
Working Concept

Reproductive Health/HIV and AIDS in Kenya



DED Kenya
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List of Abbreviations

ACU	AIDS Control Unit
ARV(T)	Anti-Retroviral Drugs (Treatments)
BCC	Behavioural Change Communication
BMZ	Ministry for Economic Cooperation and Development
CACC	Constituency AIDS Control Committee
CBO	Community Based Organisation
CDC	Centres for Disease Control
DACC	District AIDS Control Committee
DED	German Development Service
DHS	Demographic and Health Survey
FGM	Female Genital Mutilation
GDC	German Development Co-operation
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Co-operation
HBC	Home Based Care
IEC	Information, Education, Communication
JICA	Japanese International Co-operation Agency
KfW	Kreditanstalt für Wiederaufbau
MPSP	Micro Project Support Programme
NACC	National AIDS Control Council
NARC	National Alliance of the Rainbow Coalition
NASCOP	National AIDS and STI Control Programme
NGO	Non-governmental organisation
OVC	Orphans and other vulnerable children to HIV/AIDS
P,M&E	Planning, monitoring and evaluation
PACC	Provincial AIDS Control Committee
PMTCT	Prevention of mother-to-child-transmission
PRSP	Poverty Reduction Strategy Paper
PSI	Population Services International
RSH	Reproductive and Sexual Health
SHI	Self-help initiatives
SSP	Sector strategy paper
STI	Sexually transmitted infection
TA	Technical advisor
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VCT	Voluntary counselling and testing

1. Introduction

Since the year 2000, the German Development Service (DED) has increased its engagement to combat HIV and AIDS through supporting a multisectoral approach in the hardest hit countries in sub-Saharan Africa. The aim of DED is to contribute to the fight against HIV and AIDS and to the impact mitigation of the epidemic by making HIV and AIDS control measures an integral part of country programmes.

Reproductive and Sexual Health is one of the three priority areas of the German Development Co-operation (GDC) in Kenya consisting of the German Technical Co-operation (GTZ), the Kreditanstalt für Wiederaufbau (KfW) and DED.

DED-Kenya is engaged in this sector since 2003, although it has supported Community-Based Organisations (CBO) and Self-Help Initiatives (SHI) that address Reproductive Health (RH) and HIV/AIDS through its micro-project support programme in the past.

The involvement of DED-Kenya in this sector is based on Kenyan development concepts (NARC Manifesto and Economic Recovery Strategy), the National Health Strategy, the National Reproductive Health Strategy and the National HIV/AIDS Strategy as well as on the Sector Strategy Paper for Reproductive and Sexual Health and Health Financing agreed upon the Kenyan and German Governments in November 2003. DEDs involvement in this sector is expected to cover a period of about 5 to 8 years.

DED-intern, the concept on DEDs contribution to the priority area draws from the results of the DED regional conferences on 'Mainstreaming HIV/AIDS' which took place in South Africa and Kenya in December 2003 and the 'Guidelines Planning, Monitoring and Evaluation (P,M&E) of Technical Advisor Project Places 03/03'.

2. Situation analysis

2.1 Political and socio-economic framework

In the elections in 2002, the coalition of the opposition parties (National Alliance of Rainbow Coalition – NARC) took over power with an overwhelming majority. Next to the constitutional review and good governance, economic recovery and employment creation are at the forefront of reforms of the new government.

About 56% of the current 31 million citizens of Kenya live below the poverty line. As a consequence, high out of pocket payments for public and private health services make access to quality (reproductive) health services unaffordable for the majority of

the population. Poverty is one of the driving forces fuelling the HIV/AIDS epidemic of the country, often linked and leading to unsafe sexual relationships due to economic dependence.

