-based care and support for those infected with HIV or AIDS and their families.

Schedule for Mombasa:

0545 Depart hotel
0700 Plane departs for Mombasa
0800 Arrive Mombasa
0830 Introductions, tea at FHI-Pathfinder offices
0845 Mombasa HIV/AIDS situation reviewed by Provincial Medical Officer
0900 Briefing on FHI/IMPACT project
0930 Briefing on Pathfinder/COPHIA project
0945 Discussion, questions and answers
1015 Courtesy call on Provincial Commissioner
1100 Visit HIV/AIDS and TB clinics and wards at Coast General Hospital
1200 Lunch
1330 Visit with single mother peer educators in Kisauni
1415 Community drama in Kisauni
1515 Visit Kisauni clinic site for VCT services and TB preventive therapy
1600 Leave for airport
1700 Plane departs for Nairobi
1800 Arrive Nairobi
1845 Arrive hotel

File: Mombasa background

SINGLE MOTHERS' GROUP IN KISAUNI
BACKGROUND INFORMATION ON SITE VISIT IN MOMBASA
JANUARY 21, 2000

With the assistance of the International Reproductive Health Center (IRHC), a key IMPACT partner, more than a hundred highly vulnerable women ("home-based" sex workers who prefer being referred to as single mothers) have organized into self-help groups in Kisauni. Using a "snowballing" methodology effective for contacting marginalized community members, the IRHC coordinator has worked intensively with these women over the past three months in preparation for launching a peer education program. Because of the stigma attached to sex workers in Mombasa, the process of helping them mobilize has required sensitivity and caution, with the women themselves and in the community more generally. Although the women have only recently formed groups, they have begun preliminary peer-to-peer education and support. The Thurman team will meet with women from each of the IMPACT zones in Kisauni who have been selected for peer educator training (scheduled for early February).

File: Single Mothers background - Mombasa

ARTNET WAVES COMMUNICATIONS
BACKGROUND INFORMATION ON SITE VISIT TO MOMBASA
JANUARY 21, 2000

Artnet in Mombasa

Artnet Waves Communications leads a youth-centered outreach program that draws upon young people's talents and energy to promote social action against the spread of HIV/AIDS. With support from USAID/Kenya, Artnet Waves recently expanded its program to Coast province. This expansion is being intensified under the IMPACT project, which is enabling Artnet to work with several new youth groups in Kisauni. Sixteen groups have been mobilized in Kisauni in the first three months of project start-up.

History and approach

Artnet Waves Communications leads a youth-centered outreach program that draws upon young people's talents and energy to promote social action against the spread of HIV/AIDS. With financial support from USAID/Kenya and technical assistance from Family Health International, Artnet has expanded from its beginnings in 1994 when it organized a two-day drama group festival in Nairobi. Today, through its Nairobi-based staff and trained regional coordinators, Artnet manages an ongoing outreach service with nationwide coverage. It currently works with 250 youth performance groups throughout Kenya.

The program uses *Theatre for Development* techniques to engage Kenyan youth in animated and frank public discussions related to sexual risk and other urgent social themes. The Artnet approach is emphatically for youth, by youth. The language, themes, and creative performances – drama, dance, song, narrative, poetry – are shaped by young volunteers and outreach participants. The entire outreach process therefore is carried out on young people's own terms, allowing them to interpret the meaning of HIV/AIDS for themselves and, through dramatic arts, to explore associated values, conflicts and solutions pertinent to their own generation. In concrete terms of HIV/AIDS prevention, Artnet's outreach is helping Kenyan youth to learn sexual responsibility and is providing them with skills they can use to choose a positive and safe sexual life.

Artnet's year-round outreach activities culminate in annual festivals where the youth groups compete for prizes in different performance categories. This high profile event, combined with ongoing community outreach, has seen an extraordinary level of participation -- approximately 60,000 people were reached in 1998 -- and has sometimes resulted in diffusing social resistance to youth interventions. Involvement and commitment to the program by Muslim youth in Coast Province, for instance, helped pave the way for an actively supportive leadership for youth-centered activities.

