



## ACKNOWLEDGEMENTS

The Directorate of Programme Development (DPD) wishes to express its deep appreciation to all Country Directors and Project Managers, as well as to Heads of Programmes in all of AMREF Africa offices. These individuals provided the data and information on projects and reviewed the project summaries that were used to produce this report. The DPD also extends its sincere thanks to the National Offices for reviewing this report and providing valuable feedback.

Various people commented on different drafts of this report. The DPD registers its gratitude for their time and comments. Although attempts were made to ensure that information represented in this report is as accurate as possible, the DPD would like to apologize for any inconsistencies that may exist. The DPD would also like to note that this is the first version of this year's report and that it is intending to print a second version, for more widespread distribution, at the end of May 2007. Any comments and amendments should therefore be submitted to DPD before this date, to ensure their inclusion on version 2.

The DPD wants to thank all individuals, communities, AMREF and partner staff, authorities and donors, who in one way or another, have contributed to the work of AMREF and without whose support this report would not have been possible.

Finally, sincere thanks to all the people involved in the design, production, printing and distribution of the report.

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## ABBREVIATIONS

<b>AMREF</b>	African Medical and Research Foundation
<b>ANC</b>	Ante-Natal Care
<b>APM</b>	Annual Programme Meeting
<b>ART</b>	Anti-Retroviral Therapy
<b>ASRH</b>	Adolescent Sexual and Reproductive Health
<b>BCC</b>	Behaviour Change Communication
<b>CB/CBO</b>	Community-Based Organisation
<b>CBHC</b>	Community-Based Health Care
<b>CHWs</b>	Community Health Workers
<b>CORPS</b>	Community Own Resource Persons
<b>CSO</b>	Civil Society Organisations
<b>CSW</b>	Commercial Sex Workers
<b>CU5</b>	Children under Five
<b>DHMT</b>	District Health Management Teams
<b>DHS</b>	District Health Services
<b>DOT</b>	Direct Observation Treatment
<b>DPD</b>	Directorate of Programme Development
<b>ECOSAN</b>	Ecological Sanitation
<b>EOS</b>	Emergency Obstetric Services
<b>FGC</b>	Female Genital Cutting
<b>GFATM</b>	Global Fund to Fight AIDS, TB and Malaria
<b>GoK</b>	Government of Kenya
<b>GoSS</b>	Government of Southern Sudan
<b>GSK</b>	Glaxo Smith Kline
<b>HBC</b>	Home-Based Care
<b>HEP</b>	Health Extension Programme
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>HMIS</b>	Health Management Information System
<b>HSV</b>	Herpes Simplex Virus
<b>IDPs</b>	Internally Displaced Persons
<b>IEC</b>	Information, Education and Communication
<b>IFH</b>	International Family Health
<b>IGAs</b>	Income Generating Activities
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>ITNs</b>	Insecticide Treated Nets



<b>IPT</b>	Intermittent Preventive Therapy
<b>KAP</b>	Knowledge, Attitude and Practice
<b>LLITNs</b>	Long Lasting Insecticide Treated Nets
<b>LSE</b>	Life Skills Education
<b>LVB</b>	Lake Victoria Basin
<b>MCH</b>	Maternal and Child Health
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MM&amp;M</b>	Maternal Morbidity and Mortality
<b>MoH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organisation
<b>OVC</b>	Orphans and Vulnerable Children
<b>PHASE</b>	Personal Hygiene and Sanitation Education
<b>PLWHA</b>	People Living with HIV/AIDS
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>REQAS</b>	Regional External Quality Assessment Scheme
<b>RH</b>	Reproductive Health
<b>SNNPR</b>	Southern Nations Nationalities People Region
<b>TACAIDS</b>	Tanzania Commission on AIDS
<b>TB</b>	Tuberculosis
<b>TBA</b>	Traditional Birth Attendant
<b>VCT</b>	Voluntary Counselling and Testing



## FOREWORD

*AMREF's core mission is to enable communities to live healthier lives by closing the gap between communities and the formal health systems in Africa.*

Over the years many organisations have tried to improve the health in Africa by either strengthening the formal health systems or strengthening community based health care. However, these efforts have not paid adequate attention to reinforcing the linkages between the formal health systems and the communities, and core health indicators are stagnating or showing a decline.

Through 50 years of working in health development in Africa, AMREF understands that strengthening systems through service delivery alone is an insufficient approach to a long-standing and complex issue. AMREF believes that the way to truly improve the health of people in Africa is to put the interests and opinions of the communities first and transform the way the communities and formal health systems work together.

Strengthening the links between communities and the formal health system is essential for making the right to health a reality. Efforts must therefore focus on closing the "GAP."

We close this gap through three themes, as expressed in the AMREF 2007 strategy:

- **Community Partnering** - Recognising that health is a human right, we develop the community's strengths and ability to play an active role in health care delivery
- **Capacity Building** – We increase the ability of people, communities and organisations to be catalysts for better health, whilst also strengthening health systems, information channels and health professionals to work with those communities.
- **Health Systems Research for Policy and Practice** – We generate evidence to influence better policy making and identify best practices

As a credible international NGO with a strong track record of non-political collaboration and technical expertise, AMREF is well positioned to take on the role of trusted facilitator and provide best practices and methods to the full range of parties involved in the health system. AMREF's role in the transformation is to facilitate, support, and provide tangible evidence of success to influence change.

This Annual Programme Report gives a snapshot of all AMREF projects as per January first 2007. It shows the drive to a holistic approach with the community at its heart. The portfolio shows that it is possible to use vertical, disease driven, funding creatively, and to document what works, when and why. We are moving from outputs to outcomes, and all projects are addressing research questions in a systematic manner.

For practical reasons the overview is arranged in a geographical manner, (and reverse chronological order), even though multiple projects, such as water, HIV/AIDS and sexual and reproductive health have regional umbrella's to enable joint and systematic learning and documentation.

We thank all our partners for making this possible.



# ETHIOPIA

## 1. South Omo Pastoralist Health Programme

<b>Cost Centre</b>	SPN07, SPN08, FRG02	
<b>Budget</b>	<b>Total Budget:</b> USD 1,742,000	<b>Annual Budget 06/07:</b> USD 445,607
<b>Dates</b>	<b>Start Date:</b> January 2007	<b>End Date:</b> December 2009
<b>Project Manager</b>	Dr. Tessema Gashaw, A/HoP	<b>Email:</b> tessema10@yahoo.com
<b>Donor(s)</b>	Ferguson Trust UK; AECI Spain (SPANISH AGENCY FOR INTERNATIONAL COOPERATION)	
<b>Location</b>	South Omo Zone, SNNPR	
<b>Target Pop.</b>	134,000 people focusing on most disadvantaged nomadic communities, women and children	
<b>Partners</b>	SNNPR Regional Health Bureau, South Omo zonal health office, Bena Tsemay, Selamago and Ari Wereda Health Offices, Local CBOs and Women groups	
<b>Goal</b>	To assist the ministry of health develop and implement a replicable health delivery system within pastoralist communities in South Omo	
<b>Purpose/Overall Objective</b>	To create a model of health extension system that fits with the pastoralist way of life and links the health extension programme (HEP) with the primary and secondary levels of the health care system in Bena Tsemay and Selamago districts. The program will focus on a framework of improving maternal and child health HIV/AIDS, malaria, tuberculosis control and water and sanitation as key entry points.	
<b>Objectives/Outputs</b>	<ol style="list-style-type: none"> <li>1. To develop a thorough understanding of the health needs and cultural and social issues impacting on the health of communities in the 2 districts within 1 year, and using this information to build community capacity to participate in their own health development within 2 years</li> <li>2. To increase use of malaria prevention insecticide treated nets by 60% and treatment of 60% of cases of fever in children within 24 hours of onset of fever in pastoralist communities within 3 years; the higher aim is to cut down malaria specific morbidity by 30% among children less than 5 years and pregnant women</li> <li>3. To design and implement a pastoralist HIV/AIDS program taking into consideration the mobility and cultural practices that enhance the spread of HIV in the different tribes; 25% of residents are expected to accept VCT and undergo testing within 3 years.</li> <li>4. Within 3 years, to increase the capacity of the health service for primary health care services improvement using reproductive health including emergency obstetric services (EOS) to address the high maternal deaths, child health and the health facility components of malaria, tuberculosis and HIV/AIDS interventions as entry points; health agent training will be a focal point, and we will investigate the possibility of virtual mobile health posts, that fit with the migration pattern of the pastoralists. Actual strategy in doing this will be informed by baseline findings</li> <li>5. To increase case detection of the expected number of tuberculosis patients to 70% and successful treatment to over 80% through strengthening HEP and creating a good referral network with the primary and secondary health units, within the 3 year project period.</li> <li>6. To develop a database and local knowledge on water sources, and on hygiene, and use it to develop funding proposals for water source development to raise coverage of access to clean water to 20% in three years; community education on hygiene and sanitation will be carried out through community volunteers to raise knowledge levels to 50% in 3 years</li> </ol>	

<b>Outputs</b>	Integrated in section above.		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Reduced morbidity and mortality from the endemic diseases of the region including malaria, waterborne diseases, TB and HIV</li> <li>2. Improved maternal and child health as evidenced by improved indicators</li> <li>3. A well functioning health extension programme in place in nomadic areas in which the population fully participates in governing</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Ethnographic knowledge and migratory patterns that influence health</li> <li>▪ Participation models for health extension in nomadic communities</li> <li>▪ Traditional healing and the possibility to harness it for modern health care in nomadic communities</li> <li>▪ Models of health care for improving reproductive health in nomadic communities</li> </ul>		
<b>Knowledge Products (Cumulative list of documents publicly available since project inception)</b>	<b>Title</b> <i>New project</i>	<b>Author</b>	<b>Year published / presented</b>

## 2. MFS Adolescent and Sexual Reproductive Health in Nomadic Settings in Eastern Africa– Part of Regional Reproductive Health and Rights Programme

<b>Cost Centre</b>	T1	
<b>Budget</b>	<b>Total Budget:</b> USD 2,337,154.57	<b>Annual Budget:</b> USD 524,545.00
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> January 2007	<b>End Date:</b> 1 <sup>st</sup> January 2010
<b>Project Manager</b>	JEMAL YOUSUF	<b>Email:</b> jemyous@yahoo.com
<b>Donor(s)</b>	The Dutch Ministry of Foreign Affairs (Directorate General of International Cooperation) through AMREF Netherlands	
<b>Location</b>	Afar regional state, Ethiopia	
<b>Target Pop.</b>	Nomadic youth including in and out of school and women of Afar regional state,	
<b>Partners</b>	Nomadic and semi-nomadic Community, School community, District sectors offices and Regional health bureau including Disaster prevention and preparedness,	
<b>Goal</b>	To improve the reproductive health of Nomadic people in Afar regional state.	
<b>Purpose/Overall Objective</b>	Reduction of Maternal morbidity and mortality	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase quality delivery services in nomadic people by skilled health personnel in health facilities and home deliveries</li> <li>2. To increase knowledge on contraceptive methods and utilization in nomadic youth</li> <li>3. To reduce Female Genital Cutting in nomadic community.</li> <li>4. To reduce HIV/AIDS STIs, and unwanted pregnancy</li> <li>5. To train district managerial and expertise in Planning, M&amp;E, and HMIS.</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. FGC practitioners cease performing the practice</li> <li>2. Nomadic youth, including mothers will be reached through informational activities demand created.</li> </ol>	

3. Pregnant women will received pre and postnatal care through trained traditional midwives who work closely with district health offices
4. Nomadic women will be using RH care and HIV/AIDS care offered by district health unit
5. Platform established for local Governments authorities and NGOs for advocacy to support abolition of FGC
6. Local leadership will mobilize to support the abolition of FGC in Kebeles

- Outcomes(Impacts)**
1. Nomadic youth of age range 10-24 years protecting themselves against HIV/AIDS and unwanted pregnancy.
  2. Reduced FGC practices in nomadic community (the percentages of girls who are circumcised has dropped).
  3. Increased proportion of mothers who have positive pregnancy outcomes.
  4. Increased access to VCT and PMTCT services by mothers
  5. Afar leaders, the community and various authorities to supporting the abolition of FGC.

**What Operational Research Question(s) is the project working on ( 06/07)**

**Baseline assessments –**

- HIV/AIDS, STIs,FGC
- Maternal and child health status and improvement intervention
- Barriers to Youth RH care....etc

(Precise operation research questions around these issues will be formulated based on the baseline findings)

Knowledge Products (Cumulative list of documents publicly available since project inception)	Title	Author	Year published / presented
	<i>New project</i>		

### 3. Kechene Urban Personal Hygiene, Water and Sanitation Project

<b>Cost Centre</b>	DGO 01	
<b>Budget</b>	<b>Total Budget:</b> USD 342,763	<b>Annual Budget 06/07:</b> USD 140,000
<b>Dates</b>	<b>Start Date:</b> December 2006	<b>End Date:</b> December 2009
<b>Project Manager</b>	A/Hop Dr. Tessema Gashaw	<b>Email:</b> tessema10@yahoo.com
<b>Donor(s)</b>	DIAGEO, Jersey Overseas AID	
<b>Location</b>	Kechene slum, Addis Ababa	
<b>Target Pop.</b>	Targets 46,000 from the poorest neighbourhoods, girls and poor women	
<b>Partners</b>	Kebele Administration, CBO (Hulun Bequl) Gullele sub-city administration	
<b>Goal</b>	Improved health status of the Kechene community	
<b>Purpose/Overall Objective</b>	To improve health and standard of living through improved access to clean water and sanitary facilities for slum residents of Kechene	
<b>Objectives/Outputs</b>	<ol style="list-style-type: none"> <li>1. Improved environmental sanitation for all residents by reducing flying toilets</li> <li>2. Increased safety from infectious diseases and quality of life and personal dignity through improved access to sanitary facilities</li> <li>3. Reduced risk of night attacks on girls and women</li> <li>4. Increased personal and family hygiene through access to clean water for</li> </ol>	

domestic use, washing of clothes and hand-washing after toilet use			
<b>Outputs</b>			
<b>Outcomes(Impacts)</b>		<ol style="list-style-type: none"> <li>1. Reduced diarrhoea and intestinal parasites</li> <li>2. Increased personal hygiene among residents</li> </ol>	
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>		<ul style="list-style-type: none"> <li>▪ Does increased access to water and sanitary facilities lead to reduced morbidity from water borne infections in an urban setting?</li> </ul>	
<b>Knowledge Products</b>  (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	<i>New Project</i>		

#### 4. Prevention and Control Programme for HIV/AIDS in the Industrial Area of Akaki Kality in Addis Ababa.

<b>Cost Centre</b>	R121		
<b>Budget</b>	<b>Total Budget:</b> USD 79,999.80	<b>Annual Budget :</b> USD 79,999.80	
<b>Dates</b>	<b>Start Date:</b> October 2006	<b>End Date:</b> September 2007	
<b>Project Manager</b>	Eyosiyas Yilma	<b>Email:</b> eyosifirst@yahoo.com	
<b>Donor(s)</b>	AMRE Spain, Agencia Catalana de Cooperacio al Desenvolupament		
<b>Location</b>	Addis Ababa, Akaki-Kality sub city		
<b>Target Pop.</b>	Factories & transport company workers, Commercial sex workers in the surrounding area.		
<b>Partners</b>	HIV/AIDS Control Office, Akaki/Kality Sub-city health, labour and social affair desk.		
<b>Goal</b>	The health status of young people in Addis Ababa and Ethiopia improved.		
<b>Purpose/Overall Objective</b>	To halt expansion of HIV/AIDS in the industrial zone of Akaki-Kality.		
<b>Objectives</b>	Reduce the incidence of HIV/AIDS in 30 factories of Akaki kality		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Managerial level sensitisation workshop was conducted for factory workers.</li> <li>2. VCT training has conducted for 36(23 male&amp;13 Female) health professionals.</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increase knowledge of HIV/AIDS prevention and treatment amongst the workers in the 30 factories and sex worker in the surrounding area.</li> <li>2. Strengthening &amp; improving the health centre service provided for HIV/AIDS prevention, treatment and care in the 30 factories and health in Akaki-Kality (Addis Ababa)</li> <li>3. Validate the experience for future replication</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What are the barriers to VCT utilisation by the factory workers and sex worker in Akaki-Kality sub city?</li> </ul>		
<b>Knowledge Products</b>  (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Not conducted.		

## 5. Human Resources Development Afar – Continuing Education

<b>Cost Centre</b>	NLD10		
<b>Budget</b>	<b>Total Budget:</b> USD 150,000	<b>Annual Budget 06/07:</b> USD 73,930	
<b>Dates</b>	<b>Start Date:</b> June 2006	<b>End Date:</b> May 2009	
<b>Project Manager</b>	Jemal Yousouf	<b>Email:</b> jemyous@yahoo.com	
<b>Donor(s)</b>	Foundation Retourschip, AMREF Netherlands		
<b>Location</b>	Afar Regional State		
<b>Target Pop.</b>	District Health Personnel		
<b>Partners</b>	Afar Regional Health Bureau		
<b>Goal</b>	Improve health status of Afar population		
<b>Purpose/Overall Objective</b>	Strengthened planning and Management of health services in the region		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Strengthen the capacity of districts to develop and implement health plans</li> <li>2. Strengthen the capacity of districts to monitor and evaluate health service delivery</li> <li>3. Strengthen the districts capacity to absorb allocated resources for health</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. District health plans that are implemented</li> <li>2. Regular reports on health services produced</li> <li>3. Population has increased access to health services</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased coverage of the population with basic health services</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Does improving of the capacity of the health teams in M&amp;E increase the inclusion of the community in participatory monitoring and evaluation of the implementation of the district health plans</li> </ul>		
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Report on district team training on HMIS and Monitoring and Evaluation	AMREF Ethiopia	2006

## 6. Training of Health Care providers in Community Home Based Care for People Living with AIDS

<b>Cost Centre</b>	R 116		
<b>Budget</b>	<b>Total Budget:</b> USD 224,598.35	<b>Annual Budget 06/07:</b> USD 112,299.17	
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> May 2006	<b>End Date:</b> 30 <sup>th</sup> April 2008	
<b>Project Manager</b>	Sr Yemisrach Gezahegne	<b>Email:</b> yemilak@yahoo.com	
<b>Donor(s)</b>	Generalitat Valenciana (AMREF Spain)		
<b>Location</b>	Addis Ababa (Yeka, Gullelle, Lideta and Addis Ketema sub cities)		
<b>Target Pop</b>	1,337,689 of the four target sub cities, 78 district health care professionals and 450 community care givers.		
<b>Partners</b>	Addis Ababa Health Bureau, Addis Ababa HIV/AIDS prevention and control office, Addis Ababa social and civil affairs bureau, Yeka, Lideta, Gullelle and Addis Ketema sub cities		

<b>Purpose/Overall Objective</b>	To mitigate the impact of HIV/AIDS and promoting behaviour change through community home based care		
<b>Objectives</b>	1. To build the capacity of health care providers and volunteers to provide quality community based home care for people living with HIV/AIDS in Yeka, gullele, Lideta and Addis Ketema sub cities of Addis Ababa		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. The target communities of the four urban districts of Addis Ababa (Lideta, Addis Ketema, Yeka and Gullele) sensitized and mobilized in order to promote a change in attitude and active participation in activities of home health care services for those suffering from AIDS</li> <li>2. 78 district health care professionals and 450 community care givers trained in domestic and community healthcare for those with AIDS in the four targeted districts, by means of " cascading training" (Training of Trainers...)</li> <li>3. A pilot system of quality community care (within homes and a palliative care center) for AIDS patients put into effect in the four urban districts of Addis Ababa.</li> <li>4. Experiences evaluated for use in subsequent projects.</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Change in attitude and active participation of the community in activities of home health care services for those suffering from AIDS</li> <li>2. Adoption of quality community based home and palliative care provision from the model palliative care centre to all over the country.</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What are the knowledge, attitude and practice on Community home based and palliative care among the health providers?</li> </ul>		
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Training needs assessment of health workers and the community on Home based and palliative care	S/r Yemisrach Gezahegne HBC project Officer	will be finalized and presented on 2007

## 7. Specialist Clinical Outreach

<b>Cost Centre</b>	H108	
<b>Budget</b>	<b>Total Budget:</b> USD 259,669.8	<b>Annual Budget 06/07:</b> USD 142,014.6
<b>Dates</b>	<b>Start Date:</b> 30 <sup>th</sup> April 2006	<b>End Date:</b> 30 <sup>th</sup> April 2008
<b>Project Manager</b>	Dr.Tessema Gashaw	<b>Email:</b> tessema10@yahoo.com
<b>Donor(s)</b>	Generalitat Valenciana (AMREF Spain)	
<b>Location</b>	10 hospitals throughout the country	
<b>Target Pop.</b>	Patients suffering from chronic disabilities: males and females adults and children.	
<b>Partners</b>	Federal, regional and district government offices and hospitals. Volunteer specialist doctors.	
<b>Goal</b>	To improve the health status of the people of Ethiopia	
<b>Purpose/Overall Objective</b>	Establish effective and sustainable specialist health care services in 10 hospitals of Ethiopia	
<b>Objectives</b>	1. Treating of about 10,000 patients in the selected 10 hospitals in 2 years time	

	2. Training of about 500 health care professionals in the 10 hospitals.						
<b>Outputs</b>	1. Accession of 5000 needy chronically sick people. 2. Accession of 200 junior health professionals						
<b>Outcomes(Impacts)</b>	1. Improvement in quality of chronic health care in Ethiopia						
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	▪ Service delivery OR including success of surgery by newly trained surgeons, infection prevention, waiting times at baseline and after project start-up, quality of patient care						
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td>Assessment Of Hospital needs and capacities for Specialist Clinical Out Reach Services in Ethiopia</td> <td>AMREF Ethiopia, clinical out reach project</td> <td>2006/2007</td> </tr> </tbody> </table>	Title	Author	Year published / presented	Assessment Of Hospital needs and capacities for Specialist Clinical Out Reach Services in Ethiopia	AMREF Ethiopia, clinical out reach project	2006/2007
Title	Author	Year published / presented					
Assessment Of Hospital needs and capacities for Specialist Clinical Out Reach Services in Ethiopia	AMREF Ethiopia, clinical out reach project	2006/2007					

## 8. Water and Sanitation, Trachoma Afar Region

<b>Cost Centre</b>	R110
<b>Budget</b>	<b>Total Budget:</b> USD 463,835..... <b>Annual Budget 06/07:</b> USD 120,296
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> August 2005 <b>End Date:</b> 30 <sup>th</sup> July 2009
<b>Project Manager</b>	Yonas Tsegaye <b>Email:</b> hancoki@yahoo.com
<b>Donor(s)</b>	Light for the world, AECI Spain (Spanish Agency for International Cooperation)
<b>Location</b>	Afar Region, Zone 3
<b>Target Pop.</b>	106,131people
<b>Partners</b>	Community, local Government offices and other NGOs,
<b>Goal</b>	To improve the health status for the most disadvantage nomadic and semi nomadic community of Afar.
<b>Purpose/Overall Objective</b>	Effective, sustainable and Safe water and Sanitation Project as a means to fight against trachoma and water and sanitation illnesses.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increase safe water coverage from 21% to 48%.</li> <li>2. Increase sanitation coverage from 0% to 10%.</li> <li>3. To provide mass hygiene education for 50,000 population.</li> <li>4. To offer training for 52 water committee, 45 hygiene promoters and 26 district health personals used as focal persons with in the community.</li> <li>5. Construct 15 demonstration pit latrines at school, 150 san plate production and distribution to encourage latrine users.</li> <li>6. To construct 6 communal Latrine for women.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 33 water committee and 30 village promoters have been trained from 20 kebeles.</li> <li>2. For 55,000 people mass hygiene education has been given in school community meeting and religious places.</li> <li>3. 85% of Meteka kebele spring development completed which serves 10,000 people of the residence.</li> </ol>

	4. 100% accomplishment 6 communal pit latrine construction.						
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Safe Water coverage will increase by 20% at the end of 2007.</li> <li>2. Latrine coverage and safe hygiene practice will increase by 10% in the 2007.</li> </ol>						
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How effective is the traditional method of filtering water through Beha stone?</li> </ul>						
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Title	Author	Year published / presented			
Title	Author	Year published / presented					

### 9. Trachoma Control Project, Afar Region Zone 3 (Surgery)

<b>Cost Centre</b>	CBM01, SPN02
<b>Budget</b>	<b>Total Budget:</b> \$732,226 <b>Annual Budget 06/07:</b> \$210,373
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> August 2005 <b>End Date:</b> 30 <sup>th</sup> July 2010
<b>Project Manager</b>	Jemal Yousouf <b>Email:</b> jemyous@yahoo.com
<b>Donor(s)</b>	CBM Germany, AECI Spain(Spanish Agency for International Cooperation)
<b>Location</b>	Afar Region (15 districts)
<b>Target Pop.</b>	750,000 people
<b>Partners</b>	Afar Regional Health Bureau, Pfizer, ITI, CBM, Federal MOH
<b>Goal</b>	Control of blindness in Ethiopia
<b>Purpose/Overall Objective</b>	<p>The Ultimate Intervention Objective is global elimination of blinding trachoma by the year 2020 (Vision 2020).</p> <p>This means that there is:</p> <ul style="list-style-type: none"> <li>• Less than 5% of TF in children between 1-9 years old and</li> <li>• Less than one TT case per 1000 population.</li> </ul>
<b>Objectives/Outputs</b>	<ol style="list-style-type: none"> <li>1. Implementation of baseline assessment surveys in all 6 weredas of zone 3, and 50% of all weredas (15) in Afar region by 2009</li> <li>2. Development of a regional strategy for Trachoma control in Afar regional state</li> <li>3. Reduction of the number of TT cases by operating 80% of the backlog of BTRP surgeries (20,800 cases primary surgery) in the targeted weredas</li> <li>4. 50% reduction of active trachoma in endemic weredas through mass treatment with Azithromycin</li> <li>5. At least 50% of children in endemic weredas have clean faces and there is 30% environmental improvements above baseline</li> <li>6. Expansion of the trachoma program is gradually developed to 50% of Weredas (15) by 2009 through implementation of a regional SAFE strategy</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Blindness due to trachoma eliminated</li> <li>2. Reduced blindness related poverty</li> </ol>
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What factors sustain trachoma in communities and how can they be mitigated?</li> </ul>



<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published/presented</b>
	Trachoma Baseline surveys in 15 districts	AMREF Ethiopia	2006/7

## 10. Malaria Prevention and Control in Afar

<b>Cost Centre</b>	R109, R113, R112, R120, and R114
<b>Budget</b>	<b>Total Budget:</b> USD 882,781 <b>Annual Budget 06/07:</b> USD 327,976
<b>Dates</b>	<b>Start Date:</b> March 2005 <b>End Date:</b> May 2008
<b>Project Manager</b>	Tadesse Fesseha <b>Email:</b> tadfes@yahoo.com
<b>Donor(s)</b>	Band Aid, CIDA-Canada, AMREF-Netherlands, Ferguson Trust, Jersey Overseas Aid and AMREF-UK
<b>Location</b>	Afar regional state, Zone three and five (11 districts in Total)
<b>Target Pop.</b>	210,000 people are beneficiaries from this project. Children under five and pregnant women are the primary beneficiaries and the rest of the nomadic population are secondary beneficiaries.
<b>Partners</b>	Regional bureau of health, federal ministry of health, UNICEF,WHO, PSI (populations service international),ICRC, APDA (Afar pastoralist development association) district health offices, district administrative structures, CSOs (civil societies' organizations like women associations) and beneficiary communities as well.
<b>Goal</b>	Improved health status of the population in Afar.
<b>Purpose/Overall Objective</b>	To reduce malaria related morbidity and mortality among nomadic populations of the Afar region in Ethiopia, specifically targeting children under five years and pregnant women
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase LLITNs coverage among children under 5 and pregnant women among pastoralists in Afar, ensuring coverage of 60-80% by the end of the project.</li> <li>2. Implement home based management of malaria with artemether-lumefantrine in combination with strengthened diagnostic services both microscopy and rapid diagnostic tests</li> <li>3. Develop and utilize participatory communication tools to ensure high LLITNs retention and utilization rates, prompt treatment seeking behaviour for malaria within 24 hours and improved ability to recognize the signs and symptoms of severe and uncomplicated malaria.</li> <li>4. To develop and strengthen partnerships to expand the program to cover four further districts in Afar region, zone three.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. % of children under five in the target communities sleeping under nets</li> <li>2. % of pregnant women in the target areas sleeping under nets</li> <li>3. % of community members able to correctly identify the signs and symptoms of malaria, the routes of transmission and methods of blocking transmission at community level</li> <li>4. % of children under five accessing appropriate treatment and accurate diagnostic services for malaria within 24 hours of the onset of fever</li> <li>5. communication materials accepted for wide use in the region</li> </ol>

