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OFFICE OF GOVERNMENTAL AND COMMUNITY RELATIONS

MARQUETTE UNIVERSITY

Dr. Wake
Dean of Nursing
Wisconsin
Tom Bennett

TELEFAX COVER SHEET

DATE: Nov. 30, '99

TO: Sandy Thompson, Director
White House - D.S.D. 2 program

FAX # 202 456-2439 Phone # 202 456 2437

FROM: Harold C. Bradley, S.J., Assistant to the Vice President
Governmental and Community Relations
Marquette University

FAX #: 414-288-5936 Phone # 414-288-7491

NUMBER OF PAGES: 4 (Including this sheet)

MESSAGE: (if any) This is a first draft. We are working on the member. Our first question is whether Mombasa, Kenya is where we should begin. Sandy met me at her presentation at Maggie Petito's house.

draft

Go to the People. Live with them, learn from them.
Start with what they know. Build on what they have.
And when the best leaders depart the people will say,
*We have done this ourselves. --- **Ancient Chinese Proverb***

Marquette University College of Nursing, supported by the efforts of USAID, intends to strengthen the capacity of grassroots efforts in secondary and tertiary prevention efforts for Persons with HIV and AIDS. A progressive empowerment project would enhance efforts underway in Mombasa, Kenya, over a two year period, through a combination of structural support and culturally appropriate "Train the Trainer" formatted AIDS education, utilizing local and distance learning methodologies. Multisectoral personnel and institutions would be provide an opportunity to participate to provide an understanding of the link between economic, political and social underpinnings of the AIDS epidemic and ensure that public policy decisions are based on theoretical as well as practical knowledge. It is anticipated the cost of this effort would be approximately 2 million dollars over a two year period.

Rationale for the Program

The AIDS pandemic continues to rage internationally with morbidity and mortality rates affecting the economic and political security of nations. East Africa, impacted by a lengthy presence of the HIV virus and its preference for infecting a community's sexually active income generators, is experiencing the economic and political fallout of extensive mortality rates. International support efforts toward primary prevention and research have been generous but the results are mixed. Missing in many programs are the culturally appropriate methods utilizing the community identified providers of care supported by informed public policy. Additionally, attention to the secondary and tertiary prevention efforts that reduce the AIDS impact are glaringly absent.

The World Health Organization (WHO) in 1978, with a goal of Health for All People of the World by the Year 2000, established guidelines for Primary Health Care calling for multisectoral collaboration for delivery of culturally appropriate essential health care within communities. Inherent in the WHO guidelines is the belief that health is a fundamental human right and communities who effectively implemented basics of the approach, with support from their economic, social and political policy makers, would see improvement in the overall health of their respective communities. The guidelines worked, and many communities began to prioritize and reallocate health within their nations. However, no one foresaw the AIDS pandemic.

International attention to the AIDS pandemic has shifted focus away from Primary Health Care, narrowly focusing resource allocation on a specific disease entity. The shift has caused the overall health of communities to decline. Lost in the international fear was the understanding that implementation of the WHO guidelines, in the face of AIDS, would have significant impact in primary, secondary and tertiary prevention of HIV.

African Nurses provide an extensive array of Primary Health Care within communities. They are versed in the culture of their respective communities, hold provisions of trust and are community members. Yet, nurses are people first, holding many of the same negative attitudes and beliefs about HIV and AIDS reflected by the larger community. Empowerment of Nurses, through

education with attention to attitude and belief systems, would significantly impact the health of communities by improving health access, delivery and reduce the fear of caring for the HIV infected.

Nurses generally are not active in the public policy decisions in East Africa that surround AIDS. Legislators, journalists, and other leaders of social and public policy are poorly versed in the political and economic impacts of the AIDS epidemic. Health, economics, politics and social structure are intertwined. Attention to the linking and education of policy makers with Nurses and other health care personnel could significantly impact the success of AIDS treatment and prevention efforts.

Delivery of AIDS specific Primary Health Care, by African Nurses, with the support of multisectoral policy makers, would allow a relationship between Primary Health Care and the AIDS pandemic to emerge in East Africa. Such a model could reverse the dramatic morbidity and mortality dimensions of the African communities and restore a fundamental human right to besieged peoples.

Ability to Achieve Program Goals:

Marquette University has successfully implemented a Certificate in AIDS Counseling and Patient Management culturally appropriate to East Africa. Sr. Genovefa Maashao, a Nurse Midwife in Mombasa, Kenya completed the Certificate program in 1998. She has returned to Mombasa and with the support of her religious order has begun an AIDS hospice and dispensary. Tenets of the Certificate program include concepts in Primary Health Care applied to HIV prevention and AIDS care, counseling strategies, identification of appropriate local resources and community care initiatives with introductions to program development and management.

The Les Aspin Center is a Marquette University entity based in Washington DC. The Center has a USAID supported program which provides democracy training for African leaders from Kenya and Ghana, to strengthen the capacity of those leaders in managing the affairs of their communities. Faculty of Marquette's College of Nursing have participated in segments of the seminar session, providing cursory education in health issues related to HIV-AIDS. Participants have expressed the need for further and ongoing training in AIDS and it's impact and the need for additional leaders in their communities, who impact policy, to obtain both the theoretical and practical knowledge of HIV [illegible] said that distance education could be effective in the major cities of their

countries.

Distance learning strategies provide an opportunity for ongoing dialogue, interaction with a variety of participants and disciplines, and promotes international collaborations via Internet linkages. Marquette University has successfully implemented distance learning. Expansion of this education delivery style to Africa, utilizing in country support and culturally appropriate trainers, would allow training in place. Established ties with Sr. Genovefa's hospice, the East African Jesuit communities and Les Aspin participants, would be used to avoid duplication of services and utilize NGOs currently immersed in AIDS health care delivery within their communities.

Inherent in the WHO documents are the underpinnings of social justice within and between countries. Education provides one avenue to promote social justice. Marquette University, has a core value in its mission to promote social justice through education.

Faculty Overview:

Marquette University and the College of Nursing provide an array of International educational services and linkages. As a Jesuit Institution, Marquette has linkages with the Jesuit communities in East Africa. Faculty members at the College of Nursing are involved in projects with the International Council of Nurses (ICN) and other international initiatives.

The Project Coordinator for the Kenyan Project would be Karen Ivantic-Doucette, Ms. Ivantic-Doucette is an AIDS Certified Family Nurse Practitioner, who spent a year and a half in East Africa, providing Primary AIDS care to over 6,000 persons. She is well versed in the model of Primary Health Care and the International AIDS epidemic. Having lived in East Africa, establishing community relationships and a sense of cultural sensitivities to HIV and AIDS, provides her with a unique perspective and vision to facilitate this project. She would be assisted by Dr. Margaret Murphy who has worked in nursing development in Eritrea, South Africa, Botswana, Swaziland, and Zimbabwe,

In summary, Marquette University College of Nursing requests support for a two year program to enhance and empower Nurses and public policy makers within communities of Kenya to provide culturally appropriate HIV and AIDS prevention and treatment strategies.

The first year program needs include structural capacity building and initiation of "Train the Trainer" programming. Structural foundations for distance learning would be initiated. The second year of the program anticipates core courses and correspondence via distance learning modalities to supplement the in-country training. Multisectoral training opportunities would be offered in country as well as through distance learning.

It is anticipated this model program could be implemented in other areas, such as Uganda and Ghana, where Marquette University has relationships with health professionals.

MARQUETTE UNIVERSITY

OFFICE OF GOVERNMENTAL AND COMMUNITY RELATIONS

HAROLD C. BRADLEY, S.J.
ASSISTANT TO THE VICE PRESIDENT

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O- Marquette Univ.

MARQUETTE
UNIVERSITY

September 7, 2000

Mr. Tad Findeisen
U.S. Agency for International Development/REDSO/ESA/PRO
ICIPE Complex, Kasarani
Thika Road
Nairobi, Kenya

Dear Mr. Findeisen:

Attached please find a copy of a proposal in response to RFA #623-00-A-020, RFA for a Cooperative Agreement for the Delivery of Family Planning, Reproductive Health, and Child Survival Services in Kenya. You may contact Ms. Karen Ivantic-Doucette at (414) 288-3821 if you have further questions concerning the training program. All questions regarding the financial administration of the program should be directed to me at (414) 288-7200. Thank you for your consideration of this application.

Sincerely,

Erik A. Thelen

Dr. Erik A. Thelen
Executive Director

HOLTHUSEN HALL, 341 P.O. BOX 1881 MILWAUKEE, WISCONSIN 53201-1881
TELEPHONE (414) 288-7200 FAX (414) 288-1578 INTERNET: MINERL@VMS.CSD.MU.EDU URL: HTTP://INFO.ORSP.MU.EDU

SECTION V

CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF APPLICANT/GRANTEE

The applicant will fill in each of the following certifications, assurances, and other statements and include them in their proposal as a separate appendix.

1 ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

Marquette University (hereinafter called the "Applicant")
(Name of Applicant)

hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any problem of activity receiving financial assistance from AID, and that with respect to the grant for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d) which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance,

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance,

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds,

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et. seq.) which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

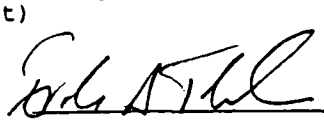
(5) AID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

If the Applicant is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such

individuals, and shall be applicable to the entire institution unless the Applicant establishes to the satisfaction of the AID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of or participants in such program.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Agency, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Marquette University
(Applicant)

BY (Signature)  TITLE Executive Director - Research & Sponsored Programs

TYPED NAME Erik A. Thelen DATE September 8, 2000

USAID Operating Unit (Mission, Regional Bureau, or G/PHN)	Responding Organization**
Kenya	Organization: Marquette University
	Mailing Address: P.O. Box 1881 Milwaukee, WI 53201-1881
Prime contractor/grantee/recipient (if applicable*) N/A	Country: United States
*prime awardee through which responding organization receives USAID funds	**covered organization completing this form

Please review Options 1 and 2 below and sign in the applicable signature block:

Option 1:

I, the undersigned, as a duly authorized representative of the above named responding organization, in anticipation of receiving FY 2000 population funds, do hereby certify that my organization will not engage in the following activities, as further defined in USAID's Guidance for FY 2000 Population Assistance Certification, with either USAID or non-USAID funds:

1) perform abortions in the country named above or any other foreign country, except where the life of the mother would be endangered if the pregnancy were carried to term or in cases of forcible rape or incest;
2) violate the laws of the country named above or any other foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited; or
3) engage in activities or efforts to alter the laws or governmental policies concerning circumstances under which abortion is permitted, regulated, or prohibited;

from the date my organization signs an agreement to receive USAID's FY 2000 population funds through September 30, 2001.

This certification does not restrict the organization's (1) treatment of injuries or illnesses caused by legal or illegal abortion or (2) activities which are in opposition to coercive abortion or involuntary sterilization.

This certification constitutes a material representation of fact upon which reliance is placed by USAID or its intermediary contractors, grantees, and recipients when entering into financing agreements.

Signature Erik A Thelen

Block 1: Erik A. Thelen (Printed Name) (Signature)

Executive Director, Research & Sponsored Programs (Title) Date September 8, 2000

Option 2:

My organization, named above, elects not to certify at this time to the conditions outlined in Option No. 1 above.

Signature Block 2:	Printed Name	Signature
	Title	Date

Executive Summary
USAID RFA Kenya #623-00-020

Training a Sustainable Health Care Workforce For AIDS Care and Counseling

Marquette University, College of Nursing proposes to develop a "Train the Trainer" program for Kenyan nurses in three geographic areas of Kenya as a means of improving access to health services and appropriate care for victims of HIV/AIDS.

Goal: The overarching goal of this project is to improve geographically-based, community-focused efforts to prevent the spread of HIV and AIDS in Kenya and to enhance the quality of health care delivery services to the victims of HIV and AIDS.

Objectives: The specific objectives of the project are:

- To develop a train the trainer program that incorporates elements of primary health care, HIV and AIDS prevention and care and the health beliefs and behaviors that interfere with the prevention and treatment of HIV and AIDS. This program will include preparation for training others.
- To develop basic and advanced training for nurses in the prevention and the management of care for victims of HIV and AIDS so that they can, in turn, train other nurses and community health care workers in three geographic areas of Kenya.
- To accent the importance of basic primary health care strategies as an important weapon in reducing susceptibility and transmission of HIV/AIDS and other infectious and life-threatening diseases.
- To establish mechanisms for creating a self-sustaining support system for health care providers who work with the HIV/AIDS epidemic in order to reduce the impact of that work on personnel turnover and "burn out".
- To establish electronic (Internet) links to the 3 geographic areas for on-going and advanced education, consultation, monitoring and support of the personnel who have received the training.
- To establish a "network" of social and policy support for the project and its aims through the initiation of an "Advisory Board" of Kenyan nationals and others representing key stakeholders in health care in Kenya.

Rationale: A number of recent reports have emphasized several factors that affect the success of training programs and community-based approaches to the prevention and care management for HIV and AIDS. This project aims to address these factors. AIDS is a multifaceted problem requiring an array of solutions from multi-sectoral areas. New and varied interventions need to be implemented immediately in order to stem the flow of new victims and complications or early death in persons already infected.

Nurses are influential members and role models in the families and communities in which they live and work. Nurses impact the health of individuals, families and communities by utilizing their professional training and through the modeling of informed health beliefs and

attitudes. Yet, nurses are an underutilized resource in HIV prevention and the care of people with AIDS. Several barriers to the effective deployment of nurses exist in Kenya. Nurses' role and training within the health system is depressed in the hierarchy of health personnel and departments. As resources in health care are limited, nurses by virtue of their place in the system receive less attention when it comes to training, safety and improvement of competence. And yet, nurses are at the forefront of reproductive health clinics, district dispensaries and clinics and community based programs. They are often the first and only contact people in the community have with the health care system. Attention to enhancing nursing skills in HIV and AIDS will translate into AIDS prevention and treatment integration into other health programs. The nature of this epidemic demands that HIV and AIDS receive attention in all health sectors and services.

Marquette University College of Nursing, through this project will implement a curriculum that combines the latest in clinical skills and knowledge with affective learning strategies and a care for the caregiver approach. Personnel turnover and "burn out" is a well documented problem in AIDS care services as the work is emotionally and physically demanding and difficult to continue for long periods of time. The combination of cognitive and affective methodologies in a train the trainer program and follow-up activities with preceptors and agencies with a credible track record in the community can meet the objectives of USAID/Kenya and the Government of Kenya regarding HIV/AIDS. It can do this by expanding the delivery of clinically appropriate care including testing and counseling and prevention efforts in Kenya. In addition, a component of this project includes the development of on-line capability for continuing education and consultation to support the people who have been trained and to provide them with a rapidly accessible way to upgrade their skills and knowledge. Combining cognitive and affective domain education for nurses with training for on-going technology oriented continuing education and updates will provide Kenya with improved access to health care and sustainability of improved health care services for those infected with and affected by HIV and AIDS.

Anticipated Results: It is expected that this project will produce the following results:

- Two cohorts of nurse "trainers" will be prepared to train other health care workers to use clinically and culturally appropriate approaches to the prevention and care management of HIV and AIDS.
- Each trainer will train between 2 and 8 nurses and between 10 and 20 community health care workers each year. Each trained personnel will provide care to a minimum of 100 HIV/AIDS victims/families per year.
- A distance learning link will be established between Kenya and Marquette University College of Nursing that will sustain and support on-going training for the prevention and treatment of HIV/AIDS.
- Vulnerable populations in the 3 communities served by this project will demonstrate enhanced primary health care practices as evidenced by increased numbers of immunizations, increased attention to good nutrition and increased use of health protection strategies including reproductive health and family planning.
- Inaccurate health beliefs and attitudes of fear will be reduced among health care providers who work with HIV/AIDS victims in the 3 selected communities.
- "Centers of Excellence" in HIV/AIDS training, prevention and care will be established in the three cooperating agencies that work with this project.

- HIV and AIDS prevention, care and support services will be enhanced in the communities served by the people trained through the project.

Monitoring and Evaluation: Project progress and performance will be monitored and recorded through the use of quantitative and qualitative information. The data sources will include the annual work plan, reports, the training plans of the trainers, assessment and evaluation of all trained personnel, pre and post surveys of the trained personnel, reports and clinical records that document health behaviors and treatments of the clients, and feedback provided by the clients and trained personnel.

Customers: This project has three customers. The customers of paramount importance to this project are the men, women and youth who are vulnerable to or the victims of HIV and AIDS and the children who live with the consequences of this disease in the 3 communities where the project will be carried out. The nurses and community health care workers and the agencies that support them constitute the second customer. The third customer is the people and organizations who are involved in the delivery of care to the victims of the HIV/AIDS pandemic. Each of these customers is addressed in the project.

Linkages and Coordination with Other Projects: This project is intended to compliment and supplement other projects and work being done in Kenya to address the HIV/AIDS epidemic in Kenya. Direct links will be established with agencies already working in this field in the 3 project communities and with the African Virtual University, the Society of Jesus, East African Province, the Kenyan NGO Consortium, UNAIDS and the Nursing Council of Kenya. Other links will be established through the formation of an Advisory Board with representation from key stakeholders in health care and HIV/AIDS prevention and care in Kenya.

Sustainability: This project is well placed to be self-sustaining when project funding is completed. It builds on the work of agencies and organizations that are already engaged in the work of health care delivery and HIV/AIDS prevention and care management. The particular emphasis of this project is in the area of capacity building. It will provide people and organizations with the tools to do the work they are committed to with enhanced knowledge and skills and the ability to develop and modify models of care based on the populations that they serve and their specific locations. The people and agencies that this project will work with have already demonstrated their commitment to the work they do and are unlikely to cease to do that work when the project is completed. The ultimate purpose of this project is to assist these agencies and health care personnel to enhance its overall capacity to deliver health services to vulnerable populations including the ability to undertake the management and technical tasks necessary to deliver those services.

Budget Request: The total budget request for this project is $1,897,318 over a period of 4 years and 9 months. This total reflects both direct and indirect costs. It does not reflect the in-kind contributions that will be made by the 3 cooperating agencies. The cost of providing the trainers with the resources (time, venue, and materials) to train other personnel will be born in large part by the agencies. However, that cost has not been quantified to date.

