

PD-ABQ-158
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File FHI/AIDS
Core

UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT

REGIONAL ECONOMIC DEVELOPMENT SERVICES OFFICE
FOR EAST AND SOUTHERN AFRICA (REDSO /ESA)

United States Postal Address
U.S.A.I.D./REDSO/ESA
UNIT 64102
APO AE 09831-4102

International Postal Address
POST OFFICE BOX 30261
NAIROBI, KENYA
TEL: 254-2-751613
FAX: 254-2-748607/743204

September 01, 1997

Mr. William P. Schellstede
Executive Vice President
Family Health International
2101 Wilson Boulevard,
Suite 700
Arlington, VA 22201

Fax: 703-516-9781

Subject: Award No. 623-A-00-97-00054-00

Dear Mr. Schellstede:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the U.S. Agency for International Development (hereinafter referred to as "USAID" or "Grantor") hereby intends to grant to the Family Health International (herein after referred to as FHI or "Recipient"), the sum of \$2,384,763.00 to provide support for a program in HIV/AIDS Prevention in Kenya, as described in the Schedule of this award and the Attachment 2, entitled "Program Description." As this award is incrementally funded, only the amount shown in Section 1.3.b. of the Agreement schedule has been obligated for use hereunder.

This award is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Recipient in furtherance of program objectives during the period beginning with the effective date and ending 02/28/1999. USAID shall not be liable for reimbursing the Recipient for any costs in excess of the obligated amount.

This award is made to FHI, on condition that the funds will be administered in accordance with the terms and conditions as set forth in 22 CFR 226, entitled "Administration of Assistance Awards to U.S. Non-Governmental Organizations"; Attachment 1, entitled "Schedule"; Attachment 2, entitled "Program Description"; and Attachment 3 entitled "Standard Provisions"; Attachment 4 entitled "Standards for USAID Funded Communications Projects".

BEST AVAILABLE COPY

Please sign the original and each copy of this letter to acknowledge your receipt of this award, and return the original and all but one copy to the Grant Officer.

Sincerely,

Christine E. Lyons 9/26/97

Christine E. Lyons
Grant Officer
REDSO/ESA/PRO

Attachments:

1. Schedule
2. Program Description
3. Standard Provisions
4. Standards for USAID Funded Communications Projects

ACKNOWLEDGED: Family Health International

BY: *W. Stal*

Title: Executive Vice President

Date: 26 Sept. 1997

ACCOUNTING AND APPROPRIATION DATA

A. GENERAL

1. Total Estimated Amount: 2,384,763.00
2. Total Program Amount: 2,389,763.00
3. Total Obligated Amount: 1,037,000.00
4. Cost-Sharing Percentage
(Non-Federal): 0.20966%
5. Activity Title: HIV/AIDS Prevention in Kenya
6. USAID Technical Office: USAID/PHD
UNIT 64102
APO AE 09831-4102
7. Tax I.D. Number: 23-7413005
8. CEC No.: 06819088D
9. DUNS No.: 067180786
10. LOC Number: 72 00 1322

B. SPECIFIC

1. MAARD No.: 615-0264-3-60052
Appropriation No.: 726/71021
BPC: GDV6-96-21615-BG13
Amount: \$102,000.00
2. MAARD No.: 615-0264-3-60051
Appropriation No.: 726/71021
BPC No.: DDV6-96-29615-CG11
Amount: \$935,000.00

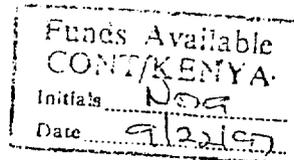


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SCHEDULE

1.1 PURPOSE OF AGREEMENT

The purpose of this Agreement is to provide support for the program described in Attachment 2 of this Agreement entitled "Program Description."

1.2 PERIOD OF AGREEMENT

The effective date of this Agreement is the date of the Cover Letter and the estimated completion date is 02/28/1999.

Funds obligated hereunder are available for program expenditures for the estimated period beginning the effective date of this Agreement through February 28, 1999.

1.3 AMOUNT OF AWARD AND PAYMENT

- (a) The total estimated amount of this Award is \$2,384,763.00.
- (b) USAID hereby obligates the amount of \$1,037,000.00 for program expenditures during the period set forth in 1.2 above and as shown in the Budget below.
- (c) Payment shall be made to the Recipient by Payment - Letter of Credit in accordance with procedures set forth in 22 CFR 226.22.
- (d) Additional funds up to the total estimated amount may be obligated by USAID subject to the availability of funds, and 22 CFR 226.25.

1.4 BUDGET

The following is the Agreement Budget, including local cost financing items, if authorized. Revisions to this budget shall be made in accordance with 22 CFR 226.25.

COST ELEMENTS	LOCAL FINANCING	U.S. FINANCING	TOTAL
	9/01/97 TO 02/28/98 \$	09/01/98 TO 02/28/99 \$	09/01/97 TO 02/28/97 \$
1. Personnel	156,780.00	212,693.00	369,472.00
2. Fringe Benefits	13,170.00	55,498.00	68,668.00
3. Travel	40,346.00	78,572.00	118,918.00
4. Equipment	73,039.00	- 0 -	73,039.00
5. Contractual	1,165,010.00	- 0 -	1,165,010.00
6. Other Direct Costs & Consultants	196,349.00	41,277.00	237,626.00
7. Indirect costs	235,618.00	116,412.00	352,030.00
8. Total USAID Funding	1,880,312.00	504,452.00	2,384,763.00
9. Cost sharing	5,000.00	- 0 -	5,000.00
	\$1,845,312.00	\$ 504,452.00	\$2,389,763.00
	=====	=====	=====
TOTAL AGREEMENT AMOUNT:	\$2,384,763		
TOTAL FHI CONTRIBUTION:	\$ 5,000		
TOTAL PROGRAM AMOUNT:	\$2,389,763		

1.5 REPORTING AND EVALUATION

1.5.1 Financial Reporting

In keeping with the requirements established in 22 CFR 226.52, the Recipient is required to:

- (a) Prepare a "Financial Status Report", SF 269a, on an accrual basis and submitted quarterly in an original and two copies to USAID/M/FM/CMP.

1.5.2 Monitoring and reporting program performance

- (a) Requirements. The Recipient shall submit an original and one copy of a brief quarterly program report to the address listed in the Cover Letter. In addition, one copy shall be submitted to USAID/CDIE/DI, Washington, DC 20523-1802. A final performance report is also required.
- (b) Contents. The Program report shall briefly present the information contained in 22 CFR 226.51(d).

1.6 SUBSTANTIAL INVOLVEMENT UNDERSTANDINGS

1. Office of Population & Health will approve the LOP workplan and a 6 monthly workplan.
2. Office of Population & Health will approve any expenditure under the line item "Rapid Response".
3. Office of Population & Health and Agreement Officer will approve changes in key personnel.

1.7 TITLE TO AND CARE OF PROPERTY

Title to all property financed under this award shall vest in the Recipient subject to the requirements of 22 CFR 226.30 through 37.

1.8 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this award is 935.

1.9 INDIRECT COSTS

Pursuant to the Standard Provision of this Award entitled "Negotiated Indirect Cost Rates - Provisional (Nonprofits)," an indirect cost rate or rates shall be established for each of the Recipient's accounting periods which apply to this Award. Pending establishment of final or revised provisional indirect cost rates, provisional payments on account of allowable costs shall be made on the basis of the following negotiated provisional rate(s) applied to the base(s) which is (are) set forth below:

Type	Rate	Base	Period
Fringe Benefits	27.50%	1/	10/01/95 Until Amended
G&A	30.00%	2/	10/01/95 Until Amended

1.9 (Continued)

1/ Base of Application: Total Salary Expense

2/ Base of Application: Total cost incurred excluding equipment, equipment rental, equipment repair and maintenance, transfers, occupancy, utilities, depreciation, building lease, donated goods, seconded personnel greater than \$25,000 and subawards greater than \$25,000.

Rates for subsequent periods shall be established in accordance with the Standard Provision entitled "Negotiated Indirect Cost Rates - Provisional."

1.10 CEILING INDIRECT COSTS

Pursuant to the Standard Provisions of this Award entitled, Fringe Benefits, ceiling indirect cost rates are established for each of the Recipient's accounting period which apply to this Award.

Type	Ceiling Rate	Base	Period
Fringe Benefits	27.50	1/	10/01/95 Until Amended
G&A	30.00	2/	10/01/95 Until Amended

1.11 RESOLUTION OF CONFLICTS

Conflicts between any of the Attachments of this Agreement shall be resolved by applying the following descending order of precedence:

Attachment 1 - Schedule
22 CFR 226
Attachment 3 - Standard Provisions
Attachment 2 - Program Description

1.12 COMMUNICATIONS PRODUCTS (OCT 1994)

- (a) Definition - Communications products are any printed materials (other than non-color photocopy material), photographic services or video production services.
- (b) Standards - USAID has established standards for communications products. These standards must be followed unless otherwise specifically provided in the agreement or approved in writing by the agreement officer. A copy of the standards for USAID financed publications and video productions is attached.
- (c) Communications products which meet any of the following criteria are not eligible for USAID financing under this agreement unless specifically authorized in the agreement schedule or in writing by the agreement officer:
- (1) Any communication product costing over \$25,000, including

1.12 (Continued)

the costs of both preparation and execution. For example, in the case of a publication, the costs will include research, writing and other editorial services (including any associated overhead), design, layout and production costs.

- (2) Any communication products that will be sent directly to, or likely to be seen by, a Member of Congress or Congressional staffer; and
- (3) Any publication that will have more than 50 percent of its copies distributed in the United States (excluding copies provided to CDIE and other USAID/W offices for internal use.

1.13 PAYMENT OFFICE

M/FM/CMP/GIB
ROOM 700, SA-2
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)
WASHINGTON, D.C. 20523-0209

ATTACHMENT 2

PROGRAM DESCRIPTION

The Recipient's proposal entitled "HIV/AIDS Prevention in Kenya" consisting of 47 pages and dated August 22, 1997 is attached hereto as the Program Description (Attachment 2) and is made a part of this Award.

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ATTACHMENT 3

STANDARD PROVISIONS

3.1 INELIGIBLE COUNTRIES (MAY 1986)

Unless otherwise approved by the USAID Agreement Officer, funds will only be expended for assistance to countries eligible for assistance under the Foreign Assistance Act of 1961, as amended, or under acts appropriating funds for foreign assistance.

3.2 NONDISCRIMINATION (MAY 1986)

(This provision is applicable when work under the grant is performed in the U.S. or when employees are recruited in the U.S.)

No U.S. citizen or legal resident shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity funded by this grant on the basis of race, color, national origin, age, handicap, or sex.

3.3 U.S. OFFICIALS NOT TO BENEFIT (NOV 1985)

No member of or delegate to the U.S. Congress or resident U.S. Commissioner shall be admitted to any share or part of this agreement or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this award if made with a corporation for its general benefit.

3.4 INVESTMENT PROMOTION (JAN 1994)

No funds or other support provided hereunder may be used in a project or activity reasonably likely to involve the relocation or expansion outside of the United States of an enterprise located in the United States if non-U.S. production in such relocation or expansion replaces some or all of the production of, and reduces the number of employees at, said enterprise in the United States.

No funds or other support provided hereunder may be used in a project or activity the purpose of which is the establishment or development in a foreign country of any export processing zone or designated area where the labor, environmental, tax, tariff, and safety laws of the country would not apply, without the prior written approval of USAID.

No funds or other support provided hereunder may be used in a project or activity which contributes to the violation of internationally recognized rights of workers in the recipient country, including those in any designated zone or area in that country.

3.4 (Continued)

This provision must be included in all subagreements.

3.5 NONLIABILITY (NOV 1985)

USAID does not assume liability for any third party claims for damages arising out of this Agreement.

3.6 AMENDMENT (NOV 1985)

The Agreement may be amended by formal modifications to the basic agreement document or by means of an exchange of letters between the Agreement Officer and an appropriate official of the Recipient.

3.7 NOTICES (NOV 1985)

Any notice given by USAID or the recipient shall be sufficient only if in writing and delivered in person, mailed, or cabled as follows:

To the USAID Agreement Officer, at the address specified in the agreement.

To recipient, at recipient's address shown in the agreement or to such other address designated within the agreement.

Notices shall be effective when delivered in accordance with this provision, or on the effective date of the notice, whichever is later.

3.8 OMB APPROVAL UNDER THE PAPERWORK REDUCTION ACT (AUG 1992)

(This provision is applicable whenever any of the seven provisions below containing an information collection requirement is included in the grant.)

Information collection requirements imposed by this grant are covered by OMB approval number 0412-0510; the current expiration date is 8/31/97. Identification of the Standard Provision containing the requirement and an estimate of the public reporting burden (including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information) are set forth below.

Standard Provision	Burden Estimate
International Air Travel and Transportation	1 (hour)

3.8 (Continued)

Ocean Shipment of Goods	.5
Patent Rights	.5
Publications	.5
Negotiated Indirect Cost Rates - Predetermined and Provisional	1
Voluntary Population Planning	.5
Protection of the Individual as a Research Subject	1

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Procurement Policy and Evaluation Staff (M/OP/E), Agency for International Development, Washington, DC 20523-1435 and to the Office of Management and Budget, Paperwork Reduction Project (0412-0510), Washington, DC 20503.

3.9 INTERNATIONAL AIR TRAVEL AND TRANSPORTATION (DEC 1995)

(a) PRIOR BUDGET APPROVAL

In accordance with OMB Cost Principles, direct charges for foreign travel costs are allowable only when each foreign trip has received prior budget approval. Such approval will be deemed to have been met when:

- (1) The trip is identified. Identification is accomplished by providing the following information: the number of trips, the number of individuals per trip, and the destination country(s);
- (2) The information noted at (a) (1) above is incorporated in: the proposal, the program description or schedule of the award, the annual workplan (initial or revisions), or amendments to the award; and
- (3) The costs related to the travel are incorporated in the approved budget of the award.

The Agreement Officer may approve travel which has not been incorporated in writing as required by paragraph (a) (2). In such case, a copy of the Agreement Officer's approval must be included in the agreement file.

(b) NOTIFICATION

- (1) As long as prior budget approval has been met in accordance with paragraph (a) above, a separate Notification will not be necessary unless:
 - (i) The primary purpose of the trip is to work with USAID Mission personnel, or

3.9 (Continued)

- (ii) The recipient expects significant administrative or substantive programmatic support from the Mission.

Neither the USAID Mission nor the Embassy will require Country Clearance of employees or contractors of USAID Recipients.

- (2) Where notification is required in accordance with paragraph (1) (i) or (ii) above, the recipient will observe the following standards:
 - (i) Send a written notice to the cognizant USAID Technical Office in the Mission. If the recipient's primary point of contact is a Technical Officer in USAID/W, the recipient may send the notice to that person. It will be the responsibility of the USAID/W Technical Officer to forward the notice to the field.
 - (ii) The notice should be sent as far in advance as possible, but at least 14 calendar days in advance of the proposed travel. This notice may be sent by fax or e-mail. The recipient should retain proof that notification was made.
 - (iii) The notification shall contain the following information: the award number, the cognizant Technical Officer, the traveler's name (if known), date of arrival, and the purpose of the trip.
 - (iv) The USAID Mission will respond only if travel has been denied. It will be the responsibility of the Technical Officer in the Mission to contact the recipient within 5 working days of having received the notice if the travel is denied. If the recipient has not received a response within the time frame, the recipient will be considered to have met these standards for notification, and may travel.
 - (v) If a subrecipient is required to issue a Notification, as per this section, the subrecipient may contact the USAID Technical Officer directly, or the prime may contact USAID on the subrecipient's behalf.

(c) SECURITY ISSUES

Recipients are encouraged to obtain the latest Department of State Travel Advisory Notices before traveling. These Notices are available to the general public and may be obtained directly from the State Department, or via Internet.

Where security is a concern in a specific region, recipients may choose to notify the US Embassy of their presence when they have entered the country. This may be especially important for longterm posting.

3.9 (Continued)

(d) USE OF U.S. - OWNED LOCAL CURRENCY

Travel to certain countries shall, at USAID's option, be funded from U.S. - owned local currency. When USAID intends to exercise this option, USAID will either issue a U.S. Government S.F. 1169, Transportation Request (GTR) which the grantee may exchange for tickets, or issue the tickets directly. Use of such U.S.-owned currencies will constitute a dollar charge to this grant.

(e) THE FLY AMERICA ACT

- (1) The Fly America Act requires that all air travel and shipments under this award must be made on U.S. flag air carriers to the extent service by such carriers is available. The Comptroller General of the United States, by Decision B-138942 of June 17, 1975, as amended March 31, 1981, provided guidelines for implementation of Section 5 of the International Air Transportation Fair Competitive Practices Act (Fly America Act) of 1974 (49 U.S.C. 1517, as amended by Section 21 of Public Law 96-192).
- (2) U.S. flag air carrier service is considered available even though:
 - (i) Comparable or a different kind of service can be provided at less cost by a foreign air carrier;
 - (ii) Foreign air carrier service is preferred by or is more convenient for the agency or traveler; or
 - (iii) Service by a foreign air carrier can be paid for in excess foreign currency, unless U.S. flag air carriers decline to accept excess or near excess foreign currencies for transportation payable only out of such monies.
- (3) In determining availability of a U.S. flag air carrier, the following scheduling principles should be followed unless their application results in the last or first leg of travel to or from the United States being performed by foreign air carrier:
 - (i) U.S. flag air carrier service available at point of origin shall be used to destination or in the absence of direct or through service to the farthest interchange point on a usually traveled route;
 - (ii) Where an origin or interchange point is not served by U.S. flag air carrier, a foreign air carrier shall be used only to the nearest interchange point on a usually traveled route to connect with U.S. flag air carrier service; or

3.9 (Continued)

- (iii) Where a U.S. flag air carrier involuntarily reroutes the traveler via a foreign air carrier, the foreign air carrier may be used notwithstanding the availability of alternative U.S. flag air carrier service.
- (4) Travel to and from the United States: For travel between a gateway airport in the United States (the last U.S. airport from which the traveler's flight departs or the first U.S. airport at which the traveler's flight arrives) and a gateway airport abroad (that airport from which the traveler last embarks enroute to the U.S. or at which the traveler first debarks incident to travel from the U.S.), passenger service by U.S. flag air carrier will not be considered available if:
- (i) The gateway airport abroad is the traveler's origin or destination airport, and the use of U.S. flag air carrier service would extend the time in a travel status including delay at origin and accelerated arrival at destination, by at least 24 hours more than travel by foreign air carrier; or
 - (ii) The gateway airport abroad is an interchange point, and the use of U.S. flag air carrier service would require the traveler to wait six hours or more to make connections at that point or, delayed departure from or accelerated arrival at the gateway airport in the U.S. would extend the time in a travel status by at least six hours more than travel by foreign air carrier.
- (5) Travel Between Points Outside the United States: Use of a foreign-flag air carrier is permissible if:
- (i) Travel by foreign air carrier would eliminate two or more aircraft changes enroute;
 - (ii) Where one of the two points abroad is the gateway airport enroute to or from the United States and the use of a U.S. flag air carrier would extend the time in a travel status by at least six hours more than travel by foreign air carrier; including accelerated arrival at the overseas destination or delayed departure from the overseas origin as well as delay at the gateway airport or other interchange point abroad; or
 - (iii) The travel is not part of a trip to or from the United States and the use of a U.S. flag air carrier would extend the time in a travel status by at least six hours more than travel by foreign air carrier including delay at origin, delay enroute and accelerated arrival at destination.

