

No.

**BASIC DESIGN STUDY REPORT**  
**ON**  
**THE PROJECT FOR HIV/AIDS CONTROL**  
**IN**  
**THE REPUBLIC OF KENYA**

**JANUARY 2009**

**JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)**

**BINKO INTERNATIONAL, LTD.**

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## **Preface**

In response to a request from the Government of the Republic of Kenya, the Government of Japan decided to conduct a basic design study on the Project for HIV/AIDS Control in the Republic of Kenya and entrusted the study to the Japan International Cooperation Agency (JICA).

JICA sent the Republic of Kenya a study team from June 30 to July 21, 2008.

The team held discussions with the officials concerned of the Government of the Republic of Kenya, and conducted a field study at the study area. After the team returned to Japan, further studies were made. As this result, the present report was finalized.

I hope that this report will contribute to the promotion of the project and to the enhancement of friendly relations between our two countries.

I wish to express my sincere appreciation to the officials concerned of the Government of the Republic of Kenya for their close cooperation extended to the teams.

January 2009

Yoshihisa Ueda  
Vice-President  
Japan International Cooperation Agency

January 2009

## **Letter of Transmittal**

We are pleased to submit to you the basic design study report on the Project for HIV/AIDS Control in the Republic of Kenya,

This study was conducted by Binko International Ltd., under a contract to JICA, during the period from June, 2008 to January, 2009. In conducting the study, we have examined the feasibility and rational of the project with due consideration to the present situation of the Republic of Kenya and formulated the most appropriate basic design for the project under Japan's grant aid scheme.

Finally, we hope that this report will contribute to further promotion of the project.

Very truly yours,

Shinichi KIMURA  
Project Manager,  
Basic Design Study Team on  
the Project for HIV/AIDS Control in the  
Republic of Kenya,  
Binko International Ltd.

## Summary

### (1) Country Summary

The Republic of Kenya (Kenya) is a country located in the eastern part of Africa and it neighbors Ethiopia, Uganda, Tanzania, Somalia and Sudan. The country faces the Indian Ocean and its total land area is 580,000km<sup>2</sup> (approximately 1.5 times of Japan) and the population is 35.1 million.

Kenya is seated just under the equator and its climate significantly varies between the plateau region at an altitude of 1,100-1,800m and the coastal region. In the plateau region, which is a savanna with dry atmosphere, the weather is cool and the average yearly temperature is 18°C. Meanwhile, in the coastal region, except when it is cooler during the dry season in July and August, the weather is characterized by high temperature and humidity almost all through the year. Nevertheless, there are only a few areas and days exceeding the highest temperature of 30°C in the coastal region over the course of the year.

Kenya's GDP in 2007 amounted to 26,950.5 million U.S. dollars, with GDP per capita totaling 845 U.S. dollars, which makes Kenya one of low-income countries in the world. In recent years, however, the country's economy has grown steadily thanks to its sound macroeconomic policy and structural reform and the real GDP growth has been positive at the rate of 5.7% in 2005, 6.4% in 2006 and 7.0% in 2007, respectively. Although Kenya has a more industrialized structure compared to other countries in East Africa, approximately 60% of its total population is engaged in farming and, of total GDP, about 26.9% was achieved by the primary industry (17.1% achieved by the secondary industry and 56.0% by the tertiary industry).

### (2) Background, Development and Overview of the Requested Project

In Kenya, a document which is at the center of development and economic policies is the Investment Programme for Economic Recovery Strategy (IP-ERS) 2004-2007, which represents the country's Poverty Reduction Strategy Paper. Particularly in order to revitalize its economy, the written Investment Programme states strategies not only for improving social services offered by the Government of Kenya but also for further developing the investment environment and its governance indispensable for the economic revitalization. Many of donors including Japan have been offering development assistance to support the implementation of IP-ERS in Kenya. In the IP-ERS, HIV/AIDS control and prevention is positioned as one of important issues that can promote poverty reduction in Kenya.

In connection with the IP-ERS, in 2005, Kenya's Ministry of Health set up the National Health Strategic Plan 2005-2010, NHSP II, and in this plan the Ministry designated HIV/AIDS control and prevention as one of important issues. Specifically, in 2005, the National AIDS Control Council (NACC) developed a strategy entitled, the Kenya National HIV/AIDS Strategic Plan 2005/6-2009/10, KNASP. And, guidelines were presented on how to comprehensively address issues of HIV/AIDS prevention, care and treatment, with goals of (1) preventing people from being newly infected by HIV, (2) improving the life of HIV

infected people or other people affected by HIV/AIDS and (3) alleviating the influence of HIV/AIDS on Kenyan economy and society. This Project has been an important source of input to help the country to achieve these goals.

After the first case of AIDS in Kenya was recognized in 1984, the HIV positive rate of the population aged 15-49 (estimate) had a peak at around 10% in 1997/98 and in 2006 the rate decreased to 5.1%. The Ministry of Public Health and Sanitation, however, conducted the Kenya AIDS Indicators Survey in July 2008 and announced that the HIV positive rate in 2007 reached 7.8% (with an HIV positive population amounting to approximately 1.4 million), alerting to a sign that the rate was moving upwards again.

A wide range of efforts have been implemented to improve the situation and the provision of opportunities to take HIV tests to its population is one of key components of Kenyan strategy to reduce people who are newly infected by HIV or die of AIDS. At the same time, it is one of efforts the country needs to enhance urgently and actively. In order to satisfy these needs, it is indispensable, on one hand, to provide people with appropriate counseling and testing service while ensuring high quality in the service and improving the access to the test and, on the other hand, to stabilize the supply of HIV test kits.

In Kenya where the financial base is vulnerable, however, it is not easy even to make plans for the HIV test kit supply and the country has been turning to assistance from Japan, the U.S., the Global Fund, etc. In addition, since such assistance is offered by donors mostly on a single-year basis, the Government of Kenya is forced to face uncertainty to commit to long-term procurement and supply of HIV test kits. It is, therefore, a pressing need to ensure a stable supply of the test kits.

Under these circumstances, the Government of Kenya requested Japan to extend a grant aid to help Kenya to procure rapid-type HIV test kits to be used for the coming three years up to FY2012.

### (3) Summary of Survey Results and Contents of the Project

In response to this request, the Government of Japan decided to launch a basic design study and the Japan International Cooperation Agency (JICA) dispatched a basic design study team to Kenya from July 1 to 21, 2008. The study team discussed about and confirmed the detailed background and contents of the Project with the concerned parties of the Government of Kenya and collected related data and information. Then, the team conducted analysis in Japan and developed plans for the Project.

While the overall goal of the Project is to reduce newly HIV infection and AIDS mortality rates, the purpose of the Project is to increase the number of those who take HIV counseling and testing by strengthening the system of HIV counseling and testing service delivery around Kenya through the procurement of rapid HIV test kits.

The contents of the Project were planned based on the following principles:

- ① Possibility of the procurement of three kinds of HIV test kits for three years was examined.
- ② For the forecast of the required number of HIV test kits, we targeted voluntary counseling and testing (VCT), which has been the focus of Japanese technical cooperation including projects and the dispatch of Japanese Overseas Cooperation Volunteers, in order to interrelate different cooperation schemes. In addition, Japanese Grant Aid avoids overlap with assistance from the Global Fund and/or different donors focusing on testing for Prevention of Mother and Child Transmission (PMTCT) and Provider-Initiated Testing and Counseling (PITC).
- ③ The brands of the HIV test kits were specified as the same three brands approved by the Government of Kenya since 2004. These three brands have been used with technical training of the HIV testing and reporting for inventory management, etc. The introduction of different brands can cause confusion and decrease the quality of the testing in the service delivery points.
- ④ The required number of HIV test kits were forecasted with the number of testing demands (calculated from the forecast of the number of VCT takers and of the increase in the VCT service delivery points), the number of HIV test kits needed for each testing algorithm and its stage (per person), and the number of the test kits for the waste and quality assurance.

The brands and the quantity of HIV test kits to be procured under this Project are as follows: (In the case of three-year procurement)

Name of kit	Name of brand	Quantity to be procured in FY 2009-10	Quantity to be procured in FY 2010-11	Quantity to be procured in FY 2011-12	Total quantity to be procured for three years
Rapid HIV test kit (for preliminary testing)	Determine	1,654,000	1,654,000	1,654,000	4,962,000
Rapid HIV test kit (for secondary testing)	SD Bioline	804,000	804,000	804,000	2,412,000
Rapid HIV test kit (for tertiary testing)	Uni Gold	18,000	18,000	18,000	54,000

(Unit: test)

#### (4) Schedule and Estimated Cost of the Project

If this Project is conducted with a Grant Aid offered by Japan and will be implemented for three years, the estimated total cost to be spent in Kenya will be 1,294 million Kenyan shillings (approximately 47.33 million yen). The Project will also need a period of 42 months to be completed.

#### (5) Validation of the Project

This Project is considered to be highly valid based on the following:

- 1) This Project can contribute to the targets of the national HIV/AIDS control and prevention strategy set by the Government of Kenya--“to allow a total of 2 million people to take HIV test every year” and “to allow 25% of the population aged 15-49, who have not taken HIV test before, to take

the test.” In the long run, the Project can alleviate burdens and negative influence of HIV/AIDS on the society and economy and contribute to further development of the country.

2) This project, if implemented, will provide approximately 1.4 million Kenyan citizens with opportunities to receive VCT service annually.

3) As test kits are provided through this Project and, as the result, the counseling and testing service will become available to people, it is expected that the number of people taking the test will increase as well as access to accurate information will be gained, new HIV infection will be prevented, access to treatment and healthcare will be offered and discrimination will be eliminated.

4) In Kenya, those who involved in procurement have been acquiring experience and their procurement activities have been enhanced through assistance programs. And, these assistance programs have not hindered Kenya’s self-sustaining development. Financially, however, Kenya now depends on donors in procuring not alone HIV test kits but other materials and equipment such as ARVs and it cannot be expected that the country will achieve self-sustainable development for procuring HIV test kits. Kenya, however, has been enhancing its autonomy in establishing HIV/AIDS control and prevention measures with donors’ assistance in materials and equipment procurement. In addition, ongoing assistance for HIV/AIDS control and prevention in Kenya alleviates long-term burdens and negative influence on the society and economy and will contribute to the establishment of abilities for overall self-sustaining development in the future.

5) This Project is not immediately profitable and test kits provided through this Project will be used on a free of charge basis at HIV counseling and testing service delivery points.

6) This Project can be implemented without specific problems when considering the Japanese system for offering grant aids to overseas countries.