Training a Sustainable Health Care Workforce for AIDS Care and Counseling

USAID RFA Kenya #623-00-020

Technical Report
Training a Sustainable Health Care Workforce for AIDS Care and Counseling

Proposed Activity

Activity Goal and Purpose: The overarching goal of this project is to improve geographically-based, community-focused efforts to prevent the spread of HIV and AIDS and to enhance the quality of health care delivery services to the victims of HIV and AIDS. The specific objectives of this project are:

- To develop a train the trainer program that incorporates elements of primary health care, HIV and AIDS prevention and care and the health beliefs and behaviors that interfere with the prevention and treatment of HIV and AIDS. This program will include preparation to train others (teaching and learning strategies, development of educational materials, evaluation of teaching program and of learners, etc.).
- To provide basic and advanced training for nurses in the prevention and the management of care for victims of HIV and AIDS so that they can, in turn, train other nurses and community health care workers in three geographic areas of Kenya (the East Leigh district of Nairobi with a target population of about 1 million, the area south of the port channel of Mombasa and the rural community of Voi with a target population of about 300,000).
- To accent the importance of basic primary health care strategies as an important weapon in reducing the susceptibility and transmission of HIV and AIDS and other infectious and life-threatening diseases in Kenya.
- To develop mechanisms for creating a self-sustaining support system for health care providers who work with the HIV/AIDS epidemic to reduce the impact of that work on personnel turnover and "burn-out".
- To establish electronic (Internet) links to the 3 geographic areas for on-going and advanced education, consultation, monitoring and support of the personnel who have received the training.
- To establish a "network" of social and policy support for the project and its aims through the initiation of an "Advisory Board" of Kenyan nationals and others representing key stakeholders in health care in Kenya.

A number of recent reports (International Hospital Federation & the Health Industry Council, 1998; USAID, 1999; World Bank, 2000; MAP, 2000; UNAIDS, 2000; USAID, 2000) have emphasized several factors that affect the success of training programs and community-based approaches to the prevention and care management for HIV and AIDS. This project aims to address some of those important factors. In particular, the training program that we propose to develop places emphasis on the development of prevention and care management strategies that are tailored to the specific needs of selected communities and populations. In addition, the role of basic Primary Health Care interventions as a means of reducing the susceptibility to HIV/AIDS and the rapidity with which the disease progresses is emphasized. The Primary Health Care Concepts that will be addressed include: nutrition, water safety, reproductive health

and family planning, immunization against disease, control of endemic diseases (e.g. parasites, malaria, TB), appropriate use of treatments for common health problems (e.g. fever, infection, STDs, etc.), health education and maintenance of personal health, essential drugs (knowledge and correct utilization of drug therapy and with AIDS victims the use of immune-enhancement drugs such as Septra and INH and a multivitamin). As Neviripine becomes available as a part of the essential drug list for prevention of vertical transmission, the proper use of this drug will be added to the training.

It is important to note that the people who will participate in the training program are Nurses and Community Health Workers who are already vested in the welfare of the communities they serve. They are known in these communities and have personal and familial ties to the people who live there. Finally, the project will incorporate a number of methods designed to foster group support and cohesion for the people who become the trainers and to utilize several approaches to reduce "burn out" and turnover among the personnel who work with this devastating epidemic in Kenya.

Activity Rationale: Nurses are influential members and role models in the families and communities in which they live and work (Littlefield, 1994; SafAIDS, 1999). Nurses are the "backbone of communities" where members look to them for education, advice and support (Tshabala-Msimang, 2000). Nurses affect the health of individuals, families and communities by utilizing professional clinical and training strategies and, equally important, through the expression and modeling of health beliefs and attitudes. Yet, nurses are an underutilized resource in HIV prevention and care of persons with HIV/AIDS.

Several barriers to effective utilization of nurses exist in Kenya. The nurses' role and training within the health system is depressed in the hierarchy of health personnel and departments. As resources in health care delivery are limited, nurses by virtue of their place in the system receive less attention in terms of training, safety and improvement of competence. Ninety-five percent of nurses are women who face additional barriers because of their gender. Women in Kenya face burdens of poverty, limitations to reproductive choice and sexual safety and culturally prescribed behaviors that impact their role in the workplace and communities. Significant barriers exist in the emotional and physical readiness of nurses to care for persons with HIV/AIDS (Anderson, 2000).

Like all humans, nurses are people with attitudes and beliefs that reflect the communities in which they are a part. Where fear and stigma are prevalent, nurses reflect the majority belief system. Numerous reports evidence that patients with HIV/AIDS are treated poorly by health care providers and nurses (Tshabalala-Msimang, 2000; CBS, 2000; AIDS Action, 1999). Patients are isolated physically and emotionally. This fear of mistreatment or dehumanization keeps many people from receiving testing and care, thus potentiating prevalence. People are more likely to utilize health services and receive HIV testing and counseling if the staff are friendly and communicate well (AIDS Action, 1999; Ivantic-Doucette & Maashao, 1999). Fears and stigma in the face of AIDS remain significant barriers to care and are unusually refractory to training programs designed to improve cognitive knowledge levels. Countless studies of nurses demonstrate little to no change in attitude or behaviors following training programs in HIV that focus on imparting knowledge. Parallel studies on nurses dealing with sexually transmitted infections (STIs) demonstrate attention to affective or emotional components of training made

differences in reducing community STIs (Littleton, 1995). Attention to the affective domain (attitudes and beliefs that determine behavior) are required for nurses and health care workers to actively engage providing effective care in the HIV/AIDS pandemic.

Physically and emotionally the demands of caring for persons with HIV/AIDS requires a diligence and hardiness that is difficult to sustain over time (Tshabalala-Msimang, 2000). Nurses are often the only support for individuals and families with HIV/AIDS. The emotional toll is significant in their professional or work role. At home, in the woman's role, they share the emotional burdens within their own families dealing with this epidemic and significant numbers are themselves infected (Prevention News). Moreover, caregivers receive the least care (Kasalo, 2000). Underresourced budgets translate to limited education and training, little occupational safety, overwhelming numbers of patients and high complexities of care required. In short, nurses have little support or training to assist them in altering their attitudes and beliefs to more effectively assist in the health of individuals, communities and nations.

AIDS is a multifaceted problem requiring an array of solutions from mulisectoral areas (Piot, 2000; UNAIDS, 2000). New and varied interventions need to be implemented with urgency. HIV services must be interfaced with Primary Health Care, family planning and reproductive health services. Community-based care that promotes care in the home and reduces the impact on hospitals while supporting families will demonstrate positive effect on the overall health system budget and reduce the burden of orphaned children (UNAIDS,2000; UNAIDS/Kenya, 2000; Littlefield, 1994; Alrutz, 1999; Kaviti& Kizzier & Wilson, 1999; MOH/Kenya, 2000; SADC, 2000). Nurses provide a viable option for capacity building in these arenas as providers of care within communities.

The USAID/Kenyan Strategic Plan Objective #3 hopes to expand access and availability of integrated family planning, reproductive health and child survival services, increase the knowledge and practice of prevention services and expand testing. With appropriate training including attention to altering attitudes and beliefs about HIV and AIDS as well as sexuality, and to enhancing clinical and counseling competencies, nurses can extend access to care within communities.

As trusted members within the community and part of the family of women, modeling prevention strategies and offering formal and informal health education, nurses can be a significant prevention tool, correcting myth and misconceptions and promoting health. Nurses can be effectively trained to counsel and test for HIV and STIs and educate in health promotion strategies (Anderson,2000; UNAIDS, 2000). Most patients in Africa fear testing and do not return for results (CDC,1995; CBS,2000). Nurses trained in rapid test techniques and doing in home testing can enhance case finding and early intervention to maintain health.

The Government of Kenya/Ministry of Health Sessional Paper #4 (1997) lists specific strategies to reduce the impact of AIDS on individuals, families and society. Cited on district and community levels are interventions that encourage and support community-based home care, peer education and counseling, integration of AIDS into ongoing programs such as family planning, women and youth groups and extend care and support for people infected and affected by HIV/AIDS.

Nurses are at the forefront of reproductive health clinics, district dispensaries, clinics and community-based programs. Attention to enhancing nursing skills in HIV and AIDS will translate into AIDS integration into other health programs. Training programs for health workers are blossoming especially in the wake of the Thirteenth International Conference on HIV/AIDS where the call for training, basic and advanced, echoed the halls. Ongoing training on all levels using new methods is urgently required. A complaint of the former "Train the Trainer" (TOT) formats used in Kenya and other African countries has been that the curriculum has failed to alter behavior and the trainers, once elevated in work status, were neither aggressive or effective in training others (USAID/Washington, 5/10/00). Additionally, "burnout" is high among health professionals. Recommendations for Nursing put forward at the Nursing Satellite Session of the Thirteenth International AIDS Conference (8 July 2000) recommended HIV/AIDS curricula be redeveloped and implemented for both basic and post basic nurses with attention to producing critical thinkers with access to ongoing educational needs. The curricula should be implemented for student nurses as well as practicing.

Marquette University College of Nursing has implemented a curriculum that combines cognitive and affective learning strategies and a care for the caregiver approach. Utilization of these methodologies in a train the trainer format, using competent preceptors and preceptor sites that have a track record of integration and sustainability within the community and primary health care, can meet the objectives of USAID/Kenya and the Government of Kenya by expanding appropriate care, testing and counseling and prevention efforts in Kenya. A progressive train the trainer program, using local personnel and agencies will create an ever expanding resource of competent caregivers for Kenya.

Attention to care for the caregiver is addressed throughout the project with strategies to enhance ongoing support among the trainers. Removing the trainers from the burdens and responsibilities of work and life for intensive training in facilities where learning is user friendly is imperative to setting the base of affective learning and sustainability of the caregivers. Ongoing education can be facilitated through distance learning links with the trainers. Combining cognitive and affective domain education for nurses with training for ongoing technology oriented continuing education and updates will provide Kenya with improved access to health care services and sustainability of improved health care for those infected with HIV/AIDS and those affected by HIV and AIDS.

Activity Resources: The resources required to fully implement the project are listed below. The majority of need is in specialized human resources. Technology resources are designed for adaptation to ongoing distance education.

Human Resources:

- Personnel who are expert in Primary Health Care and HIV/AIDS service delivery with experience in Africa are required for appropriate program implementation.
- Personnel with education expertise to ensure affective learning outcomes.
- Personnel with hardware and software information technology skills and experience for adaptation of education technology in-country.

- Personnel with the knowledge and skills necessary for development of online educational programming.
- Personnel to support and coordinate the day to day operations and communications of the project and linkages between the US and Kenya.
- Personnel who can oversee and supervise the project in-country. This includes an administrator who is known and respected in the AIDS care community and provides the linkage to the higher education services in Kenya and the African Virtual University. It also includes secretarial and auditor support.
- Personnel who demonstrate competency in AIDS Nursing and community based care to serve as site coordinators and educators/preceptors in the program.
- Personnel to serve as trainers. The trainers will be trained as well as provide training. The first tier of the trainers will be selected from sites that have a proven track record in AIDS care delivery and persons with demonstrated hardiness and commitment to continuing in the role of trainer and care giver. The second tier of trainers will be selected through the Nursing Council of Kenya and will demonstrate commitment to ongoing training and care delivery.

Technology Resources:

- Computers, TV with VCR, portable data projector, digital camera/video are required for ongoing distance learning links, adapting educational materials to each locale and developing additional audiovisual materials on site. The US computers and laptops will have video capability for insertion into the distance education linkages as programs come online.
- Laptops with solar powered batteries and satellite phones will allow access to distance learning away from the main computer source, in remote areas, such as a community gathering, home or other place that teaching will occur. It allows for the trainer to go to the community rather than for the community to come to the trainer. It also allows for backup in the case of infrastructure disruption.

Results and Performance Indicators: The following table displays the expected results and critical performance indicators for this project with anticipated completion target dates.

Result	Indicator	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 4½
Two cohorts of "trainers" (one cohort of 11 people, one of 8) will be prepared to train other health care workers to use geographically-based and scientifically sound approaches to the prevention of HIV and AIDS and care management of its victims and their families.	• The training program and materials are developed for basic and advanced skill levels.	X		X		
	• Eleven trainers prepared (Cohort 1)	X		X		
	• Eight additional trainers prepared.			X		X
	• Trainers use "best practice" approaches to care.	X	X	X	X	X
	• Best practice will be updated, as new treatment modalities become available in Kenya.		X	X	X	X
Each trainer will train between 2 and 8 nurses and between 10 and 20 community health care workers in the prevention and care management of HIV and AIDS each year, following the completion of their own training (depending on the site and availability of trainees). Each trained personnel will provide care to a minimum of 100 HIV/AIDS victims/families per year.	• Each member of Cohort 1 will train between 2 and 8 nurses and between 10 and 20 community health workers.	X	X	X	X	X
	• Each member of Cohort 2 will train between 2 and 8 nurses and between 10 and 20 community health workers.			X	X	X
	• The 2 cohorts of trainers will train a total of between 158 and 632 nurses.					X
	• The 2 cohorts of trainers will train a total of between 790 and 1,580 community health workers.					X
A distance learning link will be established that will sustain and support on-going training for the prevention and treatment of HIV and AIDS.	• A relationship will be established between the African Virtual University (AVU) and the 3 project sites for continuing education through on-line programming.		X			
	• Cohort 1 will complete on-line advanced education using the AVU links.			X		
	• Cohort 2 will complete on-line advanced education using the AVU links.					X
	• Trainers will receive programming through AVU links to update their skills as new treatments become available in Kenya.			X	X	X
Vulnerable populations in the communities served by this project will demonstrate enhanced primary health care practices as evidenced by such things as increased numbers of immunized children, increased attention to good nutrition practices and increased use of health protection strategies, including reproductive health and family planning.	• Trained personnel will provide skilled care to at least 100 victims/families of HIV/AIDS per year.	X	X	X	X	X
	• A total of between 1,650 and 6,600 victims of HIV/AIDS and their families will receive appropriate care over the life of the grant.					X
	• Vulnerable women and children will receive health care and be united with extended family support systems or other appropriate services.	X	X	X	X	X
	• Primary Health Care services will be improved for vulnerable populations and specific behavior reflecting use of the services will be recorded.	X	X	X	X	X

Result	Indicator	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 4½
Inaccurate health beliefs and attitudes of fear will be reduced among health care providers who work with HIV/AIDS victims in the 3 selected communities.	• Instruments measuring changes in attitudes and health beliefs will be administered for baseline and post-training assessment.	X	X	X	X	X
	• Attitude and health belief assessments will reflect positive change over time.	X	X	X	X	X
Establish "Centers of Excellence" for training community-based health care personnel and the delivery of community-based care for the victims of HIV/AIDS.	• Basic models for geographically-based health care services and training will be developed and tested.	X	X	X	X	X
	• Differences in approaches and results for the models tested will be examined in terms of population and location differences that affect care and service delivery.			X		
	• Models for care and service delivery will be refined and re-tested in the 3 sites.			X	X	
	• Successful models will be described and disseminated to appropriate persons and organizations.				X	X
	• Serve as a model for care delivery and provider training and precepting for HIV/AIDS vulnerable populations.				X	X
	• The 3 cooperating agencies will voice commitment to on-going service to disadvantaged and vulnerable populations in Kenya and to the victims of the AIDS epidemic in particular.				X	X
HIV and AIDS prevention, care and support services will be enhanced in the communities served by the people trained through the project.	• Trained personnel will use "best practice" approaches to the delivery of care.	X	X	X	X	X
	• With each successive year of the project, more victims of HIV/AIDS and their families will receive knowledgeable and culturally appropriate care (a minimum of 100 per year per trained personnel).		X	X	X	X
	• Information learned through the project will be shared with other people and groups who serve HIV/AIDS vulnerable populations in Kenya.		X	X	X	X
	• The incorporation of primary health care approaches in the service delivery models will produce improved quality of life for HIV/AIDS vulnerable people as reflected on a form of the "disability adjusted life year" (DALYS) instrument (Christopher, Murray & Lopez, 1996).		X	X	X	X

Monitoring and Evaluation: Project progress and performance will be monitored and recorded through the use of qualitative and quantitative information. The data sources will include the annual workplan, reports from the In-Country Director and Coordinators, the geographically-based interventions and training plans developed by the Kenyan trainers, assessment and evaluation of all trained personnel, pre and post surveys of the trained personnel, reports and clinical records that document the health behaviors of the population served by the trained personnel. Reported feedback and baseline and post-care assessments of the people who receive care will also be used to measure effectiveness of the models of care delivered.

Customers: This project has three customers. The customers of paramount importance to this project are the men, women and youth who are vulnerable to or victims of HIV/AIDS and the young children who live with the consequences of this disease in the 3 communities where the project will be carried out. Their feedback and changes in health behaviors and quality of life will provide advice to the project throughout its tenure. This feedback will be actively sought in order to improve and refine the care delivery that they receive from the trained personnel and their sponsoring agencies.

The nurses and community health care workers and the agencies that support them constitute the second customer. These people have a vested interest in the health of their neighbors, families and friends. They are often the "front line" in the delivery of care, particularly in the community. They need and want to provide skilled, knowledgeable and sensitive care. They are capable of delivering excellent care if armed with the knowledge, skills and clinical judgement to do so.

The third customer is the people and organizations who are involved in the delivery of care to victims of the HIV/AIDS pandemic. It is the expectation of this project that it will produce information about care and training models that can be of use to others as they address this serious and devastating illness and its related consequences.

Implementation Plan: A detailed implementation plan can be found in the "Attachments."

Design and Methodology:

The project is designed to establish a solid base of trainers with basic and advanced skills in the domains of cognitive, affective, educational and technology learning that can be upgraded and enhanced through distance education. The trainers will remain in clinical practice ensuring their expertise is maintained and provide effective modeling to trainees, who will later become trainers. The program builds on a core group in an inverted pyramid, allowing for intervals of basic training followed by practice followed by advanced training followed by practice and demonstration of competency in training others.