	6. skill and knowledge acquired among health workers at all levels across the region to implement the new case management policy using artemether-lumefantrine (ACT)
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Reduction in malaria related morbidity and mortality</li> <li>2. A decrease in the trend of malaria incidence among the nomadic population specially in children under five and pregnant women</li> <li>3. A decrease in the occurrences of epidemics</li> <li>4. A decline in the occurrences of severe and complicated malaria</li> <li>5. Acquisition and adoption of knowledge and skill by the community for rational prevention and treatment of malaria that results in decreased morbidity and mortality</li> <li>6. A decline in case fatality rate owing to malaria</li> </ol> <p><b>N.B.</b> The above outcomes have got their own means of verification and gauge.</p>
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Examination of the physical status of nets, coverage, utilization specially by children under five and pregnant</li> <li>▪ Can community health workers handle RDT along side ACTs to treat malaria patients?</li> <li>▪ What are the alternative traditional mechanisms of cooling system to keep RDTs within temperature limits recommended?</li> </ul>

<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Baseline survey	Tadesse Fisseha	2006

## 11. Youth and HIV AIDS

<b>Cost Centre</b>	H103
<b>Budget</b>	<b>Total Budget</b> Funded yearly <b>Annual Budget:</b> USD 59,478
<b>Dates</b>	<b>Start Date:</b> 2004 <b>End Date:</b> 2007
<b>Project Manager</b>	Mr. Eyosiyas Yilma <b>Email:</b> eyosifirst@yahoo.com
<b>Donor(s)</b>	AMREF Netherlands
<b>Location</b>	Addis Ababa, Akaki-Kality sub city
<b>Target Pop.</b>	Commercial sex workers (CSW), in school and out of school youth 1(5-24), client of CSW, addictive substance users.
<b>Partners</b>	HIV/AIDS Control Office, Akality/Kality Sub-city health desk.
<b>Goal</b>	The health status of young people in Addis Ababa and Ethiopia improved.
<b>Purpose/Overall Objective</b>	Contributing to reducing the spread of HIV/AIDS and its effects in Addis Ababa, Ethiopia by reducing or maintaining it at its current level.
<b>Objectives</b>	1. To reduce the spread of HIV and its effect with a focus on young CSW and their clients, youth involved in addictive substance abuse.
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 2707 CSW and youth have benefited from free VCT services and consequent VCT campaigns were conducted.</li> <li>2. Vocational training opportunity provided for 20 CSW</li> <li>3. 117,840 pieces of condom distributed to CSW and youth in the project sites</li> <li>4. Subsequent Community Conversation Enhancement (CCE and peer education)</li> </ol>

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- conducted with 297 in and out of youth club through 10 youth clubs
5. 2 issues of youth health magazine produces in English and Amharic and three different ICE materials were published.
  6. Discussion meeting on the project implementation was conducted with different stakeholders
  7. Different training for 149 local clubs and health professional were conducted based on the topics : CCE=60, STI syndromes management =19, HIV/AIDS & ASRH=30, BBS=40

<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. The risk of unsafe sexual practice reduced among young commercial sex workers and their clients in Akaki/kaliti area capacity</li> <li>2. Reducing the risk of exposure to addictive substance among the youth in Akaki/kaliti area.</li> <li>3. Increasing project learning and documentation process through operations research.</li> <li>4. Contribution to policy and practice advocacy in the area of high risk behaviour to HIV/AIDS.</li> </ol>
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<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What are the reason for condom breakage and slippage among Akality/Kality sub city CSW</li> </ul>
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Knowledge Products (Cumulative list of documents publicly available since project inception)	Title*	Author	Year published / presented
	Commercial sex workers' HIV/AIDS knowledge and sexual behaviour survey in Akality/Akaki sub city, Addis Ababa	Compiled by Mr.Abebual Zerihun AMREF, Ethiopia	February 2006

## 12. Fighting Aids Together in Ethiopia (FATE)

<b>Cost Centre</b>	A 102 -	
<b>Budget</b>	<b>Total Budget:</b> USD 550,479.00	<b>Annual Budget 06/07:</b> USD 161,889.00
<b>Dates</b>	<b>Start Date:</b> September 2004	<b>End Date:</b> October 2007
<b>Project Officer</b>	Dr. Abiyot Belai	<b>Email:</b> drmarkbel@yahoo.com
<b>Donor(s)</b>	NORAD, AMREF Spain (Junta de Castilla y León and Spanish Agency for International Cooperation)	
<b>Location</b>	Addis Ketema, Akaki/Kality and Lideta subcities, Addis Ababa, Ethiopia	
<b>Target Pop.</b>	<u>Direct:</u> children, Adolescents and youth ,8-24 years of age <u>Indirect:</u> parents, guardians, teachers and the community at large.	
<b>Partners</b>	DPPC, AAHB, SNGOAO, National & A.A Regional HAPCO, Health &Admin. Departments of Addis Ketema, Akaki/Kality and Lideta sub cities, Factory Managers in Akaki/Kality sub city.	
<b>Goal</b>	Improved Health status of young people in Addis Ababa, Ethiopia	
<b>Purpose/Overall Objective</b>	<b>To contribute to reducing the spread of HIV and its effects in Ethiopia by maintaining it at current or lower level</b>	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Continue strengthening local capacity development to fight HIV/AIDS epidemic through the development of service packages on ARH/ HIV/VCT for young people (age 8-24years) targeting to reach at least 200,000 youths through</li> </ol>	

	<p>various pathways within 3 years</p> <ol style="list-style-type: none"> <li>To strategically and sustainably expand project interventions including their replication by supporting at least 60 Anti-Aids clubs to increase coverage of young people within their catchment areas by 40% with education and services for HIV</li> <li>To increase the project learning and documentation process through operations research and regular publishing at least 2 papers per year and presentation to partners and stakeholders</li> <li>Conduct advocacy over the project implementation period on best practices and issues of concern in HIV/AIDS using a variety of methods to influence policy and adoption of successful approaches learnt during the project implementation period</li> </ol>						
<b>Outputs</b>	<ol style="list-style-type: none"> <li>120 health professionals from the above mentioned 3 sub cities health departments and 5 health centres in the sub cities and 10 project staff and partners trained to offer HIV prevention, VCT and reproductive health services to young people</li> <li>Service utilization of the youth friendly clinics increased through advocacy &amp; increased capacity of the service (40 youth/day) &amp; Network of organizations offering youth friendly services strengthened (AARHB, AAEB, FGAE, FHI, UNFPA, UNICEF, CORHA...)</li> <li>AARHB is effectively coordinating HIV prevention programs in the metropolis and is producing adequate information for coordination</li> <li>30 project staff and partners capacity in VCT, HBC enhanced through trainings and material support</li> <li>10 youth clubs are now capable of developing their own youth HIV prevention programs and accessing other resources for their work</li> <li>10 factories have adopted work place policies on HIV that support prevention and mitigation including peer education programs in the work place</li> <li>Project has done operational research at Akaki/ kality sub city on CSW and has documented &amp; replicated the lessons learned</li> </ol>						
<b>Outcomes (Impacts)</b>	<ol style="list-style-type: none"> <li>Knowledge, attitude &amp; service utilization of youths living in the 3 sub cities increased on adolescent sexual &amp; reproductive health including HIV/AIDS</li> <li>ART services being provided at the 3 sub cities health centres strengthened through participation on ART decentralization program, material support, purchase of drugs and assignment of staff</li> <li>HIV prevention &amp; control activities at Akaki/kality sub city work place intervention areas strengthened</li> <li>Prevalence of HIV at national level decreased 4.7%(2004) to 3.5%(2006)</li> </ol>						
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>What are the ART Utilization patterns and what are the factors influencing continuation or drop out at the health centre</li> <li>What are the dynamics of parent/child relations on youth matters: Documentation of KAP of youth out of 3 years tapes recorded in parent/child discussion groups and other youth discussion forums</li> </ul>						
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td>▪ -</td> <td>▪ -</td> <td>▪ -</td> </tr> </tbody> </table>	Title	Author	Year published / presented	▪ -	▪ -	▪ -
Title	Author	Year published / presented					
▪ -	▪ -	▪ -					

### 13. Kechene IGA/IEC (Women and AIDS) Project

<b>Cost Centre</b>	NLD04, NLD06		
<b>Budget</b>	<b>Total Budget:</b> USD 336,843	<b>Annual Budget 06/07:</b> USD 74,206	
<b>Dates</b>	<b>Start Date:</b> April 2004	<b>End Date:</b> September 2007	
<b>Project Manager</b>	Nemme Negassa	<b>Email:</b> nyadetaa@yahoo.com.au	
<b>Donor(s)</b>	D.O.B Foundation, AMREF Netherlands		
<b>Location</b>	Kechene slum, Addis Ababa		
<b>Target Pop.</b>	Target population of 46,000 poor HIV infected and affected women		
<b>Partners</b>	Kebele and Gullele sub-city administrations		
<b>Goal</b>	The goal of the project is to empower the community to prevent HIV transmission, and minimize suffering as a consequence of the large numbers of infected and affected, using community based approaches and mobilization of community resources		
<b>Purpose/Overall Objective</b>	The purpose of this project is to mitigate the impact of this epidemic on the Kechene community by reducing income poverty and thereby create an entry point for reducing stigma and promoting prevention efforts.		
<b>Objectives/Outputs</b>	<ol style="list-style-type: none"> <li>1. Capacity of the community to give community based care of AIDS orphans and the sick enhanced through improved incomes</li> <li>2. Stigma reduced and the ability of the community to prevent HIV transmission enhanced</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. An empowered community that relies on its resources to prevent HIV and care for the affected</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Does the income generating activity lead to improved health and welfare family outcomes?</li> </ul>		
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Baseline survey	AMREF Ethiopia	2005
	Review of the income generating component	WISE (women in self employment)	2006

# KENYA

## 1. Lake Victoria Basin Initiative – Part of Regional Programme

<b>Cost Centre</b>	W902	
<b>Budget</b>	<b>Total Budget:</b> USD 6,717,479	<b>Annual Budget 06/07:</b> USD 2,525,771
<b>Dates</b>	<b>Start Date:</b> March 2007	<b>End Date:</b> March 2009
<b>Project Manager</b>	Opiyo Makoude	<b>Email:</b> Opiyom@amrefke.org
<b>Donor(s)</b>	Swedish International Development Agency (Sida)	
<b>Location</b>	Lake Victoria Basin (Kenya, Uganda, Tanzania, Rwanda, Burundi)	
<b>Target Population</b>	Mobile populations transiting through or living in the Lake Victoria Basin of East Africa. Included are communities in fishing, mining, commercial sex work, long distance transport, uniformed security personnel, seasonal workers in agricultural plantations and mobile traders.	
<b>Partners</b>	East African Community (EAC), Lake Victoria Basin Commission (LVBC), Lake Victoria Fisheries Organization (LVFO), national HIV&AIDS coordinating agencies (Kenya, Uganda, Tanzania, Rwanda & Burundi), Alliance of Mayors and Municipal Leaders Initiative for Community Action on AIDS at the Local Level (AMMICCAALL), Lake Victoria Regional and Local Authorities Co-Operation (LVRLAC), regional CSO networks, and private sector.	
<b>Goal</b>	Reduce the risk and vulnerability to HIV and AIDS among mobile populations within the Lake Victoria Basin region.	
<b>Purpose/Overall Objective</b>	To establish a framework for improving the effectiveness of HIV and AIDS responses for mobile populations within the Lake Victoria Basin by end of 2009	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To strengthen the capacity of the EAC, its key institutions and select regional networks to coordinate HIV/AIDS responses in the LVB region</li> <li>2. To promote the harmonization of HIV and AIDS policy frameworks and practice for mobile populations across the East African region.</li> <li>3. To strengthen the capacity of select networks and organizations of mobile populations to address HIV and AIDS related risks and vulnerabilities.</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. EAC/LVBC HIV/AIDS coordination capacity strengthened</li> <li>2. EAC M&amp;E Capacity strengthened as part of an integrated regional Health Information system</li> <li>3. Strengthened capacity of EAC to carry out regional HIV and AIDS and gender/rights-based approaches mainstreaming</li> <li>4. Strengthened advocacy capacity of the EAC</li> <li>5. Policy harmonization guidelines (regional, national, district and mobile populations) developed and disseminated</li> <li>6. Country specific HIV/AIDS service provider networks in the LVB in place and operational</li> <li>7. Enhanced Gender/Rights-based advocacy capacity for mobile population networks.</li> <li>8. Two innovative models for service gap closure developed.</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased service uptake by the mobile population.</li> <li>2. Development of a HIV/AIDS policy on mobile population in the LVBI</li> <li>3. Increased utilization of integrated regional HMIS</li> <li>4. Increased coordination of HIV/AIDS advocacy in the LVBI</li> </ol>	

**What Operational Research Question(s) is the project working on**  
( 06/07)

- How can HIV/AIDS services be made accessible to migrant seasonal workers in agricultural plantations within the Lake Victoria Basin?

Knowledge Products (Cumulative list of documents publicly available since project inception)	Title	Author	Year published/presented
	Addressing Mobility, Vulnerability and Gaps In Integrated Response To Hiv/Aids In The Lake Victoria Basin Region	Family Support Institute (Fasi ) Prof. Shanyisa Khasiani Mr. David Kubasu	Presented to government and civil society stakeholders in Kenya, Uganda and Kenya.
	<i>Situation Analysis/ Baseline Survey</i>	Dr. Peterson Mureithi	2006
	Addressing Mobility-Induced Vulnerabilities And Gaps In Harmonized Responses To HIV&AIDS In The Lake Victoria Basin Region	AMREF	2006

## 2. MFS Adolescent and Sexual Reproductive Health in Nomadic Settings in East Africa – Part of Regional Reproductive Health and Rights Programme

<b>Cost Centre</b>	C212	
<b>Budget</b>	<b>Total Budget:</b> USD 2,937, 500	<b>Annual Budget:</b> USD 625,000
<b>Dates</b>	<b>Start Date:</b> January 2007	<b>End Date:</b> December 2010
<b>Project Manager</b>	<b>Robina Biteyi</b>	<b>Email:</b> robinab@amrefke.org
<b>Donor(s)</b>	The Dutch Ministry of Foreign Affairs( Directorate General of International Cooperation) through AMREF Netherlands	
<b>Location</b>	Kajiado District (Magadi and Loitokitok Divisions)	
<b>Target Pop.</b>	Target Population: 442,415 Target group:50,000 youth (10-24)	
<b>Partners</b>	MoH, MOEST, University of Nairobi, Target Communities	
<b>Goal</b>	Sustained reduction in child and maternal mortality in Magadi and Loitokitok divisions of Kajiado District	
<b>Purpose/Overall Objective</b>	1. Improved capacity of the target population to provide quality RH and HIV prevention services	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increased awareness and knowledge of RH and HIV prevention policies and best practices amongst target groups</li> <li>2. Strengthened capacities of grass- roots CSO, health facilities, school health clubs and traditional community structures to improve access to and quality of SRH and HIV care for young people</li> <li>3. Empowered young women, men, boys and girls in and-out-of school to make informed choices regarding their own RH</li> <li>4. Increased utilisation of RH and HIV prevention- youth friendly services</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 200 youth leaders and 100 local leaders trained as spokesman on RH and rights</li> <li>2. RH Training module for health workers developed and in use</li> <li>3. 120 School teachers trained in RH and Rights</li> </ol>	

	4. 6 health facilities renovated and improved			
	5. 24 CBOs and 6 health facilities have the skills and infrastructure to offer youth friendly RH health services.			
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Mobilised communities participating actively in communicating RH and HIV prevention information</li> <li>2. 6 health facilities offering youth friendly RH services</li> <li>3. 40 Schools in Magadi and Loitokitok have RH as part of the school teaching package and use the developed RH module</li> <li>4. 120 school teachers with skills in ASRH and providing services and counselling at target schools</li> </ol>			
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What is the effect of partnering with the youth and community leaders in increasing utilisation and sustainability of RH services for the youth in Kajiado district?</li> <li>▪ Is Information Technology (IT) an effective channel for communicating RH and HIV prevention information to young people in a rural area?</li> <li>▪ How effective are traditional systems in communicating RH information to young people in Nomadic Settings?</li> </ul>			
<b>Knowledge Products (Cumulative list of documents publicly available since project inception)</b>	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year Published/Presented</th> </tr> </thead> </table>	Title	Author	Year Published/Presented
Title	Author	Year Published/Presented		

### 3. Ngandakarin Bamocha-An Integrated Health and Social Development Programme for Northern Turkana

<b>Cost Centre</b>	T112
<b>Budget</b>	<b>Total Budget:</b> USD 300,010.39 <b>Annual Budget 06/07:</b> USD 150,005.2
<b>Dates</b>	<b>Start Date:</b> January 2007 <b>End Date:</b> December 2008
<b>Project Manager</b>	Eberhard Zeyhle <b>Email:</b> Eberhardz@Amrefke.Org
<b>Donor(S)</b>	Valencia City Of Spain
<b>Location</b>	Northern Turkana, Turkana, Rift Valley
<b>Target Pop.</b>	127,649 People Composed Of Women Of Child Bearing Age (54,530), Children Under 5 (34,615), Pre-Primary And Primary Youth (16,728), Vulnerable Groups - PLWHA, Physically disabled etc. (21,776).
<b>Partners</b>	Ministry Of Health – Turkana District, African Inland Church (Aic), Catholic Diocese Of Lodwar
<b>Goal</b>	The project aims to contribute to improved health and quality of life of disadvantaged nomadic pastoralists communities in Kenya
<b>Purpose/Overall Objective</b>	The project purpose is to improve access to basic health care primarily for the mothers and under five children among the nomadic pastoralists in Northern Turkana, through a health care model that is tailored to nomadic pastoralists with technical support systems and linkages to the Ministry Of Health structures at various levels by the end of two years of the project
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To improve the healthcare infrastructure</li> <li>2. To increase access to basic health care services for the nomadic pastoralists of Northern Turkana</li> <li>3. To increase awareness and knowledge on prevalent disease (Malaria, Diarrhoea, HIV/AIDS/STIs, TB &amp; Hydatid) transmission control and prevention among the nomadic community</li> <li>4. To improve the CORPs capacity in undertaking mobilisation and education</li> </ol>



	among their respective communities
	5. To improve the utilisation of Maternal Child Health services including immunisation
	6. To provide and strengthen essential supportive linkages between the formal and community based health systems
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Community mobilised and actively participating in project activities</li> <li>2. 3 container clinics established and providing services</li> <li>3. 2 dispensaries renovated along migratory routes and equipped</li> <li>4. 14 community safe motherhood promoters trained</li> <li>5. 15 health workers updated on essential health care packages</li> <li>6. 17 HWs and CORPs trained/updated on malaria control, HIVE/AIDS, VCT, PMCTC</li> <li>7. 5000 nets/ITNs distributed</li> <li>8. 5000 basic CHWs drug kits distributed quarterly</li> </ol>
<b>Outcomes (Impacts)</b>	<ol style="list-style-type: none"> <li>1. Access to basic essential health care service improved for the nomadic community</li> <li>2. Reduced incidences of malaria, HIV/AIDS/STIs, TB hydatid, and diarrhoea among the nomadic community of northern Turkana</li> <li>3. Improved health status of the community</li> <li>4. Improved health care delivery system for the nomadic communities</li> </ol>
<b>What Operational Research Question(S) Is The Project Working On ( 06/07)</b>	<ul style="list-style-type: none"> <li>How can the traditional adakar system be used to improve access and utilisation of maternal and child health care services?</li> </ul>
<b>Knowledge Products</b>	<b>Title</b>
<b>(Cumulative List Of Documents Publicly Available Since Project Inception)</b>	<b>Author</b>
	<b>Year Published / Presented</b>
	Turkana 5-Year Road Map
	• District Partners And Key Stakeholders
	2003

#### 4. Kibera Personal Hygiene and Sanitation Project (PHASE)

<b>Cost Centre</b>	C109
<b>Budget</b>	<b>Total Budget</b> USD 557,755 <b>Annual Budget 06/07:</b> USD 206, 413
<b>Dates</b>	<b>Start Date</b> January 2007 <b>End Date:</b> December 2009
<b>Project Manager</b>	Sakwa Mwangala <b>Email:</b> <a href="mailto:sakwam@amrefke.org">sakwam@amrefke.org</a>
<b>Donor(s)</b>	GlaxoSmithKline
<b>Location</b>	Kibera slums in Laini Saba and Mashimoni villages
<b>Target Pop.</b>	Primary school pupils and the Kibera community (Total pop. 97,000).
<b>Partners</b>	Ministry of health, Ministry of Education, Kenya Institute of Education, local NGOs and FBOs and the community.
<b>Goal</b>	Improved health status of Kibera informal settlement through the PHASE initiative, particularly of 10,000 primary school children
<b>Purpose/Overall Objective</b>	Development of a replicable model for PHASE interventions within informal settlements
<b>Objectives</b>	1. Availability and accessibility of personal hygiene and sanitation facilities increased.

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2. Capacity of the students, teachers, community and partners to address health, hygiene and sanitation issues built.
  3. Testing and documenting the effects of improved hygiene and sanitation practices on pupils' absenteeism, enrolment and performance in national examinations within the informal settlement.
  4. Institutionalization of PHASE initiatives in schools within the informal settlement by the government and other stakeholders promoted.
  5. Improved health-seeking behaviour among participating pupils and the community in general.

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- Outputs**
1. 50 schools teachers and committees trained in health promotion using PHASE methodologies
  2. 40 demonstrational toilets constructed in local schools and in use, installation of 7 water tanks, construction of 50 meters drain and excavation of 15 refuse pits
  3. 7 Community water points established and in use
  4. 1 Project implementation team
  5. One baseline survey carried out and report produced
  6. 15 school clubs formed
  7. 35 PHASE training kits

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- Outcomes(Impacts)**
1. Reduction in hygiene and sanitation related diseases among the benefiting school children and the community
  2. Increased number of personal hygiene and sanitation enhancing facilities.
  3. Improved nutrition, health and health seeking behaviour of students from the target schools, and the surrounding community.
  4. High enrolment in PHASE project schools
  5. Involvement of Ministry of Education in the management of schools in Kibera and other informal settlements
  6. Enhanced support and supervision by the Ministry of Education and other government departments to the learning institutions.

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**What Operational Research Question(s) is the project working on ( 06/07)**

- Does improving hygiene and sanitation practices among pupils and communities in informal settlements contribute to increased enrolments, reduced absenteeism and improvement in academic performance?

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Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)			

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## 5. Kajiado Integrated Trachoma Control Project – Phase 2

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<b>Cost Centre</b>	C206, C201	
<b>Budget</b>	<b>Total Budget:</b> USD 2,720,761.04	<b>Annual Budget 06/07:</b> USD 1,090,335.21
<b>Dates – PHASE 2</b>	<b>Start Date:</b> January 2007	<b>End Date:</b> December 2010
	NB: Phase I ran from: January 2003 to December 2005	
<b>Project Manager</b>	Francis Dikir	<b>Email:</b> <a href="mailto:DikirF@amrefke.org">DikirF@amrefke.org</a>
<b>Donor(s)</b>	European Community, Christian Blinden Mission (CBM), AMREF UK, Sight Savers International, Pfizer Incorporation, International Trachoma Initiative (ITI)	

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<b>Location</b>	Kajiado, Laikipia and Samburu districts.		
<b>Target Pop.</b>	951,684 people residing in Kajiado, Samburu and Laikipia districts		
<b>Partners</b>	Government of Kenya (GOK) particularly; The Ministries of Health, Education, Water, Local authorities Local community, Sight savers International, Christen-Blinden Mission, Magadi Soda Company, University of Nairobi, , National Prevention of Blindness Working Group (NPBWG), International Trachoma Initiative (ITI), other Eye care partners among others.		
<b>Goal</b>	Contribute to improving the health status and quality of life by reducing the burden caused by blinding trachoma.		
<b>Purpose/Overall Objective</b>	To reduce the impacts and burden of major causes of avoidable blindness including trachoma in Kajiado, Samburu and Laikipia districts.		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To reduce the prevalence of active trachoma from 28.1% to below 10% and the prevalence of blinding trachoma from 3.3% to 1% by the end of 2010 in line with the WHO Global Eradication of Trachoma by the year 2020 (GET 2020).</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 8 trichiasis surgeons trained and enabled to perform trichiasis surgeries in the three respective districts</li> <li>2. 80% of the target population mass treated with azithromycin</li> <li>3. Information, education and communication materials developed and disseminated</li> <li>4. Demonstrational latrines constructed and in use</li> <li>5. 3 eye units renovated and offering services</li> <li>6. Capacity of districts and communities to control trachoma strengthened</li> <li>7. Demonstrational plastic water storage tanks and roof catchment introduced</li> <li>8. At least 5000 patients with trachomatous trichiasis operated</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased community participation and ownership of the project.</li> <li>2. Reduced cases of blindness due to trachoma leading to improved social economic status.</li> <li>3. Reduction in disease burden &amp; poverty within the community.</li> <li>4. Patients with irreversible visual impairments acquire skills to enable them improve their lives.</li> <li>5. Improved living conditions of the target population in a sustainable way.</li> <li>6. Prevalence of active trachoma reduced</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How effective is the WHO "SAFE" strategy (<u>S</u>urgery for blinding trachoma, <u>A</u>ntibiotic mass treatment/prevention of active trachoma using azithromycin, <u>F</u>acial cleanliness, <u>E</u>nvironmental change, health education &amp; development) in the mainly nomadic population of Kajiado district?</li> <li>▪ What is the impact of water accessibility on trachoma by integrating trachoma and water &amp; sanitation activities?</li> <li>▪ How effective are trichiasis surgeries and recurrences after surgery.</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year Published/Presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	National Trachoma Prevalence Survey Findings in selected six districts in Kenya, 2004.	Dr Karimurio (UON) & National Trachoma Survey Core Team 2004 (AMREF, UON & MOH)	2004
	Impact Assessment and Documentation of AMREF Experience in community-based trachoma control, 2004.	Dr. Gichuhi (UON) & AMREF Kenya Trachoma Team.	2004

Curriculum for the Training of Volunteer Community Health Motivators and Visiting Community Health Monitors, 2004.	Dr. Gichuhi (UON) & AMREF Kenya Trachoma Team.	2004
Evaluation of Community Monitoring and Trachoma Control Project in Oltepesi and Olkiramatian in 1999.	. Prof. H.S. Adala (UON)	2004
Prevalence and pattern of trachoma in Shompole Location, Magadi division of Kajiado district by Dr Matende, May 2002.	Dr. I. Matende (UON) & AMREF.	2004
Shompole Trachoma Control Project End of Term Evaluation.	Dr. Karimurio (UON) & AMREF K	1999.

