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Kenya HIV/AIDS Disaster Response Project (KHADRP)

Project Implementation Plan

National AIDS Control Council (NACC)
December 2000

Project Fact Sheet

Project Title: Kenya HIV/AIDS Disaster Response Project
Executing Agency: National AIDS Control Council (NACC) under the office of The President
Funding Agencies: Government of Kenya, The World Bank
Project Period: October 2000 to September 2004 (Four years)
Project Cost:
GoK: US\$ 2.5million (in kind and taxes in 5%)
WB/IDA: US\$ 50million
Total: US\$ 52.5million

Key Economic and Social Indicators(year 2000)

Kenya size	582.366 sq. km
Population size	28.7 million
Population growth rate	2.9%
Real GDP growth rate	1.4%
Real GDP per capita	180.8 (US\$.50)
Real GDP per capita at current prices	1,120.5 (US\$ 280)
Absolute poor population	50%
Human Development Index	0.5
Estimated Adult HIV/AIDS prevalence	14%
Estimated HIV positive population	2 million
Estimated AIDS cases	1.5 million
Life expectancy at birth (with AIDS)	46 years
Infant mortality rate	74 (death rates per 1000 live births)
Under-five mortality	112 (deaths per 1000 live births)
Maternal mortality ratio	590 (maternal deaths per 100,000 live births)
Estimated AIDS orphans	1.1million

Abbreviations

ACU	AIDS Control Unit
AIDS	Acquired Immune Deficiency Syndrome
AIE	Authority To Incur Expenditure
AWP	Annual Work Plan
CACC	Constituency AIDS Control Committee
CBK	Central Bank Of Kenya
CBO	Community Based Organization
CCF	Christian Children's Fund
CIDA	Canadian International Development Agency
CO	Community Organization
DACC	District AIDS Control Committee
DASCO	District AIDS/STI Coordinator
DCA	Development Credit Agreement
DELTA	Development Education Literacy And Training Of Adults
DFID	Department For International Development
GOK	Government Of Kenya
HADRP	HIV/AIDS Disaster Response Project
HIV	Human Immune Deficiency Virus
IAPSO	International Agency Procurement Service Organisation
ICB	International Competitive Bidding
IBRD	Internal Bank For Reconstruction And Development
IDA	International Development Association
IEC	Information, Education & Communication
KANCO	Kenya AIDS NGO consortium
KCDF	Kenya Community Development Foundation
KIE	Kenya Institute of Education
KHADREP	Kenya HIV/AIDS Disaster Response Project
KNEC	Kenya National Examination Council
MIS	Management Information System
MOH	Ministry Of Health
MOEST	Ministry of Education, Science & Technology
MOPF	Ministry Of Finance And Planning
MTEF	Medium Term Expenditure Framework
MTCT	Mother To Child Transmission
NACC	National AIDS Control Council
NCB	National Competitive Bidding
NGO	Non-Government Organization
NASCOP	National AIDS/STD Control Programme
OC	Oversight Committee
OP	Office of The President
PACC	Provincial AIDS Control Committee
PACODELS	Participatory Community Development and Leadership Skills
PEP	Participatory Evaluation Process
PHC	Primary Health Care
PMU	Project Monitoring Unit
PA	Project Agreement
PS	Permanent Secretary
PRA	Participatory Rural Appraisal

PSC	Project Steering Committee
PTCT	Parent to Child Transmission
SB	Standard Bidding
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TSC	Teachers Service Commission
UNICEF	United Nations Children Fund
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific And Cultural Organization
VCT	Voluntary Counseling and Testing
VCTC	Voluntary Counseling and Testing Centres
WB	World Bank
WHO	World Health Organization



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Preface

The Project Implementation Plan is prepared as a guideline for all those involved in the implementation of HIV/AIDS Disaster Response Project (KHADREP). It describes the project structure, operational/implementation guidelines, terms-of-references for all institutions and persons to be involved and available inputs and resources to successfully implement the project in an efficient and effective manner.

The content of this document is subject to change during project implementation depending on the implementation experience, problems faced and changes in strategies. However, amendments and additions to the document will be subject to the National AIDS Control Council's approval.

Section-1 provides the HIV/AIDS situation in Kenya, past interventions, the Government's mid-term strategy and then the significance of HIV/AIDS Disaster Response Project.

Section-2 provides a brief description of project goal, objectives, its structure and expected outputs. Project components (outputs) are described with their objectives, purpose and scope, implementation strategy, benefits, risks and operational policies.

Section-3 describes institutional arrangements, and clarifies the roles and responsibilities of all involved agencies. It also explains the participation arrangements with NGOs, CBOs, private sector, other intermediaries and the funding partners.

The following sections are also covered:

- (a) *Procurement procedures*: Explains the procurement process, planning formats, monitoring formats and general guidelines.
- (b) *Financial/funds management*: Explains how funds will be managed and flow from the donors to the beneficiaries through various administrative levels. Essential internal and external controls are identified.

Section-4: Explains the Monitoring and Evaluation procedures and the process to be adopted by various implementing agencies to monitor the project implementation progress and the agreed performance indicators (presented in Annex-1).

Section-5 presents the time-bound implementation plan for the implementation of the project components (outputs). It defines overall project activities/tasks, their interdependencies and duration. This master implementation plan will be used to ensure the compliance of individual implementation plans of participating Line-Ministries, National, Provincial, District and Constituency AIDS Control Council and Non-Government/Community Based Organizations. The Master Plan will also serve as a template for participating implementation agencies to prepare their annual work plans.

Section 7 describes the procurement plan, disbursement schedule and the detailed cost estimates for the project activities under major account categories.

1. Background

The impact of HIV/AIDS infection in Kenya has reached a crisis situation affecting all development sectors. In November 1999, the country declared HIV/AIDS pandemic a national disaster requiring a multi-sectoral emergency response with respect to the expansion of prevention, control, care and support services, particularly at the community level.

The country's health sector programs on the management of the HIV/AIDS crisis need to be revitalized and complemented with urgent multi-sectoral interventions at all levels of the Kenyan society. In response to the HIV/AIDS pandemic, the Country has established the National AIDS Control Council (NACC) to facilitate and coordinate a participatory multi-sectoral and multi-disciplinary response to the HIV/AIDS epidemic:

The Government has also prepared a HIV/AIDS National Strategic Plan which defines targets to be achieved within a short term period of 5 years. Policies dealing the HIV/AIDS pandemic are outlined in the Government's Sessional Paper Number 4 of 1997. The National AIDS/STD Control Programme (NAS COP) estimates that the National HIV/AIDS prevalence has increased from 3.1% in 1990 to 14% in 2000. Without an emergency intervention, the prevalence is expected to rise to 17% by the end of year 2001. To intensify the multi-sectoral response and widespread participation at the community level in Kenya, it is proposed that priority activities pertaining to the prevention, control, care and the support be intensified within the first three years of the National Strategic Plan.

Impact of HIV/AIDS in Kenya. Acquired Immune Deficiency Syndrome (AIDS) was first diagnosed in Kenya in 1984. Kenya is losing about 500 people daily to HIV/AIDS. It is estimated that about 1.5 million people in Kenya have developed AIDS and died since 1984, leaving behind nearly one million orphans. By June 2000, it was estimated that close to 2 million Kenyans out of the country's population 28.7 million (1999 Census) are living with HIV/AIDS. There are now an estimated 200,000 new HIV infections each year in Kenya. It is noted that 75% of those infected by HIV/AIDS live in the rural areas and the majority are young people aged between 15-39 years.

The realization that Kenya is losing about 500 of its people daily to HIV/AIDS has led the Government to declare HIV/AIDS a national disaster. When addressing Members of Parliament in Mombasa in November 1999, President Daniel Arap Moi declared AIDS a National Disaster and stated that:

"AIDS is not just a serious threat to our social and economic development, it is a real threat to our very existence... AIDS has reduced many families to the status of beggars ... no family in Kenya remains untouched by the suffering and death caused by AIDS ... the real solution to the spread of AIDS lies with each and everyone of us".

In the absence of a cure or vaccine, HIV/AIDS remains the most serious challenge to all aspects of development in Kenya. An urgent and intensified response is necessitated in order to mitigate the impact of this epidemic on the country's growth and development.

1.1. Major challenges

Although cost-effective interventions against HIV/AIDS are known, the ability to scale up implementation to national level are constrained by limited financial and human resources, in addition to limited capacity. Negative economic, social, and health indicators, together with the devastating negative impact of HIV/AIDS on already poor household's, pose major challenges to national security and the development of an intensified response to HIV/AIDS. The difficulty in translating knowledge regarding means of HIV/AIDS prevention into changes in sexual behavior at the population level, presents another major challenge, due to the need to root behavior modeling interventions in the context of cultural beliefs and norms, in addition to poverty.

1.2. Major Achievements and Lessons Learned

Although the resources to HIV/AIDS, to date, have been inadequate to cope with the rapid spread of the epidemic, there are some advances. Through the National AIDS & STD Control Programme (NASCOP) major achievements have been made and key lessons learnt regarding HIV/AIDS in the country.

These include:

- Over 95% awareness among Kenyans about the modes of spread of HIV/AIDS.
- Over 99% blood safety through screening before transfusion in all major hospitals.
- Sentinel surveillance sites for monitoring the trends and impact of HIV/AIDS is in place countrywide.
- Reduction of STD prevalence (syphilis) from 9% to less than 1% in most sentinel districts made possible through nationwide implementation of syndromic management of STDs using funds from the World Bank STI Project.
- Finalization of National AIDS Policy (Sessional Paper on AIDS in Kenya), among other key policy documents.
- Development of a draft National HIV/AIDS Strategic Plan for multidisciplinary and multisectoral interventions.

However, more effective multi-sectoral coordination mechanisms for the strategic use of available resources are needed to harness and collectively manage these resources, within a suitable institutional framework.

1.3. Government Priorities and the Strategic Plan

In line with broader GOK policies, a Strategic Plan was developed with three major aims to facilitate the realization of the principle objective of arresting the epidemic and reducing its impact on the society and the economy:

- Reduction of HIV prevalence in Kenya by 20-30% among people aged 15 - 24 years by 2005
- Increased access to care and support services by people infected and affected by HIV/AIDS in Kenya
- Strengthened capacity and coordination to respond to HIV/AIDS epidemic at all levels.

The declaration of AIDS as a national disaster and the formation of National AIDS Control Council (NACC) under the Office of the President provide the beginning of a stronger coordination mechanism to respond to the disaster with a multi-sectoral approach in accordance with provisions and objectives of the Sessional Paper No. 4 of 1997. It is in this context that NACC, in developing this plan, seeks to provide:

- Strategic leadership at the national, provincial, district and community levels;
- A framework to guide the implementation of activities at all levels; and
- A framework for coordination and resource mobilization, use and accountability for the prevention of HIV transmission and provision of care and support to those infected and affected by HIV/AIDS in Kenya.

In response to the epidemic and the obstacles faced in stemming its spread and impact in Kenya, the following key priority areas have been identified and discussed with the stakeholders. These five areas underpin the national HIV/AIDS strategy:

- Prevention and advocacy.* Includes promotion of behavior change through community mobilization to reduce the spread of HIV, promotion of voluntary counseling and testing, availability of a safe blood supply; treatment and control of STDs, and protecting children and the young people from HIV infection. Priority strategies are to prevent sexual transmission of HIV, to prevent mother to child transmission, and prevent blood-borne infection.
- Treatment and support of the continuum of care for those infected and affected.* Includes training, drugs, supplies, and equipment support to institutions providing HIV/AIDS management, treatment of opportunistic infections, control and prevention of opportunistic

infections, counseling and home-based care. The priority strategy is to reduce the impact of HIV/AIDS on society.

- (iii) **Management and coordination**. Includes training, management and coordination support to the Council Secretariat, 22 AIDS Control Units in line Ministries and Departments), 8 Provincial, 68 District and 210 Constituency AIDS Control Committees. Review of National Policies and finalization of legislation to support AIDS prevention and control in Kenya are also included in this component. The priority strategy is to increase efficiency and effectiveness in the implementation of this Strategic Plan.
- (iv) **Mitigation of the socio-economic impact**. Includes support to the most vulnerable populations in the community, with particular focus on widows and orphans. These groups will be identified by and supported through the Constituency AIDS Control Committees. The mobilization of community based organizations, the private sector, civil society and Government departments will be enhanced in order to support those people most affected by HIV/AIDS. The priority strategy is to reduce the impact of HIV/AIDS on society.
- (v) **Research, Monitoring and Evaluation**. Includes basic operations research to strengthen HIV/AIDS prevention, care, support, and surveillance services, in addition to monitoring the implementation of the strategic plan and evaluation of the National AIDS Control Council. The priority strategy is to increase efficiency and effectiveness in implementation of the Strategic Plan.

Within these agreed priority areas, a variety of interventions and activities will be implemented to achieve defined objectives for each priority. In the absence of a vaccine or cure for HIV/AIDS, this plan allocates most resources towards preventive activities with focus on the youth and community mobilization to achieve the desired social change in Kenya.

The HIV/AIDS Disaster Response Project is an emergency response request by the Government of Kenya to the World Bank (IDA). It is a multi-sectoral project that is meant to assist the Government of Kenya mobilize the non-health priority aspects of the HIV/AIDS crisis as detailed in the national HIV/AIDS strategy for the interim period of 2000-2005. The project focuses on community driven initiatives which will complement the Decentralized AIDS and Reproductive Health Project (DARE) within the Health Sector.

2. Project Description

2.1. Project Goal, Objectives and structure

Goal. To mitigate the social and economic impact of the HIV/AIDS epidemic in Kenya.

Project Development Objective. The objective of the project is to intensify the multi-sectoral response to HIV/AIDS and accelerate the process of achieving the targets as elaborated in the National Strategic Plan with broad participation of communities.

Outputs. The key outputs of the project are:

- a) Government multi-sectoral interventions expanded to reach community level.
- b) AIDS program management institutions (NACC, PACC, DACC and CACC) established and implementation capacity of all participating agencies enhanced
- c) Capacity and funding in the delivery of prevention, care & support services by PLWHAs, NGOs, CBOs, private sector, & civil society expanded at the community level.

See *Annex-1* for detailed project Logical Framework presenting Performance Indicators, targets and critical assumptions.

2.2. Key Benefits and Risks.

Benefits. This programme is aimed at reducing HIV prevalence from 14%-13% among young adults (15-24 years) by the end of the year 2003. This reduction will result in a gradual reduction in the morbidity and mortality resulting from HIV/AIDS in Kenya, as well as a reduction in the number of children orphaned by HIV/AIDS. Assuming that this reduction in HIV incidence is sustained, it is likely that productivity and poverty will also be positively impacted upon, although this impact may not be measurable by the closing date of the project.

HIV/AIDS has affected the infant morbidity and mortality rates due to increased parent to child transmission of HIV infection and the increased deaths among women of reproductive age. Currently 25% - 35% of infants born to HIV positive women are themselves seropositive - the majority die before their 5th birthday. As a result of its strong gender focus, this project will support the reduction of infections among women of reproductive age, and as a consequence a reduction in the number of seropositive infants.

Risks and Assumptions. Based on the critical assumptions identified in the Log Frame, risk analysis and risk management specific to each project output will be carried out at all levels of NACC.

It is envisaged that throughout the life of the project, the following risks will be kept in check:

- Efforts for poverty reduction will continue throughout the life of the project;
- Communities will accept HIV/AIDS prevention, control, care and support strategies and participate fully in operationalization;
- Coupled with this, it is expected that Health Sector HIV/AIDS activities are implemented according to the approved plans;
- Resistance to behavior change is reduced.
- Project financial flow and capacity to absorb and utilize the funds accordingly, is operational.

2.3. Description of Project Components.

The three major project components corresponding to the output indicators are described below. All implementation plans developed by the line ministries, AIDS control councils and NGO/CBOs will conform to these overall project components and activities.

2.3.1. Component 1: Government multisectoral interventions expanded to reach community level

Objective: To promote an expanded and coordinated multisectoral response to the HIV/AIDS epidemic.

Estimated cost: US\$10.3 million

Purpose and scope: The purpose of this component is to expand the governmental multisectoral response to the HIV/AIDS epidemic. More specifically, this component will support the initiation and expansion of effective HIV/AIDS interventions in order to extend them to all sectors, all provinces, and all levels. The project will support the building of capacity within line ministries/departments and the implementation of their workplans.

Key benefits: An expanded, multisectoral, national response will extend the reach of current prevention, care, and support efforts to those who are vulnerable and will reduce the impact of the epidemic on all sectors. It will address the biological, behavioral, social, and cultural factors that contribute to the spread of the HIV/AIDS epidemic.

Operational policy/Implementation strategy: Workplans of implementing ACUs within line ministries and/or departments, will be reviewed by their senior management and also by NACC. Approved workplans will be eligible for credit financing in a phased manner through the project period. While difference ACUs will have freedom to develop workplans meeting the needs of their specific Ministries/Departments, guidelines and training will be provided (through NACC) to ensure that there is broad participation in the formulation of the workplans and that the applicable range of issues is taken into account.

Key risks and assumptions (mitigating actions): It is expected that the ACUs newly recruited staff are motivated and possess the appropriate background for these new positions. However, their competency and suitability in these positions has not been tested. Mechanisms should be put in place within ACUs for the further training or dismissal of non-performing officers and replacing them with more effective staff.

The relative lack of capacity to address HIV/AIDS issues within Ministries/Departments poses an additional risk. Training workshops will be conducted to increase the capacity of ACUs with respect to their management and coordination capacities, as well as strategic planning and the management of funds.

Performance/output indicators:

- The proportion of adults (15-49 years) possessing accurate knowledge of HIV/AIDS prevention will increase.
- The median age of first sex among young men and women (15-24 years) will increase.
- The proportion of households receiving assistance in caring for chronically ill adults and/or orphans will increase.

Overall description:

The purpose of this component is to initiate, facilitate, and support the mainstreaming of HIV/AIDS-related activities into all line ministries. Ministries will start activities in a phased manner through the project period. The project will support the building of capacity within the ministries and the implementation of their work-programs. The capacity-building aspects are likely to be particularly relevant for those sectors not previously considered to have a direct role in combating HIV/AIDS.

Work-programs of implementing ACUs within line ministries will be reviewed and approved by their ministry's senior management and NACC, and thereafter they will be eligible for credit financing. While the different units will have freedom to develop work-programs that meet the needs of their respective ministries and sectors, guidelines and training will be provided to ensure that there is broad participation in the formulation of the work-programs and that the applicable range of issues is taken into account. While the project seeks to be flexible, there will be restrictions placed on what will be eligible for credit financing. For example, expenditures that are expected to be ineligible for credit financing under the work-programs include: a) vehicles; b) civil works of any size; and c) overseas training. Any training expenditures and purchases of equipment or commodities will be closely scrutinized by NACC to ensure consistency with the project's development objectives.

ACUs will be expected to address, among other issues, the manner in which HIV/AIDS has affected the quality and quantity of available services, the ability to supply the required services, the organization of the sector, the role of service providers, human resources policy and management practices, the planning and management of sector resources, the availability of public and private resources for the sector, and also financial support to the sector provided by both the Government of Kenya and the donor community.

2.3.2. Component 2: AIDS program management institutions established and implementation capacity of all participating agencies enhanced.

Objective. To strengthen AIDS program management institutions (NACC, PACCs, DACCs, and CACCs) to undertake the overall coordination, management and mobilization of resources for the prevention, control and mitigation of HIV/AIDS epidemic in the country. This component will seek to establish an efficient and effective financial and accountability process at all levels of implementation levels to ensure cost effective and efficient flow of funds to the beneficiary levels.

Estimated cost: US\$12.1 million

Purpose and scope: NACC was legally established early this year (2000) after presidential pronouncement of AIDS as a national disaster. The majority of its new recruits will require some training in management and coordination skills since these will be the thrust of their responsibilities in the management and coordination of HIV/AIDS activities in the country. Financial accountability is an essential component of successful implementation of the National HIV/AIDS Strategic Plan. Financial managers in NACC are likely to be new recruits who may have no prior Knowledge of managing programmes with many multi-sectoral stakeholders. Skills for the management of multi-faceted accounts of several stakeholders will be crucial.

Key benefits: Key benefits will be the strengthening of the NACC management staff including those at Provincial, District and Constituency levels. ACUs will also undergo training in management and coordination skills, as they will play a crucial role of linking NACC to line ministries' activities. The key benefits will include the training of NACC financial managers at all levels. NGOs and CBOs and to some extent private sector participants whose workplans will have been approved and funded will also benefit through training workshops at community level.

Operational policy/Implementation strategy: Guidelines will be developed to set up coordinating and linkage units of NACC at all levels. Appropriate mechanisms will also be created within NACC for soliciting of HIV/AIDS workplans with budgets from community-based groups (NGOs/CBOs). Core NACC staff will receive orientation in principles of coordination and management for efficient and effective coordination and planning of HIV/AIDS activities. There is need to establish efficient and effective financial management systems in the new institution (NACC). This will be achieved through short local courses and workshops. Community capacity building workshops to strengthen NGOs & CBOs in financial management and accounting in accordance with the IDA guidelines will be held in all districts where HIV/AIDS workplans will have been submitted and approved for implementation.

Key risks and assumptions (mitigating actions). It is expected that the NACC's newly recruited staff are motivated and the right material for the designation they will hold in NACC. This however, is a major risk as their competency and suitability in these positions has not been tested. Mechanism should be put in place for training or dismissal of non-performing officers and replacing them with efficient and highly motivated staff.

One of the main risks concerns financial management, because of political sensitivities and the limited experience of budget and management of large sums of funds for multisectoral development partners. Outsourcing the management of the community initiative funds to a competent financial firm will be put in place to mitigate this risk.

At the lower level of implementation, training workshops will be conducted to induct and train small NGOs and CBOs to build up financial management capacities and developing guidelines to manage funds. The possibilities of not coordinating donor funds with programme priorities or not meeting the challenges of implementing an ambitious programme (especially to use common implementation procedures for procurement) are other risks. To deal with these risks, a regular government procurement agency has been established to monitor an agreed operational framework for allocating donor and government funds according to priorities, with plans focusing on system development, e.g. procurement and information management..

Performance/output indicators

- At least 30% of community HIV/AIDS work plans and budget proposals are reviewed and funded by the end of year 1, 60% by the end year 2, and 90% by year 3.
- NACC functioning and operational at all levels by end of year 1.
- Rise of credit disbursement by 25% at the end of year 1, 50% at year 2 and 75% by the end of year 3.
- Documentation of accountability both for implementation of activities in the approved workplan and financial management will be part of the progress reports to be submitted for the approval before the release of next quarterly tranche of funds.

Overall description. Effective HIV/AIDS prevention and care will require the full involvement and participation of all sectors, public and private, and mobilization of political and community efforts. The capacity for district planning and management to deal with AIDS, including a suitable management information system, needs considerable strengthening. This World Bank project will support national efforts in this area by strengthening Kenya's institutional capacity to plan, coordinate, implement, monitor and evaluate AIDS-related activities that are integrated across social and economic sectors.

Effective HIV/AIDS prevention and care will require the full involvement and participation of all sectors, public and private, and mobilization of political and community efforts. The capacity for district planning and management to deal with AIDS, including a suitable management information system, needs considerable strengthening. World Bank project will support national efforts in this area by strengthening Kenya's institutional capacity to plan, coordinate, implement, monitor and evaluate AIDS-related activities that are integrated across social and economic sectors.

WB will provide support to national institutions by building their capacities to manage and coordinate HIV/AIDS activities as outlined within the National Strategic Plan. This is expected to increase the use of community-based organizations (CBOs), NGOs and the private sector to execute the planned activities. This approach should lead to improved participation of the stakeholders and enhanced advocacy on HIV/AIDS issues. The use of the national institutions will include subcontracting to NGO and CBOs to implement HIV/AIDS activities and the private sector to promote business skills development.

Timely financial reports and narratives will be required every quarter from participants who will be beneficiaries of the WB funds. It will be necessary for these quarterly reports to be studied along with the field monitoring progress reports of activities accomplished during the quarter before the next quarter tranche of funds is released

2.3.3. Component 3: Capacity and funding in the delivery of prevention, care, and support services by PLWHAs, NGOs, CBOs, private sector, and civil society expanded at community level.

Objective. To develop capacity in the community to prevent, control, care, support and manage HIV/AIDS at the community, private and the civil society levels.

Estimated cost: To be determined from the work plans. However, US Dollars 30 million (60%) of the Project credit is earmarked for community based HIV/AIDS activities.