Building Capacity and Influencing Social Norms

Artnet plays a key role in enhancing youth groups' performance techniques and ensuring accuracy of reproductive health information. However, just as important is the role Artnet plays in stimulating performers and audience members to think critically about widespread assumptions about people living with HIV, gender differences, sexual privilege or other socially-damaging issues. In so doing, Artnet is facilitating a process in which youth in Kenya are publicly confronting such issues as HIV/AIDS-related stigma, gender bias, and sexual coercion. Rather than being passive recipients of HIV/AIDS prevention messages, in the Artnet Waves Communications program young people are leading the way, articulating the issues themselves and promoting solutions to their peers.

FILE: Artnet background

KISAUNI HEALTH CENTER
BRIEF ON THE SITE VISIT TO MOMBASA
JANUARY 21, 2000

The Kisauni Health Center is an important medical resource to the residents of Kisauni. Working with extremely limited facilities, the clinic staff provide a wide range of services to hundreds of patients daily, including TB therapy, immunization, family planning and other basic services. Because of its centrality to health care provision in Kisauni, the IMPACT project (through ICRH) upgrade the clinic to provide voluntary testing and counseling (VCT) services for HIV.

Additionally, Family Health International will support clinic upgrading to introduce a tuberculosis preventive therapy program for HIV-positive individuals. Linkages through patient referral to the Coast General Hospital's HIV and TB clinics will provide a critical clinical support for the VCT and TB services provided at the Kisauni Health Center.

File: Kisauni Health Center background

LEA TOTO PROGRAM
BACKGROUND INFORMATION ON THE SITE VISIT TO NYUMBANI'S ORPHANAGE AND OUTREACH PROGRAM
JANUARY 22, 2000

Lea Toto, a sister project of the Nyumbani Children' s Home, began in late 1999. The program helps communities to deal with the challenge of HIV positive orphans and other children orphaned as a result of the AIDS pandemic, in the slum communities in Nairobi. USAID, through Catholic Relief Service, is supporting the *Lea Toto* program to intensify the community activities in Kangemi, one of Nairobi's slum areas. The project targets 200 HIV positive orphans and their adoptive families for services which include medical care, nutrition, counseling and is involved in advocacy for community participation to reduce stigma and increase acceptance of these children. The Nyumbani orphanage caters for HIV positive orphans from all parts of the country and is used by the *Lea Toto* program as a hospice for the children.

Schedule for the Launch of the Lea Toto program:

0845 Depart Grand Regency and drive through project site in Kangemi
915 Arrive at the Lea Toto program offices
920 Introductions by Master of Ceremony
930 Welcome and speech by local chief
940 Presentation of Lea Toto Program by Lea Toto staff
1000 Discussion with caregivers on their experiences
1030 Presentation of poem by children served by the program
1035 Overview of Children of God Relief Institute (COGRI) by Fr. D'Agostino
1045 Speech and presentation of vehicle by CRS
1050 Remarks by the U.S. Ambassador, the Honorable Johnnie Carson; introduction of Sandra Thurman
1055 Remarks by Ms. Sandra Thurman, Director, White House Office of National AIDS Policy
1110 Vote of thanks by Chairman of Board of Directors of Nyumbani
1115 Refreshments
1130 Departure for Nyumbani Children's Home in Karen
1150 Arrive Nyumbani
1200 Introductions and tour of the Nyumbani Children's Home
1230 Depart Nyumbani