## 6. Bungoma Malaria Case Management

<b>Cost Centre</b>	W105	
<b>Budget</b>	<b>Total Budget:</b> USD 110,397	<b>Annual Budget 06/07:</b> USD 110,397
<b>Dates</b>	<b>Start Date:</b> November 2006	<b>End Date:</b> July 2007
<b>Project Manager</b>	Hezron Ngugi	<b>Email:</b> bdmi@amrefke.org
<b>Donor(s)</b>	Starr Foundation USA and AMREF Germany	
<b>Location</b>	Bungoma District	
<b>Target Population</b>	Health care providers in the district (150), 80 CORPs and caretakers of children below five years in Chwele division.	
<b>Partners</b>	Ministry of health and provincial administration	
<b>Goal</b>	To contribute towards the reduction of malaria related morbidity and mortality among children under five in Bungoma district	
<b>Purpose/Overall Objective</b>	Improved malaria case management at health facility and household levels	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase knowledge on clinical and laboratory diagnosis of malaria and treatment regime using ACTs among health workers</li> <li>2. To improve knowledge on danger signs among caretakers</li> <li>3. To improved data collection for planning and monitoring</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 140 health care providers trained on ACT</li> <li>2. 50 CORPs trained on danger signs and on neighbour to neighbour approach in health information dissemination</li> <li>3. IEC/BCC materials developed and distributed to users</li> <li>4. Formative research on anti-malarials drugs availability and inventory of laboratory equipment and personnel conducted</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Better case management of under fives at health facilities due to improved drugs prescription practices contributing to reduced malaria related mortality</li> <li>2. Prompt care seeking of malaria treatment at health facilities within 24 hours of fever onset by caretakers</li> </ol>	

	3.	Improved compliance and adherence with ACT treatment by community members hence reduced treatment failure	
<b>What Operational Research Question(s) is the project working on (06/07)</b>	▪	Does training of health workers on correct malaria diagnosis and treatment change their drugs prescription practices?	
	▪	Does the counselling messages provided to patients treated with ACT lead to change in care seeking and compliance behaviour?	
	▪	What anti-malarials are currently being stocked and sold in chemists / pharmacies in the district?	
	▪	Are the medical laboratories in the district, well equipped and staffed to perform the necessary diagnosis?	
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
(Cumulative list of documents publicly available since project inception)	Survey on anti-malarial drugs currently stocked/sold in Bungoma district	H. Ngugi, L. Manyonge	December 2006
	Inventory of laboratory equipment and personnel	H. Ngugi ,L. Manyonge	January 2007

## 7. AMREF and GreenBelt Movement Water, Sanitation, Hygiene And Environmental Conservation project

<b>Cost Centre</b>	<b>C310</b>	
<b>Budget</b>	<b>Total Budget:</b> USD 3,460,252	<b>Annual Budget 07:</b> USD 766,399
<b>Dates</b>	<b>Start Date:</b> October 2006	<b>End Date:</b> September 2011
<b>Project Manager</b>	Gerald Rukunga	<b>Email:</b> rukungag@amrefke.org
<b>Donor(s)</b>	AMREF Italy, AMREF Netherlands and Beneficiary community.	
<b>Location</b>	Namanga and Mashuru Divisions, Kajiado District.	
<b>Target Pop.</b>	Approximately 93,000 pastoralist Maasai people and their livestock.	
<b>Partners</b>	Ministries of Water, Culture and Social Services, Health and Environment and Natural Resources and local communities.	
<b>Goal</b>	To improve the health and environment for better livelihoods of Maasai communities in Namanga and Mashuru Divisions of Kajiado District.	
<b>Purpose/Overall Objective</b>	Increase access to water, sanitation and hygiene, and conserve the environment.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>4. Increase access to safe and adequate water by 25% in five years.</li> <li>5. Promote safe hygiene and sanitation in communities and institutions.</li> <li>6. Promote Malaria prevention and control.</li> <li>7. Promote community based afforestation and soil conservation.</li> <li>8. Carry out operational research, document and share new experience and lessons learnt.</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 5 Water, sanitation and Afforestation Management Committees formed</li> <li>2. 4 Water and Sanitation Committees on management of water sources trained</li> <li>3. 8 water source artisans on Operation &amp; Maintenance Trained</li> <li>4. 2 shallow wells Constructed</li> <li>5. 2 old non- functional boreholes Rehabilitated</li> </ol>	

6. 4 demonstration VIP toilets in institutions Constructed
7. 4 sanitation facilities at water sources Constructed
8. Hygiene and sanitation Promoted in 4 schools
9. 40 TOT's in hygiene, sanitation and afforestation Trained
10. 400 IEC materials on hygiene and sanitation Developed and distributed.
11. Roof catchments constructed in 4 schools
12. 300 mosquito nets distributed
13. 40 TOTs on malaria control activities Trained.
14. New experiences and lessons documented for sharing and replication

<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. 5 Water, sanitation and Afforestation Management Committees formed and actively participating in project implementation.</li> <li>2. 4 Water and Sanitation Committees on management of water sources trained and actively participating in the management and operation of their water sources.</li> <li>3. 8 water source artisans on Operation &amp; Maintenance Trained and effectively operating and maintaining the pumping equipment.</li> <li>4. 2 shallow wells Constructed and serving approx. 500 people and 1,000 small stock with safe and adequate water.</li> <li>5. 2 old non- functional boreholes Rehabilitated and serving approx. 4,000 people and 15,000 livestock with safe and adequate water.</li> <li>6. 4 demonstration VIP toilets Constructed and used in the beneficiary institutions</li> <li>7. 4 sanitation facilities Constructed and in use in 4 water sources.</li> <li>8. 40 TOT's in hygiene, sanitation and afforestation Trained and actively participating in community awareness creation activities.</li> <li>9. 40 TOTs on malaria control activities Trained and actively participating in community awareness creation activities in malaria control.</li> </ol>
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<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What is the impact of integrating water, sanitation and hygiene and environmental conservation on the health of people and animals?</li> <li>▪ What are best approaches in dry land farming?</li> <li>▪ What are that alternative methods of providing cooking fuel that preserve tree cover.</li> <li>▪ Does the Kajiado flora have the capacity to serve as medicinal substitutes?</li> </ul>
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Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents <u>publicly available</u> since project inception)			

## 8. Disaster Management

<b>Cost Centre</b>	E111
<b>Budget</b>	<b>Total Budget:</b> USD 369,021..... <b>Annual Budget:</b> USD 369,021
<b>Dates</b>	<b>Start Date:</b> October 2006 ..... <b>End Date:</b> February 2007
<b>Project Manager</b>	Margaret Esakwa <span style="float: right;"><b>Email:</b> margaretE@amrefke.org</span>
<b>Donor(s)</b>	World Food Programme

<b>Location</b>	Makueni District – 7 Divisions
<b>Target Pop.</b>	251,540 beneficiaries consisting of the vulnerable general population according to criteria set by the community
<b>Partners</b>	World Vision Kenya, Office of the President, District HQ Makueni.
<b>Goal</b>	Improve the health of people in disaster prone areas in Kenya
<b>Purpose/Overall Objective</b>	To reduce loss of life, livelihood and effects of health hazards/disasters in Kenya
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Provide food assistance to drought affected populations in Makueni District.</li> <li>2. Reduce morbidity/mortality rates of drought related illnesses.</li> <li>3. Document findings and experiences of community-based targeting and distribution in Makueni District.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 251,540 beneficiaries received 5106MT of food commodities in 2 distribution cycles at 125 centres. The breakdown as follows; <ul style="list-style-type: none"> <li>▪ Children under 5 years - 45,629 (18%)</li> <li>▪ Female - 110,664 (44%)</li> <li>▪ Male 95, 247 (38%)</li> </ul> </li> <li>2. 1800 community relief committees trained</li> <li>3. 1350 (75%) of women in relief committees and leadership.</li> </ol>
<b>Outcomes (Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved efficiency and effectiveness in emergency response to disasters.</li> <li>2. Retention of means of livelihood</li> <li>3. Increased local capacities to respond to disasters through empowerment of women and employment of local people.</li> <li>4. Reduced incidences of drought related diseases.</li> <li>5. Minimal loss of human and animal lives</li> </ol>

**What Operational Research Question(s) is the project working on (06/07)** What is the outcome of the Community Based Targeting and Distribution in Makueni District?

Knowledge Products	Title	Author	Year published
(Cumulative list of documents publicly available since project inception)	<b>Beyond the Scars - A Medical History of the 1998 Nairobi Bombing of the American Embassy.</b>	Susan Mwangi	2006
	<b>World Psychiatry Journal.</b> Psychological effects of the Nairobi US embassy bomb blast on pregnant women and their children.	D.M. Ndeti	February 2005
		R.C. Rono	
		S.W. Mwangi	
		B.Ototo	
		J.Alaro et al.	

## 9. Water and Sanitation Umbrella Programme (WASUP) Kenya Project – Part of Regional Water Programme

<b>Cost Centres</b>	E205; E117; C307; M107	
<b>Budget</b>	<b>Total Budget:</b> USD 7,094,986	<b>Annual Budget 06/07:</b> USD 1,345,610
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> October 06.....	<b>End Date:</b> 30 <sup>th</sup> September 2011



<b>Programme Manager</b>	Gerald Rukunga	<b>Email:</b> rukungag@amrefke.org
<b>Donor(s)</b>	European Union with co-financing from AMREF ITALY.	
<b>Location</b>	<b>Kitui District</b> (Mutito and Mwitika divisions); <b>Makueni District</b> ( <i>Kathonzweni</i> and <i>Wote</i> divisions), <b>Kajiado District</b> ( <i>Loitokitok</i> and <i>Mashuru</i> divisions), <b>Kilifi district</b> ( <i>Kaloleni</i> and <i>Bamba</i> divisions) and <b>Malindi District</b> ( <i>Malindi</i> division).	
<b>Target Pop.</b>	The project targets poor communities particularly women children who are most vulnerable, in total 580,000 persons	
<b>Partners</b>	Ministries of Health, Water, Education, Culture & Social Services, local Civil Society Organizations (CSOs).	
<b>Goal</b>	To halve by 2015 the proportion of people who do not have access to safe and adequate water, sanitation and hygiene.	
<b>Purpose/Overall Objective</b>	To sustainably increase access to safe water, sanitation and hygiene in 9 divisions in 5 Districts in Kenya.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Improve the capacity of Civil Society Organisations (CSOs) in target areas to develop, implement, manage and evaluate water, sanitation and hygiene interventions.</li> <li>2. Increase access to safe, adequate, affordable and sustainable water supply and sanitation to 100,000 underserved households in 5 Districts of Kenya.</li> <li>3. Improve Safe hygiene and sanitation practices in 15,000 households and 400 primary schools in target areas.</li> <li>4. Pilot test, monitor, document and scale up innovative, cost-effective and appropriate water and sanitation technologies</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Baseline status of access to safe water, sanitation and hygiene established.</li> <li>2. Community mobilised to participate in the project activities.</li> <li>3. 9 Civil Society Organizations (CSOs) and 27 thematic committees formed and trained in various thematic aspects (water, sanitation and hygiene).</li> <li>4. 5 Types of IEC materials developed for training of TOTs and CORPs.</li> <li>5. 100 community based ToTs trained in water, sanitation and hygiene</li> <li>6. 175 Teachers and education officers trained on PHASE methodologies</li> <li>7. 244 Community own artisans trained in Watsan technologies.</li> <li>8. 131 Water management committees trained on Operation and Maintenance techniques.</li> <li>9. 80 PTAs trained on health promotion in schools/homes.</li> <li>10. 400 Peer educators trained on Child to Child approaches.</li> <li>11. 116 shallow wells; 13 giant wells and 2 boreholes developed and functioning.</li> <li>12. 80 Schools promoting school health activities.</li> <li>13. 120 VIP latrines demonstrated at households and institutional level.</li> <li>14. 20 Ecosan toilets demonstrated at institutional level.</li> <li>15. 24 Roof catchment tanks constructed in schools.</li> <li>16. 100 Hand washing facilities installed in schools.</li> <li>17. 160 Dish racks installed at household level</li> <li>18. 160 Refuse pits constructed at household level.</li> <li>19. Lessons learnt best practices and innovative approaches documented, shared and disseminated.</li> </ol>	



<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved capacity of 9 CSOs and 27 thematic committees to mobilize resources and coordinating project implementation activities.</li> <li>2. 95,780 people accessing safe and adequate water within a 2km radius.</li> <li>3. 131 water management committees active and sustainably managing water and sanitation facilities.</li> <li>4. 244 trained community based water and sanitation artisans actively operating and maintaining water and sanitation facilities.</li> <li>5. 175 trained teachers in target schools actively promoting sanitation through PHASE.</li> <li>6. Children in 80 target schools adopting and practising safe hygiene and sanitation practices.</li> <li>7. Replication of lessons learnt and best practices.</li> </ol>
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<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ What are the effective new innovative approaches in improving disposal of human wastes in a small community setting?</li> <li>▪ How cost effective are the current approaches in WATSAN interventions.</li> </ul>
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Knowledge Products	Title	Author	Year Published/Presented
(Cumulative list of documents publicly available since project inception)	AMREF Water and Sanitation Programme Kenya Project proposal.	AMREF HQ	2006.

## 10. Kajiado Shallow Wells Project

<b>Cost Centre</b>	C303
<b>Budget</b>	<b>Total Budget</b> USD 468,148: <b>Annual Budget 06/07:</b> USD 160,107.
<b>Dates</b>	<b>Start Date:</b> October 2006 <b>End Date:</b> September 2007
<b>Project Manager</b>	Gerald Rukunga <b>Email:</b> <a href="mailto:rukungag@amrefke.org">rukungag@amrefke.org</a>
<b>Donor(s)</b>	Amref Italy.
<b>Location</b>	Kajiado District, Loitokitok and Mashuru Divisions
<b>Target Pop.</b>	The project primarily targets women and children who traditionally carry the burden of looking for water. Target beneficiaries are 200,000 Maasai pastoralists
<b>Partners</b>	Ministry of Health, , Ministry of Water and Irrigation, Ministry of Agriculture, Ministry of Environment and Natural Resources, Ministry of Local Government, Ministry of Education, Department of Culture and Social Services, Office of the president and Local Community Based Organisations.
<b>Goal</b>	Improved Health and welfare of communities in Kajiado District.
<b>Purpose/Overall Objective</b>	To build community capacity to increase access to safe and adequate water, sanitation and hygiene.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To improve the capacity of CBOs to develop, implement, manage and evaluate water, sanitation and hygiene interventions.</li> <li>2. To increase access to safe water and adequate supply to 4,000 underserved households in the two divisions of Kajiado district (Kenya).</li> <li>3. To improve safe sanitation and hygiene practices in 4000 households and 16 primary schools.</li> <li>4. To pilot test innovative cost effectiveness and appropriate technologies in water and sanitation.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Increased community capacity to plan, implement and sustain water, sanitation and hygiene activities.</li> </ol>

	<ol style="list-style-type: none"> <li>2. 8 giant wells constructed and equipped with motorized pump.</li> <li>3. 11km gravity flow systems constructed and equipped.</li> <li>4. 8 classrooms constructed in schools within the project area.</li> <li>5. one spring protected</li> <li>6. two water tanks constructed</li> <li>7. 5 water kiosks installed.</li> <li>8. 5000 tree seedlings planted around water points.</li> </ol>
<b>Outcomes (Impacts).</b>	<ol style="list-style-type: none"> <li>1. Increased access to water within 2km Walking distance from house holds.</li> <li>2. Increased food production as a result using well water to grow food crops.</li> <li>3. Increased household income as a result of using water for IGAs.</li> <li>4. Improved safe sanitation and hygiene practices among the beneficiary communities after community health promotion targeting household sanitation.</li> <li>5. Increased school enrolment, retention and performance through PHASE activities.</li> </ol>
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How effective are community organized structures in management of Watsan projects in Loitokitok division?</li> <li>▪ What are the appropriate and cost effective pumping technologies in Namelok, Loitokitok division in Kajiado district?</li> </ul>

<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Water and sanitation impact evaluation report,	Project staff	2006
	Water quality analysis report		2001
	School health survey report.		2005

## 11. Makueni Water, Sanitation and Hygiene (Wash) Project

<b>Cost Centre</b>	E106	
<b>Budget</b>	<b>Total Budget:</b> USD 298,267	<b>Annual Budget 06/07:</b> USD 106,263
<b>Dates</b>	<b>Start Date:</b> October 2006	<b>End Date:</b> September 2007
<b>Project Manager</b>	<b>Gerald Rukunga</b>	<b>Email:</b> rukunga@amrefke.org
<b>Donor(s)</b>	AMREF Italy	
<b>Location</b>	Makueni District	
<b>Target Pop.</b>	The project primarily targets women and children who traditionally carry the burden of looking for water. Target beneficiaries are approximately 110,000 in 5 divisions of Makueni district.	
<b>Partners</b>	Ministries of Health, Water, Education and Culture and Social services and local community.	
<b>Goal</b>	To halve by 2015 the proportion of people who do not have access to safe and adequate water, sanitation and hygiene.	
<b>Purpose/Overall Objective</b>	To sustainably increase access to safe water, and use of hygiene and sanitation facilities in 5 targeted divisions of Makueni.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increased access to safe water and adequate water</li> </ol>	

	<ol style="list-style-type: none"> <li>2. Increased access to safe sanitation and hygiene</li> <li>3. Build the capacity of communities to control and prevent malaria, trachoma, produce food and prevent HIV/AIDS</li> <li>4. Improve community capacity to develop, operate, manage and maintain their water and sanitation facilities</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Improved community capacity to plan, implement and sustainably manage their water, sanitation and hygiene activities.</li> <li>2. 80 artisans trained on water and sanitation technologies.</li> <li>3. 40 water management committees trained on operation and maintenance techniques.</li> <li>4. 40 wells constructed and equipped with hand pumps.</li> <li>5. 5 CBOs empowered and supported to manage water, sanitation and hygiene activities.</li> <li>6. 3 classrooms constructed in 2 schools.</li> <li>7. New experiences and best practices documented and disseminated.</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased access to safe water within a radius of 2km.</li> <li>2. Improved household incomes and nutrition.</li> <li>3. Water management committees sustainably managing their water sources.</li> <li>4. Improved safe sanitation and hygiene practices in targeted communities.</li> <li>5. Reduction in water, sanitation and hygiene related diseases.</li> <li>6. Increased school retention, enrolment and performance through phase activities.</li> </ol>

**What Operational Research Question(s) is the project working on ( 06/07)** What is the impact of current WATSAN strategies in improving Community Health and livelihoods in Makueni?

<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Study paper on sustainability of water sources by communities.	Anthony Mondoh	Presented in 2005 at the ATM
	Study paper on community participation: lessons learnt, case of Kibwezi	Anthony Mondoh	Presented in 2003 at the ATM
	Poster on water & sanitation as a catalyst for improved health & welfare	Anthony Mondoh	Presented in 2006 at the ATM

## 12. AIDS Population and Health Integrated Assistance Programme (APHIA II)

<b>Cost Centre</b>	EII6	
<b>Budget</b>	<b>Total Budget:</b> USD 838,676	<b>Annual Budget 06/07:</b> USD 169,184
<b>Dates</b>	<b>Start Date:</b> June 2006	<b>End Date:</b> May 2011
<b>Project Manager</b>	Elizabeth Okoth	<b>Email:</b> eokoth@aphiaeastern.org; info@aphiaeastern.org
<b>Donor(s)</b>	USAID through JHPIEGO	
<b>Location</b>	Eastern Province – Kenya	
<b>Target Population</b>	8,500 Orphans and Vulnerable Children (OVC), 200 OVC care givers, 5,000 Persons living with HIV 400 Home Based Care (HBC) care givers, 50 CSOs (Civil Society Organizations)	

<b>Partners</b>	JHPIEGO an affiliate of John Hopkins University, Programme for Appropriate Technology in Health (PATH), Family Health International (FHI), Liverpool VCT (LVCT), Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), Cooperative League of USA (CLUSA) - Consortium Partners and Government of Kenya (GOK) and Civil Society Organizations (CSOs) in HIV Care and Support Interventions in Eastern province.		
<b>Goal</b>	Reduced spread of HIV, improved quality of life of those infected and affected and mitigated socio-economic impact of the epidemic in Kenya		
<b>Purpose/Overall Objective</b>	Purpose of AMREF's component (Result 3): To improve quality of life of persons living with and affected by HIV and AIDS through facilitating Improved and expanded care and support programmes		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Build the capacity and capabilities of local CSOs to design and implement quality and expanded care &amp; support interventions, for People living with and affected by HIV and AIDS in Eastern Province.</li> <li>2. Support CSOs to improve access to quality OVC and PLWA Facility and community based services through inbuilt referral and follow-ups mechanisms</li> <li>3. Promote reduction of stigma and discrimination of people living with and affected by HIV and AIDS</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 1,200 providers / individuals trained to provide HIV home based care</li> <li>2. 600 providers/caretakers trained in caring for OVC</li> <li>3. 1,800 individuals trained in HIV related stigma and discrimination reduction</li> <li>4. 2,400 OVC served by OVC programs</li> <li>5. 4 OVC programs operational</li> <li>6. 150 service outlets providing general HIV home based care (CSOs &amp; their CHWs)</li> <li>7. 1,000 individuals provided with general HIV home based care</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Quality and expanded OVC and HBC programmes</li> <li>2. Enhanced access to education by OVCs</li> <li>3. Improved nutritional status of OVCs and PLWAs.</li> <li>4. Improved health status of OVCs</li> <li>5. Enhanced protection OVCs human rights</li> <li>6. Acceptance of OVCs and PLWAs by the community</li> <li>7. Enhanced self esteem of OVCs and PLWAs</li> <li>8. Improved quality and prolonged lives of PLWAs</li> <li>9. Improved general health status of PLWAs</li> </ol>		
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Cost effectiveness of CSO approach in OVC/HBC interventions</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year Published/Presented</b>
(Cumulative list of documents publicly available since project inception)	N/A		

### 13. Homa Bay HIV Widows and Orphans Support Project.

<b>Cost Centre</b>	W506
<b>Budget</b>	<b>Total Budget:</b> USD 60,000..... <b>Annual Budget 06/07:</b> USD 60,000

<b>Dates</b>	<b>Start Date:</b> June 2006	<b>End Date:</b> May 2007
<b>Project Manager</b>	Gideon Oswago	<b>Email:</b> gideonoswago@yahoo.com
<b>Donor(s)</b>	AMREF USA	
<b>Location</b>	Rangwe Division, Homa Bay District.	
<b>Target Population</b>	The primary beneficiaries are 210 vulnerable orphaned children, 240 widows and 100 persons living with HIV/AIDS. Other community members are secondary beneficiaries.	
<b>Partners</b>	Ministry of Health, Ministry of Education, Department of Social Services and Provincial Administration.	
<b>Goal</b>	To contribute to improved health status of the people of Rangwe Division, Homa Bay District.	
<b>Purpose/Overall Objective</b>	To mitigate the effects of HIV/AIDS on families and groups in the project area.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To support 210 needy orphaned children in their formal education.</li> <li>2. To strengthen community based voluntary counseling and testing services in the project area.</li> <li>3. To conduct an OR study on factors hindering access to ARVs in the project area.</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. More beneficiaries accessing voluntary counselling and testing services in the project area.</li> <li>2. 210 needy orphaned children supported in their formal education.</li> <li>3. 13 widow groups involved in improving their household incomes through IGAs.</li> <li>4. 6 health workers trained in VCT counselling and testing services.</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Stigma and discrimination due to HIV/AIDS reduced among the PLWHAs.</li> <li>2. Community structures e.g. LSCs, widow groups and resource persons strengthened to support the project activities.</li> <li>3. Partnerships with relevant government departments e.g. Ministry of Health, Social Services, Education and Provincial Administration strengthened.</li> </ol>	
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Which are the factors hindering accessibility and usage of ARVs in the project area?</li> </ul>	
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>
(Cumulative list of documents publicly available since project inception)	Mid-term review report	Gideon Oswago, Project team
		<b>Year published / presented</b>
		2005

#### 14. Supporting Compliance to ART in Poor Communities: Zingatia Maisha Project

<b>Cost Centre</b>	N601	
<b>Budget</b>	<b>Total Budget:</b> USD 1,058,595	<b>Annual Budget 06/07:</b> USD 344,179
<b>Dates</b>	<b>Start Date:</b> October 2005	<b>End Date:</b> April 2009
<b>Project Manager</b>	Dr. Norbert C. Rakiro	<b>Email:</b> norbertr@amrefke.org.
<b>Donor(s)</b>	GlaxoSmithKline (GSK)	
<b>Location</b>	National, Kenya.	
<b>Target Population</b>	PLHA, Health Care Workers, Community members.	
<b>Partners</b>	National Empowerment Network of People Living with HIV in Kenya (NEPHAK), Elizabeth Glaser Paediatric AIDS Foundation (EGPAF)	

<b>Goal</b>	Improve the quality of life of People Living with HIV/AIDS in Kenya through the promotion of continuum of care, treatment and support		
<b>Purpose/Overall Objective</b>	To increase access to quality ART/PMTCT/TB services and enhance ARV adherence		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Develop the capacity of ART providers to enhance treatment access and adherence</li> <li>2. Develop the capacity of community based PLHA groups to enhance treatment access, adherence and provide care and psycho-social support</li> <li>3. Develop a functional referral system linking health facilities and communities</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Baseline status on access to quality ART/PMTCT/TB services and ARV adherence established</li> <li>2. Health Care Workers updated on national care guidelines</li> <li>3. Minor renovations performed at project sites' comprehensive care centres (CCCs).</li> <li>4. Internal referral algorithms developed.</li> <li>5. Tools for Community-Health Facility referrals developed and distributed.</li> <li>6. Linkages established between health facilities and community groups.</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Enhanced appreciation of areas of strength/weakness in ARV adherence support by health care workers (HCWs) and PLHA groups.</li> <li>2. Increased compliance by HCWs to national care guidelines.</li> <li>3. Enhanced capacities of CCCs to provide/support quality ART care/ARV adherence.</li> <li>4. Improved internal client referrals thus reduction of missed opportunities.</li> <li>5. 5. Increased community responsibility for supporting adherence to ARVs.</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Are community based PLHA support groups more effective in enhancing ART adherence / patient follow-up than facility based support groups?</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	ART Adherence Support Attitude Training Curriculum Framework.	Norbert Rakiro Nancy Muchemi- AMREF; Rogers Simiyu-EGPAF Steve Amolo- 2006 NEPHAK	2006
	ART Adherence Support Attitude Training Manual.	Norbert Rakiro Nancy Muchemi- AMREF; Rogers Simiyu-EGPAF; Steve Amolo- NEPHAK (adaptation from MSF Belgium)	2006
	Community Leaders ART Adherence Support Training Curriculum Framework.	Norbert Rakiro; Nancy Muchemi- AMREF; Rogers Simiyu- EGPAF; Steve Amolo- NEPHAK	2006
	PLHA Support Group Leaders ART Adherence Support Training Curriculum Framework.	Norbert Rakiro; Nancy Muchemi-AMREF; Rogers Simiyu- EGPAF; Steve Amolo- NEPHAK(adapted from MSF Belgium curriculum)	2006
	Mapping Survey report	Prof. Inonda Mwanje	2006

