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# AIDSCAP Program Review

Kenya

November 13-20, 1995

Review Team:

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## I. INTRODUCTION

A team of AIDSCAP and USAID staff conducted a review of the AIDSCAP/Kenya program during the period November 13-20, 1995. The team reviewed background documents, met with implementing agencies, AIDSCAP staff and major collaborators to review the technical strategies, status of program implementation, management issues and to identify program achievements to date. The team traveled to Eldoret, Kenya to see the most mature and comprehensive aspect of the country program and visited many of the project sites in Nairobi.

The USAID mission in Kenya requested that the review team also propose programming for FY 96 and 97 based on multiple funding scenarios and requested that the team document the program achievements to date to provide solid justification for future funding.

## II. OBJECTIVES

Purpose: To review the AIDSCAP program in Kenya and provide necessary guidance and input for program improvement.

Objectives:

1. To conduct a formal, on-site, comprehensive review of technical strategies, programs and activities by AIDSCAP senior management and USAID.
2. To examine AIDSCAP technical, programmatic and financial management assistance for adequacy, appropriateness, and effectiveness by headquarters (HQ), the regional office (RO) and the country office (CO).
3. To examine the relationship of AIDSCAP, with the USAID mission, National AIDS/STD Control Program, donors, and implementing agencies.
4. To review program progress in relation to the country strategy, funding allocations, roles of other donors, and other operational realities.
5. To make recommendations and provide guidance on program strategy, implementation and management.

### III. GENERAL FINDINGS

The AIDSCAP program in Kenya was designed as a relatively comprehensive program focusing in three geographic areas with some activities implemented at the national level. This program was specifically designed to fit the USAID mission's overall objective of integration and to meet some of the specific needs of the Kenya Nahoral AIDS/STD Control Program (NASCP). The program targets policy makers, men and women in the workplace, family planning and STD patients and secondarily university students. The program is most mature and comprehensive in Eldoret whereas some of the activities in Mombasa and Nairobi were slower to start or not implemented as originally planned. The Kenya program was modified at the time the Delivery Order was implemented and some elements were removed from the original plan, leaving some money to be reprogrammed.

A major strength of the program is the focus on governmental and non-governmental policy. The future funding for the AIDSCAP/Kenya program is unclear, but there is a clear need to integrate some aspects of AIDS prevention into the USAID/Kenya APHIA Project and to move the AIDSCAP/Kenya program toward sustainability, toward increasing the private sector response to the epidemic, and to retain a focus on policy awareness and action.

### IV. SUMMARY OF PROGRAM ACHIEVEMENTS

The team interviewed country office staff and each of the implementing agencies (IAs) regarding program achievements and specific success stories. These achievements fall into the categories of technical leadership, policy development and advocacy, and synergy in the use of inputs. In addition the project has been able to leverage outside resources, and the cornerstones of institutional and financial sustainability are being put into place. Specific examples of achievements are detailed in Attachment E of this report.

### V. ISSUES AND RECOMMENDATIONS

#### A. GENERAL ISSUES

**Issue:** Future funding for AIDS prevention in Kenya and in the Africa region is uncertain. AIDSCAP is in a position to demonstrate both need and success to USAID to support the argument for funding AIDS prevention efforts in the future.

### **Recommendations:**

- AIDSCAP should submit unsolicited papers to USAID describing the importance of continuing AIDS prevention efforts in Kenya, the Eastern African Community and in the Greater Horn of Africa Initiative. (Action: HQ/RO, January 31)
- AIDSCAP should present plans for reprogramming the remaining program funds based on scenarios describing multiple funding levels (see Attachment D) (Action: CO in collaboration with USAID / ongoing).

**Issue:** AIDSCAP is positioned to play an important role in facilitating interaction between cooperating agencies both under the AIDSCAP program and in the Kenya AIDS Prevention Program as a whole. AIDSCAP needs to improve linkages between implementing agencies, share information and other resources and disseminate lessons learned.

### **Recommendations:**

- AIDSCAP/Kenya should play an active role in facilitating linkages and information sharing with the new UNAIDS program. Many products of the AIDSCAP program such as the NGO database developed by the NGO consortium will be valuable resources for the new UNAIDS program. (Action: CO/ongoing).
- AIDSCAP/Kenya should proactively offer assistance as the UNAIDS program develops. Include UNAIDS as well as other key players in AIDSCAP workshops focusing on lessons learned and information sharing. (Action: CO/ongoing)
- AIDSCAP/Kenya should strengthen efforts to link implementing agencies and encourage sharing of information and resources. For example: request that MAP identify a church leader to work with University peer educators to address problems peer educators are having confronting Christian groups; request that the NASCP present the AIM model to Kenya the Association of Manufacturers (KAM) to convince business leaders of the need for private sector involvement; provide letters from radio listeners to the Miujiza players to be used for story themes for plays. (Action: CO ongoing).
- AIDSCAP/Kenya should foster links between IAs and the USAID Cooperating Agencies integration working group, including

encouraging IAs to provide feedback and reports on activities to the CA working group. (Action: CO/ongoing).

- Make all IAs aware of the NGO Consortium resource center and facilitate use of this resource. (Action: CO/ January 31).

**Issue:** Many of the implementing agencies in the program were not aware of resources to meet their information or program needs.

**Recommendations:**

- AIDSCAP/Kenya should establish a more formal system for information dissemination. (Action: CO/January 31).
- Establish a referral system for IAs to obtain information or materials to meet specific needs. For example, clarify where Miujiza players, peer educators etc. can go for technical information to answer specific questions. (Action: CO/January 31).
- AIDSCAP/Kenya should help IAs to identify speakers from other IAs for training activities and other events. (Action: CO/ongoing).

**B. MANAGEMENT ISSUES**

**Issue:** Responsibility for management, implementation and monitoring of core funded projects is sometimes not clear. Specific examples cited were core funded research projects funded through AWI and the BRU.

**Recommendations:**

- CO, RO, and HQ should work to clarify and agree upon roles and responsibilities for each of the core funded activities, specifically with AWI and BRU. (Action: CO to initiate by Dec. 31)
- Ensure that USAID mission is involved appropriately in approving new core-funded activities that may impact CO workload. (Action: HQ/RO/CO/ongoing).
- AIDSCAP/Kenya should request technical assistance plans for core funded projects and for Mission-funded projects that are primarily managed from HQ, such as policy activities. (Action: CO/Dec 31).
- All parties should strive to improve communication throughout. (Action: HQ/RO/CO/ongoing).