Purpose and scope: The purpose of this component is to encourage sustainable individual, household, village, location and constituency level multi sectoral participation in the prevention, control, care, support, coordination and management activities for the HIV/AIDS infected and affected people. The scope of participation will entail Constituency AIDS Control Committees assisting community based organizations, NGOs, Private Sector and individuals setting up peer educator and peer counseling teams to offer targeted HIV/AIDS preventive, control, care and support activities. Research initiatives exploring means of enhancing on-going initiative, as well as the feasibility of new initiatives in the Kenyan context, will also be supported

Key benefits:

- Improved risk perception and risk management of HIV/AIDS.
- Peer Educators and Peer Counselors offering quality services to the HIV/AIDS infected and affected people in every community. Improved hospital and home-based care for HIV/AIDS infected and affected people.
- Improved sex behavior and reduced rate of HIV/AIDS prevalence amongst the youth in the age range 15-24 years.
- Operational voluntary counseling and testing (VCT) services within the Primary Health Care packages.

Operational policy/Implementation strategy: Individuals and community based organizations will initiate HIV/AIDS activities, prepare work plans with budgets, which will be approved by ACUs, DACCs, PACCs and NACC. A contracted firm managing the Community Initiative Account will release money for approved workplans to the CBOs; NGOs and the Private sector. The implanting units will be expected to prepare and submit progress reports and an account of the finances for activities completed.

Key risks and assumptions (mitigating actions). Community initiated work plans will be approved by CACCs; DACCs and PACCs within thirty days. NACC will intervene after thirty days to ensure speedy funding of viable community initiatives.

Performance /output indicators.

- The rate of HIV/AIDS prevalence reduced and leveling off from 14% in year 2000 to 13% in the year three of the project life
- Reduction in child mortality; reduction in the number of new infections among young people of ages 15-24; reduced vulnerability of women to HIV/AIDS infection and death at younger ages; reduced pressure on health care systems; education provisions for HIV/AIDS orphans; revitalized private sector development due to reduced costs of labor occasioned by absenteeism and burial expenses.

Overall description. Dealing effectively with the HIV/AIDS disaster calls for full participation of the entire communities. Communities will be strengthened through sensitization and mobilization processes to enable them realize their problems, power and abilities that they possess. Often this realization will provide the catalyst need for community action. These actions, nevertheless, will solve only those problems that do not needed outside action or input, i.e., communities are best placed to provide quality and quantity of care for HIV/AIDS infected/affected families and other vulnerable groups. Relevant national policies for example, appropriate legal framework for protection of widows and orphans will not be within their reach. Community empowerment does therefore need to be linked to the national policy framework.

3. Institutional Arrangements

The Government will work in the partnership with NGOs, CBOs, PLWHA organizations, and the private sector to ensure rapid access to resources at the grass-root level. Community response to the HIV/AIDS epidemic will be enhanced through networking and complementary linkages between individuals, CBOs and NGOs with grassroots outreach activities in the area of HIV/AIDS prevention, care, support, coordination and management. As response to the imperative for a multi-sectoral approach to combat HIV/AIDS epidemic, the Government has established the National Control Council (NACC) under office of the President (OP).

3.1. Implementing agencies and administrative hierarchy

Figure-1 represents the NACC structure showing the core layers and the connection with project beneficiaries. The objective of the hierarchy is to establish an administrative infrastructure which provides maximum flexibility in order to rapidly expand prevention, care, and support services at the community-level. *Annex-5* presents the composition and organograms of councils and committees with responsibilities of NACC.

3.1.1. Office of the President (Oversight Committee).

3.1.2. National AIDS Control Council (NACC).

- Coordination and supervision of all national HIV/AIDS activities
- Resource mobilization for HIV/AIDS control and prevention
- Development of policies, strategies and guidelines for the prevention and control of HIV/AIDS
- Development of sector HIV/AIDS programs
- Development of national management information systems for HIV/AIDS
- Collaboration with partner agencies

- Development of appropriate mechanisms for monitoring and evaluation progress made against HIV/AIDS and STIs
- Maintain a leadership role in advocacy and public relations for HIV/AIDS
- Ensure consistency of the national HIV/AIDS strategic plan

The Council will review and approve annual work programs, authorize project funding and ensure effective implementation of the national strategy. Practical implementation remains the function of stakeholders. The Chairperson of NACC will convene board meetings, at least twice a year, to review annual progress reports, approve consolidated annual work programs and budgets and receive 6 monthly technical and financial progress reports. These will thereafter be reported to the Oversight Committee. The Chairman has authority to make urgent decisions on behalf of the Council when the situation merits.

3.1.3. The NACC Secretariat.

The project coordination will be the responsibility of the Secretariat of NACC under the direction of the Chief Executive Officer (the Director of NACC). The Secretariat (See *Annex-5*) will assume responsibilities for coordination of implementation, financial management, and monitoring & evaluation. Joint reviews will be organized with the partners (major funders and implementers) every six months. At the reviews, the Secretariat will report on progress and submit work programs as approved by the Council. In addition, a Technical Committee will be created, comprising the technical managers from the Secretariat and five independent expert members (one of whom serves as Chairman). The deputy director, technical services will serve as the secretary of the Technical Committee. Under leadership of the Director, the secretariat team will be responsible for:

- Establishment of a Technical Committee to review submitted proposals;
- Consolidation of relevant activities such as training, IEC, procurement and printing of IEC materials
- Review and consolidation of annual work programs and budgets;
- Organization of 6-monthly Joint Reviews for all major stakeholders to report on program and project achievements,
- Support to line ministries with the conduct of impact assessments and with elaboration of sectoral work programs and budgets.
- Inclusion of budget in MTEF and annual printed estimates.

The Secretariat is accountable to the Council and will ensure efficient actions and timely responses for project implementation. The Secretariat will constitute a Technical Committee as specified above to assist NACC to prepare its work programmes and ensure timely review of project proposals and work plans for funding.

3.1.4. Provincial AIDS Control Committee (PACC).

This committee is the arm of NACC at provincial (regional) level (see *Annex-5*). Its main responsibilities include:

- Coordination of the implementation of HIV/AIDS activities
- Supervision, monitoring and evaluation
- Mainstreaming of HIV/AIDS activities
- Review of proposals within prescribed guidelines.

A NACC Provincial coordinator (DASCO) will report to the Director NACC and will facilitate the PACC. PACC will establish a Technical Committee (Ad hoc) to assist in review and approval of proposals (annual work plans). The Committee will meet monthly.

3.1.5. District AIDS Control Committee (DACC).

This arm of the NACC will facilitate and coordinate implementation of the project at district level and report to the Secretariat through PACC (see *Annex-5*). An officer of NACC, the District AIDS

coordinator will serve as the Secretary to the committee. Specific responsibilities at district level, which parallel those at provincial level are:

- Interpretation of policies and strategies to institutions
- Monitoring and Coordination of implementation of project activities
- Collection of information, documentation and dissemination
- Proposal review with assistance of a technical group
- Bring together multi-sectoral activities of ACUs in the district
- Prioritization of district needs
- Compilation of district workplans and budgets.

The committee will meet monthly.

3.1.6. Constituency AIDS Control Committee (CACC).

CACCs were initiated by unanimous agreement of Members of Parliament to advocate policy and to be the agents of change at the grass-roots level. They will focus on developing community centered activities and responses to HIV/AIDS and facilitate integration of activities of development partners at constituency level. The committee will be responsible for the social mobilization in favour of an intensified response to the epidemic. CACCs will work closely with DACCs to plan for priority interventions and prepare costed workplans at the community level. They will also have oversight of the activities of the CBOs at the community level. CACCs will be expected to encourage the formation of CBOs. CACCs are not implementers. CACCs will not constitute themselves into CBOs since they remain part of the NACC system (see *Annex-5*). The role of CACCs at constituency level will be to:

- Provide leadership in program planning and coordination
- Compile workplans and budgets
- Document and initiate community responses for scaling up
- Document all actors and activities by NGOs, CBOs and others
- Mobilize communities to play an active role in the fight against AIDS
- Development and design community based programmes to care and support AIDS widows and orphans
- Disseminate information on existing projects and available resources for HIV/AIDS
- Ensure committees of elders are constituted to discuss cultural influences on the spread of HIV
- Operate as change agents within their respective communities.
- Review of proposals and workplans

The Public Health Officer (PHO) will serve as the secretary to the committee and will be accountable to the District Coordinator. CACCs will meet at least monthly.

3.1.7. HIV/AIDS Community Initiative Account

To support this process, the Secretariat of the National AIDS Control Council will be responsible for setting up and managing the Account. The Financial management, monitoring and evaluation functions will be contracted out as defined in the Financial Management Section. The Secretariat will monitor the execution of the contract and where necessary hire external auditors to review performance of the contracted agency. The Account will provide a procurement advisor to work closely with the procurement officer of NACC (refer to procurement details elsewhere).

3.1.8. Line Ministries and AIDS Control Units (ACUs)

To stem the increasing wave of HIV/AIDS infection in the public service, the GoK has decided to intervene by forming an AIDS Control Unit (ACUs) in each line ministry. The Permanent Secretary (PS) of each of the implementing ministries will ensure that HIV/AIDS prevention and mitigating activities are integrated into the ministry programs through these units. The PS will also assume an accounting role and will also review Annual Work Plans and budgets, as elaborated by the ACUs. He/she will ensure that use of project resources is applied to the intended purpose. As a member of the Board of

NACC, the PS will be involved in the approval of overall project work programme of NACC, and also that of the ACUs.

ACUs are placed at a high level in ministries. They are headed by a Director (rank of Deputy Secretary) and with a staff of three senior officers. At provincial levels, they will function through existing Ministry officers. The ACUs will be the key resources at national level within the ministries, available to the Permanent Secretaries in each ministry to ensure that HIV/AIDS is mainstreamed into sector activities. In addition to their responsibility to the Permanent Secretaries, the ACUs will work closely with the NACC to ensure policy is understood, activities are coordinated and resources are mobilized according to the Strategic Plan. The modalities for full incorporation of the HIV/AIDS Strategic Plan into the regular budget process have yet to be fully defined and articulated. The ACUs will play a crucial role, particularly in the first year of the Strategic Plan as the linkages between MTEF and HIV/AIDS are developed. Eventually ministries will make financial contribution to the work of ACUs. Already ministries have been authorized to open budget lines for that purpose. Equally important is the need for the ACUs to build meaningful operating relationships with the counterparts at the provincial and district levels. The Government, through ACUs, will play a leadership role in policy direction, institutional development, resource mobilization and advocacy.

The ACUs will be required to set up effective Management Information Systems that will assist in tracking the developments of HIV/AIDS infection and related diseases in the public service. Line ministry ACUs will meet quarterly to share good practices.

The functions of the ACUs will be to:

- Make proposals for enhancing policies of the National AIDS Control Council
- Coordinate implementation of the inter-sectoral commitments on AIDS reduction within the Ministry
- Ensure implementation of HIV/AIDS policy measures in the Ministries/Departments as well as creating awareness and undertaking inter-sectoral advocacy of HIV/AIDS issues
- Monitoring, analysis and reporting of developments in the fight against AIDS in the Ministries/departments
- Develop operational objectives and prepare Actions Plans for the fight against HIV/AIDS in the public service
- Initiate operational research on HIV/AIDS in the Ministries/Departments
- Promote cultural and behavioral change among Ministries/departmental staff
- Develop and adopt guidelines for the use of allocation resources for HIV/AIDS activities
- Develop a database of information to monitor the effects of AIDS programmes in the Ministries/department
- Liaise with NACC and other ACUs in the other Ministries/departments
- Promote outreach programmes within the sector

3.2. Participation Arrangements

This section describes the process of establishing effective participation with the various implementing, monitoring and funding agencies.

Over the next two years, HIV/AIDS issues and implementation programs will be integrated into policies and plans for each implementing government sector and coordinated with related activities of the private sector, and civil society groups. Through its associated structures, NACC will promote collaboration among implementing agencies, both government and private sector to ensure participation by men and women from diverse communities and at all levels of society. Such collaboration will help to build a common understanding, enhance excellence, reduce duplication of efforts and resources, enable those infected and affected by HIV/AIDS to improve their quality of life and reinforce commitment to the total national response to the epidemic.

Using the NACC system, CACCs will facilitate the provision of technical support to private sector and civic society, at community level, including capacity building for service delivery by NGOs, CBOs, religious organizations and civil society

NACC will support the scaling up of successful interventions at the community level. NACC will facilitate the private sector to carry out training for peer educators and counselors and to put in place networking systems within the private sector organizations. The goal of these activities will be to ensure NACC's coordinating role with all implementing partners and other entities at national, district and constituency levels. The emphasis on coordination is to ensure that all development assistance for HIV/AIDS prevention and care is consistent with National policies and plans.

3.2.1. The Government

The government will take lead in mobilizing communities, public and private sectors in the fight against HIV/AIDS. As the technical arm of government NACC will assume overall responsibility for effectiveness of the project.

NACC: Through its decentralized system, it will provide technical advice, coordination and monitoring. The council will provide guidelines and formats for proposal development. Committees for the review process and time guidelines will be issued. NACC will also offer technical assistance for proposal development as deemed necessary. Procedures and approval threshold levels are detailed in *Figure-2* and the forthcoming operations manual.

Line Ministries: ACUs will be the focal points for activities within the public service from headquarters up to divisional levels. ACUs will collate work programs from ministries for approval before funding.

Civil Society: the private sector, NGO/CBO through the formal and informal sectors will interact with the government through proposals submitted for funding through the NACC system. While supporting smaller organizations is the priority, larger and national NGOs will also be stimulated to make proposals especially in support of smaller organizations.

Monitoring and reporting. NACC will consolidate work programmes and budgets as submitted by its decentralized system. These will provide the basis for biannual and annual reviews by the different oversight bodies. Implementers will be required to submit narrative monthly reports, including quantification of project achievements. Approved firms will conduct financial and technical audits as specified in the procedures. Financial and technical monitoring will be combined to facilitate reporting and implementation.

3.2.2. Private sector/NGO/CBO participation

NGOs/CBOs and the Civil society in general have been key players in provision Health Services in Kenya as evidenced by the fact that they provide up to 40% of health services in the country. They have been actively involved in the fight against HIV/AIDS since the onset of the epidemic, indeed the sector actively took the HIV/AIDS message to communities long before the Government actively discussed AIDS publicly. This is further underscored by the creation of the Kenya NGOs Consortium (KANCO), an umbrella organization for CBOs and NGOs working on HIV/AIDS-related issues.

Religious organizations have also been actively involved in HIV/AIDS especially in propagating messages towards preventive behavior. Although the issue of condoms and the introduction of Family Life Education in schools have proven controversial, religious institutions and other groups have a common interest in the well being of Kenyans. It is therefore possible to build sound and effective programmes around the common issue of preventive behavior, even without consensus on issues of condoms and Family life Education. Further more the Civil society especially CBOs and Religious organization operate largely at the community level and are therefore most effective in terms of outreach and ability to work with local communities.

Social mobilization activities targeting opinion leaders at community levels (women and youth groups, church, self-help and other community groups) and aiming at tackling socio-economic and socio-cultural determinants of risk behavior among the high-risk groups would be handled more efficiently by the sector. At the community level, the groups will, nevertheless, need to be capacity built along with participatory processes that can empower communities and promote ownership. This requires more than just holding training workshops for community leaders, as such workshops tend to reach the same cliques who are beneficiaries of patronage in the system.

NGO/CBOs will be capacity building to give them skills for promotion of participation. It will require promotion of specific participatory processes that bring communities together in open forum for free and open dialog which is more effective than workshops, often, held at facilities away from villages thereby limiting attendance while increasing costs. A number of participatory methodologies exist whereby communities are facilitated to undertake analysis of their own problems, causes of the same and possible action with emphasis on actions they can take themselves, this is critical for HIV/AIDS. Some of the commonly used participatory processes in Kenya include:

- Participatory Evaluation Process (PEP)
- Participatory Rural Appraisal (PRA)
- Participatory Community Development and Leadership Skills (PACODELS/DELTA)
- Community Organization (CO) and more recently
- Appreciative Inquiry (AI)

See the operational manual for the Community Initiative Account for categories of CBO/NGOs in Kenya together with *Figures 1* and *2*, which indicate how funding arrangements, approval process, and reporting arrangements are linked to the NACC system.

3.2.3. Corporate bodies

It is increasingly apparent that the epidemic has an adverse effect not only on the economy, but also in very direct terms on their technical capacities due to loss of trained manpower. A number of companies have taken the initiative to inform their staff on behavior change. There is potential for greater involvement of the corporate sector especially in the areas of staff training and information. A small part of the resources will be used to support these bodies through the same proposal process, but at least a 60% contribution will be expected.

3.2.4. Participation arrangement with donors and Funding Partners

Donors and development partners have provided various types of resources to ensure the HIV/AIDS epidemic is comprehensively addressed in Kenya and its sponsors (UNAIDS, UNICEF, UNFPA, USAID, DFID, EC, WB, UNDP, UNESCO & WHO) have the mandate to provide a primary source of policy and technical guidance to NACC through its HIV/AIDS Consultative Group which meets quarterly and is chaired by the Chairman, NACC. The Kenya Technical Working Group made up of all stakeholder technical officers and chaired by the Director, NACC. Their principal tasks include coordination and joint action analysis and exchange of ideas, capacity building, advocacy, resource mobilization, and information dissemination of best practices. International development partners such as United Kingdoms Department of International Development (DFID) has provided NACC with financial resources (\$15m) for technical and managerial assistance and the strengthening of coordination capacity in the national programme.

USAID through their implementation agent – FHI supports prevention and control of activities implemented by NACC, NGOs and CBOs. The Belgium Government support STD prevention in selected districts such as Kisumu, Kajiado, and Nakuru. The Japanese International Cooperation agency supports Biomedical research in Kenya through KEMRI. Canadian International Development Agency (CIDA) and IDRC supports the University of Nairobi in research.

Donors have supported a country specified response to the HIV/AIDS pandemic, in collaboration with the government. Their main aim has been to build upon areas where they have comparative advantage such as advocacy, policy formulation, community mobilization, health specific sectors and private sector mobilization.

Similarly, the new World Bank funded project will follow the same participation arrangements as the other projects described above. Being relatively large, it is expected to become a particular focus of the coordination arrangements.

3.3 Financial Management

This section describes the financial management mechanisms based on the understanding that:

- All the project funds will initially be budgeted for under the Office of the President-National AIDS Control Council (OP-NACC). The OP-NACC will transfer funds to implementing line Ministries through issuance of Authorities to Incur Expenditure (AIEs).
- Funds for HIV/AIDS Community Activities will be managed and disbursed by a private Financial Management Agent (FMA) under contract with the NACC.
- NACC, PACCs, DACCs and CACCs will be responsible for coordinating activities including review and approval of workplans, but will not be involved in the implementation.
- Of the US\$ 50 Million credit 21% will be for coordinating activities carried out by NACC, PACCs and CACCs, 19% for implementing ministries and 60% (US\$ 30 Million) for HIV/AIDS projects implemented by the civil society, private sector and communities.

The section is presented under the following headings:

- Operation of a Special Bank Account
- Operation of NACC-Designated Project Bank Account (Delegated Authority from OP)
- Flow of Funds to Ministries, NACC Operating and HIV/AIDS Community Activities Bank Accounts
- Accounting for Funds Released to NACC for Coordinating activities
- Accounting for Funds Released to Implementing Ministries
- Accounting for Funds Released to the NACC HIV/AIDS Community Activities Account
- Project Level Budgetary Control and Monitoring
- Auditing Arrangements.

3.3.1 Operation of a Special Bank Account

Disbursement of project funds will flow from the IDA Credit account to a special bank account in a commercial bank on the basis of Project Management Reports (PMRs). Government of Kenya, through the Central Bank of Kenya (CBK), will operate the account under instructions from the Treasury, which is responsible for ensuring that all loans to the Government of Kenya are properly accounted for.

The initial deposit amount will be based on the estimated project budget and cash forecast for the first six months. Subsequent replenishments of the special account will be based on quarterly PMRs, and project budget and cash forecast, for the following quarter. PMRs will broadly comprise of :

- i. Physical progress report
- ii. Procurement progress report
- iii. Financial report.

The PMRs will be subjected to review by the World Bank Task team members for their relevant areas of specialization. If the PMRs are acceptable, and the project budget and cash forecast for the following quarter are satisfactory, credit proceeds will be used to replenish the special account for the value of the cash projections and cash needs.

The flow of funds, statements of expenditure, request for funds, progress reports and workplans and budgets are depicted in *Figure-2*.

3.3.2 NACC Designated Project Bank Account (Authority Delegated by OP)

(Agreement was reached that the OP will delegate functions described in this section to NACC)

The OP will raise an exchequer requisition for the transfer of funds from the special bank account to the NACC-designated project bank account. The initial request will be based on the approved project workplan and budget for the following quarter. Within 7 days of receipt of the exchequer requisition, the Treasury will issue instructions to the CBK to transfer funds to the NACC- Designated project bank

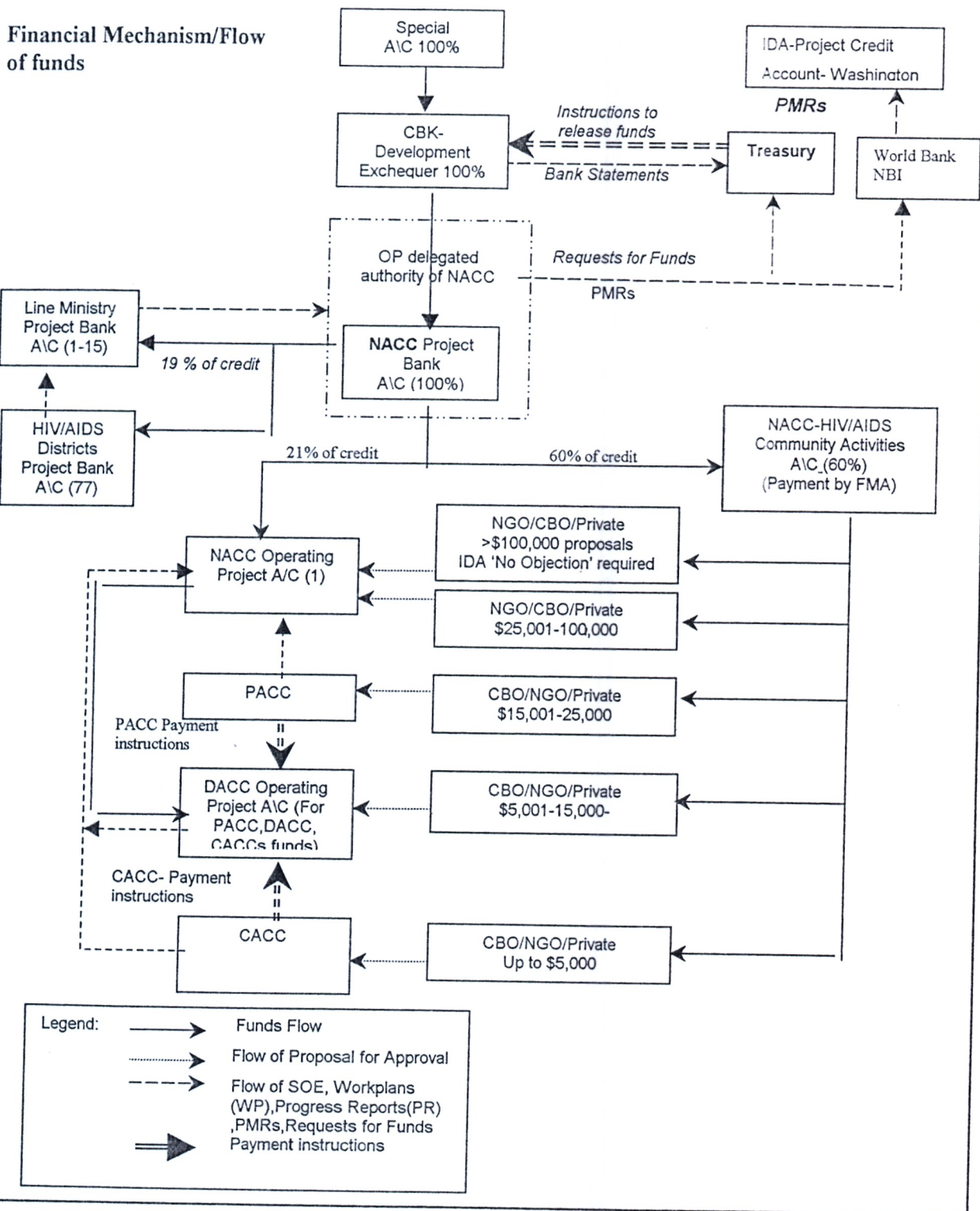
account directly in a selected commercial bank.

The CBK will transfer funds from the special bank account through the Development Exchequer to the NACC-Designated project bank account within 2 days of receipt of Treasury instructions.

On a quarterly basis (within 45 days of end of the quarter) the OP will submit to the World Bank Nairobi, with a copy to the Treasury, a withdrawal application supported by budget and cash forecast, for the next quarter. This will be accompanied by PMRs which will include consolidated Statements of Expenditure (SOEs analyzed by activities and categories of expenditure per the Development Credit Agreement), Technical Progress report and Procurement status report. The World Bank will review the PMRs and projections, and if properly completed, replenish the special account.