## 15. Busia Child Survival Project

<b>Cost Centre</b>	W201
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<b>Budget</b>	<b>Total Budget:</b> USD 1,802,603	<b>Annual Budget 06/07:</b> USD 419,440
<b>Dates</b>	<b>Start Date:</b> October 2005	<b>End Date:</b> September 2010
<b>Project Manager</b>	Dr Meshack Ndirangu	<b>Email:</b> ndirangum@amrefke.org
<b>Donor(s)</b>	United States Agency for International Development (USAID)	
<b>Location</b>	Busia District, Western Province	
<b>Target Pop.</b>	31,664 infants and children 0-59 months; 49,858 women of reproductive age	
<b>Partners</b>	Busia District Health Management Team	
<b>Goal</b>	A sustained reduction in child and maternal mortality in Funyula and Butula divisions, Busia District	
<b>Purpose/Overall Objective</b>	To empower households, and community governance and facility based health management structures to address key causes of maternal and child morbidity and mortality	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increased proportion of pregnant women who attend antenatal clinic at least four times during pregnancy from 32% to 50% and postnatal clinic at least once from 23% to 40%.</li> <li>2. Increased proportion of women attended by a skilled health professional during delivery from 26% to 40%.</li> <li>3. Increased proportion of women who deliver at a health facility from 20% to 35%</li> <li>4. Improved quality of and access to basic EmOC at health facilities.</li> <li>5. Improved knowledge and practice of malaria prevention and treatment at household and community level.</li> <li>6. Increased proportion of pregnant women and CU5 who sleep under insecticide-treated bed nets from 65% to 80%.</li> <li>7. Improved case management of malaria/fever among CU5 at health facilities.</li> <li>8. Increased proportion of pregnant women who receive at least two doses of SP for Intermittent Preventive Therapy (IPT) from 21% to 60%.</li> <li>9. Increased access to HIV counseling and testing among pregnant women at ANC from 53% to 68%</li> <li>10. Increased number of HIV infected pregnant women and newborns who receive PMTCT</li> <li>11. Increased knowledge and understanding of PMTCT and ART among women of reproductive age from 33% to 48%</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. More than 20,000 children in 48 primary school oriented on malaria and cascade communication</li> <li>2. 40 CORPS trained in malaria prevention and home treatment, and supporting PMTCT; 120 CORPS trained in EOC; 810 CORPS oriented on BCC strategies; 810 CORPS trained in community based health management information system (CBHMIS)</li> <li>3. 37,000 households reached with key health messages</li> <li>4. A model of CBHMIS developed and piloted</li> <li>5. A community implementation framework linking households, CORPs, Village Health Committees, Health Facility Committees and health facility workers, and the DHMT initiated</li> <li>6. Staff in 13 health facilities and the catchment populations of the facilities jointly develop action plans to improve quality of care offered at health facilities.</li> <li>7. 9000 mothers and children under 5 years reached with insecticide treated nets</li> <li>8. 4 health supplies renovated and supplied with obstetric equipment</li> <li>9. 22 DHMT and health facility staff trained in customer care</li> <li>10. 24 health staff trained on facilitative supervision</li> <li>11. 31 HF staff trained in PMTCT</li> </ol>	

12. 810 CORPs trained in supporting PMTCT
13. 38 HF staff trained in Essential Obstetric Care (EOC)
14. 120 CORPs trained in EOC
15. 30 health staff trained on integrated management of childhood illnesses
16. 13 health staff trained to be TOTs in C-IMCI
17. 240 CORPs trained in C-IMCI

<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved quality of basic emergency obstetric care (EmOC) and childhood malaria case management at health facilities</li> <li>2. Improved utilization of antenatal, PMTCT, delivery, and post partum care by women and their newborn babies</li> <li>3. Increased adoption of malaria best practices (ITNs, IPT, and case management) among pregnant women and children under 5 years</li> <li>4. Improved feeding practices among caretakers of infants 0-5 months of age</li> </ol>
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<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ The Role of a Joint Community/Health Facility Quality Improvement Approach in Improving the Quality of Maternal and Newborn Care Services and Newborn Outcomes in Health Facilities: The Case of Busia District, Kenya</li> </ul>
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Knowledge Products (Cumulative list of documents publicly available since project inception)	Title	Author	Year Published / Presented
	Report on the Baseline Survey	Meshack Ndirangu; Judith Raburu; Gilbert Wangalwa; Julius Onyango; Garth Osborn	2006
	Project Detailed Implementation Plan	Meshack Ndirangu; Judith Raburu; Gilbert Wangalwa; Julius Onyango; Garth Osborn; Linda Morales; Bill Yaggy; Daniel Wacira	2006
	Behaviour change and communication strategy	Julius Onyango	2006

## 16. Magadi Integrated Health Project

<b>Cost Centre</b>	C 203
<b>Budget</b>	<b>Total Budget:</b> USD 345,108 <b>Annual Budget 06/07:</b> USD 198,125
<b>Dates</b>	<b>Start Date:</b> October 2005 <b>End Date:</b> September 2009
<b>Project Manager</b>	Daniel Kurao <b>Email:</b> danielk@amrefke.org
<b>Donor(s)</b>	Amref Austria, Amref Netherlands, Amref Germany
<b>Location</b>	Magadi Division, Kajiado District
<b>Target Pop.</b>	28,0000 residents of Magadi division with a target on Children 0-60 months, children 5-13 years, youth 14 – 24 years and Women of childbearing age 15-49 years. These cohorts disproportionately suffer Poor access to health services which is exacerbated by inadequate knowledge on good health practices due to low level of education and distance from health facilities
<b>Partners</b>	Government departments (Ministry of Health, Ministry of Education, culture and social services, Provincial Administration), Practical Action, Magadi Soda Company and the local community
<b>Goal</b>	To contribute to improved status and wellbeing of disadvantaged nomadic pastoral



	communities of Kajiado district		
<b>Purpose/Overall Objective</b>	Increased access, utilization and ownership of quality health care services at health facility and community level.		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increased access to an essential and sustainable maternal and child health delivery package for a nomadic pastoral population of Magadi division</li> <li>2. Increased capacity of Entasopia health centre and five Government dispensaries to provide quality health care services.</li> <li>3. Increased management capacities of Health Facility Management Committees to support health care delivery</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Monthly mobile out reach services to hard to reach areas.</li> <li>2. six health facility management committees trained on resource mobilization, primary health care and basic financial management</li> <li>3. 8 Entasopia health centre staff and 5 GOK dispensaries staff trained on community IMCI and refreshed on improving case management</li> <li>4. Entasopia health centre offering quality health care services, drugs, laboratory reagents and cold chain logistics supplied to</li> <li>5. Current benchmarks on MCH established</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased immunization coverage of children 0-23 from 63% to 74% by end 2007</li> <li>2. Increased community awareness and demand for quality health care including health promotion and disease prevention</li> <li>3. Increased number of pregnant women making at least 4 antenatal visits during pregnancy</li> <li>4. Increased capacity of Entasopia health centre and five dispensaries to provide basic quality health care services</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Can the traditional Manyatta system as a vehicle for promotion of maternal and child health in a nomadic community?</li> <li>▪ How effective is the use of traditional structures for promotion of sustainability and ownership of the Manyatta based maternal and child health system?</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Final evaluation report for the expansion of the Entasopia Project in Kenya: Health for Nomads	MABS Consultants	March 2002
	School health evaluation report	Gerald Rukunga and Anthony Kamau	May 2005
	Project intervention framework document	Daniel Kurao, Wycliffe Agwanda, Robina Biteyi	October 2006

## 17. Integrated Rural and Urban Initiatives to Prevent Mother to Child Transmission of HIV

<b>Cost Centre</b>	E112	
<b>Budget</b>	<b>Total Budget:</b> USD 1,090,000	<b>Annual Budget 06/07:</b> USD 250,000
<b>Dates</b>	<b>Start Date:</b> October 2005	<b>End Date:</b> March 2010
<b>Project Manager</b>	Dr. Emmanuel Akach	<b>Email:</b> <a href="mailto:akacbb@amrefke.org">akacbb@amrefke.org</a>

<b>Donor(s)</b>	Centers for Diseases Control and Prevention (CDC)		
<b>Location</b>	Makueni, Machakos, Kibera		
<b>Target Population</b>	50,000 Babies (infants), Mothers, spouses and siblings, community		
<b>Partners</b>	Community, MOH		
<b>Goal</b>	To reduce the transmission of HIV in Kenya		
<b>Purpose/Overall Objective</b>	To reduce transmission of HIV-1 from mothers to children and to improve the care of people living with HIV/AIDS		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase awareness and knowledge of the general public, (women and youth) about HIV/AIDS.</li> <li>2. To improve access to VCT, PMTCT, and PMTCT plus and ART services for HIV positive pregnant women and newborns.</li> <li>3. To increase the MOH capacity to provide ANC, VCT/PMTCT, PMTCT plus and ART services.</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 13,642 women attended Ante Natal Clinic in Machakos, Makueni and Kibera.</li> <li>2. 12,769 women received counselling and testing in Ante Natal Clinics.</li> <li>3. Increased access to counselling and testing services in Ante Natal Clinics.</li> <li>4. Increased access to HIV + mothers in maternity</li> <li>5. Counselling and testing in maternity has improved in Machakos and is currently estimated at 70%. In Makueni the performance is currently estimated at 61%.</li> <li>6. 192 infants who have had DBS and received results in the three sites</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased counselling and testing for HIV in Ante Natal Clinics</li> <li>2. Improved ANC, VCT/PMTCT, PMTCT plus and ART services.</li> <li>3. Increased uptake of counselling and testing as well as ARV prophylaxis</li> </ol>		
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ How to improve male involvement in RH and PMCT in Makueni, Machakos, and Kibera.</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	PMTCT Training Guides	Ministry of Health-NASCOP/DRH	2004
	PMTCT Communication Strategy document	Stephen Mucheke-FHI; Robina Biteyi, Shirley Nyawira, Zwigil Monari, Nancy Muchemi, David Kawai -AMREF; Machakos	2006/7
	IEC materials-Posters, Lessos	Makueni and Kibera community members	2006/7
	Abstracts to IAC: Male participation promotion	Robina Biteyi, Shirley Nyawira -AMREF	August 2006 at the International AIDS Conference (IAC) In Toronto, Canada

## 18. Africa Responds: PMTCT Makueni, Machakos and Kibera

<b>Cost Centre</b>	E115	
<b>Budget</b>	<b>Total Budget:</b> EURO 497,815.55	<b>Annual Budget 06/07:</b> EURO 161,004.72
<b>Dates</b>	<b>Start Date:</b> September 2005	<b>End Date:</b> October 2008
<b>Project Manager</b>	Dr. Emmanuel Akach	<b>Email:</b> akacbb@amrefke.org

<b>Donor(s)</b>	AMREF SPAIN (Junta de Castilla y León and Spanish Agency for Internacional Cooperation)
<b>Location</b>	Makueni, Machakos, Kibera
<b>Target Population</b>	50,000 Babies/infants; Mothers; Siblings and male partners ; Parents of tomorrow; Community; MoH/NASCOP
<b>Partners</b>	AMREF Kenya, AMREF Spain and VITA(Spanish development partner), Centre for Disease Control (CDC), Communities, Ministry of Health
<b>Goal</b>	To contribute to the stop, outspread of HIV and to improve the quality of life of those affected in order to decrease the impact of the pandemic in East Africa
<b>Purpose/Overall Objective</b>	To enhance the quality, friendliness, accessibility and utilization of maternal and child health services in the districts of Makueni and Machakos.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Improve the quality of maternal and child health services through appropriate service upgrade and training.</li> <li>2. Improved access and utilization of PMCT and PMCT plus services in Maternal and child health settings.</li> <li>3. Increased awareness and knowledge of the public, (women and youth) about HIV/AIDS.</li> <li>4. Increased MoH capacity to provide ANC, VCT/PMTCT, PMTCT plus, and ART services.</li> <li>5. To build the capacity of TBAs and CHWs as promoters of health, providers of HIV/AIDS information safe deliveries and demand creators for service.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 476 Health Care Providers in Machakos, Makueni and Langata districts trained in PMCT, VCT, ART and lactation management</li> <li>2. Comprehensive care clinics equipped with 7 BTS 305 Blood Chemistry machines</li> <li>3. Health facilities in Makindu, Matuu and Masii renovated and offering services</li> <li>4. Nutrition supplements provided to clients in Machakos and Makueni Districts</li> <li>5. Community focused IEC materials produced and disseminated</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased counselling and testing for HIV in Ante Natal Clinics</li> <li>2. Improved ANC, VCT/PMTCT, PMTCT plus and ART services.</li> <li>3. Increased uptake of counselling and testing as well as ARV prophylaxis</li> <li>4. Improved staff attitudes towards clients</li> </ol>

**What Operational Research Question(s) is the project working on (06/07)**

- What actors influence male involvement in RH and PMCT in Makueni, Machakos, and Kibera?

<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	PMTCT Training Guides	Ministry of Health-NASCOP/DRH	2004
	PMTCT Communication strategy document	Stephen Mucheke-FHI; Robina Biteyi, Shirley Nyawira,	2006/7
	IEC materials-Posters, Lessos	Zwigil Monari, Nancy Muchemi, David Kawai - AMREF; Machakos, Makueni and Kibera community members.	2006/7
	Abstracts to IAC: Male participation promotion	Robina Biteyi, Shirley Nyawira-AMREF	August 2006 at the International AIDS Conference (IAC) In Toronto, Canada

## 19. Strengthening Systems at Primary Health Care (SSPHC) Project

<b>Cost Centre</b>	N304		
<b>Budget</b>	<b>Total Budget:</b> USD 258 307	<b>Annual Budget (06/07):</b> USD 125 551	
<b>Dates</b>	<b>Start Date:</b> June 2005	<b>End Date:</b> May 2007	
<b>Project Manager</b>	Samwel Ong'ayo	<b>Email:</b> samo@amrefke.org	
<b>Donor(s)</b>	The Rockefeller Foundation		
<b>Location</b>	Makueni and Kitui Districts		
<b>Target Population</b>	17,068 (Male = 8,592 ; Female 8,476)		
<b>Partners</b>	Ministry of health headquarters, Office of the President, Ministry of planning and local NGOs, CBOs and FBOs		
<b>Goal</b>	Improving community capacities to prevent diseases and promote health in Kitui and Makueni districts		
<b>Purpose/Overall Objective</b>	Develop a functional model that facilitates linkage of operations at rural health facilities and the community establishment		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>To improve use of information in improvement of health planning and management of rural health facilities and community level</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>Base line data on the current situation collected to form basis for monitoring and evaluation</li> <li>Community based disease surveillance system established in at least 3 divisions in each district</li> <li>Capacity of rural health facility staff, governance structures and CORPs strengthened</li> <li>Community HMIS capturing health related MDG indicators in at least 3 divisions in each of the two districts</li> <li>An OR carried out on effective referral system from the community to the rural health facility level</li> <li>Mechanism for targeting the poorest of the poor developed and implemented in at least one division in each district</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>Improved awareness on health issues at household and community levels</li> <li>Increased practice in community action planning on health and development</li> <li>Increase in health seeking behaviour</li> <li>Increased demand for services from Government agencies</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>Strengthening referral system from the community to the rural health facilities</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Documentation of community based health management information system	Project team and Paradigm Communications	2005
	Mid term evaluation	Project team and consultant	June 2006
	Quarterly CBHMIS statistical bulletins	Project team	Quarterly 2005 - 2006

## 20. East African Regional External Quality Assessment Scheme (EA-REQAS)

<b>Cost Centre</b>	N138		
<b>Budget</b>	<b>Total Budget:</b> USD 75,000	<b>Annual Budget 06/07:</b> USD 70,000	
<b>Dates</b>	<b>Start Date:</b> 2005	<b>End Date:</b> 2007	
<b>Project Manager</b>	J Carter	<b>Email:</b> jcarter@iconnect.co.ke	
<b>Donor(s)</b>	Izumi Corporation, USA		
<b>Location</b>	Kenya Country Office		
<b>Target Pop.</b>	Ministries of Health, health workers and communities in the eastern African region (Kenya, Tanzania, Uganda, Zanzibar)		
<b>Partners</b>	Ministries of Health (Kenya, Uganda, Tanzania, Zanzibar), World Health Organization		
<b>Goal</b>	Improved health of the people of eastern Africa		
<b>Purpose/Overall Objective</b>	Improving Quality of Essential Diagnostic Services in Clinical Laboratories		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Standardise essential laboratory tests and techniques at peripheral level (district hospitals and health centres).</li> <li>2. Develop Standard Operating Procedures for clinical utilisation of laboratory tests; essential laboratory techniques; care and maintenance of laboratory equipment; preparation of standard materials; Quality Manual.</li> <li>3. Select reference laboratories for material preparation in each country.</li> <li>4. Select pilot districts for participation in the scheme.</li> <li>5. Orientate clinical and laboratory district supervisors and staff from the participating health facilities.</li> <li>6. Prepare and distribute proficiency panels of preserved pathological specimens.</li> <li>7. Analyse results and disseminate reports.</li> <li>8. Hold annual meetings with the four laboratory administrations (Kenya, Tanzania, Zanzibar, Uganda).</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Four documents prepared and submitted to the World Health Organization Headquarters for editing and publishing.</li> <li>2. East African Regional Quality Assurance Committee formed.</li> <li>3. Reference laboratories selected and agreements signed for material production.</li> <li>4. Scheme logistics planned.</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Cooperation and collaboration between the four East African Ministries of Health established</li> <li>2. Strengthening of reference laboratories for quality material preparation.</li> <li>3. Improved quality of laboratory testing, and better cooperation between clinical and laboratory staff in peripheral health facilities.</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Feasibility of a sub-regional EQAS model</li> <li>▪ Impact of EQAS on quality of laboratory performance</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Developing external quality assessment programmes for primary health care level in resource limited countries	Carter JY et al	2002



## 21. Magadi Water, Sanitation and Hygiene Promotion Project

<b>Cost Centre</b>	C209		
<b>Budget</b>	<b>Total Budget:</b> USD 455,184	<b>Annual Budget 06/07:</b> USD 122,666	
<b>Dates</b>	<b>Start Date:</b> January 2005	<b>End Date:</b> December 2007	
<b>Project Manager</b>	Daniel Kurao	<b>Email:</b> danielk@amrefke.org	
<b>Donor(s)</b>	Kindernothilfe- Germany		
<b>Location</b>	Magadi division, Kajiado District		
<b>Target Pop.</b>	9,500 Children (0 to 12 years) and youth in and out of school (13 to 24 years) who disproportionately suffer health conditions related to poor hygiene and water scarcity.		
<b>Partners</b>	Ministries of Education ,Water, Health and Culture and Social services and the local community		
<b>Goal</b>	Improved and sustained health of children and youth in Magadi division, Kajiado district		
<b>Purpose/Overall Objective</b>	To build and support the capacity of Magadi community to sustainably promote access to safe water and sanitation facilities to children and youth		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increase access to safe and adequate water for 9, 500 children (infants and youths) from 39% to 45 % and to 9,000 livestock over three years.</li> <li>2. Improve sanitation coverage from 5% to 20% among the 25,000 residents of Magadi over three years.</li> <li>3. Improve safe hygiene practices among 9, 500 children and youths and indirectly 15,500 residents in Magadi Division over three years through community mobilization, health education and advocacy.</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Improved access to water by 5000 community members and 4000 livestock through construction of a 30km water pipeline and rehabilitation of 6 cattle troughs</li> <li>2. Improved access to safe water to 100 households through installation of 100 units of 1000 litre plastic water tanks.</li> <li>3. Improved access to safe water by 740 community members through construction of 2 masonry water tanks of 100m<sup>3</sup> each in communal places</li> <li>4. Improved access to sanitation to 18 households and 8 schools through construction of 18 latrines at household level and 8 latrines and bathrooms in schools</li> <li>5. Increased community awareness on sanitation, hygiene, HIV/AIDS prevention and control including health promotion through training of 40 local Training of Trainers (ToTs).</li> <li>6. Improved sustainability and maintenance of water and sanitation facilities through training of 24 Local community artisans in operation and maintenance.</li> <li>7. Improved community awareness through the development and use of 100 IEC materials on hygiene and health promotion.</li> </ol>		
<b>Outcomes (Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased community capacity to participate in the implementation of project activities</li> <li>2. Increased access to safe water (within 2 kilometres from households) to at 45% of the community members.</li> <li>3. Increased community awareness and improved practices in sanitation and hygiene.</li> <li>4. increased access to utilization of sanitation facilities by the community members</li> <li>5. Increased enrolment of children in kindergartens and primary schools.</li> </ol>		
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ What are the effects of improved access to Water, Sanitation and Hygiene on the health and welfare of children in and out of school in Magadi Division</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>

<b>(Cumulative list of documents publicly available since project inception)</b>	Baseline survey report	Kurao, Daniel	2005
	Mid-term evaluation report (in progress)	Kamau, Anthony; Lydia.	Atiema,

## 22. Maanisha - Community Focused Initiatives to Control HIV/AIDS along the Lake Victoria Region, Kenya

<b>Cost Centre</b>	W901
<b>Budget</b>	<b>Total Budget:</b> USD 13.,117,033 <b>Annual Budget 06/07:</b> USD 2,531,318
<b>Dates</b>	<b>Start Date:</b> January 2005 <b>End Date:</b> June 2009
<b>Project Manager</b>	Albert Kombo <b>Email:</b> <a href="mailto:akombo@amrefke.org">akombo@amrefke.org</a>
<b>Donor(s)</b>	Swedish International Development Agency (SIDA)
<b>Location</b>	20 districts of Nyanza and Western Provinces
<b>Target Population</b>	Vulnerable groups - youth-in and out of school, widows, orphans, PLWHAs, Home Based Care providers. Total Population - 300,000
<b>Partners</b>	<ul style="list-style-type: none"> <li>• Primary - WAFNET (for gender based interventions), WWEN (for socio-cultural interventions) NGO networks, other NGOs / CBOs / FBOs</li> <li>• Secondary - GOK/MOH (DHMT), other national / international NGOs</li> </ul>
<b>Goal</b>	To realize sustained reduction in the incidence of HIV/AIDS in the Lake Victoria Basin, Kenya
<b>Purpose/Overall Objective</b>	To build capacities of grass-root CSOs to implement interventions that promote adoption of best practices and a holistic response to HIV/AIDS epidemic
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Build capacity and capability of CSOs and private sector organizations to design and implement quality HIV/AIDS interventions</li> <li>2. Promote safer sexual behaviour and practices among the vulnerable and "at risk" groups</li> <li>3. Establish programme management mechanisms and systems in partnership with CSOs and GOK structures</li> <li>4. Support CSOs to increase access to and improve the quality of Home Based Care and referral services for PLWHAs</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 200 grassroots CSOs in 20 districts awarded grants to implement quality HIV/AIDS projects</li> <li>2. 200 grassroots CSOs in 20 districts capacity build in quality implementation of prevention, care and support activities; monitoring and evaluation; and financial and grants management</li> <li>3. 200 organizations supported to mainstream crosscutting issues of legal rights issues of widows and OVCs</li> <li>4. 2 operations research studies conducted</li> <li>5. 20 District Technical Committees supported to coordinate HIV/AIDS activities</li> <li>6. 46 Constituency AIDS Coordinating Committees supported to facilitate organizational Development and Systems Strengthening (ODSS) for 200 funded CSOs</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved capacity of CSOs to function efficiently and effectively</li> <li>2. Improved capability and capacity of CSOs, NGOs, FBOs and private sector organizations to design and implement quality HIV /AIDS interventions</li> <li>3. Increased access to and utilization of HIV/AIDS prevention and care services by both genders</li> <li>4. Improved quality of care and well being of PLWHAs</li> <li>5. Reduced sexual and RH behaviour and practices that increase individuals and partners</li> </ol>

infection risk of HIV/AIDS

<b>What Operational Research Question(s) is the project working on (06/07)</b>	▪ How can the quality of home based care for AIDS patients in Nyanza and Western Provinces be improved?
	▪ How can CSO systems be sustainably developed through ODSS facilitated by local NACC structures?
	▪ How can future orphan-headed household self sufficiency be realized in a HIV/AIDS support programme?

<b>Knowledge Products</b>	<b>Title</b>	<b>Author (s)</b>	<b>Year published/ presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	1. <i>Maanisha</i> Monitoring and Evaluation Framework	Michael Ochieng, Albert Kombo	2006
	2. <i>Maanisha</i> Baseline Survey Report	Lagrotech Consultants	2006
	3. <i>Maanisha</i> Grants Operational Manual	Naomi Mwangi, Ignatius Baraza, Albert Kombo	2006
	4. <i>Maanisha</i> Gender Mainstreaming Strategy	Nelson Otwoma, Albert Kombo, Mwhaki Kimura	2006
	5. <i>Maanisha</i> ODSS Manual	Patrick Gichira, June Omollo, Albert Kombo	2006
	6. <i>Maanisha</i> Legal Rights Mainstreaming Strategy	Jane Dwasi, Nelson Otwoma, Wycliffe Adongo, Albert Kombo, June Omollo	2006
	7. <i>Maanisha</i> Human and Legal Rights Training Manual	Jane Dwasi, Nelson Otwoma, Wycliffe Adongo, Albert Kombo, June Omollo	2006
	8. <i>Maanisha</i> Legal Rights Strategy Implementation Guidelines	Jane Dwasi, Nelson Otwoma, Albert Kombo	2006
	9. <i>Maanisha</i> BCC Strategy for the Lake Victoria region: 2005 – 2009/10	Isaac Abuya, June Omollo, Albert Kombo	2006
	10. <i>Maanisha</i> BCC Facilitator's Manual	Isaac Abuya, June Omollo	2006
	11. <i>Maanisha</i> Grants Accounting Manual	Naomi Mwangi, Ignatius Baraza, Vincent Muli	2006
	12. <i>Maanisha</i> HIV/AIDS Advocacy Strategy (Draft)	Nelson Otwoma	2006
	13. <i>Maanisha</i> HIV/AIDS Advocacy Manual (Draft)	Nelson Otwoma	2006

### 23. Strengthening Capacity For Infectious Disease Surveillance, Control And Response In East Africa

<b>Cost Centre</b>	N137	
<b>Budget</b>	<b>Total Budget:</b> USD 247,403	<b>Annual Budget 06/07:</b> USD 76,000
<b>Dates</b>	<b>Start Date:</b> 2004	<b>End Date:</b> September 2007
<b>Project Manager</b>	J Carter	<b>Email:</b> jcarter@iconnect.co.ke



<b>Donor(s)</b>	AMREF Canada/CDC		
<b>Location</b>	Kenya Country Office		
<b>Target Pop.</b>	Ministries of Health, health workers and communities throughout the eastern African region (Kenya, Tanzania, Uganda, Somalia, Southern Sudan)		
<b>Partners</b>	Ministry of Health, CDC, World Health Organization, SIDA, CDC, FHI, Non-Governmental Organizations (MSF, IMC, GTZ, World Vision, Malteser, ACF, Farm Africa, NCA, Gedo Health Consortium)		
<b>Goal</b>	Improved health of the people of eastern Africa		
<b>Purpose/Overall Objective</b>	Improve the health of communities in areas prone to outbreaks of infectious diseases.		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Provide a rapid, accurate and reliable public health reference laboratory service in support of disease outbreak investigation in the eastern African region.</li> <li>2. Disseminate information on a regular basis, in coordination with the Ministries of Health and health agencies working in the region, on the status of outbreaks, patterns of disease and antibiotic sensitivity patterns.</li> <li>3. Develop manuals and other health learning materials addressing clinical, laboratory and epidemiological approaches to outbreak recognition and investigation; and addressing collection, storage and transportation of specimens for confirmation.</li> <li>4. Develop a short course for laboratory technologists on practical approaches to outbreak investigation, and the use of information gained to develop practical disease prevention and control measures.</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. The reference capabilities of AMREF's Public Health Laboratory enhanced by adding to the test portfolio.</li> <li>2. Manual for Guidelines on Specimen Collection, Storage and Transportation to a Referral Laboratory reviewed, edited and distributed.</li> <li>3. Quarterly summary reports prepared for distribution to Ministries of Health, health agencies operating throughout the region and the relevant WHO Regional Offices.</li> <li>4. Emergency reports of specific outbreak investigations prepared and distributed to partners involved.</li> <li>5. Kenya National Curriculum for Laboratory Technologists' Training in Integrated Disease Surveillance and Response prepared with the Ministry of Health and partners.</li> <li>6. Pilot training course conducted for 17 technologists from 7 districts.</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Meningitis outbreak in West Pokot investigated and causative agent identified.</li> <li>2. Improved collection, storage and transport of specimens to the reference laboratory.</li> <li>3. Improved preliminary identification of causative agents of outbreaks at district level</li> </ol>		
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Improved capacity of district hospitals to investigate causes of outbreaks of infectious disease</li> <li>▪ Characterisation of meningococcal meningitis isolates from Kenya and South Sudan</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Antibiotic resistance patterns of <i>V. cholerae</i> and <i>Shigella</i> causing diarrhoea outbreaks in the eastern Africa region	Materu SF, et al	1997
	Guidelines on Specimen Collection, Storage and Transportation	Materu SF, et al	2006

## 24. Kitui Water, Sanitation and Hygiene (WASH) Project

<b>Cost Centre</b>	E202	
<b>Budget</b>	<b>Total Budget:</b> USD 517,394	<b>Annual Budget 06/07:</b> USD 211,245
<b>Dates</b>	<b>Start Date:</b> October 2004	<b>End Date:</b> September 2009
<b>Project Manager</b>	Denge Lugayu	<b>Email:</b> dengel@amrefke.org
<b>Donor(s)</b>	AMREF ITALY	
<b>Location</b>	Kitui	
<b>Target Pop.</b>	The project primarily targets women and children who traditionally carry the burden of looking for water. Target beneficiaries are 5,000 men and women including 350 primary school children in 2 primary schools.	
<b>Partners</b>	Ministries of Health, Water, Education, Agriculture, Social Services Department and Civil Society Organizations (CSOs).	
<b>Goal</b>	To halve by 2015 the proportion of people who do not have access to safe and adequate water, sanitation and hygiene.	
<b>Purpose/Overall Objective</b>	To sustainably increase access to safe water, and use of hygienic sanitation facilities in Mutito and Mwitika divisions in Kitui District, Kenya	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increase community access to safe drinking water supplies.</li> <li>2. Promote personal, community and institutional hygiene and sanitation practices.</li> <li>3. Build community capacity to plan, implement, monitor and sustain their water and sanitation facilities.</li> <li>4. Promote water-related income generating activities.</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 40 wells groups trained on management, operations and maintenance of hand pumps.</li> <li>2. 40 shallow wells developed and fitted with hand pumps.</li> <li>3. 6 Km Muthungue pipeline developed and equipped.</li> <li>4. Pipeline committee trained on management, Operation and maintenance and cost recovery mechanisms.</li> <li>5. CSOS empowered and supported to manage water, sanitation and hygiene activities.</li> <li>6. 3 classrooms completed in 2 schools.</li> <li>7. 10,000 vegetables, fruits and tree seedlings planted around water points.</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increase access to safe and adequate water and sanitation for 5,000 people, including 350 pupils in 2 primary schools.</li> <li>2. Water management committees sustainably managing their water sources.</li> <li>3. Community have time to do other socio-economic activities thereby alleviating poverty.</li> <li>4. Increased school attendance by pupils in local primary schools.</li> <li>5. Reduction of water and sanitation related diseases.</li> <li>6. Improved education performance (improved mean grades) within local primary schools.</li> <li>7. Pupils practising safe hygiene and sanitation practices.</li> </ol>	
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Testing effects of improved pupils learning environment (construction of classrooms, provision of safe drinking water, use of toilets and good personal hygiene practices e.g. washing of hands after visiting toilets and before eating food)</li> </ul>	

on health and education performance.