**Issue:** Financial reimbursement to implementing agencies is often delayed due to late or incorrect reporting, AIDSCAP systems, or banking practices which delay transfer of funds.

**Recommendations:**

- AIDSCAP/Kenya accountant should continue to work closely with the implementing agencies to improve financial management including reporting (Action: CO/ongoing).
- The AIDSCAP/Kenya accountant should analyze the specific needs of each agency and propose improvements to the AIDSCAP system to meet these needs. The RA should forward these proposals to appropriate RO and HQ F&A. Improvements might include routine notification when funds are transferred or direct disbursement from the CO office account to the implementing agency local account. (Action: CO/Feb 29).
- AIDSCAP BRU should coordinate with CO, Center for AIDS Prevention (CAPS) and Kenya Association of Professional Counselors (KAPC) to clarify and improve financial reporting logistics. (Action: HQ/BRU/ Dec 31).
- AIDSCAP BRU should check on status of task orders and subagreements with CAPS and KAPC and inform KAPC and the RA when these will be completed (Action: HQ/BRU/ Dec 31).
- AIDSCAP/Kenya should review a financial reporting of FPPS to clarify procedures and improve management and reporting (Action: CO/Jan 31).

**Issue:** AIDSCAP/Kenya shares three staff members with the FHI/POP program. As the AIDSCAP program has grown it has become evident that the current staffing is inadequate.

**Recommendation:**

- AIDSCAP/Kenya should analyze staffing needs, costs and make recommendations in light of the budget and program stage to the RO and the mission for consideration (Action: CO/Jan 31).

## C. PROGRAM ISSUES

**Issue:** Many of the surveys conducted by implementing agencies have not provided data on AIDS Prevention Indicators (APIs) which are important to both the AIDSCAP Evaluation plan and to the USAID mission APIs.

### **Recommendations:**

- AIDSCAP/Kenya should remind all implementing agencies that all survey instruments must be reviewed and approved by the CO (and RO Evaluation Officer) to assure that proper indicators are being collected (Action: CO/Jan 31).
- AIDSCAP/Kenya should work with the RO evaluation officers to see if re-analysis of data can recover some of the indicators (Action: CO initiate request to RO Dec 31).
- AIDSCAP/Kenya should provide implementing agencies with the AIDSCAP core questionnaire as a resource (Action: CO/Jan 31).
- AIDSCAP/Kenya should review indicators with the USAID mission as mission indicator needs change (Action: CO/ongoing).

**Issue:** AIDSCAP needs to plan for "end of project" (EOP) evaluation.

### **Recommendations:**

- Provide technical assistance from RO or HQ to complete the Kenya "point in time" assessment document (Action: CO to submit request to RO/HQ/ Jan 31).
- Review each subagreement, completed and in progress, to assure that all deliverables have been met or amend the agreement if plans have changed (Action: CO/Jan 31).
- Budget for EOP evaluation in FY96 and FY97 (Action: CO/ongoing).
- AIDSCAP/Kenya should summarize the status of the evaluation plan (Action: CO/Jan 31).
- Guidelines on EOP evaluation will be provided by HQ and RO Evaluation staff (Action: HQ/Dec 31).

**Issue:** How will the current AIDSCAP program be integrated into the APHIA Project of USAID/Kenya?

**Recommendation:**

- AIDSCAP/Kenya should work closely with the mission to assure that those components such as STD management will be integrated into other CA programs once the current AIDSCAP program ends. Specific transitional activities will be implemented during the final two years of the project to assure that models can be replicated, lessons learned are disseminated etc. (See programming Attachment D) (Action: CO/ongoing).

**Issue:** Reprogramming will be necessary for the final two project years and will be based on uncertain funding levels.

**Recommendation:**

- The program review team has proposed three scenarios for funding with proposed program priorities. As funding issues become more clear it is recommended that AIDSCAP/Kenya and the USAID mission work closely to operationalize the appropriate program. (See programming Attachment D) (Action: CO/ongoing).

## A. RECOMMENDED ACTION MATRIX

Recommendation/Action	Person/Office Responsible	Date Due
<b>A. General Issues</b>		
Submit unsolicited papers to USAID describing the importance of continuing AIDS prevention efforts in Kenya, the East African Community and in the Greater Horn of Africa Initiative.	Headquarters, Regional Office	January 31, 1996
Present plans for reprogramming the remaining program funds.	Country Office in collaboration with USAID	Ongoing
Play an active role in facilitating linkages and information sharing with the new UNAIDS program.	Country Office	Ongoing
Proactively offer assistance as the UNAIDS program develops.	Country Office	Ongoing
Strengthen efforts to link implementing agencies and encourage sharing of information and resources.	Country Office	Ongoing
Make all IAs aware of the NGO Consortium resource center.	Country Office	January 31, 1996
Establish a more formal system for information dissemination.	Country Office	January 31, 1996
Establish a referral system for IAs to obtain specific information or materials.	Country Office	January 31, 1996

Help IAs to identify speakers from other IAs for training activities and other events.	Country Office	Ongoing
<b>B. Management Issues</b>		
Work to clarify and agree upon roles and responsibilities for each core-funded activity.	Country Office, Regional Office and Headquarters	December 31, 1995
Ensure the USAID Mission is involved appropriately in core-funded activities.	Country Office, Regional Office Headquarters	Ongoing
Request technical assistance plans for core-funded projects & for HQ-managed, mission-funded projects.	Country Office	December 31, 1995
Strive to improve communication throughout, i.e., core-funded activities.	Headquarters, Regional Office and Country Office	Ongoing
Continue to work closely with implementing agencies to improve financial management and reporting.	Country Office	Ongoing
Accountant to analyze specific needs of each IA and propose improvements to meet those needs.	Country Office	February 29, 1996
Coordinate CO, CAPS and KAPC to clarify and improve financial reporting logistics.	Headquarters, BRU	December 31, 1995
Check on status of task orders and subagreements with CAPS and KAPC.	Headquarters, BRU	December 31, 1995
Review financial reporting of FPPS to clarify procedures.	Country Office	January 31, 1996
Analyze staffing needs/ costs, make recommendations to RO and Mission.	Country Office	January 31, 1996

C. Program Issues		
Remind implementing agencies that survey instruments must be reviewed and approved.	Country Office	January 31, 1996
Work with RO evaluation officers to re-analyze some evaluation data.	Country Office request to Regional Office	December 31, 1995
Provide implementing agencies with core questionnaire as a resource.	Country Office	January 31, 1996
Review indicators with Mission as Mission indicators need change.	Country Office	Ongoing
Request TA to complete "Point in Time" assessment document.	Country Office request to Regional Office / Headquarters	January 31, 1996
Review all subagreements to assure deliverables have been met or amend if plans have changed.	Country Office	January 31, 1996
Budget for EOP evaluation in FYs 96, 97.	Country Office	Ongoing
Summarize status of evaluation plan.	Country Office	January 31, 1996
Provide guidelines on EOP evaluation.	Headquarters and Regional Office evaluation staff	December 31, 1995
Work closely with Mission to assure integration with other CA programs when current AIDSCAP program ends.	Country Office	Ongoing
Work closely with the mission to operationalize the appropriate program.	Country Office	Ongoing.

