

## Data Sheet

<b>USAID Mission:</b>	Kenya
<b>Program Title:</b>	HIV/AIDS, Population, and Health
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	615-003
<b>Status:</b>	Continuing
<b>Planned FY 2005 Obligation:</b>	\$12,600,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2006 Obligation:</b>	\$12,300,000 CSH
<b>Year of Initial Obligation:</b>	2001
<b>Estimated Year of Final Obligation:</b>	2008

**Summary:** USAID's health program focuses on reducing fertility and the risk of HIV/AIDS through efforts to reform the health care sector, preventing HIV transmission, providing treatment, care, and support for those already infected, and delivering family planning and child survival services. USAID is a member of the U.S. Government's country team that is working to manage a major expansion of HIV/AIDS programs, with special attention to the promotion of "ABC" (Abstinence, Be faithful, and correct and consistent Condom use), care and treatment.

### Inputs, Outputs, Activities:

**FY 2005 Program:** Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$8,700,000 CSH). USAID will continue to support public and private sector reproductive health activities. One project works in 96 health facilities (80% Ministry of Health) in 10 districts of Kenya's Coast and Western provinces. The quality of care by training providers and upgrading facilities will be improved. Demand for services and the promotion of healthier behavior through community-level interpersonal communications will be increased. These activities will be consolidated in the existing areas in FY 2005 and started in a new province. USAID, working with the Ministry of Health (MOH), will decide which province to move into, and how to sustain the investment made in the first two provinces. Another project will train private sector health providers to improve their delivery of family planning services.

Several analyses of the 2003 Demographic Health Survey (DHS) will be completed in FY 2005. These will identify why family planning acceptance has reached a plateau and will help USAID develop programs to improve it. Work has already started under the Implementing Best Practices Initiative in six districts, including training health workers on family planning and ensuring contraceptive security at the local level. Principal contractors and grantees: Engender Health, Family Health International (FHI), The Futures Group, Intra Health, JHPIEGO, John Snow, Inc. (JSI), Population Council, Population Reference Bureau, and Population Services International (PSI). Subs: Aga Khan Health Services, Program for Appropriate Technology in Health (PATH), and the University of Nairobi.

Improve Child Survival, Health and Nutrition (\$2,700,000 CSH). During the East African Roll Back Network Conference in November 2004, USAID helped the Division of Malaria Control (DOMC) formulate country-specific priorities and an FY 2005 country plan aimed at achieving the Abuja targets. Through the Malaria Action Coalition, USAID will help the DOMC create a management database to track its activities and targets. The DOMC is now committed to change from sulfadoxine-pyrimethamine to Artemisin Combination Therapy (ACT) for first-line anti-malarial treatment beginning in early 2005. Given the increased costs, the DOMC needs information on the use of malaria diagnostics in some situations, such as adults and older children with fever. USAID will help conduct an evaluation of the efficacy and usefulness of rapid diagnostic tests in FY 2005. In collaboration with the United Kingdom's Department for International Development (DFID), USAID's distribution program for insecticide-treated bed nets (ITNs) will expand in FY 2005. Prices will again be reduced to reach an even poorer market segment. Principal contractors and grantees: the Malaria Action Coalition (Centers for Disease Control, JHPIEGO, and Management Sciences for Health), Engender Health, The Futures Group, JSI, and PSI.

Build Health Systems Capacity (\$1,200,000 CSH). A major challenge in the health sector is human

capacity development (HCD) at all levels, from managers to health care providers. USAID will assess HCD needs for Kenya and develop a plan to address these needs. USAID will continue to work with the Kenya Medical Supplies Agency (KEMSA), both directly and by providing technical assistance, in order to improve the MOH logistics system. USAID will continue to strengthen management systems to make KEMSA a viable business entity, and improve coordination between KEMSA and its customers.