Basic Level		
Skills	**Learning Experiences**	**Content/Concepts**
Cognitive Training	Best practice models: HIV/AIDS, Family planning, reproductive health, child survival Clinical Preceptor Experience Five week Intensive Training in US for cohort one with Clinical mentoring, clinical experience and observation of best practice interventions	Epidemiology, transmission, disease progression, treatments, spiritual issues, palliative care, opportunistic infection management, medications, prevention strategies Concepts of primary health care applied to HIV prevention and AIDS care. See Appendix: How PHC interventions impact the natural history of HIV/AIDS Family planning, reproductive health , treatment for STIs. Care of the person with HIV/AIDS Diagnosic strategies Prevention methodologies Care of the child and family infected or affected with HIV

Affective Training	Intensive assessment of beliefs and attitudes	Health beliefs and behavior change methods
	Sensitivity Training	Culture and effects on health
	Mentoring from skilled AIDS Nurses	Socioeconomic factors that alter behaviors
	Ongoing support groups for Problem solving, belief evaluation and education	Effective behavior change methods
	Interactive Role Playing	
Educational Training	Develop/adapt educational materials to fit local needs	Adult teaching methods
	Observe education session	Preceptor methods
	Practice training in controlled environment	How to use materials to augment teaching/learning
	Set up trainings for non nurses (community workers)	How to evaluate effectiveness of teaching/learning
Technology Training	Interactive demonstration of technology	Computer set up and maintenance instruction
	Demonstration of maintenance	Instuction in video, camera, overhead, VCR/TV
		Introduction to record keeping/Data sets

Advanced Skills		
Cognitive Training	Advanced clinical skills—demonstration and practice	Counseling and testing training Advanced medication and treatment strategies Prevention of perinatal transmission strategies—advanced level Health promotion in the absence of resources
Affective Training	Reassessment of beliefs/attitudes Counseling strategies Coping mechanisms and strategies	Beliefs and adapting coping into self care practices Counseling strategies Issues on death and dying Palliative care/helplessness
Education Training	Begin online programming both interactive and formatted	On Line distance education
Technology Training	Begin distance learning and links to preceptor sites	Advanced use of technology for online access and link to remote areas Evaluation: Students will be evaluated on pre-established criteria in each skill domain.

Linkages and Coordination with Other Projects: This project is intended to compliment and supplement other projects and work being done in Kenya to address the HIV/AIDS epidemic in Kenya. It is unique in it's emphasis on training nurses and community health workers who have already demonstrated a personal and professional commitment to delivering care to particularly vulnerable populations in the places where they live. It will provide information that can build upon the current knowledge about training health personnel and about geographically-based care that is specifically designed for the populations and locations where the care is delivered and the people affected by HIV/AIDS live. Efforts to coordinate with other projects and agencies involved in HIV/AIDS prevention and care will be facilitated through direct connections to some of those agencies and organizations that support projects and through the project Advisory Board. The agencies/organizations with which there will be a direct link include:

- The Eastern Deanery Community Based Home Care and AIDS Programme in Nairobi (see attachment section for detailed description).
- The Diocese of Mombasa AIDS program in Mombasa (see attachment section for a detailed description).
- St. Joseph Shelter of Hope and Home Care Program in Voi (see attachment section for a detailed description).
- The African Virtual University, housed at Kenyatta University.
- The Society of Jesus, East African Province (Jesuits) – who also provide another link to the Catholic Secretariat and the Council of Bishops in Kenya.
- The Kenyan NGO Consortium.
- UNAIDS (through the participation of Dr. Sandra Anderson as a consultant to the project and the Advisory Board).
- The Nursing Council of Kenya.

Links will also be fostered through the Advisory Board. The purpose of this Board is to provide the project with the guidance and experience of important stakeholders in health care and HIV/AIDS prevention and care in Kenya. It is also a means for sharing the project's approaches to training and geographically-based HIV/AIDS prevention and care strategies with interested others who also have these issues as a sphere of their concern. The Board serves as a communication vehicle and a sounding board for the project. The following persons will be invited to participate in the projects Advisory Board:

- A representative from AIDS, Population and Health Integrated Assistance (APHIA).
- A representative from the Family Health International (FHI) AIDS Control and Prevention Project (AIDSCAP).
- A representative of the Nursing Council of Kenya.
- A representative of the Department of Nursing Sciences of the University of Nairobi.
- A representative of the Department of Nursing of the Ministry of Health.
- A representative of the Society of Jesus, East African Province.
- A representative of the group of people who have participated in the training program for Democracy and Governance at the Les Aspin Center of Marquette University.
- A representative of Catholic Relief Services in Kenya.

As a matter of course the USAID Kenya Office of Population and Health would be welcome at any meeting, activity or consultation sponsored by the project.

Sustainability: This project is well placed to be self-sustaining when project funding is completed. It builds on the work of agencies and organizations that are already engaged in the work of health care delivery and HIV/AIDS prevention and care management. The particular emphasis of this project is in the area of capacity building. It will provide people and organizations with the tools to do the work they are committed to with enhanced knowledge and skills and the ability to develop and modify models of care based on the populations that they serve and their specific locations. The people and agencies that this project will work with have already demonstrated their commitment to the work they do and are unlikely to cease to do that work when the project is completed. The ultimate purpose of this project is to assist the agencies and health care personnel that it will work with to enhance its overall capacity to deliver health services to vulnerable populations including the ability to undertake the management and technical tasks necessary to continue to deliver those services.

Impediments to Activity Implementation: Potential obstacles to the achievement of the project objectives are in the areas of technology and infrastructure deficits and the depth of cultural stigma associated with HIV/AIDS. Using computers linked from remote sites in Kenya to the US may be difficult at times due to power outages, communication/telephone insufficiencies and personnel mishap. The project will address these concerns through the planned technology assessment and consultation that is built into the early phases of the project. The use of satellite cell phones and solar powered generators for back up power will assist in bypassing the infrastructure deficits in Kenya when necessary. Theft of equipment could be a significant problem posing greater difficulties as the project implementation of distance learning modalities are brought on-line. The In- Country Administrator and Area Coordinators will be involved in proposing resolutions to this issue early in the project.

Cultural stigma around issues of sexuality, HIV and AIDS is common in Kenya despite communication campaigns and mass education. Nurses, primarily women, face additional difficulties when talking about sex and sexuality. This program will address the affective domain of belief, stigma and stereotyping with on-going attention to moving beyond these barriers and promoting effective practice opportunities.

"Burn out" is high among nurses who work in the field of HIV/AIDS through out the world. Unexpected dropout of the trainers due to burn out or illness would alter the outcomes of the project. This is an issue of particular concern with the second cohort who will be selected from the membership of the Nursing Council of Kenya and may have limited commitment to continuing to work in the field of HIV/AIDS. Significant attention will be paid to the selection criteria of the trainers to identify nurses with proven track records in HIV/AIDS care as well as to incorporating support mechanisms for the trainers into the program as a regular and important component of the program.

Organizational Capacity/Commitment Plan

Organizational Purpose. Marquette University is Wisconsin's largest independent educational institution and enjoys a national reputation for excellence in both teaching and research. Founded in 1881 by the Society of Jesus (the Jesuits), Marquette is governed by an independent Board of Trustees consisting of prominent community, business, and education leaders. Marquette is designated exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Service Code. The University's IRS letter of determination is available upon request. A copy of the University's most recent annual report, which includes a statement of the University's financial position and activities, is attached.

Marquette is a Catholic, Jesuit university dedicated to serving God by serving our students and contributing to the advancement of knowledge. Our mission, therefore, is the search for truth, the discovery and sharing of knowledge, the fostering of personal and professional excellence, the promotion of a life of faith, and the development of leadership expressed in service to others.

The University offers 84 undergraduate majors and 80 graduate programs, including 39 master's, 23 certificates, and 18 doctoral degrees through its 11 Schools and Colleges. The University's current enrollment of 10,780 includes students from all 50 states and more than 80 countries.

The College of Nursing became a part of Marquette University in 1916 and began offering a curriculum leading to the Bachelor of Science in Nursing degree in 1936. The Master of Science in Nursing degree program was established in 1939. To date over 6,000 persons have graduated from Marquette's nursing program.

The mission of the Marquette University College of Nursing emerges from the mission of the University to provide a rigorous liberal education grounded in Judeo-Christian ideas and disciplined by the Jesuit tradition. Marquette University nursing students are prepared for lives of faith and service and educated to promote the worth of all persons, to assure professional competence, to respect the pursuit for truth, and to uphold a high standard of personal integrity. The faculty recognize their central responsibilities as influencing health, health care, and health care policy through quality instructional programs, the generation and dissemination of nursing knowledge, active involvement in the community and the profession, and collaborative endeavors. Faculty recognize caring as the driving force for preparation for professional nursing practice. This preparation includes liberal and professional knowledge; clinical, cognitive, and leadership skills; and personal and professional values.

Relationship of Proposed Program to Organizational Goals. Marquette University College of Nursing has offered baccalaureate and master's in nursing programs for over 60 years in a tradition of clinical excellence. Current programs prepare nurse generalists as well as nurse practitioners and nurse-midwives. The College espouses a social justice mission of serving the underserved and generating new knowledge and care innovations for vulnerable populations. College faculty teach primary health care and cultural dimensions for health professions students campus-wide. The ultimate goal of College efforts is health improvement, locally, nationally,

and internationally. In Milwaukee, the College operates two health services for the medically indigent. Recent international activities of College faculty include primary health care education in the country of Georgia, AIDS care in Uganda, health service in Mexico, Macedonia, and Haiti, and direction of a global nursing information project. The College Parish Nursing Institute has prepared nurses from 47 states and three countries for point-of-living care delivery.

Strengths that will be applied to this project include community-based care concepts for nurse generalists and advanced competency-oriented training adapted from experience preparing nurse practitioners and nurse-midwives. In addition to the project staff, other faculty will contribute expertise on behavioral change, care system design, and maternal-child care. College leaders address the call of UNESCO's Declaration on Global Higher Education to partner with other nations for education geared to better society.

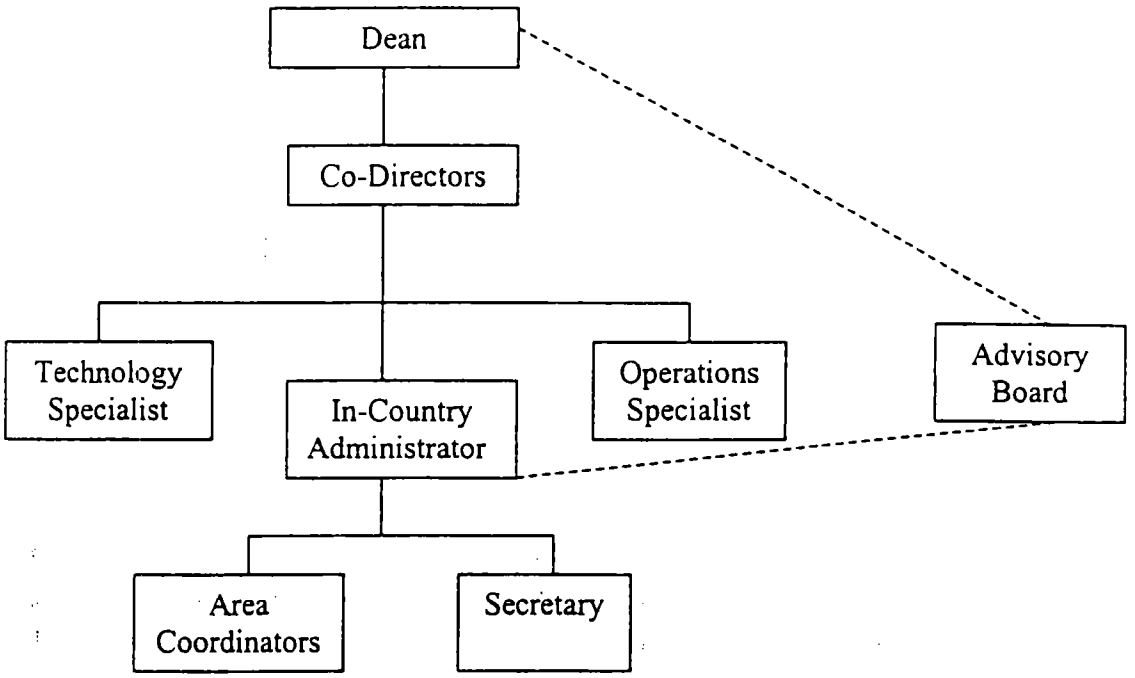
Organizational Expertise and Oversight: Organizational units responsible for designing, managing, monitoring, and evaluating the effectiveness of this program include the following:

1. The College of Nursing is the major responsible unit. The co-directors of the project will design, manage and evaluate the project with oversight by the Dean of the College of Nursing to whom they will submit regular reports.

2. The Office of Research and Sponsored Programs will conduct the following activities to monitor and ensure the effectiveness of this grant: open an individual segregated account number according to the approved budget; distribute rules and regulations that govern the award to the project personnel; periodically compare actual expenses to the approved budget; evaluate situations that require rebudgeting; and work with principal investigators to complete and submit reports in a timely fashion.

3. The Office of the Comptroller will also help to ensure the success of the grant. They will evaluate and approve each individual expenditure; maintain the general ledger; prepare financial reports directly from the general ledger; and perform billing and cash management functions.

Technical assistance and back up will be provided by University experts, including faculty and staff with required specialized knowledge. Full-time and part-time project staff, as well as consultants, will be used. Ms. Ivantic-Doucette and Dr. Lars Olson are full-time faculty who will devote percents of effort to the project. Dr. Murphy will be hired as a part-time employee and the Operations Specialist will be hired as a full-time employee. Fr. Philips will be subcontracted as the In-Country Administrator. Consultants will be used and accountable to the co-directors. The College of Nursing Organizational Chart is in the Attachment Section. Project responsibility is illustrated below.



Management Systems. The College of Nursing has a strategic plan. At the beginning of each year, the plan is reviewed and goals are set accordingly. This allows the College to remain sensitive to the ever-changing health care needs and situations. All projects set forth by the College of Nursing fit into the strategic plan. Appropriately qualified individuals or teams of faculty, staff and/or consultants assume responsibility for planning and carrying out specific activities.

A typical periodic report to USAID for the proposed project may include the following headings:

- Project Introduction
- Progress Toward Objectives
- Workplan Progress
- Participant Profile
- Challenges Encountered
- Project Benefits – Anticipated and Unanticipated
- Directors Comments
- Participant Comments
- Financial Status
- Conclusion & Recommendations

Financial Management. Marquette University receives an annual A-133 audit from an independent auditor, Arthur Anderson, LLP. Grant accounts are administered and monitored by Marquette's Office of Research and Sponsored Programs and the Office of the Comptroller. These offices have extensive experience in administering grant and contract awards, including USAID-funded projects in Kenya and Ghana. Marquette University currently administers over

$18 million in grant and contract awards. All funds are deposited in individual account numbers and no funds are commingled. Internal controls have been established for accountability.

In addition to the financial management terms required by Marquette University, the proposed project will have an additional safeguard. An accountant in Kenya will audit the funds allocated in the subcontract to the Eastern Deanery Community Based Health Care and AIDS Relief Programme on a quarterly basis to ensure fiscal accountability.

Key Personnel

Karen Ivantic-Doucette, MSN, RN-CS, ACRN, FNP, Co-Director. Ms Ivantic-Doucette will devote 50% effort for the entire project period and 100% during two summer months each year.

Ms. Ivantic-Doucette will have primary responsibility in this project for development of the "train the trainer" content and learning experiences, both the face-to-face and on-line components. She is the HIV/AIDS prevention and care management expert and thus has responsibility for the development of the program and clinical skills that relate to this component of the training. She will be responsible for the development of the standards of practice for the 2 types of health care workers who will be trained, nurses and community health workers. She will establish the methods for determining and evaluating clinical competence of the trained personnel and for the selection and implementation of the clinical assessment and evaluation tools to be used with the client populations served by the trained personnel. She will provide expert clinical consultation to the Area Coordinators and nurses involved in the project. She and Dr. Murphy will share responsibility for the development of the learning materials used in the training and for the instruction related to teaching and learning for the trainers. They will also share responsibility for the selection and implementation of the assessment and evaluation methods and tools that relate to the teaching competence of the trainers.

Ms. Ivantic-Doucette has both Family Nurse Practitioner (FNP) and nurse educator skills to bring to this project. She has had an active practice as a FNP in a variety of settings since 1995. She has held responsible management and clinical positions in home care organizations, out patient and clinic settings, acute care institutions and with mobile clinics. She has extensive experience with underserved and destitute populations in the US and in Uganda and Mexico. Her practice has included a significant number of clients afflicted with HIV/AIDS over the last 15 years. She currently provides primary care for over 300 HIV/AIDS patients. Ms. Ivantic-Doucette is also a nurse educator with experience in the development and teaching of advanced practice courses in nursing. She has had responsibility for the development of a certificate program for nurses in HIV/AIDS Counseling and Patient Care and for the development and teaching of content and clinical skills for Primary Health Care and HIV/AIDS in graduate level courses in nursing. Ms. Ivantic-Doucette lived in Uganda for a year; this experience has provided her with the ability to appreciate differences in people and to value the contributions of culture as a moderating influence in any health care activity. Ms. Ivantic-Doucette's clinical, educational and personal experiences will bring a wealth of skills and commitment to this project.

Margaret Murphy, PhD, RN, Co-Director. Dr. Murphy will devote 50% effort for the entire project period.

Dr. Murphy's primary responsibilities for the project will include overall project administration, implementation and grant management. She will be responsible for budget oversight, financial and project progress reports and the development and implementation of project evaluation and monitoring activities. She will be responsible for the quarterly and annual reports to the funding agency. She will also be responsible for establishing communication, supervision and administrative protocols for project management. She will provide consultation to the In-Country Administrator, Rev. Phillips. Dr. Murphy will be responsible for the selection and implementation of the project impact evaluation methods and tools and for the production and dissemination of project descriptions and results. Dr. Murphy will share responsibility with Ms. Ivantic-Doucette for the development of training materials and the evaluation of trainers as trainers (teaching competence).