2.2 Reproductive health

90% of the Kenyan population lack financial resources and local access to adequate RH services. Consequently, the population is not able to improve its sexual and reproductive behaviour. The situation in reproductive health is characterised by premature and unwanted pregnancies, high maternal mortality, inadequate services for adolescents and female genital mutilation affecting 37% of all women in rural areas¹. This situation is underlined by the HIV/AIDS epidemic and the annual population growth rate of 2.4% per year and their felt social-economic and demographic impact. In consequence, achievements such as the decrease of infant mortality and improved child survival are diminishing. Life expectancy at birth has reduced from 60 years in the ninety's to 46 years due to AIDS related mortality.

Main causes for this situation are increasing poverty, lack of knowledge, traditional and cultural customs and expectations in respect to sexual and reproductive behaviour as well as deficiencies within the health structures and health management system.

2.3 HIV and AIDS

2.3.1 Epidemiology

In November 1999, the HIV/AIDS pandemic in Kenya has been declared as a national disaster by the former president arap Moi. The Demographic and Health Survey (DHS) 2003 which included for the first time HIV-testing of study participants indicates a national HIV prevalence rate of 6.7%. The HIV-prevalence in Kenya shows great regional differences and rates are still increasing in some areas while in others levels are declining or are stabilising. Nyanza Province, in particular the districts around Lake Victoria, is the hardest hit region in the country. Suba-District for example, has an estimated prevalence rate of about 34% among sexually active adults. In general, infection rates are higher in urban settings compared to rural areas. In Nairobi, about 14% of tested pregnant women were HIV-positive; and in Kisumu the reported rate was 26% in 2002².

¹ Demographic and Health Survey 2003, Preliminary Report, Central Bureau of Statistics, Ministry of Planning and National Development, Ministry of Health, CDC, ORC Macro, December 2003.

² HIV/AIDS Surveillance in Kenya, Ministry of Health, January 2003.

About 2.3 million Kenyans live with HIV/AIDS while an estimated 1.5 million have already died of the virus. Each year, approximately 200,000 Kenyans develop the AIDS syndrome and up to 300 people die daily due to AIDS-related diseases.

As in all countries in sub-Saharan Africa, the predominant mode of HIV-transmission in Kenya is heterosexual contacts. Furthermore, the virus is transmitted from mother-to-child. The transmission through injections and blood transfusion is estimated at a rate of 5% to 10%.

Awareness and knowledge about HIV/AIDS among the population is very high as it is in most sub-Saharan countries with similar conditions regarding HIV/AIDS. Literally everybody in Kenya (98%) has heard about HIV and AIDS and knows that it is sexually transmitted³. Behavioural change as the important response to the HIV/AIDS epidemic has been mentioned by 80% of women and 90% of men.

There are a number of biological and cultural factors that contribute to HIV-transmission. The viral load, incidence of other sexually transmitted infections (STIs), circumcision and forced sexual intercourse influence the transmission. Multiple sexual partners, low rates of condom use, wife inheritance and others contribute to the fast spread of the virus.

Women carry a higher biological and socio-cultural risk for an HIV-infection. Young women between 15 and 24 years are especially vulnerable towards HIV/AIDS. In Kenya, they are twice as often infected compared to males in the same age group. This indicates that girls and young women are frequently sexually engaged with older partners.

2.3.2 Impact of HIV/AIDS on the public and private sector

HIV/AIDS has a social and economical impact on all sectors. The sectors health, education, military, transport and agriculture are the most effected due to the loss of skilled labour forces and the increased expenses for health care services. Equally, the public administration and political structures such as Local Authorities are hit by the epidemic. The Nairobi City Council for example has stated that the Council loses at least 20 workers every month due to AIDS⁴. The numbers of orphaned children to AIDS⁵ is increasing and puts pressure on families and communities to provide support and care for the affected. The burden to care for food, shelter, health care

³ Demographic and Health Survey 2003, Preliminary Report, Central Bureau of Statistics, Ministry of Planning and National Development, Ministry of Health, CDC, ORC Macro, December 2003.

⁴ Presentation at the Forum "Local Authorities HIV/AIDS Advocacy and Policy Dialogue", Nairobi 13th – 16th May 2003.