- Testing the Cost effectiveness of the current approaches in WATSAN interventions.

<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Kitui Watsan Impact study.	Dr. Munguti Katui-Katua..	September 2006
	Kitui Watsan Baseline Survey	Denge Lugayu	September 2004.
	Sub surface dams – Alternative source of drinking water supplies.	Denge Lugayu.	September 2003

## 25. Coastal School Health Project

<b>Cost Centre</b>	M101
<b>Budget</b>	<b>Total Budget:</b> SD: 3,192,765 <b>Annual Budget:</b> USD: 539,688
<b>Dates</b>	<b>Start Date:</b> October, 2004 <b>End Date:</b> September, 2009
<b>Project Manager</b>	David Wamalwa <b>Email:</b> wamalwad@amrefke.org
<b>Donor(s)</b>	AMREF Italy
<b>Location</b>	Kaloleni division in Kilifi district and Malindi division in Malindi district
<b>Target Population</b>	45,000 children in 50 primary schools; 35,000 family and community members
<b>Partners</b>	Ministry of Education, Ministry of Health, Ministry of Water, Ministry of Culture, Gender and sports, Local communities, Local Civil Society Organization.
<b>Goal</b>	To improve health, quality of life and development capacity of school going children and their communities through their implementation of a comprehensive and rights based approach to school health initiatives.
<b>Purpose/Overall Objective</b>	To sustainably increase access to safe water, use of hygiene sanitation facilities and promote child rights in two (2) divisions (Kaloleni and Malindi) in Kilifi and Malindi districts
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To improve the long-term prospects for healthy development of 45,000 school children.</li> <li>2. An increased number of children attend school especially girls and disabled children in the context of the new Kenyan government policy for free primary education.</li> <li>3. Improved school infrastructure and safe water systems to encourage greater school attendance.</li> <li>4. Community participation in school development, health promotion and prevention of child abuse.</li> <li>5. Increased understanding of children's rights and an effective system of lobbying and campaigning for children's rights in place.</li> <li>6. Increased access to human waste disposal facilities.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 36 VIP latrines constructed in project schools.</li> <li>2. 20 classrooms constructed.</li> <li>3. 32 teachers and Education Officers trained as WATSAN TOTs.</li> <li>4. 800 pupils trained as hygiene and ASRH Peer Educators.</li> <li>5. Sixteen (16) School Management Committees trained as hygiene and sanitation promoters.</li> <li>6. Sixteen (16) teachers in the Early Childhood development (ECD) centers trained on monitoring and promotion of Child Growth and Development.</li> <li>7. 600 pupils recruited and mobilized to participate in Child Focused Development (CFD)</li> </ol>

	activities.		
	8. 20 teachers trained and equipped with First Aid skills		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Access of households to safe drinking water within 2Kms in project sites increased from the current 28% to 31% by end of 2006/07.</li> <li>2. Access and use of VIP latrines by households in the project sites increased by 16% from the baseline by end of the 2006/07.</li> <li>3. The population of people in the project sites practicing good personal hygiene and sanitation increased by 16% from baseline by end of 2006/07.</li> <li>4. The prevalence of diseases resulting from unsafe water, poor sanitation and hygiene practices in the project sites reduced by 8% from baseline by end of 2006/07.</li> <li>5. Accessibility to adequate sanitation in project schools increased by 10% from baseline by end of 2006/07.</li> <li>6. Immunization coverage in project sites increased by at least 5% by end of 2006/07</li> </ol>		
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Does improving the knowledge and skills of adolescents in schools on Reproductive Health, Drug Abuse and Child Rights contribute to reductions in teenage pregnancies, early marriages, school absenteeism, school dropouts and improvements in academic performance?</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>		
	<b>Author</b>		
	<b>Year published / presented</b>		
<b>(Cumulative list of documents publicly available since project inception)</b>	Training Guide for School Health Clubs	AMREF Kenya, MOE, and MOH	2006
	Curriculum on Hygiene Sanitation and Adolescent Sexual Reproductive Health	AMREF Team	2006

## 26. Comprehensive Care for HIV-Infected Residents in Kibera Slum, Nairobi

<b>Cost Centre</b>	C108	
<b>Budget</b>	<b>Total Budget:</b> USD 2,684,429	<b>Annual Budget 06/07:</b> USD 668,273
<b>Dates</b>	<b>Start Date:</b> October 2004	<b>End Date:</b> December 2009
<b>Project Manager</b>	Sakwa Mwangala	<b>Email:</b> sakwam@amrefke.org
<b>Donor(s)</b>	Centres for Disease Control (CDC) and The President's Emergency Plan for AIDS Relief (PEPFAR), Spanish Agency for International Cooperation	
<b>Location</b>	Kibera slums in Laini Saba and Mashimoni villages	
<b>Target Population</b>	HIV infected adults, youth and children. Target population of 97,000.	
<b>Partners</b>	Ministry of Health (MOH), Medic San Frontiers (MSF), Kenya Medical Research Institute (KEMRI), Global AIDS Programme/Centre for Disease Control (GAP/CDC), National AIDS and STI Control Programme (NASCOP), Mbagathi Hospital, local NGOs, FBOs and PLWAs support groups.	
<b>Goal</b>	Improved health and quality of life of HIV- infected adults and children in Kibera.	
<b>Purpose/Overall Objective</b>	Provide antiretroviral treatment to residents of Kibera slum.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase the number of HIV-infected adults and children in Kibera receiving ART, care and support.</li> <li>2. To increased the capacity of AMREF MOH and communities to provide quality HIV/AIDS care packages.</li> <li>3. To improve ART adherence through empowerment of PLWAs, caregivers and community groups.</li> </ol>	

<b>Outputs</b>	<ol style="list-style-type: none"> <li>300 new adults and 75 children to be put on ARV treatment.</li> <li>ART treatment services provided at Karen Health Centre.</li> <li>Health care workers, community health workers and CORPs trained on ART treatment and adherence</li> <li>A second ART centre established at Langata Health Centre with 174 patients on care and 104 receiving treatment.</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>Increased utilization of the health centre and increased access to ARV treatment at Kibera Health Centre.</li> <li>CD4 testing available at the AMREF Central Laboratory</li> <li>A regular supply of HIV testing kits, ARV drugs and drugs for treating opportunistic infections established.</li> </ol>
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>What determines Adherence to Antiretroviral Therapy (ART)?</li> <li>Drop-out Rates and Sexual Behaviour among People Living with HIV/AIDS (PLWHA) in Kibera informal settlement, a Resource-poor Urban Setting with High HIV Prevalence in Kenya</li> </ul>

Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	Poster presentation-Social mobilisation and health promotion in a resource limited area	Nancy Muchemi, Dorcus Indalo-AMREF	2005 at the ATM
	Poster presentation-Assessment of common adverse drug reactions and complications of ART using community volunteers in Kibera	Dr. Festus Ilako, Mwhiki Kimura, Sakwa Mwangala-AMREF	August 2006 at the International AIDS Conference (IAC) In Toronto, Canada

## 27. Kibera ARV Project

<b>Cost Centre</b>	C108
<b>Budget</b>	<b>Total Budget:</b> USD 663,997 <b>Annual Budget 06/07:</b>
<b>Dates</b>	<b>Start Date</b> October 2004 <b>End Date:</b> December 2009
<b>Project Manager</b>	Sakwa Mwangala <b>Email:</b> <a href="mailto:sakwam@amrefke.org">sakwam@amrefke.org</a>
<b>Donor(s)</b>	Centres for Disease Control (CDC)
<b>Location</b>	Kibera slums in Laini Saba and Mashimoni villages
<b>Target Population</b>	HIV infected adults, youth and children.
<b>Partners</b>	Ministry of Health, MSF-Belgium, KEMRI, GAP/CDC, NASCOP, Mbagathi Hospital, local NGOs, FBOs and PLWAs support groups.
<b>Goal</b>	Improved health and quality of life of HIV- infected adults and children in Kibera.
<b>Purpose/Overall Objective</b>	Provide antiretroviral treatment to residents of Kibera slum.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>Increased number of HIV-infected adults and children in Kibera receiving ART, care and support.</li> <li>Increased capacity of AMREF MOH and communities to provide quality HIV/AIDS care packages.</li> <li>Improved ART adherence through empowerment of PLWAs, caregivers and community</li> </ol>

	groups.
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1,300 new adults and 75 children to be put on ARV treatment.</li> <li>Kibera Health Centre to be supported to provide ART.</li> <li>Health care workers, community health workers and CORPs.</li> <li>A second ART centre established at Langata Health Centre with 174 patients on care and 104 receiving treatment</li> <li>CD4 testing available at the AMREF Central Laboratory</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>Increased utilization of the health centre by Kibera residents</li> <li>Increased access to ARV treatment at Kibera Health Centre.</li> <li>A regular supply of HIV testing kits, ARV drugs and drugs for treating opportunistic infections established</li> </ol>
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>What are the determinants of Adherence to Antiretroviral Therapy (ART), Drop-out Rates and Sexual Behaviour among People Living with HIV/AIDS (PLWHA) in a Resource-poor Urban Setting with High HIV Prevalence in Kenya</li> </ul>
<b>Knowledge Products</b>	<b>Title</b>
(Cumulative list of documents publicly available since project inception)	N/A
	<b>Author</b>
	<b>Year Published/Presented</b>

## 28. Mbirikani Integrated Health and Community Development Project

<b>Cost Centre</b>	C305
<b>Budget</b>	<b>Total Budget:</b> USD 461,590 <b>Annual Budget 06/07:</b> USD 104,767
<b>Dates</b>	<b>Start Date:</b> April 2004 <b>End Date:</b> March 2009
<b>Programme Manager</b>	Gerald Rukunga <b>E-mail :</b> rukungag@amreke.org
<b>Donor(s)</b>	Kindernothilfe (KNH)
<b>Location</b>	Kajiado District, Loitokitok Division, Mbirikani Location. The project covers Mbirikani location only.
<b>Target Pop.</b>	The entire community in the location estimated at 20,000 people.
<b>Partners</b>	Ministries of Health, Water and Irrigation, Culture and Social Services and Education, office of the president and local Community Based Organisations (CBOs)
<b>Goal</b>	Improved health status and livelihoods for Mbirikani community.
<b>Purpose/Overall Objective</b>	To build and support community capacity to improve their Health status and welfare sustainably.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>To build the capacity of the community to improve access to safe and adequate water for domestic and livestock use.</li> <li>To empower the community to reduce the prevalence of malaria by 50% from baseline.</li> <li>To build the capacity of the community to improve access to sanitation, personal hygiene practices in the community and institutions.</li> <li>To promote safe practices on HIV/AIDS prevention.</li> <li>Demonstrate the impact of an integrated health and development intervention model.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>A 5Km water pipeline developed and equipped.</li> </ol>

2. 2 water and management formed and trained on management.
3. 28 water artisans trained on water and sanitation technologies.
4. 12 Ventilated improved Pit latrines (V.I.P) for demonstration constructed.
5. 20 Kindergarten teachers trained on sanitation and hygiene promotion.
6. 30 women trained on bead making.
7. 40 community own resource persons trained on sanitation and hygiene promotion.
8. 1 lobby group formed and actively involved in lobbying for education of the girl child.
9. 6 primary schools actively involved in PHASE.
10. New experiences and best practices documented and disseminated.

<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved community capacity to implement project activities</li> <li>2. Increased access to water within 10 kms from households.</li> <li>3. Improved health of children in and out of school</li> <li>4. Increased community awareness and practices in sanitation and hygiene.</li> <li>5. Improved and increased community participation and ownership of the health improvement initiatives.</li> <li>6. Increased children enrolment in the kindergartens and in primary schools.</li> </ol>
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<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How effective is the child Focused model in improving the Health of Children in Mbirikani Community?</li> </ul>
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<b>Knowledge Products (Cumulative list of documents publicly available since project inception)</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Participatory Rural Appraisal Report	Project staff-(Mabonga, Kariuki,Muteithia, Kendagor,Wambua, Nchake,Memusi, Esther)	2003
	Baseline survey Report	Project staff-Charity, Nchake, Muteithia. Esther)	2004
	Mbirikani EIA report	Consultant(Water and Environmental Consultants	2005

## 29. Kibera Community Based Health Care

<b>Cost Centre</b>	C107
<b>Budget</b>	<b>Total Budget:</b> USD 609,795 <span style="float: right;"><b>Annual Budget 06/07:</b> USD 274,001</span>
<b>Dates</b>	<b>Start Date:</b> January 2004 ..... <b>End Date:</b> December 2008
<b>Project Manager</b>	Sakwa Mwangala <span style="float: right;"><b>Email:</b> <a href="mailto:sakwam@amrefke.org">sakwam@amrefke.org</a></span>
<b>Donor(s)</b>	Community Fund UK, AMREF UK
<b>Location</b>	Kibera slums in Laini Saba and Mashimoni villages
<b>Target Pop.</b>	The project targets mainly women and children under the age of five. Total target Population is 97,000 people.
<b>Partners</b>	Ministries of; Health, Public Works and Local Government, Mradi wa Afya ya Msingi na Maendeleo (MRAMMA - CBO), Nairobi City Council, KICOSHEP, Maji na Ufanisi, MSF Belgium and Nyumbani
<b>Goal</b>	Improved health status of 97,000 residents of Laini Saba and Mashimoni villages of Kibera

	slums						
<b>Purpose/Overall Objective</b>	Increased access to quality basic health care						
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increased capacity of the community to develop and manage health and development initiatives so that project activities can be sustained by local structures beyond the project period.</li> <li>2. Increased access to essential health care services leading to improved health-seeking behaviour among the Kibera residents.</li> <li>3. Improved capacity among residents of Laini Saba to prevent and mitigate the impact of HIV/AIDS so as to increase responsible sexual behaviour in the community; and</li> <li>4. Increased access to safe water and better environmental sanitation standards.</li> </ol>						
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 100 to 150 patients access health services on a daily basis</li> <li>2. 286 toilets constructed and in use</li> <li>3. 45 water points installed and functional</li> <li>4. 100 metres of open drains constructed</li> </ol>						
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Reduced incidences of diarrhoeal diseases among the under fives</li> <li>2. Increased immunisation coverage among the under fives</li> <li>3. Improved basic sanitation and hygiene practices</li> <li>4. Increased skilled attended deliveries at Kibera Health Centre</li> <li>5. Improved access to basic health care</li> <li>6. Improved access to portable water and sanitation.</li> </ol>						
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How can the partnership between CHWs and professional midwives at Kibera informal settlements be strengthened to promote skilled attended deliveries?</li> <li>▪ How can RH and HIV/AIDS services be integrated to improve access to quality RH care within Kibera Health Centre?</li> </ul>						
<b>Knowledge Products (Cumulative list of documents publicly available since project inception)</b>	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published</th> </tr> </thead> <tbody> <tr> <td>End of Term Evaluation Report 2002</td> <td>▪ Dr Mwaniki</td> <td>2002</td> </tr> </tbody> </table>	Title	Author	Year published	End of Term Evaluation Report 2002	▪ Dr Mwaniki	2002
Title	Author	Year published					
End of Term Evaluation Report 2002	▪ Dr Mwaniki	2002					

### 30. Turkana Pastoral Development Project

<b>Cost Centre</b>	T106	
<b>Budget</b>	<b>Total Budget:</b> USD 2,149,283	<b>Annual Budget 06/07:</b> USD 188,000
<b>Dates</b>	<b>Start Date:</b> October 2002	<b>End Date:</b> 31 <sup>st</sup> March 2007
<b>Project Manager</b>	Eberhard Zeyhle	<b>Email:</b> eberhardz@amrefke.org
<b>Donor(s)</b>	Ministry of Foreign Affairs Italy – 740,512 (49.75%); Terra Nuova - 225,193 (15.13%); AMREF Italy – 89,793 (6.03%); AMREF Kenya – 432,868 (29.08%)	
<b>Location</b>	Lokichoggio division of Turkana District	
<b>Target Pop.</b>	This project targets the entire pastoralist community in Lokichoggio division with a population of 80,000 people.	
<b>Partners</b>	Community of Turkana people, Terra Nuova, AMREF Italy, University of Nairobi, Jomo Kenyatta University of Agriculture and Technology, ILRI, Ministry of Livestock and	



	Fisheries Development, Turkana County Council.		
<b>Goal</b>	To improve the health and living conditions of the disadvantaged people of Turkana as a means of escaping poverty.		
<b>Purpose/Overall Objective</b>	To establish community structures with capacity to improve animal and human health, and strengthen their cash economy		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To strengthen local community capacities for sustainable use of natural resources</li> <li>2. To improve local techniques for controlling livestock pathologies</li> <li>3. To explore techniques for processing and marketing animal products</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Geographic information system (GIS) for the distribution of main animal diseases locally established and managed.</li> <li>2. Centre for veterinary diagnostics and collection/processing of animal products, including central slaughterhouse established.</li> <li>3. Five peripheral centres for veterinary control and animal products collection/processing established.</li> <li>4. Techniques for processing and storage of animal products improved and disseminated.</li> <li>5. Local communities sensitised on sustainable use of natural resources.</li> <li>6. Establishment of a marketing outlet and diagnostic centre in Lokichoggio.</li> <li>7. Establishment of five peripheral centres for marketing of livestock, collection and storage of animal products and for emergency slaughter during droughts.</li> </ol>		
<b>Outcomes (Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved and widespread use of techniques for processing and preserving animal products to improve the nutritional status of the community, create an additional source of income and to cut down of losses during emergencies ( droughts).</li> <li>2. Use of local natural resources in a sustainable way by the communities.</li> <li>3. A commercial marketing network for livestock and animal products operational on local, national and international level to create access to financial resources for the community to sustain and develop itself.</li> <li>4. An improved system for controlling diseases of domestic animals.</li> <li>5. Structured commercial network for animal products marketing established at local level and developed at national level.</li> <li>6. Geographic data bank (GIS) of natural resources set up and managed</li> <li>7. At local level; participative analysis of options for sustainable use established.</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Can a slaughter house with a supportive marketing system improve the economy of the local pastoralist community in Lokichoggio?</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Sourcing livestock from Turkana for the domestic a and export market	AGSEC Consultants	March 2000
	Environmental impact assessment report for Lokichoggio Slaughterhouse	PHET-CU of the Department of Public Health, Pharmacology and Toxicology. University of Nairobi	March 2003
	Awareness creation on value and sustainable use of Natural resources among the pastoral	PHET-CU of the Department of Public Health, Pharmacology and Toxicology.	June 2003

communities of Northern Turkana District (Training programme No.1 -4)	University of Nairobi	
Studies in the Pastoral migration patters and trans boundary livestock disease outbreaks in North-western Turkana area of Kenya using participatory approaches and geographical information systems	Manga, Thomas Njoroge	October 2003
Livestock and Meat Marketing in Turkana District, Kenya	Department of Public Health, Pharmacology and Toxicology, University of Nairobi	April 2004
Livestock and Meat marketing in Turkana: A study of the Nairobi Market as a potential outlet for the Lokichoggio slaughterhouse products.	Department of Public Health, Pharmacology and Toxicology. University of Nairobi	December 2004

### 31. Kajiado Boreholes Project

<b>Cost Centre</b>	C304
<b>Budget</b>	<b>Total Budget:</b> USD 718,282 <b>Annual Budget 07:</b> USD 80,697
<b>Dates</b>	<b>Start Date:</b> January 2002 <b>End Date:</b> December 2008
<b>Project Manager</b>	Gerald Rukunga <b>Email:</b> rukungag@amrefke.org
<b>Donor(s)</b>	Water for the Maasai Foundation, AMREF Netherlands, Wild Geese and Beneficiary community
<b>Location</b>	Kajiado District
<b>Target Pop.</b>	Approximately 170,000 pastoralist Maasai people and 600,000 livestock in Namanga, Mashuru, Central, Isinya and Loitoktok Divisions of Kajiado District.
<b>Partners</b>	Ministries of Water, Culture and Social Services, Health and local communities.
<b>Goal</b>	Improve access to adequate and safe water and sanitation to pastoralist Maasai community.
<b>Purpose/Overall Objective</b>	To support and build community capacity to construct and sustainably manage their water and sanitation facilities and promote their health.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Build community capacity to construct, rehabilitate and sustainably manage their water and sanitation facilities</li> <li>2. Support communities to establish water management structures from the grassroots (Individual boreholes) up to the District level (Umbrella Association).</li> <li>3. Build the capacity of community management structures to sustainably manage their water and sanitation facilities.</li> <li>4. Build the capacity of community based artisans in the operation and maintenance of the water sources.</li> <li>5. Document and disseminate new experiences and best practices.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 7 community based Borehole cluster committees formed by the individual Boreholes committees</li> </ol>

2. Improved capacity of the 7 cluster committees in resource mobilization and management.
3. A functional and representative Umbrella Borehole Association established and registered
4. 7 Spare parts stores established at the cluster level
5. 45 Borehole management committees and 90 operators given refresher training in operation, maintenance and management of boreholes
6. 40 toilets and bathrooms constructed in 10 borehole sites.
7. Documentation and Dissemination of new experiences and best practices

<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased access to safe water</li> <li>2. Reduced walking distance to water point by both people and livestock to an average of 2kms</li> <li>3. Reduced incidences of water borne/related diseases.</li> <li>4. Improved community hygiene and sanitation practices.</li> <li>5. Boreholes running sustainably with minimal breakdowns</li> <li>6. Replication of lessons learnt in other arid/ semiarid areas</li> </ol>
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<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	Improved community capacity to sustainably manage their own boreholes using Cluster Associations akin to nomadic way of life.
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Knowledge Products	Title	Author	Year published / presented
<b>(Cumulative list of documents publicly available since project inception)</b>	Borehole Rehabilitation Process (Poster)	G.Rukunga & W. Gichanga	2005
	Critical analysis of cost sharing in water development in a nomadic community.	G.Rukunga & W. Gichanga	2002
	Community participation in managing and sustaining boreholes: Lessons learnt from Kajiado.	G.Rukunga, J. Tinkoi & W. Gichanga	2004
	Impact of providing safe and reliable water source to a pastoralist Maasai community.	G.Rukunga, J. Tinkoi & W. Gichanga	2003

### 32. Dagoretti Child in Need Project

<b>Cost Centre</b>	C111	
<b>Budget</b>	<b>Total Budget:</b> Euro 2,972,372	<b>Annual Budget 06/07:</b> USD 875,033
<b>Dates</b>	<b>Start Date:</b> April 2001	<b>End Date:</b> September 2010
<b>Project Manager</b>	<b>John Muiruri</b>	<b>Email:</b> johnm@amrefke.org
<b>Donor(s)</b>	AMREF Italy	
<b>Location</b>	Dagoretti, Nairobi	
<b>Target Pop.</b>	Orphans and Vulnerable Children especially Street Children with a special focus on girls. 34,000 children.	
<b>Partners</b>	Dagoretti Community, Children's Department (Ministry of Home Affairs) Street Families Rehabilitation Trust (Ministry of Local Government) Department of Social Services, and the	

	Department of Education (City Council of Nairobi), World Vision (Riruta Area Development Programme) Lea Toto (A project of Nyumbani Children Home) Girl Child Network, Terra Nuova, Catholic University of Eastern Africa		
<b>Goal</b>	Improve the general health and living conditions of Children and adolescents in vulnerat circumstances thus contribute towards the development of the community as a whole.		
<b>Purpose/Overall Objective</b>	To strengthen the capacity of the Dagoretti community and its constituent structures to uphold, protect and promote the rights of children in vulnerable circumstances in Dagoretti.		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Rescue, Rehabilitate, Resocialise and Reintegrate Abandoned and Vulnerable Children back into the Family and the Community.</li> <li>2. Increase awareness and understanding among 10,000 members of the Dagoretti community on the rights of children by 2010 with a view of reducing the influx of children to the streets.</li> <li>3. Create community based institutional frameworks and systems for the sustainable rescue, rehabilitation and reintegration of children in vulnerable circumstances.</li> <li>4. Facilitate access to basic education among 1500 children and vocational training opportunities among 500 youth in vulnerable circumstances in Dagoretti Division.</li> <li>5. Increase access to basic health services and information among children and adolescents in vulnerable circumstances.</li> <li>6. Develop, test, evaluate and disseminate a sustainable community based model for the rescue, rehabilitation and reintegration of children and adolescents in vulnerable circumstances.</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Health and social status of children in Dagoretti division established.</li> <li>2. At least 300 children supported to access education.</li> <li>3. At 100 children facilitated to attain vocational training</li> <li>4. at least 500 children facilitated to access health care and health education</li> <li>5. At least 20 life skills clubs established and active.</li> <li>6. A community training centre construction and operational.</li> <li>7. Project best practices and lessons learnt documented and disseminated.</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved health and social status of children in Dagoretti division.</li> <li>2. Increased community participation in promoting child rights and well being of children in need.</li> <li>3. Improved access to education by the children and an efficient education system in Dagoretti</li> <li>4. A sustainable system for provision of education and healthcare for disadvantaged children in Dagoretti.</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Will the involvement of the community in rescue, rehabilitation, resocialisation and reintegration of children and adolescents in vulnerable conditions lead to their improved health and living conditions?</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published /presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Baseline report	AMREF	2001
	TV Slum	Dagoretti Children	2002
	Chombo	AMREF	2003
	African Spelling Book	Dagoretti Children	2004
	Peter's Dream		2005