Dr. Murphy's background includes experience in health care management, education and health care service evaluation. She has been a nurse educator at the undergraduate and graduate levels and has extensive experience in curriculum development and consultation. She has had experience managing nursing services and in the administration of educational programs including budget development and fiscal reporting. Early in her career Dr. Murphy lived and worked in Afghanistan for 5 years. This experience has shaped her approach to working with people of different cultures and beliefs. She has an abiding appreciation of the need to consider cultural differences and perspectives in everything that one does in another country, particularly health care. Because of her ability to appreciate and mediate differences, the International Council of Nurses contracted her to provide on-going staff consultation for a 5-year (1996 – 2001) international project. This project involved basic nursing research with groups of nurses in 9 countries outside the US including countries in Latin America and the African countries of Botswana, South Africa, Swaziland, and Zimbabwe. Dr. Murphy has experience with grant management and accountability requirements to the grantor and the project participants. Dr. Murphy is a nurse, an educator and a health care and education consultant; she brings these professional skills and perspectives to this project as well as her administrative and international health care experiences.

Rev. Edward Phillips, MM, In-Country Administrator. Rev. Phillips will devote 50% effort for the entire project period.

Rev. Phillips will provide the administrative, communication and supervision link in Kenya. He will be responsible for overseeing administrative protocols, dispersing project funds in Kenya and providing on-going support and supervision for the Area Coordinators. He will call and chair Advisory Board meetings and provide regular communications with key stakeholders in Kenya. He will have a reporting relationship with the project Co-Directors and will communicate with them on a regular basis. He will be the in-country, on-the-spot problem solver and referral resource for the project.

Rev. Phillips has lived in Africa for 23 years, the last 10 in Kenya. He has a background in social work, education and health care service administration. He has spearheaded the

development of the Eastern Deanery Community Based Home Care and AIDS Relief Program in Nairobi since 1994. This agency delivers health services to disadvantaged and underserved populations in Nairobi and he has worked extensively with HIV/AIDS victims and their families through this service. He knows this population and has worked to provide them with social and health care services. He is known and respected in Kenya and in the world of AIDS services providers. He has the skills and experience to provide essential administrative and support services to this project.

Applicant Qualifications

Marquette University is an experienced international training partner with a solid record of success in the areas of health care training, technology and distance education, and international training. The following provides a brief overview of our capabilities in these areas.

Health Care Training Grant Experience

Department of Health and Human Services: Marquette University's experience with United States Department of Health and Human Services (DHHS) training grants encompasses nursing, physical therapy, geriatric education, biomedical engineering and dentistry. Since 1996, Marquette has received 30 training grants from DHHS, totaling over $7,000,000.

A prime example is the Nurse Practitioner and Nurse-Midwifery Program training grant (newly titled the Advanced Education Nursing Program). Marquette has received Health Resources and Service Administration (HRSA) funding for this program since 1995. This is the only Nurse-Midwifery program in the state of Wisconsin. Accomplishments of the program include:

- 33 students have graduated from the program.
- Two Certified Nurse-Midwives of color, the first in the state, have graduated. Four additional nurse-midwives of color are currently enrolled in the program.
- 40% of program graduates are employed in medically underserved settings.
- 40% of the graduates have started new Nurse-Midwifery Services, resulting in an almost 60% increase in the number of services in the state.

Technology plays an important role in the success of the Nurse-Midwifery program; it facilitates student placement, learning, and networking, especially in rural areas. Students complete selected courses through distance education and preceptors receive continuing education, assistance, and access to health care resources. Marquette is currently developing a distance education partnership with the University of Loyola Chicago. This will allow a facilitated entry for master's degree maternal-child health students enrolled at Loyola who want to become post-master's Nurse-Midwifery certificate students at Marquette.

Major training grants in other disciplines that Marquette has received from HSRA include:

- Professional Nurse Traineeships
- Advanced Nurse Education (Children and Families: PNP/CNS)
- Geriatric Education Center
- Health Career Opportunities Program
- Physician Assistants Training in Primary Care

Robert Wood Johnson Foundation: For the past three years, Marquette has been a partner in the Wisconsin Program for Training Regionally Employed Care Providers (WisTREC), which is funded through the Robert Wood Johnson Foundation (RWJF). During this time, Marquette has received nearly $90,000 to develop on-line courses.

The Nurse-Midwifery program has developed five courses to date through RWJF and HRSA funds, and the Physician Assistant program has developed one. These courses enable students to serve their home communities while progressing in the program. The courses are set up in a modular format: the entire sequence addresses a specific area (e.g. Nurse-Midwifery), and students in other programs (e.g. Nurse Practitioner, Physician Assistant) can also access specific modules pertinent to their areas of study. The courses have undergone a rigorous evaluation, and an article, "Evaluation of Online Course Discussions: Faculty Facilitation of Active Student Learning," is scheduled to appear in the July issue of Computers in Nursing.

Area Health Education Centers (AHEC): Since 1996, Marquette has received 26 grants totaling $165,000 from the Area Health Education Centers. More important than the number of grants is the number of disciplinary and geographic areas in which the grants were received. Disciplines that were granted funding include nursing, dentistry, dental hygiene, physical therapy, and geriatric education. And, Marquette not only secured funding from the Wisconsin AHEC and the Milwaukee AHEC, but also received funding from the Eastern AHEC, the South West AHEC and the North West AHEC. This demonstrates the spectrum of demographic, economic and social settings, from remote rural areas to major urban centers, in which Marquette can effectively deliver training and other programming.

All of Marquette's endeavors pay special attention to cultural competency. Our AHEC-funded projects are no exception. The following are just a few examples:

- Providing Culturally Competent Managed Care Case Management for Older Adults
- Dental Health Care Delivery to the Indochinese Learning Center
- Exposure to Geriatrics and Gerontology Careers (African American youth)
- Health Career Opportunities Program in Physical Therapy (underrepresented youth)

Technology/Distance Education Experience

Marquette University is well prepared to support distance education and other technological projects. The Instructional Media Center provides satellite down-link for incoming seminars and satellite teleconferences as well as video and audio recording, tape duplication and editing services. On-site technical resources include TV and audio

studios and video editing suites. The New Media Center provides instruction and production facilities to support the use of state-of-the-art educational technology, including online educational resources, web design, and multimedia presentations.

A newly created Center for Electronic Learning, made possible through a $200,000 grant from AT&T, will offer services in Internet course development, training, and electronic education production to secondary education teachers, non-traditional adult students, and Marquette faculty. For Marquette faculty, the center will provide ongoing support in instructional and curricular design as they convert to online courses. Excellent models are available to guide faculty as well, such as the online master of arts program in instructional leadership for teachers that is offered through the School of Education's Department of Educational Policy Leadership Studies.

Major grants for distance education have also been received from the following sources: National Endowment for the Humanities, Ameritech, Our Sunday Visitor Institute, and the United States Department of Education (Technology Literacy Challenge Fund and Goals 2000 grants, both in partnership with Milwaukee Public Schools, and Preparing Tomorrow's Teachers to Use Technology in the Classroom).

International Experience

Marquette University has extensive experience with international grants, cooperative agreements and contracts. Marquette faculty include nationally and internationally distinguished scholars and teachers who have received 59 Fulbright awards and have traveled to every part of the globe, including Asia, Africa, and Eastern Europe. The following examples illustrate our experience with the United States Agency for International Development (USAID) as well as other international experiences.

Georgia. Primary Health Care Project, in cooperation with the Milwaukee International Health Training Center (2000). Sponsored by USAID and administered by the American International Health Alliance, a consortium of public health experts are providing training and technical assistance in the Republic of Georgia. Marquette College of Nursing faculty traveled to Georgia to assess the role and functions of primary health care nurses in preparation for the design of a nurse training program for a multidisciplinary team approach. Marquette personnel assessed the knowledge and skill level of clinic-based nurse functions; assessed the current role of practitioners and potential for change; evaluated the adequacy of existing nursing resources; and studied existing standards, curriculum, and planning. Marquette personnel also collaborated with Georgian nurses and professional associations to identify prospective trainees; assisted with the planning and design of the training program; and shared findings with Georgian colleagues. In 2001, an exchange program will bring Georgian nurses to Marquette for training, and the scope of the project will also expand to include Georgian dentists.

Albania. In cooperation with the Milwaukee International Health Training Center, the Marquette University School of Dentistry participated in a project administered by World Learning, Inc. and funded by USAID. Ten Albanian dentists, including faculty members

and practitioners, traveled to Marquette in February 2000 for three weeks of intensive training and professional development in dentistry and records management and exposure to American culture. Marquette training partners are now helping to establish a supply network so that the Albanian dentists can obtain up-to-date small equipment and supplies.

Gaza. Bachelor of Science Degree Program in Speech Pathology, Audiology, and Teaching of the Deaf for Palestinian Students Studying in the Gaza Strip. Sponsored by the Society for the Care of the Handicapped in the Gaza Strip and USAID (1995-1996). Marquette University, in collaboration with Lamar University (Beaumont, Texas), provided on-site Bachelor of Science completion courses to Palestinian students studying communication disorders. Marquette faculty traveled to Gaza to complete the Bachelor of Science degree preparation for 33 students who will help fill the region's urgent need for speech pathologists, audiologists, and teachers of the deaf. All 33 participants graduated in July 1996. Eight of these Palestinian students were women.

Jamaica. As part of an annual program, Marquette's International Marquette Action Program (IMAP) sent 21 Marquette students, faculty, and staff to Kingston, Jamaica, in the summer of 1999 to provide humanitarian assistance. This project also established two dental clinics to serve the poor in the area.

Kenya. Seminar in Democracy for Kenya. Funded by USAID from 1996-present. Marquette University's Les Aspin Center for Government in Washington, DC, in cooperation with the Public Law Institute in Nairobi, trained 75 participants from Kenya since the project began in 1996. Each year, the project brings 15 Kenyans to Washington DC and to Milwaukee, Wisconsin for six weeks of seminars and first-hand interaction with federal and state government, non-governmental organizations, community interest groups, health care, and media. Participants have represented the full spectrum of Kenya's geographic, religious, political, and sectoral diversity. They have included Kenyan grass-roots and community leaders, elected local and government officials, other community leaders (cleric and non-cleric), educators, journalists, and other professionals. Seminar topics and activities have been adapted each year to accommodate USAID's evolving strategic training objectives.

Ghana. Since 1998, the Seminar in Democracy has been adapted for USAID/Ghana. To date, 20 leaders from Ghana have completed the six-week training program. This project has explored in depth, for the first time, the linkages between democracy and education, health, trade and investment and their implications for participatory democracy in the light of USAID initiatives in the sector areas in Ghana.

Czech Republic. Partnership Between the College of Business Administration, Marquette University and the Department of Business Administration of the University of West Bohemia (1994-1996). With support from the United States Information Agency, Marquette University assisted the University of West Bohemia to upgrade curricula and to design and implement new courses. The project also conducted exchanges to foster professional development. Czech faculty members visited Marquette to study the curricula and gain better insight into American economics and the higher education system. In addition, the grant upgraded the University of West Bohemia's library by purchasing publications in business and economics.

Attachments

Table of Content

Implementation Plan

Activities	2001	2002	2003	2004	2005
Set up US office, hire operations specialist. Purchase and install equipment and supplies.	March				
Set up Kenya sites. Hire accountant and secretary. Purchase and install equipment and supplies.	March April				
Prepare detailed annual work plan – US & Kenya	April & October	October	October	October	October
US co-directors travel to Kenya.	April & October	March October	March October	March October	June
Technical Specialist travels to Kenya.	April	March	March		
Basic training materials developed – US.	June		March		
Advanced training materials and on-line programming developed – US.			May		February
Kenya Administrator and Coordinators and trainers travel to US.	July & August				
Basic training for trainers completed.	Cohort 1 – US – July & August		Cohort 2 – Kenya March		
Advanced training for trainers and on-line programming completed – Kenya.			October Cohort 1		June Cohort 2
Advisory Board Meetings – Kenya.	October	March & October	March & October	March & October	March & June
Area Coordinators Meetings – Kenya.	Every other month September – December	Quarterly	Every other month	Quarterly	2 times between January and September
Trainer Cohort Meetings – Kenya.	1 between September & December Cohort 1	4 times – Cohort 1	4 times – Cohort 1 (one with Cohort 2)	4 times – Cohort 1 & 2	2 times – Cohort 1 & 2
Training meetings conducted by Cohort 1 trainers – Kenya.	4 days per month in November & December	4 days per month X 12 months	4 days per month X 12 months	4 days per month X 12 months	4 days per month X 6 months
Training meetings conducted by Cohort 2 trainers – Kenya.			4 days per month X 6 mos.	4 days per month X 12 months	4 days per month X 6 months
Consultants meet with project staff and Advisory Board – Kenya.	April (S.A.) October (S.A.)	March (S.A.) October (T.G.& S.A.)	March (T.G & S.A.) October (S.A.)	March (S.A.) October (S.A.)	March (S.A.) June (S.A.)
Quarterly Reports completed, Kenya & US.	April, July, October, December	April, July, October, December	April, July, October, December	April, July, October, December	April July
Annual Reports completed, Kenya & US.	December	December	December	December	September

Reference List

AIDS Action (January/March 1999). Improving access to care. AIDS Action Issue 43, Kenya: Kenya AIDS NGOs Consortium (KANCO)

Alrutz, N. (May 1999). Issues paper on HIV/AIDS. Prepared for the APHIA Mid-term Review. Kenya: USAID.

Anderson, S. (July 8, 2000). Conference Notes; International Nursing Satellite Meeting of the XIII International Conference on AIDS. Durban, South Africa.

CBS (2000). 60 Minutes II: "In Death by Denial."

Centers for Disease Control (1995). Update:HIV counseling and testing using rapid tests. United States: CDC.

Government of Kenya. (1997). Ministry of Health Sessional Paper #4. Kenya: GOK.

International Hospital Federation & Health Industry Council. (1998). Emerging plagues and resurrected pestilence. Dallas, TX: Health Industry Council.

Ivantic-Doucette, K., & Maashao, G. (1999). Huduma Kwa Wagonjwa: An African Perspective on Case Management. In Cohen & DeBack's The Outcomes Mandate: Case Management in Health Care Today. St. Louis: Mosby.

Kaviti, S., Kizzier, L., & Wilson, M. (1999). USAID APHIA Mid-term review training issue paper. Kenya: USAID.

Littlefield, J. (May/June 1994). The role of a family planning program in international AIDS care. Journal of Nurses in AIDS Care (JANAC), 5(3), 47-49.

MAP. (July 2000). The status and trends of the HIV/AIDS epidemics in the world: Provisional report 5-7. Washington, DC: MAP Scretariat, U.S. Census Bureau.

Ministry of Health (March 2000). National Reproductive Health Training Plan 1999-2003. Division of Primary Health Care. Kenya: MOH.

Piot, P. (July 13, 2000). Conference Notes from the XIII International AIDS Conference, Durban, South Africa.

SADC (2000), Southern Africa Development Committee. Action Programme on HIV/AIDS in Education and Training in the Southern African Development Community. South Africa: SADC.

SafAIDS (December 1999). Focus on women. Southern Africa AIDS Information Dissemination Service Bulletin, 7(4).

Tshabalala-Msimang, M.E. (July 8, 2000). Conference Notes; International Nursing Satellite Meeting of the XIII International Conference on AIDS. Durban, South Africa.

UNAIDS (June, 2000). Report on the global HIV/AIDS epidemic. Geneva: UNAIDS.

UNAIDS (2000). Caring for carers: Managing stress in those who care for people with HIV/AIDS. Geneva: UNAIDS.

USAID. (2000). Making progress in Africa: Challenges old and new. USAID: Washington, DC.

USAID/Kenya. (2000). Integrated strategic plan 2001-2005. Washington: USAID.

USAID/Washington (May 10, 2000). Report of meetings with officials at the Office of Population and Health Regarding Nursing Training Concept Paper.

World Bank. (2000). Kenya AIDS disaster response project. National AIDS Control Council: Nairobi, Kenya.

BIOGRAPHICAL SKETCH

NAME	POSITION TITLE
Karen Ivantic-Doucette, MSN, RN-CS	Project Co-Director

INSTITUTION AND LOCATION	DEGREE (If applicable)	YEAR(s)	FIELD OF STUDY
Marquette University, Milwaukee, Wisconsin	BSN	1979	Nursing
Marquette University, Milwaukee, Wisconsin	MSN	1995	Family Nurse Practitioner

Research and Professional Experience:

Clinical Instructor and HIV/AIDS Family Nurse Practitioner, Marquette University College of Nursing, Milwaukee, WI (1997-present): responsible for education in Primary Health Care, HIV/AIDS, Graduate Nurse Practitioner Classes on Illness management and pharmacology. Developed and implemented a Nursing curriculum for African Nurses in HIV/AIDS Counseling and Patient Care Management. Organized mobile clinic in the slum areas of Mexico with 14 students. Fifty percent faculty practice position in HIV/AIDS Primary Care Clinic with responsibilities for primary care management, medication prescribing as an Advanced Practice Nurse Prescriber, and health promotion of patients with HIV/AIDS. Grant manager for Ryan White Title II Grant for Nurse Case Management and Women's Comprehensive Clinical Service. Provide training in HIV/AIDS and primary health care on two USAID sponsored programs: 1) Les Aspin Center Program for Democracy and Training in Kenya and Ghana and 2) Georgian Physician and Nurses Primary Health Care Education project. A joint program with Marquette and the Medical College of Wisconsin.

Coordinator/Nurse Practitioner: Virika Hospital AIDS Clinic, Fort Portal, Uganda.
Health Care Provider: U.S. Peace Corp., Fort Portal, Uganda.
Health Care Provider: Primary Care Mobile Clinic, Fort Portal, Uganda.
Educator: Virika Hospital Nursing School, Fort Portal, Uganda. (8/1995-12/1996)
Provided direct care to persons with HIV/AIDS in outpatient setting and within the village providing home care. Ran mobile clinics in the outlying villages with primary health care focus. Provided clinical services for 12 Peace Corp volunteers serving in the National Park System with coordination to Kampala and Nairobi. Provided education to the Nursing students in pharmacology and microbiology. Secured capacity building grant from UNDP for the Virika AIDS Clinic (US$100,000).

Nurse Practitioner/Interim Clinic Coordinator: Madison Street Outreach Clinic, A project of Aurora Health Care, Milwaukee, WI. (Free clinic for the Homeless and Uninsured) (5/95-7/95) Provided care to over 50 clients per day in a low income Spanish speaking area of the city within a City sponsored community center.

HIV Nurse Clinician, IV Nurse Clinician, Field Supervisor, Case Manager: Visiting Nurse Association, Milwaukee, WI. (1982-1995) Provided an array of home care services, direct care, educational and supervisory. Initiated and developed the HIV/AIDS Program for the Visiting Nurses and later for the Parent Corporation—Aurora Health Care.