3.9 (Continued)

- (6) Short Distance Travel: Use of a foreign-flag air carrier is permissible, regardless of origin and destination, if the elapsed travel time on a scheduled flight from origin to destination airport by a foreign flag air carrier is three hours or less and service by a US flag air carrier would double the travel time.
- (7) Use of foreign air carrier service may be deemed necessary if a U.S. flag air carrier otherwise available cannot provide the foreign air transportation needed, or if use of such service will not accomplish the agency's mission. Travel and transportation on non-free world air carriers are not reimbursable under this award.
- (8) Where U.S. Government funds are used for reimbursement on other than U.S. flag air carriers for international transportation, the recipient shall include a certification in their own files involving such transportation which is essentially as follows:

"CERTIFICATION OF UNAVAILABILITY OF U.S. FLAG AIR CARRIERS. I hereby certify that the transportation service for personnel (and their personal effects) or property by certificated air carrier was unavailable for the following reason(s)." (State appropriate reason(s) as set forth above).

(f) COST PRINCIPLES

The recipient will be reimbursed for travel and the reasonable cost of subsistence, post differentials and other allowances paid to employees in international travel status in accordance with the recipient's applicable cost principles and established policies and practices which are uniformly applied to federally financed and other activities of the grantee.

If the recipient does not have written established policies regarding travel costs, the standard for determining the reasonableness or reimbursement for overseas allowance will be the Standardized Regulations (Government Civilians, Foreign Areas), published by the U.S. Department of State, as from time to time amended. The most current subsistence, post differentials, and other allowances may be obtained from the Agreement Officer.

(g) SUBAWARDS

This provision will be included in all subawards and contracts which require air travel and transportation under this award.

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3.10 OCEAN SHIPMENT OF GOODS (AUG 1992)

(This provision is applicable when goods purchased with funds provided under this grant are transported to cooperating countries on ocean vessels whether or not grant funds are used for the transportation.)

- (a) At least 50% of the gross tonnage of all goods purchased under this grant and transported to the cooperating countries shall be made on privately owned U.S. flag commercial ocean vessels, to the extent such vessels are available at fair and reasonable rates for such vessels.
- (b) At least 50% of the gross freight revenue generated by shipments of goods purchased under this grant and transported to the cooperating countries on dry cargo liners shall be paid to or for the benefit of privately owned U.S. flag commercial ocean vessels to the extent such vessels are available at fair and reasonable rates for such vessels.
- (c) When U.S. flag vessels are not available, or their use would result in a significant delay, the grantee may request a determination of non-availability from the AID Transportation Division, Office of Procurement, Washington, D.C. 20523, giving the basis for the request which will relieve the grantee of the requirement to use U.S. flag vessels for the amount of tonnage included in the determination. Shipments made on non-free world ocean vessels are not reimbursable under this grant.
- (d) Vouchers submitted for reimbursement which include ocean shipment costs shall contain a certification essentially as follows:

"I hereby certify that a copy of each ocean bill of lading concerned has been submitted to the U.S. Department of Transportation, Maritime Administration, Division of National Cargo, 400 7th Street, S.W., Washington, D.C. 20590, and that such bills of lading state all of the carrier's charges including the basis for calculation such as weight or cubic measurement."
- (e) Shipments by voluntary nonprofit relief agencies (i.e., PVOs) shall be governed by this standard provision and by AID Regulation 2, "Overseas Shipments of Supplies by Voluntary Nonprofit Relief Agencies" (22 CFR Part 202).
- (f) Shipments financed under this grant must meet applicable eligibility requirements set out in Handbook 1, Supplement B, Chapter 7.
- (g) This provision will be included in all subagreements which will finance goods to be shipped on ocean vessels.

3.11 USAID ELIGIBILITY RULES FOR GOODS AND SERVICES (MAR 1997)

(This provision is applicable when the costs for goods or services will be paid for with USAID funds. This provision is not applicable if the recipient is providing for the goods or services with private funds as part of a cost-sharing requirement, or with Program Income generated under the award.)

- (a) Ineligible and Restricted Goods and Services: If USAID determines that the recipient has procured any of the restricted or ineligible goods and services specified below, or has procured goods and services from unauthorized sources, and has received reimbursement for such purpose without the prior written authorization of the Agreement Officer, the recipient agrees to refund to USAID the entire amount of the reimbursement. USAID's policy on ineligible and restricted goods and services is contained in ADS Chapter 312.
- (1) Ineligible Goods and Services. Under no circumstances shall the recipient procure any of the following under this award:
- (i) Military equipment,
 - (ii) Surveillance equipment,
 - (iii) Commodities and services for support of police or other law enforcement activities,
 - (iv) Abortion equipment and services,
 - (v) Luxury goods and gambling equipment, or
 - (vi) Weather modification equipment.
- (2) Ineligible Suppliers. Funds provided under this award shall not be used to procure any goods or services furnished by any firms or individuals whose name appears on the "Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs." USAID will provide the grantee with a copy of these lists upon request.
- (3) Restricted Goods. The recipient shall not procure any of the following goods and services without the prior budget approval of the Agreement Officer:
- (i) Agricultural commodities,
 - (ii) Motor vehicles,
 - (iii) Pharmaceuticals,
 - (iv) Pesticides,
 - (v) Rubber compounding chemicals and plasticizers,
 - (vi) Used equipment,

3.11 (Continued)

- (vii) U.S. Government-owned excess property, or
- (viii) Fertilizer.

Prior budget approval will be deemed to have been met when:

- (i) the item has been identified and incorporated in the program description or schedule of the award (initial or revisions), or amendments to the award; and
- (ii) the costs related to the item are incorporated in the approved budget of the award.

Where the item has not been incorporated into the award as described above, a separate written authorization from the Agreement Officer must be provided before the item is procured.

- (b) Source and Nationality: The eligibility rules for goods and services based on source and nationality are divided into two categories. One applies when the total procurement element during the life of the award is over \$250,000 and the other applies when the total procurement element during the life of the award is not over \$250,000 or the award is funded under the Development Fund for Africa (DFA) regardless of the amount. The total procurement element includes procurement of all goods (e.g., equipment, materials, supplies) and services. Guidance on the eligibility of specific goods or services may be obtained from the Agreement Officer. USAID policies and definitions on source, origin and nationality are contained in 22 CFR Part 228, Rules on Source, Origin and Nationality for Commodities and Services Financed by the Agency for International Development, which is incorporated into this Award in its entirety.

- (1) For DFA funded awards or when the total procurement element during the life of this award is valued at \$250,000 or less, the following rules apply:
 - (i) The authorized source for procurement of all goods and services to be reimbursed under the award is USAID Geographic Code 935, "Special Free World," and such goods and services must meet the source, origin and nationality requirements set forth in 22 CFR Part 228 in accordance with the following order of preference:
 - (A) The United States (USAID Geographic Code 000),
 - (B) The Cooperating Country,
 - (C) "Selected Free World" countries (USAID Geographic Code 941), and
 - (D) "Special Free World" countries (USAID Geographic Code 935).

3.11 (Continued)

- (ii) Application of order of preference: When the recipient procures goods and services from other than U.S. sources, under the order of preference in paragraph (b)(1)(i) above, the recipient shall document its files to justify each such instance. The documentation shall set forth the circumstances surrounding the procurement and shall be based on one or more of the following reasons, which will be set forth in the grantee's documentation:
- (A) The procurement was of an emergency nature, which would not allow for the delay attendant to soliciting U.S. sources,
 - (B) The price differential for procurement from U.S. sources exceeded by 50% or more the delivered price from the non-U.S. source,
 - (C) Compelling local political considerations precluded consideration of U.S. sources,
 - (D) The goods or services were not available from U.S. sources, or
 - (E) Procurement of locally available goods and services, as opposed to procurement of U.S. goods and services, would best promote the objectives of the Foreign Assistance program under the award.
- (2) When the total procurement element exceeds \$250,000 (unless funded by DFA), the following applies: Except as may be specifically approved or directed in advance by the Agreement Officer, all goods and services financed with U.S. dollars, which will be reimbursed under this award must meet the source, origin and nationality requirements set forth in 22 CFR Part 228 for the authorized geographic code specified in the schedule of this award. If none is specified, the authorized source is Code 000, the United States.
- (c) Marine Insurance: The eligibility of marine insurance is determined by the country in which it is placed. Insurance is placed in a country if payment of the insurance premium is made to, and the insurance policy is issued by an insurance company located in that country. Eligible countries for placement are governed by the authorized geographic code, except that if Code 941 is authorized, the Cooperating Country is also eligible. Section 604(d) of the Foreign Assistance Act requires that if a recipient country discriminates by statute, decree, rule, or practice with respect to USAID-financed procurement against any marine insurance company authorized to do business in the U.S., then any USAID-financed commodity shipped to that country shall be insured against marine risk and the insurance shall be placed in the U.S. with a company or companies authorized to do marine insurance business in the U.S.

3.11 (Continued)

- (d) Ocean and air transportation shall be in accordance with the applicable provisions contained within this award and the provisions of 22 CFR Part 228, Subpart C.
- (e) Printed or Audio-Visual Teaching Materials: If the effective use of printed or audio-visual teaching materials depends upon their being in the local language and if such materials are intended for technical assistance projects or activities financed by USAID in whole or in part and if other funds including U.S.-owned or U.S.-controlled local currencies are not readily available to finance the procurement of such materials, local language versions may be procured from the following sources, in order of preference:
- (1) The United States (USAID Geographic Code 000),
 - (2) The Cooperating Country,
 - (3) "Selected Free World" countries (USAID Geographic Code 941), and
 - (4) "Special Free World" countries (USAID Geographic Code 899).
- (f) This provision will be included in all subagreements which include procurement of goods or services over \$5,000.

3.12 SUBAGREEMENTS (FEB 1995)

(This provision is applicable when subgrants or cooperative agreements are financed under the grant.)

- (a) All provisions of 22 CFR 226 and all Standard Provisions attached to this agreement shall be applied to subrecipients which meet the definition of "Recipient" in that part, unless a section specifically excludes a subrecipient from coverage.
- (b) Any subawards made with entities which fall outside of the definition of "Recipient" (such as Non-US organizations) will be made in accordance with USAID Handbook 13, Appendix 4D "Standard Provisions for Non-US Nongovernmental Grantees" except for the "Accounting, Audit and Records" Standard Provision. Recipients must apply the following guidelines when subawarding to entities which do not meet the definition of "Recipient".
- (c) A recipient that receives a USAID award and provides \$25,000 or more of it during its fiscal year to a sub-recipient (whether meeting the definition of "Recipient" or not) shall follow the guidelines of OMB Circular A-133. The recipient shall ensure that:
- (1) The nonprofit institution sub-recipients that receive \$25,000 or more have met the audit requirements of OMB Circular A-133, and that sub-recipients subject to OMB Circular A-128 have met the audit requirements of that Circular;

3.12 (Continued)

- (2) Appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of noncompliance with Federal laws and regulations;
- (3) They consider whether sub-recipients audits necessitate adjustment of the grantee's own records; and
- (4) Each sub-recipient is required to permit independent auditors to have access to the records and financial statements as necessary for the grantee to comply with OMB Circular A-133.

3.13 LOCAL COST FINANCING (JUN 1993)

Local procurement in the cooperating country involves the use of appropriated funds to finance the procurement of goods and services supplied by local businesses, dealers or producers, with payment normally being in the currency of the cooperating country. Unless otherwise specified in an implementing document, or a waiver is approved by USAID in accordance with subpart F of this part, local procurement is eligible for USAID financing only in the following situations:

- (a) Locally available commodities of U.S. origin, which are otherwise eligible for financing, if the value of the transaction is estimated not to exceed the local currency equivalent of \$100,000 (exclusive of transportation costs).
- (b) Commodities of Geographic Code 935 origin if the value of the transaction does not exceed \$5,000.
- (c) Professional services contracts estimated not to exceed the local currency equivalent of \$250,000.
- (d) Construction services contracts, including construction materials required under the contract, estimated not to exceed the local currency equivalent of \$5,000,000.
- (e) Under a fixed-price construction contract of any value, the prime contractor may procure locally produced goods and services under subcontracts.
- (f) The following commodities and services which are only available locally:
 1. Utilities, including fuel for heating and cooking, waste disposal and trash collection;
 2. Communications-telephone, telex, facsimile, postal and courier services;
 3. Rental costs for housing and office space;
 4. Petroleum, oils and lubricants for operating vehicles and equipment;

3.13 (Continued)

5. Newspapers, periodicals and books published in the cooperating country;
 6. Other commodities and services (and related expenses) that, by their nature or as a practical matter, can only be acquired, performed, or incurred in the cooperating country, e.g., vehicle maintenance, hotel accommodations, etc.
- (g) All procurements under grants financed with DFA funds and grants with procurement elements of \$250,000 or less are subject to the guidance provided under standard provision "AID Eligibility Rules for Goods and Services."
- (h) Ineligible Goods and Services: Under no circumstances shall the grantee procure any of the following under this grant:
- (1) Military equipment,
 - (2) Surveillance equipment,
 - (3) Commodities and services for support of police or other law enforcement activities,
 - (4) Abortion equipment and services,
 - (5) Luxury goods and gambling equipment, or
 - (6) Weather modification equipment.
- (i) Ineligible Suppliers: Funds provided under this grant shall not be used to procure any goods or services furnished by any firm or individual whose name appears on the "Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs." AID will provide the grantee with these lists upon request.
- (j) Restricted Goods: The grantee shall not procure any of the following goods and services without the prior written authorization of the grant officer:
- (1) Agricultural commodities,
 - (2) Motor vehicles,
 - (3) Pharmaceuticals,
 - (4) Pesticides,
 - (5) Rubber compounding chemicals and plasticizers,
 - (6) Used equipment,
 - (7) U.S. Government-owned excess property, or
 - (8) Fertilizer.

3.13 (Continued)

- (k) If AID determines that the grantee has procured any of the restricted or ineligible goods and services specified in subparagraphs c. through e. above, or has received reimbursement for such purpose without the prior written authorization of the grant officer, the grantee agrees to refund to AID the entire amount of the reimbursement.
- (l) This provision will be included in all subagreements where local procurement of goods or services will be required.

3.14 NEGOTIATED INDIRECT COST RATES - PROVISIONAL (AUGUST 1992)

(This provision is applicable to any EDUCATIONAL OR NONPROFIT INSTITUTION which does not have predetermined indirect cost rate(s); however, it shall also be included when the NEGOTIATED INDIRECT COST RATES - PREDETERMINED standard provision is used.)

(a) A provisional indirect cost rate(s) shall be established for each of the grantee's accounting periods during the term of this grant. Pending establishment of a final rate(s), the parties have agreed that provisional payments on account of allowable indirect costs shall be at the rate(s), on the base(s), and for the periods shown in the schedule of this grant.

(b) Not later than 13 months after the close of the grantee's fiscal year, the grantee shall submit to the cognizant Government Audit Activity, in accordance with the requirements of OMB Circular A-133, an audit report along with proposed final indirect cost rate(s) and supporting cost data. In the event USAID is the cognizant agency or no cognizant agency has been designated, the grantee shall submit seven copies of the OMB Circular A-133 audit along with the proposed final indirect cost rate(s) and supporting cost data to the USAID Inspector General, Washington, DC 20523, and a copy to the Overhead and Special Costs - Contract Closeout Branch, Office of Procurement, Washington, DC 20523. The proposed rate(s) shall be based on the grantee's actual cost experience during that fiscal year. Negotiations of final indirect cost rate(s) shall begin as soon as practical after receipt of the grantee's proposal.

(c) Allowability of costs and acceptability of cost allocation methods shall be determined in accordance with the applicable cost principles in effect on the date of this grant.

(d) The results of each negotiation shall be set forth in a written indirect cost rate agreement executed by both parties. Such agreement shall specify (1) the agreed upon final rate(s), (2) the base(s) to which the rate(s) apply, and (3) the period for which the rate(s) apply. The indirect cost rate agreement shall not change any monetary ceiling, grant obligation, or specific cost allowance or disallowance provided for in this grant.

(e) Pending establishment of final indirect cost rate(s) for any period, the grantee shall be reimbursed either at negotiated provisional rate(s) as provided above or at billing rate(s) acceptable to the grant officer, subject to appropriate adjustment when the final rate(s) for that period are established. To prevent substantial over or under payment, the provisional or billing rate(s) may, at the request of either party, be revised by mutual agreement, either retroactively or prospectively. Any such revision of negotiated provisional rate(s) provided in this standard provision shall be set forth in a modification to this grant.

3.14 (Continued)

(f) Any failure by the parties to agree on final rate(s) under this standard provision shall be considered a dispute within the meaning of the standard provision of this grant entitled "Disputes" and shall be disposed of in accordance therewith.

3.15 REGULATIONS GOVERNING EMPLOYEES (AUG 1992)

(The following applies to the grantee's employees who are not citizens of the cooperating country.)