Periodically OP-NACC will issue a requisition to the Treasury to transfer funds from the Special Account to NACC-Designated Project Account. The Treasury will issue a Payment Authority (PA) to the CBK to effect the funds transfer.

Financial Mechanism/Flow of funds



3.3.3. Flow of Funds

(to Ministries, NACC Operating Account and HIV/AIDS Community Activities Account)

Funds from the NACC-designated project bank account will flow to:

- Project bank accounts for ministries and their Units in districts.
- NACC operating project bank account for coordinating activities implemented by NACC, PACCs, DACCs. And CACCs.
- HIV/AIDS Community Activities project bank account.

An initial advance equivalent to the approved budget for the first quarter will be released to the respective project bank accounts. Subsequent replenishments of the accounts will be made after the respective bodies have submitted to the OP-NACC certified physical progress reports and Statements of Expenditure (for the previous quarter), analyzed by Project Components/Activities and DCA Categories of Expenditure. The funds will be released on the basis of the following quarter's approved budget and cash flow projection.

3.3.4. Accounting for Funds Released to NACC for Coordinating Activities

The NACC operating project bank account will be credited with funds for coordinating activities undertaken by NACC, PACC, DACC and CACCs. DACCs will operate project bank accounts in commercial banks and make payments to or on behalf of the PACC and CACCs in the district. The initial flow to the DACC project bank account will be an advance equivalent to the approved budget for the first quarter for the PACC, DACC and CACCs in the district.

NACC will document appropriate accounting and reporting procedures to be observed at the Coordinating Units and provide training to the relevant staff. The Finance Officer at the DACC will be responsible for maintaining separate accounting for the PACC, DACC and each CACC in the District. He will ensure that the accounting records at the DACC secretariat clearly analyze data by each Unit, and payment vouchers together with supporting documents for each Unit are filed separately.

The PACC and CACCs will maintain memorandum cashbooks and register of payment vouchers to track payments made either to them or on their behalf by the DACC. Periodically they will reconcile their memorandum records with records maintained at the DACC.

NACC will replenish the DACC account after the receipt of Statements of Expenditure and physical progress reports, certified by the Finance Officer and the:

- DASCO, for DACC expenditure
- PACC, for the PACC expenditure
- CACC, for the CACC.

Payment vouchers and supporting documents for expenditure incurred by the co-ordinating Units be will kept under safe custody at the DACC secretariat.

3.3.5. Accounting for Funds Released to Implementing Ministries

The implementing line ministries will operate project bank accounts in accordance to the Treasury Circular 3 of 2000. The circular permits the operation of project bank accounts by districts and ministries if their approved annual project budgets exceed Kshs1 million (approx. US\$ 13,000).

However, rather than have a bank account for each ministry at the district and province level, one HIV/AIDS-District project bank account will be operated in each district. This will save both on administration costs and bank charges. The cheque signatories for the account will include 2 representatives of the Ministries' ACUs, who should also be members of the DACC, and the District Accountant. Each Ministry-ACU will maintain a memorandum cashbook to monitor payments made to it or on its behalf from the Joint Account. The main project cashbook will be maintained by the District

Accountant and will be analyzed by Ministry, both on the receipts and payments side, to facilitate separate accounting for each Ministry.

Ministries will issue a requisition for funds to the OP-NACC clearly showing requirements for the Ministry and each of the Provinces and Districts. The OP-NACC will issue AIEs and transfer funds directly to the Ministries' project accounts and the HIV/AIDS District project accounts. They will prepare expenditure reports (SOEs and cash movement and balances) and ensure they are reviewed and certified by the District Accountant and AIE holder. These together with progress reports certified by the AIE holder will be forwarded to the respective Ministry Headquarters. The bank reconciliation and statement for the HIV/AIDS District project bank account will be forwarded to the OP-NACC on a quarterly basis.

The Ministries will consolidate the SOEs, analyze them by implementing Units and forward them to the OP.

AIEs will be issued and project bank accounts replenished only after the implementing Units have accounted for the previous period's disbursements. The replenishments will be based on the following quarter's approved budget and projected cash needs.

3.3.6. Accounting for Funds Released to the Community Initiative Account

Funds for implementing activities other than those conducted by line ministries will be released through the NACC HIV/AIDS Community Initiative account. NACC will contract out the financial management of the fund to a reputable Financial Management Agent(FMA) which will be responsible for releasing funds to the implementers and ensuring they are properly and fully accounted for. Procedures for the appointment of the agency and management of the funds are provided in *Annex 14*. NACC will have the ultimate responsibility for approval of all workplans and budgets for activities to be funded through the HIV/AIDS Community Initiative Account. However, detailed review and approval will be delegated to Units at the lower levels as shown on the table below:

Approval of Workplans and Budgets for National, Regional, Local and Private Initiatives

Initiative	Category	Proposal Value In US \$	Detailed Review and Approval By	To be approved within
1. Local Initiatives	1.1	Up-to 5,000	CACC	2 weeks
	1.2	From 5,001 to 15,000	DACC	2 weeks
	1.3	From 15,001 to 25,000	PACC	3 weeks
	1.4	From 25,001 to 100,000	NACC	4 weeks
	1.5	Above 100,000	NACC in consultation with the World Bank	4 weeks
2. National, Regional, Research and Private Sector Initiatives	2.1	Up-to 100,000	NACC	4 weeks
	2.2	Above 100,000	NACC in consultation with the World Bank	4 weeks

The threshold of proposals for both local and national initiatives to be funded through the NACC/IDA-HIV/AIDS Community Initiative Account is US\$200,000.

All levels of the NACC system will have Technical Committees to review proposals from implementers based on the budget threshold levels. Approaches/comments must be given within the number of weeks provided above, failure to which the NGO/CBO/private sector entity can forward their proposal either to the next higher level or to NACC directly. NACC Secretariat (Technical Committee), as the body responsible for authority to release funds, will work closely with the FMA to ensure that after satisfactory accounting for previous grants and approval, funds are released within 7 days.

An initial advance based on the approved work plans and budgets for the first quarter will be released by the FMA directly to the bank accounts of the implementing entities. Subsequent releases will be made quarterly on the basis of the approved work plans, and budget and cash need projections, and after the entity has accounted for previous quarter's release.

Financial and physical progress reports, in agreed formats that will be included in the funding agreements, will be forwarded both to the FMA and NACC. The implementing NGOs/CBO/Private sector institutions will be categorized into 2 for accounting purpose:

Category 1 will report directly to the FMA and will consist of those.

- presenting financial proposals in excess of US \$15,000 that are reviewed and approved by PACCs or NACC
- presenting financial proposals of up to US\$ 15,000 that are reviewed and approved by DACCs or CACCs, but whose financial management capability is confirmed adequate.

Category 2 will report through an intermediary NGO and will consist of those presenting financial proposals of up to US\$ 15,000 and whose financial management capacity is considered inadequate.

The FMA will transfer funds directly to the implementing entities and notify the Intermediary NGOs. The Intermediary NGO will be responsible for reviewing, certifying and forwarding to the FMA, the financial reports of the CBOs under them. They will also be responsible for enhancing the financial management capacities of these CBOs.

3.3.7. Project Level Budgetary Control and Monitoring

To facilitate monitoring of expenditure against budget at the project level, budgets and expenditure reports for coordinating and implementing units will be captured in NACC's accounting and reporting system. The NACC accounting system will be based on a package recently implemented for the STI Project, which has a strong data analysis and reporting capability. Currently the project is running on a single user version that will be upgraded to a multi-user version as the volume of transactions increase.

NACC will prepare comprehensive financial management procedures including guidelines for implementing Units to ensure data is properly captured and analyzed. It is expected that project financial transactions from the FMA and ministries will be electronically transferred to NACC's accounting system to avoid duplicate processing of data. Once transactions are entered into the system, NACC should be able to generate required PMRs and other internal financial management reports showing actual versus budget and variance, analyzed by project components, activities, expenditure categories and implementing/ coordinating units over required time periods.

3.3.8. Auditing Arrangements

NACC will prepare consolidated annual project accounts using the SOEs submitted by the various implementers. The detailed audit review and voucher verification will take place at various points:

- For funds released to NACC for co-ordination, the voucher verifications will be conducted at the DACC secretariat for DACC, PACC and CACC expenditure, and at the NACC for NACC expenditures.
- For funds released to Ministries and their ACUs in the Districts and provinces, voucher verification will be done at the District, for District and Province expenditure, and headquarters for Ministry expenditure.
- For funds released through the HIV/AIDS Community Activities account:
 - an external audit report will be required from those NGO/CBO/private sector institutions receiving more than US\$ 20,000
 - the FMA will audit, either directly or by sub-contracting an audit firm, a sample of those NGO/CBO/Private sector institutions receiving up to US \$ 20,000
 - the audit of NACC will be extended to cover disbursements made by the FMA.

It should be clearly stated in the funding agreement that the FMA and the NACC technical review committee will have access to the financial management records of the beneficiaries for periodical reviews/audits.

Annual project audits will be performed by private auditors approved by the Controller and Auditor General. The Audit reports should be submitted to IDA within six months of the end of the financial year.

4. Monitoring and Evaluation

Monitoring and evaluation results will be used as important benchmarks to indicate whether or not the project targets have been achieved. The results of such monitoring and evaluation will guide adjustments and modifications during the project life besides giving data and information for on lessons worthy of consideration for future projects. The Logical Frame will form the basis of designing and administering the monitoring and evaluation tool. The guiding document containing targets to be achieved is Government's HIV/AIDS Strategic for the period 2000 – 2003. Research Monitoring and Evaluation will include:

4.1 Essential Databases

To ensure proper coordination in carrying out community based projects so that duplication and confusion at the community level is avoided; NACC will establish a proper system of developing and maintaining data bases including (a) Community and projects data base, (b) NGO/CBOs data base.

4.2 Field Visits

Monthly and quarterly visits by NACC system using well developed objectives and checklists will be carried out at all levels of operation, first to motivate field supervisors and operatives and secondly to guide them on any missing links and weaknesses.

4.3 Monthly/Quarterly Reporting

- The Ministry of Health collects monthly HIV/AIDS prevalence data from 22 sentinel surveillance sites (13 urban and 9 rural). It is analyzed and compiled to assess trends in HIV/AIDS infection and impact. The Disaster Response Project will have access to this data and will use it for strengthening the project.
- HIV/AIDS surveillance data through the activities of partners such as Strengthening STD/HIV/AIDS Control Project, University of Nairobi/University of Manitoba will be complementary to above. This is collected from five sites in Kenya namely Nairobi (3), Mumias/Butere, Nzoia, Webuye and Busia. The data is generated to assess impact of STD/HIV/AIDS control on the general population using antenatal and family planning clinics as a representative sample of the general population. The input of intervention include education, counseling, provision of male condoms and prompt STI management of CSW and clients in the selected sites.
- NACC system will collect quarterly reports from all implementers who will have been provided with standard checklists specific to various project components.
- Semi and annual reports will be compiled using the same system and format in described in above.
- NACC will conduct surveys and evaluation activities to measure the level of achievement or lack of it and the reasons for any of the findings.

4.4 Operational Research

- Annual behavioral surveys including condoms' use attitudes and HIV/AIDS risk perception will be carried out. Comparison will be made to show what has changed where, how and why. The findings will be used to up scale the project further.
- The HIV/AIDS Disaster project will access the quarterly sexual behavior data from the Kenya Demographic Health Surveys and use this for reprogramming where indicated.
- MTCT feasibility study will be carried out to provide the minimum package required to implement standard MTCT activities at national-level.
- Cost effectiveness of community care versus institutional will be studied and useful finding integrated in the programme.

4.5 Management and Finance

Quarterly Financial Management reports showing actual expenditure versus budget and variances analyzed by:

- project components and activities
- categories of expenditure

Quarterly Financial reports on Grants paid to NGO/CBO/private sectors analyzed by district.

The reports will be done both at the project level and by categories of implementing units (e.g. line Ministries, NGO/CBO, etc)

Quarterly statistical reports on:

- Number of payments made out of HIV/AIDS Community Initiative Account
- Number of proposals approved but unpaid
- Period 1:1 requests and funding released to various beneficiaries

The reports will be used by NACC management in financial decision making. Reports on HIV/AIDS funds will be prepared by the HIV/AIDS Community Initiative Account Management and intermediary NGOs from line Ministries will be submitted by the respective ministries. Report formats will be included in the financial management procedures Manual for NACC.

5. Implementation Plan

5.1. NACC Implementation Plan

Annex-2 presents implementation plan for NACC which includes.

- (a) An output from Microsoft-Project software highlighting program activities for NACC, their estimated implementation duration, time period, and activity predecessors. ;
- (b) List of Consultancies/Technical Assistance required (amounts are shown in *Annex-7*) and the relevant Terms-of-Reference;
- (c) List of various training (allocations shown in *Annex-7*),
- (d) List of studies/surveys/assessments (allocations shown in *Annex-7*, added to technical assistance);

5.2. Line Ministries' plan

Annex-4 presents summary plans from the line ministries. However, all engaged ministries will develop detailed time-bound implementation annual plans with cost details by the project effectiveness.

6. Project cost

6.1. Total Project Cost

Following table presents the overall (GOK + IDA) project cost summary. Details are presented in *Annex-8 (issued separately)*.

Project Components	Cost (US\$)
1. Improvement and expansion of Government Multi-Sectoral Interventions	4.1m
2. Improvement and expansion of the capacity in the delivery of Prevention, Care and Support Services by NGOs/CBOs/Pvt. Sector.	30.0m
3. Establishment of HIV/AIDS program management institutions and enhancing implementation capacity of all participating agencies.	10.7m
Total baseline cost	44.8m
Physical contingencies	1.5m
Price contingencies	1.7m
Total Project Cost	48.0m

6.2. Procurement management

The procurement plan for the first year of the project has been prepared based on the initial needs of the: (a) work programs submitted by the line Ministries, (b) the NACC setup and (c) local initiatives under community based sub-projects. Costs for the subsequent years are only indicative at the time of project appraisal. It is not possible at this stage to determine the exact mix of goods and services to be procured under the overall project. This is due to the reasons that only summary aggregate data for the different participating line ministries are available, and that 60 percent of the project funds are allocated to local initiatives under community-based sub-projects. The procurement plan for the first year will be prepared based on the initial needs of the NACC and the work-programs submitted by the concerned ministries. Costs for the subsequent years were only indicative at the time of project appraisal. The exact mix of procurement will be determined on an annual basis during annual joint reviews between NACC, IDA, and the other partners, where a draft procurement plan for the following financial year will be presented and agreed upon.

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Project Implementation Plan (PIP). The plan will include relevant information on goods, works, and consulting services under the project as well as the timing of each milestone in the procurement process. The procurement schedule will be updated every quarter and reviewed by IDA during each supervision mission.

Civil works:

No large civil works are scheduled for the project. The design does provide for flexibility under Part C of the project, for CBO/NGOs to undertake small works within the context of their work-programs, though the budgets for the grants must be approved prior to disbursements and the number of such works would be quite limited, as described below.

Contracts for small works estimated to cost less than US\$20,000 equivalent per contract, up to an aggregate amount of US\$500,000 equivalent, may be procured under lump-sum, fixed-price contracts awarded on the basis of quotations obtained from three qualified domestic contractors invited in writing to bid. The invitation shall include a detailed description of the works, including basic specifications, the required completion date, a basic form of agreement acceptable to IDA, and relevant drawings where applicable. The awards will be made to the contractors who offer the lowest price quotation for the required work, provided they demonstrate they have the experience and resources to complete the contract successfully.

Contracts for small works estimated to cost more than US\$20,000 equivalent per contract are ineligible for financing under the project.

IDA will finance goods, civil works (under community initiatives), consultancy, training, and other local activities necessary to implement the Project. Procurement for all IDA financed activities will be carried out in accordance with the Bank's *Guidelines for Procurement under IBRD Loans and IDA Credits* (January 1995 and revised in January and August 1996, September 1997, and January 1999), in particular, Section 3.15 Community Participation in Procurement. Consulting services by firms or individuals financed by IDA will be awarded in accordance with the Bank's *Guidelines: Selection and Employment of Consultants by World Bank Borrowers* (January 1997, revised in September 1997 and January 1999).

Procurement performance (including sub-projects procurement activities) will be assessed on an annual basis (in the form of procurement/physical audits by an external agency. In addition to the formal annual audits, ad-hoc procurement reviews will be conducted periodically.

6.2.1. Institutional Arrangement.

The overall coordination of the program implementation will be done by NACC, with each Line Ministry and CBO/NGO responsible for implementation of their relevant work programs. All procurement activities for Part A, and Part B will be handled centrally by NACC. With respect to Part C, NACC will be involved where grouping of different procurement activities are resulting in large value procurement actions. In order to kick start the procurement activities under the program, the NACC will be hiring a Procurement Adviser (PA) to provide support in the initial procurement activities of the Project including: (a) hiring of the Financial management consulting Firm, and (b) preparation of the simplified procurement procedures manual for the Community based programs.

As a part of the Financial management Firm's contract a Procurement Specialist (PS) will be hired for the first year of the Project operations for coordination and support of the Project related procurement activities including contract management. The PS will provide on-going procurement and contract management training to the NACC designated staff, who will take over the procurement activities at the end of the first year of operations. Furthermore, in order to build capacity at the local level, where necessary, the PS will provide procurement training workshops at the local level. It should be noted that since 60% of the Project Funds (US\$30 Million) will be channeled to Communities for local initiatives, it is not expected that the NACC would be involved in extensive procurement activities with large value contracts, and the bulk of the major procurements should be completed during the first year of the Project activities.

As a part of the capacity building process, NACC requested that IDA would provide annual procurement workshops for in-house staff as well as the concerned parties at the district level. This can be achieved through the annual procurement supervision missions, where the Procurement Specialist can conduct these workshops without extra burden on the supervision budget. The costs of the workshops arrangements will be covered from the Project.

6.2.2. Procurement Capacity Assessment

An assessment of procurement capacity of the NACC, has been carried out, and a report has been prepared. The report indicates relatively high risks at the NACC. In consideration of the fact that NACC is a newly established Parastatal, there is limited capacity and experience in procurement related activities. The current capacity of the NACC without outside support (i.e. hiring of the PA/PS) is likely to be inadequate to handle the procurement activities workload under the Project. During the appraisal, a recommendation was made to appoint a Procurement Adviser to handle the initial key procurement activities (including the Financial management Firm), and thereafter as a part of the Financial management Firm's contract, a procurement specialist should be hired for the first year of project operations to handle and coordinate the on-going procurement and contract management support within NACC. This individual will train the in-house NACC staff to take over the procurement activities of the Project from the end of the first year onward. The rationale for this recommendation, as communicated to the NACC, is as follows:

- Considering the relatively low number of procurement actions that will be carried out centrally, hiring of a Procurement Agent will not be a cost effective method, and since the selection would have to be through a competitive process, it would take too long to have the Agents on board.
- There is an urgent need to start the procurement process for hiring of the Financial management Firm since this will be a pre-condition for disbursement. Hiring of a Procurement Adviser can be done relatively in a short time. This individual can provide all the necessary support in the procurement process including finalization of the TOR, preparation of RFP, evaluation of proposals, negotiations, and award.
- Hiring of the Procurement Specialist through the Financial management Firm contract will simplify the contract administration process for NACC, and since there is a direct relationship between the procurement process, contract management, and disbursement, the coordination and communication between the relevant parties will be simplified. Additionally in case of problems the Firm will have the facility to provide back-up support where necessary.
- Since the volume of the Project procurement activities may not require a full time position, the Specialist will provide support in capacity building for both NACC in-house staff, and local levels, through provision and conduct of procurement workshops in different regions.

A review of the Country Procurement Assessment report (CPAR) prepared in 1997 shows that the risks for *the procurement at the local level* are considered to be high, and the capacity in the procurement at the local level is generally weak. However, the value of procurement actions that will be carried out at the local levels under the Project are relatively small, and the types of works, goods, and services will be very limited. They will mostly deal with minor civil works (repairs), small service contracts, or small procurement of goods and supplies of mainly the recurrent nature through shopping. Furthermore, through the conduct of the NACC Procurement workshops, the local capacity will be enhanced over the Project implementation period.

As a part of the capacity building process, NACC has also requested that IDA would provide annual procurement workshops for in-house staff as well as the concerned parties at the district level. This can be achieved through the annual procurement supervision missions, where the Procurement Specialist can conduct these workshops without extra burden on the supervision budget. The costs of the workshops arrangements will be covered from the Project.

All large equipment and goods with a value above US\$ 50,000 per contract will be procured by the center through pooling requests from the districts. Under the proposed credit, a cumulative threshold per quarter per district will be agreed on an annual basis.

6.2.3. Procurement Methods

Procurement of goods, works, and consulting assignments:

Procurement of goods and works for all IDA-financed components will be carried out in accordance with the Bank's *Guidelines for Procurement under IBRD Loans and IDA Credits* (January 1995 and revised in January and August 1996, September 1997, and January 1999). Consulting services by firms or individuals financed by IDA will be awarded in accordance with the Bank's *Guidelines: Selection and Employment of Consultants by World Bank Borrowers* (January 1997, revised in September 1997 and January 1999).

Given the urgency of the program, a General Procurement Notice (GPN) for the first year of operations will be placed in the local newspapers as well as in United Nations Development Business (UNBD on-line publication). Detailed annual GPNs for the subsequent years will be prepared for the project and published in United Nations Development Business. The subsequent GPNs will describe all outstanding ICB for goods contracts, as well as consulting assignments. Specific Procurement Notices (SPN) and Expressions of Interest (EOI) will be prepared for the individual procurement actions where necessary. The Borrower will prepare a procurement plan for the first year of project operations to be included in

Goods:

The total cost of goods is estimated at US\$10.7 million for the project as detailed below. These exclude any goods that might be procured in small quantities through work-programs under Part C of the project.

Emergency requirements:

Given the urgency of the project, and to facilitate speedy procurement of items required urgently for institutional strengthening, specific contracts will be handled in the following manner:

To be procured centrally by NACC:

- Computers and accessories, office and power equipment: US\$1.5 million—to be sourced from the United Nations Agency (IAPSO);
- Vehicles: US\$300,000—to be sourced from IAPSO and/or National Shopping procedures (preferably from “bonded warehouses” on a competitive basis);
- Furniture for NACC and Regional Coordinating Offices: US\$100,000—to be sourced from local manufacturers/suppliers by National Shopping procedures.

To be procured by various constituencies:

- Furniture by National Shopping for contracts not exceeding US\$3,000 equivalent per contract subject to an aggregate of \$200,000 for all the 210 constituencies. Contracts under this category exceeding US\$3,000 equivalent per contract are not permissible.

All Shopping procedures will follow the IDA Procurement Guidelines (Para. 3.5 and 3.6) and the June 9, 2000 Memorandum “Guidance on Shopping” issued by the Bank; procurement from the United Nations Agencies (i.e., IAPSO) will follow para. 3.9 of the Procurement Guidelines. All contracts under the above-stated “Emergency Requirements” must be concluded within 12 months of the Credit Effectiveness date. The list of these items and their estimated value should be agreed upon with IDA as per the approved Procurement Plan. The procurement and timely distribution of the goods will be the responsibility of NACC.

Other goods:

Procurement of drugs, pharmaceutical items/medical equipment, and condoms will be ineligible under this project due to the fact that the Kenya D.A.R.E project will be financing these types of procurement activities.

Goods that are estimated to cost more than US\$100,000 equivalent per contract will be subject to prior review and will be procured through ICB procedures. Procurement will be bulked where feasible into packages valued at US\$100,000 equivalent or more.

Goods estimated to cost less than US\$100,000 equivalent per contract, up to an aggregate amount of US\$3 million equivalent, will be procured through National Competitive Bidding (NCB) procedures. The draft standard bidding document for NCB will be submitted by NACC to IDA for prior review. The approved bidding document will form the basis of all NCB procurements under this project.

Goods that are estimated to cost less than US\$30,000 equivalent per contract, up to an aggregate of US\$500,000 equivalent, may be procured through National Shopping procedures (for goods available locally) and/or through International Shopping procedures (for those goods not available on the national market), in accordance with Bank Guidelines, and/or through the United Nations Agencies (i.e., IAPSO). The procedures followed and total aggregate amount for shopping method will be reviewed after six months of project operations, and depending on performance and the results of the review, the total aggregate amount may be adjusted downward where necessary.

Standard request forms and establishment of guidelines for conduct of the shopping method (as per the June 9, 2000 Memorandum "Guidance on Shopping") should be prepared and included in the Project Implementation Plan (PIP).

Grants to community-based sub-projects:

The Project will support a community-based prepayment scheme for HIV/AIDS Community Initiative Account-related activities. The total cost for this activity (Part C) is US\$30 million equivalent. The HIV/AIDS Community Initiative Account will finance small-scale, community-based HIV/AIDS-related activities, including minor repairs or works, purchase of drugs and supplies in small quantities (in emergency cases), care and maintenance for AIDS patients and orphans, AIDS-prevention promotion, and other interventions at the community level.