⁵ Orphaned children are defined as having lost one or both parents to AIDS and being under the age of 18 years, Kindernothilfe 2003.

and education is increasing. The current estimated number of orphans due to AIDS reaches almost 1 million.

The economic impact is felt on the household, community and macroeconomic level. Companies have to cope with absenteeism, loss of skilled workers, increasing expenses for staff recruitment and training, medical and funeral expenses.

On the macro level, it is estimated that the growth of the Gross Domestic Product (GDP) will be significantly lower and the income per capita will drop by 10% by 2005 due to AIDS.

2.5 The National Response to HIV/AIDS

The National HIV/AIDS Policy published in the Sessional Paper No. 4 1997 on AIDS in Kenya.

<p>The policy has acknowledged the need for a <i>'.....strong political commitment at the highest level and a multisectoral prevention and control strategy with priorities on young people, mobilization of resources for financing HIV prevention, care and support, and the establishment of a National AIDS Council to provide leadership at the highest level possible'.....</i></p>	<p>In 2000, the National AIDS Control Council (NACC) was founded under the Office of the President as the institutional framework for the co-ordination and management of the Multisectoral National AIDS Control Programme.</p> <p>NACC works through decentralised committees on provincial, district and constituency</p>
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level. The committees are multisectoral and co-ordinate the activities on the respective levels. They also channel NACC funds to NGOs and CBOs. NACC is in the process to revise its institutional framework. This implies current uncertainty of roles and responsibilities on the provincial and district levels which hinders effective coordination and implementation.

The multisectoral approach of NACC implies the establishment of „AIDS Control Units“ (ACU) in each line ministry. The ACUs are responsible to address HIV/AIDS issues within the ministries from the central to the district level through workplace programmes and HIV/AIDS services. In many cases, district government or local authorities do not benefit from the ACUs and have no clear guidelines on how to address HIV/AIDS on the local level.

To provide for an explicit legal framework for the national response to the HIV pandemic, the government recently promulgated a bill on HIV/AIDS⁶. At the programmatic level, the government implemented a new policy on decentralization to focus attention on the need to strengthen action at the community level, with the constituencies serving as the focal points⁷. The role of Local Authorities in the national HIV/AIDS programme is yet to be defined and changes within the institutional framework of NACC are suggested.

The overall theme of the National Strategic Plan 2000 – 2005 is the social change to reduce HIV/AIDS and poverty. The strategy has defined the following five priority areas:

1. Prevention and advocacy
2. Treatment, continuum care and support
3. Mitigation of socio-economic impacts
4. Monitoring, evaluation and research
5. Management and coordination

The following national policies and programme guidelines have been developed:

- National Voluntary Counselling and Testing Guidelines.
- Condom Policy and Strategy 2001 – 2005.
- National Programme Guidelines on Orphans and Other Children made Vulnerable to HIV/AIDS (OVC).
- Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan.
- National Home Based Care Programme and Service Guidelines.
- National Guidelines on Prevention of Mother-to-Child-Transmission of HIV.
- Blood Safety Policy Guidelines.
- National HIV/AIDS Communication Strategy 2002-2005
- The HIV and AIDS Prevention and Control Bill 2003

The National AIDS and STI Control Programme (NAS COP) which was established in 1992 is the technical division of the national programme under the auspices of the Ministry of Health. NAS COP carries out research and develops policies and

⁶ The HIV and AIDS Prevention and Control Bill, 2003, Kenya Gazette Supplement No. 76, Sept. 2003, Kenya Government Printer.

⁷ Investment Programme for the Economic Recovery Strategy for Wealth and Employment Creation 2003-2007, revised February 2004.

guidelines. It also produces and distributes IEC material. NASCOP has appointed officers on the provincial and district level (PASCO and DASCO) who serve as co-ordinators of the respective programmes.

The priority areas identified to successfully fight the further spread of HIV/AIDS and to mitigate the impact of the pandemic comprise the multisectoral response.