- (a) The grantee's employees shall maintain private status and may not rely on local U.S. Government offices or facilities for support while under this grant.
- (b) The sale of personal property or automobiles by grantee employees and their dependents in the foreign country to which they are assigned shall be subject to the same limitations and prohibitions which apply to direct-hire AID personnel employed by the Mission, including the rules contained in 22 CFR Part 136, except as this may conflict with host government regulations.
- (c) Other than work to be performed under this grant for which an employee is assigned by the grantee, no employee of the grantee shall engage directly or indirectly, either in the individual's own name or in the name or through an agency of another person, in any business, profession, or occupation in the foreign countries to which the individual is assigned, nor shall the individual make loans or investments to or in any business, profession or occupation in the foreign countries to which the individual is assigned.
- (d) The grantee's employees, while in a foreign country, are expected to show respect for its conventions, customs, and institutions, to abide by its applicable laws and regulations, and not to interfere in its internal political affairs.
- (e) In the event the conduct of any grantee employee is not in accordance with the preceding paragraphs, the grantee's chief of party shall consult with the AID Mission Director and the employee involved and shall recommend to the grantee a course of action with regard to such employee.
- (f) The parties recognize the rights of the U.S. Ambassador to direct the removal from a country of any U.S. citizen or the discharge from this grant of any third country national when, in the discretion of the Ambassador, the interests of the United States so require.
- (g) If it is determined, under either (e) or (f) above, that the of such employee shall be terminated, the grantee shall use its best efforts to cause the return of such employee to the United States, or point of origin, as appropriate.

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3.16 VOLUNTARY POPULATION PLANNING (JUN 1993)

(This provision is applicable to all grants involving any aspect of voluntary population planning activities.)

(a) Voluntary Participation:

- (1) The grantee agrees to take any steps necessary to ensure that funds made available under this grant will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the grantee agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.
- (2) Activities which provide family planning services or information to individuals, financed in whole or in part under this agreement, shall provide a broad range of family planning methods and services available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

(b) Voluntary Participation Requirements For Sterilization Programs:

- (1) None of the funds made available under this grant shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to practice sterilization.
- (2) The grantee shall ensure that any surgical sterilization procedures supported in whole or in part by funds from this grant are performed only after the individual has voluntarily gone to the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent anytime prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation.
- (3) Further, the grantee shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of

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3.16 (Continued)

the attending physician; or (ii) when a patient is unable to read adequately a written certification by the attending physician or by the authorized assistant of the

- (3) Further, the grantee shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of the oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall be of the same sex and speak the same language as the patient.
- (4) Copies of informed consent forms and certification documents for each voluntary sterilization procedure must attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of the oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall be of the same sex and speak the same language as the patient.
- (4) Copies of informed consent forms and certification documents for each voluntary sterilization procedure must be retained by the grantee for a period of three years after performance of the sterilization procedure.

(c) Prohibition on Abortion-Related Activities:

- (1) No funds made available under this grant will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to women to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for abortion.

3.16 (Continued)

- (2) No funds made available under this grant will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.
- (d) The grantee shall insert this provision in all subsequent subagreements and contracts involving family planning or population activities which will be supported in whole or part from funds under this grant.

3.17 USE OF POUCH FACILITIES (AUG 1992)

(This provision is applicable when activities under the grant will take place outside of the United States.)

- (a) Use of diplomatic pouch is controlled by the Department of State. The Department of State has authorized the use of pouch facilities for AID grantees and their employees as a general policy, as detailed in items (1) through (6) below. However, the final decision regarding use of pouch facilities rest with the Embassy or AID Mission. In consideration of the use of pouch facilities, the grantee and its employees agree to indemnify and hold harmless, the Department of State and AID for loss or damage occurring in pouch transmission:
- (1) Grantees and their employees are authorized use of the pouch for transmission and receipt of up to a maximum of .9 kgs per shipment of correspondence and documents needed in the administration of assistance programs.
 - (2) U.S. citizen employees are authorized use of the pouch for personal mail up to a maximum of .45 kgs per shipment (but see (a) (3) below).
 - (3) Merchandise, parcels, magazines, or newspapers are not considered to be personal mail for purposes of this standard provision and are not authorized to be sent or received by pouch.
 - (4) Official and personal mail pursuant to a.1. and 2. above sent by pouch should be addressed as follows:

Name of individual or organization (followed by letter symbol "G")
 City Name of post (USAID/_____)
 Agency for International Development
 Washington, D.C. 20523-0001
 - (5) Mail sent via the diplomatic pouch may not be in violation of U.S. Postal laws and may not contain material ineligible for pouch transmission.

3.17 (Continued)

(6) AID grantee personnel are not authorized use of military postal facilities (APO/FPO). This is an Adjutant General's decision based on existing laws and regulations governing military postal facilities and is being enforced worldwide.

(b) The grantee shall be responsible for advising its employees of this authorization, these guidelines, and limitations on use of pouch facilities.

(c) Specific additional guidance on grantee use of pouch facilities in accordance with this standard provision is available from the Post Communication Center at the Embassy or AID Mission.

3.18 CONVERSION OF UNITED STATES DOLLARS TO LOCAL CURRENCY
(NOV 1985)

(This provision is applicable when activities under the grant will take place outside of the United States.)

Upon arrival in the Cooperating Country, and from time to time as appropriate, the grantee's chief of party shall consult with the Mission Director who shall provide, in writing, the procedure the grantee and its employees shall follow in the conversion of United States dollars to local currency. This may include, but is not limited to, the conversion of currency through the cognizant United States Disbursing Officer or Mission Controller, as appropriate.

3.19 PUBLIC NOTICES (AUG 1992)

(This provision is applicable when the cognizant technical office determines that the grant is of public interest and requests that the provision be included in the grant.)

It is AID's policy to inform the public as fully as possible of its programs and activities. The grantee is encouraged to give public notice of the receipt of this grant and, from time to time, to announce progress and accomplishments. Press releases or other public notices should include a statement substantially as follows:

"The U.S. Agency for International Development administers the U.S. foreign assistance program providing economic and humanitarian assistance in more than 80 countries worldwide."

The grantee may call on AID's Office of External Affairs for advice regarding public notices. The grantee is requested to provide copies of notices or announcements to the cognizant technical officer and to AID's Office of External Affairs as far in advance of release as possible.

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3.20 RIGHTS IN DATA (AUG 1992)

(This provision is applicable whenever data will be produced under the grant.)

(a) Definitions

"Data" means recorded information (including information relating to the research, testing, or development of any drug or device requiring approval for use in the United States), regardless of form or the media on which it may be recorded. In the aggregate these data may be in the form of reports, articles, manuals, or publications. The term includes technical data and computer software. The term does not include financial reports or other information incidental to grant administration.

"Form, fit and function data" means data relating to items, components, or processes that are sufficient to enable physical and functional interchangeability, as well as data identifying source, size, configuration, mating, and attachment characteristics, functional characteristics, and performance requirements but specifically excludes the source code, algorithm, process, formulae, and flow charts of the software.

"Limited rights" means the rights of the Government in limited rights data as set forth in the following Limited Rights Notice:

-- "These data are submitted with limited rights. These data may be reproduced and used by the Government with the limitation that they will not, without written permission of the Grantee, be used for purposes of manufacture nor disclosed outside the Government.

-- "This Notice shall be marked on any reproduction of these data, in whole or in part."

"Limited rights data" means data (other than computer software) that embody trade secrets, or are commercial or financial and confidential or privileged, to the extent that such data pertain to items, components, or processes developed at private expense, including minor modifications thereof.

"Restricted computer software" means computer software developed at private expense and that is a trade secret; is commercial or financial and is confidential or privileged; or is published copyrighted computer software, including minor modifications of such computer software.

"Technical data" means data (other than computer software) which are of a scientific or technical nature.

"Unlimited rights" means the right of the Government to use, disclose, reproduce, prepare derivative works, distribute copies to the public, and perform publicly, in any manner and for any purpose, and to permit others to do so.

3.20 (Continued)

(b) Allocation of Rights

- (1) Except as provided in paragraph (c) of this provision regarding copyright, the Federal Government shall have unlimited rights in --
 - (i) Data first produced in performance of this Grant;
 - (ii) Form, fit and function data delivered under this Grant;
 - (iii) Data delivered under this Grant (except for restricted computer software) that constitutes manuals or instructional and training material for installation, operation or routine maintenance and repair of items, components, or processes delivered or furnished for use under this Grant; and
 - (iv) All other data delivered under this Grant unless provided otherwise for limited rights data or restricted computer software in accordance with paragraph (d) of this provision.
- (2) The Grantee shall have the right to --
 - (i) Use, release to others, reproduce, distribute, or publish any data first produced or specifically used by the Grantee in the performance of this Grant;
 - (ii) Protect from unauthorized disclosure and use those data which are limited rights data or restricted computer software to the extent provided in paragraph (d) of this provision;
 - (iii) Substantiate use of, add or correct limited rights, restricted rights, or copyright notices;
 - (iv) Establish claim to copyright subsisting in data first produced in the performance of this Grant to the extent provided in subparagraph (c) of this provision.

(c) Copyright

- (1) Data first produced in the performance of this Grant. The Grantee may establish, without prior approval of AID, claim to copyright subsisting in scientific and technical articles based on or containing data first produced in the performance of this Grant and published in academic, technical or professional journals, symposia proceedings or similar works. The prior express written permission of AID is required to establish claim to copyright subsisting in all other data first produced in

3.20 (Continued)

performance of this Grant. For computer software and other data the Grantee grants to the Government, and others acting on its behalf, a paid-up nonexclusive, irrevocable worldwide license in such copyrighted data to reproduce, prepare derivative works and display publicly by or on behalf of the Government.

- (2) Data not first produced in the performance of this Grant. The Grantee shall not, without prior written permission of AID incorporate in data delivered under this Grant any data not first produced in the performance under this Grant and which contains the copyright notice of 17 U.S.C. 401 or 402, unless the grantee identifies such data and grants to the Government, or acquires on its behalf, a license of the same scope as set forth above in paragraph (c).
- (3) Removal of copyright notices. The Government agrees not to remove any copyright notices placed on data delivered under this Grant and to include such notice on all reproductions of such data.

- (d) Protection of limited rights data and restricted computer software

When data other than that listed in subparagraph (b)(1)(i), (ii) and (iii) of this provision are specified to be delivered under this Grant and qualify as either limited rights data or restricted computer software, if the Grantee desires to continue protection of such data, the Grantee shall withhold such data and not furnish them to the Government under this Grant. As a condition to this withholding, the Grantee shall identify the data being withheld and furnish form, fit, and function data in lieu thereof.

- (e) Subagreements

The Grantee has the responsibility to obtain from subgrantees and those who work in collaboration with the Grantee in performance of this Grant all data and rights necessary to fulfill the Grantee's obligations under this Grant. If a subgrantee or collaborator refuses to accept terms affording the Government such rights, the Grantee shall promptly bring such refusal to the attention of AID and not proceed without authorization from AID.

- (f) Relationship to patents

Nothing contained in this provision shall imply a license to the Government under any patent or be construed as affecting the scope of any license or other right granted to the Government.

ATTACHMENT 4

STANDARDS FOR USAID-FUNDED PUBLICATIONS

The following standards are intended as general guidelines for the production of USAID-funded publications that fall within the scope of those requiring USAID (LPA) approval.

The purpose of establishing basic standards is to enable LPA to work in a cooperative effort with agency bureaus and field missions to produce informative, professional and cost-effective products that meet the needs of a designated audience. The audience and distribution plans must be clearly defined and justification given that a real need exists for the proposed publication.

We are fully aware that there will be situations that warrant exceptions to these standards. Exceptions will be made by LPA on a case-by-case basis.

I. Publications Intended for a U.S. Audience, Including Congress:

- A. Use of color: Two-color maximum for both cover and text (black or blue ink, generally used for text, counts as one color). In the case of publications such as conference proceedings, one color is the standard.
- B. Paper: For both cover and text, use the most cost-effective stock that suits the publication's purpose. Make every effort to use recycled paper. Do not use heavy stock.
- C. Photos: Black-and-white.
- D. Content: Emphasize results achieved toward sustainable development through USAID programs. NOTE: In most cases, LPA will ask for a separate textual (ASCII) version of the final document for possible posting on USAID's Internet, which at present can support text only.
- E. Design: Avoid expensive folds/paper cuts, inserts/foldouts, die cuts, embossing, foil stamps and other design elements that add additional expense.

II. Reports Required by Congress

Most reports should be in typewritten, xeroxed format and respond specifically to what is required by statute.

III. Use of Metric Units of Measurement

Unless a waiver is granted, metric units are to be used in accordance with Executive Order 12770. Traditional units may be shown in parentheses after metric.

IV. Use of Agency Logo

The USAID logo (or the name of the agency written out) should be displayed prominently, e.g., on the cover or title page.

V. Approval Form

LPA is developing a "request-for-approval" form that will be put on the agency-wide computer network as a macro to simplify and streamline the approval process. Information that will be required is as follows: type and design/format of publication; justification for its need; clearly defined audience and distribution plans; print run; budget breakdown including costs for photographic services (if a contract photographer is used), writing, editing, design, layout and printing; whether OE or program funds are being used; and plans to evaluate the effectiveness of the product.

STANDARDS FOR USAID-FUNDED VIDEO PRODUCTIONS

The following standards are intended as general guidelines for USAID-funded video productions that require USAID (LPA) approval.

The purpose of establishing these basic standards is to enable LPA to work in cooperation with agency bureaus and field missions to produce informative, professional and cost-effective programs that meet the needs of the designated audience. The audience and distribution plans must be clearly defined. The purpose and production plans must be justified and must support a real need.

We are aware that USAID video productions generally fall into two categories--those produced for information/education of U.S. audiences, and those produced with program funds for largely foreign audiences. These guidelines will help missions decide which programs warrant video productions and how these should be produced.

We are also aware that certain situations will justify exceptions to these standards. Exceptions will be made by LPA on a case-by-case basis.

I. Basic Guidelines

- A. Content: Videos intended for U.S. audiences, including Congress, should portray concrete results or chronicle a USAID success story. The video should not be a "promo" for a contractor or a specialized technical report aimed at a narrow audience of experts. Videos produced with program funds for foreign audiences would usually be training tapes or other instructional material. Also, LPA will not approve video recordings of conference proceedings that can more appropriately be shared as written transcripts or audiocassette recordings.
- B. Format: The program should be shot in a professional television format: BETA, BETA-SP, or 3/4". Only viewing copies should be made in VHS. Programs may be shot in American TV standard (NTSC) or in PAL or SECAM TV standard.
- C. Producers: Direct contracts must comply with OFPP Letter No. 79-4 which establish a "Government-Wide Contracting System for Motion Picture and Videotape Productions" (as required by OFPP by OFPP letter 79-4.) The designated production team must have a track record producing information/education programs or other professional broadcast products. A brief list of previously produced programs should be included.
- D. Length: The video should be no more than 15 minutes, unless there is a strong justification.
- E. Copies: The number should be determined by the bureau/mission and reflected in the production budget. Viewing copies for

NGOs, PVOs and local officials should be in VHS. Copies for local TV placement must be in 3/4" or BETA. A copy of the master of the finished program must be sent to the LPA video archive.

II. Approval Form

To simplify the approval process, LPA is developing a macro for the "request-for-approval" form that will be put on the agency wide computer network. The following information will be required.

- A. A general description of the subject of the video.
- B. The intended audience and a detailed distribution plan.
- C. Whether OE or program funds will be used.
- D. Budget breakdown to include costs for the following items:
 - Pre-production: research, script, shooting schedule (where the video will be shot);
 - Production: how many shooting days (include travel days), how much per day for the crew plus equipment. Please note: where possible, a local crew should be used; and
 - Editing: how many hours, how much per hour, how much for graphics and titles.
- E. Discussion of plans to evaluate the script and the "rough cut" for the effectiveness of the product.

Note: All videos produced with USAID funds must be deposited in the LPA video archive. This includes all "source" tapes, plus a copy of the completed master program.

Family Health International

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Proposal to USAID/Kenya
For HIV/AIDS Programming

Submitted: August 22, 1997

Contact: Janet Hayman, Kenya Resident Advisor or
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GLOSSARY

AIDSCAP	AIDS Control and Prevention
AIDSTECH	AIDS Technical Support
APHIA	AIDS, Population and Health Integrated Assistance
BCI	Behavior Change Intervention
CA	Cooperating Agency
COTU	Central Organization of Trade Unions
CHW	Community Health Worker
C&T	Counseling and Testing
DASCOP	District AIDS/STD Control Program
DFID	Department for International Development (UK)
DHS	Demographic Health Survey
EOP	End of Project
FGD	Focus Group Discussion
FHI	Family Health International
FKE	Federation of Kenya Employers
FPLM	Family Planning Logistics Management
FPPS	Family Planning Private Sector
FY	Financial Year
GOK	Government of Kenya
HAPA	HIV/AIDS Prevention in Africa
IA	Implementing Agency
IEC	Information, Education and Communication
IR	Intermediate Result
IWG	Integration Working Group
JHU/PCS	Johns Hopkins University Population Communication Services
KABP	Knowledge, Attitudes, Beliefs, and Practices
KANC	Kenya AIDS NGOs Consortium
KAPC	Kenya Association of Professional Counselors
KCSHP	Kibera Community Self-Help Programme
MAP	Medical Assistance Program
MTP	Medium Term Plan
NACP	National AIDS Control Program
NASCOP	National AIDS/STD Control Program
NCPD	National Council on Population and Development
NGO	Non-Governmental Organization
PATH	Program for Appropriate Technology in Health
PE	Peer Educator/Peer Education
PIF	Process Indicator Form
PMO	Provincial Medical Officer
PSAP	Private Sector AIDS Policy
PSI	Population Services International
PVO	Private Voluntary Organization

PROGRAM DESCRIPTION

ATTACHMENT 2

PWA	Person With AIDS
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNDP	United Nations Development Program
USAID	US Agency for International Development
WHO/GPA	World Health Organization/Global Programme on AIDS

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I. Introduction

The United States Agency for International Development (USAID) has maintained a long and valuable relationship with the government of Kenya (GOK) in its efforts against HIV/AIDS. As the AIDS Control and Prevention (AIDSCAP) Project approaches its completion date in September 1997, the USAID mission in Kenya is faced with the need to assure continuity of its prevention activities and to move towards sustainable AIDS prevention activities in the future.

Family Health International (FHI) is committed to working with USAID/Nairobi to ensure a smooth transition in Kenya from the AIDSCAP Project to USAID's next global HIV/AIDS project. To this end, FHI presents this proposal for an 18 month bilaterally-funded program that will ensure the continuation of needed services and activities and lay the groundwork for future programming efforts. Specifically, FHI proposes to expand upon or modify select AIDSCAP activities and launch a limited number of new activities that respond to the current state of the epidemic in Kenya.