Work-programs under Part C will depend on applications received from communities, NGOs, and private organizations against a positive list of activities. It is not possible to determine the exact mix of goods, small works, and services to be procured under these activities due to their demand-driven nature. Funding for these activities will be in the form of grants. Therefore, the types of activities to be financed under these activities and their procurement details will depend on the needs identified by communities.

In accordance with the established guidelines (as part of the Project Implementation Plan), large works contracts and vehicles are ineligible for financing under Part C. The Africa Guidelines for Simplified Procurement and Disbursement for Community-Based Investments will be used in the design of procurement under this aspect of the project. The Office of the President through NACC will be responsible for ensuring compliance with these guidelines, and ex-post reviews of random sub-projects will be conducted periodically by the Bank, and independent firms/consultants appointed by NACC.

Simplified procurement and disbursement procedures for community-based programs including the positive list of activities qualifying under Part C will be developed by NACC, for approval by IDA.

Services:

The total cost of consultant services is estimated at US\$6 million equivalent for the entire project, excluding any services to be procured under Part C of the project, as detailed in the above paragraph. Except as detailed below, consulting services will be selected through competition among qualified short-listed firms (selected through advertisement of Expression of Interests) based on *Quality and Cost Based Selection (QCBS)* whereby the quality of the technical proposals are given highest scores and the evaluation of the technical proposals are carried out before opening the financial proposals (Section II, para. 2.1-2.28 of the Consultant Guidelines).

The consultancy services required would be mostly in the areas of AIDS research, AIDS education, trainers, community development specialists, public relations firms (information campaign), financial management, monitoring and evaluation, audit, and accounting. The exact mix (types of consultancy, budgets, procurement methods) will be discussed and agreed annually during joint reviews.

Consultants for financial audits estimated to cost less than US\$50,000 equivalent per contract, up to an aggregate of US\$250,000 equivalent, will be selected through the *Least Cost Selection* method (para. 3.1 and 3.6 of the Consultant Guidelines).

Consultants for services meeting the requirements of Section V of the Consultant Guidelines will be selected under the provisions for the *Selection of Individual Consultants* method (Section V, para. 5.1-5.3 of the Consultant Guidelines). Individual Consultants (IC) will be selected through comparison of job description requirements against the qualifications of those expressing interest in the assignment or those approached directly. For both firms and individual contracts, *single-source selection* may be used only on an exceptional basis, with prior agreement by IDA, in accordance with the provision of para. 3.8 through 3.11 of the consultants. All terms of reference for consultancy services are subject to prior agreements with IDA.

For services procured at the district level (Community-Based Activities—Part C) under approved work-programs, contracts for services under US\$5,000 equivalent per contract, and an aggregate amount per NGO/Consultant not to exceed US\$50,000 equivalent, will not be subject to prior review by IDA of Terms of Reference for services, and may be awarded on a single-source basis based on the qualifications of the consultant.

To the extent possible, standard Terms of Reference will be prepared for the small consultancy contracts, and they will be submitted to IDA for no objection.

The service contracts for the research studies will be subject to IDA prior review and will be awarded based on a two-stage approval process. The initial review of the research proposals will be carried out by the AIDS Research Technical Committee (to be established). The award recommendations from the Technical Committee should receive the approval of the National Medical Research Review Board before IDA no objection can be issued.

To ensure that priority is given to the identification of suitable and qualified national consultants, short-lists for contracts estimated under US\$100,000 or equivalent may be comprised entirely of national consultants (in accordance with the provisions of paragraph 2.7 of the Consultant Guidelines), provided that a sufficient number of qualified individual or firms (at least three) are available at competitive costs. However, if foreign firms have expressed interest, they will not be excluded from consideration. The Standard Request for Proposal (RFP) as developed by the Bank will be used for requesting proposals, and for selection and appointment of consultants. Simplified contracts will be used for short-term assignments—simple missions of standard nature (i.e., those not exceeding six months) carried out by individual consultants or firms. The Government was briefed during negotiations about the special features of the new guidelines and the RFP, in particular with regard to advertisement, public bid opening, and evaluation criteria.

Training, workshops, and study tours

The total cost for this component is estimated at US\$2.1 million for the project. Training, workshops, and study tours will be carried out on the basis of approved annual programs that would identify the general framework of training activities for the year, including the nature of training/study tours/workshops, the number of trainees, and cost estimates. The training institutions for all workshops/training with costs exceeding US\$5,000 should be identified within the annual program, and where the training cost exceeds US\$20,000, the selection of the training institution should be based on a competitive process preferably using the quality-based method of selection. Overseas training is ineligible for financing under the project. Post-reviews will be conducted from time to time to review the selection of institutions/course contents/trainees and justifications thereof, and costs incurred.

Prior review

All ICB for goods will require prior review by IDA. The first three NCB contracts will require prior review by IDA. The first two contracts for goods procured against the "Emergency Requirements" will require prior review by IDA. Contracts with consulting firms costing the equivalent of US\$50,000 or more and contracts with individual consultants costing the equivalent of US\$30,000 or more will require prior review by IDA. All single-sourced selection of consultants valued at US\$5,000 equivalent and above will require prior review by IDA. These prior review requirements will not apply to Community-Based Operations under Part C, except as provided above.

Table A: Project Costs by Procurement Arrangements
(US\$ 52.4 million equivalent)

Expenditure Category	Procurement Method ¹				Total Cost
	ICB	NCB	Other ²	N.B.F.	
1. Works	0.00	0.00	0.00	0.00	0.00
	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
2. Goods (includes IEC)	3.90	3.00	2.30	1.50	10.70
	(3.90)	(3.00)	(2.30)	(0.00)	(9.2)
3. Services	0.00	0.00	7.70	0.90	8.60
	(0.00)	(0.00)	(7.70)	(0.00)	(7.70)
4. Community Based Grants	0.00	0.00	30.00	0.00	30.00
	(0.00)	(0.00)	(30.00)	(0.00)	(30.00)
4. Training	0.00	0.00	2.10	0.00	2.10
	(0.00)	(0.00)	(2.10)	(0.00)	(2.10)
5. Unallocated	0.00	0.00	1.00	0.00	1.00
	(0.00)	(0.00)	(1.00)	(0.00)	(1.00)
Total	3.90	3.00	43.10	2.40	52.40
	(3.90)	(3.00)	(43.10)	(0.00)	(50.00)

- 1/ Figures in parenthesis are the amounts to be financed by the IDA Credit. All costs include contingencies.
- 2/ Includes civil works and goods to be procured through national/local shopping, consulting services, community-based activities, services of contracted staff of the project management office, training, technical assistance services, and incremental operating costs related to (i) managing the project; and (ii) re-lending project funds to local government units.

Table B: Thresholds for Procurement Methods and Prior Review ¹

Expenditure Category	Contract Value Threshold (US\$ thousands)	Procurement Method	Contracts Subject to Prior Review (US\$ millions)
1. Works	<20	At least three Quotations from qualified contractors	All post-review
Small works through Work-programs			
2. Goods	>=100	ICB	All contracts
	<100	NCB	First three contracts, all other post-review
	<30	LS/IS/IAPSO	All post-review
3. Services			
<u>Firms</u>	>=100 and <100	QCBS/QCS/other (will be determined from annual plans)	>\$50,000 (for firms)
<u>Individuals</u>	<100	Individual	>\$30,000 (for individuals)
4. Training, Workshops, Study Tours	>=20	QBS/Other	Post-review, but annual plans to be reviewed by IDA

Total value of contracts subject to prior review:

US\$7.5 M

Overall Risk Assessment: High

Frequency of procurement supervision mission proposed: Once every six months. In addition, ad-hoc reviews/audits will be done by Country Office procurement specialist or other appointed consultants.

ANNEX-1

Project Logframe

-HIV/AIDS Disaster Response Project (KHADREP)

Hierarchy of Objectives	Key Performance Indicators	Monitoring & Evaluation (Means of Verification)	Critical Assumptions
Sector-related Country Assistance Strategy (CAS) Goal: To mitigate the social and economic impact of the HIV/AIDS epidemic in Kenya.	Long-Term Program Indicators: - By 2003, HIV prevalence will be reduced from 14 percent to 13 percent among young people (15-24 years). - By 2004, HIV/AIDS prevalence among adults (15-49 years) will remain below 14 percent.	Program Reports: - National HIV/AIDS surveillance reports, midterm review, and end of project evaluation. - National HIV/AIDS surveillance reports, midterm review, and end of project evaluation.	(From Goal to Mission) Social and cultural behavior change improves throughout the life of the project
Project Development Objective: To intensify the achievement of the multi-sectoral HIV/AIDS primary targets in the National HIV/AIDS Strategic Plan with the full participation of communities.	Outcome/Impact Indicators: - By 2003, the proportion of adults (15-49 years) possessing accurate knowledge of means of preventing HIV infection will increase. Baseline (KDHS, 1999): 90 percent Target (KDHS, 2003): 100 percent - By 2003, the median age of first sex among young women (15-24 years) will increase. Baseline (KDHS, 1999): 12 years Target (KDHS, 2003): 14 years - By 2004, HIV/AIDS curricula will be integrated and examinable in an increasing number of primary and secondary schools, and various post-graduate institutions. Baseline: less than 1 percent Target: 75 percent	Project Reports: - Kenya Demographic and Health Survey (KDHS) data - Kenya Demographic and Health Survey (KDHS) data - Reports from the Ministry of Education and other Ministries	(From Purpose to Goal) - Poverty reduction efforts continue throughout the life of the project. - Economic situation will improve during project life. - Intensified program of HIV/AIDS prevention, care and support will be socially and culturally acceptable at community level.

Output from each component:	Key Performance Indicators:	Project Reports:	(From Outputs to Objective):
1 The quality and accessibility of multi-sectoral HIV/AIDS educational curricula and IEC material improved	By 2004, the number of ministries/departments with a budget line item for HIV/AIDS-related programs will increase. Baseline One Target 22	Ministry financial and budget reports	Enabling environment for effective partnership between public, private and civil society sectors continues
2 AIDS program management institutions (NACC, PACC, DACC, CACC, and ACUs) established with enhanced coordinating capacity and accountability	- Disbursements will rise to 25 percent by the end of Year 1, 40 percent by the end of Year 2, 70 percent by the end of Year 3, and 100 percent by end of Year 4 of project implementation. - Number of program management institutions submitting acceptable accounting and expenditure reports will increase between Year 2 and Year 4 of project implementation.	- Disbursement expenditure returns by implementing agencies - Project audit report	Standard operating procedures on finances and procurement will be understood, accepted and applied by coordinating agencies.

3a. Capacity and funding in the delivery of prevention, care and support services by PLWHA, NGOs, CBOs, private sector, civil society, and research institutions expanded at the community level.	• Credit Disbursement Rate to finance local initiatives will increase to 10 percent, 30 percent, 65 percent and 100 percent by 1st, 2nd, 3rd and 4th year of project implementation, respectively. • Proportion of constituencies submitting at least three proposals to the Community Initiative Account will increase between Year 2 and 4 of project implementation. • Number of implementing organizations applying acceptable accounting and reporting systems will increase between Year 2 and Year 4 of project implementation. • Proportion of households receiving assistance in caring for chronically ill adults and/or orphans will increase by Year 4 of program implementation. Baseline: Less than 10 percent Target: 50 percent • The number of peer educators/counselors in the 210 constituencies will increase by 30 percent by the end of Year 1, 50 percent by the end of Year 2, 70 percent by the end of Year 3, and 90 percent by the end of Year 4 of project implementation. • The number of people participating in voluntary counseling and testing services for HIV/AIDS will increase by 30 percent by the end of Year 1; 50 percent by the end of Year 2; 60 percent by the end of Year 3; and 70 percent by the end of Year 4.	• NACC Annual Progress Report. • Annual reports submitted by NACC, PACCs, DACCs, and CACCs. • Project audit report • Independent assessment reports on the level of HIV/AIDS care and support services available in a representative sample of communities. • NACC/Ministry of Health reports • NACC/Ministry of Health reports	• Communities and institutions in each area are willing to actively participate and support the overall HIV/AIDS prevention, care and support program • HIV/AIDS Community Initiative Account established under the project will be operational under the present political environment • Governmental, civil society, and religious leaders will support program efforts
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3b Flexibility to pilot new HIV/AIDS technologies and services increased	By 2004, the number of feasibility studies conducted on the utilization of new HIV/AIDS technologies and services will increase.	- Independent assessment reports on the studies conducted. - Reports on PTCT pilot studies	
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-HIV/AIDS Disaster Response Project (KHADREP)

Projects Components & Activities:	Inputs (budget for each component):	Monitoring:	(From Components to Outputs):
1. The quality and accessibility of multi-sectoral HIV/AIDS educational curricula and IEC material improved. <i>Activities to include:</i> 1.1 Design, produce, disseminate and implement gender and culturally sensitive educational curricula and IEC materials. 1.2 Train and sensitize target groups on the use of HIV/AIDS educational curricula and IEC materials. 1.3 Provide education, care, and support to AIDS orphans and other children in difficult circumstances. 1.4 Implement HIV/AIDS prevention services, including IEC campaigns focusing on behavior modeling and condom promotion. 1.5 Expand condom distribution system. 1.6 Formulate/strengthen policies and interventions addressing anti-discriminatory and gender-specific issues, in addition to developing interventions for populations at increased risk of HIV infection.	US\$ 10.3 million	Monitoring: • Proportion of Ministry staff receiving AIDS training • Project progress reports • Annual Surveys & Audits	• Political commitment to address HIV/AIDS remains strong. • Legal mechanisms will be in place to protect vulnerable populations. • Basic logistical and physical facilities exist at all needed levels of coordination.

- 2 AIDS program management institutions (NACC, PACC, DACC, CACC, and ACUs) established with enhanced coordinating capacity and accountability

Activities to include:

- 2.1 Develop and disseminate guidelines for program management within NACC, PACCs, DACCs, CACCs, ACUs, and also for coordinating and linking with relevant organizations at all levels.
- 2.2 Create a mechanism within NACC for reviewing/approving work plans submitted by implementing organizations
- 2.3 Provide orientation and training for core staff of NACC and its related structures within three months of employment.
- 2.4 Develop, disseminate, and implement performance benchmarks and service standards for NACC and all implementing agencies of the national HIV/AIDS program.
- 2.5 Create a critical mass of HIV/AIDS master trainers (TOTs) in order to develop cascade training teams at all levels.
- 2.6 Strengthen program management, financial systems, accountability, planning, budgeting, and MIS at NACC and its related structures by the e

2.9 Formulate policy and programs which promote human rights and strengthen linkages between HIV/AIDS prevention, care and support services. 2.10 Coordinate mass media and other media campaigns focusing on enhanced HIV/AIDS-related knowledge, skills, attitudes, and behavior. 2.11 Prepare and submit quarterly budgets and quarterly progress monitoring reports for all HIV/AIDS interventions from community-level to the national-level.			
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3a. Capacity and funding in the delivery of prevention, care and support services by PLWHA, NGOs, CBOs, private sector, civil society, and research institutions expanded at the community level. <i>Activities to include:</i> 3a.1 CACCs to coordinate NGOs, CBOs, private sector organizations, and civil society organizations at community level. 3a.2 NGOs to increase capacity of the CBOs, private sector organizations and civil society organizations at all levels for planning, prioritizing, drawing work plans and budgets for HIV/AIDS prevention, care and support services 3a.3 CBOs, private sector, and civil society organizations to provide and deliver care and support services to those infected and affected by HIV/AIDS. 3a.4 Establish voluntary counseling and testing (VCT) centers 3a.5 Establish support groups for people living with HIV/AIDS (PLWHA). 3a.6 Support vulnerable populations, including orphans and widows. 3a.7 Support training activities for NGOs and CBOs. 3a.8 Support the development and implementation of small and micro enterprises for social support groups for those both infected and affected by HIV/AIDS.	US\$ 30.0 million	• Project progress reports • Annual Surveys & Audits	• Community based groups will initiate and/or expand programs for supporting vulnerable populations. • Basic health and social services will be available
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3b. Flexibility to pilot new HIV/AIDS technologies and services will increase. <i>Activities to include:</i> 3b.1 Research, review, develop and implement HIV/AIDS new technologies and services in selected sites within communities. 3b.2 Phased introduction of Parent to Child Transmission (PTCT) prevention services in communities.			
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ANNEX-2

DRAFT TERMS OF REFERENCES FOR NACC TECHNICAL ASSISTANCE FOR THE HIV/AIDS DISASTER RESPONSE PROJECT 2000-2004

2.1 Terms of Reference for the Financial Management Agency of the HIV/AIDS Community Initiative Account

A. Background

The Government of Kenya has obtained assistance from the International Development Agency (IDA) in financing the Kenya HIV/AIDS Disaster Response Project. The project contributes to the partnership against HIV/AIDS in Kenya by supporting the Government's program as articulated in the National HIV/AIDS Strategic Plan. The purpose of this program is to reduce the spread of HIV/AIDS, to mitigate the socio-economic impact of the disease, and to increase access to care and support for people infected or affected by the HIV/AIDS epidemic in Kenya. The National HIV/AIDS Strategic Plan is the reference for both the program and the project.

For the specific purpose of involving civil society organizations, the private sector and research institutions in the national response to the HIV/AIDS epidemic, and making financial resources under the project available to these organizations, the National AIDS Control Council (NACC) will establish an HIV/AIDS Community Initiative Account. Resources advanced by the NACC to this Account will be used for the financing of sub-projects to be proposed and implemented by civil society organizations after approval by the NACC Secretariat or its decentralized entities at provincial, district or constituency level (PACCs, DACCs and CACCs). Allocations of resources among the various organizations underline the strong priority that will be given to community driven local initiatives. Initiatives with a national or regional coverage, private sector activities and research will only receive modest support.

The HIV/AIDS Community Initiative Account will contribute to the improvement of the welfare of communities by increasing their access to financial and human resources to prevent further spread of HIV and to address the impact of the epidemic on individuals and households. The sub-projects will be identified, prepared, implemented, managed and maintained by beneficiary communities or organizations. The responsibility for operation and maintenance of the sub-projects will depend on the nature of the sub-project, but is likely to be that of the community and supporting Community Based Organizations, Non-Governmental Organizations and Religious Organizations.

The HIV/AIDS Community Initiative Account will respond to demands for sub-projects, which aim to address the prevention of HIV infection or the problems related to the impact of HIV/AIDS on those infected or affected. These may include:

- activities aimed at behavior modeling or behavior change. Examples include peer programs, formal and informal education programs for out-of-school children, condom promotion;
- social support to those affected by HIV/AIDS, including orphans. Assistance to orphans in the form of psychosocial support, school fees, school uniforms, health care, food, and shelter are among the anticipated activities;
- training programs for community volunteers and support to training for counselors and home based care-givers, procurement of supplies for home based care such as gloves and essential medical supplies;

- support to organizations of people who are HIV positive or affected by the epidemic, seed funding to start income generating activities, establish patient support centers.

The NACC is a newly established parastatal, mandated to lead, co-ordinate and monitor the national, multi-sectoral response to the HIV/AIDS epidemic. In view of the anticipated volume of sub-projects to be supported, the need for rapid disbursement of the funds, the limited experience of NACC administering sub-projects, and the need for the highest degree of transparency and accountability, the NACC, in consultation with the Office of the President, the Ministry of Finance, and the International Development Association, intends to seek local and international expertise to implement the financial management responsibilities of the HIV/AIDS Community Initiative Account. Proposals will be sought from a short-list of qualified local and international firms.

The successful bidder will set-up and manage the Financial Management Agency (FMA) for the HIV/AIDS Community Initiative Account. This agency will be responsible for the disbursement and accounting of funds made available to organizations implementing sub-projects. The FMA will also provide a procurement specialist for the first year of the project to work closely with the procurement officer of the NACC Secretariat.

The NACC Secretariat will monitor the execution of the contract with the successful bidder and the performance of the Financial Management Agency will be reviewed periodically and during the regular external audit of NACC.

Organizations implementing sub-projects will be grouped into two:

Category 1 will report directly to the Financial Management Agency and will consist of those

1. presenting financial proposal in excess of US \$15,000 that are reviewed and approved by PACCs or NACC
2. presenting financial proposals of up to US\$ 15,000 that are reviewed and approved by DACCs or CACCs, but whose financial management capability is confirmed adequate.

Category 2 will report through a facilitating NGO and will consist of those presenting financial proposals of up to US\$ 15,000 and whose financial management capacity is considered inadequate. The FMA will not deal directly with CBOs reporting through a facilitating NGO. It will be the responsibility of the facilitating NGO to manage and train them appropriately.

The NACC Secretariat and the decentralized entities of NACC will be responsible for the review and approval of proposals submitted by implementing organizations, according to the value of the proposal submitted and as reflected in the table below.

1. Develop appropriate financial procedures in line with the directions spelled out in the Operational Manual for the HIV/AIDS Community Initiative Account; implement and enforce an adequate control system; and provide training and support to NGOs.
2. Design and set up a computerized financial management system for the adequate capture, analysis, and reporting of financial information in an accurate and timely fashion for all the funds advanced to the Agency by NACC for which the FMA will have full responsibility. The system should be designed to be able to segregate all disbursements and accounts by implementing institution, by geographic location (province, district, constituency, location and village), by type of implementing institution, by categories of expenditure, and by area of interest (prevention, care and support, capacity building, other).
3. Review all disbursement requests submitted by implementing and facilitating organizations and ensure propriety and eligibility.
4. Open and maintain a local currency HIV/AIDS Community Initiative Account, complete monthly reconciliation reports, and prepare monthly and quarterly reports of disbursements and accounts.
5. Document accounting and reporting procedures for implementing and facilitating organizations.
6. Effect payments to appropriate implementing and facilitating organizations upon authorization by NACC (CACC, DACC, PACC) and verification of the availability of funds, according to the procedures outlined in the Operational Manual of the HIV/AIDS Community Initiative Account.
7. Ensure that all payment documentation is in order and in accordance with any special requirements of NACC or IDA.
8. Monitor utilization of payments made to implementing and facilitating organizations and monitor actual expenditures against budgets and disbursements.
9. Maintain up-to-date accounting records and ledgers and record all financial transactions pertaining to the HIV/AIDS Community Initiative Account.
10. Prepare appropriate applications for replenishment of the HIV/AIDS Community Initiative Account, to be submitted to NACC with quarterly financial reports of disbursements and accounts, and disbursement forecasts for the next quarter.
11. Facilitate any and all financial reviews of the funds and accounts under the authority of the Ministry of Finance, including periodic audits and financial reviews by the Auditor General, or independent accounting agencies as appointed by the Auditor General.
12. Ensure that a proper internal control system is in place to achieve accountability at all levels.
13. Review financial management capacity of implementing or facilitating organizations that have submitted approved proposals with a value in excess of US\$15,000. If deemed appropriate and necessary, provide training in financial management to these organizations.
14. Receive and examine financial reports from implementing and facilitating organizations.
15. Conduct periodic spot checks of implementing and facilitating organizations to ensure that adequate financial management controls are enforced.

Approval of Work-programs and Budgets for National, Regional, Local and Private Initiatives

Initiative	Cate-Gory	Proposal Value In US \$	Detailed Review and Approval By	To be approved within
1. Local Initiatives	1.1	Up-to 5,000	CACC	2 weeks
	1.2	From 5,001 to 15,000	DACC	2 weeks
	1.3	From 15,001 to 25,000	PACC	3 weeks
	1.4	From 25,001 to 100,000	NACC	4 weeks
	1.5	Above 100,000	NACC in consultation with the World Bank	4 weeks
2. National, Regional, Research and Private Sector Initiatives	2.1	Up-to 100,000	NACC	4 weeks
	2.2	Above 100,000	NACC in consultation with the World Bank	4 weeks

The threshold of proposals for both local and national initiatives to be funded through the HIV/AIDS Community Initiative Account is US\$200,000.

All costs associated with setting up and operating the Financial Management Agency will be defined by the bidders and should be included in the Financial Proposal. The bidders will have complete responsibility for identifying and hiring all local and international staff deemed necessary to fulfil the responsibilities of the FMA. The Agency will be managed by a qualified and experienced senior professional with experience in the design and implementation of an appropriate financial management and internal control system for projects of this nature. Additional staff of accountants and other professionals will be required as necessary to assist with disbursement, accounting, expenditure reviews, reporting, expenditure forecasts, internal control and sub-project issues. An illustrative list of professional for the FMA is presented in these ToRs, however the specific staffing arrangements for the Agency are at the discretion of the consultant firm bidding on these services.