## **ATTACHMENT B**

### **REVIEW TEAM**

AIDSCAP/HQ	Sheila Mitchell, Director of Program Management
AIDSCAP/AfRO	Dr. Godfrey Sikipa, Director
AIDSCAP/Kenya	Janet Hayman, Resident Advisor
USAID/Kenya	Neen Alrutz, TAACS
USAID/REDSO/ESA	Oscar Picazo, Health Economist

### **Review Participants:**

AIDSCAP/Kenya	Angeline Tennah Brenda Rakama Lucy Kimani Linda Ochieng James Kinuthia Michael Odiemo
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## **PERSONS CONTACTED**

### **Kenya Program Review: Contact List**

#### **Contacts:**

Mr. Gary Newton, Chief, HPN Office, USAID/Kenya  
Dr. Victoria Wells, AIDS Advisor, USAID/REDSO  
Ms. Judith Robb McCord, USAID/Kenya  
Ms. Jhana McGaugh, USAID/Kenya  
Mr. Gary Leinen, USAID/Kenya

Dr. Martin Kayo, Manager, National AIDS/STD Control Programme (NASCP)  
Dr. Tom Mboya Okeyo, NASCP  
Dr. Godfrey Baltazar, NASCP

Mr. I. Banerjee, Secretary, Kenya Association of Manufacturers, Eldoret and Raymonds  
Woollen Mills  
Dr. Claude Vermeire, Moi University  
Dr. Owino-Ong'or, Moi University

Dr. Otieno-Nyunya, Moi University  
Dr. Mwaliko, Department of Reproductive Health, Moi University  
Mr. J. A. Mumia, Senior Deputy Director, Department of Medical Services, Ministry of Health, Eldoret  
Mr. Peter Gachua Njuguna, Field Coordinator and Clinical Officer, Moi University Project  
Ms. Abila Auma, Field Coordinator and Nurse, Moi University Project  
Dr. Jack LaBeeuw, National AIDS/STD Control Programme, MOH  
Mr. Charles Omondi, STD Officer, Family Planning Private Sector (FPPS)  
Dr. Dan Wendo, STD Manager, FPPS  
Mr. Daudi Nturibi, Deputy Director, FPPS  
Sister Christine Watibini, Pan Paper Clinic, Kaptagat  
Mr. Gaitono Masika Wamasika, Peer Educator Coordinator, Raymonds  
Mr. Peter Wachira Nduhiu, Peer Educator Coordinator, Raymonds  
Mr. Joseph Chege Ngechu, Peer Educator Coordinator, Raymonds  
Mr. Augustine Khanyako, Training Coordinator, Ken-Knit

Mr. Raphael Tuju, Director, ACE Communications  
Ms. Debbie Dortzbach, Project Manager, MAP International  
Ms. Ndunge Kitii, Communication Director, MAP  
Mr. Gordon Comstock, Director for Africa, MAP  
Mr. Richard Wargreer, Chief Operating Officer, MAP  
Mr. Wilfred Amalemba, Writer, MAP  
Dr. Paul Robinson, Project Director, MAP  
Mr. John Muchiri, Coordinator, Central Region, MAP  
Ms. Sylvia Mallet, Administrator, MAP

Ms. Margot Zimmerman, Director, PATH/Kenya  
Mr. Mureithi Kinyua, FPPS  
Ms. Wairimu Mungai, FPPS  
Dr. Don Balmer, Kenya Association of Professional Counsellors (KAPC)  
Mr. Francis Kahuho, Project Manager, KAPC

Mr. Steve Mwenesi, Director, Miujiza Players  
Members of Miujiza Players  
Mr. Allan Ragi, Coordinator, Kenya AIDS NGO Consortium  
Ms. Esther Gatua, Policy Officer, Kenya AIDS NGO Consortium

Mr. Muchira, Dean of Students, Jomo Kenyatta University, Agriculture and Applied Technology College  
Peer Educators, Jomo Kenyatta University, A. and AT College

## ATTACHMENT C

### PROGRAM REVIEW SCHEDULE

#### Sunday, November 12, 1995

4:00 Team meeting at the AIDSCAP office: review schedule

#### Monday, November 13

10:00 - 11:30 Briefing with USAID Mission

12:00 - 130 Lunch

2:00 - 3:30 Meeting with NASCP Manager, Dr. Kayo and Deputy Manager, Dr. Maina Kahindo, Dr. Tom Mboya and Dr. Godfrey Baltazar, NASCP

4:00 - 5:00 Country program review

#### Tuesday, November 14

7:30 - 10:30 Drive to Eldoret

11:30 - 12:30 Meeting with the Secretary, Kenya Association of Manufacturers, Mr. I. Banerjee - Raymonds Woollen Mills.

12:30 - 2:00 Lunch

2:00 - 3:30 Attend a session of UGD HCP (Moi University) training at Sirikwa Hotel

4:00 - 6:00 Meeting with Dr. Claude Vermeire and PIs of Moi University STD Project.

#### Wednesday, November 15

9:00 - 10:30 Attend session of three-day FPPS STD training for supervisors at Sirikwa Hotel

10:30 - 1:00 Meet with Daudi Nturibi and visit an FPPS Clinic

1:00 - 2:00 Lunch

2:00 - 3:00 Meet with peer education coordinators from Raymonds and KenKnit.