file: Lea Toto background

Guest list for lunch at Ambassador and Mrs. Carson's residence January 20, 2000

Dr. Sam Ongeri, Minister of Health

Prof. Julius Meme, Permanent Secretary

Dr. Richard Muga, Director of Medical Services

Dr. Tom Mboya Okeyo, Programme Manager, NASCOP

Ms. Helena Eversole, Director, Health Programs UNICEF/Kenya

Dr. Warren Naamara, UNAIDS Program Director

Dr. Kevin DeCock, Director, CDC/Kenya

Dr. Davy Koech, Director, KEMRI

Col. Ron Rosenberg, Commander, U.S. Army Research Unit

Mr. Lee MacTaggart, Economics Officer, U.S. Embassy

Mr. Jonathan Conly, USAID Director

Ms. Dana Vogel, Chief, Office of Population and Health, USAID/Kenya

Ms. Neen Alrutz, Senior Health Program Manager, OPH, USAID/Kenya

File: guest list - lunch

USAID/Kenya
AIDS, Population and Health Integrated Assistance Project (APHIA)
HIV/AIDS Activities, 2000 - 2005

I. Development of a new strategy

In May 1998, USAID/Kenya developed a new HIV/AIDS strategy based on the following emerging issues and critical needs identified by stakeholders.

- Epidemiological evidence indicating increased incidence of HIV infection among adolescents and youth but a lack of effective prevention programs for youth in and out of school.
- A new policy environment created by the 1997 *Sessional Paper Number 4* on HIV/AIDS, but there is a continuing need for strengthened leadership from GOK, Ministry of Health (MOH) and NASCOP.
- Significant knowledge about HIV/AIDS but little evidence of behavior change.
- An increasing demand for high quality, confidential voluntary testing and counseling services.
- The availability of new treatments for STIs and opportunistic infections associated with AIDS as well as short-term retroviral therapy to prevent vertical transmission.
- A growing number of people living with AIDS requiring support and care.
- An increasing number of communities willing to respond to the epidemic but needing support and guidance to get started.
- Increasing evidence about the need to integrate HIV/AIDS/STI services with other primary healthcare programs.
- A recognized need for a long-term sustainable approach.

Given the above, USAID/Kenya's new 5-year program was designed to keep the most successful elements of the previous program and add some new elements. Overall, since more than 90 percent of HIV infections are transmitted sexually, USAID will continue to emphasize prevention of sexual transmission through maintaining the successful condom social marketing program, undertaking management of STIs in integrated FP/MCH settings, including the workplace, and taking a new and focused look at behavior change interventions. Support for policy and advocacy interventions will continue. A new direction for USAID support, based on overwhelming stakeholder consensus, was to undertake activities focussing on home-based care and support for those infected with HIV or AIDS and their families. A second new direction for USAID, based on concerns that people need confidential information about their HIV status, will be to support expansion of voluntary counseling and testing services (VCT) in selected sites.

II. Planned and on-going HIV/AIDS activities

A. National and district level prevention and behavior change activities. This program began in August 1999. It is funded through at a level of $2.5 million annually, for five years. Family Health International (FHI), through its USAID/Washington IMPACT Project, will carry out programs at both the national level and in targeted priority communities. At the national level, programs will include:

- Mobilizing private and parastatal businesses to develop supportive policies and prevention and care programs for workers in the workplace.

- Supporting existing networks to provide leadership for HIV/AIDS prevention and care, including church-affiliated groups or groups representing persons living with HIV/AIDS (PLWHA).

- Improving blood safety through development and dissemination of a national blood policy and support to the MOH to improve the National Blood Transfusion Service.

- Strengthening serological and behavioral surveillance through supporting the MOH to improve the HIV sentinel surveillance system; conducting and disseminating results of behavioral surveillance surveys.

- Improving voluntary counseling and testing (VCT) through developing a training curriculum; assessing and recommending HIV testing protocols for VCT services and updating national guidelines on HIV VCT.

- Supporting prevention and care through small scale grants for research and interventions.

FHI/IMPACT will also undertake intensive programming in selected priority communities which include Western Province (Mumias, Webuye, Busia); Rift Valley Province (Nakuru municipality and outskirts) and Mombasa municipality. Priority community projects will involve both targeted and general population interventions. Target populations will include all sexually active adults and youth. There will be different strategies based on the kinds of socio-cultural, economic and other characteristics within each target site, i.e., sugar plantations, border towns, large factory settings, and high rates of commercial sex. In general, interventions in priority communities will include:

- Baseline and follow-up STI prevalence surveys and behavioral data collected from workplace and community-based samples.