The remaining pages outline in greater detail the Terms of Reference for the Financial Management Agency; required qualifications of mandatory and recommended staff, and the timing, duration, and duty post for the Agency's staff

B. Overall Responsibilities

The Financial Management Agency will support the National AIDS Control Council in all aspects of financial management, disbursement and accounting related to the operations of the HIV/AIDS Community Initiative Account. The Agency will be responsible for the following:

16. On a sample basis conduct financial audits of implementing organizations receiving up to US\$25,000, either directly or by subcontracting an audit firm. Ensure other implementing or facilitating organizations submit audited accounts as specified in the respective funding agreements.
17. During the first year of operations, provide technical assistance to NACC to process procurements of goods, works, and services, in accordance with World Bank guidelines.
18. Receive and review independent audit reports from those implementing organizations receiving more than \$25,000.
19. During the first year of operations, provide training in procurement for NACC staff.
20. During the first year of operations, elaborate simplified procurement guidelines for community based programs.
21. During the first year of operations, provide training for district based staff in procurement according to accepted, simplified procurement guidelines at that level.

C. Reporting Responsibilities

The Financial Agency will be an autonomous body that provides services for, and reports to, the National AIDS Control Council. The Agency will ensure that all financial management functions required to operationalize the HIV/AIDS Community Initiative Account are carried out in accordance with international standards and according to the guidelines described in the Operational Manual for the HIV/AIDS Community Initiative Account. The Manager of the Agency will report to the Director of the NACC Secretariat for all the funds advanced by NACC to the HIV/AIDS Community Initiative Account.

The Agency will be responsible for the following reports:

1. Monthly disbursement reports, number of proposals reviewed, value of proposals reviewed and remaining balance.
2. Quarterly consolidated reports of disbursements and accounts, and disbursement forecasts for the next quarter.
3. Quarterly reports on number of proposals funded and total value of disbursements effected, by geographic location (province, district, constituency, location and village), by type of implementing institution (not-for-profit non-government organization, community based organization, religious organization, for profit organization, facilitating NGO, research institution), by categories of expenditure (goods, services, civil works, personnel emoluments, other recurrent expenditure), and by area of interest (prevention, care and support, capacity building, other).
4. Additional operational manuals, procedural guidelines and *ad hoc* reports as may be reasonably requested by NACC.
5. Performance against agreed upon performance criteria.

D. Resource Management Responsibilities

It is estimated that the Agency will have responsibility for overseeing the management of up to US\$30 million. Of this total, approximately US\$27.9 million will finance sub-projects at the local (village to district) level implemented by partner

organizations at that level. These activities will be financed through sub-project financing agreements ranging from US\$5,000 to US\$25,000 in value. The remaining US\$2.1 million will go toward the financing of proposals submitted by research institutions (US\$0.6 million), the corporate sector (US\$0.3 million), and to civil society organizations with a regional or national coverage (US\$1.2 million). The proposed review, approval and financial mechanisms for these sub-projects is discussed in detail in the *Operational Manual for the HIV/AIDS Community Initiative Account*.

E. Performance Criteria

The following performance criteria will be used to assess the performance of the Agency at regular intervals and based upon which the contract with the Agency can be continued or terminated:

1. timeliness of disbursement after reception of approved proposals and interim reports
2. timeliness and quality of assistance provided to implementing organizations
3. timeliness of audit report (i.e., sample audits of implementing organizations) submissions
4. number and content of issues arising in the annual audit or periodic review of the FMA
5. timeliness of submission of monthly and quarterly reports
6. the quality of monthly and quarterly reports

F. Key Staff

Key staff of the Agency will include:

1. a Financial Management Specialist as the Program Manager
2. an Accounting Manager
3. an Internal Control Officer
4. a Disbursement Officer
5. a Procurement Specialist (for the first year only)

ANNEX-3

Training and Workshops

2.2 TERMS OF REFERENCE FOR -END OF PROJECT- EVALUATION SPECIALISTS

Background

HIV/AIDS has become a national crisis with major socio-economic impacts. In response, the government has prepared a five year strategic plan whose implementation requires government, private sector and community participation. The HIV/AIDS Disaster Response Project is to support the National Aids Control Council (NACC), line ministries and the communities to respond to the disaster through prioritized work plans

Consultancy Objectives

To assist the National Aids Control Council in determining the impact of multi -sectored interventions in the prevention, control, care, support, management and coordination for the HIV/AIDS infected and affected people.

Expected Outcomes

The project will achieve: -

- a) Capacity building of NACC to coordinate, monitor and evaluate activities within the HIV National Strategic Plan;
- b) Community mobilization to implement beneficial activities for prevention, control, care, support, management and coordination of HIV/AIDS infected and affected people;
- c) high degree of efficiency and accountability;
- d) up - dated information on the HIV/AIDS situation in the country.
- e) identification of gaps in the HIV/AIDS Disaster interventions for appropriate response

Tasks of the Consultancy.

Based on the Technical Management Guidelines, the End of Project Evaluation Specialists will be expected to: -

- Develop and produce summative evaluation instruments for the impact evaluation of the four year project on HIV/AIDS Disaster Response interventions and activities up to the grass roots;
- Design the methodology and collect appropriate data and information in the field to determine the effectiveness of the HIV/AIDS prevention, control, care, support, coordination and management;
- Evaluate the effectiveness of the community, mobilization and development for positive behavior change in HIV/AIDS Risk perception;
- Determine the level of HIV/AIDS prevalence in the 15-25 year old group in Kenya
- Determine the level and impact of access to VCT and MTCT services at the community level.
- Determine the extent to which the project outputs and anticipated benefits were realized.
- Analyze the data, compile the report and make appropriate recommendations

Qualifications of the Project Evaluation Specialist.

The Evaluation Specialist(s) will be expected to have: -

- A University degree or equivalent in any of the following disciplines: -Research and Evaluation in Health/Social Sciences, preferably in Sociology, Anthropology, Community Health, Public Health especially in the area of Primary Health Care Services; Epidemiology; Health Economist; Counselling;
- a track record in the impact evaluation of community mobilization, development, counseling, education and organization activities.
- evidence of working with communities in Kenya
- Self drive to work without supervision in meeting set timelines

Invitation of Bidders

Applications will be invited through Local Competitive Bidding Process

2.3 TERMS OF REFERENCE FOR EXTERNAL AUDIT FIRM OF THE PROJECT FUNDS

Background

HIV/AIDS has become a national crisis with major socio-economic impacts. In response, the government has prepared a five year strategic plan whose implementation requires government, private sector and grass roots participation. The HIV/AIDS Disaster Response Project is to support the National Aids Control Council (NACC), line ministries and the communities to respond to the disaster through prioritized work plans

Consultancy Objectives

To assist the National Aids Control Council in giving the final account of the project funds disbursed to the line ministries (30%); NACC (10%) and to the Communities (60%) for the multi-sectoral interventions in the prevention, control, care, support, coordination and management for the HIV/AIDS infected and affected people.

Expected Outcomes

The project will achieve:-

- f) capacity building of NACC to coordinate, monitor and evaluate activities within the HIV National Strategic Plan;
- g) community mobilization to implement beneficial activities for prevention, control, care, support, coordination and management of HIV/AIDS infected and affected people;
- h) high degree of efficiency and accountability;
- i) up dated information on the HIV/AIDS situation in the country.

Tasks of the Consultancy.

Based on the Technical Management Guidelines, the External Auditor will be expected to:-

- a) examine and determine the level and the extent of compliance with the project management, financial and other technical guidelines in relation to the standard operating procedures of the Government of Kenya and the World Bank;
 - b) examine the project monitoring and progress reports in relation to the utilization of the project funds
 - c) examine the project financial records and final accounts;
 - d) prepare the final audit report, raise the necessary audit queries and make appropriate recommendations.
 - e) Furnish a written opinion and a report indicating the extent to which the financial statements and supporting information provide a true and fair view of the financial condition and performance of the project.
 - f) Submit a management letter on any improvements required in the financial systems and controls with regard to improved use of resources;
 - g) Send the Audit Report and the Annual Accounts to the Kenya Government and to the World Bank's Task Manager on or before.....
-

Qualifications of the External Audit Firm.

The External Audit Firm will be expected to have:-

- A Team of qualified and experienced Auditors as shown by the curriculum vitae and performance records over the last three years
- A formal legal status as a Finance Audit Firm within Kenya
- A track record of at least five years
- Evidence of credibility and integrity

Invitation of Bidders

Applications will be invited through Local Competitive Bidding Process.

2.4 TERMS OF REFERENCE FOR THE COMMUNITY DEVELOPMENT SPECIALISTS

Background

HIV/AIDS has become a national crisis with major socio-economic impacts. In response, the government has prepared a five year strategic plan whose implementation requires government, private sector and grass roots participation. The HIV/AIDS Disaster Response Project is to support the National Aids Control Council (NACC), line ministries and the communities to respond to the disaster through prioritized work plans

Consultancy Objectives

To assist the National Aids Control Council in preparing guidelines, strategies and conduct national level workshop for efficient and effective mobilization of multi-sectoral partners in the prevention, control, care, support, coordination and management for the HIV/AIDS infected and affected people.

Expected Outcomes

The project will achieve:-

- a) capacity building of NACC to coordinate, monitor and evaluate activities within the HIV National Strategic Plan;
- b) community mobilization to implement beneficial activities for prevention, control, care, support, coordination and management of HIV/AIDS infected and affected people;
- c) high degree of efficiency and accountability;
- d) up dated information on the HIV/AIDS situation in the country.

Tasks of the Consultancy.

Based on the Technical Management Guidelines, the Community Development Specialists will be expected to:-

- prepare guidelines for identifying potential community development specialists at all levels up to the grass roots;
- outline methodology and prepare training materials for skills development;
- conduct training workshops for training of trainers in community mobilization and development for positive behaviour change;
- prepare guidelines and instruments for monitoring and evaluation relating to community development activities.

Qualifications of the Community Development Specialists.

The Community Development Specialist(s) will be expected to have :-

- a University degree or equivalent in any of the following disciplines -
Sociology, Anthropology, Community Health, Public Health especially in the
area of Primary Health Care Services; Health Economist ,Counseling,
Psychology, Psychiatry
- a track record in community mobilization, development, counseling, education
and organization;
- evidence of working with communities in Kenya
- self drive to work without supervision in meeting set timelines.

Invitation of Bidders

Applications will be invited through Local Competitive Bidding Process.

2.5 TERMS OF REFERENCE FOR THE PROCUREMENT ADVISER

Background:

The Government of Kenya has applied for a Credit from International Development Association (IDA) toward the Kenya HIV/AIDS Disaster Response Project. The objective of the Project is to give urgent support to scale up and accelerate the implementation of the National Strategic Plan in the provision of HIV/AIDS prevention, care, and support services at all levels and in all sectors.

The Project will have three main components: (A) expanding the response to the HIV/AIDS epidemic in the public sector to include all line ministries; (B) program coordination and management; and (C) the HIV/AIDS Community Initiative Account, supporting local communities, CBOs and NGOs in responding to this epidemic. The implementation of the work programs will be the responsibility of the respective line ministry/regional bureaus and non governmental organizations in the case of direct assistance by the HIV/AIDS Community Initiative Account.

The Project implementation arrangements will include central coordination of the program activities by the National AIDS Control Council (NACC) in the office of the President. The NACC will be responsible for the overall coordination and monitoring of the program implementation process, and will be supported by a core team of professionals who will provide support in their respective areas.

Objective:

The Procurement Adviser will be responsible for conducting the urgent initial procurement activities of the Project including hiring of the Financial Management Agency, and preparation of the simplified procurement procedures manual for the community based programs.

Tasks:

- A. Prepare the Program's annual Procurement Plan for the first year of operations.
- B. Prepare the Simplified Procurement Procedures Manual for use in implementation of the activities funded under HIV/AIDS Community Initiative Account.
- C. Finalize the Terms of Reference for hiring of the Financial Management Agency for management of the HIV/AIDS Community Initiative Account and sub-project activities.
- D. Prepare the Expression of Interest for preparation of the shortlist, and follow-up on its advertisement in relevant publications.
- E. Evaluate the responses received from interested consultancy firms and prepare the short list.
- F. Prepare the Request for Proposal (RFP), and coordinate communications with IDA on obtaining the "no objection" for the shortlist and issuance of RFP.
- G. Follow-up with the short listed consultants within 10 days of RFP dispatch to ensure their participation in the procurement exercise.
- H. Coordinate the establishment of the evaluation committee and participate in evaluation of the proposals received.

- I. Prepare the technical and final evaluation reports and dispatch the documents to IDA for "no objections"
- J. Participate in negotiation process and prepare the draft contract for dispatch to IDA for no objection
- K. Finalize the contract document as per comments received from IDA.
- L. Conduct other urgent procurement activities as necessary including NCB hiring of a Public Relations Firm for the initial information campaign.

Reporting

The Procurement Adviser will report to Director, NACC, and will work closely with other relevant technical officers responsible for the Project activities.

Qualifications

The applicant shall have a Degree in one of the following: Accounting, Finance, Administration, and Engineering. Having a Masters Degree is an added advantage. He/she must have at least 7 years of working experience in executing procurement functions of which at least 5 years must be in Donor-funded projects and must be fully proficient in application of the World Bank Procurement procedures and Guidelines.

Consultancy Term

The Consultant is expected to work in the NACC offices in Nairobi, Kenya, and the Consultancy term will be for a period not exceeding 40 days.

2.6 TERMS OF REFERENCE FOR THE BASELINE SURVEY STUDY TEAM (8)

Background

HIV/AIDS has become a national crisis with major socio-economic impacts. In response, the government has prepared a five year strategic plan whose implementation requires government, private sector and grass roots participation. The HIV/AIDS Disaster Response Project is to support the National Aids Control Council (NACC), line ministries and the communities to respond to the disaster through prioritized work plans.

Consultancy Objectives

To assist the National Aids Control Council in preparing guidelines, strategies and in conducting national level training workshops for efficient and effective mobilization of services and goods in the local and in the international markets for use by the multi-sectoral partners in the prevention, control, care, support, coordination and management for the HIV/AIDS infected and affected people.

Expected Outcomes

The project will achieve:-

- a) capacity building of NACC to coordinate, monitor and evaluate activities within the HIV National Strategic Plan;
- b) community mobilization to implement beneficial activities for prevention, control, care, support, coordination and management of HIV/AIDS infected and affected people;
- c) high degree of efficiency and accountability;
- d) up dated information on the HIV/AIDS situation in the country.

Tasks of the Baseline Survey Team Consultancy.

Based on the Technical Management Guidelines, the Baseline Survey Team will be expected to:-

- collect and analyze baseline data and information on HIV/AIDS prevalence, control activities, care, support, coordination and management interventions for the HIV/AIDS infected and affected people among sample populations and 10-39 year old targets in the Districts, Constituencies and communities in Kenya;
- assess and report on existing institutional capacity within NACC, ACU's, PACCs; DACCs; CACC's, CBO's, NGO's Private Sector, Civil Society and other multi-sectoral partners to be involved in the HIV/AIDS Disaster Response ;
- assess the level, extent and impact of existing interventions on prevention, control, care, support, coordination and management services in HIV/AIDS;
- ascertain the existence, scope of gender / geographical coverage and impact of VCT, MTCT, care and support services for the HIV/AIDS infected and affected people, including quality and use of IEC materials;
- ascertain the existence and effectiveness of orphan support systems and package;
- Compile and submit to NACC the Baseline Survey Report on or before...

Qualifications of the Baseline Team of Consultants

The Baseline Survey Team should be composed of specialists with the following qualifications:-

- A University degree or equivalent in Epidemiology, Research and Evaluation in Health and Social Sciences, Education, Sociology, Demography, Anthropology, Community Health, Public Health, Economics, Finance, Management and Administration, Human Resource Planning and Management, Management Information Systems and Computer Science, Community Development
- Evidence of working with communities in Kenya
- Self-drive to work without supervision in meeting agreed timelines.

Invitation of Bidders

Applications will be invited through Local Competitive Bidding Process.

2.7 TERMS OF REFERENCE FOR RESOURCE PERSONS FOR MASTER TRAINERS.

Background

HIV/AIDS has become a national crisis with major socio-economic impacts. In response, the government has prepared a five year strategic plan whose implementation requires government, private sector and grass roots participation. The HIV/AIDS Disaster Response Project is to support the National Aids Control Council (NACC), line ministries and the communities to respond to the disaster through prioritized work plans

Consultancy Objectives

To assist the National Aids Control Council in preparing guidelines, strategies and in conducting national level training of Master Trainers workshops for building the capacity of the multi-sectoral partners involved in the prevention, control, care, support, coordination and management for the HIV/AIDS infected and affected people.

Expected Outcomes

The project will achieve :-

- a) capacity building of NACC to coordinate, monitor and evaluate activities within the HIV National Strategic Plan;
- b) community mobilization to implement beneficial activities for prevention, control, care, support, coordination and management of HIV/AIDS infected and affected people;
- c) high degree of efficiency and accountability;
- d) Up- dated information on the HIV/AIDS situation in the country.

Tasks of the Resource Persons for the Master Trainers Workshops

Based on the Technical Management Guidelines, the Resource Persons for the Master Trainers will be expected to:-

- determine the NACC capacity development needs
- identify specific capacity building requirements;
- define skills requirements for different levels
- propose capacity development structure;
- cost and programme capacity strengthening workshops;
- identify and compile appropriate training materials for targeted groups;
- conduct training of master trainers workshops for NACC, ACUs, PACCs, DACCs, CACCs, CBOs, NGOs, Private Sector and Civil Society;
- monitor and evaluate master trainers workshops;
- prepare and submit training reports and training materials used.

Qualifications of the Resource Persons For NACC Master Trainers Workshops.

The Resource Persons should be seasoned Facilitators and Trainer Specialists capable of imparting knowledge, skills and attitudes to meet the NACC training objectives outlined in ANNEX 9. Resource Persons should have:-

- a University degree or equivalent qualifications in Health Sciences, Social Sciences, Legal Studies, Behavioural Sciences, Education, Economics, Finance, Management, Planning, Information Sciences, Computer Studies, Epidemiology, Public Health Education, Drama, Theatre, Poetry, Participatory Leadership Training, Community Mobilization, Community Development, Counseling.
- Training of Trainers Certificate.
- A track record in Master Trainers Development in Participatory Planning and Management for Behaviour Change;
- Evidence of working with communities in Kenya.
- Self drive to work without supervision.

Invitation of Bidders.

Applications will be invited through *Local Competitive Bidding Process*

2.8 TERMS OF REFERENCE FOR MID-TERM ASSESSMENT TEAM.

Background

HIV/AIDS has become a national crisis with major socio-economic impacts. In response, the government has prepared a five year strategic plan whose implementation requires government, private sector and grass roots participation. The HIV/AIDS Disaster Response Project is to support the National Aids Control Council (NACC), line ministries and the communities to respond to the disaster through prioritized work plans

Consultancy Objectives

To assist the National Aids Control Council in assessing the progress of the multi-sectoral partners involved in the prevention, control, care, support, coordination and management for the HIV/AIDS infected and affected people.

Expected Outcomes

The project will achieve:-

- a) capacity building of NACC to coordinate, monitor and evaluate activities within the HIV National Strategic Plan;
- b) community mobilization to implement beneficial activities for prevention, control, care, support, coordination and management of HIV/AIDS infected and affected people;
- c) high degree of efficiency and accountability;
- d) Up- dated information on the HIV/AIDS situation in the country.

Tasks of the Mid-Term Assessment Specialists

Based on the Technical Management Guidelines, the Mid-Term Assessment Specialists will be expected to:-

- collect and analyze baseline data and information on HIV/AIDS prevalence, control activities, care, support, coordination and management interventions for the HIV/AIDS infected and affected people among sample populations and 10-39 year old targets in the Districts, Constituencies and communities in Kenya;
- assess and report on institutional capacity and performance within NACC, ACUs; PACCs; DACCs; CACCs, CBOs, NGOs Private Sector, Civil Society and other multi-sectoral partners that are involved in the HIV/AIDS Disaster Response;
- assess the level, extent and impact of the project related interventions on prevention, control, care, support, coordination and management services in HIV/AIDS;
- ascertain the extent, scope of gender / geographical coverage and impact of VCT, MTCT, care and support services for the HIV/AIDS infected and affected people, including quality, availability and use of IEC materials;
- ascertain the extent and effectiveness of orphan support systems and packages.
- Compile and submit to NACC the Mid-Term Assessment Report on or before.....

Qualifications of the Baseline Team of Consultants

The Mid-Term Assessment Team should be composed of specialists with the following qualifications -

- A University degree or equivalent in Epidemiology, Research and Evaluation in Health and Social Sciences, Education, Sociology, Demography, Anthropology, Community Health, Public Health, Economics, Finance, Management and Administration, Human Resource Planning and Management, Management Information Systems and Computer Science, Community Development
- Evidence of working with communities in Kenya
- Self drive to work without supervision in meeting agreed timelines

Invitation of Bidders

Applications will be invited through Local Competitive Bidding Process

2.9 TERMS OF REFERENCE FOR THE PLANNING AND MANAGEMENT INFORMATION SYSTEM SPECIALIST.

Background

HIV/AIDS has become a national crisis with major socio-economic impacts. In response, the government has prepared a five year strategic plan whose implementation requires government, private sector and grass roots participation. The HIV/AIDS Disaster Response Project is to support the National Aids Control Council (NACC), line ministries and the communities to respond to the disaster through prioritized work plans

Consultancy Objectives

To assist the National Aids Control Council in setting up an operational management information system (MIS) packages for tracking of the multi-sectoral partners involved in the prevention, control, care, support, coordination and management for the HIV/AIDS infected and affected people.

Expected Outcomes

The project will achieve:-

- a) capacity building of NACC to coordinate, monitor and evaluate activities within the HIV National Strategic Plan;
- b) community mobilization to implement beneficial activities for prevention, control, care, support, coordination and management of HIV/AIDS infected and affected people;
- c) high degree of efficiency and accountability;
- d) Up- dated information on the HIV/AIDS situation in the country.

Tasks of the Planning and Management Information Systems Specialists

Based on the Technical Management Guidelines, the Planning and Management Information Systems Specialists will be expected to:-

- Design and set up a management information system for LAN and WAN operations of NACC up to the community level
- Train the MIS staff and operators;
- Develop appropriate Software specifications and packages for the NACC MIS Data Base;
- Advise on Computerization of NACC systems and the Hardware acquisition;
- Advise on the decentralization of the MIS ;
- Design Planning tools for participatory involvement of multi-sectoral groups in the HIV/AIDS interventions
- Compile and submit to NACC to the Planning and MIS Consultancy Report on or before.....

Qualifications of the Baseline Team of Consultants

The Planning and Management Information Systems specialists should have the following qualifications:-

- A University degree or equivalent in Project Planning and Management, Management Information Systems and Computer Science;
- A track record and experience in setting up Public Health, Finance and Community Mobilization and Development MIS;

- Evidence of working with communities in Kenya
- Self drive to work without supervision in meeting agreed timelines.

Invitation of Bidders

Applications will be invited through Local Competitive Bidding Process.

2.10 TERMS OF REFERENCE FOR THE MANAGEMENT AND THE TECHNICAL GUIDELINES DEVELOPMENT FOR NACC OPERATIONS SPECIALIST.

Background

HIV/AIDS has become a national crisis with major socio-economic impacts. In response, the government has prepared a five year strategic plan whose implementation requires government, private sector and grass roots participation. The HIV/AIDS Disaster Response Project is to support the National Aids Control Council (NACC), line ministries and the communities to respond to the disaster through prioritized work plans

Consultancy Objectives

To assist the National Aids Control Council in setting up an operational management information system (MIS) package for tracking of the multi-sectoral partners involved in the prevention, control, care, support, coordination and management for the HIV/AIDS infected and affected people.

Expected Outcomes

The project will achieve:-

- a) capacity building of NACC to coordinate, monitor and evaluate activities within the HIV National Strategic Plan;
- b) community mobilization to implement beneficial activities for prevention, control, care, support, coordination and management of HIV/AIDS infected and affected people;
- c) high degree of efficiency and accountability;
- d) Up- dated information on the HIV/AIDS situation in the country.

Tasks of the Management and Technical Guidelines Development Specialists

The Technical Management Guidelines Development Specialists will be expected to:-

- Design Management and Technical Manuals to guide the preparation and production of projects, workplans, activities and budgets for the implementation of the HIV National Strategic Plan at the NACC up to the community level.
- Induct the staff and implementing agencies on the use of the Technical and the Management Guidelines;
- Develop appropriate Hardware and Software specifications and packages for updating the guidelines on a continuous basis through the NACC MIS Data Base;
- Advise on mechanisms for efficient and effective consultations, linkages, monitoring of progress and reporting between NACC, ACUs, PACCs, DACCs, CACCs, NGOs, CBOs, Private sector and civil society on HIV interventions ;
- Compile and submit to NACC the Technical and Management Guidelines on or before.....