3:00 - 7:00 Drive back to Nairobi

Thursday, November 16, 1995

8:00 - 8:45 Meet AIDSCAP Country Office Staff

9:00 - 10:30 ACE Communications: meeting with Raphael Tuju

10:30 - 12:30 Meeting with Mrs. Debbie Dortzbach and staff of MAP International

12:30 - 2:00 Lunch with Margot Zimmerman, County Director PATH

2:00 - 3:00 Meeting with Mureithi Kinyua - FPPS: peer education in institutions of higher learning project at FPPS

3:15 - 4:30 Meeting with Wairimu Mungai and Daudi Nturibi on (1) FPPS: development of AIDS curricula for FP providers subagreement and (2) FPPS: peer education at the worksites subagreement

Friday, November 17

9:00 - 11:00 Meeting with Don Balmer and staff at Kariobangi site

11:00 - 12:00 Miujiza: met the team briefly then have a formal meeting with Steve Mwenesi and James Falkland

1:00 - 2:00 Lunch with Allan Ragi, Coordinator NGO AIDS Consortium, at the Wida Hotel

3:00 - 5:00 Meeting peer educators at JOMO Kenyatta University of Agriculture and Applied Technology trained by FPPS

7:00 Informal buffet dinner with AIDSCAP Resident Advisor

Saturday, November 18

8:00 Breakfast meeting with John Berman, PSI, Serena Hotel  
11:00 - 4:00 TBD by team, report writing, AIDSCAP Office

Sunday, November 19

10:00 Brunch with Neen Alrutz, TAACS

Monday, November 20

10:00 - 11:30 Debriefing with the mission  
11:30 - 1:00 Debriefing with country office team  
1:00 - 2:00 Lunch  
2:00 - 5:00 TBD by the team

## ATTACHMENT D

### PROPOSED REPROGRAMMING

#### Basis for Reprogramming Proposals

##### Program Issues

1. Lessons learned from AIDSCAP need to be documented and shared, so they can be incorporated into future AIDS planning and programming in Kenya. AIDSCAP's experience should inform the future activities of such programs as UNAIDS, USAID's Cooperating Agencies, and the Greater Horn of Africa Initiative
2. Some AIDSCAP activities that have had a significant effect on the response to the epidemic in Kenya are unique to AIDSCAP, since no other CA carries out similar activities. These are:
  - workplace interventions, including policy, peer education and service deliver.
  - policy activities, including supporting the surveillance system and disseminating its results; NGO Consortium activities, including policy, information, and capacity-building for other NGOs; and MAP's coordinating role with church leaders.
3. Some AIDSCAP activities, particularly STD training, will be integrated into the work of other CAs, and therefore should not be extended.
4. IEC activities can be carried out by other CAs and are not a priority.

##### Financial Issues

5. It is assumed that AIDSCAP will be extended to August 1997. (Note: a waiver allowing the extension has now been approved, although final approval of the extension is still pending.)
6. The amount of Mission funds available for AIDSCAP Field Support for FY96 and FY97 has not been determined, nor has the amount of Mission bilateral funds from the Mission's FY96 budget to support AIDSCAP in-country activities for FY97.

7. The cost of running the AIDSCAP Country Office is approximately \$32,000 per month, including G&A. (If Rapid Response Funds are added, the amount is approximately \$38,000/month including G&A.)

Given this context, the Review Team has developed three alternative scenarios for reprogramming AIDSCAP CO funds till August 1997, as follows:

- Scenario 1:** No additional funds are allocated to AIDSCAP.
- Scenario 2:** Field Support and in-country support at 50% current level, i.e.  
Field Support: \$375,000 for FY96 and FY97 (\$750,000 total)  
In-country support: \$700,000
- Scenario 3:** Field Support at 50% (as Scenario 2); in-country at near current level, i.e. \$1.2 million.

These scenarios focus on the three areas given below:

- AIDSCAP's coordinating role in reviewing and disseminating lessons learned
- workplace policy and peer education programs
- policy activities

**Note:** A thorough financial analysis will be necessary once the funding scenario is determined. All figures in this paper are rough estimates.

### **Current Situation**

The Delivery Order was for \$2.8 million. Of this, \$1,647,945 was allocated for Subagreements and Subgrants.<sup>1</sup> This \$1,647,945 does not include G&A, which was calculated as a separate overall line item in the delivery order, as were funds to run the country offices.

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<sup>1</sup> A direct comparison of DO and current expenditure by major line item is difficult because the basis of calculation has changed. When the DO was signed, a multiplier was used on professional staff, now G&A is charged directly on most line items.

The amount for subcontracts in the delivery order was allocated as follows:

Policy activities	\$	298,000.00
Capacity building		40,000.00
Workers and worksites		420,000.00
STD patients		458,000.00
FP clients		331,945.00
Other (including RRF)		<u>100,000.00</u>
Total	\$	1,647,945.00

\$940,510 of this has already been allocated to current subagreements, agreements in process, or new activities or supplementary activities for existing subagreements. This amount has been allocated as follows:

Policy		
NGO consortium	\$	233,000.00
AIM presentations		31,610.00
Printing / dissem. policy book / brochure		<u>32,580.00</u>
Subtotal	\$	297,190.00
Capacity Building		
NACP rural surveillance 1995	\$	14,832.00
Upgrade NACP surveillance system		80,000.00
Braeburn TA for NACP surveillance		30,000.00
NGO consortium project tracking system		<u>15,000.00</u>
Subtotal	\$	139,832.00
Workers and Worksites		
AIDSCAP Country Office	\$	8,000.00
FPPS worksite		<u>84,000.00</u>
Subtotal	\$	92,871.00
STD Patients		
Moi University private practitioners	\$	53,013.00
FP Clients		
FPPS STD case management training	\$	347,604.00
Other		
AWI Activities	\$	<u>10,000.00</u>
Total	\$	940,000.00

Note that these amounts do not represent all AIDSCAP programming, since many activities (e.g., Ace Communications, NGO Consortium Resource Center) were funded under the Cooperative Agreement bilateral funds and thus do not appear above.

Therefore, approximately \$707,435 remains to be programmed under the DO for subprojects. USAID/Kenya has also been promised \$150,000 from the Africa Bureau Funds.

### Proposed Programming

Scenario One: No extra funds.

Key Activities: Analyze program in order to disseminate lessons learned and significant models for regional application; work with IAs to foster sustainability; continue funding key programs.