The proposal covers the period extending from September 1, 1997 through February 28, 1999 and is designed to contribute directly to USAID/Nairobi's results framework. The proposal is divided into two phases. The first, covering subproject activities from September 1, 1997 to June 30, 1998 will maintain essential AIDS prevention activities in the immediate period following the end of AIDSCAP. The second phase will support the continuation of these activities and in addition, a research project, and continued institutional development and IEC activities with universities and the private sector.

II. Background

A. *The Epidemic*

The AIDS epidemic in Kenya continues to grow despite efforts over the past 11 years to control it. Kenya has the highest number of officially reported AIDS cases in Africa; over 63,000 cases were reported through November 1995. According to the 1996 publication by the National AIDS and STDs Control Programme (NAS COP), "AIDS in Kenya: Background, Projections, Impact and Interventions," by June 1996, over 65,000 deaths due to AIDS have been reported to the Ministry of Health. The actual number of deaths to date is estimated to be about 100,000 people; another 2.7 million people are expected to die from AIDS and related diseases during the next 10 years. According to the National AIDS/STD Control Programme, adult HIV prevalence was 7.5 percent by 1995. In urban areas, prevalence was estimated to be around 13 to 14 percent, while prevalence rates in rural areas were estimated to be 6 to 7 percent. Because

approximately 80 percent of the population resides in rural areas, the cumulative number of people infected is greater in rural than urban areas.

The impact of the HIV/AIDS epidemic is undermining progress made in improving the health and economic status of Kenya's population. The USAID/AIDSCAP 1996 publication, AIDS in Kenya: Socioeconomic Impact and Policy Implications, analyzed the current and projected social and financial impact of AIDS at the level of the household and society. The number of children under age 15 orphaned by AIDS is expected to be 580,000 by the year 2000. This will have social and economic implications for Kenya in terms of providing caretakers for them and paying for their education. A by-product of increased orphans may be an increase in the number of street children. AIDS will also negatively impact on progress being made in improving infant mortality rates. Currently about 30 to 40 percent of babies born to HIV positive mothers acquire HIV. As more and more HIV positive Kenyans transition from asymptomatic HIV to AIDS, the costs for providing care will put an unmanageable strain on the public health system for dealing with other types of illnesses. At the turn of the century, 50 percent of hospital beds will be occupied by AIDS patients if the virus continues at its projected pace. As public health and social services costs associated with HIV/AIDS soar, Kenya's gross domestic product may decline due to AIDS-related illness and death among 20 to 39 year olds -- the most economically productive age group.

B. The Response

Shortly after the first case of AIDS was diagnosed in Kenya in 1985, the government of Kenya created a National AIDS Control Programme (NACP) with help from the World Health Organization (WHO). NACP's first Medium Term Plan (MTP) for the period 1987 to 1991 focused on public awareness, testing and counseling, surveillance, laboratory services, and training for patient care. The current MTP for the period 1992-1997 focuses on the need for behavior change. GOK financial support for NACP (now renamed NASCOP) has relied heavily on international donors, including WHO, the United Nations Children's Fund, the European Union, and USAID.

USAID has provided support for AIDS prevention activities in Kenya since 1988 through its bilateral program, the centrally- and mission funded AIDSTECH and AIDSCAP projects, and the HIV/AIDS Prevention in Africa (HAPA) program. The assistance has provided support for a multitude of activities including condom procurement, condom logistics and management, a condom social marketing program, securing a safe blood supply through field testing of rapid HIV tests and supporting a national quality assurance program for HIV testing, AIDS education, BCC and condom distribution projects for high-risk and general population target groups, production of targeted information, education and communication (IEC) materials; upgrading STI clinical and laboratory sites; developing a computerized project tracking system, upgrading the sentinel

surveillance and case reporting system at NASCOP, national-level media campaigns and policy development activities.

There is significant participation on the part of international private voluntary organizations (PVOs) and local NGOs in HIV/AIDS prevention. This participation was strengthened by the creation of the Kenya AIDS NGOs Consortium (KANCO) in 1990. Support from religious leaders has recently been significantly strengthened through the foundation of the Kenya Church AIDS Network (Kenya-CAN), a coalition of church leaders from the major Christian denominations. Kenya has a sizable private sector, and although businesses have expressed an interest in HIV/AIDS, workplace policies on HIV/AIDS are rare, and intervention programs are usually limited to peer education and materials distribution. The full potential of private sector participation in the HIV/AIDS prevention remains to be realized.

C. FHI's Experience

Family Health International (FHI), a private voluntary organization with over 25 years of experience in reproductive health, enhances research and management experience with family planning and AIDS prevention organizations worldwide. FHI is committed to improving the quality of family life by reducing sexually transmitted infections including HIV, increasing the quality and types of contraceptives available, and improving reproductive health.

FHI has been working in Kenya since the 1980s. FHI has conducted research studies in collaboration with the University of Nairobi, OB/GYN department, Kenyatta National Hospital, and Moi University, among others, on fertility and contraceptive use. Under the AIDSTECH project, FHI implemented information, education and communication (IEC) and condom promotion projects to reduce sexual transmission of HIV targeting high-risk groups including truckers, sex workers and their clients, and sexually transmitted infection (STI) patients. FHI/AIDSTECH also supported quality assurance and other projects to prevent HIV transmission through blood and provided support and technical assistance to NACP.

Under AIDSCAP, FHI has been operating at a national level and in geographically focused areas. The primary target groups have been men and women in the workplace, sexually transmitted disease clinic attendees and family planning clinic attendees. The AIDSCAP/Kenya program incorporates the strategies of behavior change communication and upgrading STI services, supported by interventions in policy, capacity building and behavioral research. AIDSCAP has been working in close collaboration with the condom social marketing program of Population Services International (PSI).

The national interventions were designed to strengthen the framework for local AIDS prevention activities. Support for leadership to set the agenda for AIDS prevention has

provided through policy work, including presentations of the AIDS Impact Model, working with church leaders through MAP International, and supporting policy discussions at the district level through the Kenya AIDS NGOs Consortium (KANCO). AIDSCAP has also been working to strengthen institutional capacity by upgrading NASCOP's sentinel site surveillance system, supporting KANCO's resource center, providing materials development training for NGOs through PATH, and developing STI/HIV training curricula. Media projects have included a national radio show, a weekly newspaper column and support of a theater company. In Nairobi, Mombasa and Eldoret, AIDSCAP/Kenya has implemented peer education at worksites and in universities and trained Family Planning Private Sector (FPPS) clinic staff in STIs and HIV.

III. Strategic Approach

A. Future Directions

USAID/Kenya has made a critical commitment to assist the people of Kenya in their efforts to address the HIV epidemic in their country. As reported in the USAID Strategic Plan for 1995-2000, USAID/Kenya's population and health program is the Agency's largest in sub-Saharan Africa. Previous and current investments in HIV/AIDS have begun to show results in terms of the adoption of behaviors which reduce the risk of HIV transmission and in an increased capacity of Kenyan institutions in HIV/AIDS/STI programming.

It is clear, however, that there is still much to accomplish. Programming for the immediate future should address the following new directions:

- Disseminating best practices. Achievements to date in HIV/AIDS in Kenya have been the result of thoughtful design and hard work. Greater program effectiveness can be attained by capturing the experiences of community, national and global efforts and sharing them widely with program designers, implementing agencies and other stakeholders. Effective information dissemination strategies must take into account the scarce time of professionals and the potential for information overload.
- Responding to new challenges. As the epidemic changes in Kenya, programming must ensure it addresses the evolving needs. These include, for example, the need to scale-up HIV prevention responses to address broader populations, the need to test new models for achieving and sustaining individual behavior change, the need to connect prevention and care and address mitigating the impact of AIDS at the community level, and the need to address critical program implementation constraints such as volunteer burnout and motivation.
- Building on a strong base. It is important to capitalize on previous and current USAID/Kenya investments in HIV/AIDS as well as on USAID's successful 20 years of partnership with Kenya in family planning. The proven benefits as well as the unrealized potential of integrating these two programs demands careful analysis of the

points where integrated services should be fostered, to improve the effectiveness and cost-effectiveness of both the HIV/AIDS and family planning programs.

- Involving communities. Effective HIV/AIDS programs around the world have always operated from the philosophy of involving the target audience and stakeholders as designers and primary implementors of prevention interventions and strategies to mitigate the impact of AIDS. As HIV/AIDS programs in countries such as Kenya scale up their reach and scope, it will be critically important to recommit to the principles of community mobilization and participation to maximize the relevance of program design and ensure community ownership.
- Fostering sustainability. The global response to HIV/AIDS has evolved from its early emergency phase to a longer term management approach to this chronic health issue. The uncertainties surrounding future donor funding for development assistance in general and reproductive health in particular suggest the need to plan actively for the long-term sustainability of crucial Kenyan capacities. Achieving technical and programmatic sustainability requires the ability to identify and respond to the evolving needs of clients, attention to staff development, access to information and other resources, and the capacity to use these effectively. Financial sustainability requires careful strategic planning including a sound resource development strategy that diversifies the resource base of the institution and allows sufficient time for effective implementation.

FHI is well placed to assist the Mission with programming which acts on these suggestions given its proven commitment to, and demonstrated results in

- Capacity building of public, private and non-governmental institutions in Kenya
- Technical leadership in the design, management and evaluation of reproductive health programs (HIV/AIDS, STIs, and family planning (FP)) in Kenya and worldwide
- Effective partnership with numerous indigenous organizations in Kenya, her neighbors in East and Southern Africa, and with other USAID-supported cooperating agencies working in HIV/AIDS, STI, and FP.

B. USAID's Strategy

USAID/Kenya's APHIA project is in full implementation and the Mission has developed a strategic framework for addressing HIV/AIDS in a reproductive health context. The Mission's strategic objective is "To reduce fertility and the risk of HIV/AIDS transmission through sustainable, integrated family planning and health services." This objective will be addressed through efforts designed to achieve the following three intermediate results (IR):

IR 1: Non-USAID financial resources for FP/HIV/AIDS/CS increased.

IR 2: Capacity of public and private health institutions to finance, plan and manage resources increased.

IR 3: Increased customer use of integrated FP/HIV/AIDS/CS services.

These three intermediate results clearly articulate the Mission's dual interests in sustainability and program support. This proposal focuses on efforts in support of IR 2 (capacity building) and IR 3 (increased use of services). Within these two IRs, this proposal addresses three specific subordinate IRs (or results packages). They are:

- Results package 2.2: "Organizational capacity and self-sufficiency of key private sector FP and HIV/AIDS services providers improved."
- Results package 3.1: "Policies and program approaches improved for FP/HIV/AIDS/CS services through research, analysis, monitoring and evaluation."
- Results package 3.5: "Increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic."

The program is composed of activities which are an extension and expansion of current AIDSCAP subprojects and new activities. All of the proposed activities will contribute to at least one of the results packages listed above. The activities can be directly linked to individual results and these linkages are described in Table 1. In addition, FHI expects to collaborate both formally and informally with local organizations and cooperating agencies involved in the APHIA project to assist them as appropriate in the achievement of the Mission's public health strategic objective.

C. *FHI's Approach*

FHI's extensive experience building capacity in over 30 developing countries throughout the world in the design, implementation and evaluation of comprehensive HIV prevention programs provides indisputable evidence that the key to success is developing strong partnerships with clients, customers and stakeholders. FHI has built a network of partners in Kenya through its work under AIDSTECH, AIDSCAP and its Population Division and will apply the lessons learned with these partners to contribute to USAID's strategy in Kenya. FHI is committed to assuring a smooth transition from the AIDSCAP project to the proposed expanded program. The implementing partners identified in this proposal have worked with FHI in the design of the new program and FHI will collaborate closely with the existing AIDSCAP partners to develop subagreements and monitoring and reporting mechanisms with minimal disruptions to their current activities.

At the core of FHI's proposal is the desire to improve and sustain the adoption of behavior change strategies to reduce HIV transmission. Achieving this objective will require concurrent progress on several fronts. Adopting healthy behaviors is ultimately an individual action and research shows that most Kenyans have educated themselves

through a variety of media and methodologies about the risks of HIV. Many have already begun at least experimenting with strategies that will reduce their risk of acquiring or transmitting HIV. Behavior change and social learning theories suggest that people will adopt new behaviors if they accurately assess their risk, feel the new behavior will “work”, feel that the new behavior is achievable and will be beneficial and finally, that the new behavior fits the norm. What is needed now is greater attention to innovative but practical strategies for helping at-risk individuals identify behavior options which are relevant to their particular needs and can be sustained consistently. In addition to individual action, collective action -- whether through the promotion of social norms which promote healthy lifestyles, the adoption of national and local policies which support HIV prevention, care and mitigating the impact of AIDS in a humane and just way, and the continued commitment of local organizations staffed by ever more competent professional and volunteer workers -- must also be pursued and strengthened to create and sustain an environment supportive of the individual’s intention and action to change.

Table 1 USAID Strategic Framework and Proposed FHI/Kenya Results Packages

<i>STRATEGIC OBJECTIVE: REDUCE FERTILITY AND THE RISK OF HIV/AIDS TRANSMISSION THROUGH SUSTAINABLE, INTEGRATED FAMILY PLANNING AND HEALTH SERVICES</i>			
	<i>IR 2: Capacity of public and private health institutions to finance, plan and manages resources increased</i>	<i>IR 3: Increased customer use of integrated FP/HIV/AIDS/CS services</i>	
IMPLEMENTING AGENCIES	IR 2.2: Organizational capacity and self sufficiency of key private sector FP and HIV/AIDS service providers improved	IR 3.1: Policies and program approaches improved for FP/HIV/AIDS/CS through research, analysis, monitoring and evaluation	IR 3.5: Increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.
Kenya AIDS NGO Consortium (KANCO)	A financially, managerially, and technically stronger local NGO	A managerially and technically stronger local NGO providing leadership in policy development.	A technically stronger local NGO providing leadership in policy development, dissemination of best practices, lessons learned and HIV/AIDS resource materials. Actionable policy framework formulated that is acceptable to both business and unions to achieve better working conditions for employees with HIV/AIDS in Kenya
Map International	Improved capacity of local churches to fund and manage HIV/AIDS activities		K-CAN church branches support ongoing local HIV/AIDS prevention activities .
Program for Appropriate Technology in Health (PATH)/Kenya			Behavior change interventions institutionalized and/or instituted at select workplaces to facilitate continued, quality programming for HIV prevention and care for workers and their partners (security guards) Improved capacity to implement BCI activities for groups practicing high-risk behavior.

PROGRAM DESCRIPTION

ATTACHMENT 2

STRATEGIC OBJECTIVE: REDUCE FERTILITY AND THE RISK OF HIV/AIDS TRANSMISSION THROUGH SUSTAINABLE, INTEGRATED FAMILY PLANNING AND HEALTH SERVICES			
	<i>IR 2: Capacity of public and private health institutions to finance, plan and manages resources increased</i>	<i>IR 3: Increased customer use of integrated FP/HIV/AIDS/CS services</i>	
IMPLEMENTING AGENCIES	IR 2.2: Organizational capacity and self sufficiency of key private sector FP and HIV/AIDS service providers improved	IR 3.1: Policies and program approaches improved for FP/HIV/AIDS/CS through research, analysis, monitoring and evaluation	IR 3.5: Increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.
Kenya One World Linking Forum			Behavior change interventions institutionalized and/or instituted at selected workplaces to facilitate continued quality programming for HIV prevention and care for workers.
Kenya Association of Professional Counselors (KAPC)	Enhanced financial and organizational sustainability of select Kenyan NGOs (resource development for sustainability)		Proven research intervention reformulated into a community-based program in HIV/AIDS counseling and support services
Artnet Waves			Increased use of community-generated media to sensitize and mobilize communities
Sanaa Art Promotions			Increased use of community-generated media to sensitize and mobilize communities
Kibera Community Self-Help Programme			Effective community-based outreach service delivering AIDS prevention education
FHI/Kenya	Enhanced financial sustainability of select Kenyan NGOs (resource development for sustainability) Increased capacity of anti-AIDS clubs at institutions of higher education to fund and manage AIDS prevention activities	An actionable research agenda developed by the Integration Working Group's research committee Assessment of existing counseling and testing services in Kenya available to guide future program planning Determination of the importance of the correct use of condoms (as contrasted with typical use) in STD acquisition and of behavior patterns associated with condom non-use and condom failure Coordinated CA response to using mass media to promote HIV/AIDS issues	Coordinated CA response to using mass media to promote HIV/AIDS issues. Increased AIDS prevention activities at institutions of higher education

This proposal suggests strategies for supporting both individual and collective action for behavior change based on global and Kenya-specific research and experience. It includes activities

- addressing the needs of women and men in worksites (factories and service workers) and in poor urban neighborhoods, and
- building on FHI's considerable expertise in HIV/AIDS policy and its solid partnership with the Kenya AIDS NGOs Consortium to improve the policy environment in general and at the worksite in particular.

Capacity building is a critical factor leading to sustainability and cannot effectively be separated from program efforts. FHI will work closely with current and new partners to advance essential skills in program design, management, monitoring and evaluation as well as organizational and resource development. These skills, along with greater private sector involvement and social responsibility, will contribute toward reaching sustainability. FHI will continue to collaborate closely with USAID/Kenya cooperating agencies such as Population Services International, the Integration Working Group, and the institutional contractor addressing sustainability strategies due to arrive in country sometime in FY97 to facilitate comprehensive HIV/AIDS programming and achievement of USAID's strategic objective. Capacity building activities addressed in this proposal include

- strengthening the technical, managerial and organizational planning skills of select central and district-level institutions, and
- supporting access by policy makers, HIV and FP program managers and community-based organizations to accurate information and best practices

This proposal also builds on FHI's global leadership in the area of monitoring and evaluating HIV/AIDS programs by introducing select innovative evaluation methodologies to Kenya. The program-specific evaluation strategy includes

- introducing to Kenya the Behavioral Surveillance Survey to track movement along the behavior change continuum in a community setting.
- complementing AIDSCAP's data-driven evaluation tools with careful "management auditing" to address quality of implementation issues.