It is expected that the Kenyan government will acquire further international funds to fight HIV/AIDS. In 2003, Kenya has received more than US\$ 36 Mio. for the HIV/AIDS component from The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Large proportions will be used for the purchase of anti-retroviral drugs (ARV). The government has adopted the '3 by 5' WHO-initiative which envisages the worldwide enrolment of 3 million people with HIV and AIDS into antiretroviral treatment schemes by 2005. The Kenyan government has promised to instantly enrol 3000 persons living with HIV/AIDS to the new ARV programme at public hospitals at the cost of US\$ 20 per month, and to increase the number to 110,000 people by the year 2005. The Kenyan government has submitted a proposal for the third round of the GFATM, especially for the treatment with ARV and for orphans support programmes.

2.5 Stakeholders responding to HIV/AIDS

To implement the National HIV/AIDS Strategy, a number of international and national players – multilateral agencies, bilateral co-operations, non-governmental organisations (NGOs), community-based organizations (CBOs), faith-based organisations (FBO) – take a major role in Kenya.

- **USAID** and **DFID** support programmes on Behavioural Change Communication (BCC) and Home Based Care (HBC);
- **JICA** and **CDC** support Blood Safety Programmes;
- **CDC** and **Liverpool Project** promote scaling up of VCT;
- **PSI** is the leading agency in social marketing of contraceptives;
- **UNICEF** promotes programmes for orphans and other vulnerable children (OVC);

- **UNDP**, under its crises prevention programme, is engaged in advocacy work of the NACC, workplace programmes, and in strengthening of leadership capacities to better manage HIV/AIDS on the national and local level.
- The **German Development Cooperation** with its various implementing partners is mainly involved in health promotion and HIV/AIDS-prevention among young people and the multisectoral approach to fight HIV/AIDS.

2.6 Policies of the NARC Government

The National HIV/AIDS Strategy Plan is linked to the Strategy for Economic Recovery⁸ of the new NARC government which is based on the former Poverty Reduction Strategy Paper (PRSP) and the NARC Manifesto. The creation of productive employment is at the forefront of the government programme and HIV/AIDS is jeopardising this goal. In the Economic Recovery Strategy for Wealth and Employment Creation 2003-2007, HIV/AIDS is considered as the major development challenge and the prevention of new HIV-infections as a crucial precondition for the economic recovery of the country. The government recognizes that vulnerability factors for HIV infection, including those related to poverty, gender, discrimination, educational attainment and socio-cultural factors are diverse and complex and can only be coherently addressed when the multi-sectoral dimensions of the response to HIV/AIDS are significantly strengthened.

3. Contribution of the German Development Co-operation

3.1 HIV/AIDS policy of the Ministry for Economic Cooperation and Development

In 1998, the German Ministry for Economic Cooperation and Development (BMZ) has stated in its position paper on HIV/AIDS that the epidemic can only be addressed through a multi-sectoral approach. Especially in highly affected countries, prevention will only be successful if others than the health sector include HIV/AIDS control measures. This means that all development projects should consider HIV/AIDS prevention and control measures. Staff working within development agencies and projects should be prepared and enabled to tackle HIV/AIDS within their routine activities.

⁸ The Economic Recovery Strategy for Wealth and Employment Creation 2003-2007, revised February 2004.

3.2 Action Programme 2015

The BMZ has developed an “Action Programme 2015” as contribution of the German government to the Millennium Goals of the United Nations to reduce the proportion of extremely poor people by half by 2015. The Action Programme 2015 of the BMZ includes the increase of social services and the improvement of social security. DED addresses these issues in the frame of its contributions in the fight against HIV/AIDS and the improvement of the social security in high-prevalence countries⁹ in sub-Saharan Africa.

3.3 Sector Strategy on Reproductive and Sexual Health & Health Financing

Reproductive and Sexual Health has been identified as one of the priority areas of the GDC in Kenya. The Sector Strategy Paper (SSP) aims at the improvement of the use of adequate and affordable reproductive health services¹⁰. These efforts will enhance the living conditions of women, men, young people and children due to an improved reproductive health status.