#### Proposed Budget USAID Bilateral Funds:

Workplace		
Security guards	100,000	
FPPS additional workplace	50,000	
Evaluation	60,000	210,000
Policy/ Capacity Building		
1996 NASCP Surveillance	85,000 <sup>2</sup>	
NGO Consortium additional	70,000	
HQ consultant (Rau), one trip	20,000	190,000
Mass Media Evaluation	15,000	15,000
Publications / Workshops		
Lessons Learned	20,000	
Sustainability	20,000 <sup>3</sup>	40,000
Other (RRF for FY96)	50,000	<u>50,000</u>
Subtotal	\$	505,00 <sup>4</sup>

<sup>2</sup> This amount is to support regular national surveillance activities which may otherwise lapse when WHO/GPA funds are withdrawn.

<sup>3</sup> This assumes one workshop, at approximately \$5,000, and one or more brief publications on each topic.

<sup>4</sup> These amounts do not include G&A. This is to enable comparison with the DO amount, which had G&A calculated separately. The G&A on this amount should therefore have already been allowed for in the overall DO budget. As noted above, the difference in calculating G&A on the original budget and under the amended procedure makes it difficult to arrive at accurate figures in this report.

This leaves \$202,435, which can be applied to continuing to run the AIDSCAP Country Office for some of FY 97.

Country Office

5 months @ \$38,000 (including RRF and G&A)<sup>5</sup>

The Country Office would therefore close down on January 31, 1997.

With additional Africa Bureau Funds of \$150,000

Workplace

FPPS additional, plus \$ 60,000

Country Office

2 months @\$38,000 76,000

Contingency 14,000

TOTAL \$ 150,000

The Country Office would then close on March 31, 1997.

Field Support Funds:

The above bilateral budget does not take into account the need to provide field support amounts for AIDSCAP over FY96 and FY97, which are estimated as follows:

Field Support Budget (assumed to be the same for FY96 and FY97:

Based on FY95 costs:

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<sup>5</sup> To avoid double counting, RRF amounts for FY 97 are calculated as part of the country office costs, not as part of the subagreement line item. Including RRF in this amount allows for some discretionary funds for the CO during its last months of operation.

Budgeted attributable and in country costs:

Evaluation	\$	65,000
Headquarters Allocable costs:		234,646
Regional office allocable costs:		<u>273,936</u>
Total annual FS costs:	\$	573,582

i.e., approximately \$47,800 / month

If no further funds are provided and existing bilateral funding is cannibalized to fund field support, then the country office will need to close on November 30, 1996, as shown below:

Amount of funds available from DO		\$	707,435
Additional activities	\$	505,000	
Country office costs, 2 months		76,000	
Field support costs, 2 months		95,600	
Contingency		<u>30,835</u>	
Total:	\$	707,435	

The additional Africa Bureau funds of \$150,000 if applied to field support and CO costs at a rate of \$85,800, would allow the AIDSCAP / Kenya program to continue operating for two more months, I. e., the program would need to close on January 31, 1997. (Note: the contingency amount of \$30,835 from the Scenario One field support budget has been applied to these operating costs.)

**Scenario Two: 50% FY95 support**

Key Activities: Analyze program and disseminate lessons learned; USAID uses AIDSCAP in coordinating and facilitating role e.g., to review and disseminate costs and benefits of STD integration and ensure replication. Support continued surveillance, expansion of workplace SAGs to reach wider targets, additional NGO Consortium policy and training activities; MAP's coordinating role.

<u>Resources:</u>	From DO	\$	707,435
	Newly obligated USAID funds		<u>700,000</u>
		\$	1,407,435

Proposed Budget, USAID Bilateral Funds:

Workplace			
Security guards	\$	100,000	
FPPS additional		90,000	
FKE / other workplace policy*		78,000	
Evaluation		60,000	328,000
Policy / Capacity Building			
1996 NASCP Surveillance		85,000	
Printing and distrib, AIDS in Kenya*		40,000	
NGO Consortium policy additional		70,000	
NGO Resource Center additional*		180,000	
HQ consultant (3 visits)*		72,000	375,000
Mass Media Evaluation		15,000	15,000
Sustainability			
HQ consultant (3 visits)*		52,800	
Two workshops*		13,200	
Consultants: IA Study*		7,920	
HQ support: protocol / data analysis*		6,600	80,520
Publications / Workshops			
Lessons Learned		20,000	20,000
EOP Evaluation*		79,200	79,200
Other (RRF for FY96)		50,000	<u>50,000</u>
	Subtotal:		\$ 948,520
Country Office			
12 months @\$38,000			<u>456,000</u>
	TOTAL		\$ 1,404,520

With additional Africa Bureau funds

These funds would be used to provide additional support to the AIDSCAP workplace programs, including dissemination of Gender and AIDS module, development and printing of additional workplace materials, and follow-up of PSAPP activities with the private sector.

Dissemination of Gender & AIDS workplace model*	13,200
Development and printing of workplace-specific materials*	68,000
PSAPP follow-up and workplace promotion with private sector (workshop / materials, etc.)*	39,600
HQ consultant, PSAPP, one trip*	19,800
Contingency	<u>9,400</u>
TOTAL	\$150,000

Field Support Funds:

If field support funds are provided by USAID at 50%, i.e., \$375,000 per financial year (\$750,000 for FY96 and FY97 combined), then, at current field support budget levels, there will be a shortfall of \$223,582 in the field support amount needed.

This could be covered as follows:

Africa Bureau Funds:	\$	150,000
(money removed from above activities and applied to field support)		
Removal proposed activity from bilateral funding (e.g. FKE policy activity)		<u>78,000</u>
Total:	\$	228,000

**Scenario Three:** Continue close to current level.

Key Activities: Bilateral funding at or close to the current level would cover the above activities, and, in addition, a multi-faceted program, for the final year of AIDSCAP/Kenya. One part of this program would assess AIDSCAP's experiences in Kenya in light of their applicability to the next stage of the epidemic in East Africa and collaborate in partnership with other agencies to share that experience.

It is proposed that this program would have two main elements. One would focus on Kenya and the region, through collaboration and interaction with other broad regional initiatives, particularly the Horn of Africa Support Project (HASP) and UNAIDS; and one on providing final support to in-country activities through several approaches, including: sustainability studies; research and special studies; dissemination; and a small media element. The purpose and approach of each of these elements of the program could be as follows:

## Kenya and the Region

- Collaboration and interaction. AIDSCAP/Kenya's experience in many areas of AIDS prevention (e.g. mobilization of church leaders, use of surveillance data to support policy, institution-building and advocacy support of NGOs; mobilization of the private sector and workplace interventions, analysis of the economic impact of AIDS) is of great potential value to such regional initiatives as HASP and UNAIDS. It is important that this experience be analyzed to establish precisely which models would be of broader applicability and how best to disseminate lessons learned.