PROPOSED SUB-PROJECTS AND ACTIVITIES

Based on its eight years of HIV/AIDS experience in Kenya under AIDSTECH and AIDSCAP, and in fulfillment of the USAID/Kenya strategic framework and results framework, FHI proposes the following activities for funding during the period September 1, 1997 through February 28, 1999. Activities are listed by topic in two sections: the first phase from September 1 through June 30, 1998 and the second phase from July 1, 1998 through February 28, 1999. Project activities will end on December 31, 1998, to be followed by a two month period for project close-out. Should Phase I not be funded, activities will end in April, but the Country Office will continue operating until June 30th, during the two-month close-out. Some proposed implementing agencies will carry out more than one activity. Table 1 (pp. 8-9), which presents results by implementing agency, lists all activities for each agency over both phases of the project.

IV. Phase One: September 1, 1997 - June 30, 1998.

A. NGO Capacity Building

Strengthening NGO Networks

Kenya AIDS NGOs Consortium (KANCO)

Result: *A financially, managerially, and technically stronger local NGO providing leadership in policy development and dissemination of best practices, lessons learned and HIV/AIDS resource materials.* The work of the Consortium will contribute to three USAID IRs: 2.2: organizational capacity and self-sufficiency of key private sector FP and HIV/AIDS service providers improved; 3.1: policies and program approaches improved for FP/HIV/AIDS/CS through research, analysis, monitoring and evaluation; and 3.5: increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.

This activity is planned as continuing support to the Consortium over the 18-months. AIDSCAP will work with the Consortium to seek additional funding should USAID support not be available for the second phase.

Background: AIDSCAP's experience around the globe has shown that NGOs have a unique ability to reach under-served populations and design policies and programs that meet their needs. Under AIDSTECH, FHI helped to establish KANCO in 1989. At its inception, KANCO focused on creating a network to facilitate information sharing among NGOs working in HIV/AIDS. Since then, KANCO has grown from 30 members to over 300 members in 1997. It is registered as a non-governmental organization with the NGO Council of Kenya.

Under AIDSCAP, KANCO has become an important information source through the development of the NGO Resource Centre, which avails significant literature on HIV/AIDS to the NGO community and others. KANCO has also taken on a policy leadership role. It has involved NGOs in policy identification and development and trained them in advocacy. A unique aspect to KANCO's work is the inclusion of district-level as well as national level NGOs in the policy process. Over the past two years, KANCO has conducted 64 consultative meetings at the national and district levels and four provincial policy workshops for over 200 NGO program planners, donors and NASCOP officials. The meetings have resulted in several accomplishments: 1) 26 district-level NGO networks were established; 2) eight priority policy issues were identified related to discrimination, home care, family life education, support for widows and orphans, counseling, housing for workplace populations, coordination of activities, and the cost of drugs and other supplies; and 3) KANCO wrote three policy statements (on discrimination, counseling, and family life education) for distribution to policymakers. In addition, and perhaps most importantly, local NGOs have begun to reconceptualize the policy process: NGOs who had thought of policy as rulings handed down by government have begun to understand their own responsibility for advocating for policy responses to key issues identified at the grassroots level.

KANCO's policy work and resource centre project, which began as separate initiatives, have begun to overlap and reinforce each other. The resource centre is used by Consortium members and policymakers; the workshops have been inclusive of members, government representatives and religious, business and labor organizations; and members have been introduced to policy development and advocacy methods. The dynamism of KANCO's overall program has contributed to NGOs being recognized as having an important role to play in policy development and advocacy in Kenya.

Proposed Program: During the next 18 months, FHI proposes to work with KANCO to consolidate and intensify activities, to integrate resource center and policy activities better, and to develop further as an organization. **The overall purpose of these activities will be to strengthen KANCO's capacity to provide leadership to its 320 members and to work with its partner organizations.**

KANCO will continue to build the capacity of its member NGOs in networking, advocacy work and the identification and formulation of policy issues related to AIDS prevention. KANCO will work with district-level NGOs to develop guidelines on how to incorporate specific policy issues (particularly the provisions of the Sessional Paper) into workable strategies at the district level. KANCO will also provide follow-on training in advocacy to NGOs as part of a workshop on the provisions of the Sessional Paper. In addition, the Consortium will explore ways to enhance the networking capacity of the district-level branches. At the national level, KANCO will develop policy papers on additional issues selected from the priority issues identified by Consortium members during the AIDSCAP-funded project. These policy papers will be disseminated to key policymakers and Consortium members during a national meeting. A later national meeting will provide feedback on how the provisions

of the Sessional Paper are being put into practice at the district level. The Consortium will also continue to strengthen media involvement at both the national and district level. FHI will also support the Consortium in an intervention directed specifically at policy issues related to the workplace and the private sector (see "Workplace Interventions" below).

Policy information will be more fully integrated into the data collection and dissemination handled by the KANCO resource center. The contents of the central resource center collection will be broadened to include materials related to NGO needs for information on building networks, management, information sharing and financial management. In addition, the AIDS Information System, containing information on HIV/AIDS projects being implemented in Kenya, will be fully functional. The national resource center will be more proactive in disseminating information on best practices and lessons learned in HIV/AIDS programming and in policy development. Selection of these types of materials will be a more interpretative role for the resource center, working in close collaboration with the policy staff. Specifically, FHI will fund the production and distribution of three information packs. Possible topics that have been identified for the packs include policy development and advocacy, gender issues, adolescents and HIV/AIDS/STI.

FHI will also support the KANCO resource center in strengthening the skills of personnel who will be responsible for the district resource centers that are being set up in connection with the National AIDS/STD Control Program's STI Project. It is proposed that KANCO promote effective information dissemination at the local level by carrying out a basic training in information management for health workers and NGO members who will be involved in running the district resource centers. The initial basic training will be followed up by a short three-day refresher (to take place in Phase Two of the FHI project).

To carry out these program activities, and to continue to support the institutional base of the Consortium, FHI proposes to continue funding KANCO's core staff at 100% time. These staff are: the coordinator, policy project officer, assistant policy project officer, communication officer, resource center officer, assistant resource center officer, administrative assistant/secretary, accountant, and cleaner/messenger. **A additional project officer with specialized skills in advocacy, fundraising and public relations will also be funded.** FHI will work closely with KANCO to develop its organizational structure and resource base, through identifying an organizational development (OD) group or consultant to assist KANCO in moving towards sustainability. OD activities might include developing a long-term strategic plan, training members of the KANCO Secretariat staff in resource mobilization, making linkages with business, marketing services to potential donors and funders, developing proposals and annual reports, and other activities that would increase KANCO's exposure and potential for sustainability.

KANCO is already diversifying its donor resource base. UNDP is funding the Consortium to coordinate a pilot project in the Siaya, Suba and Busia areas. Support has

also been requested from or granted by the United Kingdom's Department for International Development (DFID), DANIDA, ActionAID Kenya, and UNICEF. However, these funds are most often activity-linked and do not address the need to support the institutional base of the Consortium. In the next 16 months, FHI will provide this essential infrastructural support, with the objective of working with the Consortium to develop a long-term plan to strengthen its institutional base.

Organizational development efforts to strengthen financial sustainability will focus on two broad strategies: (1) diversifying and expanding KANCO's funding base and resource generation skills, and (2) reviewing program and operational systems to maximize cost-effectiveness. Diversification of the resource base will consider such approaches as fees for services; private sector, foundation, and bi- and multilateral support; and trust and endowment possibilities. FHI-supported-training will include assistance in the financial management of funds from several donors. FHI will work with the Consortium to develop systems to assign staff costs to different donors, and to ensure that USAID's contribution to staff costs is adjusted during the period of this agreement if possible and appropriate and a percentage of staff time is assigned to projects funded by other donors. Current job descriptions, roles, and responsibilities will be reviewed. Options for reducing operating costs -- e.g., through the targeted use of volunteer staff, optimum staffing versus consultant skill mixes, and other cost-saving measures -- will also be explored.

Evaluation of these activities will consist of two forms of measurement. First, benchmarks will be established and included in the subagreements for each phase of NGO Consortium's activities funded under this agreement. Such benchmarks will relate to specific tasks, for example, drafting a policy manual and/or a procedures manual. A more comprehensive review will be carried out towards the end of Phase II. This will follow the participatory model developed for the AIDSCAP End of Project review. It will therefore combine a desk review of such data as numbers reached, materials distributed, policy meetings held, and papers published and disseminated with self-assessment and review by Consortium members in an end of project workshop.

Implementation: FHI's role in working with KANCO will be (a) to provide a subgrant to KANCO for on going institutional support and for the policy, workplace, and information services activities listed above; (b) to provide technical assistance to KANCO in organizational development and in planning and monitoring of activities related to policy; and (c) to provide ongoing monitoring and guidance to KANCO through the FHI Kenya Country Office. An FHI representative will attend KANCO's quarterly meetings. FHI will also work with KANCO to facilitate meetings of the donors supporting the Consortium.

The organizational development component will be carried out through a separate agreement with an international consultant or consultants. The consultant(s) will carry out an initial on-site visit and provide continuing guidance in the development of such tools as a long-term strategic plan, a funding plan, and an organogram.

FHI will coordinate with Management Sciences for Health, the institutional contractor for IR2, to ensure there is no duplication of effort in any technical assistance provided by FHI to assist KANCO in planning for sustainability. In briefing the consultant(s), FHI will also use information gained through the NGO sustainability assessments conducted under AIDSCAP. These self-assessment tools assisted implementing agencies to review their progress in gaining support from their stakeholders, their technical skills, and their organizational development. The policy component of the program will be supported through two visits from FHI Headquarters' staff, one in each phase of the project, to provide technical assistance in advocacy strategies at the national and district level.

Strengthening Policy Work with Church Groups

MAP International

Result: *Improved capacity of the Kenya Christian AIDS Network (K-CAN) branches to fund and manage local HIV/AIDS prevention and care activities.* This activity will contribute to USAID IRS 2.2: organizational capacity and self-sufficiency of key private sector FP and HIV/AIDS service providers improved; and 3.5: increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.

This activity will be supported in both phases of the project, with a major objective being to build the capacity of the Kenya Christian AIDS Network to sustain itself. FHI will work with MAP to seek other support should funding not be available for the second phase.

Background: Under the AIDSCAP project, MAP International developed an innovative approach that combined policy initiatives with church leadership and training for church pastors as a means of mobilizing different church denominations to develop policy statements, and support AIDS prevention activities at the community level. The project design included research on the existing behavior of church youth and church pastors, use of that research to influence policy, training in AIDS prevention for pastors, and the development and distribution of materials including training modules, print, radio, and a video on AIDS prevention. MAP succeeded in bringing together at least 25 different church groups representing 3/4 of the church-going Kenyan public, to confront the AIDS epidemic in Kenya. Two policy statements were drawn up, signed by the leadership of eight church umbrella organizations, and printed in the national press. In addition, the materials have been enthusiastically received, particularly the parent-youth guide, and the curriculum module for pastor training, which has already being considered for adoption by the Africa Inland Church for its 23 institutes. The project has been adopted as a model by other countries in the region, and is cited by WHO as a model for best practices in working with the churches.

One outcome of the project was the formation of local level branches of the K-CAN network. This community-based movement has grown to a network of over 34 branches nation-wide. Church pastors and members of the congregation formed these groups, linked to the central K-CAN organization, to foster activities at the district level. In order to maintain these young voluntary local branches, AIDSCAP funded a short, 5-month subagreement to provide basic infrastructural support to MAP International, through continuing to fund regional coordinators to motivate the branches and supervise their activities. This short period of time has not been enough to establish sustainability and ownership among district K-CAN branches and to move them to assuming responsibility for K-CAN as a community-based effort. Networks need more time to be weaned from their reliance on MAP to provide leadership. They need to be equipped with more skills on how to harness resources from the government and the local community and on community-based program management.

Proposed Program: MAP will consolidate their gains under the previous program by strengthening the community-based interventions through: (1) conducting regional workshops on building sustainability for community-based K-CAN members; (2) developing linkages between those trained in MAP's counseling workshops and K-CAN branches, so they can serve as resource personnel; (3) reprinting and distributing resource materials to K-CAN branches; (4) conducting four regional workshops for curriculum instructors and developers at pastoral training institutes to instruct them in the use of the curriculum on AIDS prevention developed under the AIDSCAP project; (5) continuing publication of the K-CAN newsletter.

Two regional workshops will be conducted per region to build sustainability. These will target church health/HIV/AIDS workers and influential church leaders in the community. The theme will be building sustainability through community project management, project ownership, and harnessing local resources. MAP will also target community church leadership to provide funding and resource support to the K-CAN district networks. The regional coordinators will assist local branches to develop an institutional base, including good accounting, recording, and planning practices. Network communication will be fostered through continuation of the bi-monthly K-CAN Newsletter and through encouraging branches to contribute more actively to this publication.

A publication component has been included in this proposal in response to the continuing high demand for MAP publications produced under the AIDSCAP project. Existing supplies of materials, including the parent-youth guide, and the three-part series, Helpers for a Healing Community, Facts and Feelings about AIDS, and AIDS in Your Community, are nearly exhausted. MAP will reprint these publications and sell them at cost, setting up a revolving fund for sustainability so that returns from sales fund further reprints. MAP will also strengthen the effective use of Choosing Hope, the Pastoral Curriculum Module for Instructors in Pastoral Training Colleges, through introducing them at interactive regional workshops for training college faculty.

Implementation: This activity will be carried out through a subagreement with MAP International.

In Phase One of the project, MAP will conduct four regional workshops on sustainability for K-CAN branches and two of the four regional workshops for pastoral training institutes. The two additional workshops will take place in Phase Two. MAP will reprint and distribute materials and build linkages between trained staff and local branches in both phases of the project. Benchmark process indicators will be incorporated into the subagreements with MAP.

B. Workplace-Linked Interventions and Interventions with Students

Formulation of Workplace Policy Framework

Kenya AIDS NGOs Consortium

Result: *Actionable policy framework formulated that is acceptable to both business and unions to achieve better working conditions for employees with HIV/AIDS in Kenya.* This subproject will contribute to USAID's IR 3.5: increased use of improved, effective, and sustainable responses to the AIDS epidemic.

Background: A majority of the over 1 million people currently estimated to be infected with HIV in Kenya are in the most productive economic age bracket. In an attempt to address the impact on the workplace GOK, NGOs, employers, insurance firms, and workers' organizations have often acted in an uncoordinated manner, the result being that workers have been denied jobs, insurance and medical cover or even dismissed on account of their HIV status. Instituting policies governing these issues has been left up to the individual workplace. Management has often been influenced by misperceptions of the course of HIV infection, lack of reliable projections on the costs involved in support for HIV-infected workers, and by outside requirements, such as the demands of insurance companies for HIV testing of potential employees.

Under AIDSCAP, FHI worked with a number of companies in Kenya and other African countries to develop and pretest the Private Sector AIDS Policy (PSAP), a guide for businesses, unions, and others to conduct a needs assessment for HIV/AIDS policies and programs in the workplace; to assess the economic impact of AIDS on company productivity and profitability; and to provide the rationale and steps for developing prevention policies and programs. AIDSCAP also worked with 22 companies in Kenya to provide policy training for managers and to introduce a peer education program, supported by both management and union representatives. Our experience showed that many companies had introduced AIDS policies on a piecemeal, case by case basis, but still did not have a written policy to address hiring and compensation issues. The

proposed project will build on our experience of building consensus to support AIDS prevention in the workplace, to address the common policy concerns of the different stakeholders.

Proposed Program: FHI will work with the NGO Consortium to design a project to identify and build consensus between management, labor, insurance representatives and the legal system on key policy issues related to AIDS prevention in the workplace in Kenya; to formulate an actionable policy framework acceptable to stakeholders; and to devise strategies for implementation and follow-up. These could include mechanisms to facilitate the provision of HIV/STI education programs at the workplace, focusing in particular on the need to leverage private sector funding to support such programs, through such means as fee-for-service arrangements, direct contributions by businesses to NGOs for prevention activities, and direct budget allocations by companies.

KANCO is already working with a committee of key organizations to discuss the need to develop AIDS-related policies and education programs related to the workplace. These organizations include the Kenya Commercial Bank Training Center, Kenya Reinsurance, British-American Insurance, the Kenya Legal and Medical network, and the National AIDS/STD Control Programme. The project will continue to work with these groups and enlist the support of additional key organizations and representatives, such as the Federation of Kenya Employers (FKE), the Central Organization of Trade Unions (COTU), the Ministries of Labour and Economic Planning, and the Attorney General Chambers. KANCO will work with a consultant to carry out a situation analysis of policies related to workplace issues and, based on that analysis, to develop a plan for action. It is envisaged that KANCO will hold an initial project workshop with representatives from these groups to identify major concerns and what further actions or research (such as an on-site needs assessment) are needed to develop policy statements on these issues and guidelines for making them actionable by individual companies. The findings will be disseminated in a reporting workshop, and will form the basis of agreement on what should be addressed in any policy statement actionable at law or to be used in collective bargaining.

Implementation: This subproject will be implemented as a component of the subagreement with KANCO. In addition, KANCO will work with a consultant with experience and contacts with industry, union, and insurance organizations to develop the national workshop. FHI's role will be to fund the above activities through the agreement with KANCO. In addition, FHI will provide technical assistance through its Country Office staff in reviewing the progress of activities, in particular the agenda for the proposed workshops. Worksite activities will also be reviewed during the visits from FHI US-based staff to provide technical assistance in advocacy strategies.

The situation analysis and two workshops for labor and management representatives will be carried out in the first phase. Completion of this activity will be carried out in the second phase of this proposal.

Behavior Change Interventions at Worksites

Program for Appropriate Technology in Health (PATH)/ Kenya

Result: *Behavior change interventions (BCI) institutionalized and/or instituted at selected workplaces to facilitate continued, quality programming for HIV prevention and care for workers.* This activity will contribute to IR 3.5: increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.

This activity will address two target groups: a mobile but organized workforce of security guards in Phase One, and the isolated mobile workforce of taxi drivers and matatu drivers and touts in Phase Two.

Background: Worksites -- especially factories and industrial park service sites -- have for some years been considered key locations for reaching men and women at risk for HIV. Under AIDSCAP, FHI has collaborated with a number of industries via its subproject with Family Planning Private Sector (FPPS) to introduce HIV prevention at just such worksites. More difficult to reach, however, but equally important, are workers who are not concentrated in a physical facility. In terms of developing strategies to reach this target audience, the workforce falls into two main categories: one, being the mobile, but organized workforce of large companies (security guards, sales representative, bus drivers); another the more isolated groups of mobile workers, such as matatu drivers and touts and taxi drivers. FHI proposes to continue to develop two models, both begun in the last year of the AIDSCAP project, to reach these populations.