The Kenyan-German co-operation is pursuing the following strategic goals:

Reproductive and Sexual Health

- Expansion of community-based family planning, including prevention of unwanted pregnancies;
- Health Promotion with a special emphasise on adolescents (IEC, BCC, Peer Counselling, prevention of HIV/AIDS/STIs);
- Realisation of sexual and reproductive rights, including the fight against Female Genital Mutilation;
- HIV/AIDS prevention and control, using a multi-sectoral approach to ensure its mainstreaming through establishment of workplace programmes in the public and private sector.
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Health Financing

- Guarantee sustainable financing of essential health services, including reproductive and sexual health services;
- Establishment of a social health insurance scheme.

⁹ High-prevalence countries are defined as 5 % and more of the adult population between 15 and 49 years of age are HIV positive.

¹⁰ Sector Strategy on Health - Reproductive and Sexual Health & Health Financing, Kenyan-German Development Cooperation, November 2003.

Health System Development

To achieve the priority area goals, promotion of health system and support of the ongoing health sector reform is necessary through institutional, organisational and capacity development as well as the promotion of quality management.

4. DED contribution to the priority area

4.1 Objectives

DED-Kenya's objective in the priority area is to contribute to the provision of adequate and effective reproductive health services and to a multisectoral approach to combat HIV/AIDS and its impact on development. This is in line with the Kenyan objectives on RSH and HIV/AIDS and contributes to the objectives of the GDC in this priority area in Kenya.

4.2 Strategic areas

To achieve the set objective, DED is involved in the following strategic areas:

4.2.1 Promotion of Reproductive Health/HIV and AIDS control and impact mitigation among children and youth

Health promotion focusing on vulnerable adolescents and young people in the urban and rural context.

- Prevention of HIV/AIDS and other STIs through Information, Education, Communication (IEC), Behaviour Change Communication (BCC) using peer education.
- Improving access to condoms (social marketing).
- Creation of alternatives to street life for street children and youth (OVC).

In Western Kenya, DED is engaged in a Ministry of Health and GTZ-implemented programme on Adolescents Reproductive Health, including HIV and AIDS prevention. The programme addresses adolescents and young people in rural areas. Furthermore, DED launches a CBO-support programme addressing the needs of orphans and other children vulnerable to AIDS (OVC) through a cooperation with Kindernothilfe e.V. Germany.

At the Municipal Council in Nyeri, DED assists a programme on street children and youth rehabilitation which includes a component on Adolescents Reproductive Health addressing urban young people at risk.

4.2.2 Promotion of the eradication of Female Genital Mutilation (FGM)

- Identification and dissemination of best practises to reduce FGM and gender-based violence.
- Establishment of psycho-social counselling services for girls and women affected by FGM and gender-based violence.

DED cooperates with the Ministry of Health and GTZ in a programme on the promotion of initiatives to overcome Female Genital Mutilation through advocacy on the national level and interventions within selected districts (Meru, Transmara, Kajiado, Kuria).

4.2.3 Promotion of a multisectoral approach towards HIV and AIDS prevention, care & support

To fight against HIV/AIDS and to reduce its impact on development through all sectors DED is involved in:

- Strengthening of leadership in the public and private sector
- Promotion of workplace programmes
- Mainstreaming of HIV and AIDS activities within development projects.

A. Promotion of HIV and AIDS Workplace Programmes

DED joins UNDP in a co-operation with the Federation of Kenya Employers (FKE) on the promotion of HIV and AIDS Workplace Policies and Programmes among FKE members, focusing on the private sector. Regionally, DED is involved in the FKE programme in Western Kenya and Coast Province.