In order to make this Project effective, it is indispensable to improve and develop the following points:

7) The field study we conducted reveals that the confirmation test for quality control poses problems since it increases the burden of the test laboratory at NPHLS and hinders the reporting of confirmation test results. In the meantime, as the number of HIV counseling and testing service delivery points increases, how to obtain funds to operate testing facilities may be a challenging issue. Under such circumstances, it is desirable that human, financial and organizational resources will be enhanced so that service delivery will not be disturbed by increased burdens on the concerned parties.

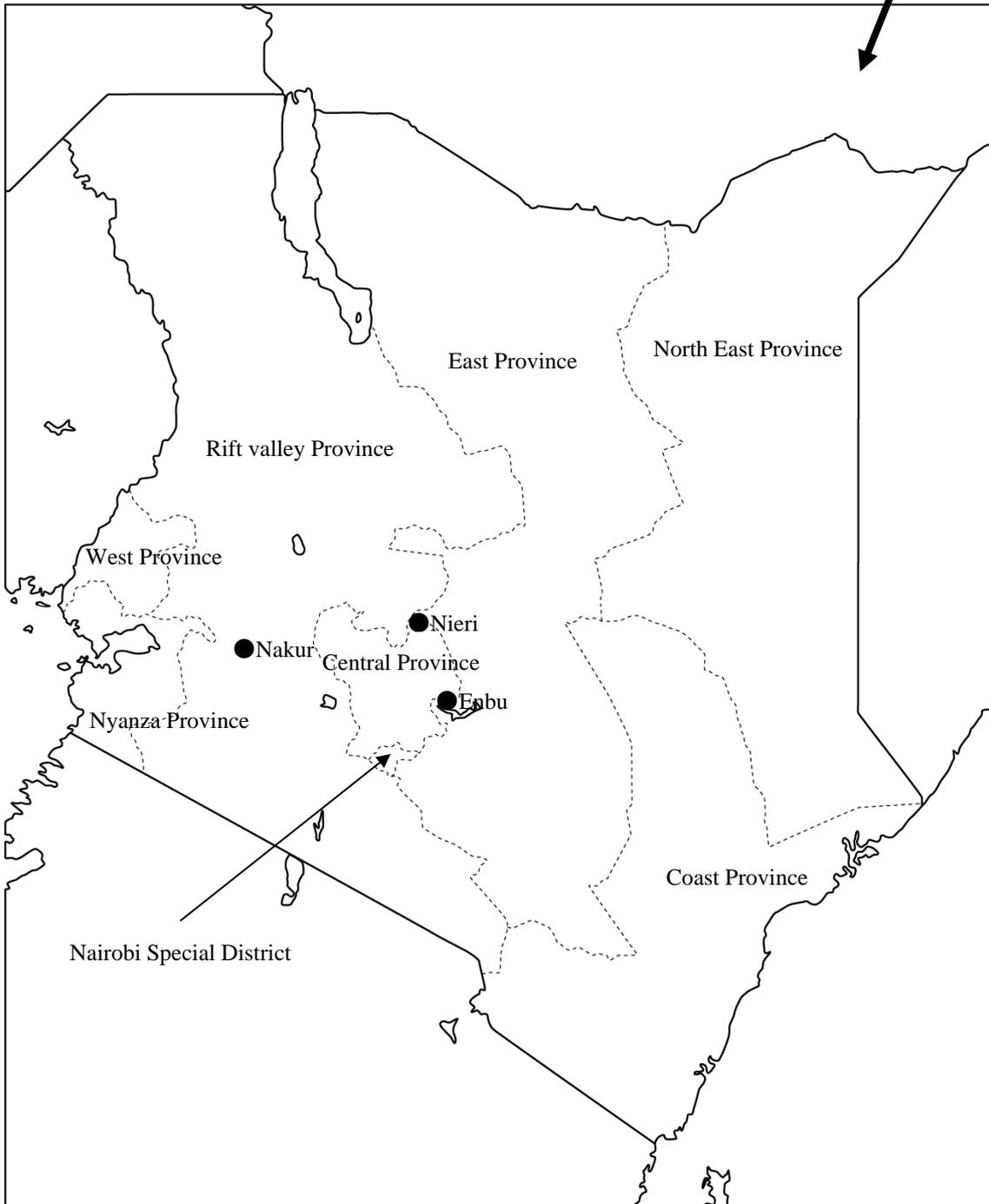
8) When the Japanese Grant Aid Project in FY2008 was implemented, procedures to be completed for procurement and customs clearance within Kenya fell behind schedule, which significantly delayed the delivery of test kits. Since HIV test kits have rather a short period of validity, it is

necessary to shorten the lead time between order placement and delivery of test kits to the HIV counseling and testing service points. And, therefore, it is desirable in this Project that documents necessary for procurement and customs clearance are thoroughly and smoothly prepared in advance.

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## Abbreviations

Abbreviation	English
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral Treatment
BCC	Behavior Change Communication
CDC	Centers for Disease Control and Prevention
DASCO	District AIDS and STD Coordinator
DFID	Department For International Development
DMLT	District Medical Laboratory Technologist
DTC	Diagnostic Testing and Counseling
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HDI	Health and Development Initiatives
HIV	Human Immunodeficiency Virus
IDU	Injection Drug User
IP-ERS	Investment Programme for the Economic Recovery Strategy for Wealth and Employment Creation
KNASP	National HIV/AIDS Strategic Plan
LMU	Logistic Management Unit
KEMSA	Kenya Medical Supplies Agency
MDGs	Millennium Development Goals
MSH	Management Sciences for Health
MTEF	Medium Term Expenditure Framework
NACC	National AIDS Control Council
NASCOP	National AIDS and STD Control Programme
NHSP II	National Health Strategic Plan 2005-2010
NGO	Non Governmental Organization
PASCO	Provincial AIDS and STD Coordinator
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PLWHA	People Living With HIV/AIDS
PMLT	Provincial Medical Laboratory Technologist
PMTCT	Prevention of Mother To Child Transmission
PDI	Pre-Delivery Inspection
PSI	Pre-Shipment Inspection
SDP	Service Delivery Point
STIs	Sexually Transmitted Infections
TICAD	Tokyo International Conference on African Development
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

# **Chapter 1 Background of the Project**

## **1.1 Country Situation**

The Republic of Kenya (Kenya) is a country located in the eastern part of Africa and it neighbors Ethiopia, Uganda, Tanzania, Somalia and Sudan. The country faces the Indian Ocean and its total land area is 580,000km<sup>2</sup> (approximately 1.5 times of Japan) and the population is 35.1 million.

Kenya is seated just under the equator and its climate significantly varies between the plateau region at an altitude of 1,100-1,800m and the coastal region. In the plateau region, which is a savanna with dry atmosphere, the weather is cool and the average yearly temperature is 18°C. Meanwhile, in the coastal region, except when it is cooler during the dry season in July and August, the weather is characterized by high temperature and humidity almost all through the year. Nevertheless, there are only a few areas and days exceeding the highest temperature of 30°C in the coastal region over the course of the year.

Kenya's GDP in 2007 amounted to 26,950.5 million U.S. dollars, with GDP per capita totaling 845 U.S. dollars, which makes Kenya one of low-income countries in the world. In recent years, however, the country's economy has grow steadily thanks to its sound macroeconomic policy and structural reform and the real GDP growth has been positive at the rate of 5.7% in 2005, 6.4% in 2006 and 7.0% in 2007, respectively. Although Kenya has a more industrialized structure compared to other countries in East Africa, approximately 60% of its total population is engaged in farming and, of total GDP, about 26.9% was achieved by the primary industry (17.1% achieved by the secondary industry and 56.0% by the tertiary industry).

## **1.2 HIV/AIDS Situation**

After the first case of AIDS in Kenya was recognized in 1984, the HIV infections rate peaked at around 10% in 1997/98 and decreased to 5.1% in 2006. However, according to the recent Kenya AIDS Indicators Survey by Ministry of Public Health and Sanitation (MoPHS), the HIV rate was 7.8% (population of HIV positives is about 1.4 million) and resurgence is feared.

In this situation, the Government of Kenya declared in 1999 that HIV/AIDS is a national disaster, and regarded as the highest priority amongst national challenges. Soon after that, the Government established the National AIDS Control Council as a corporate body under the State Corporations Act by a Presidential Order in Legal Notice No. 170 of 26th September 1999, and developed an intersectoral (intersectional) framework, as well as set up an AIDS Control Unit in each ministry.

In addition, the Ministry of Health (currently Ministry of Medical Services and Ministry of Public Health and Sanitation) implemented the National AIDS and STI Control Program as a central body for the activities of HIV/AIDS prevention and alleviation, counseling and testing, care, treatment and support. As a result of these efforts, a foundation for HIV prevention and alleviation has been created including

increase in condom use, increase in the number of testing facilities and users, and improved access to treatment.

As the first major program of HIV/AIDS control and prevention, the Government of Kenya launched voluntary counseling and testing (VCT). Even in the current National AIDS Control Plan 2005/06-2009/10 expansion of VCT was mentioned with targets such as 1) at least one VCT facility is established in each administrative district and 2) at least 2 million people take an HIV test (0.5 million for VCT and 1.5 million for PITC), and 3) at least 25% of the population aged 15-49 take an HIV test and know the result. In order to achieve the target, the Government has made efforts to improve the access to HIV testing by increasing the VCT facilities, combining the utilization of mobile VCT, Provider-Initiated Testing and Counseling (PITC) and Door-to-door Counseling and Testing, etc. These efforts include not only daily routine work but also special campaigns such as the event on World AIDS Day targeting testing access for 0.1 million people.

As a result, the access to HIV testing has improved. The number of persons who took an HIV test has also increased. At present, there are now 9,543 sites in the country, rising from 350 in 2007 and 3 in 2001. All administrative districts have an HIV testing site, and in large cities such as Nairobi, Mombasa and Kisumu, there are more than five facilities for 0.1 million persons.