Because incorporation of selected approaches could have such a significant effect on regional interventions, it is proposed that a Task Force be established that includes representatives from different sections of USAID/Kenya's HPN office, the AIDSCAP Country Office, and the AIDSCAP Regional Office, and UNAIDS. The Task Force would develop priorities, a Scope of Work, and a more detailed design for activities for this "Kenya and the Region" project; identify key areas for further study; and determine an appropriate dissemination strategy. Dissemination activities could, for example, include provision of TA on request to such agencies as UNAIDS on international best practices; a regional seminar; and publications.

Although the focus would be on AIDSCAP/Kenya's experience, this mechanism would link USAID/Kenya with AIDSCAP's experience in other countries in the region the could inform regional initiatives - for example, the Tanzania AIDS Project's experience of community mobilization and capacity building. Access to this regional pool of knowledge would also facilitate identifying areas were cross-border interventions are essential, such as along transport and truck routes, or with refugees.

## Additional Kenya in-country support

- Sustainability studies. Funds would be given for more in-depth support to facilitate continuation of activities by AIDSCAP sub-grantees through studies of sustainability, similar to that currently being conducted by DeLoit Touche for the Family Planning Association of Kenya. The two groups who would benefit most from this support are FPPS and the Kenya AIDS NGO Consortium.
- Research and special studies. These funds would be used to support short intervention research or other studies to identify, based on AIDSCAP/Kenya's experience, key areas that need more study for future

AIDS activities in Kenya. Examples of possible areas for study are: effective approaches to education for women on sexual health; the need to redefine target audiences more precisely (e.g. looking at young adults as a target group); the implications of the increasing shift of the epidemic to rural areas; on-site experience in integrating HIV / AIDS into family planning.

- Dissemination. Funds would be provided to AIDSCAP/Kenya interventions that would benefit from further dissemination in-country of approaches or lessons learned. Examples might include information for other Cooperating Agencies on training in STD case management for private practitioners, outreach to the private sector on successful cooperation among businesses for AIDS prevention programs; or additional dissemination of IEC materials.
- Media. A small amount of funding is proposed for media support, so that special newspaper supplements or radio or television coverage on a particular subject would be possible if appropriate (e.g. in connection with World AIDS Day 1996).

A draft budget for the above activities is suggested below:

Resources: \$ 707,435 from DO funds  
 \$1,400,000 from newly obligated bilateral funds  
\$ 150,000 from Africa Bureau funds  
 \$2,257,435

Proposed Budget: Bilateral Funds

Categories listed above under Scenario 2, including those described under Africa Bureau Funds	1,554,520
Kenya and the Region:	
Task Force support	26,400
HQ consultant visit	60,000
Interventions / activities / TA (TBD)	160,000
Seminar, dissemination	92,000
In-country activities:	
Two sustainability studies	96,000
Research / special studies	116,000
Dissemination	96,000
Contingency	<u>56,515</u>
TOTAL	2,257,435

### Field Support Funds

It should be noted that the estimated amount for field support funds is \$573,582. This is less than the \$750,000 required for FY95 support. The reason for the reduction is that core-funded projects, such as MAP International, will be completed by FY96.

\* These items include G&A. This is because they will be covered by the newly obligated bilateral funds and therefore G&A has not already been estimated separately (as for the DO funds).

## ATTACHMENT E

### AIDSCAP/Kenya Program Achievements

AIDSCAP/Kenya's key "success stories" are in the areas of technical leadership, policy development and advocacy, and synergy in the use of inputs. In addition, the project has been able to leverage outside resources and the cornerstones of institutional and financial sustainability are being put in place.

#### A. Technical Leadership

AIDSCAP/Kenya has firmly established a regional reputation for its collaboration with other agencies to support Kenya's sentinel surveillance system and modelling of the impact of AIDS. It is also pioneering innovative approaches in the provision of AIDS services.

1. **Sentinel Surveillance** - Kenya's AIDSCAP-supported surveillance system started in 1990 with funding from the World Health Organization. Until 1993, the system was limited to urban areas. In 1994, AIDSCAP supported the extension of the system to six rural sites in six provinces, turning it into a nationwide system. At present, there are 13 urban and 6 rural sites, the latter supported by a US\$20,000 grant from AIDSCAP in 1994, and a US\$15,000 grant in 1995.

As a result of this support from AIDSCAP and other donors, the surveillance system was able to yield powerful information on the nature of the AIDS epidemic in the country: that rural areas are much more affected than was originally thought, that the disease has clear geographic patterns with some sites in Western Kenya having the highest seroprevalence (20-30%), and that the epidemic continues to rage. The country's surveillance system - user-friendly, annually updated, nationwide in scope - currently has few peers in sub-Saharan Africa. It has provided valuable information to support policy initiatives both in the government and the private sector (discussed below). It also provides basic information for modelling the impact of the epidemic on the Kenyan economy.

2. **Modelling the Impact of AIDS** - The AIDS Impact Model (AIM) is probably the most widely used demographic/epidemiologic software package in sub-Saharan Africa. AIM was developed by the RAPID project, and has received AIDSCAP support for its dissemination workshops to a wide audience of policymakers.

The model has been presented to 150 audiences (5,000 participants) of senior policymakers in the government and nongovernment sectors. The AIM presentations have contributed to the building of consensus at all levels of government on the importance of AIDS in Kenya, both as a public health and economic development problem. The model permits decisions to be made on the basis of best information. The Kenyan AIM is being used as a prototype of similar efforts in Uganda, Tanzania, and Sudan.

3. **Innovations in Service Delivery and Training** - Some AIDSCAP-supported initiatives claim credit for pioneering technical innovations in health care delivery and training, particularly on the integration of AIDS and family planning services in response to the HIV epidemic. For instance, under an AIDSCAP grant, FPPS is currently developing a curriculum for integrated AIDS/FP training among community health workers, nurses, and medical supervisors. (The national curriculum for nursing education is currently under review by the government.) This AIDSCAP-funded initiative has clear policy implications for the formal and on-site education of health professionals and paramedics. It is particularly useful for the nursing profession in Kenya whose training is primarily clinical; the FPPS-developed curriculum includes more client education, counselling and public-health elements and extends AIDS education and STD case management services to the primarily female clients of family planning clinics.