- Activities to create a supportive environment for personal behavior change such as locally relevant communication campaigns; increased access to HIV materials and information through local resource centers and activities to reduce the presence of high risk situations.

- Activities to improve community outreach through peer motivation, participatory meetings and community theater targeting workforces, sex workers, women and youth.

B. Community-based AIDS prevention, care and support. This activity began in September, 1999. The funding level is $2 million over 3 years. Pathfinder and its collaborating partners, Population Services International, K-MAP and Family Planning Private Sector/Kenya, will carry out the program through a direct grant from USAID/Kenya which was bid competitively in March 1999. Under the program, Pathfinder proposes to improve the ability of local communities to identify their needs and to develop and carry out activities focused on home-based care and support for PLWH/As and their families. Pathfinder will work with local partners in targeted communities to improve their capacity to manage and implement care, support and prevention services. The program activities will be undertaken in Western Province (Siaya, Busia and Kakamega), Central Province (Thika) and Mombasa municipality and environs.

C. Policy and advocacy. The POLICY Project is a USAID/Washington-contracted project. The Kenya workplan runs from August 1998 through September 2000. It is funded through USAID/Kenya field support at an anticipated annual level of about $250,000 for HIV activities. The POLICY Project HIV/AIDS activities in Kenya are designed to help overcome key policy constraints which might limit or slow down the implementation of the national AIDS control program; to develop institutional capabilities in the National AIDS and STD Control Program and build capacity of AIDS NGOs in analytical and advocacy skills; and to contribute to the strategic planning and implementation planning process in Kenya. Key activities are to:

- Develop an advocacy strategy and training program for promoting HIV/AIDS prevention education for adolescents.
- Support implementation of the *Sessional Paper on AIDS*, including working with parliamentarians and training government leaders and senior officials to present the elements of the Sessional Paper to their colleagues.
- Strengthen the HIV/AIDS sentinel surveillance system to improve monitoring of the epidemic, increase support for the national system and increase awareness of the HIV/AIDS situation in the districts.
- Build national-level capacity to improve analysis of sentinel surveillance data, prepare advocacy materials and undertake epidemiological projections.
- Build capacity with district-level and networking institutions to provide leadership for AIDS prevention and care.
- Support networking institutions to provide leadership for HIV/AIDS prevention/care.
- Assist the GOK to identify gaps in research and prioritize research needs.

D. Operations research. The Population Council's Horizons Project is a five-year contract with USAID/Washington, and is primarily funded by our AID/W. The Kenya program will be implemented from 1997 through 2002. Horizons will undertake practical, field-based, program-oriented operations research. The research outcome is hoped to be identification of best practices for reducing the risk of acquiring HIV; preventing and managing STIs; developing strategies for policy analysis and advocacy; providing care and support; ensuring community participation and enhancing integration. In Kenya, activities are geared to issues of concern under APHIA and planned in collaboration with the mission. The research underway or planned includes:

- Assessment of counseling and testing as well as care and support centers in Nairobi. This was a joint Horizons/FHI activity, completed in 1999.
- Preventing mother-to-child transmission of HIV through integration of voluntary counseling and testing (VCT) in routine antenatal care services.
- Social marketing of STI drugs.
- Exploring the uptake and utilization of the male condom in Kenya.
- Integrating VCT in adolescent health services in Kenya.
- Collaboration with the National AIDS/STD Control Program (NASCOP) and the POLICY Project to develop a national research agenda.

- Exploring community issues that affect demand for VCT.

- Developing standards and guidelines for counseling in VCT.