Mobile but organized workforce. One such target group in this category is security guards. Nairobi itself has an estimated 12,000 security guards, most of whom work 12-hour shifts protecting residential and commercial clients. Research conducted by PATH suggests that the level of knowledge about HIV and AIDS is high and there is widespread acknowledgment of personal risk of HIV transmission due to their lifestyle. Very few security guards report practicing behaviors which could protect them from HIV, however, and their knowledge of STIs other than HIV is limited.

In 1996 PATH initiated a peer education program for security guards employed by five security companies in Nairobi. This originally-proposed two-year program was condensed to 12-months due to implementation time constraints. To date, the project has conducted baseline research, developed materials, and initiated group education sessions for the target audience. PATH's expectation that peer counseling could be used as the model for the intervention has not materialized due to the company prohibition against congregating during on-site employment shifts.

Based on this constraint, PATH has modified its design from a peer education approach to one which incorporates HIV prevention education into the orientation and refresher training of guards. Four of the five security companies have agreed to institutionalize HIV/STI education in their training programs and PATH has begun to work with company training officers to implement this training. The remaining time under AIDSCAP will be insufficient to transfer this project completely to its company clients; in addition, there is a need to expand the project to reach additional companies.

Proposed Program: Mobile but organized workforce: Over the next 16 months FHI and PATH will collaborate in institutionalizing HIV/STI training into the orientation and retraining programs of targeted security companies in Nairobi. PATH/Kenya staff will train the company instructors to build both their skills and confidence in handling these topics as well as in conducting team exercises and discussions; PATH will develop a training manual to support the institutionalization of this training. FHI will seek to ensure that relevant FP messages are also included in the training manual. PATH will expand the project to reach two additional security guard companies. In addition, PATH will begin discussions with other companies where peer education is not a practical option (such as those working with a large mobile sales force, or with bus drivers) to assess their interest in incorporating AIDS prevention into their staff training activities. Baseline quantitative and qualitative research was carried out with security guards under AIDSCAP, in June-July 1996. A comparable follow-up assessment will be conducted of the security guard activity to measure the outcome of this intervention strategy. The assessment will look closely at the quality of the training provided at the project's end in order to assess degree to which quality is likely to be maintained using this TOT approach.

Implementation: FHI will fund this activity through a subgrant to PATH/Kenya. FHI will provide technical review of the training manual and, as with all other subprojects in this proposal, will monitor progress through review of the monthly progress implementation reports submitted by the implementing agency.

To allow enough time to assess behavior change, the follow-up assessment of the security guard activity will be conducted in Phase Two, approximately two years after the baseline survey. Process indicators will be used as benchmarks for carrying out the training component in Phase One.

IEC Materials for Worksites

Program for Appropriate Technology in Health (PATH)/ Kenya

Result: *Improved capacity to implement BCI activities for groups practicing high-risk behavior.* This subproject will contribute to USAID's IR 3.5: increased use of improved, effective, and sustainable responses to the HIV/AIDS epidemic.

Background: The need for HIV/AIDS prevention materials that are specific to the Kenyan context and that go beyond messages about the danger of infection to foster behavior change has been recognized by both the NCPD and the Health Education Division. There are also virtually no materials for men and women that address STI prevention and control. Yet the need for supporting materials was the key priority mentioned by peer educators interviewed in a rapid needs assessment conducted by AIDSCAP in June 1996 at Eldoret worksites. Similarly, peer educators working in the AIDS clubs set up under AIDSCAP's project to support AIDS prevention at 9 institutions of higher education, also cited the need for more materials during the end-of-project review. Providing a supply of pre-tested materials that address behavior change issues will strengthen the peer education program at both the worksites and in student populations. It is clear, however, that the long term demand for materials will outstrip the supply which will be available from the USAID/Kenya program. It is therefore critically important that materials are effectively used to maximize both their benefit and reach.

Under AIDSCAP, PATH's project to train NGOs in materials development developed 7 new materials, targeted at adolescents, children of school age, men, and couples. In connection with the security guards project, PATH also developed 5 materials focusing on STIs and AIDS. This project will systematically distribute packages of these materials to those worksites that are graduating from the AIDSCAP program and provide training in their use, in order to strengthen peer educators' skills, and act as an incentive for their continuing involvement in peer education. The materials are included in the packages will address important issues identified in focus group discussions and key informant interviews at the worksite, specifically, STIs, discussing HIV/AIDS with adolescents and other family members, and care of people living with HIV and AIDS.

Proposed Program: This intervention targets 22 companies with a total population of 24,000 workers. PATH will adapt training modules covering topics pertinent to peer education and will conduct six workshops for worksite peer educators in Nairobi, Eldoret and Mombasa (two workshops in each area) to train them in the cost-effective use of materials. This will complement the distribution of the materials packages, which was funded under AIDSCAP. The usefulness of this targeted materials distribution will be assessed through ongoing monitoring forms and a rapid appraisal six months after the workshop, to measure how materials were used by peer educators.

Implementation: FHI will fund this activity through a subgrant to PATH/Kenya. FHI will provide technical review of the training modules and monitoring forms for peer educators and will monitor progress through review of the monthly progress implementation reports submitted by the implementing agency.

The rapid appraisal of how peer educators will use the materials will take place in Phase Two.

Sustaining Peer Education at Institutions of Higher Learning

Family Health International

Result: *Increased capacity of anti-AIDS clubs at institutions of higher learning to fund and manage AIDS prevention activities.* This activity will contribute to USAID's IRS 2.2: organizational capacity and self-sufficiency of key private sector FP and HIV/AIDS service providers improved; and 3.5: increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.

Background: AIDSCAP supported a two-year project, implemented by Family Planning Private Sector, to reach students at institutions of higher learning through peer education. The project was successful in training club leaders and peer educators at 9 institutions, in the Nairobi, Eldoret, and Mombasa areas. In the last year of the project, emphasis was placed on developing mechanisms for sustaining activities. These included: working closely with the university or college administrations to strengthen official administration endorsement of and support for the anti-AIDS activities on campus; holding a workshop on small business opportunities and management skills; and, on some campuses, the start of income-generating activities to support the clubs' AIDS prevention work.

The clubs have increasingly taken on the responsibility for their own sustainability. Nevertheless, the recent end-of-project qualitative evaluation indicates that club leaders are still not fully confident of their ability to maintain motivation among club members (who are the project's peer educators) and to continue high-quality training of peer educators and outreach to students.

Proposed Program: The project will reach approximately 40,000 students in the nine anti-AIDS clubs. A series of workshops will be held to continue to develop the technical and management skills of both administration and students who are involved in the clubs. The objective is to provide a small amount of additional training in order to graduate these clubs into confident, fully self-funded and self-motivated campus organizations. Three workshops or workshop series will be carried out during the 16-month period of activities. One national workshop, in Phase One of the project, will be for club chairpersons and patrons (who are faculty members) on management, leadership skills, and continuing recruitment and training mechanisms in order to strengthen the capability to maintain the clubs without donor input. A refresher workshop will be held for club members/peer educators at each institution, with a short follow-up workshop to assess their progress. The workshop will address the topics of sustainability and outreach approaches, as well as review HIV/STI prevention. In addition, a workshop will be given by PATH/Kenya in Phase Two on the effective use of materials (see the IEC materials intervention proposed in Phase Two).

This program will also continue support to the sustainability and research activities begun under the AIDSCAP project. Because of the frequent closures at some institutions, some

projects have only just begun. Under AIDSCAP, anti-AIDS clubs at each institution received a small amount of seed money to set up research projects (such as KABPs carried out by students) or income-generating activities. One anti-AIDS club, for example, set up a student canteen, while others held anti-AIDS walks, or balls, to raise money for AIDS prevention. The proposed recipients of these small grants are the anti-AIDS clubs. The final component of the program will be the publication of 2-3 more issues of the joint student AIDS clubs newsletter. This low-cost newsletter is a valuable means of uniting the different clubs.

Implementation: FHI will hire a part-time consultant on a long-term basis to carry out this activity. The consultant, Mr. Mureithi Kinyua, was the FPPS project officer who managed AIDSCAP's project with students at institutions of higher learning. He has established a strong rapport with both the university administrations and student leaders of the clubs. Seed money will be provided to the clubs using the Rapid Response mechanism.

Activities will be carried out in both phases of the project. The national workshop, distribution of seed money, refresher workshops, and publication of one issue of the newsletter will be carried out in Phase One. Monitoring to foster increasing independence on the part of the clubs and the remaining newsletters will be completed in Phase Two. It is hoped that club members will themselves fund a close-out workshop to take place in Phase Two.

C. *Testing/Institutionalizing New Approaches*

Community-Based Care and Prevention

Kenya Association of Professional Counselors (KAPC)

Result: Proven research intervention reformulated into a community-based program in HIV/AIDS counseling and support services. This subproject will contribute to USAID's IR 3.5: increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.

The majority of this continuing activity will take place in Phase One. It would be preferable to continue support for this subproject for the first months of Phase Two to give the institution a better opportunity to become self-sufficient.

Background: Motivation to change high risk behavior is often associated with an individual's knowledge of their own HIV status. Requesting and receiving this information can be a traumatic experience for individuals and counseling helps to ensure that people are informed about the significance of their HIV status while providing a degree of psychological care. Although there has been some evidence to suggest that HIV testing and counseling is an effective strategy to reduce high risk behavior, evidence

on the impact of this strategy in different settings has been mixed. In 1995, AIDSCAP, in partnership with the WHO/Global Program on AIDS and select research organizations, initiated a multi-country randomized controlled trial of the efficacy of counseling and testing. Kenya agreed to be one of four countries to participate in this study.

Since 1995 the Kenya Association of Professional Counselors (KAPC) has acted as the local implementing agency for the Kenya arm of the counseling and testing (C&T) study. The goal of the randomized control trial in Kariobangi has been to compare the impact of HIV counseling and testing versus health information and condoms on high risk sexual behaviors. The population around the study site is estimated at 500,000 and within a 6 month time frame over 1500 people registered with the study. Fully 88 percent of those expected to return at 12 months for follow-up appointments have returned. This return rate gives evidence of the participation and current needs of the community. As part of the study the Kariobangi center provided HIV pre- and post-test counseling, HIV testing, STI diagnosis and treatment, supportive counseling and health information and condoms. The preliminary results of the study suggest that C&T has been an effective strategy for inducing behavior change.

The data collection component of the study was completed in November 1996 and staff of the center have been reminded that all C&T field activities at the site will end in April 1997. Community leaders have appealed to staff to continue providing current services and to consider additional services for family planning, outreach counseling, counselor training, and workshops for community leaders in STI/HIV/AIDS prevention. Although KAPC would like to continue providing services at the site, the cost of maintaining the level of services required for the ethical conduct of the research study is probably not sustainable. The challenge now is to identify a strategy for transforming the research intervention to a sustainable community-based service which is responsive to demand-driven community needs and allows for the continuation of a service that has demonstrated its effectiveness as a best practice in behavior change.

Proposed Program: Staff at the Kariobangi counseling center have proposed a strategy for scaling back services to an essential, feasible core of two activities: (1) counseling and testing for individuals and groups, and (2) **establishing practical on-site training at the Kariobangi site, in connection with KAPC's existing training program for counselors.** The proposed continued funding for the Kariobangi counseling and testing services will also provide an opportunity to assess the extent to which demand for C&T continues, without the incentives provided as part of the research study.

C&T activities will continue to use pre- and post-test counseling practices demonstrated to be effective during the research study. Testing of samples will continue to be done by the laboratory of the Department of Medical Microbiology at the University of Nairobi. The center will test a fee-for-services structure to contribute to financial sustainability. During the year the center will also conduct a community-focused campaign designed to create awareness of the center's services, promote a positive commitment to the center

among the community, and assess both the type and the long term potential demand for services by the community

KAPC will also take advantage of the unique situation in Kariobangi to explore and test opportunities to use the Kariobangi site as a training center providing internships for students to observe and learn from a model of good counseling skills. The potential demand for this training will be reviewed during the needs assessment to be carried out by a consultant under a separate agreement with FHI (see below). Possible institutions with which KAPC might organize an internship program include the Red Cross, medical students, and university counselor training programs.

Technical assistance from FHI will help the center develop a strategic plan for the future including resource development and enhancement of financial sustainability. As with the strategy for the NGO Consortium, efforts will focus on: (1) diversifying and expanding KAPC's funding base and resource generation skills, and (2) improving program and operational efficiencies to maximize cost-effectiveness. Diversification of the resource base could include such things as fees for services; private sector, foundation, and bi- and multilateral support; trust and endowment possibilities; and sophisticated, high pay-off fund-raising approaches. Options for reducing operating costs -- e.g., through the targeted use of volunteer staff, community contributions, and other cost-saving measures -- will also be explored.

Evaluation: This follow-up phase of the counseling and testing research study will function as an operations research project. It will be closely monitored to assess the feasibility, effectiveness, quality, and costs of moving from a highly-funded research operation to a community-based program. The end of project assessment will include discussions and meetings with community representatives to assess the extent to which the center continued to meet their needs. Should Phase Two not be funded, this assessment will be carried out shortly before the end of Phase One. The extensive cost data collected under the AIDSCAP research project will provide a baseline of comparison with the costs of the community program.

Implementation: This intervention will be implemented under a subagreement with KAPC. FHI will provide technical assistance in designing monitoring instruments and processes for the comparative operations research and will select consultants to advise on sustainability issues and a resource development plan. FHI will coordinate with Management Sciences for Health, the institutional contractor for IR2, to ensure there is no duplication of effort in any technical assistance provided by FHI to assist KANCO in planning for sustainability.

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KAPC ?

Rapid Assessment of Counseling Services

FHI Country Office

Result: *Assessment of existing Counseling and Testing services in Kenya available to guide future program planning.* This assessment will contribute to USAID's IR 3.1: policies and program approaches improved for FP/HIV/AIDS/CS through research, analysis, monitoring and evaluation.

Background: There is a growing expressed need for counseling and testing services in Kenya. This has been evidenced in the AIDSCAP projects, not only by the community request to continue services at the Kariobangi Center (noted above), but in responses from peer educators during a mid-term visit to Eldoret in June 1996 and in the findings of PATH's March 1997 needs assessment among worksite peer educators. Yet comparative information about counseling and testing services in Kenya is not readily available. The most recent situation review of counseling and testing services was the brief paper by the Kenya AIDS NGOs Consortium in 1993. In addition, the different groups providing these services in Kenya have widely disparate training and programs, and are not well informed about each other's activities.

Proposed Program: FHI will undertake a survey of counseling and testing activities carried out in Kenya. The primary target for this situation analysis will be services in the Nairobi area, but other major activities in Kenya will be included (for example, the Center for Disease Control's Counseling and Testing site in the Kisumu area). The survey will review such aspects as target audience and numbers served, services offered, staff qualifications, quality of services and cost per client in order to document the existing situation. A assessment of the potential of developing Kariobangi as a training center will be carried out as part of the assignment. Results from the survey will be shared in a workshop for cooperating agencies and relevant government and donor representatives.

Implementation: A consultant will be hired to carry out this activity and supervise the dissemination of results through a report and workshop.

D. Media and Media Support

Community-Generated Media

Armet Waves Communications

Sanaa Art Promotions

Result: *Increased use of community-generated media to sensitize and mobilize communities.* This subproject will contribute to USAID's IR 3.5: increased use of improved, effective and sustainable responses to the AIDS epidemic.

Background: Maintaining media and community focus on AIDS has been shown to be an essential supportive strategy in fostering behavior change at the individual level. World AIDS Day was started as a mechanism to promote that focus on an annual basis; in Kenya, however, this opportunity has increasingly been ignored and activities have been poorly planned, with little lasting effect. Yet this event could be used as a means to support community mobilization on a long-term basis.

In 1994, the Nairobi AIDS Task Force included a small drama competition as part of the World AIDS Day activities that were sponsored by AIDSCAP. The following year, the competition had grown into a drama festival in which 35 community groups from Western and Coast Provinces, as well as Nairobi, performed drama, dance, and poetry that expressed AIDS messages. PSI and the British Council joined with AIDSCAP to sponsor the 1996 World AIDS Day drama festival, at which over 60 groups competed, out of over 100 who had applied to perform.

The activity has proved to be a low-cost effective strategy to mobilize youth community groups to internalize AIDS messages and take them to their communities. This project will extend the festival both geographically and in time, as an ongoing process in to support quality community media for AIDS prevention in five regions. This will be particularly valuable in regions such as Coast Province where AIDS education activities have been more limited. Over 130 groups from Mombasa and Kisumu alone have already indicated their interest in taking part in the festival. Regionalizing the drama festival is a means of capitalizing on World AIDS Day to motivate and educate many more community groups and through them reach a wider audience. The festival will also enhance the process of creating linkages in the community through support from district-level ministry of health staff, church organizations, and the NGO Consortium.

In addition, this community-based activity will be enhanced through collaboration with Sanaa Art Promotions to carry out a small pilot project, "Art Against AIDS", aimed at rural, less literate and high-risk populations. The tradition of painting bar/hotel murals will be used to disseminate AIDS prevention messages and to recruit local visual artists to complement the use of the performing arts at the community level. These murals can be displayed on walls in estates and market places and thus reach a wide audience, with IEC messages; murals will also be displayed in bars and hotels, aimed at bar patrons and bargirls who practice high-risk behavior.

Proposed Program: FHI will work with Arnet Waves to develop a "World AIDS Year" project to: provide an incentive for a continuing commitment to AIDS issues by community youth groups nation-wide; train these groups in HIV/AIDS prevention and care issues and in effective message delivery; and thereby increase the number of community-generated performances on AIDS issues. Training will benefit from AIDSCAP's earlier experience, for example, by including sessions on interactive communication with audiences, a methodology that was successfully used by AIDSCAP with the Miujiza Players.

The project will be organized on a regional basis, supervised by coordinators who will target five regions: Coast, Rift Valley, Western, Central/Mount Kenya, and Greater Nairobi. The regional coordinators will supervise the mobilization and holding of regional drama festivals, including training the performers in preliminary workshops, monitoring performances and community outreach, and leveraging community and GOK support. The regional workshops will train local drama groups in improved dramatic presentation, AIDS prevention messages, and basic principles of communication for behavior change. Groups will also be trained in how to monitor their interactions with the community. The project already has commitment in some regions to base the coordinators at the DASCOP, and to work with the PMO in training performers and organizing radio and press publicity for AIDS messages. In addition, performances at the national festival, to be held in November, will be videotaped, thus adding to the pool of English and local language materials on AIDS prevention.