USAID is working with the MOH on national health sector reform and on improving health sector financing and sustainability. USAID will help the MOH use its National Health Accounts survey to identify financial constraints and develop strategies to overcome them. Data from the 2003 Kenya Service Provision Assessment (KSPA) Facility Survey will be available in early 2005 and will be used to provide inputs for the new 2005-2010 National Health Sector Strategic Plan. USAID will support the creation of a health Geographic Information System (GIS) database, in collaboration with the Ministries of Planning and Health. Principal contractors and grantees: Abt Associates, The Futures Group, JSI, KEMSA, MACRO, and the University of North Carolina.

Reduce Transmission and Impact of HIV/AIDS. See the State Department's Congressional Budget Justification, Global HIV/AIDS Initiative section, for a discussion of this program.

**FY 2006 Program:** Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$8,200,000 CSH). Additional reproductive health resources will allow USAID to improve the supply of reproductive health services in target areas and at the national level, and further improve national systems for planning, budgeting, and distributing essential commodities. This will be guided by the new national Health Sector Strategic Plan, findings from the DHS and KSPA surveys, and lessons identified by the Implementing Best Practices Initiative. Principal contractors and grantees: Engender Health, FHI, The Futures Group, Intra Health, JHPIEGO, JSI, Population Council, Population Reference Bureau, and PSI. Subs: Aga Khan Health Services, PATH, and the University of Nairobi.

Improve Child Survival, Health and Nutrition (\$2,700,000 CSH). USAID funds will be used to further expand the ITN program and support the national malaria program. In FY 2006, significant activities will include malaria testing, if appropriate, and implementing and monitoring the new malaria drug policy. Principal contractors and grantees: the Malaria Action Coalition (Centers for Disease Control, JHPIEGO, and Management Sciences for Health), Engender Health, The Futures Group, JSI, and PSI.

Build Health Systems Capacity (\$1,400,000 CSH). Plans developed in FY 2005 to support human capacity development in the health sector will be implemented in FY 2006. Systems strengthening activities in logistics, training and supervision, and monitoring and evaluation will be continued. USAID will continue to work with KEMSA, both directly and by providing technical assistance, in order to improve the MOH logistics system. USAID will continue to strengthen management systems to make KEMSA a viable business entity, and improve coordination between KEMSA and its customers.

Reduce Transmission and Impact of HIV/AIDS. See the State Department's Congressional Budget Justification, Global HIV/AIDS Initiative section, for a discussion of this program.

All family planning assistance agreements will incorporate clauses that implement the President's directive, restoring the Mexico City policy.

**Performance and Results:** Final data from the 2003 DHS indicate that sexual activity by unmarried women and men has decreased in the past five years. Sales of socially marketed condoms, targeting those who are already sexually active, increased by 35%, meeting the FY 2004 target. Socially marketed oral contraceptives accounted for 32% of total national distribution in FY 2004. By the end of 2004, one third of all pregnant women in Kenya had received prevention of mother-to-child transmission services. About 350,000 people were counseled and tested, and over 16,000 persons with advanced HIV received antiretroviral therapy.

## US Financing in Thousands of Dollars

Kenya

615-003 HIV/AIDS, Population, and Health	CSH	DA	DFA	ESF
<b>Through September 30, 2003</b>				
Obligations	108,599	20,507	49,865	0
Expenditures	69,145	19,284	49,808	0
Unliquidated	39,454	1,223	57	0
<b>Fiscal Year 2004</b>				
Obligations	54,545	0	0	1,000
Expenditures	18,008	497	57	0
<b>Through September 30, 2004</b>				
Obligations	163,144	20,507	49,865	1,000
Expenditures	87,153	19,781	49,865	0
Unliquidated	75,991	726	0	1,000
<b>Prior Year Unobligated Funds</b>				
Obligations	0	0	0	0
<b>Planned Fiscal Year 2005 NOA</b>				
Obligations	12,600	0	0	0
<b>Total Planned Fiscal Year 2005</b>				
Obligations	12,600	0	0	0
<b>Proposed Fiscal Year 2006 NOA</b>				
Obligations	12,300	0	0	0
Future Obligations	24,600	0	0	0
Est. Total Cost	212,644	20,507	49,865	1,000