E. Condom social marketing. The current cooperative agreement with Population Services International (PSI) began in March 1997 and will end in June 2000, when a new mechanism to undertake social marketing in Kenya will be competed. Its funding level is approximately $1 million/year. The PSI social marketing program began in June 1990 and over the past nine years has steadily increased he marketing and distribution of TRUST condoms. Generic advertising to inform people about the safety of condoms and a new "trusted partner" advertising campaign is underway. Currently PSI is marketing condoms nationwide with sales of about 1 million per month. Other products including hormonal contraceptives (pills) and injectables. Other products, including mosquito nets, weaning foods and safe delivery kits are under consideration to be socially marketed.

F. Other activities.

1. Centers for Disease Control/KEMRI. USAID is providing $300,000 to CDC/KEMRI in Kisumu to undertake a 2-year follow-on study to ongoing research of placental malaria infection and vertical transmission of HIV. The study will help define for HIV-positive children a number of healthcare issues that can be addressed in limited resource settings. The study cohort combines information on infant feeding practices, additional HIV transmission occurring through breastmilk, growth parameters, and the incidence of diarrheal disease. It therefore provides an excellent setting to further assess the appropriate balance between the potential benefit and risks of breastfeeding compared to alternate infant feeding strategies. This is a key issue which policy makers in many African countries are struggling with as they attempt to make difficult decisions about setting policies for HIV-infected mothers and breastfeeding.

2. Family Health International/Population Program. As HIV infection and sexually transmitted diseases continue to increase in prevalence in Kenya, there have been calls for greater levels of integration between FP and STD services in both clinical and outreach settings. Expanding the contraceptive mix to include a larger array of barrier methods in general and female-controlled methods in particular (such as the female condom, spermicides, and the diaphragm) may enhance the ability of women to protect themselves against unwanted pregnancy and sexually transmitted diseases. FHI is undertaking several activities related to this concern. They include: modeling research on the demographic, epidemiologic and cost implications of moving toward a method mix which relies more heavily on barrier contraceptives; research on dual method use; and an intervention trial on the female condom.

3. Orphans and vulnerable children. Children in Kenya are being affected by HIV/AIDS in a variety of ways: infant and child mortality have increased and are expected to eventually double or triple. Many infants are born HIV positive. Some infants born to HIV positive mothers are abandoned. Approximately 10 percent of all children are living in families where a member is HIV positive. They may eventually need to care for the dying family member and as a result of the death will suffer economic declines, which will affect their health status and educational possibilities, at a minimum.[1] In cases where the extended family is not able to care for children who lose parents to AIDS or other diseases, these children may end up on

[1]Draft report: *Orphan Programming in Kenya: Building Community Capacity to Manage Comprehensive Programmes for Prevention, Care and Support*, USAID/Unicef Joint Assessment, April, 1999.

the street. The numbers of children needing care and protection is already very large and will grow as AIDS deaths escalate. NASCOP estimates that by 2000 580,000 children will have lost their mothers. Other estimates[2] suggest that the figure of maternal orphans could reach 780,000 by 2000 and increase to 1.2 million by 2005. Clearly, this is a situation requiring an urgent, concerted response by government and donors.

Based on the emerging crisis in AIDS orphans, USAID/Kenya, working with UNICEF/Kenya, supported an orphans' assessment in March 1999. While recommendations of this assessment have not yet been thoroughly reviewed by OPH, they will be undoubtedly be useful in helping the mission better plan for future activities to address the increasingly difficult issues of AIDS orphans and vulnerable children in Kenya. Further, HIV/AIDS-earmarked funds from USAID/Washington made it possible to increase by $500,000 the amount available for the community-based RFA recently awarded, raising the total from $1.5 million to $2 million. USAID also received HIV/AIDS-earmarked funds for the U.S. nongovernmental or organization, Catholic Relief Services, to provide technical assistance and a $250,000 grant to a local NGO involved with AIDS orphans. The purpose of the grant is to increase the capacity of the local NGO to work with local communities in caring for orphans and other vulnerable children thereby keeping them out of institutions.