Different Perspectives	2006
Adventures of a street boy	2006

### 33. Vesical Vaginal Fistula (VVF) Outreach Services

<b>Cost Centre</b>	N 205		
<b>Budget</b>	<b>Total Budget:</b> USD 565,945	<b>Annual Budget 06/07:</b> USD 235,940	
<b>Dates</b>	<b>Start Date:</b> 1992	<b>End Date:</b> 2009	
<b>Project Manager</b>	Dr. Tom Raassen	<b>Email:</b> tomr@amrefke.org	
<b>Donor(s)</b>	Australian High Commission, DANIDA, AMREF Germany, AMREF USA, Flying Doctor Society of Africa.		
<b>Location</b>	Kenya, Uganda, Tanzania, Somalia, South Sudan and Rwanda		
<b>Target Pop.</b>	Health workers, surgeons, 2 million community members		
<b>Partners</b>	Ministries of Health, Engender Health, University Teaching and Consultant Hospitals, Faith based organization , District and Hospital Management Teams		
<b>Goal</b>	To strengthen the capacity of health system to provide essential VVF services		
<b>Purpose/Overall Objective</b>	To repair VVF and train specialists in VVF prevention and surgery		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Establish strategies for VVF prevention in the spirit of safe motherhood</li> <li>2. Improve skills of specialists in VVF repair</li> <li>3. Improve care of VVF patients</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. A total of 25 hospitals provided with VVF technical support</li> <li>2. A total of 1996 training hours provided on VVF services</li> <li>3. 201 local doctors trained on VVF related skills</li> <li>4. 268 local nurses and clinical officers trained on VVF related skills</li> <li>5. 8 local support staff trained on VVF related skills</li> <li>6. 614 complicated VVF operations performed</li> <li>7. 700 VVF related consultations carried out</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved quality of VVF services</li> <li>2. Increased capacity of local surgeons to perform essential VVF surgery</li> <li>3. Improved partnership in VVF services</li> <li>4. Health status of VVF patients improved</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Feasibility of establishing VVF centres of excellence in hard to reach areas in Kenya</li> </ul>		
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>

### 34. Refresher Course in Essential Laboratory Services

<b>Cost Centre</b>	N110
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<b>Budget</b>	<b>Total Budget:</b>	<b>Annual Budget 06/07:</b> USD 27,800		
<b>Dates</b>	<b>Start Date:</b> 1988	<b>End Date:</b> Annual		
<b>Project Manager</b>	S Gikunda	<b>Email:</b> steveg@amrefke.org		
<b>Donor(s)</b>	AMREF USA, AMREF Italy, AMREF Austria, World Health Organization, Mercy Center Lare, Sudan Council of Churches			
<b>Location</b>	Kenya Country Office			
<b>Target Pop.</b>	Laboratory workers in Africa, health workers and communities in the region.			
<b>Partners</b>	KMTTC, Kenyatta National Hospital, Mbagathi District Hospital, NPHLS, KEMRI, Magadi Hospital, Entasopia Health Centre, Kijabe Mission Hospital			
<b>Goal</b>	Improved health of the people of eastern Africa			
<b>Purpose/Overall Objective</b>	Practical refresher training for laboratory staff on all aspects of operating and managing a laboratory at peripheral level.			
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Improved access to refresher training in essential laboratory services in the region.</li> <li>2. Improved Refresher Course in Essential Laboratory Services course curriculum.</li> <li>3. Increased availability an accessibility of health learning materials on essential laboratory services in the region</li> <li>4. Increased course efficacy through follow up of past graduates at their places of work</li> <li>5. Increased disseminate information on AMREF's Laboratory Refresher Course throughout Africa.</li> </ol>			
<b>Outputs</b>	1. 11 students from Kenya, Tanzania, Uganda and South Sudan trained			
<b>Outcomes(Impacts)</b>	1. Competent laboratory technicians in peripheral level laboratories			
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How effective is the refresher training in essential laboratory services in improving the performance of laboratory technicians in peripheral level laboratories?</li> </ul>			
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published</b>	<b>/ presented</b>
(Cumulative list of documents publicly available since project inception)	Refresher Course in Essential Laboratory Services Curriculum	Gikunda, S	2005	

### 35. Regional Clinical Laboratory Programme

<b>Cost Centre</b>	N109		
<b>Budget</b>	<b>Total Budget:</b>	<b>Annual Budget 06/07:</b> USD 264,088	
<b>Dates</b>	<b>Start Date:</b> 1985	<b>End Date:</b> Continuous	
<b>Project Manager</b>	J Carter	<b>Email:</b> jcarter@iconnect.co.ke	
<b>Donor(s)</b>	AMREF Canada, AMREF Italy, AMREF USA, Cost recovery		
<b>Location</b>	Kenya Country Office		
<b>Target Pop.</b>	Ministries of Health, health workers and communities throughout the eastern African region (Kenya, Tanzania, Uganda, Somalia, Southern Sudan)		
<b>Partners</b>	Ministries of Health, World Health Organization, SIDA, CDC, FHI, Non-Governmental Organizations (MSF, IMC, GTZ, World Vision, Malteser, ACF, Farm Africa, NCA, Gedo Health Consortium)		

<b>Goal</b>	Improved health of the people of eastern Africa
<b>Purpose/Overall Objective</b>	Improved health of the people of eastern Africa through strengthening quality and access to diagnostic services
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Investigating clinical specimens and disease outbreaks through testing of specimens centrally and visits to outbreak sites.</li> <li>2. Quality assurance and support to peripheral laboratories through specimen validation and submission of proficiency testing panels.</li> <li>3. Testing and evaluating new equipment and techniques appropriate for peripheral health facilities.</li> <li>4. Developing and supporting training programmes and courses offered by AMREF and other institutions, including the Specialist Outreach Programme.</li> <li>5. Developing manuals, posters, Standard Operating Procedures, and other health learning materials for clinical and laboratory staff in peripheral health facilities.</li> <li>6. Assisting Ministries of Health in developing comprehensive policy guidelines on improved diagnostic services.</li> <li>7. Conducting operational research on improved diagnostic practices and feasibility of laboratory systems.</li> <li>8. Documenting, publishing, and disseminating important findings relating to laboratory development.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 5285 tests performed for patients, outbreak investigations and quality control.</li> <li>2. 1320 samples investigated for the identification of causes of outbreaks.</li> <li>3. 31 students of the Diploma Course in Community Health trained in Communicable &amp; Non-Communicable Diseases.</li> <li>4. 14 hospitals in Tanzania, 3 hospitals in Uganda, and 1 hospital in Kenya visited as part of the Specialist Outreach Programme.</li> <li>5. Participation of 23 laboratories in three countries in the AMREF EQAS.</li> <li>6. 1364 slides from Kenya, Somalia and Sudan rechecked for quality control.</li> <li>7. Three instruments (Anaemascan portable haemoglobinometer, WPA colorimeter, DHT haemoglobin meter) evaluated at the AMREF Central Laboratory.</li> <li>8. Two presentations made at regional conferences.</li> <li>9. National Policy Guidelines and 5-year Strategic Plan for the Medical Laboratory Services of Kenya prepared, in consultation with partners</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Incidences of meningitis outbreak in West Pokot investigated and causative agent identified.</li> <li>2. National guidelines for laboratory services operation available in Kenya</li> </ol>
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Evaluation of Haemoquick and HaemoControl haemoglobin meters</li> <li>▪ Prevalence of human Brucellosis amongst patients attending health facilities in Nairobi.</li> </ul>

<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Comparison of mosquito nets, proguanil hydrochloride and placebo to prevent malaria	Nevill, CG et al	1988
	Chlorproguanil/Dapsone for treatment of non-severe falciparum malaria in Kenya: A pilot study	Watkins, WM et al	1988

Health Laboratory Services System of Mainland Tanzania – an evaluation	Carter JY et al	1989
Laboratory Services in Primary Health Care	Carter JY et al	1993
A Practical Laboratory Manual for Health Centres in Eastern Africa	Carter JY & Lema OE	1994
Evaluation of the Alkaline Haematin method for haemoglobin estimation for use in eastern Africa	Lema OE et al	1994
Essential Laboratory Programme Pilot Study in Kenya	Carter JY et al	1996
Comparison of five methods of malaria diagnosis in the outpatient setting	Lema OE et al	1999
Role of laboratory services in health care: the present status in eastern Africa and recommendations for the future	Carter JY et al	1999
The prevalence of anaemia in patients attending an outpatient clinic in the Western Rift Valley in Kenya during a low malaria season	Carter JY et al	1999
Basic Laboratory Services	Carter JY et al	2000
Modern technology in peripheral health care in developing countries	Carter JY et al	2004
Folic acid supplementation reduces the efficacy of antifolate antimalarial therapy	Carter JY et al	2005
HIV1 subtypes in circulation in northern Kenya	Khamadi SA et al	2005

### 36. Leprosy/Reconstructive Outreach Services

<b>Cost Centre</b>	N 106 and N 107	
<b>Budget</b>	<b>Total Budget:</b> USD 918,988	<b>Annual Budget 06/07:</b> USD 532,393
<b>Dates</b>	<b>Start Date:</b> Continuous since 1957 Currently 3 yrs funding 2005/6-2007/8	
<b>Project Manager</b>	Dr. Asrat Mengiste	<b>Email:</b> asratm@amrefke.org
<b>Donor(s)</b>	AMREF USA, AMREF Italy, AMREF Germany, Smile Train USA, Paul Newman Foundation USA, The Stanley Foundation USA, Germany Leprosy/Tuberculosis relief association,	
<b>Location</b>	Eastern Africa (Kenya, Uganda, Tanzania, Ethiopia, Rwanda, South Sudan, Somaliland)	



<b>Target Pop.</b>	Health workers, surgeons, 30 million children and people with disability						
<b>Partners</b>	Ministries of Health, University and Consultant Hospitals, Faith Based Organizations , District and Hospital Health Management Teams						
<b>Goal</b>	To strengthen the capacity of health systems to provide essential Leprosy/Reconstructive services						
<b>Purpose/Overall Objective</b>	To reduce the prevalence of disability with respect to congenital malformation, trauma, complications of leprosy and polio and other physical defects amenable to surgical intervention						
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Train rural medical staff in the care of patients with deformities/disability</li> <li>2. Train surgeons in rural hospitals on common surgical techniques for disability</li> <li>3. Provide specialist reconstructive surgical services to the rural hospitals</li> </ol>						
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. A total of 30 hospitals provided with reconstructive technical support</li> <li>2. A total of 1,376 training hours provided on leprosy and reconstructive surgery</li> <li>3. 126 local doctors trained on reconstructive skills</li> <li>4. 430 local nurses and clinical officers trained on reconstructive skills</li> <li>5. 18 local support staff trained on reconstructive skills</li> <li>6. 819 complicated reconstructive operations performed</li> <li>7. 1,963 leprosy and reconstructive consultations carried out</li> </ol>						
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved leprosy and reconstructive services in rural hospitals</li> <li>2. Increased capacity of local surgeons to perform essential surgery</li> <li>3. Increased access to reconstructive operations and rehabilitation for patients with deformities</li> <li>4. Improved partnerships among stakeholders</li> <li>5. Health status of people with disability improved.</li> </ol>						
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Epidemiology of cleft lip and palate in Uganda, A case control study</li> </ul>						
<b>Knowledge Products</b>	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td colspan="3"><b>(Cumulative list of documents <u>publicly available</u> since project inception)</b></td> </tr> </tbody> </table>	Title	Author	Year published / presented	<b>(Cumulative list of documents <u>publicly available</u> since project inception)</b>		
Title	Author	Year published / presented					
<b>(Cumulative list of documents <u>publicly available</u> since project inception)</b>							

### 37. Specialist Outreach Services

<b>Cost Centre</b>	N108, N 202, N 203, N 206	
<b>Budget</b>	<b>Total Budget:</b>	<b>Annual Budget 06/07: : USD 959,588</b>
<b>Dates</b>	<b>Start Date:</b>	<b>End Date:</b> Continuous since 1957
<b>Project Manager</b>	Dr. Johnson Musomi	<b>Email:</b> musomij@amrefke.org
<b>Donor(s)</b>	AMREF Italy, AMREF Netherlands, AMREF Germany, Flying Doctor Society of Africa	
<b>Location</b>	Kenya, Tanzania and Uganda	
<b>Target Pop.</b>	Health workers, 20 million community members, majority women and children	
<b>Partners</b>	Ministries of Health, University Teaching and Consultant Hospitals, Faith Based Organizations, District and Hospital Management Teams	
<b>Goal</b>	To strengthen the capacities of health systems to provide essential health care services	

<b>Purpose/Overall Objective</b>	Contribute to better quality of life for the disadvantaged people of East Africa		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To improve the capacity of health staff to provide quality medical and surgical services</li> <li>2. Carry out and document situation analyses on important outreach service areas</li> <li>3. Develop, test and document tools to strengthen district and hospital management</li> <li>4. Develop, test and document models for strengthening links between hospital based and community based health care</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. A total of 82 hospitals provided with specialized technical support</li> <li>2. A total of 10,000 training hours provided on different skills during the period</li> <li>3. 754 local doctors trained on different skills</li> <li>4. 2,721 local nurses and clinical officers trained on different skills</li> <li>5. 209 laboratory staff trained on improved skills</li> <li>6. 1,037 local support staff trained on different health aspects</li> <li>7. 3,900 complicated surgical operations of different types performed at rural hospitals</li> <li>8. 16, 495 specialized consultations carried out during the period</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Capacity of health staff to provide essential services improved</li> <li>2. Enhanced interventions to improve identified health needs at district level</li> <li>3. Partners in a position to review policies and procedures for quality health care</li> <li>4. Health status of communities improved</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Quality and safety of anaesthesia practice in peripheral hospitals in Northern Tanzania</li> <li>▪ Needs assessment on Psychiatric services in Northern Tanzania</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Specialist Outreach evaluation reports	King et al	1997, 2002
	Telemedicine pilot project evaluation report	Kamenju	2006

### 38. Surgical Outreach Services

<b>Cost Centre</b>	N105	
<b>Budget</b>	<b>Total Budget:</b> USD 593,003	<b>Annual Budget 06/07:</b> USD 201,114
<b>Dates</b>	<b>Start Date:</b> Continuous since 1957	<b>End Date:</b> Currently 3 yrs 2005-2008
<b>Project Manager</b>	Dr. John Wachira	<b>Email:</b> Johnw@amrefke.org
<b>Donor(s)</b>	AMREF Italy and AMREF Austria	
<b>Location</b>	Kenya but covers regional eastern Africa	
<b>Target Pop.</b>	Health workers, surgeons, 10 million community members	
<b>Partners</b>	Ministries of Health, Faith Based Organizations, District and Hospital Health Teams, University teaching and Consultant Hospitals in East Africa	
<b>Goal</b>	To strengthen the capacity of health systems to provide essential surgical services	
<b>Purpose/Overall Objective</b>	Contribute to better quality of life for the rural disadvantaged people of eastern Africa	



<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Improved surgical skills of medical staff in rural remote hospitals</li> <li>2. Improved skills of theatre and support staff in rural hospitals</li> <li>3. Identification of selected surgical problems to address improved curative and preventive strategies</li> <li>4. Operations on complicated cases in rural hospitals</li> </ol>						
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. A total of 29 hospitals provided with surgical technical support</li> <li>2. A total of 197 training hours provided on surgical skills</li> <li>3. 5 local doctors trained on surgical skills</li> <li>4. 7 local support staff trained on surgical skills</li> <li>5. 777 complicated operations performed</li> <li>6. 472 specialized surgical consultations performed</li> </ol>						
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved quality of surgical services</li> <li>2. Increased capacity of local surgeons to perform essential surgery</li> <li>3. Improved partnerships in surgical services</li> <li>4. Health status of surgical patients improved</li> </ol>						
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Unmet surgical needs in Outreach services in rural hospitals in Northern Tanzania</li> </ul>						
<b>Knowledge Products</b> (Cumulative list of documents <u>publicly available</u> since project inception)	<table border="1"> <thead> <tr> <th style="text-align: left;">Title</th> <th style="text-align: left;">Author</th> <th style="text-align: left;">Year Published/Presented</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Title	Author	Year Published/Presented			
Title	Author	Year Published/Presented					

## SOUTH AFRICA

### 1. The Sekhukhune and Umkhanyakude Orphans and Vulnerable Children's (OVC)

<b>Cost Centre</b>	N502	
<b>Budget</b>	<b>Total Budget:</b> USD 2,000,000	<b>Annual Budget 06/07:</b> USD 1,000,000
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> October 2006	<b>End Date:</b> 30 <sup>th</sup> September 2008
<b>Project Manager(s)</b>	Lovemore Mhuriyengwe	<b>Email:</b> <a href="mailto:lovemorem@amref.org.za">lovemorem@amref.org.za</a>
<b>Donor(s)</b>	PEPFAR - USAID	
<b>Location</b>	Sekhukhune District, Limpopo Province and Umkhanyakude District, KwaZulu Natal	
<b>Target Pop.</b>	Orphans and Vulnerable Children (22,092) and OVC service providers (1029)	
<b>Partners</b>	<p><b>Government:</b> Sekhukhune District Department of Health and Social Development, Greater Sekhukhune District Municipality, Umkhanyakude Health District Offices, Umkhanyakude District Municipality</p> <p><b>NGOs/CBOs:</b> Itsoseng Youth Organisation, Dindela Home Based Care Organisation and Moutse Health Education Development and Information Centre and Ubombu Community Care Center, Ithembalesizwe Community Care Center, Masibumbane Community Christian Center, Lethuthando Home Based Care and OVC Organization and Resource Centre.</p>	
<b>Goal</b>	Improved quality of life for Orphans and Vulnerable Children (OVC)	
<b>Purpose/Overall Objective</b>	To improve access of OVC to quality, integrated care and support services in Sekhukhune and Umkhanyakude Districts	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increased awareness and understanding on OVC Rights and vulnerability by key government/civil society stakeholders and OVC themselves</li> <li>2. Improved identification, referral, delivery of comprehensive OVC services and monitoring of orphans and vulnerable children</li> <li>3. Appropriate OVC policies adopted and programmes in place at the local municipality and district level</li> <li>4. Improved access of OVC to increased number and improved quality of NGO and CBO services and referral systems in place</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Children and Stakeholders trained in OVC rights and vulnerability assessment.</li> <li>2. Children and care givers trained in advocacy planning and initiatives</li> <li>3. OVC trained on their rights and sensitised on how they can participate in the project</li> <li>4. Multi agency Child Care Forums (CCFs) established in each municipality</li> <li>5. Service providers/CCF members trained in identification, referral, support and monitoring of OVC</li> <li>6. Improved facilitation of life skills training within and outside of school curriculum</li> <li>7. OVC stakeholders able to generate, record and use OVC evidence</li> <li>8. Community members and OVC able to participate advocacy and local level lobbying</li> <li>9. Mentors able to monitor and support the implementation of local and district plans and policies</li> <li>10. Increased organisational capacity of NGOs to offer services to OVC</li> <li>11. Improved quality and outreach of counselling services to OVC</li> <li>12. Improved functional integration of NGOs/CBO services and referral to appropriate</li> </ol>	

	services															
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved quality of life for Orphans and Vulnerable Children (OVC)</li> <li>2. Reduced poverty and improved health of OVC</li> <li>3. Improved access to OVC to education, health, social grants, nutrition programmes, protection from abuse, legal assistance</li> <li>4. Changes in policy and practice relating to OVC</li> <li>5. Well functioning NGOs and CBOs providing care services to OVC</li> <li>6. Improved access of OVC to their rights</li> </ol>															
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Are OVC accessing services that they have rights to?</li> </ul>															
<b>Knowledge Products</b>	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td>South Africa OVC Policy Review</td> <td>AMREF SA</td> <td>2006</td> </tr> <tr> <td>Country Operational Plan (COP 2007)</td> <td>AMREF SA</td> <td>2006</td> </tr> <tr> <td>Project Summary Sheet</td> <td>AMREF SA</td> <td>2006</td> </tr> <tr> <td>Programme PowerPoint Presentation</td> <td>AMREF SA</td> <td>2006</td> </tr> </tbody> </table>	Title	Author	Year published / presented	South Africa OVC Policy Review	AMREF SA	2006	Country Operational Plan (COP 2007)	AMREF SA	2006	Project Summary Sheet	AMREF SA	2006	Programme PowerPoint Presentation	AMREF SA	2006
Title	Author	Year published / presented														
South Africa OVC Policy Review	AMREF SA	2006														
Country Operational Plan (COP 2007)	AMREF SA	2006														
Project Summary Sheet	AMREF SA	2006														
Programme PowerPoint Presentation	AMREF SA	2006														
<b>(Cumulative list of documents publicly available since project inception)</b>																

## 2. Strengthening VCT and TB/VCT Integration in rural health facilities

<b>Cost Centre</b>	E302
<b>Budget</b>	<b>Total Budget:</b> USD 379, 139 <b>Annual Budget 06/07:</b> USD 189,569
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> October 2006 <b>End Date:</b> 30 <sup>th</sup> September 2008
<b>Project Manager</b>	Mr Hamilton Gcinisango Mateta <b>Email:</b> <a href="mailto:matetaq@amref.org.za">matetaq@amref.org.za</a>
<b>Donor(s)</b>	Centers for Disease Control, AMREF USA, Eastern Cape Department of Health (Cost share), Spanish Agency for International Cooperation (AECI)
<b>Location</b>	Chris Hani, Amatole, and Ukhahlamba Districts (Eastern Cape Province).
<b>Target Pop.</b>	68 VCT and TB Facilities. About 1,351,751 sexually active adults living in three selected districts.
<b>Partners</b>	Eastern Cape Department of Health (HIV/AIDS and TB Units). HIV/AIDS/TB/STI (HAST) Committees (LSA and district level), Local Service Area Management of each LSA covered.
<b>Goal</b>	To assess and strengthen the quality and capacity of VCT service provision in, and promote the integration and co-ordination of, HIV/AIDS and TB services in Amatole, Chris Hani and Ukhahlamba Districts, Eastern Cape
<b>Purpose/Overall Objective</b>	Facilitation of integration and coordination of HIV/AIDS and TB services in Amatole, Chris Hani, and Ukhahlamba districts, Eastern Cape.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To assess the quality, utilisation, systems, staff, integration and needs of existing public health facilities in Amatole, Chris Hani and Ukhahlamba Districts, Eastern Cape.</li> <li>2. To strengthen the capacity of 68 health facilities to improve the quality and efficiency of VCT services and accuracy of data collection and record keeping and develop a</li> </ol>

	<p>model of good practice</p> <ol style="list-style-type: none"> <li>3. To strengthen current activities of VCT and TB service providers to test for TB and ensure HIV testing for all TB patients and strengthen referral systems between VCT and TB services at different levels</li> <li>4. To reduce HIV/AIDS/TB-related stigma and raise awareness of TB/HIV prevention, treatment and support to encourage appropriate health seeking behaviour</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Increased understanding of the current gaps/weaknesses in VCT centres and how to address these.</li> <li>2. Increased understanding of the capacity and training needs of VCT centre staff.</li> <li>3. Increase in number of service outlets providing counselling and testing according to national and international standards;</li> <li>4. Increase in number of individuals trained in counseling and testing and adhering to national and international standards;</li> <li>5. Increase in number of individuals who received counselling and testing for HIV and received their test results (disaggregated by sex) (from 1% to 6%);</li> <li>6. Number of individuals trained in strategic information (M and E, Surveillance, HIS).</li> <li>7. Percentage of health facilities with record-keeping systems for monitoring HIV/AIDS care and support</li> <li>8. Increase in number of service outlets providing clinical prophylaxis and/or treatment for TB to HIV-infected individuals.</li> <li>9. Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals.</li> <li>10. Number of individuals trained in HIV related community mobilisation for prevention, care and /or treatment (DOTS Supporters/HCBC personnel).</li> <li>11. Percentage of all TB patients who are tested for HIV.</li> <li>12. Increase in number of VCT clients being tested for TB</li> <li>13. Number of HIV infected clients who are given Cotrimoxale preventative treatment.</li> <li>14. Number of HIV-infected clients given TB preventative therapy</li> <li>15. TB/HIV service providers able to refer patients effectively to appropriate services using effective, functioning referral systems and guidelines</li> <li>16. Increased number of HIV/TB patients are effectively traced and receiving appropriate treatment and support.</li> <li>17. Increased demand for services and improved uptake of VCT and TB testing services and HIV/TB support/care services</li> <li>18. Reduced stigma and discrimination through increased disclosure and discussion of positive TB/HIV status</li> <li>19. Improved uptake of VCT and TB testing services</li> <li>20. Number of individuals trained in HIV and TB related community mobilisation for prevention, care and /or treatment (Target: 32)</li> <li>21. Number of individuals trained in HIV related stigma and discrimination reduction.</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. To assess and build the capacity of the selected VCT sites in Amatole, Chris Hang and Ukhahlamba districts.</li> <li>2. To strengthen integration and coordination of HIV and TB services in selected facilities in the same areas.</li> </ol>
<b>What Operational Research Question(s) is the project</b>	<ul style="list-style-type: none"> <li>▪ Does capacity building and community mobilisation result in increase of VCT uptake?</li> </ul>

working on ( 06/07)

Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)			

### 3. Mentoring of Community Based Organizations

<b>Cost Centre</b>	M105
<b>Budget</b>	<b>Total Budget:</b> USD309,295 <b>Annual Budget 06/07:</b> USD309,295
<b>Dates</b>	<b>Start Date:</b> April 2006 <b>End Date:</b> May 2007
<b>Project Manager</b>	Mr Nedson Zulu <b>Email:</b> <a href="mailto:nedsonzulu264@hotmail.com">nedsonzulu264@hotmail.com</a>
<b>Donor(s)</b>	European Union (South Africa)
<b>Location</b>	Sekhukhune, Waterberg, Bohlabela (now called Mopani) districts of Limpopo Province.
<b>Target Pop.</b>	<p><b>Direct Beneficiaries:</b> 7 CBOs in Sekhukhune, Bohlabela and Waterberg Districts and 17 mentors based within partner CBOs.</p> <p><b>Indirect beneficiaries:</b> 132 CBOs/NGOs serving HIV infected and affected people in the three largely rural districts. CBOs/NGOs are divided into three categories:</p> <ul style="list-style-type: none"> <li>• <b>Mature:</b> The NGO is fully functional and sustainable, with a diversified resource base and partnership relationships with national and international networks (the mature NGOs/CBOs will serve as mentors to emerging NGOs/CBOs).</li> <li>• <b>Emerging:</b> The NGO/CBO is developing some capacity. Structures for governance, management practices, human resources, financial resources and service delivery are in place and are functional. (Emerging NGOs/CBOs will serve as mentors to CBOs and organisations at nascent stage).</li> <li>• <b>Nascent:</b> The NGO/CBO is in the earliest stages of development. All the components measured by the assessment are in rudimentary form or no-existent (will serve the role mentee).</li> </ul>
<b>Partners</b>	7 CBO partners: 5 CBOs in Sekhukhune (Civil Society Development Initiatives, MK-CHBC Umbrella, Itsoseng Youth Development, Itshepheng HBC and, Dindela HBC); 1 CBO partner in Bohlabela (Kodumela HBC); and 1 partner in Waterberg (Red Cross Society).
<b>Goal</b>	Better health care services for people living with HIV and AIDS.
<b>Purpose/Overall Objective</b>	To improve management, governance and leadership capacity among HIV/AIDS CBOs/NGOs/NPOs in Limpopo.
<b>Objectives</b>	1. Local NGO staff members effectively trained in mentoring skills and systems in order to mentor NGOs/CBOs in Sekhukhune, Bohlabela and Waterberg districts.
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Reviewed and refined mentoring/coaching training manual (facilitator and participant)</li> <li>2. 17 mentors trained and capacitated in mentoring and coaching skills, and systems</li> <li>3. Detailed monitoring of mentoring plans</li> <li>4. Mentoring visits successfully conducted by mentors,</li> <li>5. Mentoring systems integrated and supported as a core function by local partner NPOs.</li> <li>6. Regularly (monthly) debriefing workshops with mentors to share mentoring experiences, lessons learnt and further strengthening mentoring of NPO's.</li> </ol>
<b>Outcomes(Impacts)</b>	1. Limpopo NGOs/CBOs applying acceptable systems, policies and procedures related to HR, finance, management, monitoring, evaluation, administration and

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fundraising

2. Improved management of 127 EU/Department of Health funded CBOs, (improvement measured by progress made towards development of policies and systems in human resources, finance, administration and management, monitoring, evaluation, management of external relations (e.g. donor reporting).