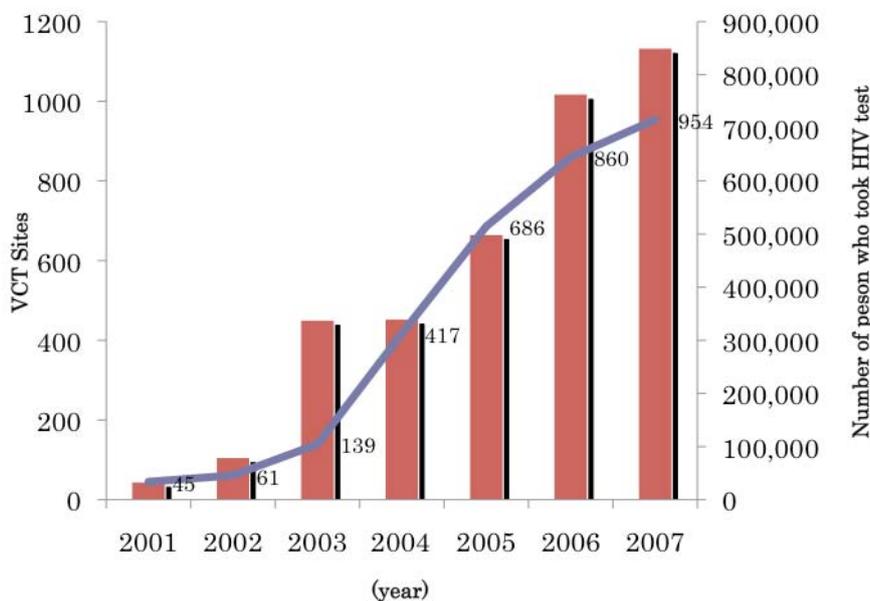


Figure 1-1 Number of VCT sites and persons who took VCT  
(Cited from NASCOP document)

However, Kenya still faces challenges in achieving the above-mentioned targets. For example, VCT sites are concentrated in urban areas and access to VCT in rural areas is limited. In addition, it is reported that the specific needs of vulnerable groups such as persons with disabilities, migrant workers, and

commercial sex workers are not being met. To address these challenges, the Government of Kenya has continued to expand the opportunities of HIV testing with additional targets.

### **1.3 Requested Components**

HIV testing and counseling is one of important component and urgent efforts for reducing new HIV infections and AIDS deaths. Stable supply of HIV test kits is essential to satisfy the needs for appropriate counseling and testing, quality assurance of HIV testing, improvement of access, etc.

The Government of Kenya has fragile finances so it is difficult to make a stable procurement plan of HIV test kits. In fact, the Government depends on aid from Japan, the United States and the Global Fund. As this aid is in the form of single-year support, the Government has to make stable long-term plans for the procurement and supply of HVI test kits. The Government submits a request for Grant Aid from the Government of Japan to address demand for HIV test kits (three brands) for three years from 2009/10-2011/12.

## **Chapter 2 Contents of the Project**

### **2-1 Basic Concept of the Project**

#### **2-1-1 Goal of the Project**

While the overall goal of the Project for HIV/AIDS Control (the Project) is to reduce the rate of new HIV infections and mortality by AIDS, the purpose of the Project is to increase the number of those who take HIV counseling and testing through strengthening the system for HIV counseling and testing throughout Kenya.

#### **2-1-2 Overview of the Project**

The Project is to procure three brands of rapid HIV test kits needed for the HIV testing implemented in Kenya, by the National AIDS and STI Control Programme (NASCOP) under the Ministry of Public Health and Sanitation.

### **2-2 Basic Design of the Requested Japanese Assistance**

#### **2-2-1 Design Policy**

##### **(1) Principles**

The Project was planned according to the following principles, for the procurement of rapid HIV test kits in order to contribute to reducing the number of cases of HIV infection, based on discussion with the Government of Kenya.

- ①. Possibility of the procurement of three kinds of HIV test kits for three years was examined.
- ②. For the forecast of the required number of HIV test kits, we targeted voluntary counseling and testing (VCT), which has been the focus of Japanese technical cooperation including projects and the dispatch of Japanese Overseas Cooperation Volunteers, in order to interrelate different cooperation schemes. In addition, Japanese Grant Aid avoids overlap with assistance from the Global Fund and/or different donors focusing on testing for Prevention of Mother and Child Transmission (PMTCT) and Provider-Initiated Testing and Counseling (PITC).
- ③. The brands of the HIV test kits were specified as the same three brands approved by the Government of Kenya since 2004. These three brands have been used with technical training of the HIV testing and reporting for inventory management, etc. The introduction of different brands can cause confusion and decrease the quality of the testing in the service delivery points.
- ④. The required number of HIV test kits were forecasted with the number of testing demands (calculated from the forecast of the number of VCT takers and of the increase in the VCT service delivery points), the number of HIV test kits needed for each testing algorithm and its stage (per person), and the number of the test kits for the waste and quality assurance.

##### **(2) Consideration for Environmental Conditions**

The climate of Kenya is very humid so special packing conditions for the Rapid HIV test kits are specified as dry-free packing in the tender document.

(3) Consideration for the Capability of the Implementing Organization

As the HIV test kits planned in the Project have been procured by the implementing organization for a long time with the support of various donors, we do not need to take the capability of the implementing organization into special consideration for the procurement and distribution of the HIV test kits.

(4) Consideration for Specification of the Rapid HIV Test Kits

All three kinds of HIV test kits planned in the Project satisfy the conditions regulated by Kenya.

Table 2-1. Specification of HIV Test Kits

	Specification	Standards of Kenya	Determine	SD Bioline	Uni Gold	Rationale of Selection of the HIV test kits
Storage	Refrigerate					It is necessary to prepare proper storage and transportation conditions for the items stored in a freezer or refrigerator.
	Room temperature	○	○	○	○	
Sample	Whole blood	○	○	○	○	It is desirable in developing countries to use the kits with whole blood because special preparations such as extraction are necessary for test kits with serum/ plasma.
	Serum/ plasma		○	○	○	
HIV Type	HIV1+2	○	○		○	There are subtypes of HIV; HIV-1 and HIV-2. Some kits can react with only HIV-1, can react with HIV-1 and HIV-2 together, and can react with HIV-1 and HIV 2 separately. HIV-1 occurs all over the world but HIV- 2 occurs in only some areas of western Africa.
	HIV1, 2	○		○		
	HIV1					
Performance	Sensitivity (%)	99.5-100	100	100	100	
	Specificity (%)	99 - 100	99.75	99.8	99.7	

(5) Consideration for Procurement

All test kits are sent to the airport of Kenya from each manufacturing country by air because the effective duration of procured kits is about 1 year and because transportation of the kits requires temperature control. In addition, it is requested that the schedule of all three kinds of test kits should be coordinated to arrive at airport at once, and should be passed through custom clearance and transportation all together. From the airport to central medical storage of KMESA the transportation will be done by truck.

On the other hands, as many kits would expire without use if all kits were delivered at once, the kits are shipped in three batches each year. The Kenya side made the same request.

## 2-2-2 Basic Plan (Equipment Plan)

### (1) Forecasting the demand for VCT

As NASCOP has service data of previous HIV counseling and testing, forecasting the demand for HIV test services and the required number of HIV test kits were based on the data. The service data for each testing scheme are shown in Table 2-2.

Table 2-2 Service Data for VCT

	2005/06	2006/07	2007/08
Number of VCT facilities	686	860	954
Number of those who took VCT	499,448	763,574	850,097
Reporting rate of VCT facility (%)	62,8	86,6	81,3
Number of those who took VCT, adjusted reporting rate	795,299	881,725	1,045,630
Number of those who took VCT per facility	1,159.32	1,025.26	1,096.05

Source: NASCOP Data

As shown in the table, the number of persons who took VCT was 1,096.05 in 2007/08. In addition, the increase in the VCT service delivery points in 2008/09 and after is 179 according to the national plan. Based on these data, the forecast of the increase in the number of persons who will take VCT was 196,193 (= 1,096.05 x 179). If this 196,193 is added to 1,241,822 (the forecast in 2008/09), the number of persons who took VCT in 2007/08, then, the forecast of the number of persons who will take VCT in 2009/10 will be 1,438,015.

Table 2-3 Demands for VCT

	2008/09	2009/2010
VCT	1,241,822	1,438,015
Static VCT	806,184	934,710
Mobile VCT	434,638	503,305

### (2) Required Number of HIV Test Kits to Meet the Demand

Table 8 shows the algorithm and testing kits of each HIV testing scheme. The national guidelines of Kenya for HIV testing define that all schemes should follow the parallel algorithm. However, in the situation that HIV test kits are insufficient, the Ministry announced in 2005 that some schemes can use the serial algorithm (Only positives in the 1<sup>st</sup> test take the 2<sup>nd</sup> test) for the sake of convenience.

Table 2-4 Algorithm and Test Kits

Scheme	Algorithm	Test Kits Used in Each Algorithm
Static VCT	Serial	1 <sup>st</sup> Test : Determine ↓ If positive, 2 <sup>nd</sup> Test : SD Bioline ↓ If negative 3 <sup>rd</sup> Test : Uni Gold
Mobile VCT	Parallel	1 <sup>st</sup> Test : Determine • 2 <sup>nd</sup> Test: SD Bioline (same time) ↓ If discrepant (3%) Confirmation test : Uni Gold

The following formula was used to calculate the number of required HIV test kits with the algorithm of each testing scheme.

Table 2-5. Formula for Projection of Required HIV Test Kits

(N = the number of those who take the test in the 1<sup>st</sup> test)

	Use for HIV test	Use for Quality Control	Estimation of Waste	Formula	
Conditions/ Assumptions	HIV positive rate in 1st test: 20% Discrepancy rate between 1st and 2nd test: 3%	1st: 10% of total 2nd (Parallel) 10% of total 2nd (Serial): 15% of total 3rd : 100% of total	5% of Total		
Serial	1st test	N	A x 10%	A x 5%	A x 1.15
	2nd test	N x 20%	A x 20% x 15%	A x 20% x 5%	A x 0.24
	3rd test	N x 20% x 3%	A x 20% x 3% x 100%	A x 20% x 3% x 5%	A x 0.0123
Parall	1st / 2nd test	N	A x 10%	A x 5%	Ax1.15
	3rd test	N x 20% x 3%	A x 20% x 3% x 100%	A x 20% x 3% x 5%	A x 0.0123

\*HIV positive rate

The HIV positive rate in VCT sites tends to be higher than the rate in the general population (7.4% in Kenya in 2007) because those who are worried about HIV infection attend VCT voluntarily. On the other hand, the positive rate has increased with the increase in the number of persons who took VCT probably because of improvement in the accessibility of the VCT site as well as because of the BCC activities. Therefore, we set the HIV positive rate in the 1<sup>st</sup> test as 20%, although it was 30% in the request.

\*Discrepancy rate

The discrepancy rate between the 1<sup>st</sup> test and the 2<sup>nd</sup> test is 3% in Kenya.