## B. **Government Policy Advocacy**

1. **National Government Policy Advocacy** - Advocacy activities in government are anchored on the National AIDS Coordinating Program (NACP); private-sector concerns are channelled through the NGO AIDS Consortium. Recent policy activities include discussion of HIV/AIDS at cabinet meetings (chaired by President Moi) and the preparation of a sessional paper on HIV/AIDS. The AIM presentation software plays an important part in NASCP's advocacy activities. So far, 354 senior civil servants have been trained on the use of this presentation software.

It is impossible to quantify the impact of these advocacy activities. Suffice it to say that in the wake of these activities (a number of which were part of an AIDSCAP collaborative intervention), the following national-level decisions are being made:

- \* The Kenyan Parliament is now in the process of preparing a Sessional Paper on AIDS, a comprehensive policy document that will address wide-ranging issues such as women and AIDS, youth and AIDS, condoms and family life education, medical and legal aspects of AIDS, psychosocial and cultural factors in AIDS care, economic dimensions of the AIDS epidemic, the institutional framework for AIDS prevention and care, and donor collaboration in AIDS.

- \* Kenya's National Development Plan now has a separate chapter on AIDS.
  - \* AIDS prevention is increasingly a multi-ministry effort and is no longer the sole purview of MOH.
  - \* Because of high seroprevalence in rural areas, NASCP and policymakers in some areas have indicated the desirability of shifting AIDS prevention strategy by mobilizing communities to respond to the epidemic, e.g., training of village leaders, production and distribution of village-oriented IEC materials, and support of music and drama groups making presentations in villages.
2. **Local Government Policy Advocacy** - AIDS advocacy in Kenya has reached lower levels of government. This level of decentralized information is probably unequalled in sub-Saharan Africa.
- \* World AIDS Day 1995 is being organized at the district level.
  - \* Provincial and district council representatives have been trained on the use and presentation of the AIDS Impact Model.

### C. **Nongovernment Policy Advocacy and Impact**

1. **Media Policy on AIDS** - AIDSCAP-funded media activities through a subagreement with Ace Communications Ltd. yielded important policy changes in both print and broadcast communications.
- \* Setting journalistic standards on AIDS - Through the Ace subagreement, the AidsWatch column became a mainstay of "The Standard", a major Kenyan newspaper with an estimated reach of 300,000 people. In the midst of Kenyan media's penchant to highlight the sensational and sordid, the column maintained a high degree of professionalism and objectivity and became one of the most widely read information source (a consistent "top five" ranking in readership).
  - \* Change in editorial policy - Prior to the AidsWatch column, "Standard" editors restricted discussions and photos of condoms. The AidsWatch column made a deliberate effort to put condom discussions in the proper context and thereby succeeded in changing editorial policy on this issue. (More importantly, the column never received protest from religious groups, which other writeups were prone to.) Today, there is uninhibited but mature discussion of condoms not only in the "Standard" but in other Kenyan newspapers as well.

On a broader front, the NGO AIDS Consortium is also in the process of formally developing professional rules governing print and broadcast reporting of AIDS-related news for the purpose of reducing sensationalism.

- \* Change in content of AIDS coverage in favor of more topical stories - Early writeups and radio shows focused on how AIDS can be prevented. As the epidemic matures and knowledge of AIDS prevention becomes more widespread, AIDSCAP-funded media activities are now turning to more up-to-date topics, such as care to persons with AIDS and AIDS orphans.
- \* Multilingual approach to AIDS information - Ace Communication's radio soap opera is broadcast in five Kenyan languages (the national language Swahili, and the regional languages Kikuyu, Kalenjin, Luhya, and Luo). Kenya Broadcasting Company's Swahili service, which airs the AIDS soap opera, is reputed to be the most penetrating medium in Kenya, reaching 83 percent of all adults daily. Other AIDSCAP-funded print materials are typically in two language versions - English and Swahili. While this approach is not a matter of policy, it does point to the wisdom of two (or more) languages to maximize reach.

2. **Church Policy on AIDS Prevention and Care** - The AIDSCAP-funded activities of MAP International (US\$335,000) focus on the role of churches in combatting AIDS not only in Kenya but in the rest of the continent as well.

- \* In December 1994, representatives from 28 African countries comprising the Association of Evangelical Churches in Africa met in Kampala, Uganda to meet on the theme "AIDS in Africa: The Church's Opportunity". Out of that meeting, the "Kampala Declaration" is being prepared as a set of policy guidelines for the Evangelical Churches' response to the epidemic. The guidelines will be distributed nationally to church leaders as part of the AIDSCAP-funded project.
- \* Staff of MAP International see definite change in attitude of church leaders since the AIDSCAP-funded project began. Two one-week workshops (138 participants) have been held in Central and Western Kenya to shed light and guidance on the concept of "biblical community" as applied to AIDS.
- \* The Catholic Bishop in Nakuru has written a Pastoral Letter setting the bishopric's policy on AIDS. The Letter exhorts each church and church member within his jurisdiction to set aside time for AIDS counselling and to visit persons with AIDS.

- \* Use of condoms remains a contentious policy issue among church leaders. However, there seem to be increasingly more open discussion of non-penetrative sex as an alternative to combat AIDS.
  - \* There are other cultural practices (and consequent policy issues) which hinder or promote AIDS that MAP International intends to pursue through its AIDSCAP grant: female circumcision, bride price, wife inheritance, polygamy.
3. **NGO Policy Activities and Program Planning** - The NGO Consortium, through its policy intervention, is building the capacity of local leaders, NGOs, and health personnel to become involved in the process of policy development. Through the Consortium, NGO interests have been represented to government and NGOs have had input into the process of developing the Sessional Paper. The Consortium has been one of the key forces in coordinating the NGO response to HIV/AIDS, a role that is recognized by the NGOs themselves and by government.

The NGO Consortium's project tracking system and Resource Center have provided current information to NGOs and NASCP that has helped to guide NGOs in their selection of locations and focus for their interventions.

#### D. Resource Leveraging

AIDSCAP resources are frequently used to "pump-prime" other funding.

- \* Leveraging customer resources - MAP International utilized AIDSCAP resources to start up church activities. Once these activities were initiated, churches began to take more financial responsibility for the continuity of such activities, paying per diems for church leaders for training.

The NGO Consortium held initial training activities that were funded by AIDSCAP for its NGO members. The Consortium is now being requested to provide additional training for NGOs, who are now willing to meet some of the costs themselves.