Data Base Coordinator: Ryan White Title II Project for Women with HIV. (5/95-7/95)
Coordinated the development of indicators for Women with HIV for inclusion into a HIV Data Base.

Nurse Researcher: Wisconsin Division of Health. Milwaukee, WI. (1993-1994)
Research studying the economic and physical cost of the Cryptosporidium outbreak in the Water Supply.

Home Care Coordinator/Case Manager. St. John's Home Health Service. (1986-1987)
Developed new home care services for elderly and persons with diabilities.

Charge Nurse, ICU, St. Luke's Medical Center, Milwaukee, WI. (1979-1982).
Responsible for direct and supervisory care to persons in the Medical/Respiratory ICU.

Advisory Committees:
Ryan White Title II Consortium: Member and Chair of the Project Review/Quality Improvement Subcommittee (1997 to present). Consortium is part of the federal mandate under the Ryan White Care Act. Designated members are responsible for determining priorities for HIV activities and funding in the Southeast area of Wisconsin.

, Karen Ivantic-Doucette, MSN, RN-CS
Project Co-Director

Representative publications:

Ivantic-Doucette, K., Maashao, G., Wake, M. (2000). Certificate in AIDS Counseling and Patient Management for African Nurses. Poster Presentation: XIII International AIDS Conference, Durban, South Africa, July 2000.

Ivantic-Doucette, K. & Maashao, G., (1999). Huduma kwa wagonjwa: An African perspective on case management. In Cohen, E. & DeBack, V., The Outcomes Mandate: New Roles, Rules and Relationships. St. Louis: Mosby.

Ivantic, K., Busalacchi, M., Pilmaier, M. & Gilson, I. (1994). The effect of a city wide outbreak of Cryptosporidiosis on a cohort of AIDS patients. Poster presentation at the National Convention of the Association of Nurses in AIDS Care. Nashville, TN.

Gilson, I., Buggy, B., Brummitt, C., Busalacchi, M., & Ivantic, K. (1994). The impact of a community wide Cryptosporidiosis outbreak on AIDS patients. Oral research presentation and Conference booklet printing—X International Conference on AIDS,
Yokohama, Japan.

Busalacchi, M., Ivantic, K., & Gilson.,I. (1989) Home transfusion for AIDS patients on Zidovudine. Poster presentation and conference booklet, V International Conference on AIDS, Montreal, Canada.

Expert Reviewer for: International Council of Nurses (2000). Reducing the Impact of HIV/AIDS Nursing/Midwifery Guidelines for National Nurses Associations and Others.

Honors, Recognition:

Recipient of Federal Nurse Traineeship Grant for Nurse Practitioners, Master Study, 1994, 1995
Alpha Sigma Nu—National Jesuit Honor Society—1997
Community Achievement Award—1997
Sigma Theta Tau International Nursing Honor Society—1995
Scholarship Award—1992
Teacher of the Year Award, Marquette University College of Nursing—1999

BIOGRAPHICAL SKETCH

NAME	POSITION TITLE
Margaret M. Murphy, PhD, RN	Project Co-Director

INSTITUTION AND LOCATION	DEGREE (If applicable)	YEAR(s)	FIELD OF STUDY
College of St. Teresa, Winona, MN	BS	1968	Nursing
University of Wisconsin-Milwaukee, Milwaukee, WI	MSN	1979	Community Health Nursing
University of Wisconsin-Milwaukee, Milwaukee, WI	PhD	1990	Education

Research and Professional Experience:

Project Consultant for the International Council of Nurses (1996-present): responsible for coordination and guidance of a W.K. Kellogg Foundation Grant to the ICN involving 9 national nursing associations in basic research to develop and validate community and primary health care nursing terms for inclusion in the International Classification of Nursing Practice. Countries where consultation has been provided include Botswana, Zimbabwe, Swaziland, South Africa, Brazil, Colombia and Chile.

Nurse Consultant (1991-present): responsible for providing consultation to health care organizations and educational institutions. Consultations have included service delivery evaluation projects, development and implementation of new delivery models, curriculum and instruction consultation and the initiation and early establishment of a new school of nursing.

Interim Director/Acting Assistant Director of the School of Nursing of Western Michigan University, Kalamazoo, MI (1994-1997): responsible for developing policies and procedures, budget and curriculum for this new school of nursing. Duties included hiring initial staff and faculty and chairing the search for the permanent Director, shepherding the program through the University and State Board of Nursing approval processes.

Nurse Researcher, Holy Family Memorial Medical Center, Manitowoc, WI (1991-1996): The responsibilities of this part-time position included providing continuing development and maintenance of a unit-based clinical nursing research program in this 300 bed, rural, acute care hospital and home care agency. At any given time from 9-17 active research projects were in some phase of implementation which this position supervised and guided.

Senior Staff Specialist, National Commission on Nursing, Milwaukee, WI (1985 -1991): Responsible for staffing and planning project activities, particularly related to restructuring nursing care delivery systems. Worked with representatives of a number of national organizations including the health insurance industry, the business community, consumer organizations, the hospital association in addition to national nursing organizations and a variety of federal offices.

Director of Nursing, Villa Clement Nursing Home, West Allis, WI (1982-1985): Responsible for the department of nursing of a 200 bed Medicaid and Title XIX certified skilled nursing facility.

Associate Professor, Alverno College, Milwaukee, WI (1973-1982): Responsibilities included coordinating several levels of the nursing department, integration of specialty content into the curriculum, clinical and classroom teaching, membership in all of the standing committees and several of the college committees.

Health Officer, US Embassy Health Center, Lashkar-Gah, Afghanistan (1970-1973): Responsible for primary care including immunizations, health assessments, outpatient care and emergency care of the American USAID and Third Country National personnel stationed in Lashkar-Gah, Afghanistan.

Margaret M. Murphy, PhD, RN
Project Co-Director

Peace Corps Volunteer - Director, Lashkar-Gah Auxiliary School of Nursing, Lashkar-Gah, Afghanistan (1968-1970): Responsible for administration and instruction for a two-year program of studies in nursing for Afghan nationals.

Representative Publications:

Murphy, M. (1989). Chapter 2: Nursing service delivery systems. In National Commission on Nursing Implementation Project, Nursing's Vital Signs. Battle Creek, MI: W.K. Kellogg Foundation.

Murphy, M. (1994). The Nurse Manager's Problem Solver, contributing author, Chicago: Mosby-Year Book, Inc.

Lang, N. & Murphy, M. (1995). Chapter 8: International activities and perspectives on an international classification for nursing practice (ICNP). In American Nurses' Association, Nursing Data Systems: The Emerging Framework. Washington, D.C.: American Nurses' Association.

Jehle, S., Terry, G. & Murphy, M. (1996). Chapter 23: Implementing nurse case management in a rural community hospital. In Cohen, E., Nurse Case Management in the 21st Century. St. Louis: Mosby.

Murphy, M. (1999). Epilog. In Cohen, E. & DeBack V., The Outcomes Mandate: Case Management in Health Care, T. St. Louis: Mosby.

Murphy, M. (In press). Consensus strategies for decision making groups. NurseWeek Publishing, Inc.

Honors, Recognition:

Recipient of Federal Nurse Traineeship Grant for Community Health/ Gerontology Nursing Masters Study, 1977, 1978.
Phi Kappa Phi Honor Society, 1979.
Sigma Theta Tau International Nursing Society, 1981.
University of Wisconsin-Milwaukee, Nursing Alumni of the Year Award, 1988.

BIOGRAPHICAL SKETCH

NAME	POSITION TITLE
Fr. Edward Phillips, MM	Director/Kenya

INSTITUTION AND LOCATION	DEGREE (If applicable)	YEAR(s)
Boston College, Boston, MA	BA	1968
Maryknoll School of Theology, Maryknoll, NY	Masters of Divinity	1974
Marykknoll, New York	Ordained Roman Catholic Priest	1990

Research and Professional Experience:

Chairperson: Archdiocese of Nairobi Eastern Deanery C.B.H.C. & AIDS Relief Program. (1994-present).

Lecturer/Chaplain: Kenyatta University, Nairobi, Kenya. (1990-1993 & 1996-present).

Consultant: HIV/AIDS with emphasis on Community. (1996-present)

Pastor: Umoja Catholic Church (1993-1996), Kenya.

Dean: Archdiocese of Nairobi. (1994-present)

Assistant Pastor: Umoja Catholic Church, Kenya, (1989-1990).

Treasurer: Maryknoll Fathers Tanzania Region (1984-1989)

Assistant Pastor: St. Peter's Oyster Bay, Dar es Salaam, Tanzania. (1984-1989)

Assistant Director: Leadership Training Center, Musoma, Tanzania. (1981-1984)

Chaplain: Secondary Schools, Musoma, Tanzania. (1981-1984).

Administrator: Maryknoll Language School, Musoma, Tanzania. (1977-1981)

Assistant Director of Development and Director of Vocations, Chicago Regional Office, Maryknoll Fathers. (1974-1977).

Social Worker: Boston City Hospital. (1968-1971)

Appointments:

May 2000— Board Member, International Catholic Health Association.
April 2000-- Herbal Medicine Research Group, Kenyatta University.
January 2000-- Committee to organize National Conference on Higher Education And African Virtual University (AVU), Kenyatta University.
January 2000— Executive Committee Dept. of Health and Family Life, Kenya Catholic Secretariate.
June 1999—Organizing Committee National Conference on Student Leadership, Delinquency, Guidance and Pastoral Care in Schools—Kenyatta University.
May 1999—Appointed Vatican Committee to Develop and International Catholic Health Association.
1998-present—Appointed as member of Committee on HIV/AIDS, Vatican, Rome.
1997-present—Secretary to the Board, Nyumbani Home for Children with AIDS, Nairobi.

, Fr. Edward Phillips, MM
Director/Kenya

Representative Invited Presentations and Papers

Phillips, E. (2000). The Elephants are Fighting: Ethics and HIV Research in Africa.
Oral Paper Presentation, University of Chieti, Italy, 9/6/2000.

Phillips, E. (2000). The Child as Primary Care Giver in the Home. 13th International AIDS Conference, Durban, South Africa, July, 2000. Oral Presentation.

Phillips, E. (1999). Small Christian Communities as a model of CBHC and AIDS
Patients workshop for Kenyan Bishops, Demise, Karen, September, 1999.

Phillips, E. & Njoroge,A. (1998). Intervention and Care of HIV/AIDS Patients with Tuberculosis Amongst Marginalized People in the Slums of Nairobi.
8th International Conference on Infectious Diseases—Boston, MA, USA, May, 1998.

Phillips, E. & Njoroge, A. (1998). What will Happen to My Children? Planning for Children before Death with Single Mothers in the Slums of Nairobi.
12th International Conference on HIV/AIDS—Geneva Switzerland, June 1998.

Njoroge, A. & Phillips, E. (1998). Community Care for Slum Dwellers with HIV/AIDS in the Slums of Nairobi. 12th International Conference on AIDS—Geneva, Switzerland, June 1998.

Research Projects:

Use of herbal medicines for anti-inflammatory treatment of AIDS Patients. Joint Kenyatta University and EDARP research project. April 2000.

Treatment of Bacteria Skin Infections amongst HIV/AIDS Patients. A joint Dept. of Microbiology KEMRI and EDARP. We have shown that the use of Savlon mixed in petroleum jelly clears up most of the skin infections in our patients. Research trials under code name with KEMRI commenced as of June 1999.

Use Frangipani for the treatment of Herpes Zoster Amongst HIV/AIDS Patients.
A joint Dept. of Microbiology KEMRI and EDARP research program.

Workshops Organized and Attended:

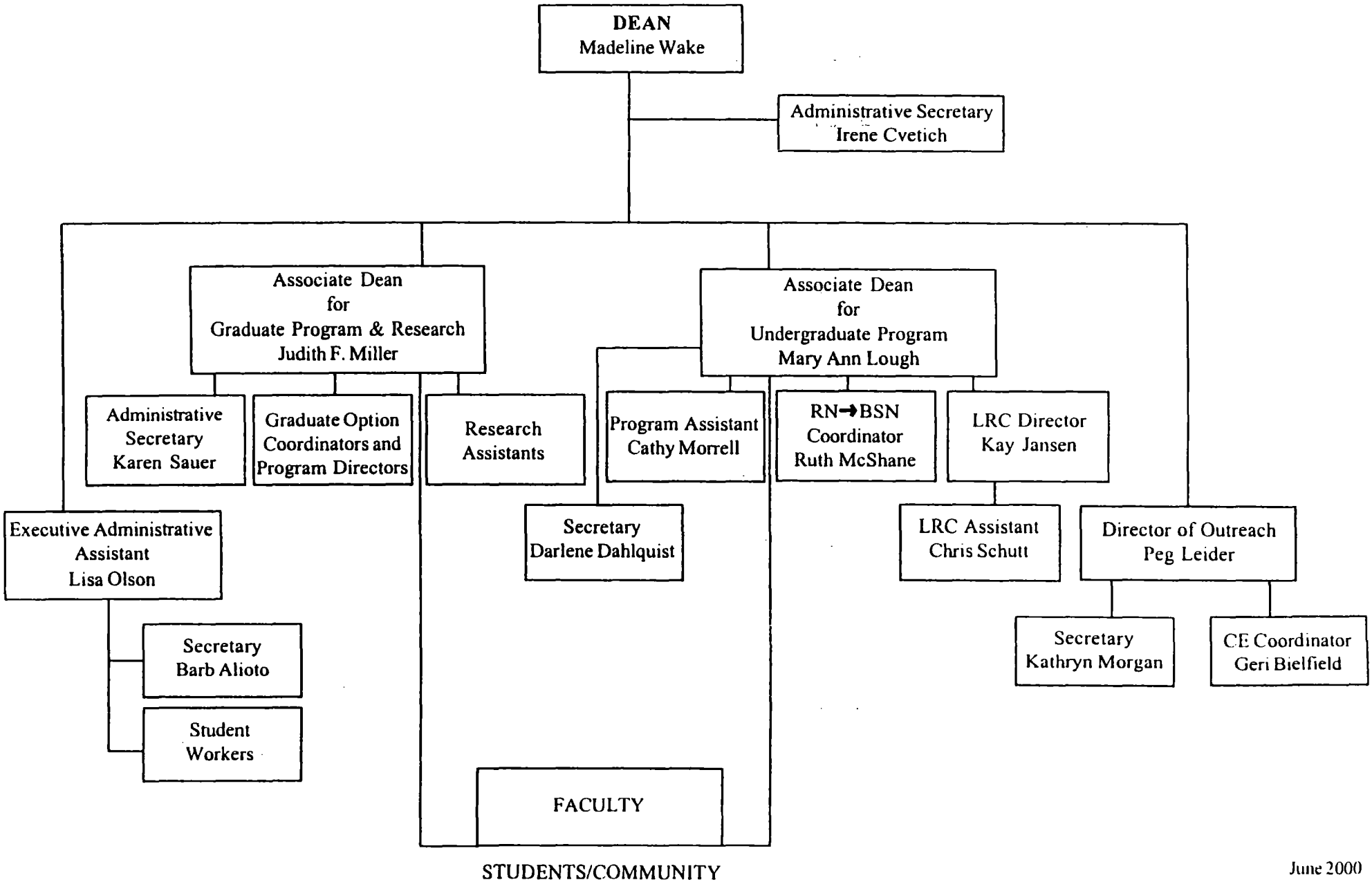
March 1999—Organized one day workshop for International Confederation fo the Red Cross Geneva Switzerland on Community Based Care in a slum environment.

March 1999—Participant USAID Workshop on Identifying Needs for Community Based Care and AIDS.

May 2000—Inter-Religious Workshop on Protection of Children—Tokyo Japan

July 2000—Directed two workshops on Community Based Health Care for the South Africa Catholic Health Association, Durban, South Africa.

Marquette University College of Nursing Organizational Chart



June 2000

Description of Kenya-based Cooperating Agencies

Eastern Deanery Community-Based Home Care (CBHC) and AIDS Relief Programme:
The mission of the programme is to empower communities with the skills to care for persons with HIV and AIDS within their community. It is located in Nairobi under the auspices of the Archdiocese of Nairobi. This agency is managed by Fr. Edward Phillips who has been a part of it since its inception in 1994.

- Target area: East Leigh area/urban slum population with about 1 million of which over 60% are thought to be infected with HIV. It is also an area with very high rates of tuberculosis (TB) and sexually transmitted infections (STIs).
- Started in 1994, this program utilizes nurses and volunteer community health workers (CHWs) as the core providers of the care. CHWs are trained to visit, provide basic care, and build trust relationships. Nurse visits to provide professional care to the patient and family and train and trouble shoot for the CHW. Families are cared for, case finding is attended to by trusted members in the community, and abandoned children and family members are reunited with family. A social worker works to reunite families and has been 90% successful in acquiring family support methods for the children so that they are not placed in an orphanage. The current staff includes 10 nurses, 3 social workers, 3 counselors (trained for HIV testing), 1 FT trainer, 2 AIDS educators for schools, parishes doing prevention, 1 lab technician, and 1 professional nurse. They have trained 450 volunteers to date, and have provided care for over 9,000 patients..

Diocese of Mombasa AIDS Programme:
Brother John Mullen (Maryknoll Brother) and Sr. Pellagia both of whom were trained at the Eastern Deanery staff this service. In 1997 they began a home care program similar to that of the Eastern Deanery utilizing volunteer community health workers and nurses.

- Target area: The area south of the port channel in Mombasa. The municipality of Mombasa is crowded and the area south of the Port channel is extremely poor. Mombasa is the main port of all commerce in East Africa and is a magnet for new HIV infection.
- The AIDS programme provides home visitation, follow up, testing and counseling for patients and others, medicines, simple treatment strategies. Between 1997 and 1999 this program provided care for 500 clients, of these, 75 died by 1999. Although Mombasa is part of the catchment area for the IMPACT model assisting home care programmes. To date neither Br. John, or Sr. Pellagia or any other members of their team have heard of this group. Their population includes a high number of street kids with whom they are actively developing relationships. This agency has a small dispensary at their disposal with a number of essential drugs. They have trained about 250 CHWs since 1999.