\*Use for Quality Control

In Kenya, some HIV test kits are secured for quality control. In this Project, 10% was set as the appropriate number for the following uses; 1) Use for quality assurance at the landing of the shipments, 2) Use for technical evaluation of HIV test kits, 3) Use for quality assurance in HIV testing. In the 1<sup>st</sup> test,

10% of negative results are sampled for use. Previous experts estimated the number, 10%, and 4) Use for training counselors

\*Estimation of Waste

The amount of test kits that are not used appropriately is estimated to be 5%, although the request document from Kenya states 10%.

There is no actual figure on this number. However, an estimate might be derived in the future from the sample survey for all testing facilities in Kenya implemented by the Management Science for Health, the US NGO. On the other hand, because the conditions of store management in each testing facilities were quite good, according to the presentation of the MSH at the National Quantification Meeting on 16-18 August 2008, the wastage rate seems low.

As for the wastage rate, USAID state in their report that they assume 5-10% for the estimation if they do not have an actual wastage rate. In addition, they state that 10% is used for new projects and the number tends to decrease over time as the counselors improve their skills in testing and maintaining appropriate storage conditions.

This project takes 5% in the range from 5-10% as mentioned above, because the storage conditions are good and the HIV testing system has been implemented for eight years.

Wastage includes the following; 1) waste due to mistakes in the testing procedures, 2) waste due to expiry, 3) waste due to inappropriate storage and 4) waste due to failure to follow the testing algorithm.

(3) Number of HIV test kits procured through Grant Aid

The number of HIV test kits procured through Grant Aid in 2009/2010 is shown in Table 11. In the case that the Project will be implemented for three years, the Grant Aid for the same amount will be provided for each year for three years from 2009/10 to 2011/12.

Table 2-6. The Number of HIV Test Kits Procured through Grant Aid

	Required Number in 2009/10	(Round up in less than 1,000)
Determine	1,653,717	1,654,000
SD Bioline	803,131	804,000
Uni Gold	17,688	18,000

**2-2-3 Implementation Plan**

(1) Implementation Policy

The HIV test kits will be procured from Japan or third countries, by a Japanese contractor for equipment procurement, selected through general public bidding. A consultant will be contracted from an independent inspection agency to conduct pre-shipment inspections of all procured HIV test kits. The

procured HIV test kits will be delivered to Kenya Medical Supplies Agency (KEMSA), and onsite inspection will be conducted by the procurement consultant and the contractor for procurement together.

(2) Implementation Conditions

As the purchasing brands will be specified for all the items in this project, issuing a document to the manufacturers requesting reasonable quotations to the suppliers ensured competitiveness. Since the HIV test kits to be procured have a relatively short shelf life, the Kenyan side is requested to expedite transportation, custom clearance and distribution procedures after their arrival in Kenya.

\* Customs clearance

According to a customs clearance firm in Kenya, the tax exemption procedures are as follows.

1. The supplier or his representatives will submit a tax exemption application (with a copy of the shipping documents) to the Ministry of Public Health and Sanitation.
2. The Ministry of Public Health and Sanitation will submit the above documents to the Ministry of Finance, after approval.
3. The Ministry of Finance will examine the documents and issue tax exemption permission. It takes a couple of weeks.
4. The supplier will submit the above permissions to the customs house for the clearance of consignments. It takes about 2-3 days.
5. After customs clearance, the supplier will deliver consignments from the customs warehouse to the Central Medical Store (KEMSA) in Nairobi. It takes about 3 days for this arrangement, including vehicle arrangement.
6. The consultant will promote transportation and delivery arrangements at the site, through customs clearance to delivery to the Central Medical Store of KEMSA.

(3) Scope of responsibilities

The responsibilities of Japan and the Kenyan side are shown in Table 2-7

Table 2-7. Responsibilities Borne by the Two Countries

Scope	Japan	Kenya
Procurement of HIV test kits	Three brands of HIV test kits planned in the Project	None
Transportation of HIV test kits	Transportation of HIV test kits from JAPAN and third countries to KEMSA central warehouse in Nairobi, the capital of Kenya	Distribution of HIV test kits from KEMSA central warehouse to service delivery points
Installation	None	None

(4) Quality Control Plan/Consultant Supervision

① Pre-shipment verification of equipment

Pre-shipment verification of equipment will be conducted by an independent inspection agency to check i) the equipment list of the contract against the shipping documents, ii) the delivery date, iii) the quantity of the products, and the packing conditions. Inspections will be carried out at the time of shipment.

② Inspection upon delivery at the warehouse

The HIV test kits procured from Japan or third countries will be stored at KEMSA. The consultant will cooperate with the contractor for equipment procurement to check the specifications, quantities, and whether there is any damage of the delivered goods. The consultant will attend the first and the last (third) deliveries, and the contractor for equipment procurement will conduct all inspections.

(5) Procurement Plan

The prospective procurement sources of the equipment and materials are summarized in Table 2-8. In addition, the schedule will be planned in order that all three kinds of test kits arrive at Nairobi by air, at the same time, and will be delivered to Kenya Medical Supplies Agency (KEMSA).

Table 2-8 Procurement Sources of HIV Test Kits

Item (Brand)	Kenya	Japan	3rd Country	Remarks
Rapid HIV test kits (Determine HIV-1/2)		○		Japan
Rapid HIV test kits (SD Bioline 1/2 3.0)			○	Republic of Korea
Rapid HIV test kits (Uni Gold)			○	Ireland

(6) Implementation Schedule

The implementation schedule of this project is shown below.

Table 2-9 Implementation Schedule (Phase I)

月	1	2	3	4	5	6	7	8	9	10	11	12
Phase I											Total 4 months	
											Total 10 months	

\*PDI: Pre-Delivery Inspection/ \*PSI: Pre-Shipment Inspection

Table 2-10 Implementation Schedule (Phase II)

月	1	2	3	4	5	6	7	8	9	10	11	12																																																																											
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Table 2-11 Implementation Schedule (Phase III)

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### 2-3 Obligations of Recipient Country

The responsibilities of the Government of Kenya in implementing this project are as follows:

- To expedite appropriate custom clearance procedures for the procured goods, and to bear the costs incurred

- Customs duties on procured goods and procurement operations, as well as tax exemption for domestic transaction
- To manage appropriate storage and quality maintenance of the procured goods, and to bear the costs incurred
- To manage appropriate distribution of the procured goods, and to bear the costs incurred
- To submit semi-annual monitoring reports to Japan, reporting the situation of distribution and the usage of the procured goods.
- To bear the payment commission and to follow the Authorization to Pay (A/P), according to the Banking Agreement (B/A)

#### **2-4 Project Operation Plan**

All test kits are sent to the airport of Kenya from each manufacturing country by air because the effective duration of procured kits is about 1 year and because transportation of the kits requires temperature control. The shipment schedule should be coordinated in order that all kits arrive at Kenya, pass through custom clearance and are transported at the same time. The kits are transported from the airport to the medical warehouse of KEMSA by truck. The shipped kits are handed over at the medical warehouse of KEMSA.

As many kits would expire without use if all kits were delivered at once, the kits are shipped in three batches each year. The Kenya side made the same request.

The test kits procured by this project will be delivered at the central warehouse of KEMSA in Nairobi. From the central warehouse, local transportation companies commissioned by KEMSA will distribute the goods to the provincial hospitals and medical stores, and each service delivery point will collect their allocation from the provincial medical stores. The transportation and storage costs will be borne by the Ministry of Public Health and Sanitation. (HIV test kit storage/distribution costs are set at approximately 5% of the equipment cost, based on an agreement between the Ministry of Public Health and Sanitation and KEMSA.)

This project will utilize the existing management/operation and maintenance systems for the storage and distribution of the procured HIV test kits, therefore, no additional inputs will be required apart from the routine storage and transportation costs. The storage space of KEMSA central warehouses in Nairobi where the HIV test kits will be delivered is approximately 4,000 m<sup>3</sup>. The volumetric capacity required to store the procured test kits is approximately 45 m<sup>3</sup> overall, therefore bulk storage in KEMSA central warehouse is possible.

All kinds of test kits procured in the project are used under the training and license system for service providers. Thus, no training by the project is necessary.

## 2-5 Project Cost Estimation

### 2-5-1 Initial Cost Estimation

(1) Estimated Cost to Be Borne by the Government of Kenya

Table 2-12 Estimated Cost to Be Borne by Kenya

Description	Cost (KSh)
Transportation/ storage fee per year	9,712,329
Grand total for three years	29,136,987

\*1 Ksh = JPY 1.61 : Jan.-June 2008 (Average)

\*The storage/distribution costs are set at approximately 5% of the equipment cost, based on an agreement between Ministry of Public Health and Sanitation and KEMSA

(2) Condition of Estimation

- (1) Time of estimation: October. 2008
- (2) Exchange rate 1USD = 104.89 yen
- (3) Work period: As per Implementation Schedule
- (4) Other:: This Project will be implemented in accordance with the framework of the Grant Aid of the Government of Japan.

### 2-5-2 Operations and Maintenance Cost

The storage/distribution costs are set at approximately 5% of the equipment cost, based on an agreement between the Ministry of Public Health and Sanitation and KEMSA. The cost of transportation and storage of HIV test kits (approximately 9.4 million Kenyan Shillings) is the only cost that will be covered by the Government of Kenya, and this amount will be secured as a supplementary budget once the project implementation is confirmed. This amount corresponds to approximately 0.6% of the total budget of NASCOP; therefore, securing the budget should not be a problem. Since this budget includes manpower and vehicle expenses etc., no additional costs are to be considered.

### 2-6 Other Relevant Issues

It is necessary to pay attention to the shipment schedule to ensure appropriate distribution and use of the procured kits before the expiry date, because the effective duration of kits procured is short. Thus, it is necessary to have the Government of Kenya submit semi-annual monitoring reports to Japan, reporting the situation of distribution and the usage of the procured goods, as an obligation of the recipient country mentioned above. In addition, it is desirable to confirm the situation of the distribution and use of the procured kits at the time of inspection onsite that is implemented three times a year.

## **Chapter 3 Project Evaluation and Recommendations**

### **3-1 Project Effect**

#### **3-1-1 Direct Effects**

The Project secures the HIV test kits for 1.4 million people and the number of increase is 190 thousand.

#### **3-1-2 Indirect Effects**

The following effects can be expected due to the increase in the number of HIV testing and counseling services.

- ① Increased trust in the HIV counseling and testing services among Kenyan nationals.
- ② Increased retainment of the service providers in testing facilities
- ③ Increased services of HIV counseling and testing due to enhanced access to care, support and treatment for HIV positive cases.