Qualifications of the Technical Management Guidelines Development Consultants

The specialists should have the following qualifications:-

- A University degree or equivalent in Planning, Economics, Information Sciences, Computer and Systems Analysis, Epidemiology, Research and Evaluation in Health and Social Sciences, Education, Sociology, Demography, Anthropology, Community Health, Public Health, Economics, Finance, Management and Administration, Human Resource Planning and Management, Management Information Systems and Computer Science, Community Development.
- A track record and experience in Organizational Development, Team Building and Community Mobilization and Development.
- Evidence of working with communities in Kenya
- Self drive to work without supervision in meeting agreed timelines

Invitation of Bidders

Applications will be invited through Local Competitive Bidding Process.

2.11 TERMS OF REFERENCE FOR THE ADVISER/SPECIALISTS ON THE DEVELOPMENT/ESTABLISHMENT OF COMMUNITY BASED Voluntary Counseling and Testing PRIMARY HEALTH CARE SERVICES .

Background

HIV/AIDS has become a national crisis with major socio-economic impacts. In response, the government has prepared a five year strategic plan whose implementation requires government, private sector and grass roots participation. The HIV/AIDS Disaster Response Project is to support the National Aids Control Council (NACC), line ministries and the communities to respond to the disaster through prioritized work plans

Consultancy Objectives

To assist the National Aids Control Council in establishing voluntary counseling and testing (VCT) services in selected sites.

Expected Outcomes

The project will achieve:-

- a) capacity building of NACC to coordinate, monitor, and evaluate activities within the HIV National Strategic Plan;
- b) community mobilization to implement beneficial activities for prevention, control, care, support, coordination and management of HIV/AIDS infected and affected people;
- c) high degree of efficiency and accountability;
- d) Up- dated information on the HIV/AIDS situation in the country.

Tasks of the VCT Specialist

The VCT Specialist will be expected to:-

- Identify and review the best practice within the Voluntary Counseling and Testing (VCT) services so far set up in Kenya;
- Design additional VCT's packages based on walk in walk out principle;
- Develop community based guidelines for operating VCT services within the Primary Health Care networks;
- Design appropriate tools for rapid assessment of client needs;
- Conduct training for peer educators and counselors on participatory skills and techniques in giving counseling and testing services on a walk in walk out basis;
- Prepare guidelines for selection of sites for VCT's and instruments for continuous monitoring the effectiveness of VCT services.
- Compile and submit to NACC the VCT Technical and Management Guidelines on or before.....

Qualifications of the VCT consultant

The VCT specialists should have the following qualifications:-

- A University degree or equivalent in Community Health, Public Health, Community Development and Counseling;
- A track record and experience in Community Health, Mobilization, Counseling and Development;
- Evidence of working on HIV testing within communities in Kenya
- Self drive to work without supervision in meeting agreed timelines.

Invitation of Bidders

Applications will be invited through Local Competitive Bidding Process.

2.12. TERMS OF REFERENCE FOR THE SPECIALISTS ON THE DEVELOPMENT / ESTABLISHMENT OF COMMUNITY BASED PREVENTION OF PARENT TO CHILD HIV TRANSMISSION (PTCT) IN PRIMARY HEALTH CARE SERVICES.

Background

HIV/AIDS has become a national crisis with major socio-economic impacts. In response, the government has prepared a five year strategic plan whose implementation requires government, private sector and grass roots participation. The HIV/AIDS Disaster Response Project is to support the National Aids Control Council (NACC), line ministries and the communities to respond to the disaster through prioritized work plans

Consultancy Objectives

To assist the National Aids Control Council in establishing prevention of *Parent to Child HIV Transmission (PTCT)* services in selected sites.

Expected Outcomes

The project will achieve:-

- a) capacity building of NACC to coordinate, monitor, and evaluate activities within the HIV National Strategic Plan;
- b) community mobilization to implement beneficial activities for prevention, control, care, support, coordination, and management of HIV/AIDS infected and affected people;
- c) high degree of efficiency and accountability;
- d) Up- dated information on the HIV/AIDS situation in the country.

Tasks of the PTCT Specialists

The PTCT Specialists will be expected to:-

- Identify and review PTCT best practices in the three pilot districts in Kenya
- Design PTCT packages for additional sites in 20 Districts per year in Kenya and for all Districts in Kenya by the end of the Project
- Develop community based PTCT operational guidelines
- Conduct training for Peer Educators, Traditional Birth Attendants, Community Health Workers and Peer Parent Counselors for the PTCT;
- Prepare operational guidelines and instruments for continuous monitoring and evaluation of PTCT services at the community level.
- Compile and submit to NACC the PTCT Technical and Management Guidelines on or before.....

Qualifications of the PTCT Specialists

The specialists should have the following qualifications:-

- A University degree or equivalent in Gynaecology, Medical Virology, Community Health, Midwifery, Nutritionist on Baby Formula and Feeding, Paediatrics;
- A track record and experience in Parent To Child Health Services and Hygiene;
- Evidence of working with mothers and babies within communities in Kenya;
- Self drive to work without supervision in meeting agreed timelines

Invitation of Bidders

Applications will be invited through Local Competitive Bidding Process

Description of NACC Training Activities

No.	Training	Objective
1	Sensitization workshops	Create awareness and promote support for HIV/AIDS disaster response programme at all levels in the country
2.	Training workshops for multi disciplinary and multi-sectoral teams	Create awareness and promote multi-sectoral approaches in project development and implementation
3.	Institutional Management	Strengthen institutional management at all ACU levels
4.	Community Mobilization	Build community capacity and participation
5.	Development of IEC materials	Increase accessibility and use of information, education and communication (IEC) materials
6.	Training of Trainers	Create training capacity at all levels for both NACC & NGOs/CBOs
7.	Counseling HIV pre-post test support	Increase capacity for care, support and management of HIV/AIDS at all levels
8.	Skills in care, support, and networking	Increase capacity for quality and quantity of care for HIV/AIDS infected/affected families
9.	Training on work with vulnerable groups (PLWHAs & CSW/clients)	Create capacity for identification and support for vulnerable groups
10.	Project design implementation and management	Improve project preparation, and management for all implementers (financial, reporting etc)
11.	Monitoring and evaluation	Improve capacity for monitoring and evaluation at all levels

Training and workshops														
Training description	Target group	Training provided by	Total days per year	Average Cost/head/ day (\$)	No. of people per year				Total Cost Per Year					
					Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Total Cost	
Institutional management	NACC	NACC resource persons	2		25					-				
	PACC	same	2		30					-				
	DACC	same	2		30					-				
	CACC	same	2		40					-				
	ACU's													
Multisectoral disciplinary teams for multisectoral approach			2		50					-				
	PACC	NACC resource persons	2		60					-				
	DACC/NGOs		2		210					-				
	CACC/NGOs													
	NACC/NGO	NACC resource persons	2		25	25				-				
Sensitization workshops at all levels			8		60	60				-				
	PACC/NGO		10		150	200				-				
	DACC/NGOs		14		200	250				-				
	ACU's									-				
										-				
Community Mobilization	NGOs	NGOs &	300		100					-				
	CBOs	Resource persons								-				
	Committee									-				
Training of Trainers	PAC/NGOs	NACC resource persons	5		16	16				-				
	DACC/NGO		10		136	136				-				
	CACC/CBO		20		420	420				-				
	ACU's													
Counseling HIV pre- post test & support	PACC/NGO	NGO resource persons	6		16	16				-				

ANNEX-4

Sectoral Workplans

4.1 OFFICE OF THE PRESIDENT

Background Information

The office of the President is made up of 19 sections/departments with a total workforce of 82,000 employees. More than ¾ of these are deployed in the field – at Provincial, District, Divisional and Locational levels.

ACU Capacity

The estimated number of technical personnel to be assigned to the OP ACU is seven (7), namely:

Senior assistant directors-1

Assistant directors-3

Chief aids officers-3

Training Institutions

The Office of the President has three (3) training institutes namely

1. Baringo Development Institute with a total of 15 teachers and 100 students at any given time.
2. Embu Development Institute with a total of 30 teachers and 200 students at any given time.
3. Matuga Development Institute with a total of 35 teachers and 200 students at any given time.

Capacity Building

Training of Trainers

In the 1st year of the project 3,000 chiefs and assistant chiefs will be trained in 34 district. The training will be done through 2-day workshops in the training institutions mentioned above. The chiefs will in turn train the target populations within their locations. By target population here, it is meant the community. Therefore, it is expected that assistant chiefs will train eligible persons selected by their communities. These persons will in turn train the community through home visits or during small group discussions convened at the convenience of the communities. The chiefs and assistant chiefs will be required to hold regular (Barazas) public meetings in their locations/sub-locations to articulate the HIV/Aids prevention message to the public. The chiefs and assistant chiefs will however undertake to carry out their training work in accordance with the needs identified by the public/community in their locations/sub-locations.

The activities are expected to cost approximately US £200,000.

Prevention, Care and Support

IEC Campaigns Focusing on behaviour change and training of trainers will be carried out by ACU officers. The campaigns will take the form of slogan brochures and posters from NACC secretariat. These will be circulated at OP headquarters, Provincial, District, Divisional, Location and Sub-locational; levels. It is expected that these will reach the grassroots (village) level through assistant chiefs' efforts. It is also expected that theses will be available for training during the small group discussion mentioned earlier. Except for distribution costs, the IEC material will be provided by NACC.

IEC Campaigns Focusing on behaviour is expected to cost about US\$100,000 for 34 districts in the 1st year.

Care and Support

An ACU a desk will be available to refer OP staff to health, social and legal services.

Impact Assessment

ACU staff will monitor staff absenteeism, morbidity, mortality, and implications for recruitment and other staff welfare needs. This process will be done in close co-ordination with NACC, PACC, and DACC at respective levels. The target groups in this case will be OP Headquarters staff, Provincial staff and District staff

Policy procedures

The OP will take the lead in streamlining disbursement of the benefit to staff and dependants with respect to needs posed by HIV/AIDS. The OP ACU will put in place a programme aimed at bringing about gender equality within all O P levels. Materials will be produced to bring staff at all levels up-to date regarding gender issues

Component 1: Capacity Building

Specific Objectives	Main Activity	Sub Activity	Key Sector	Performance Indicator	Budget	Time Frame and Budget in US Dollars												Assumptions																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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To build capacity through training	Train DOS so as to train chiefs Introduce materials for DOS training	Hold a 5 day training of trainers seminar for DOS Hold district workshops	ACU staff and DOS	100 DOS trained by end of 1 st quarter of 1 st year	4,666																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								</

Component 2: Prevention, Care and Support

Specific Objectives	Main Activity	Sub Activity	Key Sector	Performance Indicator	Budget	Time Frame and Budget in US Dollars										Assumptions		
						2000	2001	2002										
To prevent HIV/Aids among OP staff at HQS and field offices	Launch IEC Campaigns focusing on behavioural change among 82,000 members of staff	Distribute IEC slogans, brochures, posters to be provided NACC	ACU staff chiefs, assistant chiefs, NACC	In the 1 st year IEC material reached at least 40% staff at all levels.	3,925													
		Develop condom distribution systems in OP offices, HQS and field	ACU staff and NACC	50% staff have access to condoms in 1 st year	3,925													
		Avoid focal point for linkages, referral to health, social, legal services	ACU staff	Focal point established in 1 st year	3,925													
				Sub-total	15,700													

Component 3: Policy and Planning

[illegible]

[illegible]

4.2 OFFICE OF THE VICE PRESIDENT AND MINISTRY OF HOME AFFAIRS, HERITAGE AND SPORTS

Background Information

The Ministry employs 18,260 personnel ranging from prison service men and women, Social Development Officers, Sports Officers, Cultural Officers, Probation Officers, Archivists, Children Officers, gaming Inspectors, Teachers, Administrative Officers Personnel Officers, Finance Officers, Accountants, Economists, Supplies Officers, Secretarial Personnel, Clerical Staff and Subordinate staff. The authorised Establishment for the Ministry is about 21,711. The current staff strength aforementioned represents 84% of the total establishment out of which 14,209 (65%) are uniformed personnel and 4,051 (24%) constitute, Civilian personnel both from the ministry Headquarters and departments.

The Ministry also has three parastatals namely; National Museums of Kenya, NGO Coordination Bureau and the Kenya National Library Services. The workforce capacity of the three parastatals stands out at 1,625, which represent 72% against an authorised establishment of 2,258.

The distribution per department is as follows:

STATION	AUTHORISED ESTABLISHMENT	IN-POST
Ministry Headquarters	358	315
Prisons Department staff	15,281	14,209
Prisons Department - Non uniformed staff	1,047	440
Vice President Press & Household	42	34
Social Services	1,578	1,148
Probation & After Care Services	630	584
Sports Department	677	464
Betting Control & Licensing Board	232	190
Culture Department	349	178
Children's Service Department	1,217	552
Kenya National Archives	300	146
	21,711	18,260

Parastatals	Authorised Est.	In-post
NGO Coordination Bureau	32	31
National Museums of Kenya	914	883
Kenya National Library Service	1312	711
	2,258	1,625

The total number of officers and other staff in the whole ministry including the parastatals is 19,885 (i.e. 18,260 + 1,625).

The distribution of these officers in the provinces and districts is as follows:

Department	Estimated	Estimated	Estimate	Other
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	Headquarters Staff	Provincial Staff	d District Staff	
Ministry Headquarters	315	-	-	-
Social Services	130	200	307	
Probation & After Care Services	22	27	536	
Sports	21	23	190	Nyayo Stadium - 33 MISC - 236
Culture	70	17	68	
Children's Services	44	67	511	Approved schools-311 Juvenile Remandu homes -135

This shows that the ministry has the potential to address the HIV/AIDS issues across the country. Aids poses a great threat to the efficiency of our Sportsmen and Sportswomen, Prisoners and Prison Staff, Probationers and Probation Staff and the whole clientele that the Social Sector is entrusted to serve. HIV/AIDS is not only a threat to our socio-economic development, it is a real threat to our very existence. Although death is not always from AIDS related ailments, already the ministry has lost many officers.

Estimated Number of Professional Staff to be assigned to the ACU

The AIDS Control Unit (ACU) will have three different cadres of professional staff namely

- One Senior Assistant Director
- Three Assistant Directors
- Three Chief Aids Control Officers.

The Officers will be expected to work with other professionals from all the relevant departments; i.e Sports, Children, Social Services, Planning, Prisons, Archives, National Museums, KNLS, NGO Bureau, Culture, Probation and administrators so as to ensure proper implementation of the projects/programmes.

Ministry's Training Institutions

The Ministry has a number of Training Institutions, which are specially designed to address the needs of a target population. There are already 10 rural Vocational Rehabilitation Centers, which are charged with the responsibility of imparting technical skills to make the PWD's self-reliant. These centers train in carpentry, tailoring and leather works for PWDs of 16-45 years of age. Apart from these VRC's there are other two special centers in Nairobi - i.e Kabete Orthopaedic Workshop which produces appliances like calipers and crutches and the Industrial Rehabilitation Center which provides training in telephone operation; printing and other courses for PWD's who have attained KACE grades. Over 150 artisans specialized in different skills serve these Institutions. The population of students has been dwindling due to inadequate resource allocations over the years. The other training institutions are the Approved schools. They are 12 in number in the country, with over 40 teachers, Instructors and Artisans. At any given time, the department is able to cater for about 7000 children. Other training institutions include the Prisons training college and the Kenyatta Educational Institute - Njoro. The prisons training college can have over 1,000 trainees at any given time. The Ministry therefore has diverse target groups through whom various HIV/AIDS messages would reach many people.

The allocated budget of US dollars 443,100 for the financial year 2000/2001 will therefore be used to promote Aids Awareness campaigns and train officers on HIV/AIDS related issues. The allocation summarily distributed as below: -

Activity	PRIORITY TARGET GROUP		Budget US\$000
	Internal Response	External Response	
Capacity Building			
1. Training of Trainers			
Senior Managers	Ministry officials	NASCOP, MOH, Community	5.6
Middle Managers	"	"	11.3
Subtotal of training Of Trainers			16.9
2. Training of target population	Ministry officials	NASCOP, MOH Community	28.2
Subtotal of Capacity Building	"	"	45.1
Prevention, Care and Support			
1. IEC Campaigns focussing on behaviour:	"	"	
▪ Campaigns within the Ministry at all levels	"	"	45.1
▪ Campaigns focusing on Children Youth, Women, Elderly			45.1
Subtotal I.E.C. Materials	"	"	90.2
2. Distribution of the IEC materials	"	"	84.6
3. Distribution of condoms within Ministry officers at all levels	"	"	111.7
4. Distribution of information regarding benefits to all staff	"	"	5.6
5. Availability of focal points within ACU to promote Linkages	"	"	22.6
Subtotal, prevention care and support and IEC	"	"	314.6

Planning and Policy			
1. Impact Assessment			
within the Ministry			3.6
within target population			5.5
Subtotal-impact Assessment			11.2
2. Policy and procedures			11.3
▪ Review of staff and Department Benefits			11.3
▪ Establish guidelines for disbursement of benefits			11.3
▪ Strengthening anti-discriminatory policies			11.3
▪ Review of gender specific			
Subtotal policies and programmes			45.2
Subtotal Policy and Procedures			56.4

Total investment costs - - 416.7

Recurrent Costs - - 27.1

Total Allocated	-	-	443.1
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4.3 MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY

Background Information

Beneficiaries of the HIV/AIDS project in the Ministry of Education, Science and Technology will include pre-primary, primary and secondary school pupils together with middle college students, teachers, lecturers and the education management staff at the National, provincial, district and zonal levels. Estimated numbers of the various target groups in education is as follows:

Target Group	Number of Pupils	Number of Teachers
Pre-School		
Age 0 – 6 ↓	1,063,883	40,291
Primary school	5,867,608	181,905
Secondary school	661,824	40,775
Middle level Colleges	40,000	6,000
Sub total		7,633,315
Administration Staff		8,000
Total		7,910,286

The project will also target the school Board of Governors and School Committee.

The project will be managed by full time technical staff for ACU at the Ministry Inspectorate and KIE staff will provide support to the project in terms of conducting training programs and supervision of total implementation of the project. KIE has a project team of 20 officers while Inspectorate has a pool of 70 officers at the headquarters and 2000 school inspectors at the district and zonal levels. There are 1252 zonal inspectors serving 1052 nationwide. The inspectors will carry out monitoring of the project activities at the school level.

	PERFORMANCE INDICATORS	TENTATIVE DATE	ACTORS	BUDGET ('000')		MONITORING
				US \$	KSIS	
1.0 Capacity building 1.1 ACU administrative standard package		January 2000	NACC	Furniture 32 Equipment 105 Sub Total 137	243.2 798.0 S/Total 1041.2	ACU report to NACC
1.2 Training of Trainers	National trainers trained	February 2001 May 2001	NACC MOEST (ACU) KIE Inspectorate	141	1071.6	National training report to ACU and NACC
• Training of District Trainers (680 in 4 years) 170 trained in 1 st year (i) 4 parallel sessions (20 each) (ii) 4 parallel session (20,20,25,25)	District trainers trained 80 90	June - July 2001	NACC DEO MOEST ACU	22.6	1717.6	District training report to ACU and NACC
• ECD Training of Trainers	Session I - 30 Session II - 30 Session III - 25	May 2001	NACC MOEST ACU KIE ECD Project		1071.1	Report from ECD project to ACU and NACC Field visits
1.3 In-service training of teachers	Teachers trained	June - Dec 2001	Sub Total NACC MOEST (ACU) Inspectorate/	50.7	3851.68	
(i) Secondary (17 districts) 643 teachers 22 parallel sessions	22 x 30 = 660					
(ii) 2882 primary school teachers	5 x 20 x 30 = 3000	June - Dec		50.4	4286.4	

17 district 20 parallel session of 30 participants 5 times: (two teachers per school)			2001	KIE to supervise			
1.4. School level training:			June - Dec 2001	School Management			
• Secondary 330 x 20	6600			BOG/PTA, CACCs			
Primary school 1500 x 10	16,000			SUB TOTAL	56.4	3853.2	
1.5. Printing of curricula materials							
(i) Teachers manual, one copy per school in 17 district:	5284 manual printed and distributed		January - April 2001	NACC, KIE MOEST (ACU)	225.5	17113.8	KIE report to ACU and NACC
• Primary schools 4408 @ 175/=							
• Secondary schools 808 @ 175/=							
• Colleges 68 @ 175/=							
Total number - 5284 copies			January - April 2001	NACC, KIE MOEST (ACU)			
(ii) Book I pupils manual 5763 copies @76/=	5763		"	"			
(iii) Book II pupils manual 3842 @ 76	3842		"	"			
(iv) Book III pupils manual 3842 copies @ 86	3842						
(v) Bloom or doom secondary & college students manual 876 @ 225 (100 copies per school	876						
2.0. Prevention, care and support:				Sub Total	225.5	17113.8	
(i) IEC materials focusing on	IEC materials		January - Dec.	NACC	2.3.	176.80	ACU quarterly

behaviour campaigns within the MOEST. Develop and adapt IEC materials for specific target groups with school slogans appealing to different groups:	produced and distributed	2001	MOEST (ACU) KIE Inspectorate DEOs			and annual reports from PDE, DEO, zones and schools
• Classroom wall charts • Calenders • Films • Caps • Exercise books with slogans on the cover • T-shirts • Posts • Cartoon magazines • School bags						Field visits District reports quarterly and annual club reports
(ii) Established HIV/AIDS clubs in schools in 17 districts • Adopt a club manual • Zonal and District rallies • Essay and drawing competition • Peer education	HIV/AIDS clubs operating in 17 districts	April - Dec 2001 Jan. - Dec. 2001	NACC DAC, MOEST (ACU) Head teachers Teachers NACC MOEST (ACU) PDE DEO " " " "	5.6 4.2	425.60 319.2	Field visits District reports quarterly and annual reports of ACU " " " "
(iii) Distribution of IEC materials	IEC materials	January - Dec. 2001	" "	.6	425.6	Field visits quarterly and annual reports of ACU
(iv) Distribution of condoms within Ministry offices at all levels	Condoms distributed in the MOEST	" "	" "	0.3	22.8	" "
(v) Distribution of information regarding benefits to all staff		" "	" "	1.1		" "
(vi) Availability of focal points within						

ACU to provide linkages/referrals					83.6	
3.0. Planning and Policy Impact assessments with the Ministry of Education Pupils, teachers and staff absenteeism, morbidity, mortality and implications						
- Impact assessment - Review staff dependent benefits - Establish guidelines for disbursement of benefits - Anti-discriminatory policies are strengthened - Review Gender Specific Policies and prog.	Baseline information collected	Jan – Dec 2001 Jan – Dec 2001 Jan – Dec 2001 Jan – Dec 2001 Jan – Dec 2001 Jan – Dec 2001	NACC, MOEST (ACU) NACC, MOEST (ACU) Target group	19.1 0.6 0.6 0.6 0.6 0.6	1457.6 45.6 45.6 45.6 45.6 45.6	Quarterly and annual reports of ACU
			Sub total			
			Sub Total	3.0	228.0	
4.0 Recurrent Cost		Jan. – Dec 2001	NACC MOEST (ACU)	27.1	205.60	
			Sub total	27.1	2059.60	
			Total Budget for year 2001	395.5	30058.0	

4.4 MINISTRY OF LABOUR AND HUMAN RESOURCE DEVELOPMENT

Background Information

Size and Organisational Structure of the Ministry

The Ministry of Labour and Human Resource Development is one of the fifteen Ministries of the Kenyan Government mandated to address the welfare of both workers and employers alike. It operates on a tripartite arrangement with the Ministry on one hand and the Central Organisation of Trade Unions (COTU) and Federation of Kenya Employers (FKE), on the other.

The staff strength of the Ministry consists of over 3,500 employees with over two thirds of these spread in the Districts and Provinces of the country. The rest are at the Headquarters office, in Nairobi.

The Ministry has two Directorates - the Directorate of Labour and Occupational Health and the Directorate of Human Resources Development. The former has two Departments, namely - Department of Labour and that of Occupational Health and Safety Services. The latter has four Departments, namely:

1. Department of Human Resource, Management and Employment
2. Department of Micro and Small Enterprise Development
3. Department of Adult Education
4. Department of Vocational Training

The Department of Human Resource, Management and Employment is further divided into two divisions, namely - National Employment Bureau and Manpower Planning and Development Division. It is at the National Employment Bureau that the proposed AIDS Control Unit will be housed. Previously, the Unit used to be called - Workers Education Unit.

Apart from the above, there is the Division of Economic Planning and Development, Industrial Courts, Legal Division and Public Relations Division. See the attached Organisational Structure of the Ministry for details.

Professional Staff Assigned to AIDS Control Unit

The AIDS Control Unit (ACU) when fully established will have a total of ten (10) professional officers at the Headquarters and about fifty (50) officers at both the Provincial and District levels. The senior most officer will be the Senior Assistant Director followed by two Assistant Directors, three Chief Aids Officers and four Aids Officers, all based at the Headquarters office. The fifty District AIDS Officers will be the fifty District Employment Officers incharge of their respective Districts.