B. HIV and AIDS as a cross-cutting issue in all sectors

DED's portfolio comprises HIV and AIDS as a cross-cutting issue in all high prevalence countries. The following structures are addressed

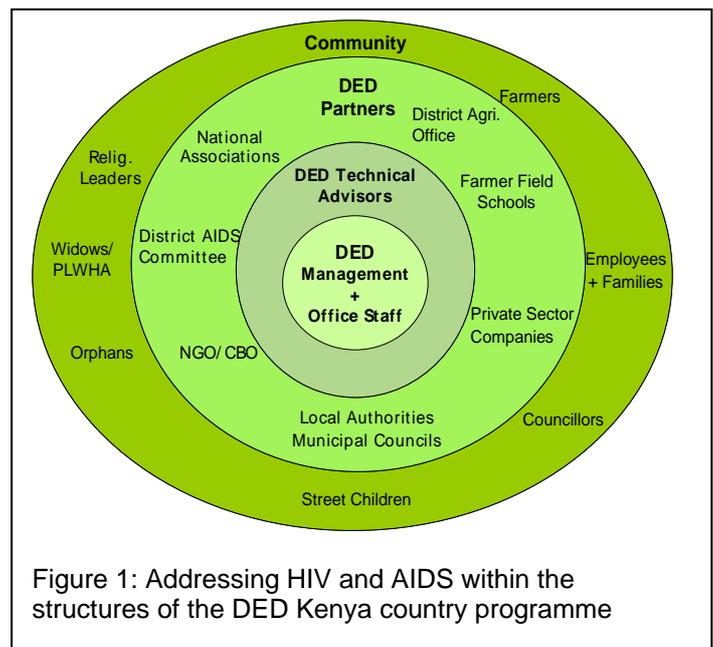


Figure 1: Addressing HIV and AIDS within the structures of the DED Kenya country programme

within the country programme.

1. DED Kenya Management and Office Staff

- ✘ Development of a locally adapted HIV and AIDS Workplace Policy for the DED country office. The policy includes a comprehensive health cover for local DED staff and their dependants. Furthermore, the policy outlines the activities to be undertaken within DED as an organisation
- ✘ Trained 'focal person' responsible for the implementation of activities
- ✘ Implementation of activities at the workplace: provision of IEC material for office staff and visitors, notice board, one-to-one peer education, provision of condoms, partnership and participation of office staff in events such as World AIDS Day

2. DED Technical advisors and coordinators

- ✘ DED TA work plans include HIV/AIDS as area of co-operation with the partner organisation.
- ✘ DED TA participate in HIV/AIDS sessions which are offered during in-house preparation prior to secondment.
- ✘ During in-country preparation, TA and spouses participate in orientation on HIV/AIDS situation in the country, personal risk and the concept of addressing HIV/AIDS as a cross-cutting issue.
- ✘ During in-country preparation, TA and spouses participate in an orientation on the HIV/AIDS situation in the country, the personal risk and the concept of addressing HIV and AIDS as a cross-cutting issue.
- ✘ DED TA collect information on the HIV/AIDS situation at their project place, the existing activities at the workplace, the commitment of the partner organisation, its capacities to integrate HIV and AIDS activities at the workplace and on existing local resources (CBOs, VCTs, material etc.).
- ✘ Training of DED TA (together with their counterparts) on HIV and AIDS-related issues and Workplace Interventions as well as on their role to support HIV and AIDS interventions at their project places.
- ✘ DED TA are expected to assist partner organisations to plan, implement and monitor HIV/AIDS activities and to link the partner organisation with other stakeholders.

3. DED Partner Organisations

- ✘ DEDs commitment towards HIV/AIDS as a cross-cutting issue is discussed with the partner organisation during Project Place Assessments.
- ✘ Training of representatives of partner organisation (together with DED TA) on HIV/AIDS-related issues and Workplace Interventions (components, preconditions).
- ✘ Planning of workplace interventions
- ✘ Identification and training of Focal Persons as peer educators within partner organisations.
- ✘ Equipment of Focal Persons (Reference book, T-Shirt, IEC material)
- ✘ Establishment of Focal Person Network
- ✘ Follow-up training of Focal Persons and continuous back up
- ✘ Provision of IEC material available (NACC, NASCOP, CDC etc.)
- ✘ Provision of sector-specific information on potential funding sources
- ✘ Provision of sector-specific publications on HIV/AIDS
- ✘ Information on resource persons/agencies for training, facilitation, surveys
- ✘ Promotion of mainstreaming HIV and AIDS within programmes (i.e. adaptation of crops/commodities, strategic planning of councils etc.).