### **3-2 Recommendations**

(1) Human resources, financial and organizational burden can occur due to the increase in the number of persons taking HIV counseling and testing. For example, the field survey confirmed that the confirmation test for quality assurance increased the burden on NPHLS, and the feedback of the result has tended to be delayed. On the other hand, the maintenance cost for service facilities can also be a challenge. In this situation where the burden on the concerned organization and departments will increase, efforts are necessary to maintain the quality of the services.

② During the field survey, the shipment of the kits procured by the Grant Aid of FY2008 were behind delayed schedule because the necessary procedures for procurement and custom clearance has not been taken smoothly by the Government of Kenya. Because the effective duration of the test kits is short, the lead-time must be saved from the order for manufacturing to distribution to service delivery point. Therefore, documents related to procurement and custom clearance must be prepared and handled promptly.

## Appendix 1. Member List of the Study Team

Hideya Kobayashi	Team Leader	Chief of Project Management Division II Grant Aid and Loan Support Department, JICA	7/09-7/17
Tomoyuki Odani	Project Coordinator	Officer of Infectious Disease Control Division, Group IV (Health II), Human Development Department, JICA	7/04-7/17
Shiichi Kimura	Project Manager/ Equipment Planner	Binko International Ltd.	7/01-7/21
Hirofumi Tsuruta	Procurement and Cost Planner	Binko International Ltd.	7/01-7/21
Takaharu Jibiki	Field Coordinator	Binko International Ltd	7/01-7/15

## Appendix 2. Study Schedule

Date		Team Leader	Project Coordinator	Chief Equipment Planner	Procurement and Cost Planner	Field Coordinator	
		Hideya Kobayashi	Tomoyuki Odani	Shinichi Kimura	Hirofumi Tsuruta	Takaharu Jibiki	
1 /July	T			Departure from Tokyo			
2	W			Arrival in Nairobi Security briefing and meeting with JICA staff at JICA			
3	T			Meeting with JICA experts Courtesy call to MoPHS Meeting with NAPHLS			
4	F			Departure from Tokyo	Meeting with NASCOP Meeting with KEMSA Site survey in Central warehouses in Nairobi		
5	S			Arrival at Nairobi	Documentation	Meeting with forwarders	
6	S			Internal meeting, documentation			
7	M			Internal meeting, documentation			
8	T	Departure from Tokyo	Courtesy call to Provincial Health Office of Eastern Province Site survey in Liverpool VCT Center in Embu District Site survey in Provincial General Hospital in Embu District, Eastern Province (VCT Center, Lab) Site survey in District General Hospital in Tika District (VCT Center, Storehouse) Site survey in St. Matia Mulumba Mission Hospital (VCT Center, Lab, Storehouse)				
9	W	Arrival at Nairobi	Site survey in Provincial General Hospital in Makeni Province (VCT Center, Lab, Storehouse, etc.) Site survey in Health Post (VCT Center, Storehouse) Site survey in Prison in Machakos (VCT Center)				
		Internal meeting, documentation					
10	T	Security briefing and meeting with JICA Kenya Office Courtesy call to Embassy of Japan in Kenya			Meeting with NASCOP		
		Meeting with USAID					
11	F	Meeting with NASCOP					
		Meeting with JICA Kenya Office		Documentation	Meeting with forwarders		
12	S	Documentation					
13	S	Documentation					
14	M	Meeting with NASCOP to discuss M/M Meeting with CDC		Documentation	Same with leader	Departure from Nairobi	
15	T	Meeting with GFTAM Procurement Unit Site survey in NASCOP VCT Center and Kenyatta National Hospital VCT Center					
16	W	Signing of Minutes of Discussion Report to JICA Kenya office Report to Embassy of Japan in Kenya		Attending in National Quantification Meeting for ARV and HIV test kits			
		Departure from Nairobi					
17	T	Arrival in Tokyo		Meeting with forwarders			
18	F			Meeting with forwarders Report to JICA Kenya Office			
19	S			Meeting with forwarders Internal meeting, documentation			
20	S			Departure from Nairobi			
21	M			Arrival in Tokyo			

### Appendix 3. List of Parties Concerned in the Recipient Country

Organization	Name	Position
National AIDS Control Council (NACC)	Sobbie MUHINA	Deputy Director (Coordination & Support)
	Peter MUTIE	Head of Communication Department
	Edwin KIMULUI	Program Officer
Ministry of Public Health and Sanitation (MoPHS)	James NYIKAL	Permanent Secretary
	Shanaz SHARIF	Head of Preventive and Promotive Health Department
National AIDS/STI Control Programme (NASCOP)	Ibrahim MOHAMMED M.	Head of NASCOP
	James MWALLOH	Programme Manager in Blood Safety Unit
	Lyndon MARANI	Programme Manager in ART Unit
	John WANYUNGU	M&E Officer for VCT
	Omar A. MOHAMED	Programme Officer in Blood Safety Unit
	Edward MUSAU	Programme Officer in Blood Safety Unit
	Janet OGEKA	Programme Officer in Blood Safety Unit/VCT
National Public Health Laboratory Services (NPHLS)	Jack NYAMONGO	Head of NPHLS
Kenya Medical Supply Agency (KEMSA)	John M. MUNYU	Director of Technical Services Department
	David P. MUTTU	Assistant Procurement Manager
	Samuel OKANDA	Warehouse Manager
Embu (Eastern Province) Provincial General Hospital	Kimaru JOSEPH	Provincial Medical Laboratory Technologist
	Harrison N. MUNI	Laboratory Technologist in Charge of Laboratory of Provincial General Hospital
	Stanly K. Njagi	District Medical Laboratory Technologist (Embu District)
	Ayako Iura	Japanese Overseas Cooperation Volunteer
VCT Center of Embu (Eastern Province) Provincial General Hospital	Carol NTERI	VCT Counselor
	Peter K. KABUI	VCT Counselor
	Jason NDEGE	VCT Counselor
	Harriet NJOKI	VCT Counselor
	John IRUNGU	VCT Counselor
Liverpool VCT (NGO) VCT Center in Embu	Stella GITLA	Site in charge
	Grace NGIGI	VCT Counselor
Thika District Hospital	Paul KAVOO	Deputy Chief of Nursing Department
	Oscar NDOMBI	District AIDS/STI Coordinator
	Ai Kobayashi	Japanese Overseas Cooperation Volunteer
St. Matia Mulumba Mission Hospital	Sammy M. IKIARA	Nurse/ VCT Counselor
	John K. NGEI	Medical Laboratory Technologist/ Phlebotomist
Makueni District General Hospital	Barnabas B. GETANDA	Health Administrator
	Solomon MUTISO	Provincial Medical Laboratory Technologist
	Keiko Tanida	Japanese Overseas Cooperation Volunteer
VCT Center in Makueni District General Hospital	Jenifer MUISEKA	VCT Counselor
	Solomon WAMBUA	VCT Counselor
Tawa Rural Health Center	Mathew KIMANJI	Nutrition Officer
	Bernard HAUNDC	Medical Laboratory Technologist
	Winfred MUTISO	Medical Occupational Therapist
	John THOMAS	VCT Counselor

Machakos District General Hospital	Samuel M. KITUKU Henry NYABUTO Elvis KASTOKI George WGINYO	Storage Coordination Officer District Medical Laboratory Technologist VCT Counselor VCT Counselor
Machakos Prison	John KISIACIANI Adam S. ELESIA Ephraim MUGURO Colletah KISIA	Deputy Director of Prison VCT Counselor/ Supervisor VCT Counselor VCT Counselor
NASCOP VCT Center	Betty CHEPKWONY	Director
VCT Center in Kenyatta National Hospital	Simon TONUI	Medical Social Worker
	Eliud WALUTSAOH	Counselor/ Occupational Therapist
	Angela SILA	Counselor/ Medical Laboratory Technologist
JSI-KEMSA	Amanda OMBEVA	Charge of Logistics
Global Fund- Procurement Unit	Robert NYAMWEYA	Procurement Manager (Crown Agent Kenya Ltd.)
KEPSA VCT Center (Siaya District)	Laban OCHIENG	VCT Counselor
	Caro OCHIENG	VCT Counselor
United States Agency for International Development (USAID)	Alice MICHENI	Project Management/ Logistics Officer
	Bedan GICHANGA	Specialist in Health System
	Marurice MAWA	Specialist in HIV/AIDS Care and Treatment
	Washington OWWOMO	Specialist in M&E
United States Center for Disease Control and Prevention (CDC)	Isaiah TANUI	VCT Technical Advisor
	Mari MWANSI	Behavioral Scientist
Management Sciences for Health (MSH)	Mary WANGAI	Deputy Director of Kenya Office of MSH
	Matilu MWAU	Consultant
Embassy of Japan in Kenya	Shigeo IWATANI	Ambassador of Japan
	Kaoru YOKOTANI	Researcher/ Economic Cooperation Division
JICA Kenya Office	Yoshiyuki TAKAHASHI	Resident Representative
	Kacuhiko TOKUHASHI	Deputy Resident Representative
	Kyosuke KAZUMI	Deputy Resident Representative
	Kohei TAKIMOTO	Assistant Resident Representative
JICA Project for Strengthening of People Empowerment against HIV/AIDS in Kenya (SPEAK. Project)	Yuko TAKENAKA	Chief Advisor
	Sachiko MIYAKE	Project Coordination

## **Appendix 4. Minutes of Discussions**

MINUTES OF DISCUSSIONS  
ON THE BASIC DESIGN STUDY  
ON THE PROJECT FOR HIV/AIDS CONTROL  
IN THE REPUBLIC OF KENYA

In response to a request from the Government of the Republic of Kenya (hereinafter referred to as "the Kenya"), the Government of Japan decided to conduct a Basic Design Study on the Project for HIV/AIDS Control (hereinafter referred to as "the Project") and entrusted the study to the Japan International Cooperation Agency (hereinafter referred to as "JICA").

JICA sent to the Kenya the Basic Design Study Team (hereinafter referred to as "the Team"), which is headed by Mr. Hideya Kobayashi, Chief, Project Management Division II, Grant Aid and Loan Support Management Department, JICA and is scheduled to stay in the country from July 1 to July 20, 2008.

The Team held discussions with the Kenyan Government officials concerned and conducted a field survey at the study area.

In the course of discussions and field survey, both parties confirmed the main items described on the attached sheets. The Team will proceed to further works and prepare the Basic Design Study Report.

Nairobi, July 16, 2008



Mr. Hideya KOBAYASHI

Leader  
Basic Design Study Team  
Japan International Cooperation Agency



Dr. James W. NYIKAL, MBS

Permanent Secretary  
Ministry of Public Health and Sanitation  
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Permanent Secretary  
Ministry of Finance  
Government of Kenya

## ATTACHMENT

### 1 Objective of the Project

The objective of the Project is to contribute to maintaining and strengthening HIV testing services in Kenya by procuring the rapid HIV test kits.