Evaluation will focus on the acceptability of using the festival as a means of community outreach. The regional coordinators will monitor the number of performances given, and target audiences reached.

The "Art Against AIDS" component of the community media project will use trainer muralists to identify, train, and supervise four local artists selected in 8 pilot sites selected from Kiambu District. These artists will be trained both on HIV/AIDS prevention and behavior change issues and on improved techniques of mural painting and design. Together with the team, the trainer muralists will identify suitable locations for the murals and ensure that all needed permissions are granted for the Art Against AIDS paintings. Mural sketches will be pre-tested with the community, at the sites and surrounding areas. It is expected that the mural project will be incorporated into the World AIDS Day drama festival, perhaps through a photographic display of murals.

Implementation: Implementation will be carried out through letters of agreement with Artnet Waves Communications and Sanaa Art Promotions.

E. Research and Integrated Working Group Coordination

Coordination of IWG Research Task Force

FHI

Result: *Research study findings and other Research Mining findings disseminated to Integrated Working Group.* This activity will contribute to USAID's IR 3.1: policies and program approaches improved for FP/HIV/AIDS/CS through research, analysis, monitoring, and evaluation.

PROGRAM DESCRIPTION

ATTACHMENT 2

Background: The objective of the current research mining activities under the APHIA project is to determine existing best practices and research findings in areas pertinent to integration, and to develop selected annotated bibliographies and maintain a database on this issues that is accessible to members of the Integrated Working Group and the public health profession in Kenya. This activity will focus on the dissemination of the research findings in an effective manner, to promote their incorporation into policy planning and project design. The purpose will be to move the integration agenda forward on a practical level by discussing the implications of research findings on service delivery and training.

Proposed Program: Published study results will be disseminated in a workshop for the USAID Integrated Working Group and other interested organizations, and in related publications. The workshop will benefit from and also address related issues identified through the research mining efforts by FHI under the APHIA project. This activity will be carried out in close collaboration with the Research Committee of the IWG. FHI will work with the Committee to identify information gaps and disseminate Kenya-wide information on reproductive health and HIV/AIDS research through such means as short fact sheets, periodic updates on research findings, or briefings for government, service providers, and donors on key topics.

Implementation: FHI, in close collaboration with the Research Committee of the IWG.

V. Phase Two: July 1, 1998 - February 28, 1999

A. NGO Capacity Building

Strengthening NGO Networks

Kenya AIDS NGOs Consortium (KANCO)

Result: *A financially, managerially, and technically stronger local NGO providing leadership in policy development and dissemination of best practices, lessons learned and HIV/AIDS resource materials.* The work of the Consortium will contribute to three USAID IRs: 2.2: organizational capacity and self-sufficiency of key private sector FP and HIV/AIDS service providers improved; 3.1: policies and program approaches improved for FP/HIV/AIDS/CS through research, analysis, monitoring and evaluation; and 3.5: increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.

This activity is planned as continuing support to the Consortium over the 18-months. FHI will work with the Consortium to seek additional funding should USAID support not be available for the second phase. See Phase One above for a full description of this activity.

Strengthening Policy Work with Church Groups

MAP International

Result: *Improved capacity of the Kenya Christian AIDS Network (K-CAN) branches to fund and manage local HIV/AIDS prevention and care activities.* This activity will contribute to USAID IRS 2.2: organizational capacity and self-sufficiency of key private sector FP and HIV/AIDS service providers improved; and 3.5: increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.

This activity will be supported during both phases of the project. See Phase One for a full project description.

B. Workplace-Linked Interventions and Interventions with Students

Formulation of Workplace Policy Framework

Kenya AIDS NGOs Consortium

Result: *Actionable policy framework formulated that is acceptable to both business and unions to achieve better working conditions for employees with HIV/AIDS in Kenya.* This subproject will contribute to USAID's IR 3.5: increased use of improved, effective, and sustainable responses to the AIDS epidemic.

The initial workshop for labor and management representatives described below will be carried out in the first phase. Completion of this activity will be carried out in the second phase of this proposal. See Phase One for a full description of project activities.

Behavior Change Interventions at Worksites

Program for Appropriate Technology in Health (PATH)/ Kenya

Kenya One World Linking Forum (K-OWL)

Result: *Behavior change interventions (BCI) institutionalized and/or instituted at selected workplaces to facilitate continued, quality programming for HIV prevention and care for workers.* This activity will contribute to IR 3.5: increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.

Background: Worksites -- especially factories and industrial park service sites -- have for some years been considered key locations for reaching men and women at risk for HIV. Under AIDSCAP, FHI has collaborated with a number of industries via its subproject

with Family Planning Private Sector (FPPS) to introduce HIV prevention at just such worksites. More difficult to reach, however, but equally important, are workers who are not concentrated in a physical facility. In terms of developing strategies to reach this target audience, the workforce falls into two main categories: one, being the mobile, but organized workforce of large companies (security guards, sales representative, bus drivers); another the more isolated groups of mobile workers, such as matatu drivers and touts and taxi drivers. FHI proposes to continue to develop two models, both begun in the last year of the AIDSCAP project, to reach these populations.

Isolated mobile workers: Workers in this category, where there is no formal structure of training for employees, are particularly hard to reach on a consistent basis. Yet it is generally accepted that the culture of such groups as matatu drivers and touts makes them a high-risk group for HIV infection. The AIDSCAP Project supported a small pilot project to reach this target group through a life-skills training approach. Fifty matatu drivers and touts took part in weekly training meetings that covered reproductive health, including STDs and HIV/AIDS prevention and caring for PWAs; self-esteem, relationships, and gender respect; and work-related issues, such as transport laws, insurance, self-development, and planning for retirement. The project, which was originally planned for 30 participants, was so well received that nearly double that number attended the sessions. A pre and post mini-KABP questionnaire were included in the project design. Because of the success of this intervention, FHI proposes to foster the expansion of the model in two ways: by testing its expansion to a wider audience and, if practical, to other groups such as taxi drivers; and by developing a printed curriculum based on the course modules.

Proposed Program: Isolated mobile workforce: FHI will support K-OWL to expand the program through several approaches. These will comprise: holding 6 more 8-session courses to reach target audiences of both matatu drivers and touts and taxi drivers; using the original matatu group trained under the AIDSCAP project and those taking part in new trainings in pilot strategies to assess how best to expand the project to reach this large target population; and developing a printed curriculum prototype for this life skills approach that combines experience from adult education with STI/HIV prevention. Since all such training must respond to the particular needs of the target group to be effective, the curriculum will not be rigid, but will give guidelines on how trainers can use the prototype to develop their own interactive approach. K-OWL will work with PATH International to pretest and produce the final version of the curriculum. The intervention will be seen as an operational research project that will result in recommendations on how, assuming this strategy continues to be successful, it might be best replicated for outreach to these populations on a larger scale.

Proposed Program: Security Guard Population: PATH will continue to monitor the security guard project carried out in Phase One of the project. A follow-up assessment of this project will be carried out in this Phase.

Implementation: FHI will fund these activities through a subgrant to K-OWL to carry out the training program, and a separate subgrant to PATH/Kenya to develop and produce the curriculum in collaboration with K-OWL. FHI will facilitate collaboration between the two implementing agencies, will provide technical review of the curriculum and will monitor progress through review of the monthly progress implementation reports submitted by the implementing agency. The follow-up assessment of the security guards project will be carried out under a separate agreement with an evaluation consultant.

IEC Materials for Institutions of Higher Education

Program for Appropriate Technology in Health (PATH)/ Kenya

Result: *Improved capacity to implement BCI activities for groups practicing high-risk behavior.* This subproject will contribute to USAID's IR 3.5: increased use of improved, effective, and sustainable responses to the HIV/AIDS epidemic.

Background: The need for HIV/AIDS prevention materials that are specific to the Kenyan context and that go beyond messages about the danger of infection to foster behavior change has been recognized by both the NCPD and the Health Education Division. There are also virtually no materials for men and women that address STI prevention and control. Yet the need for supporting materials was the key priority mentioned by peer educators interviewed in a rapid needs assessment conducted by AIDSCAP in June 1996 at Eldoret worksites. Similarly, peer educators working in the AIDS clubs set up under AIDSCAP's project to support AIDS prevention at 9 institutions of higher education, also cited the need for more materials during the end-of-project review. Providing a supply of pre-tested materials that address behavior change issues will strengthen the peer education program at both the worksites and in student populations. It is clear, however, that the long term demand for materials will outstrip the supply which will be available from the USAID/Kenya program. It is therefore critically important that materials are effectively used to maximize both their benefit and reach.

Under AIDSCAP, PATH's project to train NGOs in materials development developed 7 new materials, targeted at adolescents, children of school age, men, and couples. In connection with the security guards project PATH also developed 5 materials focusing on STIs and AIDS.

Proposed Program: PATH will develop a package of materials targeted at students in institutions of higher education, as part of the activity to strengthen and sustain the existing peer education program at those institutions. Materials in the worksite package will be adapted for the student audience where appropriate and other materials will be selected that are specifically targeted to youth. PATH will train anti-AIDS club leaders in the 9 institutions in the use of these material packs, in a similar workshop to that proposed for the worksites.

Implementation: FHI will fund this activity through a subgrant to PATH/Kenya. FHI will provide technical review of the materials packages and workshop agenda, will ensure that activities are coordinated with the consultant working on the university peer education intervention, and will monitor progress through review of the monthly progress implementation reports submitted by the implementing agency.

C. *Testing/Institutionalizing New Approaches*

Kibera Self-Help Integrated Community HIV/AIDS Program

Kibera Community Self Help Programme (KCSHP)

Result: *Effective community-based outreach service delivering AIDS prevention education.* This activity will contribute to USAID's IR 3.5: increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.

Background: Kibera is a slum area of Nairobi, with an estimated 1 million population. The majority of residents in this area are poor, with most working in petty trade and earning less than Ksh 2000 (US\$40) per month. Their environment is unhealthy, with no direct access to tap water, open sewers in many areas, and many living in temporary mud structures. Like many urban slums, HIV infection is high, with an estimated over 25% of the sexually active age-group being HIV positive.

KCSHP began its activities in 1991, with the original objective to create awareness about HIV/AIDS in 12 villages in the Kibera area, with a population of about 500,000. In response to community needs, however, the program expanded to incorporate a range of prevention and care services, including home-based care, counseling, family planning and ante- and post-natal services, food and education for AIDS orphans and poor children, condom distribution, training of community health workers and education outreach to the youth and adult population. The organization is planning to add STD treatment to its services, and is discussing support for this with Medecins du Monde.

Services are based at the KCSHP clinic, with outreach provided through community volunteer health workers (VHW). The VHWs interact directly with the community, referring serious cases they cannot handle to KCSHP staff. KCSHP recognizes that sustainability of the project and the ability to reach such a large population with effective advice, services, and referrals, depends on the commitment and quality of the VHWs. A training program for 300 VHWs has therefore been proposed. VHWs will be taught HIV/AIDS STI, general health education, sanitation, environment matters, and family planning. The training reflects KCSHP's experience that AIDS prevention messages are

most effective when they are integrated into a holistic health care approach that addresses the range of basic health needs of slum communities.

Proposed Program: KCSHP will be funded by FHI to develop, implement, and monitor a training program for 300 VHWs. As noted, the training will use an integrated health approach that incorporates HIV/AIDS/STI prevention in a course to strengthen VHW skills and attitudes in dealing with the varied health and environmental concerns of the community. In addition, KCSHP will conduct a series of workshops for youth and religious leaders, to ensure their understanding and involvement in the community program.

The program will be monitored to assess the relative importance of the varied elements in this model of integrated service provision, through recording the time spent on providing these different services.

Implementation: This subproject will be implemented under a subagreement with KCSHP.

D. Media and Media Support

Promoting HIV/AIDS in the Media

FHI in collaboration with the Integrated Working Group (IWG)

Result: *Coordinated CA response to using mass media to promote HIV/AIDS issues.* The work will contribute to USAID's IR 3.5: increased use of improved, effective and sustainable responses to the HIV/AIDS epidemic.

Background: Over the last few years, initiatives on HIV/AIDS/STIs in the national mass media have been fragmented and uncoordinated. The USAID CA group, who could potentially complement each others' activities, lack current information on existing projects. Thus opportunities to identify gaps in current initiatives, learn from experience, and contribute to public discussion in the media, are missed.

Since the start of the Kenya project, FHI/AIDSCAP has used mass media to disseminate HIV/AIDS messages, stimulate public discussion, and present positive models for behavior change. The AIDSWatch column, which ran for three years from 1993-96, was rated one of the most popular columns by readers of the Sunday Standard and was the first forum in which condoms were openly discussed in the press. The weekly radio soap opera, Maajabu, broadcast in five local languages, was also immensely popular, as evidenced by the over 6,000 letters from listeners received each quarter. Without regular national surveys, it is hard to quantify results from this pressure to maintain awareness and deepen understanding, but the need to maintain and intensify the level of public dialogue is evident.

Such interventions, though effective, are, however, costly. In order to reduce airtime costs for the soap opera, AIDSCAP collaborated with PSI to finance the series through linking it with PSI condom advertisements. Currently, AIDSCAP is supporting PSI's new media initiative, the AIDS interviews on Capital FM, through providing data and assisting in identifying interview subjects. Building on this collaboration, FHI and PSI propose a joint project, managed through FHI, that fosters a sustainable approach to ensuring press support and a high level of media coverage of AIDS issues. In addition, it will be a model for collaboration between two agencies whose interests are complementary; the process of working together on a specific project will strengthen links between staff of the two agencies, and therefore benefit related projects.

Proposed Program: Support from the press on a sustainable basis will be fostered through a journalist intern program, in which a young radio or press journalist will be based for short periods of time (2-3 weeks) at FHI/PSI or other collaborating agencies. The interns will be provided with travel funds as needed to visit significant projects or areas affected by HIV/AIDS, either within Kenya or regionally. They will be expected to write articles or prepare programs, which may range from analyses of key research and health financing issues to bringing out the human costs of HIV/AIDS on individuals. A particular objective will be to focus on how AIDS affects the regions and to increase public identification with the human and social costs of the epidemic in those areas. FHI will coordinate with other USAID collaborating agencies to ensure their issues and projects are represented in material prepared for the press. Editors from the national press have already indicated their support for releasing staff for an internship. As an introduction to the project, FHI/PSI will hold an introductory meeting for editors and selected collaborating agencies, and a training workshop for the selected journalists.

Additional media coordination activities will be developed in collaboration with the CA working group. These might include: continuing the quarterly press review summary (currently in the AIDSCAP quarterly report) and regularly circulating this to CAs; developing indicators to assess the level of press reporting on AIDS issues; coordinating with USAID/Kenya to ensure that media activities are included in the CA database; carrying out a rapid assessment of current AIDS and FP media activities in Kenya; producing and circulating to the press 4-5 fact sheets on significant HIV/AIDS⁹ and FP issues; and presenting an update on media issues in one IWG quarterly meeting. A small fund has also been reserved to support a joint media activity to be determined in collaboration with the Integrated Working Group Prevention Advocacy Task Force. A meeting of those CAS working in media activities will be called at the start of Phase One of project activities to draw up a more detailed plan for coordinating these activities over the next 16 months.

Implementation: These efforts will be implemented by the FHI/Kenya Country Office, in collaboration with and/or through subgrants with PSI, JHU/PCS and other collaborating agencies, particularly those working in media-related activities.

E. Research and Integrated Working Group Coordination

Research Study: Correct Use of Male Condoms

FHI and the University of Nairobi

Result: *Determination of the importance of the correct use of condoms (as contrasted with typical use), in STI acquisition; and of behavior patterns associated with condom non-use and condom failure. This work will contribute to USAID's IR 3.1: policies and program approaches improved for FP/HIV/AIDS/CS through research, analysis, monitoring, and evaluation.*

Background: Promotion of male latex condom use is currently a major component of STI/HIV prevention efforts - for example the interventions proposed in this plan, for men in the workplace. Concern has arisen as to whether more effort should be given to assuring that condoms are used correctly. Some studies have indicated, for example, that most condom failures occur among a small number of users who repeatedly break or tear the condoms. Policy makers and program implementors need to know how big is the problem of correct use in order to determine how best to focus resources and education efforts from a public health perspective, and how to refine condom promotion and use messages in implementation.

Proposed Program: **The study will be designed to determine whether more intensive program efforts (with resulting program costs) in interpersonal communication with target populations on correct condom use will yield significant improved results in reducing disease acquisition. There have been no well-designed studies to assess the importance of incorrect condom use on disease acquisition. Specifically, the study will pose the following questions:** 1) How important is the consistent use of condoms as opposed to the typical use of condoms for prevention of STI? It is often assumed that one reason STI prevalence remains high is the incorrect use of condoms. But, on a public health level, initiation of any condom use (whether correct or not) probably leads to a bigger impact on STI prevention than ensuring correct use. 2) How do condom users differ from non-users and what are the different patterns of condom use, in particular those associated with condom failure? Determining such differences, understanding patterns of condom use with different types of partners, and use behaviors that contribute to condom failure, will contribute to refinement of condom promotion and use messages. This may make it easier to convince people to use condoms in risky encounters and use them more effectively.

This study has been developed by FHI technical experts in family planning research, in consultation with the Family Planning Logistics Management (FPLM) and with PSI, who are willing to collaborate with FHI in facilitating access to public service clinics and private outlets respectively, to facilitate client intercept interviews at the point of

purchase. This study was also included as one component in FHI's Research Division proposal.

Implementation: The study will be conducted with the University of Nairobi, Department of Microbiology.

VI. Monitoring and Evaluation

Project evaluation is ultimately a process which should seek to answer a limited number of questions: what happened? did it work? why did/didn't it work? how/can it be done better in the future? FHI has established clear global leadership in the application of qualitative and quantitative evaluation methodologies related to HIV/AIDS prevention programming. Deciding specifically what information is needed and how much data to collect in an evaluation involves sometimes complex methodological decisions and trade-off between the quality and utility of information. FHI is proposing an evaluation strategy which uses multiple, complementary qualitative and quantitative data collection methods to address the diverse evaluation needs defined by the activities in this limited timeframe proposal.