4. Tuberculosis. The co-existence of HIV and TB are a lethal combination, each speeds up the progress of the other. TB is the most common opportunistic infection in developing countries, occurring in 40 to 60 percent of the HIV infected.[3] And, according to WHO statistics, TB accounts for almost one-third of AIDS deaths worldwide. This is a serious problem, not only because those HIV positive persons infected with TB are more likely to become seriously ill with TB or other opportunistic illnesses, but also because TB is infectious through casual contact -- which means that HIV uninfected family members are at risk of TB. Further, drug resistant strains of TB are making it more difficult and expensive to treat TB.

To date, USAID/Kenya has not undertaken programs in TB prevention, monitoring or treatment. However, given the increasing costs, both human and financial, of the mounting

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[2] POLICY Project, March 1999.

[3] *Confronting AIDS: Public Priorities in a Global Epidemic*, World Bank, 1997

TB epidemic in Kenya, and USAID's new strategy in community-based care and support USAID will continue to seek funding to undertake activities in Kenya targeting TB and HIV/AIDS.

5. Blood Safety. It is estimated that between 5 and 10 percent of all HIV transmissions in developing countries are acquired through blood transfusion. In Kenya the precise numbers are not known. However, as the prevalence rises throughout the country, the need for accurate blood testing becomes increasingly important, both in order to be certain of transfusing only HIV negative blood and in order to be able to give accurate results to those who request HIV counseling and testing.

A key finding of the 1998 HIV/AIDS design was that there is an urgent need for actions to be taken to improve the blood transfusion policies and programs in Kenya. This is not a new finding. As early as 1994, WHO assisted the Government of Kenya to review its blood transfusion activities. The resulting report and subsequent assessments and reports by UNAIDS, CDC and others have reached the same conclusions. However, lack of clear policies, lines of authority, funding and other issues have resulted in almost no improvement. Reforming blood safety in a country as large as Kenya is a costly proposition. Depending on the system adopted, estimates of the cost of blood safety reform have been as high $10 million over 5 years (about $2 million a year). Since USAID HIV/AIDS funding was limited, as a first step, USAID will assist the GOK in taking the first step to address the problem--that of developing a blood policy. In addition, as a result of funds made available following the August 1998 bomb blast of the American Embassy in Nairobi, USAID will be able to provide additional support to the GOK in revamping its blood transfusion system nationally and in the provincial hospital in Kisumu. This $1 million activity began in August 1999 and will be undertaken by Family Health International over a period of two years. In conjunction with the visit of Secretary of State Madeline Albright in October 1999, $125,000 will be added to this grant. The additional funding would be used to establish a regional blood transfusion center in Mombasa.

III. The Future

In FY2000, USAID/Kenya will receive about $6.5 million for HIV/AIDS activities. This includes funds from the LIFE Initiative, the Displaced Children and Orphans Fund (DCOF) and other amounts made available through special USAID/Washington programs targeting HIV/AIDS. These additional funds will provide resources to support several existing programs as well as some new activities. Final decisions will depend on discussions with our government, cooperating agency and NGO partners, and must fit within USAID's current programs and mechanisms. However, possible uses for additional funds are to:

- Increase support to voluntary counseling and testing (VCT) in targeted sites including eventual nationwide social marketing of VCT;
- Increase behavior change interventions targeted to youth;
- Expand geographic focus sites to an additional location in Mombasa and to Kakamega;
- Support the national tuberculosis program in Nairobi and in selected geographic sites;
- Increase support to networking organizations and non-governmental organizations to increase their capacity to help families and children living with AIDS;
- Support the newly-formed, multisectoral National AIDS Council.

- Undertake innovative HIV/AIDS activities in conjunction with a microenterprise organization (KREP) currently working with USAID's Agricultural and Business Enterprise Office.

File: Revised Brief AIDS Program – Jan00
Updated 1/18/00

USAID/Kenya
HIV/AIDS Activities, 2000 - 2005

USAID/Kenya's current program focuses on support for HIV/AIDS prevention and behavior change, policy and advocacy, and community-based care. In FY 2000, the USAID/Kenya budget for HIV/AIDS will be about $6.5 million. This includes funds from the LIFE Initiative, the Displaced Children and Orphans Fund (DCOF) and other amounts made available through special USAID/Washington programs targeting HIV/AIDS.