### 2 Project Site

The site of the Project is whole of Kenya.

### 3 Responsible and Implementing Agency

The responsible and implementing agency is the Ministry of Public Health and Sanitation .

### 4 Items Requested by the Government of Kenya

After discussions with the Team, the items described in Annex-1 were finally requested by Kenyan side.

JICA will assess the appropriateness of the request and will recommend to the Government of Japan for approval.

### 5 Japan's Grant Aid Scheme

5-1 The Kenyan side understands the Japan's Grant Aid Scheme explained by the Team, as described in Annex-2.

5-2 The Kenyan side will take the necessary measures, as described in Annex-3, for smooth implementation of the Project, as a condition for the Japanese Grant Aid to be implemented.

### 6 Schedule of the Study

6-1 The consultants will proceed to further studies in Kenya until July 20, 2008.

6-2 Based on the Minutes of Discussions and technical examination of the study results, JICA will complete the final report and send it to the Government of Kenya by February 2009.

### 7 Other Relevant Issues

7-1 Both sides confirmed that each item procured under the Project will be handed over to the Government of Kenya at the Central Warehouse of the Kenya Medical Supply Agency (KEMSA) in Nairobi. And the Kenyan side promised to secure enough space and condition for storage until the distribution.

7-2 If there is any change of the requested item(s) of rapid HIV test kits (Determine, SD Bioline and/or Unigold) in accordance with new decision making under the Kenyan regulations for HIV/AIDS control, the Kenyan side will immediately notify the replaced item(s) to the Japanese side.

7-3 The Kenyan side promised to allocate necessary budget for storage, distribution, and maintenance of the equipment procured under the Project.

7-4 The Kenyan side will ensure prompt execution for the unloading and customs



clearance of the equipment procured under the Project at the port of disembarkation and will ensure all necessary expenses.

- 7-5 The Kenyan side shall take necessary measures to exempt Japanese nationals who will be engaged in the Project from all duties and related fiscal charges which may be imposed in Kenya with respect to the import and local procurement of equipment and services supplied under the verified contract.
- 7-6 Both sides understood that it is important to monitor the distribution process of the procured equipment for proper and effective implementation of the Project. And the Kenyan side promised to report on the monitoring results to the Japanese side twice a year.

Annex-1 Requested Equipment

Annex-2 Japan's Grant Aid Scheme

Annex-3 Major Undertakings to be Taken by Each Government

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## List of Requested Equipment

Years	Items	Quantities
Kenyan Fiscal Year 2009/2010	Determine	approximate 1,654,000 tests
	SD Bioline	approximate 804,000 tests
	Unigold	approximate 18,000 tests
	Total Quantities of Rapid HIV Test Kits	approximate 2,476,000 tests
Kenyan Fiscal Year 2010/2011	Determine	approximate 1,654,000 tests
	SD Bioline	approximate 804,000 tests
	Unigold	approximate 18,000 tests
	Total Quantities of Rapid HIV Test Kits	approximate 2,476,000 tests
Kenyan Fiscal Year 2011/2012	Determine	approximate 1,654,000 tests
	SD Bioline	approximate 804,000 tests
	Unigold	approximate 18,000 tests
	Total Quantities of Rapid HIV Test Kits	approximate 2,476,000 tests

\*1: Item No.1 to No.3 may be changed according to change of the algorithms of testing guideline.



b

The Grant Aid Program provides a recipient country with non-reimbursable funds to procure the facilities, equipment and services (engineering services and transportation of the products, etc.) for economic and social development of the country under principles in accordance with the relevant laws and regulations of Japan. Grant Aid is not supplied through the donation of materials as such.

## 1 Grant Aid Procedure

### 1) Japan's Grant Aid Program is executed through the following procedures.

Application

(Request made by a recipient country)

Study

(Basic Design Study conducted by JICA)

Appraisal and Approval

(Appraisal by the Government of Japan and approval by Cabinet)

Determination of Implementation

(The Notes exchanged between the Governments of Japan and the recipient country)

### 2) Firstly, the application or request for a Grant Aid project submitted by a recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to determine whether or not it is eligible for Grant Aid. If the request is deemed appropriate, the Government of Japan assigns JICA to conduct a study on the request. If necessary, JICA send a Preliminary Study Team to the recipient country to confirm the contents of the request.

Secondly, JICA conducts the study (Basic Design Study), using Japanese consulting firms.

Thirdly, the Government of Japan appraises the project to see whether or not it is suitable for Japan's Grant Aid Program, based on the Basic Design Study report prepared by JICA, and the results are then submitted to the Cabinet for approval.

Fourthly, the project, once approved by the Cabinet, becomes official with the Exchange of Notes signed by the Governments of Japan and the recipient country.

Finally, for the implementation of the project, JICA assists the recipient country in such matters as preparing tenders, contracts and so on.

## 2 Basic Design Study

### 1) Contents of the Study

The aim of the Basic Design Study (hereinafter referred to as "the Study"), conducted by JICA on a requested project (hereinafter referred to as "the Project"), is to provide a basic document necessary for the appraisal of the Project by the Government of Japan. The contents of the Study are as follows:

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- a) confirmation of the background, objectives and benefits of the Project and also institutional capacity of agencies concerned of the recipient country necessary for the Project's implementation;
- b) evaluation of the appropriateness of the Project to be implemented under the Grant Aid Scheme from the technical, social and economic points of view;
- c) confirmation of items agreed on by both parties concerning the basic concept of the Project;
- d) preparation of a basic design of the Project; and
- e) estimation of costs of the Project.

The contents of the original request are not necessarily approved in their initial form as the contents of the Grant Aid project. The Basic Design of the Project is confirmed considering the guidelines of Japan's Grant Aid Scheme.

The Government of Japan requests the Government of the recipient country to take whatever measures are necessary to ensure its self-reliance in the implementation of the Project. Such measures must be guaranteed even through they may fall outside of the jurisdiction of the organization in the recipient country actually implementing the Project. Therefore, the implementation of the Project is confirmed by all relevant organizations of the recipient country through the Minutes of Discussions.

## 2) Selection of Consultants

For the smooth implementation of the Study, JICA uses a consulting firm selected through its own procedure (competitive proposal). The selected firm participates the Study and prepares a report based upon the terms of reference set by JICA.

At the beginning of implementation after the Exchange of Notes, for the services of the Detailed Design and Construction Supervision of the Project, JICA recommends the same consulting firm which participated in the Study to the recipient country, in order to maintain the technical consistency between the Basic Design and Detailed Design as well as to avoid any undue delay caused by the selection of a new consulting firm.

## 3 Japan's Grant Aid Scheme

### 1) Exchange of Notes (E/N)

Japan's Grant Aid is extended in accordance with the Notes exchanged by the two Governments concerned, in which the objectives of the project, period of execution, conditions and amount of the Grant Aid, etc., are confirmed.

- 2) "The period of the Grant" means the one fiscal year which the Cabinet approves the project for. Within the fiscal year, all procedure such as exchanging of the Notes, concluding contracts with consulting firms and contractors and final payment to them must be completed.

However, in case of delays in delivery, installation or construction due to unforeseen factors such as weather, the period of the Grant Aid can be further extended for a maximum of one fiscal year at most by mutual agreement between the two Governments.

- 3) Under the Grant, in principle, Japanese products and services including transport or those of the recipient country are to be purchased.



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When the two Governments deem it necessary, the Grant Aid may be used for the purchase of the products or services of a third country.

However, the prime contractors, namely consulting, contracting and procurement firms, are limited to "Japanese nationals". (The term "Japanese nationals" means persons of Japanese nationality or Japanese corporations controlled by persons of Japanese nationality.)

4) Necessity of "Verification"

The Government of the recipient country or its designated authority will conclude contracts denominated in Japanese yen with Japanese nationals. Those contracts shall be verified by the Government of Japan. This "Verification" is deemed necessary to secure accountability of Japanese taxpayers.

5) Undertakings required to the Government of the recipient country

- a) to secure a lot of land necessary for the construction of the Project and to clear the site;
- b) to provide facilities for distribution of electricity, water supply and drainage and other incidental facilities outside the site;
- c) to ensure prompt unloading and customs clearance at ports of disembarkation in the recipient country and internal transportation therein of the products purchased under the Grant Aid;
- d) to exempt Japanese nationals from customs duties, internal taxes and fiscal levies which may be imposed in the recipient country with respect to the supply of the products and services under the verified contracts;
- e) to accord Japanese nationals whose services may be required in connection with the supply of the products and services under the verified contracts such as facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work;
- f) to ensure that the facilities constructed and products purchased under the Grant Aid be maintained and used properly and effectively for the Project; and
- g) to bear all the expenses, other than those covered by the Grant Aid, necessary for the Project.

6) "Proper Use"

The recipient country is required to maintain and use the facilities constructed and equipment purchased under the Grant Aid properly and effectively and to assign the necessary staff for operation and maintenance of them as well as to bear all the expenses other than those covered by the Grant Aid.

7) "Re-export"

The products purchased under the Grant Aid shall not be re-exported from the recipient country.

8) Banking Arrangement (B/A)

- a) The Government of the recipient country or its designated authority should open an account in the name of the Government of the recipient country in an



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authorized foreign exchange bank in Japan (hereinafter referred to as "the Bank"). The Government of Japan will execute the Grant Aid by making payments in Japanese yen to cover the obligations incurred by the Government of the recipient country or its designated authority under the verified contracts.