St. Joseph Shelter of Hope:

This agency is managed by Sr. Genovefa Maasho who has received training in health care and HIV/AIDS prevention and care in the US and she also interned at the Eastern Deanery. This agency began in October of 1999 and has a staff of three sisters, two of whom are nurses and one that is a counselor. This agency exists under the auspices of the Sisters of St. Joseph, Diocese of Mombasa, which also sponsors schools and an orphanage in addition to the AIDS program. All of the sisters in this order are either educators or nurses and committed to extending care for HIV/AIDS patients.

- Target area: Voi, Kenya, a rural area along the coastal travel routes, is a high prostitution area. There are an estimated 300,000 persons in Voi with HIV/AIDS who are not receiving any kind of care. This is an area afflicted by extreme poverty and a higher than usual rate of HIV/AIDS due to its proximity to the port nearby.
- The agency includes a new dispensary, a lab and is in the process of developing a drop in center for homeless children. The dispensary operates as a primary health care site for all problems. The home care program functions in a similar fashion as the program at the Eastern Deanery and the Diocese of Mombasa AIDS Programme, with volunteer workers who establish trust and a bond with a family and then introduce the nurse as a professional health care provider. To date, the Voi program has trained 2 nurses and 27 volunteer community health workers.

How Primary Health Care Interventions Impact the Natural History of HIV/AIDS

Natural History of HIV-1 Infection

Exposure	Sero-Conversion	Asymptomatic	Symptomatic	AIDS	Death
0-3 months	3-6 months	8-10 years	2-3 years	8 months-2 years	

The Natural course of illness in the absence of medication or other comorbid conditions=approximately 11-15 years. The timeline is compressed in the presence of malnutrition, other STDs, and infections such as malaria.

Infectivity Risk

Exposure	Sero-Conversion	Asymptomatic	Symptomatic	AIDS	Death
MOST INFECTIOUS			**HIGHLY INFECTIOUS**		

Connecting Primary Health Care Services along the HIV Continium

Preinfection	Exposure	Aymptomatic	Symptomatic	AIDS	Death
Public Education Nutrition Tx of STIs TB Treatment Immunization Family Planning Prevention Immunoenhancement To keep CD4 counts 800-1200	Couseling CaseFinding Followup Testing HIV/Malaria/ STIs	Screening Pregnant Women Medication to Prevent Perinatal Transmission Maintain health and Immunocompetence	Clinic/Hospital education TB Screen and Treatment Hold CD4>200 Telehealth Xrays for TB	Hospice Hospital care CD<200 Control OI Palliative care Immuno-enhancement Prevention	Social Sequelae Orphans Family Support Economic Impact on (Workers)

Archdiocese of Nairobi

Eastern Deanery
C.B.H.C. & AIDS Relief Programme

P.O. Box 43058, Nairobi, Kenya, Africa
Tel: 811421, 445447, 442875 Fax: 254-2-444954
E-Mail: phillips@africaonline.co.ke

Madeline Wake, PhD, RN, FAAN, Dean
Marquette University College of Nursing
Clark Hall P.O. Box 1881
Milwaukee, WI 53201-1881
FAX No. 1-414-288-1597

12 September, 2000

RE: Proposal in Response to USAID RFA Kenya #623-00-A-020, Issuance of 5 July 2000, Request for Application for Delivery of Family Planning, Reproductive Health, and Child Survival Services in Kenya

Dear Dr. Wake:

I am writing to express my support for Marquette University College of Nursing's USAID grant proposal to provide a culturally appropriate HIV/AIDS Train-the-Trainer program for Nurses and Primary Health Care Workers (PHCW)in Kenya, East Africa.

Training nurses and community health workers who are on the front lines of the AIDS pandemic is essential to influence social attitudes and behavioral change. These individuals also provide the majority of prevention and care services.

Your College faculty has demonstrated their ability to address training in a culturally appropriate fashion. I strongly recommend funding your efforts.

Sincerely yours,

Rev. Edward Phillips M.M.
Chair/ EDARP
Chaplain/Lecturer Kenyatta University

FROM : TELKOM KENYA LTD PHONE NO. : +254 2 228407 Sep. 12 2000 02:16PM P1

MARQUETTE
UNIVERSITY

September 7, 2000

Professor Karen Ivantic-Doucette
Marquette University
College of Nursing
PO Box 1881
Milwaukee, WI 53201-1881

Dear Professor Ivantic-Doucette:

I am writing in strong support of your proposal to US AID for a Train-the-Trainer program for HIV/AIDS care in Kenya. I am impressed both by your commitment to this important project and by the qualifications you bring to the work. As a nurse practitioner with a specialty in AIDS care, you have demonstrated expertise in clinical practice and in teaching nurses, physicians, and others. You have been recognized as a clinical leader on AIDS care through presentations locally, nationally, and at the recent International AIDS conference in Durban, South Africa. Your experience in AIDS care in Uganda has prepared you to develop a culturally relevant training program.

Your collaborator, Dr. Margaret Murphy, has extensive grants management experience and has led international projects in several countries, including Zimbabwe, Swaziland and South Africa. Your in-country partner, Sr. Genofeva Maashao, will engage local support and energy for the project.

The magnitude of the problem of AIDS in East Africa mandates a clear response. Marquette University and its College of Nursing strongly supports this project as part of our social justice mission. We will work with you to deliver a high quality educational program to African nurses and to assure sustainability of training and care efforts.

Sincerely yours,

Madeline Wake

Madeline Wake, PhD, RN, FAAN
Dean & Professor

MW:ic

MARK GREEN
8TH DISTRICT, WISCONSIN

ASSISTANT MAJORITY WHIP

COMMITTEE ON BANKING AND FINANCIAL SERVICES

COMMITTEE ON THE BUDGET

COMMITTEE ON SCIENCE

REPUBLICAN POLICY COMMITTEE

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES

September 8, 2000

Madeline Wake, PhD, RN, FAAN, Dean
Marquette University College of Nursing
Clark Hall P.O. Box 1881
Milwaukee, WI 53201-1881

Dear Dr. Wake

I am writing to express my support for Marquette University College of Nursing's USAID Grant proposal in response to USAID RFA Kenya # 623-00-A-020, Issuance Date: 5 July 2000 Request for Application for Delivery of Family Planning, Reproductive Health, and Child Survival Services in Kenya.

The program proposed would provide a culturally appropriate HIV/AIDS Train-the – Trainer program for Nurses and Primary Health Care Workers (PHCW) in Kenya, East Africa. It would enhance primary, secondary and tertiary HIV prevention methods and patient care management strategies so that this serious pandemic can be addressed in an efficacious manner that will enhance the lives of the people of Kenya. Training nurses and PHCW through programs that are attentive to social attitudes and belief systems can significantly affect the health of communities by improving health care access and delivery, as well as reduce the fear of caring for persons with HIV or AIDS. As most persons with HIV and AIDS are not hospitalized, but rather, live at home in their own communities, it makes sense to train the people who are most often the caregivers and advisors in these settings- nurses and primary health care workers, and model behavior change within the community.

I believe that Marquette University College of Nursing is particularly suited for this type of project. The fact that the College has offered a certificate program for advanced nursing care for AIDS and is a leader in this field makes your College an excellent candidate to provide this type of program. In addition, I know that you have expert nursing faculty with extensive experience with HIV and AIDS care. Moreover, that the faculty has experience with AIDS care and issues in Africa and Kenya. I understand that this program aims to provide training in primary health care as well as HIV/Aids-specific care. Basic nutrition, infection control, general health maintenance strategies, and behavior modificaton will be incorporated into the training program because of the important role that these strategies play in reducing the susceptibility to HIV/AIDS.

1218 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-5665

700 EAST WALNUT STREET
GREEN BAY, WI 54301
(920) 437-1954

609A WEST COLLEGE AVENUE
APPLETON, WI 54911
(920) 380-0061

837 CLEREMONT STREET
ROOM 112
ANTIGO, WI 54409
(715) 627-1511

TOLL FREE IN WISCONSIN (800) 773-8579
www.house.gov/markgreen

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This program promises to provide both intensive training and mechanisms for on-going consultation and development through the use of Internet and web-based programming and consultation. The nurses who are trained will in turn learn to train others. Thus expanding the pool of knowledge and dedicated nurses and health care workers in Kenya who are equipped to address the myriad of complex issues that are involved in the prevention and treatment of HIV and AIDS. At the same time, because of the length of the proposed program, four and one-half years, the people who are trained will have an opportunity to develop a support network for themselves that can help to ameliorate the personal drain that providing this kind of care can cause.

I am pleased to support your efforts and am hopeful that your College will be awarded the USAID grant that will enable your faculty to implement this program in Kenya.

Sincerely yours,

Member of Congress

MAG:rad

Society of Jesus
Office of the Provincial

Province of Eastern Africa
P.O. Box 21399
Nairobi, Kenya

Ref: 00/380/27.3

Monday, September 11, 2000

Madeline Wake, PhD, RN, FAAN, Dean
Marquette University College of Nursing
Clark Hall P.O. Box 1881
Milwaukee, WI 53201-1881

RE: Proposal in Response to USAID RFA Kenya #623-00-A-020, Issuance Date: 5 July 2000, Request for Application for Delivery of Family Planning, Reproductive Health, and Child Survival Services in Kenya

Dear Dr. Wake
I am writing to express my support for Marquette University College of Nursing's USAID grant proposal to provide a culturally appropriate HIV/AIDS Train-the-Trainer program for Nurses and Primary Health Care Workers (PHCW) in Kenya, East Africa.

Training nurses and community health workers who are on the front lines of the AIDS epidemic is essential to influence social attitudes and behavioural change. These individuals also provide the majority of prevention and care services.

Your College faculty have demonstrated their ability to address training in a culturally appropriate fashion. I strongly recommend funding your efforts.

Sincerely yours,

Fr. Fratern Masawe, S.J.
Jesuit Provincial of the Eastern Africa Province.

Loyola House Menelik Road (off Ngong Road).

Tel Office: 570436, 570489, 569494; Fax: 254(2)566.873
e-mail: eastpro@nbnet.co.ke
provincial@sjeafr.org

THOMAS M. BARRETT
5TH DISTRICT, WISCONSIN

COMMITTEE ON COMMERCE
SUBCOMMITTEE ON HEALTH AND ENVIRONMENT
SUBCOMMITTEE ON FINANCE AND HAZARDOUS MATERIALS

1214 LONGWORTH OFFICE BUILDING
WASHINGTON, DC 16
(202) 225-3871

135 WEST WELLS STREET
ROOM 618
MILWAUKEE, WI 53203
(414) 297-1331

http://www.house.gov/barrett
e-mail:tellbarrett@mail.house.gov

Congress of the United States

House of Representatives

Washington, DC 20515-4905

September 11, 2000

Mr. J. Brady Anderson
Administrator
U.S. Agency for International Development
Ronald Reagan International Trade Building
1300 Pennsylvania Avenue, N.W.
Washington, DC 20523

Dear Mr. Anderson:

I am writing in regard to a grant proposal from Marquette University's College of Nursing for funding that would enable the school to provide a culturally appropriate HIV/AIDS Train-the-Trainer program for nurses and primary health care workers in Kenya. My understanding is that this proposal will be sent to the U.S. Agency for International Development Kenya mission office in Nairobi. I ask that the Marquette proposal be provided with full and fair consideration.

Marquette's program would enhance HIV prevention methods and patient care management strategies through training that is attentive to the social attitudes and belief systems of the country. The program would also provide primary health care training, including basic nutrition, infection control, and general health maintenance strategies, with the goal of reducing susceptibility to HIV and AIDS. Those who are trained by Marquette will be given the skills to teach others, thereby expanding the pool of knowledgeable and dedicated nurses and health care workers in Kenya.

I have the utmost respect for the work being done at Marquette's College of Nursing. The school's faculty possesses an extensive background of dealing with AIDS and HIV, including a advanced nursing care for AIDS certificate program and experience with AIDS care in Kenya. I am confident that Marquette's expertise would provide a beneficial contribution to the uphill battle against Africa's growing HIV/AIDS crisis.

Once again, I ask that the Marquette University College of Nursing proposal be provided with full and fair consideration. Thank you for your attention to this request.

Sincerely,

Tom Barrett
Member of Congress

TB:ps

PRINTED ON RECYCLED PAPER

Training a Sustainable Health Care Workforce for AIDS Care and Counseling
RFA #623-00-A-020

Cost Application

Financial Reporting: Marquette University is a single organizational entity and all financial reporting is conducted by the Office of the Comptroller. The University has an oracle-based financial system to manage finances. Grant funds are deposited in segregated account numbers and all financial reports are generated directly from the general ledger.

The project budget is based upon actual numbers (e.g. salaries) or estimates from prior experiences (e.g. travel). Grant funds are spent on an actual cost basis according to Marquette's financial procedures. The University's internal controls are audited on a yearly basis via an A-133 audit.

SUMMARY BUDGET - JANUARY 1, 2001 -- SEPTEMBER 30, 2005 Subcontract with The Eastern Deanery Community Based Healthcare & AIDS Relief Programme						
BUDGET ITEMS	*YEAR 1*	*YEAR 2*	*YEAR 3*	*YEAR 4*	*YEAR 4 1/2*	*TOTAL*
DIRECT LABOR						
Rev. Edward Phillips, Archdiocese of Nairobi	$20,000	$20,600	$21,218	$21,855	$16,883	$100,555
Auditor, Community Based Health Care Project	$2,000	$2,060	$2,122	$2,185	$2,253	$10,620
Secretary	$600	$618	$637	$656	$506	$3,017
Mrs. Alice Ngorge, Nairboi Area Coordinator	$2,700	$1,800	$1,800	$1,080	$1,080	$8,460
Sr. Genovefa Maashao, Voi Area Coordinator	$2,700	$1,800	$1,800	$1,080	$1,080	$8,460
Br. John Mullen, Mombassa Area Coordinator	$2,700	$1,800	$1,800	$1,080	$1,080	$8,460
Cohort One Trainers (11) To Be Named	$3,960	$3,960	$3,960	$3,960	$3,960	$19,800
Cohort Two Trainers (8) To Be Named	$0	$0	$2,880	$2,880	$2,160	$7,920
SUBTOTAL PERSONNEL	$34,660	$32,638	$36,216	$34,776	$29,002	$167,292
FRINGE BENEFITS						
	$0	$0	$0	$0	$0	$0
SUPPLIES AND EQUIPMENT						
Office/Medical Supplies $200 per site per year	$600	$600	$600	$600	$300	$2,700
(3) Portable Overhead Projectors	$2,175	$0	$0	$0	$0	$2,175
Phone Costs - $300 initital fee, $200/year/phone, and $50/mo.	$3,300	$2,400	$2,400	$2,400	$1,950	$12,450
Phone Line Access -$300 per site in year 1 only	$900	$0	$0	$0	$0	$900
Clinical Kits	$0	$0	$1,600	$0	$0	$1,600
Clinical Kit Upgrades/Rapid HIV Screening Tests	$0	$0	$19,500	$0	$12,000	$31,500
SUBTOTAL SUPPLIES & EQUIPMENT	$6,975	$3,000	$24,100	$3,000	$14,250	$51,325
TRAVEL AND PER DIEM						
Area Coordinators' Meetings in Kenya	$1,000	$2,000	$3,000	$2,000	$1,000	$9,000
Area Coordinator's Daily Travel Allowance	$10,800	$7,200	$7,200	$4,320	$3,240	$32,760
Trainers (Cohort 1) Meetings in Kenya	$1,155	$5,520	$5,520	$5,520	$2,760	$20,475
Trainers (Cohort 2) Meetings in Kenya	$0	$0	$960	$3,840	$1,920	$6,720
SUBTOTAL TRAVEL	$12,955	$14,720	$16,680	$15,680	$8,920	$68,955
OTHER DIRECT COSTS						

SUMMARY BUDGET - JANUARY 1, 2001 -- SEPTEMBER 30, 2005 Subcontract with The Eastern Deanery Community Based Healthcare & AIDS Relief Programme						
BUDGET ITEMS	*YEAR 1*	*YEAR 2*	*YEAR 3*	*YEAR 4*	*YEAR 4 1/2*	*TOTAL*
Internet Services - 3 subscriptions @ $500/year	$1,500	$1,500	$1,500	$1,500	$750	$6,750
Advisory Board Meetings	$550	$1,100	$1,100	$1,100	$1,100	$4,950
Postage and Shipping	$500	$500	$500	$500	$500	$2,500
SUBTOTAL OTHER DIRECT COSTS	$2,550	$3,100	$3,100	$3,100	$2,350	$14,200
GRAND TOTAL	*$57,140*	*$53,458*	*$80,096*	*$56,556*	*$54,522*	*$301,772*

SUMMARY BUDGET - JANUARY 1, 2001 -- SEPTEMBER 30, 2005
MARQUETTE UNIVERSITY

BUDGET ITEMS	*YEAR 1*	*YEAR 2*	*YEAR 3*	*YEAR 4*	*YEAR 4 1/2*	*TOTAL*
DIRECT LABOR						
Karen Ivantic-Doucette, MSN, RN-CS, ACRN, FNP, Co-Director	$28,448	$29,586	$30,769	$32,000	$24,960	$145,764
Margaret Murphy,RN, Ph.D., Co-Director	$35,000	$36,400	$37,856	$39,370	$30,709	$179,335
To Be Named, U.S. Operations Specialist	$35,000	$36,400	$37,856	$39,370	$30,709	$179,335
Lars Olson, Ph.D., Technology Specialist	$13,237	$6,883	$7,158	$0	$0	$27,278
SUBTOTAL PERSONNEL	$111,685	$109,269	$113,640	$110,741	$86,378	$531,712
FRINGE BENEFITS						
	$26,118	$26,061	$27,104	$26,997	$21,057	$127,337
SUPPLIES AND EQUIPMENT						
Laptop Computers (2) - Year One Only	$10,000	$0	$0	$0	$0	$10,000
Pentium III computers (2) with scanners and color ink jet printers	$7,500	$0	$0	$0	$0	$7,500
Pentium III computers (4) with printers	$10,000	$0	$0	$0	$0	$10,000
Laptop Computer with Solar Power Rechargers (3)	$3,000	$0	$0	$0	$0	$3,000
(3) Digital Video Cameras	$2,550	$0	$0	$0	$0	$2,550
Television with VCR	$800	$0	$0	$0	$0	$800
Televisions with VCR (3)	$1,200	$0	$0	$0	$0	$1,200
Office Supplies	$1,500	$1,000	$1,000	$500	$500	$4,500
Clinical Kits	$2,600	$0	$0	$0	$0	$2,600
SUBTOTAL SUPPLIES & EQUIPMENT	$39,150	$1,000	$1,000	$500	$500	$42,150
TRAVEL AND PER DIEM						
Co-Director Travel from Milwaukee to Nairobi (14-night)	$13,690	$14,101	$14,524	$14,959	$15,408	$72,682
Co-Director Travel from Milwaukee to Nairobi (14-night)	$13,690	$14,101	$14,524	$14,959	$15,408	$72,682
Co-Director Travel from Milwaukee to Nairobi (6-night)	$11,170	$11,505	$11,850	$12,206	$0	$46,731
Co-Director Travel from Milwaukee to Nairobi (6-night)	$11,170	$11,505	$11,850	$12,206	$0	$46,731
Dr. Lars Olson's Travel from Milwaukee to Nairobi (14-night)	13,660	14,070	14,492	0	0	42,222
Sr. Alice Ngorge's Travel from Nairobi to Milwaukee (35-night)	$5,975	$0	$0	$0	$0	5,975
Br. John Mullen's Travel from Mombassa to Milwaukee (35-night)	$6,125	$0	$0	$0	$0	6,125