- \* Leveraging business support - AIDSCAP's Private Sector AIDS Policy Presentation (PSAPP) held a luncheon and workshop for 21 business people from 13 Kenyan companies to explore the need for sound corporate policies on HIV/AIDS and the costs and benefits of prevention programs. The companies indicated their interest in cost-sharing with NGOs to establish prevention programs. AIDSCAP will be following this up in the coming year.

## E. Sustainability

Sustainability is a universally accepted principle among AIDSCAP implementing agencies. Many of their activities incorporate aspects of demand creation, resource generation, and eventual commercialization. One specific activity has achieved a fully sustaining status.

In FY96, AIDSCAP will carry out a study of these sustainability activities and will present lessons learned at a workshop for AIDSCAP implementing agencies and other interested organizations.

1. **Full sustainability** - The "Kenya AIDS Newsletter", started eight years ago with AIDSTECH funding and technical assistance, is still in production on an occasional basis, using the same format. A special copy of the "Kenya AIDS Newsletter" was produced for World AIDS Day 1994.
2. **Creation of demand for AIDSCAP activities** - A key step on the road to financial sustainability is an implementing agency's ability to create demand for its services, thereby converting current (probably unsolicited) supply into real felt needs and concrete demand responses from its customers and clients. Examples abound that such process is indeed taking place in AIDSCAP-funded activities.
  - \* FPPS's AIDS-in-the-worksite project has reported that private companies are willing to share the cost of workers' AIDS education programs. The Mombasa hotel industry, for instance, typically assumes half the cost of such programs. The shared costs are usually in the form of free food and accommodation for trainers, use of training room, and food and beverage for training participants. FPPS staff estimate that these costs can be as high as KSh3,000 per hotel employee per day. Private-sector managers are also asking to be included in both STD and peer training in AIDS.
  - \* The Muijiza Players are emerging from their fledgling beginnings as a group of neophyte young actors/actresses to a group that is receiving requests to perform from local institutions. The group is mulling over ways to increase demand for its productions and discussing the possibility of corporate sponsorship and fee-charging for full-length plays as revenue-enhancement measures.
  - \* MAP International has been able to use its church outreach programs to respond to the felt needs of religious leaders. The number of requests for its facilitation and other services is increasing dramatically so that it is now in a position to provide such services on the basis of written requests rather than unsolicited presentations.

- \* The NGO AIDS Consortium, membership of which is presently limited to organized NGOs, has attracted strong interest from private and government employees who are willing to join it as individuals for a fee.

3. **Institutionalization of activities** - Institutionalization entails a series of actions taken by recipients of assistance so that they become legally recognized entities with certain responsibilities and specific rights, franchises and privileges. The following examples illustrate how this is happening in AIDSCAP-funded activities:

- \* FPPS's university peer education project is establishing student group counselling services in nine Kenyan colleges and universities (U. of Nairobi, Moi U., Maseno Teachers College, Utalii College, Jomo Kenyatta College of Agriculture and Technology, Rift Valley Institute, Kenya College of Communications Technology, Moi U. Chepkoilel, and Mombasa Polytechnic). The cadre of AIDS-trained students are recruited on a voluntary basis. In some of these educational institutions, peer counsellors have taken it upon themselves to organize formally (hold elections and draft by-laws), register as bona fide college clubs, seek university-administration support (e.g., office space, video equipment), get financial allocation that clubs are entitled to, and engage in fund-raising activities in and out of campus. Some of these clubs have initiated AIDS resource centers in campus.
- \* A network of church leaders have been established in central Kenya by the AIDSCAP-supported activity, the Kenya Church AIDS Network (Kenya CAN). The network is in the process of drafting its constitution and registering itself. The network, which produces a quarterly newsletter, serves as a forum of exchange between all the major church denominations in Kenya.
- \* The key strategy of the Kenya NGO AIDS Consortium in institutional sustainability is to broaden its stakeholder base. This is happening quite rapidly. The Consortium started in 1990 with just seven NGOs; at present, it has 220 NGOs in its roster. To attract members, the Consortium made a deliberate effort to broaden its appeal from the narrow focus of AIDS to wider primary health care concerns. The Consortium started in Nairobi but has successfully branched out to all districts in Kenya such that each district now has its own consortium, each district consortium in effect becoming the backbone of the national consortium. The NGO AIDS Consortium now operates an AIDS library/resource center and an NGO project tracking system, produces its own newsletter and distributes AIDS information packets, and is actively involved in AIDS policy deliberations.

4. **Commercialization of activities** - A number of AIDSCAP activities are in various stages of commercialization:

- \* The NGO AIDS Consortium is now operating its resource center on a user-charge basis. Thus, article reprints are distributed for a fee to member-NGOs.
- \* PATH's subagreement with AIDSCAP involves the development of IEC materials. One of these materials - "Life, Love and AIDS" - is a draft comic book. A publisher is being sought to print it commercially and sell it on the streets like any other comic book.
- \* As part of the AIDSCAP-supported STD training program, FPPS is undertaking a unit cost study of STD clinic services. Research results will provide the basis for the setting of clinic fees.

#### F. **Synergy and Multiplier Effects**

Multiplier effects are frequently ignored in assessments of USAID investments. The usual assumption is that a discrete set of investments result in a discrete set of impacts. Certain activities of AIDSCAP/Kenya can be shown to have positive results far beyond what was intended. Examples:

- \* AIDSCAP-produced materials primarily oriented to individual end-users can also be frequently used by institutional end-users, e.g., as raw materials for the production of soap operas, theatrical drama, and peer-group counselling. To a certain extent, these AIDSCAP materials obviate the need for further research that these institutional users would have done.
- \* Ace Communication's radio soap opera generated 22,000 letters from listeners which are now a virtual goldmine of information for research, program design, and potential policy guideline.
- \* The NGO AIDS Consortium has set up its own database and library that are in the process of being linked to rural libraries. Originally designed for NGO use, the database - which contains a regularly updated list of NGOs, their activities and geographic focus - is also being used by the Kenyan Parliament and other government agencies for a variety of purposes.

- \* The multiplier effects of information and communication activities, while difficult to document are important. For instance, an AidsWatch column on a worksite AIDS program generated interest from a number of corporate managers on the setting up of a similar programs in their factories.
  
- \* Prototype materials produced under AIDSCAP will also be made available at the national level. Two posters produced by PATH under the AIDSCAP-funded task order to train NGOs in IEC materials development have been reproduced on a large scale by the NASCP. The posters were targeted at men, and at out-of-school youth. Printing for 120,000 copies of each poster will be funded by the NASCP.