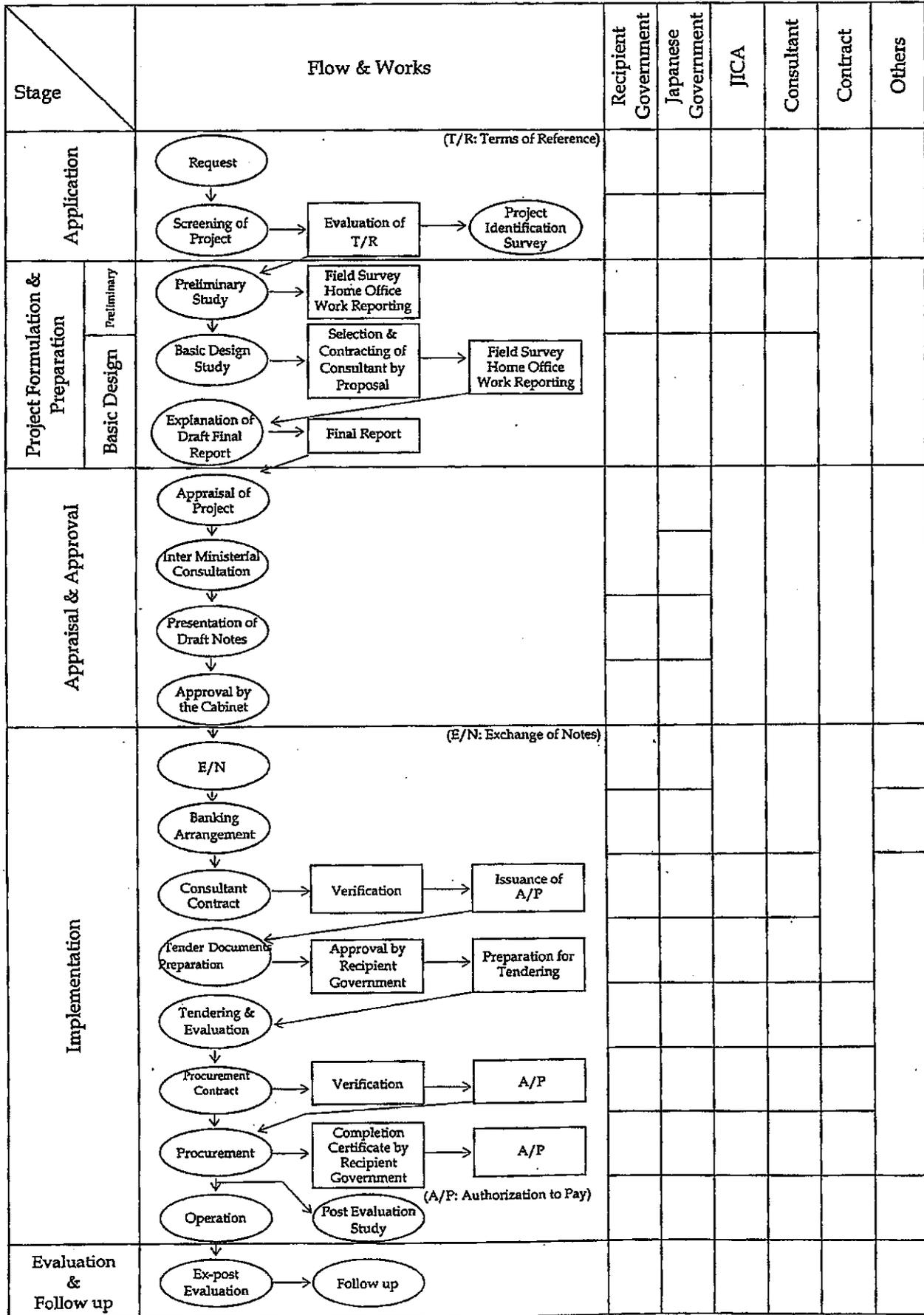
b) The payments will be made when payment requests are presented by the Bank to the Government of Japan under an Authorization to Pay (A/P) issued by the Government of recipient country or its designated authority.

9) Authorization to Pay (A/P)

The Government of the recipient country should bear an advising commission of an Authorization to Pay and payment commission to the Bank.



(Attachment) Flow Chart of Japan's Grant Aid Procedures



## Major Undertakings to be Taken by Each Government

No	Items	To be covered by Grant Aid	To be covered by Recipient side
1	To bear the following commissions to a bank of Japan for the banking services based upon the B/A		
	1) Advising commission of A/P		●
	2) Payment commission		●
2	To ensure prompt unloading and customs clearance at the port of disembarkation in recipient country		
	1) Marine (Air) transportation of the products from Japan to the recipient country	●	
	2) Tax exemption and customs clearance of the products at the port of disembarkation		●
	3) Internal transportation from the port of disembarkation to the Central Warehouse of the KEMSA	●	
	4) Internal transportation from The Central Warehouse of the KEMSA to the Service Delivery Points		●
3	To accord Japanese nationals whose services may be required in connection with the supply of the products and the services under the verified contract such facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work		●
4	To exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which may be imposed in the recipient country with respect to the supply of the products and services under the verified contract		●
5	To maintain and use properly and effectively the equipment provided under the Grant Aid		●
6	To bear all the expenses deem necessary, other than those to be borne by the Grant Aid, for the transportation of the equipment		●

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## Appendix 5. References

No	Reference	Style	Original /Copy	Issue	Year
1. Legislation/Guidelines of Kenya					
1-1	HIV and AIDS Prevention and Control Act (Act No. 14 of 2006)	Document	Copy	The Government of Kenya	2006
1-2	National Guidelines for Voluntary Counseling and Testing	Document	Original	National AIDS and Control Programme, Ministry of Health, the Republic of Kenya	2001
1-3	Guidelines for HIV Testing in Clinical Settings – 3rd Edition	Document	Original	Ministry of Health, the Republic of Kenya	2007
1-4	National Quality Assurance Strategy for Voluntary Counseling and Testing	Document	Copy	National AIDS and STI Control Programme, Ministry of Health, the Republic of Kenya	2005
1-5	Guidelines for Antiretroviral Drug Therapy in Kenya	Document	Original	National AIDS and Control Programme, Ministry of Health, the Republic of Kenya	2006
1-6	Guidelines for Field Operations at the NACC Decentralized Structures – third edition	Document	Original	National AIDS and Control Programme, Ministry of Health, the Republic of Kenya	2007
1-7	Kenyan National Guidelines on Nutrition and HIV/AIDS	Document	Original	Ministry of Health, the Republic of Kenya	2006
1-8	Kenyan National Guidelines for Research and Development of HIV/AIDS Vaccines	Document	Original	Ministry of Health, the Republic of Kenya	2005
1-9	Guideline for the National Pharmacovigilance System in Kenya	Document	Original	Pharmacy and Poisons Board, Ministry of Health, the Republic of Kenya	2007
1-10	Guidelines on Financial Flow To Health Centres and Dispensaries	Document	Original	Ministry of Health, the Republic of Kenya	2006
2. Health Policy of Kenya					
2-1	The Second National Health Sector Strategic Plan of Kenya 2005-2010	Document	Original	Ministry of Health, the Republic of Kenya	2005
2-2	The Second National Health Sector Strategic Plan of Kenya 2005-2010 (Draft)	Document	Original	Ministry of Health, the Republic of Kenya	2005
2-3	National Social Health Insurance Strategy	Document	Original	Ministry of Health, the Republic of Kenya	2003
2-4	WHO Country Cooperation Strategy Kenya	Document	Original	World Health Organization	2005
2-5	WHO Country Cooperation Strategy Kenya 2002-2005	Document	Original	World Health Organization	2002
2-6	Joint Programme of Work and Funding for the Kenya Health Sector 2006/07-2009/10	Document	Original	Ministry of Health, the Republic of Kenya	2006
3. HIV/AIDS Policy of Kenya					
3-1	National AIDS Strategy Plan 2005/06-2009/10	Document	Original	National AIDS Control Council, Office of the President, the Republic of Kenya	2005
3-2	Mainstreaming Gender Into the Kenya National HIV/AIDS Strategic Plan 2000-2005	Document	Original	National AIDS Control Council, Office of the President, the Republic of Kenya	2002
3-3	National Condom Policy and Strategy	Document	Original	Ministry of Health 及 び National AIDS Control Council, the Republic of Kenya	2001
3-4	HIV/AIDS Policy Fact Sheet- Kenya	Document	Original	Kaiser Family Foundation	2005
3-5	National HIV/AIDS Monitoring and Evaluation Framework	Document	Original	National AIDS Control Council, Office of the President, the Republic of Kenya	2005
3-6	Country Analysis of Family Planning and HIV/AIDS: Kenya	Document	Original	Colette Aloo-Obunga, Population and Health Consultant, Nairobi, Kenya	2003
3-7	Statement by Hon (Dr.) Naomi Shaban, MP, Minister for Special Programmes, Office of the President, the Republic of Kenya During High-level Meeting on a Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, on June 10 2008, at UN Headquarters, New York	Document	Copy	Permanent Mission of the Republic of Kenya to the United Nations	2008
4. Health Situation of Kenya					
4-1	Health Sector Report (MTEF 2008/09-2010/2011)	Document	Original	Ministry of Health, the Republic of Kenya	2008
4-2	Health Sector Report (MTEF 2007/09-2009/2010)	Document	Original	Ministry of Health, the Republic of Kenya	2007
4-3	Report of the Joint Appraisal Mission for Government of Kenya and Partners in the Health Sector	Document	Original	Ministry of Health, the Republic of Kenya	2006
4-4	Implementation Report: District Health Services and Systems Development Programme (Draft Report Version 0)	Document	Original	Ministry of Health, the Republic of Kenya	2006
4-5	Country Health System Fact Sheet 2006 Kenya	Document	Original	WHO	2007
4-6	Report on Human Resource Mapping and Verification Exercise	Document	Original	Ministry of Health, the Republic of Kenya	2006