SUMMARY BUDGET - JANUARY 1, 2001 -- SEPTEMBER 30, 2005
MARQUETTE UNIVERSITY

BUDGET ITEMS	*YEAR 1*	*YEAR 2*	*YEAR 3*	*YEAR 4*	*YEAR 4 1/2*	*TOTAL*
Sr. Genovefa Maashao's Travel from Voi to Milwaukee (35-night)	$6,145	$0	$0	$0	$0	6,145
Rev. Edward Phillips' Travel from Nairobi to Milwaukee (35-night)	$5,975	$0	$0	$0	$0	5,975
(11) Trainers Travel from Kenya to Milwaukee (35-night)	$66,835	$0	$0	$0	$0	66,835
Dr. Tesfamicael Ghebrehiwet's Travel from Geneva to Nairobi	$0	$10,625	$10,944	$0	$0	21,570
Dr. Sandra Anderson's Travel from Botswana to Nairobi	$2,140	$2,204	$2,270	$2,338	$2,409	11,362
Van Rental in Milwaukee for all project participants	$8,400	$0	$0	$0	$0	8,400
SUBTOTAL TRAVEL	$164,975	$78,111	$80,454	$56,669	$33,225	413,434
OTHER DIRECT COSTS						
Subcontract with the Eastern Deanery Community Based Healthcare and AIDS Relief Programme	$57,140	$53,458	$80,096	$56,556	$54,522	$301,772
Subcontract with another institution of Higher Education for an Instructional Technology Expert (25% FTE)	$13,000	$13,390	$13,792	$14,205	$14,632	$69,019
Subcontract with African Virtual University	$10,000	$10,000	$10,000	$10,000	$5,000	$45,000
Consultant, Dr. Tesfamicael Ghebrehiwet	$0	$1,600	$2,400	$0	$0	$4,000
Consultant, Dr. Sandra Anderson	$3,200	$3,200	$3,200	$3,200	$3,200	$16,000
Fees for Passports and Visas	$1,875	$0	$0	$0	$0	$1,875
Health Insurance and Screening	$4,500	$0	$0	$0	$0	$4,500
Postage & Shipping	$5,228	$1,000	$1,000	$1,000	$1,000	$9,228
Telephone	$2,000	$1,000	$1,000	$1,000	$1,000	$6,000
Photocopying	$5,000	$2,500	$5,000	$2,500	$2,000	$17,000
SUBTOTAL OTHER DIRECT COSTS	$101,943	$86,148	$116,488	$88,461	$81,354	$474,394
INDIRECT COSTS						
Total Direct Costs	$443,870	$300,589	$338,685	$283,368	$222,514	$1,589,026
Off-Campus Rate of 26% of Modified Total Direct Costs	$99,900	$63,893	$62,347	$53,978	$28,174	$308,292
GRAND TOTAL	*$543,770*	*$364,482*	*$401,032*	*$337,346*	*$250,688*	*$1,897,318*

A four-percent inflation factor has been incorporated on all salaries and a three-percent inflation factor on travel costs between project years.

DIRECT LABOR

Karen Ivantic-Doucette, MSN, RN-CS, ACRN, FNP, Co-Director. Ms. Ivantic-Doucette will devote 50% effort for the entire project period. In the first two summer months of the project period she will devote 100% time. She will be responsible for the educational content and training portion of the project. This includes directly providing the basic and advanced training of the 1st and 2nd cohort of trainers, developing culturally appropriate "hard copy" and on-line educational materials; developing, teaching and monitoring the performance of advanced clinical skills for syndromatic diagnosis and treatment strategies.; developing and monitoring the use of assessment and evaluation materials and methods for on-going evaluation of clinical skills and knowledge of the trained personnel.
Year 1: $28,448; Year 2: $25,116; Year 3: $25,869; Year 4: $26,645; Year 4 1/2: $20,583

Margaret Murphy,RN, Ph.D., Co-Director. Dr. Murphy will devote 50% effort for the entire project period. She will be responsible for the overall project administration, implementation and grant management.This includes oversight of the budget and fiscal reporting, development and administration of project evaluation and monitoring activities, writing quarterly and annual reports. She will have primary responsibility for communications and problem solving regarding administrative, implementation and evaluation issues. She will also be involved in the development of "hard copy" and on-line educational materials.
Year 1: $35,000; Year 2: $36,050; Year 3: $37,132; Year 4: $38,245; Year 4 1/2: $29,545

To Be Named, U.S. Operations Specialist This individual will be devoted 100% for the entire project period. The U.S. Operations Specialist will manage the day-to-day operations of the project; coordinate logistics; secure passports and visas; maintain communications between project personnel and participants; enter data and maintain records; and maintain routine correspondence with external parties.
Year 1: $35,000; Year 2: $36,050; Year 3: $37,132; Year 4: $38,245; Year 4 1/2: $29,545

Lars Olson, Ph.D., Technology Specialist Dr. Olson will devote two full-time summer months to the project in summers one and three. In the summer of year two, he will be devoting one full time month to the project. In Years 1 and 2, Dr. Olson will assess the current technology and linkages available in Kenya, install the hardware and software for the electronic hook up in Kenya, troubleshoot any problems with the established technologies and in-service project staff and participants on how to use the technologies. In Year 3, Dr. Olson will provide training for the on-line programming in Kenya.
Year 1: $13,237; Year 2: $6,817; Year 3: $14,043; Year 4: $0; Year 4 1/2: $0

FRINGE BENEFITS

Fringe benefits are budgeted at 29% of salary for full-time employees and 16% on part-time employees and summer salary for full-time faculty. The Marquette fringe benefit package includes: health, life, dental, and disability insurance, social security and workers compensation, TIAA/CREF, and tuition remission. The grant will be charged for actual fringe benefit costs incurred per individual paid by the grant.

SUPPLIES AND EQUIPMENT

Pentium III computers (2) with scanners and color ink jet printers - $3,750 each (Year One Only)

The computers must have compact disc read and write capabilities. The computers will be used by the Co-Directors to develop hard copy and electronic training materials; communicate with project personnel; monitor on-line education programs and write necessary reports and evaluations. Year 1: $26,118; Year 2: $24,597; Year 3: $26,458; Year 4: $24,938; Year 4 1/2: $19,264

Pentium III computer with printer - $2,500 (Year One Only)
This computer will be used by the U.S. Operations Specialist to enter project and evaluation data; keep project records; communicate with project personnel, participants and external parties; and track fiscal expenditures.

Pentium III computers with printers (3) - $2,500 each (Year One Only)
These computers will be used by the Area Coordinators in Nairobi, Mombasa and Voi. They will be used to train and support trainers and other health care workers; enter project and evaluation data; keep project records; communicate with project personnel, participants and external parties; adapt training materials to fit local needs.

Laptop Computers (2) - $5,000 each (Year One Only)
These computers must have video capabilities and modems. These machines will be used in both the United States and Kenya to set-up distance learning, and to run demonstration videos to training groups in Kenya.

Television with VCR - $800 (Year One Only)
This will be used in the U.S. for training purposes. It will be used to develop and present training materials. The VCR component must be capable of running UF formatted tapes as well as European tapes.

(3) Digital Video Cameras- $2,550 (Year One Only)
The Digital Cameras must have both video and still capabilities. The camera will be used to develop education materials for ongoing training and distance learning links for both the US staff and the coordinators and trainers in Kenya. The camera for Mombassa will be used for both Mombassa and Voi.

Laptop Computers with Solar Power Rechargers (3) - $1,000 each (Year One Only)
These machines will be used in Kenya to take to remote sites such as community centers and churches to provide a distance learning link.

Television with VCR (3) - $400 each (Year One Only)
These units will be used in Kenya to develop and present training materials.

Office Supplies – Year 1: $1,500, Years 2 & 3: $1,000 each, Year 4 & 4 ½: $500 each
Supplies for the U.S. office will include paper, video tapes, cartridges for printers, batteries for cameras, file, pens, CD ROMs, etc.

Clinical Kits - These are sets of basic clinical tools that will be needed for the trainers to carry out the clinical skills that they have learned, such as a stethoscope, blood pressure cuff, pen light, dressings, soap products, thermometers, tape measure, weight scale, aprons, etc. The kits will cost about $200 each and thirteen will be purchased in year one only. ($2,600 in year one only)

TRAVEL AND PER DIEM

Co-Directors Travel from Milwaukee to Kenya

Year 1: $49,720; Year 2: $51,212; Year 3: $52,748; Year 4: $54,330; Year 4 1/2: $30,816

(2) Co-Directors Travel from Milwaukee to Nairobi twice per year in project years one through four and one trip will be taken in year four and one-half. There will be one 14-night trip per year that includes travel between Nairobi, Mombassa, and Voi. In addition the 2 co-directors will travel to Nairobi a second time for each of the first four years for a six-night stay. The purpose of these meetings is to meet with the In-Country Administrator and Area Coordinators and the Advisory Board and consultants. This will provide time for administrative support and to monitor project progress. Some meetings will also focus on establishing and implementing evaluation mechanisms and to provide on-going, in person training and feedback. Detail costs include:

Cost per Trip	14-night	6-night
Airfare - $9,500 round trip per person per trip	$9,500	$9,500
$50 per day for ground transportation	$ 700	$ 300
$40 per day for meals in Kenya	$ 560	$ 240
$20 per day for meals on travel days (four days for each trip)	$ 80	$ 80
$25 per day for communication costs (access to phone, e-mail and fax)	$ 350	$ 150
$150 per night for hotel (Intercontinental Hotel)	$2,100	$ 900
$150 airfare from Nairobi to Mombassa	$ 150	$ 0
$250 car rental to travel from Mobassa to Voi	$ 250*	$ 0
Total Cost Per Trip Per Person	*$13,690*	*$11,170*

*Total car rental charge is $500. Since both faculty will be traveling at the same time, the per person cost is $250.

Travel for Dr. Lars Olson from Milwaukee to Nairobi

Year 1: $13,660; Year 2: $14,070; Year 3: $14,492; Year 4: $0; Year 4 1/2: $0

Dr. Olson will be making a 14-night trip from Milwaukee to Nairobi in years one and two. Each trip includes four travel days. He will make another trip in year three. During each trip he will be traveling within the country to Mombassa and Voi. In year one and two he will be assessing the technology capabilities that exist and installing the hardware for the electronic hookup, trouble shoot any technology problems and provide basic computer in-service to the Kenya staff who will be using the computers. In year 3 he will focus on the equipment and in-service needs of the Kenya staff related to distance learning. Detail travel costs include:

Cost per Trip	14-night
Airfare - $9,500 round trip per person per trip	$9,500
$50 per day for ground transportation	$ 700
$20 per day for meals in Kenya	$ 280
$20 per day for meals on travel days (four days for each trip)	$ 80
$25 per day for communication costs (access to phone, e-mail and fax)	$ 350
$150 per night for hotel (Intercontinental Hotel)	$2,100
$150 airfare from Nairobi to Mombassa	$ 150
$250 car rental to travel from Mobassa to Voi	$ 500
Total Cost Per Trip	*$13,660*

Travel for (3) Area Coordinators from Kenya to Milwaukee

Year 1: $18,245; Year 2: $0; Year 3: $0; Year 4: $0; Year 4 1/2: $0

Mrs. Alice Ngorge (Nairobi), Sr. Genovefa Maashao (Voi), and Br. John Mullen (Mombassa) will be travelling from their home cities in Kenya to Milwaukee for a thirty-five night stay in year one only. The purpose of this trip is to provide the Area Coordinators with a concentrated training experience that is the same as the experience the trainers will receive so that they are in a position to provide the trainers with support and guidance that is consistent with the training program that the trainers have received. This is also intended to foster the formation of a cohesive group that can sustain a mutual support when they return to Kenya. Detail costs include:

Cost per Trip (35-night)	Nairobi	Mombassa	Voi
Airfare - $3,000 round trip per person per trip	$3,000	$3,000	$3,000
$40 per night for accommodations in Milwaukee	$1,400	$1,400	$1,400
$45 per day for per diem in Milwaukee	$1,575	$1,575	$1,575
$150 airfare to/from Mombassa and Nairobi	$ 0	$ 150	$ 150
$20 bus travel from Voi to Mombassa	$ 0	$ 0	$ 20
Total Cost Per Trip	*$5,975*	*$6,125*	*$6,145*

Travel for In-Country Administrator, Rev. Edward Phillips from Nairobi to Milwaukee

Year 1: $5,975; Year 2: $0; Year 3: $0; Year 4: $0; Year 4 1/2: $0

purpose of this trip is the same as the purpose for bringing the Area Coordinators to Milwaukee, so that he is aware of the content of the training and also so that he can work with the US staff to begin to develop administrative protocols that will be used for the project.

Cost per Trip (35-night)	Nairobi
Airfare - $3,000 round trip per person per trip	$3,000
$40 per night for accommodations in Milwaukee	$1,400
$45 per day for per diem in Milwaukee	$1,575
Total Cost Per Trip	*$5,975*

Travel for (11) Trainers from Various Kenyan Cities to Milwaukee

Year 1: $66,835; Year 2: $0; Year 3: $0; Year 4: $0; Year 4 1/2: $0

Cohort 1 of trainers will be travelling from their various cities in Kenya to Milwaukee for a thirty five night stay in year one only. Four are from Nairobi, four from Mombassa, and three from Voi. The primary purpose of this trip is to provide the trainers with a concentrated training experience and the opportunity to develop group cohesion and support that will sustain itself when they return to Kenya.

Cost per Trip (35-night)	(4)Nairobi	(4)Mombassa	(3)Voi
Airfare - $3,000 round trip per person per trip	$3,000	$3,000	$3,000
$40 per night for accommodations in Milwaukee	$1,400	$1,400	$1,400
$45 per day for per diem in Milwaukee	$1,575	$1,575	$1,575
$150 airfare to/from Mombassa and Nairobi	$ 0	$ 150	$ 150
$20 bus travel from Voi to Mombassa	$ 0	$ 0	$ 20
Total Cost Per Trip	*$5,975*	*$6,125*	*$6,145*

Travel for Dr. Tesfamicael Ghebrehiwet, Consultant from Geneva to Nairobi
Year 1: $0; Year 2: $10,625; Year 3: $10,944; Year 4: $0; Year 4 1/2: $0
Dr. Ghebrehiwet will make a three-night trip from Geneva to Nairobi in years two and three only. He will provide consultation to the project regarding international nursing and health policy issues. He will also assist with the formation and the development of support mechanisms for the second cohort of trainees which will be drawn from the membership of the Nursing Council of Kenya. The detail cost per trip is as follows:

Cost per Trip (Year Two Costs)	3-night
Airfare - $9,785 round trip	$9,785
$51.50 per day for ground transportation	$ 155
$20.60 per day for meals in Kenya	$ 62
$20.60 per day for meals on travel days (four days for each trip)	$ 82
$25.75 per day for communication costs (access to phone, e-mail and fax)	$ 77
$154.50 per night for hotel (Intercontinental Hotel)	$ 464
Total Cost Per Trip	*$10,625*

Travel for Dr. Sandra Anderson, Consultant from Botswana to Nairobi
Year 1: $2,140; Year 2: $2,204; Year 3: $2,270; Year 4: $2,338; Year 4 1/2: $2,409
Dr. Anderson will travel from Botswana to Nairobi twice per year for a two-night stay each trip to provide consultation as an expert in AIDS care and service delivery in Eastern Africa. Dr. Anderson brings a wealth of expertise from her experiences as a UNAIDS nursing consultant for Eastern and Southern Africa. Detail costs are as follows:

Cost per Trip in Year 1	2-night
Airfare - $500 round trip	$ 500
$50 per day for ground transportation	$ 100
$20 per day for meals in Kenya	$ 40
$20 per day for meals on travel days (four days for each trip)	$ 80
$25 per day for communication costs (access to phone, e-mail and fax)	$ 50
$150 per night for hotel (Intercontinental Hotel)	$ 300
Total Cost Per Trip	*$1,070*

Van Rental for (15) Participants that will be in Milwaukee from Kenya (Year One Only)
Marquette will rent two minivans to transport the area coordinators, in-country administrator, and the trainers to and from practice sites during their 35-day training in Milwaukee. The cost is $4,200 per van. Total cost is $8,400.

OTHER DIRECT COSTS
Subcontract, Eastern Deanery Community Based Healthcare and AIDS Relief Programme. Marquette University will enter into a subcontract with the NGO partner. The Programme will administer all funds in Kenya. Year 1: $54,465; Year 2: $52,958; Year 3: $79,597; Year 4: $56,056; Year 4 1/2: $54,022.

To Be Named, Instructional Technology Expert. 25% FTE
Year 1: $13,000; Year 2: $13,390; Year 3: $13,792; Year 4: $14,205; Year 4 1/2: $14,632
This person will be hired through a subcontract to an institution such as Wheeling Jesuit University or J-Net. This person will take the pertinent educational information and put it into an on-line learning format, such as Learning Space. In addition, this person will assist with establishing the criteria for evaluation of the on-line programming. It is estimated that this individual will earn $20 per hour, 10 hours per week.