4. Target Groups of Partner Organisations

- ✘ Promotion of peer education programmes among target groups (farmer groups, youth programmes etc.)
- ✘ Adapting programmes and services to cope with the challenges and impact of HIV and AIDS on the community level.

5. Micro-Project Support Programme

- ✘ Promotion of HIV and AIDS Workplace Interventions within NGOs
- ✘ Technical assistance on integrating HIV and AIDS within DED-supported NGOs/CBOs

4.3 Target groups

Primary target groups are:

- Vulnerable adolescents and youth: out-of-school and unemployed youth, orphans and street children.

- Girls and women affected by FGM; traditional leaders
- Civic leaders and public service employees (i.e. within Local Authorities)
- Employers and employees in the private sector
- DED-employees and DED-Technical Advisors
- Employees of DED-partner organisations (i.e. agriculture extension workers)
- Target groups of partner organisations (i.e. farmers, youth)

4.4 Regional focus

DED-Kenya concentrates its involvement on Reproductive Health and 'HIV/AIDS prevention and care' in densely populated areas and highly HIV/AIDS-affected regions. Integration of HIV/AIDS activities will be practised in all regions of DED's involvement.

In respect to FGM, DED works within the MoH/GTZ programme component on the eradication of FGM which covers four selected districts.

4.5 Levels of interventions

DED co-operates on the macro-, meso- and micro level, namely within central, provincial and district government structures, local authorities, national associations, the private sector and the civil society (NGOs/CBO).

5. Development Partners

5.1 Co-operation partners

In the respective sector, DED co-operates with GTZ, the German political foundations and German-based NGOs. Furthermore, DED has established a co-operation with UNDP as a multilateral partner.

5.2 Implementing partners

Existing and potential future partner structures and organisations comprise the following:

- Ministry of Health
- Ministry of Local Government and Local Authorities
- National AIDS Control Council - decentralised structures
- International NGOs and its implementing national partners

- Private sector companies and their associations (Federation of Kenya Employers)
- DED partner organisations in the agriculture and water sector

6. Cross-cutting issues

6.1 Participation

Participation is one of DEDs principals of cooperation. In the field of Reproductive Health/HIV and AIDS, the use of participatory methods in developing concepts and strategic plans is crucial for its acceptance and successful implementation. DED assures in its co-operations the application of participatory methods to involve stakeholders and the different target groups.

6.2 Gender

The spread of the HIV/AIDS epidemic depends largely on gender roles within the society. Cultural expectations of both women and men are contributing to the spread of the HIV/AIDS-epidemic. More generally, the subordinate status of women implies lack of control over her sexual relationships. Risky sexual engagements or abusive relationships are often characterized by an economic dependence of women. Interventions should be gender-differentiated and comprehensive addressing both women and men according to their specific needs towards change of behaviour.

Furthermore, measures to improve the living conditions especially of girls and young women are essential to reduce their vulnerability towards an HIV-infections and the impact of the epidemic. HIV/AIDS interventions supported by DED are planned, implemented and evaluated gender-differentiated and gender-sensitive.

6.3 HIV and AIDS

DED commits itself to integrate HIV and AIDS activities within its own structure and within the partner organisations and their programmes (for details see **chapter 4.2.3**).

6.4 Do-no-harm

DED pursues the approach of *Do no harm* as a principle of development co-operation. DED considers the possible impact of a project or programme on the HIV/AIDS situation within the implementing organisation and the respective target groups as part of its workplace assessment. DED supports the planning and

implementation of relevant activities in order to address the HIV/AIDS situation within the specific co-operation.

Furthermore, DED will consider the *Do no harm* approach in specific co-operations, i.e. by avoiding strategies that increase the number of street children due to incentives provided by the programme or by focusing on all orphans instead of HIV/AIDS orphans only.