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**What Operational Research Question(s) is the project working on ( 06/07)**

- Can mentoring of EU/DOH funded CBOs improve management of CBOs working in HIV and AIDS sector?

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Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	Mentoring (Facilitator participant)	Manual and Consultant (Leon Fourie)	2006
	Baseline Results	AMREF SA	2006
	Project Profile	AMREF SA	2006

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## SOUTH SUDAN

### 1. Water Point Construction, Rehabilitation and Sanitation Project, Sudan

<b>Cost Centre</b>		
<b>Budget</b>	<b>Total Budget:</b> USD 880,347	<b>Annual Budget 06/07:</b> USD 434,995
<b>Dates</b>	<b>Start Date:</b> April 2007	<b>End Date:</b> March 2009
<b>Project Manager</b>	Dr. Margaret Itto	<b>Email:</b> ittomargaret@yahoo.co.uk
<b>Donor(s)</b>	Spanish Agency for International Cooperation (AMREF Spain)	
<b>Location</b>	Terekeka, Southern Sudan	
<b>Target Pop.</b>	150,000 (women of reproductive age -37,500; Under 5 years-30,000; Adults-82,500)	
<b>Partners</b>	Rural water corporation, Ministry of Health-Government of Southern Sudan (MOH GoSS), AQUAFUND, ACCOMPLISH.	
<b>Goal</b>	To improve the quality of life and health of the people of Terekeka County, Southern Sudan.	
<b>Purpose/Overall Objective</b>	Reduce susceptibility to waterborne diseases among the targeted communities.	
<b>Objectives</b>	1. To sustainably increase access to and improved utilization of safe water and basic sanitation facilities among settled communities, returning IDPs and refugees in Tali (Boma Dari), Tindilo (Boma Salamma) Payams of Terekeka County.	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 25 water source management committees –WSCs established.</li> <li>2. 30 hand Pump Mechanics-(PMs) trained and provided basic tools and bicycles.</li> <li>3. 30 water point care takers (WPCTs).</li> <li>4. Existing and appropriate O &amp; M materials reviewed, and adapted to local context, and pre-test and distribution IEC material.</li> <li>5. 10 local authorities trained on leadership, management, and disease surveillance, during the project period.</li> <li>6. 4 key technical staff of ACCOMPLISH trained and supported in various fields including project management, M &amp;E, finance management.</li> <li>7. Hydro-geological survey and environmental Impact Assessment (EIA) of target areas conducted to establish site for 20 new boreholes and water quality of existing boreholes requiring rehabilitation Mapped and Tested</li> <li>8. 20 new boreholes Drilled and constructed</li> <li>9. VIP latrines constructed in 10 institutions for public access and serve as demonstration sites and construction of 10 hand washings.</li> <li>10. 450 latrine slabs constructed and distributed</li> <li>11. 75 community hygiene educators (CHEs) trained to undertake hygiene promotional activities.</li> <li>12. 6 community workshops organized for hygiene awareness campaigns.</li> <li>13. Wworkshops for hygiene awareness campaigns in schools organized.</li> <li>14. Existing self-help women groups trained in peer health education</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased technical capacity of target communities, civil authorities, and the local agencies to plan, operate and maintain, supervise and monitor/or manage water and sanitation facilities.</li> <li>2. Increased number of sustainable and affordable safe water sources and basic sanitation facilities available for use by 150,000 populations.</li> </ol>	

3. Improved and appropriate Sanitation and Hygiene practices adopted by targeted communities.
4. Best practices to improve health and quality of life of vulnerable communities in Southern Sudan through increased access to water and sanitation documented and disseminated and advocacy for improved policy and practice on this issue undertaken.

**What Operational Research Question(s) is the project working on ( 06/07)**      ■ What ways can AMREF employ to influence Policies and practices to improve health and quality of life of vulnerable communities in Southern?

Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	Terekeka/Tali Payam Assessment	■ AMREF Sudan	■ September 2006

## 2. Development of Training Systems

<b>Cost Centre</b>	T126
<b>Budget</b>	<b>Total Budget:</b> USD 3,998,673.46 <b>Annual Budget:</b> USD 3,998,673.46
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> January 2007 <b>End Date:</b> 31 <sup>st</sup> December 2007
<b>Project Manager</b>	<b>Dr. Margaret Itto</b> <b>Email:</b> ittomargaret@yahoo.co.uk
<b>Donor(s)</b>	Ministry of Health, Government of Southern Sudan (MOH GoSS) and World Bank
<b>Location</b>	Southern Sudan (Training to support all 10States)
<b>Target Pop.</b>	40 clinical instructors and 12 tutors; 8 M &E trainers;
<b>Partners</b>	Ministry of Health-Government of Southern Sudan (MOH GoSS), Norwegian People's Aid (NPA) and Samaritans Purse (SP)
<b>Goal</b>	Improve the health of the people of Southern Sudan through developing competent workforce for health.
<b>Purpose/Overall Objective</b>	To strengthen the ability of the Ministry of health to improve the efficiency and quality of the human resources for health in South Sudan.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Propose policies and formulate plans to improve recruitment and promote the skills of health staff at county, state and national levels.</li> <li>2. Implement measures both to improve the training of health staff at the Southern Sudan training institutions and to develop relationships with training institutions in other countries.</li> <li>3. Develop assessment methodologies to regularly monitor quality of health services providers.</li> <li>4. Define responsibilities and tasks of health care personnel and propose a job classification scheme to rationalise the organisation and delivery of health services.</li> <li>5. Estimate the numbers, qualifications and experience required to:               <ol style="list-style-type: none"> <li>i. upgrade skills of existing health personnel;</li> <li>ii. expand (as needed) the workforce at different levels for the delivery system;</li> <li>iii. recommend and adopt:                   <ol style="list-style-type: none"> <li>a. medium strategies to meet the needs for pre-service training, professional development and post graduate specialised education</li> <li>b. long term strategies to rationalise and enhance in-service/skills and maintenance training.</li> </ol> </li> </ol> </li> <li>6. Propose plans and upon approval, implement measures to strengthen internal capacity to deliver pre-service training and continuing professional development.</li> </ol>

	<ol style="list-style-type: none"> <li>7. Propose plans and assist MOH to implement measures to rationalize and strengthen the capacity to deliver in-service training and post graduate specialized education.</li> <li>8. Develop methodologies for measuring competencies and systems for monitoring staff performance</li> </ol>						
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Needs assessment reports;</li> <li>2. Improved definition of tasks and job classification;</li> <li>3. Clear tasks allocation to health workers;</li> <li>4. Functional training systems and procedures;</li> <li>5. 12 training schools functional;</li> <li>6. Enhanced capacity for Continuing Professional Development;</li> <li>7. Various curricula and curricular materials developed;</li> <li>8. Health human resource development policy and job classification table;</li> <li>9. Comprehensive medium term strategy and estimated budget;</li> <li>10. Annual plan and budget for first year;</li> <li>11. Annual quantitative and qualitative assessment of the health human resources situation.</li> <li>12. Guidelines on pre-service and postgraduate training and accreditation;</li> <li>13. Documentation of viable delivery training methodologies.</li> <li>14. Number of tutors trained;</li> <li>15. Number of health providers recruited and graduating (from training institutions locally, regionally or overseas);</li> <li>16. Number of health workers accorded opportunities for Continuing Professional Development;</li> <li>17. Number and categories of health professionals sponsored for medical specialization;</li> <li>18. HRD policy and strategy;</li> <li>19. Monitoring and evaluation and quality assurance frameworks and reports;</li> <li>20. Health worker performance reports;</li> <li>21. Functional HR data base.</li> </ol>						
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved job tasks and a better job classification;</li> <li>2. Established and functional training systems and procedures;</li> <li>3. Strengthened MOH capacity to manage the Professional development of staff;</li> <li>4. Credible, reputable, accredited training institutions and training methodologies for improved teaching and learning;</li> <li>5. Improved performance of health providers at all levels.</li> </ol>						
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What are the currently existing quality of service delivery and immediate needs for upgrading skills;</li> <li>▪ What kind of methodologies need to be developed for measuring competencies and systems for monitoring staff performance</li> <li>▪ What measures are in place and/or need to be established to strengthen internal capacity to deliver pre-service training and continuing professional development</li> <li>▪ What measures are in place and/or need to be established to strengthen internal capacity to deliver pre-service training and continuing professional development</li> </ul>						
<b>Knowledge Products</b>	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Title	Author	Year published / presented			
Title	Author	Year published / presented					

(Cumulative list of documents publicly available since project inception)	Training Needs Assessment	AMREF HQ	July 2005
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### 3. Community Midwives Training in Maridi, Yei and Lui in South Sudan

<b>Cost Centre</b>	T128
<b>Budget</b>	<b>Total Budget:</b> USD 266,805 <b>Annual Budget 06/07:</b> USD 177,870
<b>Dates</b>	<b>Start Date:</b> October 2006 <b>End Date:</b> June 2008
<b>Project Manager</b>	Dr. Margaret Itto <b>Email:</b> ittomargaret@yahoo.co.uk
<b>Donor(s)</b>	United Nations Population fund (UNFPA)
<b>Location</b>	Maridi, Yei, Lui National Health Training Institutes Southern Sudan
<b>Target Pop.</b>	Targeted Trainees in the project is 35 candidates, but the schools currently have a total of 44 community midwives (14 in Maridi, 14 in Yei and 16 in Lui)
<b>Partners</b>	Ministry of Health-Government of Southern Sudan (GoSS MOH), Norwegian People's Aid -NPA and Samaritans Purse (SP).
<b>Goal</b>	Improve the health status of the people of Southern Sudan through developing competent Community Midwives who can deliver and manage quality reproductive health services at community level in South Sudan.
<b>Purpose/Overall Objective</b>	Support the Directorate of Human Resource Development (DHRD) of the Ministry of Health, and the three National Health Training Institutions (NHTIs) to develop/produce Community Midwives so as to increase coverage, access to, and utilization of maternal and child health care services in South Sudan.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To train and build capacities of Community Midwives in Maridi, Yei and Lui National Health Training Institutions with training.</li> <li>2. Strengthen Human Resource (HR) working groups, Steering Committees and Management Boards and train the County Health Departments/Village Health Committees (CHD/VHC) of the areas targeted to contribute effectively and efficiently to the progress of this project.</li> <li>3. Develop and set up a pilot community level monitoring and evaluation mechanism to measure performance of trained Community Midwives in reducing the high maternal and child mortality and morbidity.</li> <li>4. Improve and strengthen networking with health facility implementing agencies, local authority and community so as to link up strongly the follow up of the performance and outputs/outcomes of the trainees after their deployment.</li> <li>5. Document, disseminate experiences and best practices in training Community Midwives in a post conflict environment and in Africa in general.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Initiate training for 35 Community Midwives in Maridi, Yei and Lui National Health Training Institutes (with collaborations from the MOH/CHD &amp; community).</li> <li>2. Three NHTIs at Maridi, Yei and Lui supported and strengthened.</li> <li>3. Coordination Mechanisms for HR working group and partner Health Training Institutions working in Southern Sudan strengthened.</li> <li>4. Post Training Follow up mechanisms and M &amp; E framework developed to ensure performance of trainees and impact followed up to the community level and Health facilities.</li> <li>5. M &amp; E (Formative and Summative) conducted and results Disseminated</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Maridi, Yei and Lui Health Training Institutions (HTIs) supported and strengthened</li> </ol>

2. Experiences and best practices gained in training Community Midwives in a post conflict environment and in Africa in general Documented, replicated and disseminated.
3. Pregnant women have access skilled midwives for antenatal, delivery and pre- & post natal care.

**What Operational Research Question(s) is the project working on ( 06/07)**

- Given the big challenges of excessive unskilled human resource in post conflict environments, what best alternatives are there in training for Southern Sudan for the effective use of excessive unskilled health workers in the future?

Knowledge Products (Cumulative list of documents publicly available since project inception)	Title	Author	Year published / presented
	Midwives Training Needs Assessment	AMREF HQ	May 2005

#### 4. Rehabilitation and Re-construction of Sanitary Overseers Training School in Juba South Sudan

<b>Cost Centre</b>	T127
<b>Budget</b>	<b>Total Budget:</b> USD 260, 866 <b>Annual Budget 06/07:</b> USD 260,866.00
<b>Dates</b>	<b>Start Date:</b> April 2006 <b>End Date:</b> June 2007
<b>Project Manager</b>	Dr. Margaret Itto <b>Email:</b> ittomargaret@yahoo.co.uk
<b>Donor(s)</b>	United Nation's Children Fund (UNICEF)
<b>Location</b>	Juba County, Southern Sudan
<b>Target Pop.</b>	School targets 20 candidates for pilot training
<b>Partners</b>	Ministry of Health-Government of Southern Sudan (GoSS MOH), Central Equatoria State Ministry of Health (CES MOH)
<b>Goal</b>	Improve the health status of the populations of Southern Sudan by contributing to the development of the Public Health/Sanitary Overseers training institution in Juba
<b>Purpose/Overall Objective</b>	Support the Directorate of Human Resource Development (DHRD) of the Federal Ministry of Health (FMoH), Government of South Sudan (GoSS) to deliver quality medical and continuing professional education through strengthening institutions.
<b>Objectives</b>	1. To strengthen the Government in setting up training schools for Sanitary Overseers through supporting the rehabilitation works.
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Sanitary Overseer Training School rehabilitated, fenced and wired with electricity cables (2 classrooms, 2 staff offices, 1 kitchen &amp; 1 dining room, 1 Assembly hall, 3 dormitories, and 1 library</li> <li>2. 1 AMREF Juba Office rehabilitated and wired with electricity cables.</li> <li>3. 6 Toilets and 6 bathrooms rehabilitated/re-constructed, 1 septic tanks constructed and hand washing facilities installed.</li> <li>4. 1 hand pump/bore hole constructed, installed and fenced at the training school.</li> <li>5. 1 elevated water tank at the Sanitary Overseers school rehabilitated, and water pump installed and functioning</li> <li>6. 2 "Tukuls" for guards constructed -1 at school and other at AMREF Juba office respectively.</li> <li>7. Essential and basic supervision and communication equipment (motorbike and satellite phone) purchased and provided.</li> <li>8. National Logistician recruited in Juba and for day to day on-site support supervision,</li> </ol>

	monitoring and reporting progress.		
<b>Outcomes(Impacts)</b>	1. Sanitary Overseers training school, AMREF Juba office and Sudan Coordinator's residence rehabilitated and ready for operation.		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What changes and contribution can be made in environmental health problems in the targeted communities through setting up a sanitary overseers school in Southern Sudan?</li> <li>▪ What are the possible means for AMREF to continue building stronger relationships with the Ministry of Health and other lined Ministries in a post conflict Southern Sudan?</li> </ul>		
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Bills of Quantity and Tender/ bid documents	AMREF HQ/ Sudan and Kenmt Bill Engineers	Sept. 2006

## 5. Integrated Primary Health Care and Water & Sanitation, Terekeka County, Southern Sudan

<b>Cost Centre</b>	T125	
<b>Budget</b>	<b>Total Budget:</b> USD 2,732,373	<b>Annual Budget 06/07:</b> USD 2,100,263
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> February 2006	<b>End Date:</b> 31 <sup>st</sup> January 2008
<b>Project Manager</b>	Dr. Margaret Itto	<b>Email:</b> ittomargaret@yahoo.co.uk
<b>Donor(s)</b>	Department of International Development (DFID)	
<b>Location</b>	Terekeka County, Southern Sudan	
<b>Target Pop.</b>	150,000 (women of reproductive age -37,500; Under 5 years-30,000; Adults-82,500)	
<b>Partners</b>	Action Committee to Promote Local Initiatives and Self help (ACCOMPLISH), AQUA FUND	
<b>Goal</b>	Reduced morbidity, mortality and disability associated with diseases and waterborne illnesses through provision of sustainable and integrated primary health care and environmental health services to the deprived and marginalized people of Terekeka County	
<b>Purpose/Overall Objective</b>	To improve coverage, access to and utilization of comprehensive primary health care and environmental health services in Dari/Tali, Tindilo and Salama Payams, Terekeka County	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Ensure functioning network of primary health care services through process of construction, rehabilitation, provision of equipment and support to staff</li> <li>2. Reduce morbidity and mortality attributable to common infections, vaccine preventable diseases</li> <li>3. Reduce maternal and neonatal morbidity and mortality through provision of quality reproductive health services and basic emergency obstetric care (EmOC).</li> <li>4. Increase capacity of Sudanese health workforce to deliver and manage health services</li> <li>5. Drill 20 new boreholes and rehabilitate 10 broken hand pumps</li> <li>6. Improve knowledge on public hygiene education and training of community hygiene promoters</li> <li>7. Construct 14 VIP latrines and construct and distribute 500 slabs for household latrines to the community</li> </ol>	

<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Conduct baseline survey in Tali, Salama and</li> <li>2. Rehabilitate, furnish and equip 10 primary health care facilities.</li> <li>3. Recruit/Staff health facilities with skilled personnel</li> <li>4. 10 non-functional boreholes/water pumps rehabilitated</li> <li>5. 20 new water points drilled and constructed.</li> <li>6. 14 institutional latrines constructed.</li> <li>7. 30 water source committees, 50 community hygiene promoters, 40 water point care takers trained</li> <li>8. 500 latrine slabs cast and distributed</li> <li>9. 100 latrine digging kits purchased and distributed</li> <li>10. Train health workers at the PHC in various competences, one example is the management of child hood illnesses-IMCI</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. An estimated population of 150,000 served with basic health, water and sanitation services.</li> <li>2. Childhood illnesses managed using the integrated Management of Childhood Illnesses (IMCI) approach</li> <li>3. Increased use of skilled delivery</li> </ol>
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How sustainable will the integrated primary health care and water and sanitation model be?</li> </ul>

<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Baseline Survey for Tali	AMREF Sudan	Sept. 2006

## 6. Diploma in Clinical Medicine & Public Health, NHTI, Maridi, Southern Sudan

<b>Cost Centre</b>	T104	
<b>Budget</b>	<b>Total Budget:</b> USD 266,805	<b>Annual Budget 06/07:</b> USD 177,870
<b>Dates</b>	<b>Start Date:</b> 1998	<b>End Date:</b> on going
<b>Project Manager(Principal)</b>	Ofono James	<b>Email:</b> jamesofono@yahoo.com
<b>Donor(s)</b>	AMREF Italy, AMREF UK, AMREF USA	
<b>Location</b>	Maridi County ,South Sudan	
<b>Target Pop.</b>	O level school leavers both males and females under 35 years of age	
<b>Partners</b>	Ministry of Health GOSS, Health related NGOs	
<b>Goal</b>	Make a significant contribution in the training of midlevel health professionals capable of providing quality health care to the population of south Sudan.	
<b>Purpose/Overall Objective</b>	To produce Clinical Officers who have technical, clinical and professional characteristics that are required in providing health services in south Sudan.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Upon successful completion of the training programme the Graduates should be able to apply technical, clinical and professional skills in the practice of medicine in the community through diagnosis and treatment of common diseases and conditions.</li> <li>2. Demonstrate ability to participate in preventive, promotive and maintenance of health</li> </ol>	

	care services in the community.						
	3. Demonstrate positive attitudes, ethical and professional conduct in providing health care services to the community.						
<b>Outputs</b>	1. 30 Clinical Officers trained per year						
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved health status of the people of south Sudan</li> <li>2. Clinical Officers applying skills acquired through training</li> </ol>						
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What health indices indicate that the health of the population of south Sudan has improved as a result of this programme?</li> </ul>						
<b>Knowledge Products</b>	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td>Two years strategic Plan for National Health Training Institute- Maridi, south Sudan</td> <td>Ofono James</td> <td>March, 2004</td> </tr> </tbody> </table>	Title	Author	Year published / presented	Two years strategic Plan for National Health Training Institute- Maridi, south Sudan	Ofono James	March, 2004
Title	Author	Year published / presented					
Two years strategic Plan for National Health Training Institute- Maridi, south Sudan	Ofono James	March, 2004					
<b>(Cumulative list of documents publicly available since project inception)</b>							



# TANZANIA

## 1. Strengthening Laboratory Capacity in Tanzania to support increased HIV/AIDS identification

<b>Cost Centre</b>	D133	
<b>Budget</b>	<b>Total Budget:</b> USD 2,316,830	<b>Annual Budget 06/07:</b> USD 463,366
<b>Dates</b>	<b>Start Date:</b> October 2006	<b>End Date:</b> September 2011
<b>Project Manager</b>	David Ocheng	<b>Email:</b> <a href="mailto:DavidO@amreftz.org">DavidO@amreftz.org</a>
<b>Donor(s)</b>	Centers for Disease Control and Prevention (CDC), Atlanta, Georgia, USA	
<b>Location</b>	AMREF Country Office in Dar es Salaam (covers both Tanzania Mainland and Zanzibar)	
<b>Target Population</b>	600 Health laboratory personnel from all health facilities with laboratories supporting HIV care, treatment, and prevention programs; 1000 Non-health laboratory personnel offering VCT, TB/HIV or Provider Initiated Counselling and Testing (PICT) at Care, Treatment, and Prevention programs	
<b>Partners</b>	AMREF- USA & Ministry of Health and Social Welfare	
<b>Goal</b>	Increased access to and improved quality of laboratory services, to support expanded VCT, PMTCT, ARV therapy and treatment of TB/HIV and other opportunistic infections in Tanzania	
<b>Purpose/Overall Objective</b>	To progressively build through training an indigenous, sustainable response to the national HIV/AIDS prevention and access to quality ART services to citizens of Tanzania	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To provide logistic and administrative support in collaboration with Ministry Of Health and Social Welfare; CDC, American Society of Clinical Pathologists; National Institute of Medical Research; Muhimbili Univeresity College of Health Sciences, National/Referral Hospitals and other institutions to improve the quality of training, diagnosis and laboratory management</li> <li>2. In collaboration with the diagnostic and training directorate of MOHSW (Mainland and Zanzibar) conduct supervisory and monitoring visits during training and at places of work</li> <li>3. To support local laboratory personnel to participate in study tours of appropriate laboratories in other countries (regional and international)</li> <li>4. To update and share relevant technical, best practice documents and approaches</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Trained 35 laboratory directors and managers from public, private, FBO and military health facilities in leadership, guidance and management skills for HIV/AIDS laboratory services by July 2011.</li> <li>2. Trained 600 local laboratory specialists, technologists and technicians to perform essential HIV-screening and confirmatory tests, CD4 cell count for disease staging, and basic clinical chemistry and haematology tests to monitor ARV therapy by July 2011.</li> <li>3. Trained 50 Subject Masters and 200 TOTs in HIV Rapid Testing by July 2007.</li> <li>4. Trained 1000 non-laboratory health-care workers working in VCT, PICT, PMTCT, TB/HIV co-infection treatment clinics and blood safety programs in rapid HIV testing by July 2011.</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. 18 laboratories will have the capacity to correctly perform HIV tests such as ELISA and other confirmatory tests to support rapid HIV screening.</li> <li>2. 21 laboratories will have the capacity to perform CD4 tests and/or lymphocyte enumerations according to accepted performance standards</li> <li>3. 600 laboratory technicians performing both HIV tests (rapid, ELISA and confirmatory tests) and CD4 cell enumeration according to accepted performance standards;</li> <li>4. 600 laboratory technicians performing Haematology, Clinical Chemistry tests according to accepted performance standards;</li> </ol>	

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5. 35 regional and referral laboratory heads providing quality assurance and supportive supervision to practicing laboratory technicians;
  6. 1000 non-laboratory health-care workers performing rapid HIV testing according to accepted performance standards.

**What Operational Research Question(s) is the project working on (06/07)**

- Assessing the effect of untargeted HIV testing on the rate of uptake of ART services in Tanzania; and whether the untargeted testing has influence on stigma reduction.