Prevention and behavior change activities. USAID's programs to date have emphasized the prevention of sexual transmission of HIV. Programs include:

- Mobilizing businesses to develop supportive policies and prevention and care programs for workers in the workplace.
- Supporting existing networks to provide leadership for HIV/AIDS prevention and care, including church-affiliated groups or groups representing persons living with HIV/AIDS.
- Encouraging personal behavior change through promoting condom use and voluntary counseling and testing (VCT); increasing communication campaigns; improving community outreach through peer motivation, participatory meetings and community theater.
- Improving blood safety through assistance to the National Blood Transfusion Service.

Policy and advocacy. Policy and advocacy activities are designed to help overcome key policy constraints which might slow down the implementation of the national AIDS control programs. Key activities are:

- Developing an advocacy strategy and training program for promoting HIV/AIDS prevention education for adolescents.
- Working with parliamentarians and training GOK senior officials to understand the epidemic and become advocates for strong government programs to combat AIDS.
- Building national-level GOK capacity to improve analysis of sentinel surveillance data, prepare advocacy materials and undertake epidemiological projections.
- Building capacity at the district-level and among private sector networking institutions to provide leadership for AIDS prevention and care.

Community-based care and support. The program works with local partners in targeted communities to improve their capacity to manage and implement care and support services for persons with AIDS and their families.

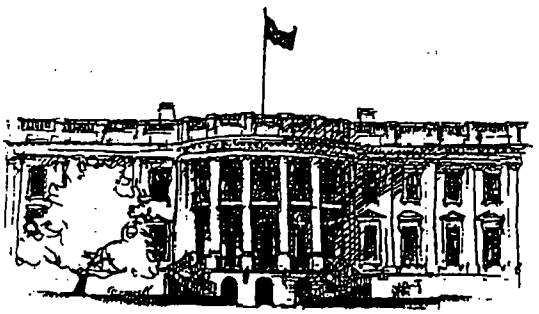
Other programs. USAID has numerous research activities which include defining for HIV-positive children healthcare issues which can be addressed in limited resource settings; preventing mother-to-child transmission of HIV through improved antenatal care services; and adding AIDS counseling and testing to existing health services. USAID also supports a local NGO to work with local communities in caring for orphans and other vulnerable children thereby keeping them out of institutions.

Matthew - pls.
handle . . .
may be a
phone call?

OEOB C. Kenyon

left 2 messages 10/5/00 10/10/00

talked w him 10/11/00



The White House
Presidential Scheduling

TO: S. Thurman

DATE: 9/29

FROM: Carrie Street
184 OEOB/456-5487

 # ATTACHED:

___ Please advise on how to respond	___ For your information	___ For your action
___ As you requested	___ Please call me regarding the attached	___ Please prepare response per instructions below
___ For your approval	___ For Surrogate Consideration	___ Please prepare Scheduling Proposal

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COMMENTS:

Please see request on the last page re: HIV/AIDS education funding.
Please contact me w/ any questions.

Thanks!
Carrie

CC:

9/21 ID SCHEDULING

bc.sc 9/25/00 open ack. ins

Copy to Nat'l Advs Office

From: Paul K Muchori <muchoripa@juno.com> on 09/09/2000 06:42 PM GMT

To: president@Whitehouse.GOV
cc:
Subject: Kenya

From: Rev. Paul Kairu Muchori
Kids Hope Rescue Missions, Int'l.
P.O. Box 12397 Reading, Pa.19612-2397
Tel/Fax (610) 372-7651
E-mail kidshoperescue@hotmail.com

To: William Jefferson Clinton
President of the United States of America

Subject:Republic of Kenya, East Africa

Dear Mr. President,

It is my earnest hope that you will get this message and even more importantly respond to it.