7. Instruments

7.1 Technical advisors

DED places professionals of various disciplines as Technical Advisors (TA) in partner organisations on the partner's explicit request. TA are placed in the partner's programmes to enhance and improve its existing structures and performances of the organisations. In this respect, TA are to work as catalysts in the promotion of innovations relevant to the organisation they are placed in. TAs are placed within an organisation for a period of at least two years.

In the sector of Reproductive Health/HIV and AIDS, DED intends to assign up to 6 TA until the end of 2004. In the mid-run, DED aims at a number of 8 TA to work in the sector programme.

7.2 Sector co-ordinators

DEDs involvement in the priority area Reproductive Health/HIV and AIDS is managed by the DED regional coordinator for Kenya and Ethiopia. Main tasks of the coordinator comprise planning of sector activities, identification and assessment of project places and monitoring and evaluation of activities and results.

The co-ordinator is in charge of networking with other stakeholders and for quality management aspects.

7.3 National experts

DED supports the employment of national experts within partner organisations. The aim of this instrument is to enable an organisation to benefit of a staff member providing specifically required skills while DED covers partly the involved salary costs. In general, DED provides this support for a maximum of 5 years while the partner organisation shall gradually take over the costs.

7.4 Financial resources

DED provides limited funds at the workplace to equip the workplace and to facilitate selected activities such as planning sessions and training activities.

7.5 NGO Micro Project Support Programme

The DED Micro Project Support Programme (MPSP) aims at supporting local NGOs, CBOs and SHIs as well as their umbrella organisations. DED will give preference to organisations which implement income generating activities in order to improve the living conditions of socially and economically disadvantaged groups. Furthermore, organisations that strengthen democratic awareness and knowledge about peoples' rights and responsibilities are targeted. HIV/AIDS has a major impact on the communities and families, especially on girls and women, and many SHI have emerged due to the social and economic pressure caused by the epidemic. Therefore, umbrella organisations and CBOs/SHIs that address the economic situation of HIV/AIDS-affected groups are also eligible to the programme.

Instruments of the programme are technical assistance in respect to organisational development and the disbursement of micro funds.

NGOs/CBOs/SHIs promoted under this programme will be encouraged and supported to integrate HIV/AIDS activities within the organisation.

8. Methods

DED's main assistance is based on **technical support** provided to partner organisations. The detailed areas of assistance as well aims and tasks of the DED TA are developed in dialogue with the partner organisation.

Within its portfolio, DED offers **capacity building** within the partner organisation regarding organisational development, project management and selected technical subjects.

The improvement of **networking** between partners, stakeholders and donor agencies is one of DED's principal of co-operation.

Depending on the requirements and request of the partner organisation, issues of **organisational development** may be part of a DED assignment.

Technical group meetings provide a forum for internal learning and capacity building in certain technical areas.

9. Planning, Monitoring & Evaluation

DED applies participatory planning, monitoring and evaluation (P,M&E) tools throughout a co-operation. DED guidelines 03/03 are used for P,M&E activities. DED identifies its co-operation partners upon request of the respective institution and organisation. If the request is compatible with DED's country portfolio and co-operation principles, a workplace assessment takes place. Ideally, DED participates and contributes to the design and development of the programme of the partner organisation and signs responsible for the implementation of a defined area of co-operation.

DED and representatives of the partner organisation define together the areas of co-operation, resources and required skills of the envisaged TA. The two parties define an overall aim of co-operation, the expected outcomes as well as the main activities and methods to be undertaken. The preliminary work plan for the TA will be developed together with the partner organisation and shall be compatible with the overall strategic plan of the partner organisation and the particular programme.

While at the workplace, TA are requested to apply participatory P,M&E instruments as well as participatory methods, i.e. for workshops and trainings.

P,M&E instruments applied by DED comprise common planning sessions with members of the partner organisation and the target groups, periodical TA-reports addressed to DED and the partner organisation as well as monitoring and evaluation visits conducted by partner- and DED-representatives.

DED is in the process to be certified by the European Foundation for Quality Management (EFQM).