Ministry's Training Institutions

As indicated elsewhere in this write up, the Ministry's target audience will not only include the staff of the Ministry but workers and employers as represented by the Central Organisation of Trade Unions (COTU) and the Federation of Kenya Employers (FKE). Looked at from this perspective,

MINISTRY OF LABOUR & HUMAN RESOURCE DEVELOPMENT

			Cost '000"			
	ACTIVITY	ACTORS	US\$	KShs	MONITORING	YEAR 2001
1.	<u>Capacity Building (Training)</u>					
i.	Training of Trainers					
	♦ Staff of the Ministry, COTU and FKE instructors	ACU NACC	14.1	1,071,600	Quarterly Reports	January - Dec.
ii.	Training of Target populations					
	♦ 750 staff from all Ministry levels, COTU and FKE. These will be in a session of 30 people and will be on a fortnight basis	ACU, FKE, COTU	28.2	2,143,200	Bi-monthly Reports and Field visit reports	January - Dec.
	Sub-total Capacity Building (Training)		42.3	3,214,800		
2.	<u>Prevention, Care and Support Services and IEC Campaign</u>					
i.	IEC Campaigns focusing on behaviour modelling					
	♦ Use of Posters, Flip-charts, Video-cassettes, budgets etc	ACU, KIMC FKE, & COTU	2.3	174,300	Field Visits	Jan-Dec.
	♦ Use of HIV/AIDS Specific messages through Kenya Newsreal	ACU, KBC, MOL & HRD	2.3	174,800	Quarterly Reports	Jan-Dec.
	Sub-total IEC Campaigns focusing on behaviour		4.6	359,600		
ii.	Distribution of IEC materials	ACU, COTU, FKE	4.2	319,200	Quarterly Returns	Jan - Dec.
	♦ Distribution of both and female condoms within the Ministry offices at all levels	ACU	5.6	425,600	Quarterly Returns	Jan - Dec.
	♦ Distribution of information regarding benefits for all staff	ACU	0.3	22,800	Semi-annual Reports	Jan - Dec.
	♦ Availability of focal points within ACU's to provide linkages/referrals	ACU	1.1	83,600	Monthly Reports	Jan - Dec.
	Sub-total for Prevention, Care and Support Services and ICE Campaigns		15.7	1,193,200		
3.	<u>Planning and Policy</u>					
i.	Impact Assessment					

	♦ Within the Ministry	ACU	0.3	22,800	Assessment Reports	Jan - Dec
	♦ Within Target Population	ACU, COTU, FKE	0.3	22,800	Assessment Reports	Jan - Dec
	Sub-total Impact Assessment		0.6	45,600		
ii.	Policy and Procedures					
	♦ Review Staff and Dependents Benefits	MOL & HRD, COTU, FKE	0.6	45,600	Review Reports	Jan - Dec
	♦ Establish Guidelines for Disbursement of Benefits	MOL & HRD, COTU, FKE	0.6	45,600	Review Reports	Jan - Dec
	♦ Anti-Disciplinary Policies are strengthened	MOL & HRD, COTU, FKE	0.6	45,600	Review Reports	Jan - Dec
	♦ Review Gender, Specific Policies and Programmes	MOL & HRD, COTU, FKE	0.6	45,600	Review Reports	Jan - Dec
	Sub-total Policy and Procedures		2.4	182,400		
	Sub-total Planning and Policy		2.8	212,800		
	GRAND TOTAL		60.8	4,620,300		

4.5 MINISTRY OF HEALTH

Background

The Ministry of Health is charged with the responsibility of providing quality curative, preventive, promotive and rehabilitative health care services to all Kenyans as outlined in its National Health Sector Strategic Plan.

Its services are provided through a network of about 4200 health facilities. Out of these, 51% are public sector while the rest is through Non-Governmental Organizations and private sector including mission health facilities.

Referral network

The health goal of the Ministry is to reduce burden of disease through strengthening of primary health care. To support, is a referral network from the PHC through the District, Provincial and two National Referral and Teaching hospitals, Kenyatta and Moi in Eldoret. There are seven Provincial Hospitals, 109 district and sub-district hospitals, 460 health centers 1,580 dispensaries and health clinics.

Staff:

Ministry of Health has a staff capacity of 38,918. Out of these 27,079 are health Professional, Doctors, Clinical Officers, Nurses and other paramedicals.

Training institutions:

There are 24 Medical Training Colleges distributed all over the country and supplying over 90% of the technical workforce. Over 3000 candidates graduate from these colleges per year with Higher National Diplomas and Diplomas and Certificates in various fields.

AIDS CONTROL UNIT (ACU), Ministry of Health

The ACU, Ministry of Health will have six interlinked technical sections under respective Programme Officers.

1. Clinical Services:

Strengthening clinical management of Sexually Transmitted Diseases (STDs) and client counseling:-

- Co-ordinate management of STD and client counseling.
- Training of Health Workers both in private and public sector on STD Management and client counseling.
- Monitor the distribution and use of STD drug kits.
- Strengthen syphilis screening and management of clients.

Strengthen the management of opportunistic infections including Tuberculosis:-

- Identify the training needs

- Design the training and support system for proper patient management and counseling.
- Liaise with National TB Leprosy programme on the Management and follow-up, counseling of TB patients

Promote the prevention of occupational risks to HIV/AIDS -

-Mobilize sectors on prevention of occupational risks to HIV/AIDS and other blood borne infections:

2. Home Based Care and Counseling

- Co-ordinate the training of HCWs and communicate on HBC.
- Liaise with other sectors on promotion and provision of HBC.
- Facilitate the establishment of VCT centres and training of HCWs and other sectors on counseling in Primary Health Care level and community.
- Monitor the referral network for infected and affected people.

3. Blood Safety,

- To prevent transmission of HIV/AIDS and other blood borne infections:
- Co-ordinate the maintenance of HIV machines.
- Co-ordinate the training HCWs on blood and blood safety:
- Linkage with National Public Health Laboratories with NASCOP on blood safety:
- Monitor the distribution and use of HIV/AIDS/STD kits and reagents:
- Undertake monitoring and Evaluation of blood safety services including quality control;
- Co-ordinate the evaluation of HIV testing kits in the country.

4. Epidemiology and Surveillance

- Co-ordinate the collection data analysis and dissemination of surveillance on HIV/AIDS and STDs.
- Facilitate the development and printing of AIDS in Kenya booklet

5. Health Information Systems (HIS)

- Design & develop data collection tools,
- Strengthen the districts to collect, analyze us data on STI/HIV/AIDS,
- Design and install software for data analysis;
- Liaise with surveillance team to train the districts on data collection and report writing:

6. Information, Education and Communication (IEC):

- To co-ordinate the development and production of targeted IEC materials.
- Develop and manage ACU Resource centre
- Liaise with other sectors on advocacy and promotions of a sectoral interventions.

Please note, component 2, 3 and 6 above will be funded separately .

MINISTRY OF HEALTH - 1ST YEAR WORKPLAN

OBJECTIVE	ACTIVITY	SUB ACTIVITY	INDICATOR	COST US\$1000'
1. Provide accessible voluntary and testing at community level	☐ Establish VCT Centres	☐ Train HCWs and counseling and establishment of VCTC	☐ Proportion of HCWs trained per facility with VCTC	52.1
	☐ Develop guidelines on counseling	☐ Establish VCT centers in 160 public health facilities (46%)	☐ No of VCT centers developed in the first year	
	☐ Monitoring & Evaluation of VCT Services	☐ Update and produce guidelines and Counseling	☐ Counseling guidelines in place	
		☐ Develop Monitoring & Evaluation tool	☐ Reports produced and disseminated	
2. Prevention of Parent to Child Transmission to HIV	☐ Conduct Research on factors influencing parent to child transmission	☐ Design and develop research tool	☐ Research Undertaken	20.0
		☐ Undertake		

3 Policy and Planning	☐ Prevention and management of occupational exposure to HIV	☐ Conduct occupational risk assessment to HIV ☐ Develop universal policy guidelines on prevention and prophylaxis of occupational accidents	☐ Assessment done ☐ Policy guidelines developed	3 (0)
4. Strengthen Health Information Systems on STDs	Review and update collection tools	☐ Hold workshops for reviewers ☐ Print and distribute ☐ Develop and install a soft ware for data analysis ☐ Training of data collectors at PHC level	Data collection tools in place Soft ware installed and working in 20 districts No of data collectors trained per PHC facility	25 (0)
Total				105.1

the Ministry's Training Institutions will also include those that are managed by both FKE and COTU as listed below:

- i. Directorate of Industrial Training
- ii. Institutes of Applied Technology e.g Ramogi Institute of Technology, Kiambu Institute of Technology, Rift Valley Institute of Technology etc - approximately ten in number.
- iii. COTU study circle - eight in number
- iv. Tom Mboya Labour College - one
- v. FKE training department - one
- vi. Company in-house training departments - one twenty five
- vii. Individual Union training/education sections - forty
- vii. Adult Education department - forty
- ix. Village Polytechnics - seventy-five

In total the number of teachers/instructors/lecturers can be estimated at around 1,000. The number of students in all of the above institutions combined together is approximately 10,000 per year.

Priority Activities in the Workplan

Capacity Building

- i) Train staff of the ACU and ToTs drawn from the Education/Training Institutions listed the write up above - through orientation workshops, study tours, short term fellowships, conferences, meetings, exchange programmes etc. Duration of training to last one week to two months.
- ii) Equip the ACUs and field offices with:
 1. Audio visuals eg TV sets, Videos, Radios, Film Projectors
 2. Computers, printers and accessories
 3. Photocopiers and over head projectors

Total cost for the TOTs and the targeted population is US\$ 42,300 - for the first year of the project.

I was made to understand that a decision has been made on the number and type of equipment(s) to give and the amount to be spent.

Prevention, care and support services

- i) **Prevention**
 - " Undertake sensitisation/awareness creation workshops.
 - " Integrate HIV/AIDS education in workplace training/education programmes for ACU, COTU and FKE training institutions.
 - " IEC materials (posters, flip charts, films, radio cassettes, booklets, bill boards etc) production and dissemination.
 - " Design and implement HIV/AIDS curriculum
- ii) **Care and Support Services**

Care and Support activities will revolve around the following among others.

1. addressing policy environment
2. advocating for flexible working hours for both the infected and the affected
3. finding employment or income generating opportunities for the orphaned
4. linking orphans to institutions that can offer them assistance in areas which include - medical education, scholarships or bursaries, orphanage facilities services etc.
5. advocating for better benefits (medical, sick leave, retirement, death gratuities, etc) through recommending their inclusion in their Collective Bargaining Agreements
6. enactment and implementation of labour/employment laws that do not discriminate against the infected workers at their places of work.

Total cost of this component (i) and (ii) is estimated at US\$ 15.7 (thousand)

iii) Planning and policy

Surveys such as baseline studies, KAP and Socio-economic impact of the pandemic at the workplace will be undertaken to provide data for monitoring and evaluation exercise, understand the magnitude of the problem and appreciate the cost of the pandemic to the nation, industry and individual families.

Monitoring and evaluation

Periodic (weekly, quarterly, mid-term, annual etc) reviews will have to undertake ACU personnel and independent evaluators to establish whether activities are being implemented as programmed.

Total cost of this component is US\$2.8 (thousand)

4.6 MINISTRY OF FINANCE AND PLANNING

Background Information

The mission of the Ministry of Finance and Planning is "promotion of sustainable economic growth and development, through guidance of national planning, provision of prudent financial and economic management, efficient and effective mobilization, allocation, and utilization of resources". The fight against HIV/AIDS epidemic is a priority concern to the ministry in view of the potential negative consequences of the disease on economic growth and development through illnesses and deaths of productive members of society.

The ministry has a total of 3,532 employees. 2,211 are at national level while 1,321 are at district level. The ministry will have a total of 7 members of AIDS Control Unit. The ministry has various departments, four of them have played significant roles in the fight against HIV/AIDS. These are:

- Human Resources and Social Services- has a unit that handles HIV/AIDS planning matters at all levels. The department has been involved in coordination and planning of HIV/AIDS policies and programmes. The department coordinated implementation of the joint programme of the Government of Kenya and UNDP on HIV/AIDS in the period 1996-1999, and participated in the development of the National HIV/AIDS Strategic Plan of 1999.
- Macro Planning- integrates HIV/AIDS issues in national development plans.
- Rural Planning - integrates HIV/AIDS issues in district plans.
- National Council for Population and Development -coordinates formulation and implementation of population policies and programmes. The department works closely with National AIDS Control Programme in monitoring impact of HIV/AIDS prevention activities through the Kenya Demographic and Health Surveys (KDHS). The department also coordinates NGOs programmes on family planning, with a view to ensure availability and affordability of contraceptives, some of which contribute to HIV/AIDS prevention.

Under the new Medium Term Expenditure Framework (MTEF), HIV/AIDS is a priority area in resource allocation for human resource sector. HIV/AIDS concerns is also being mainstreamed in other sectors within the MTEF process so as to strengthen efforts to combat the epidemic. Linkage between poverty and HIV/AIDS is an important issue of concern to the ministry, and is currently being addressed. Poverty Reduction Strategy Paper has been developed and it is hoped that the Kenya HIV/AIDS Disaster Response Project (KHADREP) will support implementation of some of the strategies.

The GoK/World Bank KHADREP will support the following activities:

- Capacity building
- HIV/AIDS prevention at workplace and at community level
- Planning and policy

Activities presented below are to be implemented during the first year of the project.

Capacity Building

Training will be provided to trainers who will:

- Participate in HIV/AIDS prevention campaigns at workplace (20 trainers)
- Sensitize district development officers and staff from various sectors on HIV/AIDS issues, and guide them on the development of HIV/AIDS work plans which will be incorporated in the main district plans in 2001 (50 trainers)
- Mainstream HIV/AIDS issues in MTEF process

HIV/AIDS Prevention

Target population in first year

- 2,211 employees of the ministry
- 500 staff involved in the development of district plans in a one day workshop within the on-going district plan workshops in 2001
- Communities through sensitization meetings/workshops organized by District Population Officers and District Development Officers
- Training of 50 staff involved in MTEF budgeting in a one day workshop

IEC campaigns for behavior change will be conducted at ministry level, and at community and district levels through campaigns facilitated by district development officers and district population officers. For ministry staff at national level, we plan to organize one day workshops of 40 people each. This will mean planning for 55 workshops. For staff at district level we also plan for one day workshops of 40 people each - which translates into 33 workshops.

This activity will also involve distribution of condoms within ministry offices and distribution of IEC materials at all levels.

Planning and Policy

The focus will be on impact assessment of the epidemic within the ministry, key sectors such as health, education and industry, and at macro level. This will facilitate monitoring the impact and generation of data for short and long term planning of interventions.

Policy and Procedures

The ministry through the pensions department will establish and ensure implementation of guidelines for timely disbursement of benefits to staff and dependants affected by AIDS death. Other members of the public will also be covered under this activity. The ministry will also review staff and dependants benefits, and advocate for improved terms with a view to help mitigate the negative consequences of the epidemic.

Ministry of Finance and Planning Work plan for 2001

Activity	Sub-Activity	Actors	Monitoring	2001 US\$
1. Capacity building	1.1. Training of trainers (70 trainers)	MOFP NACC	Reports of workshops organized for trainers	10
2. HIV/AIDS Prevention	2.1. Sensitization workshops focusing on behaviour change at ministry level and 2.2 community/district levels involving DDOs and DPOs 2.3 500 staff involved in district plans 2.4 50 MTEF staff 2.5 Acquiring condoms and IEC materials	MoFP ACU NACC DACCs CACCs	Periodic and workshop reports Reduction in death rate and absenteeism	38
3. Planning and Policy	3.1. Impact assessment within the ministry -baseline survey -establishment of database 3.2. Impact assessment within target population - macro and sectoral impact assessment	MoFP -HRSS -Macro -Rural -KIPPRA -line ministries	Periodic reports Field visits Availability of data for planning	10.6
4. Policy and Procedures	4.1. Review staff and dependant benefits with respect to long term needs posed by HIV/AIDS 4.2. Establish guidelines for disbursement of benefits	MoFP -Pensions dep -personnel dep	Speedy disbursement of benefits to the bereaved families	2.8
Grand Total				61.4

4.7 MINISTRY OF ROADS AND PUBLIC WORKS

Background information

The mission of the Ministry is to contribute to the socio-economic development of the country by facilitating adequate provision and maintenance of physical infrastructure in roads and buildings/shelter throughout the country.

The Ministry is divided into eleven departments and a Central Planning Unit. The staff is composed of engineers, architects, economists, administrators, among others and supporting staff. The ministry has an office in all the districts and all the provinces (66 districts and 8 provinces).

1.0 Staff members

The Ministry has a total of 13,240 employees. 2,300 are at national level while 2,350 are at provincial level 7,590 at district level.

2.0. The Ministry will have 3 professionals and 4 support staff for the AIDS Control Unit who will assist coordination.

3.0. Training Institutions

The ministry has one training institute – Kenya Institute of Highways and buildings Technical (KIHBT) with three branches, located in Nairobi industrial area, Ngong and Kisumu respectively. The institute has a total number of 770 students and 100 lecturers.

4.0. Priority HIV/AIDS Activities – 1st Year

The following are the priority activities for the HIV/AIDS programme.

Activity	Sub-Activity	Monitoring	US.\$ '000"
1. Capacity building	1.1. Training of Trainers (76 trainers) (lecturers and staff members) Training target population (800 students) (IEC materials) Sub-total	Reports of workshop organized for trainers	10 10
2. HIV/AIDS Prevention	2.2. IEC campaigns at workplace (workshops and seminars and field visits for 500 workers 2.3. Distribution of IEC materials at workplace 2.4. Develop a system for condom distribution at workplace Sub-total	Periodic and workshop reports Availability of condoms at workplace	37 4 4 65
Planning and Policy	3.1. Impact assessment within the ministry :establishment of database 3.2. Review gender specific policies & programmes Sub-total	Periodic reports Availability of data for planning	10 9.9 19.9
Policy and Procedures	4.1. Review staff and dependent benefits with respect to long term needs posed by HIV/AIDS 4.2. Establish guidelines for disbursement of benefits Sub-total	Speedy disbursement of benefits to the bereaved families	3
	Grand Total		87.9

4.8 MINISTRY OF INFORMATION, TRANSPORT & COMMUNICATIONS

Background Information

The Ministry has a work force of three thousand, seven hundred and two (3,702), spread all over the Country. The Ministry headquarters is situated in Nairobi. This workforce includes Ministry headquarters, Kenya Meteorological Department - Institute of Meteorology, Directorate of Civil Aviation, - East African School of Aviation, Department of Information - Kenya Institute of Mass Communication and the Film Department.

The following Corporations fall under the Ministry - Communications Commission of Kenya, Postal Corporation of Kenya, Telkom Kenya Limited, Railways Corporation, Kenya Ports Authority and Road Transport Branch

The Department of Information has one hundred and twenty eight (28) Officers at the Headquarters. At the provincial level there are four hundred and ninety-nine (499) officers. At the district level there are one hundred and sixteen (116) officers from Kenya News Agency. The mobile cinemas, which are under the districts, have twenty-two (22) people. The rural press has one hundred and thirteen (113) people at the grassroots. Therefore the total workforce under department of information is Eight hundred and Seventy eight (878).

The Department of Meteorology has a total workforce of One thousand and fifty seven (1,057). With five hundred and sixty-one (561), at the Headquarters, one hundred and fifty-three (153) at the province, two hundred and thirteen (213) at the District and One hundred and thirty (130) at the divisional level.

The Directorate of Civil Aviation has a total workforce of seven hundred and ninety (790), with five hundred and six (506) at the headquarters, one hundred and seventy seven (177) at the provincial level, eighty seven (87) at the District level and twenty (20) officers at the Division level.

At the Headquarters for all the Departments there is a personnel of two thousand five hundred (2,500), Eight hundred and twenty-nine (829) at the province, eighty seven at the District level (87), and two hundred and eighty - five (285) at the Divisional level.

Aids Control Unit Personnel

The estimated number of professional staff that will be assigned to the Aids Control Unit is seven Senior Officers namely:

1. Senior Assistant Director (1)
2. Assistant Directors (3)
3. Chief Aids Control Officer (3)

Ministry's Training Institutions

- The Ministry has three training institutions namely:

1. East African School of Aviation, which falls under Directorate of Civil Aviation.
2. Kenya Institute of Meteorology, which falls under the Kenya Department of Meteorology.
3. Kenya Institute of Mass Communication, which falls under the Department of Information.

- Kenya College of Communications Technology Mbagathi Campus and Loresho Campus are under Telkom Kenya Ltd., whose policy and co-ordination lies with the Ministry.
- Under East African School of Aviation there are thirty (30) instructors, and about three hundred (300) students throughout the year. There is a three year course as well as short courses throughout the year. The institute has about seventy (70) non-teaching staff as well as two hundred (200) residents within the institute.

Kenya Institute of Meteorology has about one hundred and seventy (170) students per year of which roughly one hundred (100) are foreigners. There are twenty-five (25) instructors in the Institute.

Kenya Institute of Mass Communications has an average of five hundred (500) students annually. A diploma course runs for three (3) years and currently there are one hundred and twenty (120) students for this course. The rest attend short courses. At the same time there is a parallel diploma programme whose students are unspecified. The Institute has about forty-seven (47) instructors.

Specific Objectives

Capacity Building

- (i) The Ministry has three Institutes. HIV/AIDS Curricula should be designed and used in sensitizing the lecturers of these Institutes. There are 102 instructors who will be sensitized in three different sessions.
- (ii) Sensitization Workshops for policy makers, both at Ministry of Information, Transport and Communications and it's Corporations. These workshops would be for the senior most officers from these bodies totaling about thirty-five people.
- (iii) Sensitization Workshops for the Ministry of Information, Transport and Communications Workforce of about 3,702 people. These would be held fortnightly and there would be 25 people per session.

Prevention, care & support services & IEC campaigns

- (i) To reduce the prevalence of HIV/AIDS at the workplace Aids Control Unit's (ACU) will distribute brochures and booklets to their target groups.
- (ii) Folk Media - this involves use of songs and drama to reach particular target groups. The Population Media Control (PMC), which is based at Kenya Institute of Mass Communications, has used this method effectively before to disseminate information on population related issues.
- (iii) Effective use of both the print and electronic media, by requesting the newspapers to devote more space to cover the subject of HIV/AIDS.

Requesting electronic media houses to allocate more airtime for HIV/AIDS programmes, and the radio as well as TV Stations to offer discount on HIV/AIDS related adverts.

- (iv) Show of HIV/AIDS message through Kenya Newsreel. Most people who frequent the Cinema theatres are young people who fall under category of a high - risk group. To reach them it should be made a requirement that all theatres should screen messages of HIV/AIDS before they start showing any film.
- (v) Film Documentary: production of documentary films with accurate information on HIV/AIDS can be used for dissemination purposes to the target group. However consultations will be carried out with other interested parties to avoid overlaps and duplication and just fill the gaps.
- (vi) Repair of Mobile Cinemas for use in spreading awareness. Presently the Ministry has eight (8) Mobile Cinema vans, which however are grounded.
- (vii) Installation of Condom dispensers at strategic positions in Ministry of Information, Transport and Communications offices, starting with Airport Stations. Inside the dispensers will be both male and female condoms.
- (viii) Establishment of basic counseling services at the Ministry headquarters, where professional intervention is needed, Aids Control Unit (ACU) will liaise with NACC to get counseling.
- (ix) Support and Care in form of facilitation of payment of benefits to the bereaved families.
- (x) Support in getting legal assistance for the bereaved.
- (xi) Linking those infected and affected by HIV/AIDS to other support groups for Counseling, Medical assistance or Material assistance.
- (xii) Any other available appropriate assistance.

Planning, Policy and Impact Assessment

- (i) To carry out baseline survey for the entire Ministry to find out the impact of HIV/AIDS, and disseminate the findings. Following the baseline survey a database will be established for storage of all information received for both current and future use, both in the Ministry and her Corporations.
- (ii) National, Sectoral and regional studies will be carried out, in collaboration with other Aids Control Unit's (ACU) and the feedback used for further fight against HIV/AIDS.
- (iii) Continuous field visits will be carried out by Aids Control Units personnel to assess the impact on the community e.g. behaviour change of the target group, use of condoms, free discussion of HIV/AIDS. During these continuous field visits, workshops will be organized in order to get feedback from the target groups.
- (iv) Finally reports and other informative papers will be produced, roughly three months after the baseline survey.

Capacity building in material terms

Ministry of Information, Transport and Communications has staff all over the country, to facilitate Aids Control Unit (ACU) in it's fight against HIV/AIDS at various levels, there would be need for at the very least 1-4 wheel drive vehicle to be used as both a utility car at the Headquarters, and also for reaching the interior parts of the country.

For Aids Control Unit (ACU) to attain the goal for which they have been established, they will also need other office equipment in form of 1 Computer complete, a photocopier, a Television, a Video machine, an overhead projector, Basic office furniture, stationery and one vehicle.