No	Reference	Style	Original /Copy	Issue	Year
4-7	Facts and Figures at a Glance: Health and Health Related Indicators 2006	Document	Original	Ministry of Health, the Republic of Kenya	2007
4-8	Demographic Health Survey	Document	Original		
4-9	Service Availability Mapping (SAM)	Document	Original	Ministry of Health, the Republic of Kenya and WHO	2007
4-10	Public Expenditure Review 2007	Document	Original	Ministry of Health, the Republic of Kenya	2007
5.HIV/AIDS Situation of Kenya					
5-1	HIV Voluntary Counseling and Testing in Kenya, 2001-05	Document	Original	FHI/USAID	2007
5-2	United Nations General Assembly Special Session on HIV and AIDS: Country Report- Kenya	Document	Original	National AIDS Control Council, Office of the President, the Republic of Kenya	2008
5-3	Kenya HIV and AIDS Monitoring and Evaluation Annual Report 2006	Document	Original	National AIDS Control Council, Office of the President, the Republic of Kenya	2006
5-4	Final Report on Assessment of the Socioeconomic Impact of HIV and AIDS on Key Sectors in Kenya	Document	Original	National AIDS Control Council, Office of the President, the Republic of Kenya	2005
5-5	AIDS in Kenya, Trends, Interventions and Impact, 7th edition 2005	Document	Original	National AIDS and STI Control Programme, Ministry of Health, the Republic of Kenya	2005
5-6	Report on the Joint AIDS Programme Review 2005	Document	Original	National AIDS Control Council, Office of the President, the Republic of Kenya	2005
5-7	Facing the Challenge: HIV/AIDS Initiatives	Document	Original	UNDP Kenya	2006
5-8	Kenya Final Report September 1999-September 2007: USAID'S Implementing AIDS Prevention and Care (IMPACT) Programme	Document	Original	FHI/IMPACT/USAID	2007
5-9	2008 Country Profile Kenya	Document	Original	President's Emergency Plan for AIDS Relief	2008
5-10	Epidemiological Fact Sheet 2004 Kenya	Document	Original	UNAIDS/WHO	2005
5-11	National HIV Prevalence in Kenya	Document	Original	National AIDS Control Council/ National AIDS and STD Control Programme, the Republic of Kenya	2007
5-12	Kenya AIDS Indicator Survey Preliminary Report	Document	Original	National AIS and STI Control Program, Ministry of Health, the Republic of Kenya	2008
6. Medical Logistics of Kenya					
6-1	Kenya HIV Test Kits Logistics System: Procedures Manual	Document	Original	Ministry of Health, the Republic of Kenya	2005
6-2	Kenya: Assessment of the Health Commodity Supply Chains and the Role of KEMSA	Document	Original	DELIVER/JIST/USAID	2006
7. Academic Papers					
7-1	S. Lucheters, M.F. Chersich, A. Rinyiru, M. Barasa, N. Kingola, K. Mandaliya, W. Bosire, S. Wambugu, P. Mwarogo and M. Temmerman, "Impact of five years of peer mediated interventions on sexual behavior and sexually transmitted infections among female sex workers in Mombasa, Kenya" BMC Public Health (2008) 8:143	Document	Copy	BIOMED Central	2008
7-2	L. J. Abu-Raddad and I. M. Longini Jr. "No HIV Stage is dominant in driving the HIV epidemic in sub-Saharan Africa" AIDS (2008) 22:1055-1061	Document	Copy	Lippincott Williams & Wilkins	2008
7-3	TK Irungu, P. Varkey, S. Cha and JM Patterson "HIV voluntary counseling and testing in Nakuru, Kenya: findings from a community survey" HIV Medicine (2008) 9: 111-117	Document	Copy	British HIV Association	2008
7-4	P. Cherutich, I. Inwani, R. Nduati, D. Mbori-Ngacha, "Optimizing paediatric HIV care in Kenya: challenges in early infant diagnosis" Bulletin of the World Health Organization (2008) 86:155-160	Document	Copy	WHO	2008
7-5	J. Odhiambo, W. Kizito, A. Njoroge, N. Wambua, L. Nganga, M. Mburu, J. Mansoer, L. Marum, E. Phillipis, J. Chakaya, KM. De Cock, "Provider-initiated HIV testing and counseling for TB patients and suspects in Nairobi, Kenya" International Journal Tuberculosis and Lung Diseases (2008) 12(3 suppl. 1): 63-8	Document	Copy	International Union Against Tuberculosis And Lung Disease	2008
7-6	K.N. Otwombe, J. Wanyungu, K. Nduku, M. Taegtmeier "Improving national data collection systems from voluntary counseling and testing centres in Kenya" Bulletin of the World Health Organization (2007) 85:315-318	Document	Copy	WHO	2007

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7-7	V. Arendt, J. Mossong, R. Zachariah, C. Inwani, B. Farah, I. Robert, A. Waelbrouck, K. Fonck, "Clinical screening for HIV in a health centre setting in urban Kenya: an entry point for voluntary counseling, HIV testing and early diagnosis of HIV infection?" <i>Tropical Doctor</i> (2007) 37:45-47	Document	Copy	The Royal Society of Medicine Press Limited	2007
7-8	K. Steegen, S. Lucheters, N. De Cabooter, J. Reynaerts, K. Mandaliya, J. Plum, W. Jaoko, C. Verhofstede, M. Temmerman, "Evaluation of two commercially available alternatives for HIV-1 viral load testing in resource-limited settings" <i>J. Virological Methods</i> (2007) 146:178-187	Document	Copy	Elsevier	2007
7-9	G. Setswe, K. Peltzer, M. Banyini, D. Skinner, J. Seager, S. Maile, S. Sedumedi, D. Gomis, I. Linde "Report and policy brief from the 4th Africa conference on social aspects of HIV/AIDS research: innovations in access to prevention, treatment and care in HIV/AIDS, Kisumu, Kenya, 29 April – 3 May 2007", <i>J. Social Aspects of HIV/AIDS</i> (2007) 4(2):640-651	Document	Copy	Social Aspects of HIV/AIDS Research Alliance	2007
7-10	KN. Otworld, P. Ndindi, C. Ajema, J. Wanyungu, "Using VCT statistics from Kenya in understanding the association between gender and HIV" <i>J. Social Aspects of HIV/AIDS</i> (2007) 4(3):707-710	Document	Copy	Social Aspects of HIV/AIDS Research Alliance	2007
7-11	M.J. Waxman, S. Kimaiyo, N. Ongaro, K.K. Wools-Kaloustain, T.P. Flanigan, E.J. Carter, "Initial outcomes of an emergency department rapid HIV testing program in Western Kenya", <i>AIDS Patient Care and STDs</i> , (2007) 21(12):981- 986	Document	Copy	Marry Ann Liebert, Inc.	2007
7-12	G. Arthur, V. Nduba, S. Forsythe, R. Mutemi, J. Odhiambo, C. Gilks, "Behavior change in clients of health centre-based voluntary HIV counseling and testing services in Kenya" <i>Sex Transm Infect</i> (2007) 83:541-546	Document	Copy	British Medical Journal	2007
7-13	M. Taegtmeier, N. Kilonzo, L. Mung'ala, G. Morgan, S. Theobald "Using gender analysis to build voluntary counseling and testing responses in Kenya" <i>Transactions of the Royal Society of Tropical Medicine and Hygiene</i> (2006) 100:305-311	Document	Copy	ELSEVIER	2006
7-14	V. Misha, M. Vaeseen, J.T. Boerma, F. Arnold, A. Way, B. Barrer, A. Cross, R. Hong, J. Saangha, "HIV testing in national population-based surveys: experience from the Demographic and Health Surveys" <i>Bulletin of the World Health Organization</i> (2006) 84: 537-545	Document	Copy	WHO	2006
7-15	E. Marum, M. Taegtmeier, K. Chebet, "Scale-up of voluntary HIV counseling and testing in Kenya" <i>JAMA</i> (2006) 29(7):859- 862	Document	Copy	American Medical Association	2006
7-16	K.M. De Cock, J. Odhiambo, "HIV testing in patients with TB", <i>Tropical Doctor</i> (2006) 36:71-73	Document	Copy	The Royal Society of Medicine Press Limited	2006
7-17	G.R. Arthur, G. Ngatia, C. Rachier, R. Mutemi, J. Odhiambo and C. F. Gilks "The role for government health centers in provision of same-day voluntary HIV counseling and testing in Kenya" <i>J. Acquir Immune Defic. Syndr</i> (2005) 40: 329-335	Document	Copy	Lippincott Williams & Wilkins	2005
7-18	C.O. Rachier, E. Gikundi, D.H. Balmer, M. Robson, K.F. Hunt, N. Cohen, "The meaning and challenge of voluntary counseling and testing (VCT) for counselors- report of the Kenya Association of Professional Counselors (KAPC) conference for sub-Saharan Africa", <i>J. Social Aspects of HIV/AIDS</i> (2004) 1(3):175-181	Document	Copy	Social Aspects of HIV/AIDS Research Alliance	2004
7-19	A.D. Forsyth, T.J. Coates, O.A. Grinstead, G. Sangiwa, D. Balmbur, M. C. Kamenga, S.T. Gregorich, "HIV infection and pregnancy status among adults attending voluntary counseling and testing in 2 developing countries", <i>American Journal of Public Health</i> (2002) 92(11): 1795-1800	Document	Copy	American Public Health Association	2002
7-20	A.D. Foryth, G. Arthur, G. Ngatia, R. Mutemi, J. Odhiambo, C. Gilks, "Assessing the cost and willingness to pay for voluntary HIV counseling and testing in Kenya" <i>Health Policy and Planning</i> (2002) 17(2): 187-195	Document	Copy	Oxford University Press	2002
8. Other Information of Kenya					
8-1	Kenya Round 7 Proposal in Response to 7th Call for Proposals	Document	Original	Country Coordination Mechanism Kenya	2007
8-2	Economic Survey 2008	Document	Original	Kenya National Bureau of Statistics, the Republic of Kenya	2008
8-3	Statistical Abstract 2007	Document	Original	Kenya National Bureau of Statistics, the Republic of Kenya	2007

No	Reference	Style	Original /Copy	Issue	Year
8-4	2008/2009 Estimates of Development Expenditure of the Government of Kenya for the Ending 30th June, 2009 Volume I	Document	Original	The Government of Kenya	2008
8-5	2008/2009 Estimates of Development Expenditure of the Government of Kenya for the Ending 30th June, 2009 Volume II	Document	Original	The Government of Kenya	2008
8-6	2008/2009 Estimates of Recurrent Expenditure of the Government of Kenya for the Ending 30th June, 2009 Volume I	Document	Original	The Government of Kenya	2008
8-7	2008/2009 Estimates of Recurrent Expenditure of the Government of Kenya for the Ending 30th June, 2009 Volume I	Document	Original	The Government of Kenya	2008
8-8	C. Bell, R. Bruhns, H. Gersbach, "Economic Growth, Education and AIDS in Kenya: A Long-run Analysis" World Bank Policy Research Working Paper 4025 (2006)	Document	Original	World Bank	2006
9. Other Information of Health					
9-1	Guide for Quantifying Tests	Document	Original	USAID/DELIVER	2006
9-2	Commodity Management in VCT Programs: Planning Guide	Document	Original	MSH/FHI/USAID	2002
9-3	Guidelines for Managing Laboratory Supply Chain	Document	Original	USAID/DELIVER	2006
9-4	Guidance on Provider-initiated HIV Testing and Counseling in Health Facilities	Document	Original	WHO/UNAIDS	2007
9-5	Rapid HIV Tests: Guidelines for Use in HIV Testing and Counseling Services in Resource-constrained Settings	Document	Original	WHO	2004
9-6	Integrating HIV Voluntary Counseling and Testing Services into Reproductive Health Setting	Document	Original	UNFPA/IPPF	2004
9-7	Logistics Fact Sheets	Document	Original	USAID/DELIVER	2006
9-8	Description of Indicators	Document	Original	USAID/DELIVER	2006
9-9	HIV Test Kits Listed in the USAID Source and Origin Waiver: Procurement Information Document- Fourth Edition	Document	Original	MSH/USAID	2007