Central to improving the capacity of IAs to implement interventions and mobilize community support, are efforts to enable local groups to develop their own capacity to assess, collect and interpret information and data for project management and decision-making at the community level. A key focus of this strategy therefore is the commitment to participatory evaluation which will seek to achieve the delicate balance between capacity building and methodological desirability.

FHI's comprehensive approach to evaluation addresses three levels of evaluation: process, outcome, and impact. These are presented below.

A. *Process Evaluation*

Process indicator reporting allows monthly tracking of inputs which can be reviewed against activities and targets specified in the project activity plan. Examples of the types of information generally tracked at the process level (reported as number of) include:

- people trained (peer educators, trainers, STI service providers, etc.) stratified by type and gender;
- training sessions, workshops, seminars held, stratified by type;
- people educated/reached/counseled, stratified by type and gender;
- materials produced/aired/distributed;
- education sessions held ;

- condom distribution outlets developed, stratified by type of outlet; and
- condoms distributed.

Process data indicators will be developed for each subproject with the implementing agency and will be collected using a subproject-specific Process Indicator Form (PIF). Process information is useful both in the final evaluative process and as an important monitoring and management tool. FHI/Kenya will use the process reporting tool in regular, on-going monitoring dialogue with implementing agencies.

B. Outcome Evaluation

Most FHI/AIDSCAP behavior change interventions have incorporated multiple, overlapping IEC campaigns and complementary, reinforcing technical strategies for reducing HIV transmission (condom use, partner reduction and improved STI case management). In this proposal, FHI/Kenya will build on FHI/AIDSCAP/Kenya efforts to periodically collect information on accurate knowledge about HIV risks, the reduction of risk behaviors, and the adoption of protective behaviors which are considered to be the most appropriate intermediate outcome measures. As appropriate to the objectives of the particular intervention, the evaluation plan incorporates measurement of "core prevention indicators (PI)," which are AIDS prevention indicators consistent with those developed collaboratively by the WHO/GPA and USAID.

AIDS prevention programs can experience difficulties in detecting changes in outcome variables since multiple contemporary interventions will have reinforcing effects on behavior change. There is a growing appreciation of the difficulties in attributing a new effect to a specific intervention. There is also a recognition that "end stage" indicators are inadequate as a reflection of the trends in sexual behavior taking place among various target groups over time. FHI/Kenya's approach to evaluating behavioral outcome will reflect intermediate stages of change along the continuum between prevention knowledge and partner reduction and condom use. Building on existing baseline target-specific questionnaires previously used in the AIDSCAP program in Kenya, FHI/Kenya will track trends in behavior change which will include as appropriate, the following types of attitudinal/knowledge/behavioral outcome indicators (measured as "percentage of"):

- people able to cite two correct ways to prevent HIV/AIDS, by gender and age (PI-1);
- people who can cite at least two gender-specific symptoms of STIs by gender;
- people reporting specific risk behavior for STI/HIV;
- people who know someone who is sick or who has died of AIDS by gender and age;
- people who can acquire a condom (PI-2);
- people reporting non-regular sexual partners stratified by gender and age (PI-4);
- people who think their partners had at least one other partner during the past 12 months;
- people reporting condom use during most recent sex act with a non-regular partner stratified by gender and age (PI-5);

- people reporting condom use every time with any partner stratified by gender and age;
- people (adults and youth) who have discussed sexual issues with a sexual partner in past 12 months, stratified by gender;
- males (adults and youth) reporting at least one episode of urethritis during the past 12 months (PI-9); and
- adults practicing care-seeking behaviors that reduce STIs, stratified by gender.

FHI proposes to conduct two quantitative surveys to measure behavioral outcome:

- a follow-up quantitative study measuring selected knowledge indicators, attitudes, and key risk behavior among security guards will be conducted. The questionnaire will be based on instruments tested and used at baseline for the target-group incorporating the additional intermediate indicators as outlined above.
- an innovative methodology for periodically collecting data on multiple target groups within a defined community -- the Behavioral Surveillance Survey -- will be conducted in up to two sites.

Behavioral Surveillance Survey (BSS)

Pre-post intervention evaluation designs may be useful for assessing a prevention program's proficiency in delivering services, but it is not a very convincing design for measuring program effectiveness. The inference of cause and effect from such a design is problematic because competing explanations for attitude and behavior changes over time cannot be ruled out. In addition, quantitative estimates of expected behavioral outcome require precise estimates of baseline levels and an understanding of how much change is meaningful in the selected intervention settings. Without this knowledge, the tasks of setting sensitive targets for expected levels of change in pre-post design is difficult.

In response to these limitations, FHI/AIDSCAP moved toward a behavioral surveillance approach, beginning in Bangkok in 1992 and later expanding to India, Senegal and Indonesia. Behavioral Surveillance is a monitoring and evaluation system designed to track trends in knowledge, attitudes and behaviors related to HIV prevention in various risk groups within the overall population. Such a system allows for monitoring of decreased risk in some groups and detection of emerging and/or increasing risk in others. It also helps program managers and stakeholders evaluate program success while at the same time reassessing programmatic needs in a changing environment. BSS will be pilot tested in a district to be selected in consultation with USAID/Kenya.

Starting in the second phase of this project, the following activities will establish an additional data point for identified target groups and set the stage for developing a more formal BSS system under future HIV prevention programming:

- identification of an evaluation research implementing partner;
- final choice of gender-specific target populations and development of sampling plans and sampling frames for each target group;
- refinement and pre-testing of survey instruments (likely to include at least one focus group with each target group to assist with updating wording of questions); and
- collection of one round of behavioral data in early 1998.

Capacity Building, Organizational Development and Operations Research

Several activities suggested in this proposal address capacity building and institutional development as their primary objectives. In such instances, intended "outcomes" relate more appropriately to the establishment of improved technical and managerial skills and systems, and indicators will more appropriately address such things as:

- proportion of IAs/NGOs funded by FHI/Kenya with increased HIV/AIDS technical and management skills capacity in at least two of the following areas: organizational management, project design, behavior change communication, STI management, care, policy, evaluation, condom programming, behavioral research, gender and sexuality.
- proportion of NGOs/IAs funded by FHI/Kenya that have strengthened at least two of the following essential management systems: human resource management systems- job descriptions, performance appraisals, staff development, internal control procedures, budget, accounting and financial management, defined decision-making processes, and project monitoring.

FHI is in the forefront of developing indicators that measure organizational development and capacity building achievements. These indicators will be used as appropriate in the evaluation strategy for this proposal.

Finally, in other instances -- e.g., the transformation of the Kariobangi research study into a community-supported services project -- the activity is more clearly being implemented in the spirit of a broadly-defined operations research project. The evaluation needs to focus on issues such as whether the C&T center can redefine itself into a responsive and potentially sustainable community service. Capacity building, organizational

development, and operations research issues will be addressed through qualitative research -- e.g., focus group discussions, key informant interviews, focused management audits -- which meets the specific needs of the activity being evaluated.

The table below indicates specific outcome indicators appropriate to each activity:

Table 2 Evaluation/Assessment Plan

Proposed Activity	Key Indicators	Methodology	Implementing Agency
Strengthening NGO Network	<ul style="list-style-type: none"> Policy topics selected, strategy developed and defined progress made in addressing these issues at district and central level KANCO central strengthened in essential management systems (e.g., resource development, organizational structure) Functional AIDS information system Dissemination strategy for sharing best practices, lessons learned and other materials developed and implemented 	<p>Participatory assessment to be designed and implemented by KANCO</p> <p>Project reporting of process data</p>	KANCO with input from FHI/HQ in policy and evaluation design
Formulation of Workplace Policy Framework	<ul style="list-style-type: none"> Consensus statements produced by key stakeholders Actionable policy framework designed 	Comprehensive descriptive report of process and results in final report	KANCO
Institutionalization/Initiation of BCI at Worksites	<ul style="list-style-type: none"> Increase in condom use by security guards Decrease in number of sexual partners of security guards Incorporation of HIV/AIDS training in staff orientation and refresher training programs Number matatus/taxi drivers trained Prototype curriculum produced 	<p>Follow-up K-ABP with security guards</p> <p>Key informant interviews with training managers and observation of trainings</p>	PATH K-OWL
Worksite IEC Materials	<ul style="list-style-type: none"> Increased technical capacity of peer educators to use IEC materials effectively 	Pre-post training evaluation with 6 month follow-up focus group discussions with peer educators	PATH
Community-Based Care and Prevention	<ul style="list-style-type: none"> Number of clients served Number of group counseling sessions held Willingness of community to pay for center services determined Cost per client served Resource development plan for the service developed and being implemented 	<p>Service statistics</p> <p>Focus group discussions</p> <p>Project documentation</p>	KAPC with input from Kenya Country Office
Strengthening Policy Work with Church Groups	<ul style="list-style-type: none"> Select K-CAN branches strengthened in technical and managerial capacity Number of repeat publications funded Number of trainings held Number of MAP trained alumni linked with K-CAN branches 	<p>Annual evaluation by 10 K-CAN branches</p> <p>Sales records</p> <p>Workshop participant evaluations</p>	MAP International
Sustaining Peer Education at Institutions of Higher Learning	<ul style="list-style-type: none"> Number of clubs with long-term plan for future activities Number of clubs with income-generating activities Number of peer educators attending refresher training Number of patrons trained 	<p>EOP on-site review</p> <p>Key informant interviews</p> <p>Project documents</p>	Consultant
Rapid Assessment of Counseling Services	<ul style="list-style-type: none"> Assessment document produced 	Assessment document	Consultant
Kibera Self-Help Programme	<ul style="list-style-type: none"> Number of CHWs trained Number of youth religious leaders trained 	<p>Project reports</p> <p>Community FGDs</p>	KCSHP

<p>Community-Generated Media</p>	<ul style="list-style-type: none"> • Number of regional drama festivals convened • Number of performances given • Number of community members reached by the performances • Number of regional training workshops held and participants attending • Number of murals produced • Number of artists trained 	<p>Project reports Community FGDs</p>	<p>Artnet Waves Sanaa Art Promotions</p>
<p>Promoting HIV/AIDS in the Media</p>	<ul style="list-style-type: none"> • Journalist internship program designed and tested • Number of articles written and published in Kenya media • Quarterly press review summaries circulated to CAs • Update on media issues presented to and discussed at IWG quarterly meeting 	<p>Project reports and documentation</p>	<p>FHI Kenya Country Office</p>

C. Dissemination of Lessons Learned and Best Practices

FHI/Kenya will ensure that the methodologies and results of the evaluation efforts described above are shared with the wider HIV/AIDS and reproductive health community in Kenya. Fora for dissemination of findings will include meetings, workshops and conferences which may be organized by various cooperating agencies, NASCOP and others. Reports will be sent to the Kenya AIDS NGOs Consortium for incorporation into their AIDS Information System.

VII. Management Plan

A. FHI AIDS Department Country Office

The FHI AIDS Department Country Office will be headed by a resident advisor and supported by staff consisting of two program officers, a program assistant, an accountant, an administrative assistant and a driver. In addition, a technical officer will be hired for the second phase of the project. The country will continue to share support staff with FHI/Population where this is cost-effective. The resident advisor will report directly to the Director of Bilateral Programs of the HIV/AIDS Department of FHI. She will coordinate closely with USAID/Nairobi and report on a regular basis on the status of the program. The resident advisor will be responsible for directing and managing the program in Kenya in close collaboration with implementing partners, NASCOP, donor agencies and other NGOs.

Staff functions will be similar to the previous AIDSCAP program. Although implementation is carried out through subgrants to implementing agencies, FHI closely monitors all projects to ensure the quality of the interventions. This monitoring includes financial and technical review of project plans, monitoring procedures, and materials, and on-site visits to review activities. The two program officers will continue to work closely with the implementing agencies to carry out these functions. An additional staff member has been proposed for the second phase of the project, during which end-of-project evaluation will be carried out, and a major research project will be supervised. The new staff member will be responsible for these activities.

The functions of the staff are as follows: program officers work closely with the implementing agencies to supervise progress on subproject, coordinate and review technical assistance, and ensure reporting requirements are met. The program assistant provides back-up support to program officers and is also responsible for preparing and maintaining the monthly process indicators forms, project records, and an IEC materials collection. The administrative assistant/secretary provides back-up support to the Resident Advisor. The finance officer maintains project financial records, supervises funding disbursements, and together with the Resident Advisor, monitors the fulfillment of contractual obligations. In addition, the office has a driver and cleaner/messenger.

B. FHI Management and Support

The FHI HIV/AIDS Department will provide overall management of the program. FHI will assign one program officer and one program assistant to backstop the program and provide the necessary monitoring, program and administrative support. Technical and program resources will be available as needed in the areas of BCC, STI, family planning, program management, evaluation, behavioral research, policy, capacity building, and information management and dissemination. FHI staff and external consultants will be used to provide technical assistance. FHI will be fiscally accountable for the program and will provide the appropriate level of financial oversight.

Technical assistance has been planned to minimize travel and per diem costs for US or regionally based staff. As noted in the Technical Assistance Plan, TA is mainly in the areas of policy and advocacy development, organizational development, program and data management and evaluation. If no TA requirements are shown for a project, either the implementing agency has the needed expertise (as in the worksites/students' interventions) or hiring a consultant will be included in the subgrant budget (as in the workplace policy intervention).

C. *Implementing Partners*

FHI will work with implementing agencies to undertake most activities through subagreement or letter of agreement mechanisms. **FHI will seek USAID/Kenya approval for these grants and for all Rapid Response grants provided under the proposal.** All potential implementing agencies identified in this proposal have collaborated in the design process to date; the country office will engage implementing partners further in the design of activities and will monitor activities through regular meetings and site visits. The FHI Kenya country office will hold a "program launch" meeting of the country program team (country office and all CAs) and a "program closeout" meeting. There will also be two interim country program team meetings during the project to facilitate collaboration, information sharing, and joint planning where appropriate. Implementing partners will report directly to the resident advisor, who will provide assume overall responsibility for assuring adequate technical assistance, monitoring and fiscal oversight, including appropriate audits. If appropriate and requested by USAID, a program review will be conducted during the life of the project at a time deemed most useful for the country office and USAID.

D. *Technical Assistance*

Technical assistance needs will be determined by the resident advisor in close collaboration with the implementing partners and USAID. Technical assistance will be outlined in the workplans (see below). Technical assistance needs will be met by FHI staff or by local regional and international consultants. Priority will be given to using local technical assistance. FHI will establish a roster of appropriate consultants. All international consultants will be approved by USAID and will submit trip reports and deliverables to USAID and FHI through the country office. Table 3 provides an illustrative list of technical assistance to be provided.

E. *Reporting*

The country office will submit quarterly program reports to FHI/Arlington and to USAID/Nairobi. Information on program activities will be supplemented by regular meetings with the mission. The country office will submit monthly financial reports to FHI/Arlington, who will in turn submit quarterly financial reports to USAID. **One 10-month and one 8-month workplan will be submitted to correspond with Phase 1 and Phase 2 of the proposal.** FHI will submit a final report summarizing the programmatic and financial aspects of the program, including lessons learned.

Implementing partners will submit monthly financial and process indicator forms and quarterly program reports to the country office. The country office will determine the reporting formats and assure that evaluation indicators are collected and reported to USAID on a regular basis. Implementing agencies will also be

asked to record project cost data in the format developed for FHI sustainability assessments in Kenya to enable FHI to estimate costs per person reached by the end of the project.

PROGRAM DESCRIPTION

ATTACHMENT 2

Table 3 Technical Assistance Plan

Activity	Technical Assistance	Local Days	Intl Days
Strengthening NGO Networks	• Training in advocacy /policy strategies (2 trips) (Rau)		18
	• Organizational development (1 trip)		16
Strengthening Policy Work with Church Groups	• Consultation (combined with Strengthening NGO Networks above, no travel costs) (Rau)		2
Formulation of Workplace Policy Framework	• PSAP training (combined with Strengthening NGO Networks above, no travel costs) (Rau)		5
Institutionalization of Behavior Change Interventions at Worksites	No TA required		
Worksite/Colleges IEC Materials	No TA required		
Sustaining Peer Education at Institutions of Higher Learning	• Coordinate project activities (5 days/month)	75	
Community-Based Care and Prevention (KAPC)	• Review/adapt cost assessment methodology (Forsythe or Kamenga) (1 trip)		10
	• Organizational development (combined with Strengthening NGO Development, no travel costs)		5
Community-Generated Media	• Training in behavior change	5	
Rapid Assessment of Counseling Services	• Carry out assessment	20	
Kibera Self Help Integrated Community HIV/AIDS Program	No TA required		
Promoting HIV/AIDS in the Media	No TA required		
Male Condom Research Study	• Prepare, implement, and analyze study results (3 trips)		35
Coordination of IWG Research Task Force	No TA required		
Evaluation	• Design and implementation of BSS introduction (2 trips)		30
Program Management Support	• Information/data management • Financial and management systems revision (2 trips)	20	20

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ILLUSTRATIVE IMPLEMENTATION PLAN

ACTIVITY	PROJECT MONTH								PROJECT MONTH									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
SUBPROJECT DEVELOPMENT, IMPLEMENTATION AND EVALUATION																		
Negotiate subagreement with Kenya AIDS NGO Consortium (KANAC)																		
Implementation of KANAC activities																		
Conduct participatory assessment of KANAC activities																		
Identify and negotiate consultancy to implement Resource Development activity																		
Resource development technical assistance																		
Negotiate subagreement with PATH/Kenya																		
Implementation of PATH/Kenya activities																		
Conduct follow up qualitative and quantitative research for PATH activities																		
Negotiate subagreement with Artnet Waves																		
Implementation of Artnet Waves activities																		
Negotiate subagreement with Kenya Association of Professional Counselors																		
Implementation of KAPC activities																		
BSS review trip and design																		
Negotiate subagreement with K-OWL and Kibera Community Health																		
Implementation of K-OWL and Kibera activities																		
Identify and negotiate FHI research study																		
Implementation of research study																		
PROGRAM MANAGEMENT, SUPPORT, MONITORING AND REPORTING																		
Conduct program launch meeting for country program team																		
Conduct interim country program team meetings																		
Conduct program closeout meeting for country program team																		
Submit progress reports to FHI/HQ and USAID																		
Review/revise Phase Two TA plan																		
Draft CO workplans and budgets																		
Participate in AIDS in Africa Conference																		
Submit final report																		

PROGRAM DESCRIPTION

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