Component 5: MOI T&C		Sub Activity	Key Activity	Performance Indicator	Budget (US\$ '000')	Time Frame																Assump- tion
Specific Objectives	Main Activity					2000				2001				2002				2003				
						1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	

[illegible]

[illegible]

[illegible]

4.9 MINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT

Background Information

The Ministry of Agriculture and Rural Development is one of the largest in the public sector. After taking into consideration the on going retrenchment and staff right sizing exercise, the staff strength of the Ministry is expected to be as follows:

Technical staff	17,494
Support staff	4,485 ¹

This number comprise all staff from the former Ministries of Agriculture and Livestock Production, Cooperatives Development, Rural Development and the Department of Fisheries. Excluded are staff from parastatal institutions of the Ministry of Agriculture and Rural Development e.g. Kenya Agricultural Research Institute.

AIDS Control Unit Personnel

The estimated number of professional staff that will be assigned to the Ministerial ACU is seven (7). These are:

Senior Assistant Director	1
Assistant Directors	3
Chief AIDS Control Officer	3

Considering the size of the Ministry of Agriculture and Rural Development and all the institution that the AIDS Control Initiative will have to cover this staff compliment needs to be increased to facilitate effective implementation. Consequently an additional 1 Assistant Director and 3 Chief AIDS Control Officers is recommended.

Training Institutions

The Ministry of Agriculture and Rural Development has 10 staff training institutions namely:

Institute	Staff Compliment	Student Population
Dairy Training Institute	32	200
Cooperatives College of Kenya	30	250
Fisheries Training Institute	28	70
Embu Agricultural Staff Training College	34	-
Bukura Agricultural College	36	240
Kilifi Institue of Agriculture	33	406
Animal Health and Industry Training Institutes at:	48	200
Kabete	29	240
Ndomba	35	140
Nyahururu		
Total	305 ²	1,800

The institute offer several courses at pre-service and in-service levels.

¹ The retrenchment exercise will off-load some 4,055 members of the support staff in the first year

² Senior staff in job group I and above

Workplan Objectives

The specific objectives of this disaster response will be to halt the spread of HIV/AIDS and mitigate its socio-economic impact among staff of MoARD and beneficiary communities.

The objective components to be addressed by this workplan are:

1. Capacity building
2. Prevention Care and Support Services
3. Policy and planning

The intervention will be implemented over a four year period. This plan is for the period covering the second half of the 2000/01 financial year and will run for six months from January to June 2001.

Workplan and Budget

Activity	Responsible agency	Cost (US\$)	Means of Verification	Time frame
Capacity Building				
Training of Trainers				
Training of Trainers Course for 20 officers drawn from Agriculture (8) Fisheries (2), Cooperatives (5), Veterinary (3) and Rural Development (2)	ACU NACC	4,750	Training quarterly reports	Jan-Feb 2001
Training of Trainers for training institutions; 4 trainers per Institute = 40 trainers	ACU NACC	8,550	Training quarterly reports	Jan-Mar 2001
Training of Target Population				Jan 2001
1 Sensitization workshop for the Ministerial Policy Committee: 20 officers for half day				
Train 100 Senior management drawn from all level of Ministry, for two days	ACU	4,750	Training quarterly reports	Mar 2001
Train 250 field staff in 28 districts. - 8 five-day training sessions of 30 par each	ACU Trainers	17,000	Training reports	Mar - Jun 2001
Incorporate HIV/AIDS into curriculum of training institutes	ACU Institutes	1,250		Jan - Mar 2001
One 5 day workshop for curriculum development				
Prevention, Care and Support Services within the Ministry				
Develop a system for distribution of condoms at all Headquarters, Provincial and District offices				
- Procure and install 350				

condom dispensers	ACU	2,250	Dispensers installed	Mar - Jun 2001
- Provide Field Officers with HIV/AIDS kits containing condoms, IEC material			Returns on condom uptake	
IEC Campaigns for field officers Ministry - at least one campaign per district	ACU	1,575	Field report quarterly	Apr - Jun 2001
Disseminate video and printed IEC material to field officers at all levels				
Develop sector specific IEC video docu-drama on impact of HIV/AIDS on sector activities	ACU AIRC ³ NACC	-	Production schedules	Mar - May 2001
Collation and distribution of information on benefits to all staff	ACU	1,250		Oct 2000 - Jun 2001
Establish focal points for linkage within ACU	ACU	-		
Establish channels for IEC material distribution	ACU NACC	1,275	Distribution schedules	
Policy and Planning activities				
Impact Assessment of HIV/AIDS on service delivery				
Impact Assessment of HIV/AIDS on beneficiary communities productivity				
Identify and review guidelines on staff benefits, anti-discriminatory policies and gender specific policies affecting staff	ACU NACC AG Chambers	1,750		
Identify technology needs for PLWHAs and dependants	ACU KARI	1,500	Surveys carried out	
Total		43,900		

³ = Agricultural Information and Resource Center

ANNEX-5

Guidelines for the Establishment of PACCs, DACCs, CACCs, NACC Organogram and Responsibilities

Guidelines for establishing PACCs, DACCs & CACCs and Institutional Arrangements

PACCs and DACCs

Except for GOK representation, the other members are elected from within their respective bodies. The above two committees, of 12 members each, have the following categories of membership:

- Heads of GOK departments - 5
- Private Sector - 2
- Civil society - 5 (Religious bodies-2; NGO/CBOs-2; PWAs-1)

The government through its provincial and district structures will nominate (in rotation) five representatives from the participating line ministries. Nominees should be senior officers actively involved within the ACU system. The Ministries of Health, Education and Office of the President should always have representation.

The private sector, through meetings of sector associations will elect two members. Similarly, religious bodies, NGO/CBOs and organizations of PWAs will convene and elect their representative(s).

The PASCOS and DASCOs (representing NACC) will facilitate the meetings and elections. At the first committee meetings, chairpersons will be elected from among the non-GOK membership. In constituting these committees gender balance must be ensured, with a target of 50% being women.

CACCs

This committee is composed of twelve (13) members distributed as follows:

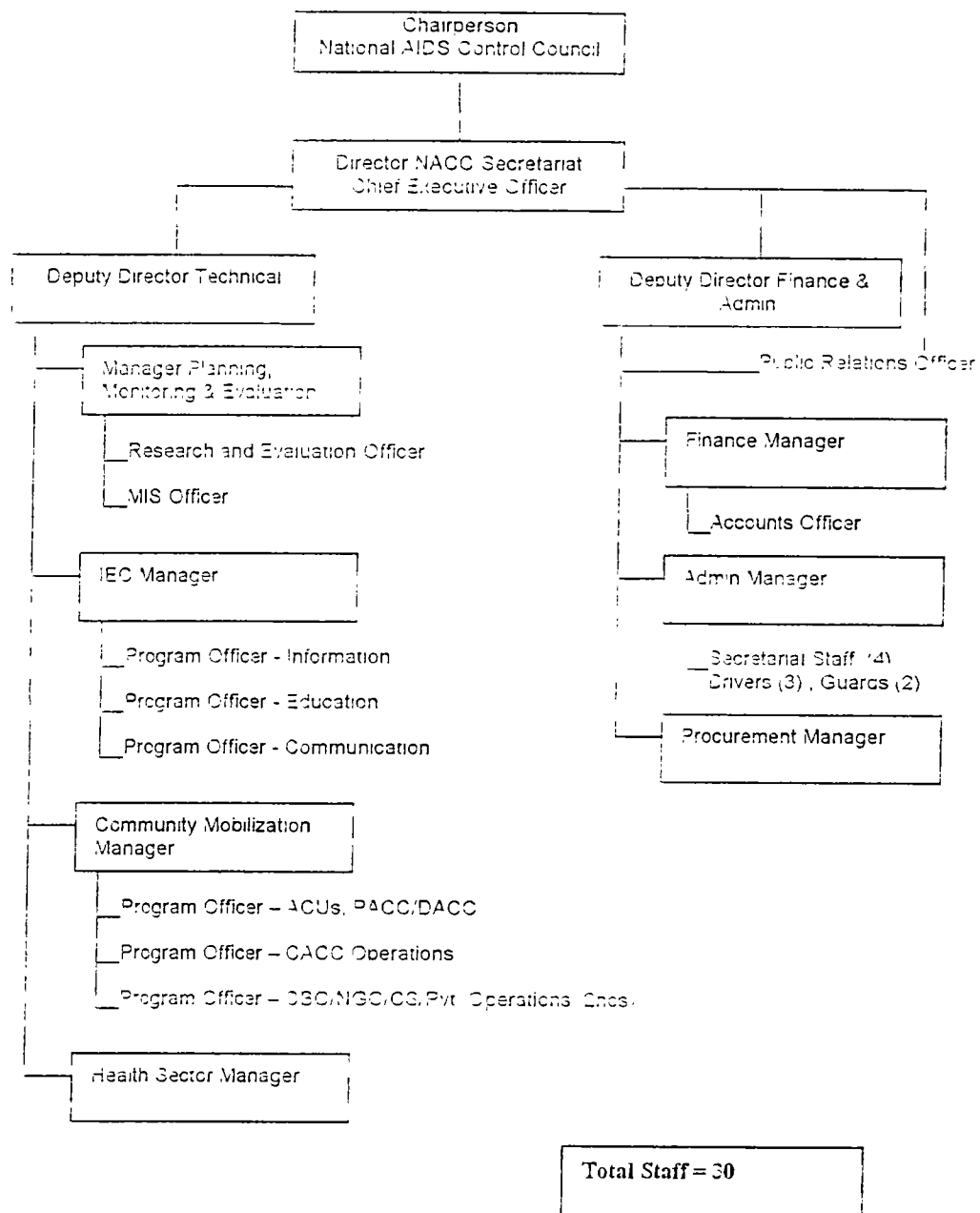
- GOK representative - 4
- Private Sector - 2
- Civil Society - 7 (Religious groups-2; NGOs/CBOs-3; PWAs-2)

The Members of Parliament of the area is an automatic member to attend as she/he pleases. The Public Health Officers (PHOs) of the areas (as secretaries) will convene relevant associations from private sectors and civil society to elect their representatives. The GOK will nominate its representative the ministries of Health, Education, Office of the President and Social and Culture Services. Representatives from other ministries may attend as ex-officials. At least half of the members of the Committee will be women. Appropriate level of education and commitment to HIV/AIDS work must be considered in electing members.

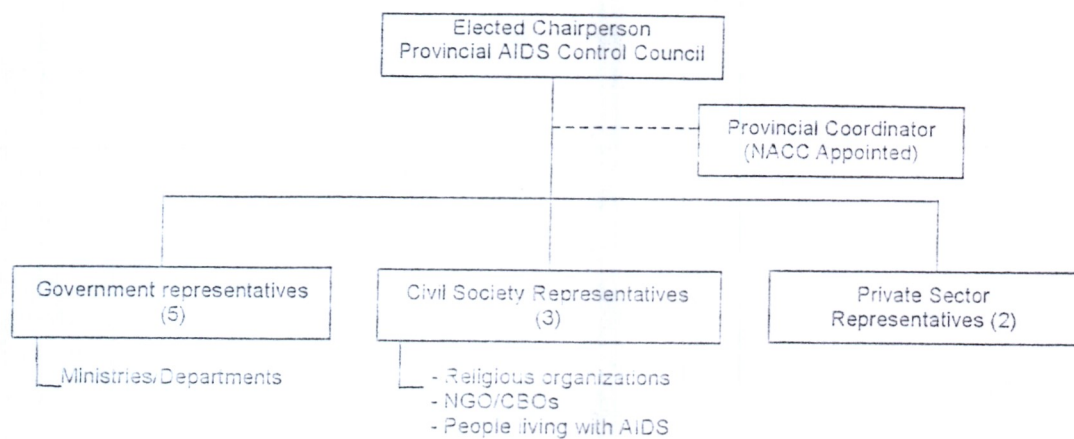
A Chairman will be elected from among the twelve members at the first meeting of CACC.

Note: the MP is both an ex-officio and a patron and therefore should not be elected Chairman

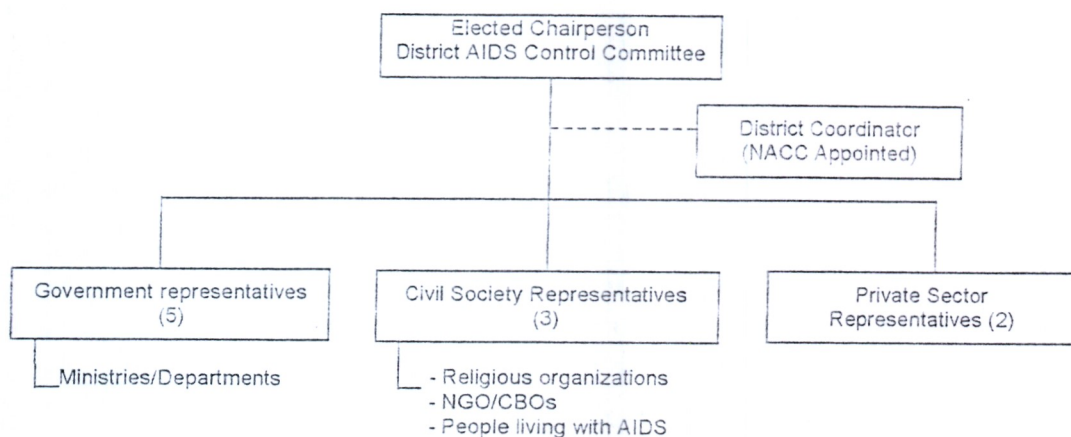
Organogram of National AIDS Control Council.



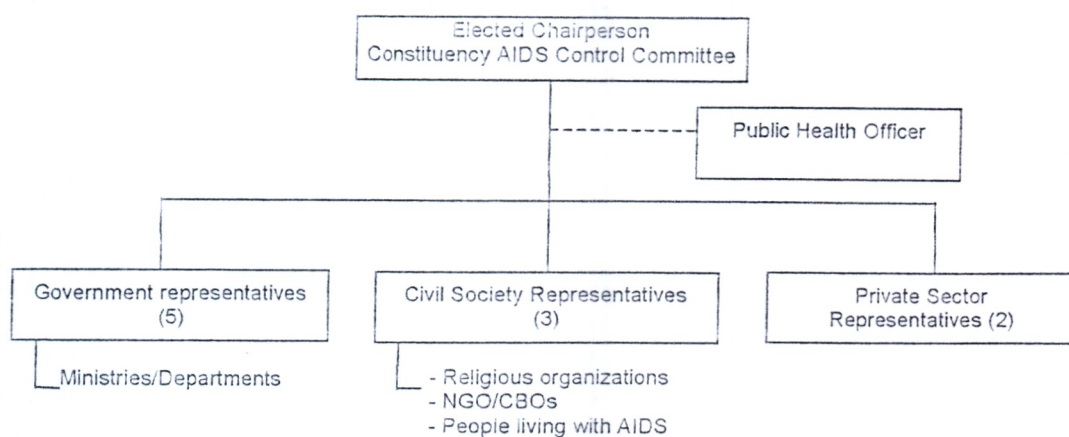
Organogram of Provincial AIDS Control Committee.



Organogram of District AIDS Control Committee.



Organogram of Constituency AIDS Control Committee.



Responsibilities

1. Director (Chief Executive Officer), National Aids Control Council

The Director, National Aids Control Council will be the Accounting officer, Chief Executive and Secretary to the National AIDS Control Council. Specifically his/her duties will entail

- Developing policies and guidelines relevant to the prevention and control of Acquired Immune Deficiency Syndrome (AIDS).
- Mobilizing resources for AIDS control and prevention and provide grants to implementing agencies.
- Coordinating and supervising implementation of AIDS programmes in the country; collaborating with local and international agencies which work in AIDS control and prevention.
- Facilitating the setting up of sectoral programmes in AIDS, mobilizing Government ministries/departments, Non Governmental Organizations (NGOs), Community Based Organizations (CBOs), Research bodies, the private sector and other institutions to participate in AIDS Control and prevention.
- Taking a leadership role in advocacy and public relations for the National AIDS control Council's programme.

2. Deputy Director - Finance And Administration National Aids Control Council

The Deputy Director, Finance and Administration will be responsible to the Director of the National AIDS Control Council (NACC) for all aspects of administration, accounting and financial management of the council. He/she will be required to carry out the following functions.

- Link the work plans of the Council;
- Prioritize activities in the Council for the purpose of financial allocations;
- Monitor and evaluate the cash flow of NACC, AIDS Control Units (ACUs), Provincial AIDS Control Committees, District AIDS Control Committees and Constituency AIDS Committees;
- Act as the focal point for the interpretation, operation and implementation of the NACC financial matters;
- Co-ordinate the organization and preparation of monthly, quarterly and annual financial reports of the Council;
- Ensure that disbursements are fully documented and certify all statements of expenditures (SOE);
- Co-ordinate the Council's budgeting process;
- Provide guidelines on preparation of operational budgets for AIDS Control Units, Provincial AIDS Control Committees and District AIDS Control Committees;
- Develop mechanism for monitoring implementation of the budgets of NACC, AIDS Control Units, Provincial AIDS Control Councils and District AIDS Committees; and
- Co-ordinate all administrative and personnel matters of the Council.

3. Deputy Director (Technical Services) National Aids Control Council

The Deputy Director (Technical Services) will report to the Director, National AIDS Control Council (NACC) He/She will be required to ensure successful implementation of policies on AIDS. In particular, duties will involve:-

- Developing strategies to deal with all aspects of the AIDS epidemic;
- Co-ordinating the formulation of policies and guidelines relevant to the prevention and Control of AIDS;

- Collaborating with local and international organizations and individuals who deal with AIDS control activities;
- Coordinating inter-ministerial activities on AIDS;
- Formulating, monitoring and evaluating projects on AIDS;
- Developing a National Management Information System for AIDS Control;
- Identifying appropriate intervention measures by the AIDS Council in the prevention and control of AIDS;
- Coordinating the functions of the Department of Technical Services; and
- Any other duties that may be assigned.

4. Finance Manager - National Aids Control Council

The Finance Manager will be responsible to the Deputy Director, Finance and Administration. The Manager will be required to:-

- Control all financial commitments;
- liaise with the Ministries/Departments and other bodies on all financial matters of the Council;
- Be responsible for financial evaluation and processing of major policy changes (i.e. changes with substantial financial implications within the Council);
- Prepare forward and annual budgets as well as revised estimates;
- Be responsible for the financial control and co-ordination for the AIDS Control Units, (ACUs), Provincial AIDS Control Committees (PACC), District AIDS Control Committees (DACC) and other agencies funded by the National AIDS Control Council (NACC) budget, release of funds to these projects and monitoring the use of the financial resources;
- Communicate the Council's ceilings for the forward and annual budget exercise to the various projects and spending points within the project.
- Incorporate projects inputs into the budget process; and
- Communicate on the approved annual estimates to various departments and making sure that there is a time adjustments of work plans commensurate with the resources voted in the budget.

5. Health Sector Manager, National Aids Control Council

The Health Sector Manager, NACC will be responsible to the Deputy Director, Technical Services. In particular, duties will involve:-

- Co-ordinating the health sector's HIV/AIDS activities in the country;
- Co-ordinating the activities of AIDS Control Units in the ministries/departments (ACUs), Provincial AIDS Control Committees (PACCs), District AIDS Control Committees (DACCs) and Constituency AIDS Control Committees (CACCs) on all HIV/AIDS issues in the Health Sector;
- Planning and co-ordinating Health Sector projects and programmes on HIV/AIDS in the country;
- Developing strategies for prevention and control of HIV/AIDS on Health Sector programmes;
- Guiding HIV/AIDS stakeholders on the implementation of Health Sector projects.

6. Human Resource And Administration Manager - National Aids Control Council

Human Resource and Administration Manager will be responsible to the Director, Finance and Administration. He/she will be required to:

- Develop and implement human resource and administration strategies aimed at improving productivity and ensuring performance management;

- Develop and implement human resource policies to enable the Council realise its mandate and promote human relationships conducive to a fast-changing sector;
- Develop and implement training policies that will enable the staff update its know how for a fast changing technology oriented service sector;
- Develop and implement recruitment and selection procedures for the Council's support staff; and
- Manage office service requirements and the Council's assets

7. Information, Education And Communications Manager - National Aids Control Council

The Information, Education and Communications Manager will report to the Deputy Director (Technical Services) and will be responsible for:-

- Providing effective information and Educational Service on AIDS Control Activities;
- Developing a National Policy and Strategy for Information and Education on the Control of AIDS;
- Co-ordinating Information, Education and Communication on AIDS Control Activities;
- Managing the Documentation Centre on AIDS Control;
- Designing materials and content on AIDS Educational Programmes;
- Formulating projects on Education/Information for AIDS Control;
- Managing the Information/Education, Communication Programmes on AIDS Control;
- Monitoring, Evaluating and Reviewing the effects of the information, education and communication programmes on AIDS Control;
- Identifying sector specific training needs for AIDS Control programmes and formulating projects to enhance them; and
- Any other duties that may be assigned.

8. Private Sector/Civil Society Manager National Aids Control Council

The Private Sector/Civil Society Manager will be responsible to the Deputy Director (Technical Services) for the co-ordination of all HIV/AIDS activities of Non-Governmental Organizations (NGOs), Community Based Organization (CBOs), People living with AIDS (PWA), Religious Organizations as well as the Private Organizations

- Developing HIV/AIDS policies and strategies as well as setting guideline on the socio-economic impact in the country;
- Coordinating all the activities of the AIDS control actors such as the NGOs, CBOs, PWAs, Private Sector organizations, etc involved in the control and prevention of HIV/AIDS;
- Coordinating orphan programmes;
- Coordinating and assisting in the preparation of HIV/AIDS programmes for the above stakeholders;
- Monitoring and evaluating as well as appraising Technical/Scientific Programmes on HIV/AIDS related projects at all levels in the private sector organizations, NGOs, CBOs, PWAs and maintaining a data-base for all organizations in dealing with AIDS.

9. Public Relations Manager - National Aids Control Council

A Public Relations Manager will work closely with the Director in order to:

- Create awareness of the AIDS epidemic to the public through media and the overall achievement of the Council's objectives in relation to HIV/AIDS activities;
- prepare the proposals for the Council's external image, and the activities in relation to

ANNEX-6

Supplies Required

- public relations, social activities etc;
- plan and co-ordinate functions, events and public meetings on all HIV/AIDS related activities;
- liaise with public/media in a proactive manner to highlight the Council's roles and services in the control and prevention of the spread of HIV/AIDS; and
- prepare and disseminate information about the Council's activities to all various AIDS Control Units in ministries/departments, Provincial AIDS Control Committees (PACC), District AIDS Control Committees (DACC) and Constituency AIDS Control Committees (CACC).

10. Procurement Manager - National Aids Control Council

The Procurement Manager will be responsible to the Deputy Director, Finance and Administration. The Manager's duties will entail:-

- Controlling and managing of the supplies and procurement functions of the Council;
- Ensuring that agreed supplies and procurement policies and procedures are adhered to;
- Advising on all matters relating to procurement;
- Ensuring proper and timely preparation of procurement documents, estimates of expenditures, processing of contracts and payment documents;
- Preparing project procurement reports;
- Develop and implement sound procurement policies and procedures; and
- Liaison with Procurement Agent(s).

11. Provincial Aids Control Coordinator (3 Posts)

Report to the Director of NACC on all matters of AIDS Control in the province;

- Plan, direct, control and co-ordinate activities against the broad policies laid down by the National AIDS Control Council (NACC);
- Act as Secretary to the Provincial AIDS Control Council (PACC);
- Coordinate all AIDS control activities within the province
- Promote teamwork between the various HIV/AIDS actors associated with the PACC and help resolve issues that cannot be resolved at the District level;
- Review work programmes;
- Determine and operationalize appropriate methods for implementing the specific components of the PACC that will assist the districts concerned to evolve a sustainable AIDS Control Council
- Ensure district AIDS control activities are implemented as per approved plans

ANNEX-7

Consultancies and Studies

VII	PABX Telephone System	370,000.00	4,625	01	01	-	-	-	740,000.00	9,866
	Telephone Heads	7,000.00	8,750	100	800	700	810	810	16,870,000.00	224,933
	Fax Machines	50,000.00	625	04	08	70	100	100	9,100,000	121,333
	Mobile Phones	30,000.00	875	05	08	-	-	-	390,000	5,200
	IEC Material									
	Production and Printing of:									
	Brochures			10 m	5 m	5m	2 m	2 m	22,000,000.00	1,650,000.00
	Banners									
VIII	Stickers									
	Lessos									
	Video Tapes									
	Bill Boards									
	Calendars									
	Stationery			10 m	500,000.00	400,000.00	200,000.00	200,000.00	2,200,000.00	29,333,000
	TOTAL							380,701,000.00		6,106,869

ANNEX-8

Project Cost Details: Issued Separately

ANNEX-9

Operational Manual Community Initiative Account: Issued Separately

ANNEX-10

Kenya National HIV/AIDS Strategic