The last time I wrote you was when you were in the political battle of your life during the impeachment proceedings. Then I wrote you for moral support and to let you know that there are many people in this country and more so around the world that believe in you and pray for you. I also reminded you of your promises to those young children and their parents that mobbed you during your tour in Africa. In particular, I would single out your bold admission that we as a civilized society failed to grab the opportunity to prevent or stop the genocide that occurred in Rwanda and later Burundi. Those children are at the same point you left them waiting and hoping since the promise came from you, the President of United States of America. Please make sure that you begin the process to fulfilling those promises even long after you finish your term. I am asking you to be the architect, make the plans and lay the foundation that others will build on.

I also commend you for your boldness in many issues but specifically for the interest you have shown in the inclusion of Africa in the Global social and economic affairs. One of the major setbacks to any efforts to forge ahead is greed for power and corruption. Kenya is a good case in point. The country has declined from a one time thriving and promising young democracy to a total ruin. The people of Kenya have persevered alot in the last twenty years. They have hoped and keep on hoping for a peaceful

change. But that hope now seems more
unrealistic than ever. The people have been pushed to the very end of the cliff and have been stretched to the very
very last limit. The last blow was dealt by the weather. Areas that are traditionally self sufficient with subsistence
food have not had rains for over two years in a row. I know you are aware of some facts since your administration
is assisting some areas with food relief. But we need to do more:
1.Make sure that the relief food is not used to buy votes for the upcoming 2002 general elections.
2.Make sure that funds for the HIV/AIDS is removed from the Office of the President where they will be used to finance
the campaigns.
3.Make all aid tied to human rights observation beginning with the outcome of the investigations into the murder of the
late catholic father Kaiser.
4.Stop the ongoing retrenchment of civil servants because it is only targeting those sympathetic to the opposition.
5.Assist in the so called constitutional reforms which the government intends to hijack to return the country to one
party state or to change the constitution so that the President may be declared to hold the office for life.

Mr. President, I feel the above issues are of importance to the United States of America and crucial to the people
of Kenya. The current government is neither interested nor committed to peace as indicated by the recent incidents of
arson, killings, tribal clashes, political intolerance and general lawlessness and insecurity. That state of affairs, and
full scale civil war would work well for the current regime to prove to the rest of the world that only they can foster peace
and unity. We all know better than to buy to their propaganda. Wars are expensive in human loss and in resources.
Please let us all save Kenya from going down that road. Let us never have to regret what we could have done but did not. We do not need another Somalia, Rwanda, Republic of Congo(formerly Zaire), etc. Let us intervene now. And I
think you are the right man at the right time to begin this process, Why? Because with all due respect to the next President, it will be much more important to settle down in their new position than to deal with what may be viewed by some as an internal matter in a far way third world country. But I hope it means something different to you at this stage in your successful eight years as President of the most prosperous nation on earth, you can spare a minute to think
of the thirty million people being oppressed by a few, the more than three million suffering with AIDS, several millions
untested but believed to be HIV positive, over one and a half million orphans roaming the streets hungry and homeless all that in a country with about 90% unemployment rate. It cannot be much worse.

While I am aware that you are not in a position to cure all the ills in Kenya, there some specific areas that I know that you can help, one of which would be your personal advice. Please let me know that you saw this letter and kindly give

me time to sit with you or a person of your choice to address some of these issues. In the mean time, we have just returned from Kenya on an HIV/AIDS prevention education workshop for secondary school teachers. We are now preparing for a five year HIV/AIDS education project to schools and institutions of higher learning but have no funding.
Since your administration has promised some money for HIV/AIDS programmes in Africa, we would appreciate if we may be considered for funding. We also welcome you to work with us in whatever capacity you may feel comfortable
now or even at a later date.

I thank you for your precious time and pray that God will touch your heart about the issues that I have raised. When I go to Kenya and raise these issues, my fate may very well be like that of Fr.Kaiser or former Bishop Muge but that will not stop me. May God bless you mightily in these your last days of a job well done and may you never forget how He walked with during your loneliest moments. Remember to thank Him always in all things. Kind regards to your family.

In His Service,

Rev. Paul K. Muchori