Access Fee. $10,000 per year in years one through four and $5,000 in last ½ year.
This subcontract with the African Virtual University will allow access to their radio tower and satellites for Internet and other on-line capabilities.

Dr. Tesfamicael Ghebrehiwet, Consultant. 3 days in Year 2, 3 days in Year 3 @$800/day
Dr. Ghebrehiwet will consult regarding nursing and health policy issues in Kenya as they relate to nurses and the health care workers who report to nurses. He will serve as a liaison to the Nursing Council of Kenya and assist in the formation and support of the second cohort of trainers.
Year 1: $0; Year 2: $1,600; Year 3: $2,400; Year 4: $0; Year 4 1/2: $0

Dr. Sandra Anderson, Consultant. 4 days in each project year @ $800/day.
Dr. Anderson will serve as an expert consultant on AIDS care and AIDS and reproductive health programs in Africa. Dr. Anderson brings her expertise and experience from her experiences with UNAIDS as a nursing consultant for Eastern and Southern Africa.
Year 1: $3,200; Year 2: $3,200; Year 3: $3,200; Year 4: $3,200; Year 4 1/2: $3,200.

Fees for passports and visas. 15 project participants x $125 for passports and J1 visas; $1,875 in year one only.

Health Insurance and Screening. 2-month coverage for 14 project participants @ $300 per participant during their travel to the U.S. Participants will be receiving hands-on experience in U.S. clinics. TB tests, etc. are necessary to ensure the well-being of both participants and patients.

Postage & Shipping. $1000 is budgeted each year. In year one, an additional $4,228 is budgeted to ship three computers from the United States to Nairobi.

Telephone. - $2000 is budgeted in year one and $1,000 is budgeted in each of the remaining years.

Photocopying. – Years 1 & 3 - $5,000, Years 2 & 4 – $2,500, ½ Year - $2,000
Photocopying costs will include copying educational manuals, updates for manuals, transparencies, slides, color copies, posters, surveys, and evaluation materials, as well as binding services.

INDIRECT COSTS – Marquette University's federally approved off-campus indirect cost rate is 26% of Modified Total Direct Costs. Marquette University's indirect cost rate was established with the U.S. Department of Health and Human Services on January 14, 1998. A copy of the current indirect cost rate agreement is attached.
Year 1: $99,900; Year 2: $62,150; Year 3: $62,319; Year 4: $51,465; Year 4 1/2: $25,964

INSTITUTIONAL DEVELOPMENT - N/A

DIRECT LABOR

Rev. Edward Phillips, M.M, Archdiocese of Nairobi. In-Country Administrator
Year 1: $20,000; Year 2: $20,600; Year 3: $21,218; Year 4: $21,855; Year 4 1/2: $25,964
50% FTE for the entire project period. Rev. Phillips will assist in coordinating logistics in Kenya, disperse budgeted funds, manage administrative issues regarding the project in-country, provide support and supervision for the Area Coordinators, call and chair Advisory Board meetings and communicate with key stakeholders. He will also be responsible for quarterly and annual reports and to collect monitoring and evaluation data.

Auditor
Year 1: $2,000; Year 2: $2,060; Year 3: $2,122; Year 4: $2,185; Year 4 1/2: $2,253
The auditor will conduct an in-country audit on a quarterly and annual basis to ensure proper fiscal management.

Secretary - 60% FTE ($50 per month in year one).
Year 1: $600; Year 2: $618; Year 3: $637; Year 4: $656; Year 4 1/2: $506
This person would work for Fr. Edward Phillips and the Area Coordinators. They would be responsible for typing reports and correspondence, coordination of meeting facilities and arrangements, recording the minutes of meetings, office maintenance, etc.

Area Coordinators (3)
The Area Coordinators will facilitate, monitor and support trainees in their practice and in the transition from trainee to trainer; manage local area logistics; evaluate practitioner competency and impact; advise and assist trainers as they train others; attend Advisory Board and other meetings on a regular basis; monitor quality of the project; and provide primary support.

Nairobi Area Coordinator- Mrs. Alice Ngorge, Year 1 - 75% ($2,700), Years 2 & 3 - 50% ($1,800), Years 4 & 5 - 30% ($1,080)

Voi Area Coordinator- Sr. Genovefa Maashao Year 1 - 75% ($2,700), Years 2 & 3 - 50% ($1,800), Years 4 & 5 - 30% ($1,080)

Mombassa Area Coordinator- Br. John Mullen Year 1 - 75% ($2,700), Years 2 & 3 - 50% ($1,800), Years 4 & 5 - 30% ($1,080) ($300/month or $3,600 per year is their total annual salary)

Cohort One Trainers (11) To Be Named - 15% FTE ($360 per year, all years of the project) (Based upon a full-time salary of $2,400/year).
The Area Coordinators will identify the Cohort One Trainers. Trainers will train nurses and primary health care workers in the prevention and care management of HIV/AIDS, primary health care interventions, family planning, reproductive health and child survival services; attend ongoing training; and train and support a new group of trainees in Year 3.
Year 1: $3,960; Year 2: $3,960; Year 3: $3,960; Year 4: $3,960; Year 4 1/2: $3,960

Cohort Two Trainers (8) To Be Named – 2 days per month at $15 per day = $360 per year, Year 3 only. In Year 4 and 4 1/2, the Trainers will receive $360 for the year as an incentive if they participate in ongoing training, conduct a set number of training sessions, and submit evaluations from the training sessions. The Cohort Two Trainers, four from Mombassa and four from Nairobi, will be identified by the Nursing Counsel of Kenya. They will attend an initial training session plus six additional meetings in Year 3. Trainers will train nurses and primary health care workers in the prevention and care management of HIV/AIDS, primary health care interventions, family planning, reproductive health and child survival services; and attend ongoing training.
Year 1: $0; Year 2: $0; Year 3: $2,880; Year 4: $2,880; Year 4 1/2: $2,160

SUPPLIES AND EQUIPMENT

Office Supplies - $200 per site for each of the three sites is budgeted each year for general consumable office supplies.
Year 1: $600; Year 2: $600; Year 3: $600; Year 4: $600; Year 4 1/2: $600

(3)Portable Overhead Projectors
These machines will be used in Kenya for training and educational purposes on and off site. They are especially useful with larger groups. They are estimated to cost $725 each.

Phone Costs
Year 1: $3,300; Year 2: $2,400; Year 3: $2,400; Year 4: $2,400; Year 4 1/2: $1,950
$200/year for three separate phones for all four and one-half years.
Cell phones will be rented in Kenya because we will be educating nurses and healthcare professionals in areas where there is no regular or reliable phone access. Cell phones will provide internet and satellite access to strengthen the infrastructure of the program. In addition, there is a $50 per month charge per phone.

Phone Line Access - $300 per site (Nairobi, Mombassa, and Voi) in year one only.

Clinical Kits and Clinical Kit Upgrades
Year 1: $0; Year 2: $0; Year 3: $21,100; Year 4: $0; Year 4 1/2: $12,000
These are sets of basic clinical tools that will be needed for the trainers to carry out the clinical skills that they have learned, such as a stethoscope, blood pressure cuff, pen light, dressings, soap products, thermometers, tape measure, weight scale, aprons, etc. The kits will cost about $200 each and eight will be purchased in year three. In addition, we will need to supply kit "upgrades" in years 3 and 4 1/2 (x 13 in year 3 and x 8 in year 41/2) of 100 "rapid HIV screening tests" for each trainer (a total of 1,300 rapid screening tests in year 3 and 800 in year 4). These "rapid HIV screening tests" cost $ 15 each.

Postage and Shipping - $500/year
There will be postage and shipping costs from each of the three Kenyan sites as well as between the three Kenyan sites.

TRAVEL AND PER DIEM

Area Coordinator's Meetings in Kenya
Year 1: $1,000; Year 2: $2,000; Year 3: $3,000; Year 4: $2,000; Year 4 1/2: $1,000

In year one, two one day meetings will be held, one in Mombasa and one in Nairobi and in year three six one-day meetings will be held, three in Mombassa and three in Nairobi. In years two and four, four meetings will be held, two in Mombassa and two in Nairobi. In the final half-year, two meetings will be held one in Mombassa and one in Nairobi. The three area coordinators and Rev. Edward Phillips will be attending these meetings. The purpose of these meetings is to provide consistency in coordination activities, to review local progress and to problem solve issues of concern.

Voi Area Coordinator, Sr. Genovefa Maashao					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 4 1/2
Mombassa					
Round trip bus ticket @ $20/day	$20	$40	$60	$40	$20
Airfare @ $150 round trip	$ 0	$ 0	$ 0	$ 0	$0
Local Transportation (taxi) @ $25/day	$25	$50	$75	$50	$25
Food Allowance @ $20/day	$20	$40	$60	$40	$20
Nairobi					
Round trip bus ticket @ $20/day	$20	$40	$60	$40	$20
Airfare @ $150 round trip	$150	$300	$450	$300	$150
Local Transportation (taxi) @ $25/day	$25	$50	$75	$50	$25
Food Allowance @ $20/day	$20	$40	$60	$40	$20
TOTALS	$280	$560	$840	$560	$280

Mombassa Area Coordinator, Br. John Mullen					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 4 ½
Mombassa					
Round trip bus ticket @ $20/day	$0	$0	$0	$0	$0
Airfare @ $150 round trip	$0	$0	$0	$0	$0
Local Transportation (taxi) @ $25/day	$25	$50	$75	$50	$25
Food Allowance @ $20/day	$20	$40	$60	$40	$20
Nairobi					
Round trip bus ticket @ $20/day	$0	$0	$0	$0	$0
Airfare @ $150 round trip	$150	$450	$450	$450	$150
Local Transportation (taxi) @ $25/day	$25	$75	$75	$75	$25
Food Allowance @ $20/day	$20	$60	$60	$60	$20
TOTALS	$240	$720	$720	$720	$240

Nairobi Area Coordinator, Mrs. Alice Ngorge					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 4 1/2
Mombassa					
Round trip bus ticket @ $20/day	$0	$0	$0	$0	$0
Airfare @ $150 round trip	$150	$300	$450	$300	$150
Local Transportation (taxi) @ $25/day	$25	$50	$75	$50	$25
Food Allowance @ $20/day	$20	$40	$60	$40	$20
Nairobi					
Round trip bus ticket @ $20/day	$0	$0	$0	$0	$0

Nairobi Area Coordinator, Mrs. Alice Ngorge					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 4 1/2
Airfare @ $150 round trip	$0	$0	$0	$0	$0
Local Transportation (taxi) @ $25/day	$25	$50	$75	$50	$25
Food Allowance @ $20/day	$20	$40	$60	$40	$20
TOTALS	$240	$480	$720	$480	$240

In Country Administrator, Rev. Edward Phillips					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 4 1/2
Mombassa					
Round trip bus ticket @ $20/day	$0	$0	$0	$0	$0
Airfare @ $150 round trip	$150	$300	$450	$300	$150
Local Transportation (taxi) @ $25/day	$25	$50	$75	$50	$25
Food Allowance @ $20/day	$20	$40	$60	$40	$20
Nairobi					
Round trip bus ticket @ $20/day	$0	$0	$0	$0	$0
Airfare @ $150 round trip	$0	$0	$0	$0	$0
Local Transportation (taxi) @ $25/day	$25	$50	$75	$50	$25
Food Allowance @ $20/day	$20	$40	$60	$40	$20
TOTALS	$240	$480	$720	$480	$240

Area Coordinators Daily Travel Allowance @ $20/day					
	Year 1 180 days 75%	Year 2 120 days 50%	Year 3 120 days 50%	Year 4 72 days 30%	Year 4 ½ 54 days 30%
Sr. Genovefa Maashao, Voi	$3,600	$2,400	$2,400	$1,440	$1,080
Br. John Mullen, Mombassa	$3,600	$2,400	$2,400	$1,440	$1,080
Mrs. Alice Ngorge, Nairobi	$3,600	$2,400	$2,400	$1,440	$1,080
TOTALS	$10,800	$7,200	$7,200	$4,320	$3,240

Trainee Meetings in Kenya (Cohort 1-11Members)

Year 1: $1,155; Year 2: $5,520; Year 3: $5,520; Year 4: $5,520; Year 4 1/2: $2,760

Yearly one-day trainee meetings are planned to develop mutual support and share learning experiences. The primary purpose of these meetings is to provide mutual support and maintain group cohesion. These meetings also provide a venue for catharsis and discussion of issues that affect "burn out" and turnover of health care providers who work with AIDS care. In year one, there is one meeting planned in Mombassa. In years two through four, there are four total meetings planned, two in Nairobi and two in Mombassa. In year 4 ½ there are two meetings planned, one in Nairobi and the other in Mombassa. In cohort one, there will be three members from Voi, four members from Nairobi, and four from Mombassa. Costs are detailed below:

Trainee Meetings in Kenya(Cohort 1)					
	Year 1	Year 2	Year 3	Year 4	Year 4 ½
(3) Voi Trainees					
Round trip bus ticket @ $20/day	$60	$240	$240	$240	$120
Airfare @ $150 round trip	$0	$900	$900	$900	$450
Local Transportation (taxi) @ $25/day	$75	$300	$300	$300	$150
Food Allowance @ $20/day	$60	$240	$240	$240	$120
(4) Mombassa Trainees					
Round trip bus ticket @ $20/day	$0	$0	$0	$0	$0
Airfare @ $150 round trip	$0	$1,200	$1,200	$1,200	$600
Local Transportation (taxi) @ $25/day	$100	$400	$400	$400	$200
Food Allowance @ $20/day	$80	$320	$320	$320	$160
(4) Nairobi Trainees					
Round trip bus ticket @ $20/day	$0	$0	$0	$0	$0
Airfare @ $150 round trip	$600	$1,200	$1,200	$1,200	$600
Local Transportation (taxi) @ $25/day	$100	$400	$400	$400	$200
Food Allowance @ $20/day	$80	$320	$320	$320	$160
TOTAL	$1,155	$5,520	$5,520	$5,520	$2,760

Trainee Meetings in Kenya (Cohort 2 – 8 Members)
Year 1: $0; Year 2: $0; Year 3: $960; Year 4: $3,840; Year 4 1/2: $1,920.
There will be four members from Nairobi and four members from Mombassa who will join the first cohort in the quarterly support meetings. In year three these trainers will join the trainers in the first cohort for one meeting, in year four they will attend all 4 of the meetings and in year 4 ½ they will go to the 2 meetings to be held that year during the project funding period.

Trainee Meetings in Kenya(Cohort 2)					
	Year 1	Year 2	Year 3	Year 4	Year 4 ½
(4) Mombassa Trainees					
Round trip bus ticket @ $20/day	$0	$0	$0	$0	$0
Airfare @ $150 round trip	$0	$0	$0	$1,200	$600
Local Transportation (taxi) @ $25/day	$0	$0	$100	$400	$200
Food Allowance @ $20/day	$0	$0	$80	$320	$160
(4) Nairobi Trainees					
Round trip bus ticket @ $20/day	$0	$0	$0	$0	$0
Airfare @ $150 round trip	$0	$0	$600	$1,200	$600
Local Transportation (taxi) @ $25/day	$0	$0	$100	$400	$200
Food Allowance @ $20/day	$0	$0	$80	$320	$160
TOTAL	$0	$0	$960	$3,840	$1,920

OTHER DIRECT COSTS

Internet Services- 3 subscriptions @ $500 per year in Year 1-4, $250 in year 4 ½.
This will provide actual Internet services to the three Area Coordinators in Kenya.
Year 1: $1,500; Year 2: $1,500; Year 3: $1,500; Year 4: $1,500; Year 4 1/2: $750

Advisory Board Meetings
Year 1: $550; Year 2: $1,100; Year 3: $1,100; Year 4: $1,100; Year 4 1/2: $1,100
An Advisory Board will meet in Nairobi once a year one and twice a year in years 2, 3, 4 and 4 1/2, for one day at the Intercontinental Hotel. These meetings are designed to provide political and social support for the project and to provide one way to link with other groups that are vested in health care and HIV/AIDS care in Kenya. The costs will include $25/person for 14 people for coffee and lunch, room rental and set-up of $200 per day.

TOTAL CONTRACT: Year 1: $57,140; Year 2: $53,458; Year 3: $80,086; Year 4: $56,556; Year 4 ½: $54,522; Total Contract: $301,772

Subcontracts and Sub-grants: We intend to use three subcontractors: the Eastern Deanery Community Based Health Care and AIDS Relief Programme, the African Virtual University and an institution of Higher Education, such as Wheeling Jesuit University. Please see the budget and budget narrative for a thorough description of the tasks and associated costs that will be subcontracted. As the project has very specific and unique needs and as we have already established a relationship with the subcontractors, there will not be an open competition for the subcontracts.

Marquette University has a long-standing relationship with the Eastern Deanery. The Deanery is a division of the Diocese of Nairobi. They were selected for their willingness and ability to participate in the project. They are a trustworthy entity and will be responsible with fiscal management as well as conducting the stated project activities.

The African Virtual University was selected as they can provide reliable access to radio towers and satellite links for Internet and other on-line capabilities.

Marquette University has a well-established relationship with Wheeling Jesuit University, as well as other Jesuit universities. The most recent venture is J-Net, a network of Jesuit universities who have come together to establish and foster collaborative distance education programs. Wheeling Jesuit University, or one of several other institutions, can provide an instructional technology specialist through a subcontract. This specialist will know how to set up a distance education program through a commonly used software package such as LotusNotes LearningSpace.

Financial History: Marquette University is economically sound. The fiscal year runs from July 1 to June 30. Our revenues and expenses from the past three fiscal years are as follows:

	1999	1998	1997
Total Revenues & Net Assets Released from Restrictions	$195,330,000	$186,573,000	$174,838,000
Total Operating Expenses	$181,070,000	$169,597,000	$178,810,000

Previous Experience: In the previous three-year period, Marquette University has secured similar or related grants, contracts and/or cooperative agreements from the following entities:

- United States Agency for International Development
- United States Department of Health and Human Services
- Robert Wood Johnson Foundation
- Area Health Education Centers
- AT&T
- National Endowment for the Humanities
- Ameritech
- United States Department of Education
- Our Sunday Visitor Institute

Please see section "Applicant Qualifications" for a brief description of the funded projects.