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Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)			

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## 2. Tanzania Youth HIV Prevention Project (UJANA)

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<b>Cost Centre</b>	D 132		
<b>Budget</b>	<b>Total Budget:</b> USD 1.000.000	<b>Annual Budget 06/07:</b> USD 196, 232	
<b>Dates</b>	<b>Start Date:</b> October 2006	<b>End Date:</b> September 2011	
<b>Project Manager</b>	George Kanga	<b>Email:</b> georgek@amref.tz	
<b>Donor(s)</b>	Family Health International (FHI)		
<b>Location</b>	In VCT sites in Iringa, Morogoro, Pwani, Dar es Salaam, Dodoma and Zanzibar		
<b>Target Population</b>	Out of school youth aged 10 – 24 years		
<b>Partners</b>	Family Health International, Femina HIP, TRACE TZ		
<b>Goal</b>	To contribute towards national efforts of ensuring all couples and individuals enjoy good reproductive health including family planning and sexual health throughout life.		
<b>Purpose/Overall Objective</b>	To increase availability of life-skills based education (formal and no-formal) for adolescents and youth		
<b>Objectives</b>	1. To enable youth aged 10-24 years to reduce their risk of HIV infection		
<b>Outputs</b>	1. Youth knowledge, attitudes and skills to reduce HIV risk increased 2. Social and community support for reduced HIV risk among youth enhanced 3. Youth access to HIV/AIDS services and youth-serving programmes improved		
<b>Outcomes(Impacts)</b>	1. Reduced prevalence of HIV infection among youth 2. Increased health seeking behaviour among youth 3. Reduced stigma and discrimination 4. Increased utilisation of counselling and testing services among youth 5. Improved and supportive environment on youth HIV programming		
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ What other services/factors contribute to promoting an enabling environment for youth to access psychosocial support and ART at local level.</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
(Cumulative list of documents publicly available since project inception)			

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inception)

### 3. Water and Sanitation Umbrella Programme (WASUP) Tanzania Project – Mkuranga (Part of Regional Water Programme)

<b>Cost Centre</b>	D134	
<b>Budget</b>	<b>Total Budget:</b> EUR 4,917,046	<b>Annual Budget 06/07:</b> EUR 1,221,466
<b>Dates</b>	<b>Start Date:</b> October 2006	<b>End Date:</b> September 2011
<b>Project Manager</b>	Eng. Christian Joseph CHONYA	<b>Email:</b> ChristianC@amreftz.org
<b>Donor(s)</b>	EU and AMREF Italy	
<b>Location</b>	MKURANGA DISTRICT, COAST REGION, TANZANIA	
<b>Target Population</b>	118, 925 PEOPLE	
<b>Partners</b>	MKURANGA DISTRICT COUNCIL AND LOCAL COMMUNITIES IN 11 WARDS	
<b>Goal</b>	To contribute in halving by 2015 the population of people who are unable to reach or afford safe drinking water and proportion of people who do not have access to adequate sanitation.	
<b>Purpose/Overall Objective</b>	To sustainably increase access to safe water and use of hygienic sanitation facilities in Mkuranga district in Tanzania.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase access to adequate, affordable and sustainable water supply services among poor households in Mkuranga district from 26% to 85% by end of project</li> <li>2. To improve safe hygiene and sanitation practices among beneficiaries communities through use of Participatory Hygiene And Sanitation Transformation (PHAST) approaches (40% to 85% access hygiene sanitation facilities)</li> <li>3. Community forums/structures to ensure mobilisation and participation in the planning and management of water and sanitation facilities established and operational.</li> <li>4. Innovative, cost –effective and appropriate approaches to tackle context specific challenges to water and sanitation project documented, tested and scaled up.</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Access to safe water supplies: <ul style="list-style-type: none"> <li>▪ 220 shallow wells, 55 boreholes and 97 rain water jars constructed</li> </ul> </li> <li>2. Improved sanitation and hygiene practices <ul style="list-style-type: none"> <li>▪ 97 Demonstration VIP and ECOSAN latrines constructed at public institutions (schools, dispensaries)</li> <li>▪ 2,500 household latrines constructed</li> <li>▪ 770 CORPs and 77 ToTs trained in PHAST methodologies to promote hygiene practices</li> <li>▪ 77 cultural groups trained in community mobilisation and promotion of hygiene practices</li> <li>▪ 77 child-to –child and child-to-parents clubs established to facilitate knowledge and information sharing on good hygiene practices</li> <li>▪ 20 WATSAN inter-village competitions conducted.</li> <li>▪ 1,540 village water/health days to facilitate knowledge sharing and behaviour change</li> <li>▪ 6 sets of IEC/BCC materials to be developed.</li> </ul> </li> <li>3. Capacity Building <ul style="list-style-type: none"> <li>▪ 255 Water User Groups (WUGs) trained to manage their water points</li> <li>▪ 77 water and health committees respectively trained for supervision and management</li> </ul> </li> </ol>	

- 77 village councils trained in supervision and management
- 385 village local artisans trained in construction of water points and sanitation facilities
- 11 Ward Development committees trained in monitoring and supervision of project activities
- 25 steering committees members trained in support monitoring, facilitation and management of project activities

<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Access to safe water will increase from 35% to 85% in all 15 wards of Mkuranga district.</li> <li>2. Access to hygienic sanitation in 11 wards will increase from 40% to 85%</li> <li>3. Water and sanitation related diseases will decrease thus improve health indicators</li> <li>4. School enrolment in the district will increase as a result of effective water supplies and sanitation facilities and time saved.</li> <li>5. Community structures (including district steering committee members) to be trained for effective management and operation and maintenance of the facilities in place</li> </ol>
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<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Would the socio-cultural factors of communities in Mkuranga district adopt the use of ECOSAN latrine as a means of improving the family livelihoods?</li> <li>▪ What Factors leading to poor community contribution as means of sustaining and managing community water points?</li> </ul>
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Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	<i>New Project</i>		

#### **4. Improving Couple and Individual Counselling Methods to Increase Disclosure of HIV-status Among Sero-discordant Couples in Dar es Salaam**

<b>Cost Centre</b>	D131	
<b>Budget</b>	<b>Total Budget:</b> USD 120,071	<b>Annual Budget:</b> USD 60,035.7
<b>Dates</b>	<b>Start Date:</b> July 2006	<b>End Date:</b> July 2008
<b>Project Manager</b>	Mr.Cayus Mrina	<b>Email:</b> CayusM@amref.tz.org
<b>Donor(s)</b>	CIDA	
<b>Location</b>	Tanzania Dar es Salaam with 5 other regions	
<b>Target Population</b>	HIV/AIDS Discordant Couples, Women, HIV positive clients attending post test club services in ANGAZA VCT and PMTCT sites.	
<b>Partners</b>	AMREF-Canada, MOHSW/NACP, VCT/PMTCT Partners	
<b>Goal</b>	To establish a strong community of people working together to combat AIDS and support people living with HIV/AIDS (PLWHA) in Tanzania	
<b>Purpose/Overall Objective</b>	To enhance couple's communication skills and facilitate disclosure among HIV discordant couples	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To build the capacity of AMREF Tanzania counsellors to counsel PLWHA.</li> <li>2. To develop a counselling methodology to address the specific challenges that face women who test positive in discordant couples.</li> <li>3. To empower women to advocate for themselves and identify their needs within discordant</li> </ol>	

	<p>couple relationships.</p> <ol style="list-style-type: none"> <li>4. To reduce stigma and discrimination facing PLWHA and spouses of PLWHA by establishing functional and sustainable support within communities.</li> <li>5. To increase access of AMREF Tanzania's Post Testing Club members to relevant community networks which provide legal and advocacy services to PLWHA.</li> <li>6. To document and use lessons learned to inform future project initiatives in other urban and rural centres in Tanzania and other AMREF national offices in Kenya, Ethiopia and Uganda</li> </ol>						
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Counsellors with capacity to counsel PLWHA especially discordant couples where one is HIV positive</li> <li>2. Functional and sustainable care and support systems for discordant couples established within communities.</li> <li>3. Networks for referring clients from AMREF Post Test Clubs for legal and advocacy services established</li> <li>4. Women empowered to advocate for themselves and identify their needs within discordant couple relationships</li> <li>5. Document Best Practices</li> </ol>						
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Percentage of women identified as project beneficiaries and participating in the project</li> <li>2. A reduction in number of project beneficiaries reporting stigma and discrimination incidents</li> <li>3. Number of discordant negative couples continuing to test negative through the project duration</li> <li>4. Increase in number of community members attending seminars, public meetings, theatre and drama activities carried out by AMREF Tanzania</li> </ol>						
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How does the existing couple counselling approaches support partner disclosure processes as narrated in the current information materials, service guidelines, provider performance, supervision, logistics, management, and referral linkages</li> </ul>						
<b>Knowledge Products</b>	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td>Communication Tool Kit</td> <td></td> <td>In process</td> </tr> </tbody> </table> <p>(Cumulative list of documents publicly available since project inception)</p>	Title	Author	Year published / presented	Communication Tool Kit		In process
Title	Author	Year published / presented					
Communication Tool Kit		In process					

## 5. Jijenge: Improving Women's Sexual and Reproductive Health in Tanzania

<b>Cost Centre</b>	M 126	
<b>Budget</b>	<b>Total Budget:</b> Euro 614,669	<b>Annual Budget 06/07:</b> Euro 279,190
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> April 2006	<b>End Date:</b> 31 <sup>st</sup> March 2009
<b>Project Manager</b>	Mrs. Edna Matasha	<b>Email:</b> Ednam@amrefmza.org
<b>Donor(s)</b>	Madrid Regional Government , AMREF Netherlands	
<b>Location</b>	Lake Victoria Zone in Tanzania – (Mwanza Region and Mara region – Serengeti district Serengeti)	
<b>Target Population</b>	<p>The direct beneficiaries are 123,991 women at reproductive age (15-49 yrs) that live in the intervention area.</p> <p>Other beneficiaries: Family members (approximately. number of women times 4.9); Health personnel in 21 health facilities; Community Owned Resource people; Council Health</p>	

	Committees, District Administrative Committees, Local Government and the general public
<b>Partners</b>	Council Health Management Teams, District Administrative Committees, Community leaders at ward level Ministry of Health, Ministry of women, Children Gender and community development and the development partners supporting the intervention.
<b>Goal</b>	Reduce poverty by promoting quality reproductive health care for women and reinforcing institutional and community healthcare practices in the Lake Victoria zone - Tanzania
<b>Purpose/Overall Objective</b>	To reduce poverty by strengthening health care systems to deliver quality reproductive health care and reinforcing institutional and community in particular women to demand for health care practices in the Lake Zone - Tanzania.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Improve primary healthcare services in the eight districts of the Lake Victoria zone by promotion of qualified personnel who provides quality, gender sensitive sexual and reproductive health services.</li> <li>2. Advocate and sponsor the creation of Networks with other partners at community, district and National levels for promotion of women's sexual and reproductive health and rights and improve health care coverage in Mara and Mwanza regions.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Building capacity of 8 Council Health Management Teams and 21 Ward development committees to support project interventions</li> <li>2. 168 community volunteers in 21 wards trained to deliver gender oriented formal and informal services to their communities and provided with working aids such as bicycles and raincoats.</li> <li>3. Commemorate 6 International events in the 8 districts that advocate community campaigns to claim women's rights and the rights to receive appropriate health services</li> <li>4. 168 Health Service Providers trained on gender sensitive sexual and reproductive health quality services in 21 health facilities</li> <li>5. 21 health facilities renovated</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. At the end of the three years: The access to health services by community members in the project area increases by 30%; 168 trained HSPs in the eight districts qualify to provide quality gender sensitive sexual and reproductive health services; Health facilities have improved knowledge and have integrated in their strategies gender sensitive SRH services and At least 3 local CORPS/CBOS are established and functioning.</li> </ol>
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>What are the determinants of service users and non-users that promote or negate the individual involvement and uptake of existing quality sexual and reproductive health services in the rural communities of the Lake Victoria Zone in Tanzania?</li> </ul>

<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Rights based gender sensitive sexual and reproductive health issues of concern in rural communities of Mwanza and Mara Regions – Northern Tanzania	<u>Matasha E.</u> Lugenge L, <u>Swalehe Z</u>	December 2006
	Jijenge Project Extension Phase – Baseline Survey Report July 2006	Nicola Desmond	To be presented this year

## 6. Community HBC to PLWHA Project

<b>Cost Centre</b>	D I30	
<b>Budget</b>	<b>Total Budget:</b> Euro 498,727.00	<b>Annual Budget 06/07:</b> Euro 167,362.25
<b>Dates</b>	<b>Start Date:</b> March 2006	<b>End Date:</b> October 2008

<b>Project Manager</b>	Josephine Komba	<b>Email:</b> kombajosephine@yahoo.com
<b>Donor(s)</b>	Junta de Castilla y Leon (Regional Government of Castilla and Leon), AECI (Spanish agency for International Development)	
<b>Location</b>	Iringa district, 4 divisions of Kiponzelo, Mlolo, Isimani and Kalenga	
<b>Target Pop. (Demonstrating Equity)</b>	Kiponzelo 42,090 (F=22,053, M=20,037), Isimani 54,108 (F=26,812, M=27,296), Mlolo 63,835 (F=33,532, M=30,303), Kalenga 41,321 (F=21,504, M=19817)	
<b>Partners</b>	AMREF-Spain, Iringa District Council, 20 CSOs and FBOs	
<b>Goal</b>	To contribute to the stopping of the outspread of HIV/AIDS and to improve the quality of life of those affected, in order to reduce the impact of the pandemics in Tanzania	
<b>Purpose/Overall Objective</b>	To support Iringa district establish a comprehensive community-health facility HIV/AIDS care and support programme	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To strengthen the capacity of the district council in planning and managing comprehensive care and support services</li> <li>2. To strengthen the capacity of the Civil Society Organizations in provision of home based care and orphan support services</li> <li>3. To improve the delivery of essential HIV/AIDS facility and community-based services</li> <li>4. To strengthen the other networks and PLWHA in advocacy and community mobilization for care including ART</li> </ol>	
<b>Outputs</b>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Capacity of the District council to plan and manage comprehensive care and support services strengthened</li> <li>2. Capacity of Civil Society Organizations to provide home based care and orphans support strengthened</li> <li>3. Delivery of essential HIV/AIDS facility-based and community-based services improved</li> <li>4. Advocacy and community mobilization for care including ART by PLWHA and other networks strengthened</li> </ol>	
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Assessing the influence of community –focused approaches in improving the quality of care and support for PLWHAs in Iringa.</li> </ul>	
<b>Knowledge Products (Cumulative list of documents publicly available since project inception)</b>	<b>Title</b>	<b>Author</b>
	Baseline Survey report	Dr. Innocent Semali
		2006

## 7. Promoting Women’s Health and Rights in Tanzania: Addressing Obstetric Fistula in the context of Maternal Morbidity and Morality (Tanzania National Fistula Program)

<b>Cost Centre</b>	D113	
<b>Budget</b>	<b>Total Budget:</b> USD 1,380,468	<b>Annual Budget 06/07:</b> USD 283,611
<b>Dates</b>	<b>Start Date:</b> April 2005	<b>End Date:</b> March 2008
<b>Project Manager</b>	Godfrey Mapunda	<b>Email:</b> GodfreyM@amrefzt.org
<b>Donor(s)</b>	Royal Netherlands Embassy, FIGO, Ministry Of Health and Social Welfare	
<b>Location</b>	Arusha, Dodoma, Dar es Salaam, Mwanza, Tanga, Kigoma, Rukwa, Ruvuma,	

	Kilimanjaro, Kagera, Tabora, Morogoro, Iringa, Mbeya, Mtwara, and Musoma.		
<b>Target Pop. (Demonstrating Equity)</b>	Women of reproductive age in all 21 regions of Tanzania mainland (46% of 33,584,607 people – 2002 Census)		
<b>Partners</b>	AMREF-Netherlands; Women's Dignity Project, MOH & SW, UNFPA, Tanzania Midwives Association (TAMA), Association of Gynaecologists and Obstetricians (AGOTA), participating hospitals		
<b>Goal</b>	Contribute to the reduction of Maternal Morbidity due to obstetric fistula in Tanzania		
<b>Purpose/Overall Objective</b>	To build an effective, comprehensive strategy among hospitals, health workers, health advocates, NGOs, CBOs and faith based organisations to address fistula in the context of maternal mortality and morbidity (MM&M).		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Build capacity of local health care providers to treat and manage fistula, and prevent the condition.</li> <li>2. Ensure that girls and women are able to access high quality fistula care in an efficient manner and return to a life of dignity following treatment.</li> <li>3. Increase significantly public awareness and understanding of fistula and maternal mortality and morbidity in order to mobilize action for prevention, treatment and reintegration.</li> <li>4. Increase understanding of fistula at the family, community and health systems levels in order to develop strategies to prevent fistula and provide an effective "lens" onto Maternal Mortality &amp; Morbidity (MM&amp;M) and the health of the poor.</li> <li>5. Build a partnership among government, non-governmental actors, professionals, the media and others to address fistula in the context of MM&amp;M and the health needs of the poor.</li> </ol>		
<b>Outputs</b>			
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved skills of health care providers to treat fistula</li> <li>2. Efficient referral system for girls and women to access treatment</li> <li>3. Increased number of girls and women receiving treatment for fistula</li> <li>4. Increased public understanding and awareness of fistula, MM&amp;M and health needs of the poor</li> <li>5. Stronger interventions to prevent fistula and MM&amp;M through partnership with key MM&amp;M stakeholders</li> <li>6. New strategies to assist fistula patients to reintegrate after treatment</li> <li>7. Effective institutional arrangements in place for management of the fistula program including planning, implementation, monitoring and evaluation</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What is the influence of the National Fistula Project (NFP) in accessing fistula treatment and on effecting emergency obstetric care in the rural set-up (in the project sites) in Tanzania?</li> </ul>		
<b>Knowledge Products (Cumulative list of documents publicly available since project inception)</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Rapid Needs Assessment for Fistula treatment and Prevention in Dodoma	Dr Godfrey Mapunda	November 2005
	Training for Health Services Providers on Life Saving Skills (LSS) Dodoma Region	Dr Florence Temu Dr Godfrey Mapunda et al.	September 2006



**8. GF Round 3: Scaling up Access to Quality VCT as an Entry Point to Comprehensive Care and Support Services for TB and HIV/AIDS in Tanzania Mainland Through a Coordinated Multi-Sectoral Partnership.**

**GF Round 4: Filling critical gaps for Mainland Tanzania in the national response to HIV/AIDS in impact mitigation for Orphans & Vulnerable Children, Condom Procurement, Care & Treatment, Monitoring and Evaluation, and National Coordination.**

<b>Cost Centre</b>	D128
<b>Budget</b>	<b>Total Budget:</b> USD 30,384,508 <b>Annual Budget 06/07:</b> USD 9,113,651
<b>Dates</b>	<b>Start Date:</b> January 2005 <b>End Date:</b> December 2010
<b>Programme Manager</b>	Dr. Marcel Madili <b>Email:</b> marcelm@amreftz.org
<b>Donor(s)</b>	Global Fund (R3 & R4)
<b>Location</b>	Tanzania Mainland, 44 Districts
<b>Target Pop. (Demonstrating Equity)</b>	Sexually Active population of 15-45 yrs of age, Pregnant Women, Children NB: (All Affected/Infected with HIV/AIDS in the 44 selected districts)
<b>Partners</b>	22 CBOS, TACAIDS, MOH/NACP, 44 SELECTED DISTRICTS
<b>Goal</b>	<b>GFR3</b> - Decrease morbidity from HIV/AIDS/TB and reduce/stabilize TB mortality through increased access to care and support among Tanzanians benefiting from VCT <b>GFR4</b> - Reduce HIV-related morbidity and mortality and to decrease HIV transmission in Tanzania
<b>Objectives</b>	<p><b>GFR3 OBJECTIVES</b></p> <ol style="list-style-type: none"> <li>1. Increase the number of the sexually active population (15-49 years old) using VCT services in the 45 target districts.</li> <li>2. Provide PLHA and TB patients access to comprehensive care and support services in all VCT sites/health facilities and a comprehensive care-plus package in all of the regional/referral centres in the 45 target districts</li> <li>3. Increase the number of VCT clients and TB patients in target districts who are screened for both conditions and treated according to established national protocols</li> <li>4. Increase the number of community care and support groups for PLHA and PLHA/TB in the 45 target districts</li> <li>5. Strengthen the capacity of the MOH and partner institutions to coordinate, plan for, monitor and evaluate the execution of an integrated HIV/TB programme</li> </ol> <p><b>GF R4 OBJECTIVES</b></p> <ol style="list-style-type: none"> <li>1. To decrease transmission of HIV among populations in Tanzania Mainland by linking prevention and care services</li> <li>2. To decrease HIV related morbidity and mortality among persons with HIV infection in Tanzania by providing a comprehensive package of clinical care</li> <li>3. To strengthen the capacity of the Ministry of Health and its partner institutions to coordinate, plan for and monitor</li> <li>4. To provide coordination for the NGO Partners</li> <li>5. Programme Management</li> </ol>
<b>Outputs</b>	<p><b>GF R3 OUTPUTS</b></p> <ol style="list-style-type: none"> <li>1. Increased number of the sexually active population (15-49 yrs old) using VCT services in the 45 target districts</li> </ol>

2. Increased number of PLHA and TB patients accessing comprehensive care and support services in all VCT sites/health facilities and improved comprehensive care-plus package in all of the regional/referral centres in the 45 target districts
3. Increased number of VCT clients and TB patients in target districts who are screened for both conditions and treated according to established national protocols
4. Increased number of community care and support groups for PLHA and PLHA/TB in the 45 target districts
5. Strengthened capacity of the MOH and partner institutions to coordinate, plan for monitor and evaluate the execution of an integrated HIV/TB programme

**GF R4 OUTPUTS**

1. Linkages between prevention and care HIV intervention services established in the targeted districts
2. Comprehensive package of clinical care adopted in 121 districts in Tanzania Mainland aiming at decreasing HIV-related morbidity and mortality among persons with HIV infection
3. Capacity strengthening plans for the Ministry of Health and Partner institutions to coordinate, plan and monitor and evaluate scale up of comprehensive care in Tanzania
4. Capacity for coordination improved among NGO partners
5. Comprehensive plans for strengthening programme management

**Outcomes (Impacts)**

**GFR3 OUTCOMES**

1. Sexually active population aware of their HIV serostatus through increased use of quality and accessible VCT services
2. Improved health status with decreased morbidity and mortality of PLHA and TB patients in Tanzania mainland following provision of a Comprehensive clinical package
3. Quality HIV and TB screening services offered at one service point during a single visit in GF targeted sites/districts
4. Active and live community care and support groups available and in sufficient numbers for PLHA/TB patients available in GF target districts
5. Effective coordination, planning, monitoring and evaluation provided by the MOH and Partner institutions on HIV/TB integration

**GFR4 OUTCOMES**

1. Reduced adult HIV prevalence (Age 15 –49)
2. Reduced % of young people aged 15 – 24 who are HIV infected
3. Reduced % of high risk groups (sex workers, clients of sex workers MSM, IVU (who are HIV infected)
4. Reduced % of HIV infected infants born to HIV infected mothers
5. Improved health status of those infected with HIV/AIDS
6. Effective coordination, planning, monitoring and evaluation provided by the MOH and Partner institutions on comprehensive care scale up in Tanzania
7. Efficient and Quality programme management observed within GF Partners

**What Operational Research Question(s) is the project working on ( 06/07)**

- What are the benefits of ART adherence through comprehensive availability and accessibility of care and treatment services?

Knowledge Products (Cumulative list of	Title	Author	Year published / presented
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documents available since inception)	publicly project	Towards effective CSO participation in national responses to HIV and AIDS The AMREF experience in Tanzania.	AMREF GF staff, Dr. Bukonya, Mr. David Kubasu, Mette Kjaer	To be published
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## 9. AMREF Tanzania Library and Resource Centre

<b>Cost Centre</b>	D129			
<b>Budget</b>	<b>Total Budget:</b> USD 205,150.00			
<b>Dates</b>	<b>Start Date:</b> November 2004		<b>End Date:</b> June 2007	
<b>Project Manager</b>	Martin Mkuye		<b>Email:</b> MartinM@amreftz.org	
<b>Donor(s)</b>	American Schools and Hospitals Abroad			
<b>Location</b>	Dar es Salaam, Tanzania			
<b>Target Population</b>	AMREF Staff, Students, Partners, General Public			
<b>Partners</b>	AMREF- HQ and AMREF-USA			
<b>Goal</b>	To provide health information services to AMREF staff, students and partners for improved health delivery to the public			
<b>Purpose/Overall Objective</b>				
<b>Objectives</b>	1. Improved health status of the public through provision of correct and current health information by health professionals			
<b>Outputs</b>	1. AMREF staff, students, partners and the general public receive correct and current health information			
<b>Outcomes(Impacts)</b>	1. Increased access to quality health information among AMREF staff, students and partners			
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Would establishment of resource centres increase access to health information?</li> </ul>			
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>	
(Cumulative list of documents publicly available since project inception)				

## 10. Increasing Access to RH information for younger adolescents

<b>Cost Centre</b>	D 101			
<b>Budget</b>	<b>Total Budget:</b> USD 39,958		<b>Annual Budget 06/07:</b> USD 39,958	
<b>Dates</b>	<b>Start Date:</b> October 2006		<b>End Date:</b> September 2007	
<b>Project Manager</b>	George Kanga		<b>Email:</b> georgek@amreftz.org	
<b>Donor(s)</b>	Barrington Education Initiative (BEI)			
<b>Location</b>	Mwananyamala Youth Centre, Kinondoni, Dar es Salaam			
<b>Target Pop.</b>	Younger adolescents aged 10 – 14 years			

<b>Partners</b>	Kinondoni Municipal Council, 6 Primary schools at Makumbusho ward		
<b>Goal</b>	To contribute and advocate for improved adolescent RH health in Kinondoni Municipality		
<b>Purpose/Overall Objective</b>	To increase access to adolescent reproductive health and HIV prevention programs for young adolescents (10-14 years)		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increased support by parents and teachers to promotional activities for adolescent reproductive health in the neighbourhood of Mwananyamala Youth Center.</li> <li>2. Increased availability of information on adolescent reproductive health and HIV prevention among young adolescents,</li> <li>3. Adolescent reproductive health issues integrated into edutainment activities for adolescents in Mwananyamala youth centre</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Teachers with basic knowledge on adolescent RH issues</li> <li>2. Pupils able to disseminate information on ARH through peer-led sessions</li> <li>3. Sensitised community leaders and members supportive of the project</li> <li>4. Recreational events promoting ARH information dissemination and talent development</li> <li>5. Improved skills in essay-writing by young adolescents</li> <li>6. Availability of a resource centre equipped with adolescent friendly learning materials</li> <li>7. An adapted model integrating ASRH into recreational activities</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased capacity of adolescents to make informed decisions over their sexual reproductive health matters</li> <li>2. Increased number of adolescents aware of their RH rights</li> <li>3. Availability of information on adolescent reproductive health and HIV prevention among adolescents aged 10 – 14 years improved</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What would be an added value in availing information tailored to younger adolescents (10-14) at Mwananyamala youth centre?</li> </ul>		
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Youth- friendly services as a method for HIV prevention at the community level; Poster Presentation at ICASA, Abuja, Nigeria	Mihayo Bupamba	December 2005
	A perceived need for girls involvement and empowerment as experienced from AMREF Mwananyamala Youth Centre - National Multisectoral HIV/AIDS Conference, Arusha, Tz	Gambalela Samuel, George Kanga, K. Komungoma	December 2006

### **11. Microbicides Development Programme (MDP301) Clinical Trial (MWAMKO Project)**

<b>Cost Centre</b>	M120	
<b>Budget</b>	<b>Total Budget:</b> GBP 726,775	<b>Annual Budget 06/07:</b> GBP 208,012

<b>Dates</b>	<b>Start date:</b> July 2005	<b>End date:</b> June 2009	
<b>Project Manager</b>	Dr Andrew Vallely	<b>E-mail:</b> <a href="mailto:andrewv@amrefmza.org">andrewv@amrefmza.org</a> / <a href="mailto:andrew.vallely@lshtm.ac.uk">andrew.vallely@lshtm.ac.uk</a>	
<b>Donor(s)</b>	The Medical Research Council (MRC) UK / The Department for International Development(DFID), UK		
<b>Location</b>	Mwanza, City, NW Tanzania		
<b>Target Population</b>	Occupational high-risk cohort of women working in food & recreational facilities		
<b>Partners</b>	National Institute for Medical Research (NIMR), Mwanza,Tanzania,The London School of Hygiene & Tropical Medicine (LSHTM), UK		
<b>Goal</b>	To determine the safety & efficacy of the candidate vaginal microbicide gel PRO 2000/5 in preventing vaginally acquired HIV infection		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To set up a phase III HIV prevention trial in an occupational cohort of women at high risk of HIV/STIs in Mwanza City as part of the multi-centre MDP301 clinical trial being implemented in six study sites in four countries in Sub-Saharan Africa</li> <li>2. To enrol 1400 women working as <i>mamalish</i>e and in <i>vilabu</i>, bars, hotels, guesthouses and similar facilities in ten wards of Mwanza City.</li> <li>3. To establish an effective, participatory and representative community liaison system with women in the research cohort and the local community</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 45-50 new participants per month with a total of around 900 women screened and 450 enrolled to date.</li> <li>2. Community liaison system developed, strengthened and expanded.</li> <li>3. 74 geographical facility clusters established each with an elected community representative. 24 ward-level representatives active in the community and participating in quarterly Community Advisory Committee (Kamati ya Ushauri ya Jamii) meetings</li> <li>4. Links with Bugando Medical Centre and Sekou Toure Regional Hospital in Mwanza strengthened</li> </ol>		
<b>Outcomes(Impacts)</b>			
<b>What Research Question(s) is the project working on (06/07)</b>	<b>Operational</b>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	
<b>(Cumulative list of documents publicly available since project inception)</b>	Microbicide feasibility study, Tanzania. Characteristics of the Mwanza occupational cohort at baseline and factors associated with re-attendance at three months.	Vallely A, Kasindi S, Hambleton I, Knight L, Chirwa T, Watson-Jones D, Changalucha J, Everett D, Gavyole A, Moyes J, Pujades M, Ross D, Hayes RJ. <i>Sex Trans Dis</i> ;	2007 [ <a href="#">in press</a> ]
	The benefits of participatory methodologies to develop effective community dialogue in the context of a microbicide trial feasibility study in Mwanza, Tanzania.	Vallely A, Shagi C, Kasindi S, Desmond N, Lees S, Allen C, Ross D	<a href="#">Submitted to BMC Public Health Nov 2006</a>
	Body and Personhood: Understanding and addressing rumours about the Microbicides Development Programme vaginal microbicides medical research in Mwanza, Tanzania	Lees S, Desmond N, Shagi C, Vallely A, Ross DA, Hayes RJ, Allen CF.	<a href="#">[Submitted to Soc Sci Med Sep 2006]</a>

## 12. Phase II of MEMA kwa Vijana

<b>Cost Centre</b>	M122		
<b>Budget</b>	<b>Total Budget:</b> USD 3,016,574	<b>Annual Budget 06/07:</b> USD 899,389	
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> July 2004	<b>End Date:</b> 31 <sup>st</sup> December 2007	
<b>Project Manager</b>	Maende Makokha	<b>Email:</b> maendem@amrefmza.org	
<b>Donor(s)</b>	Irish Aid, UBS Investment Bank (through AMREF UK)		
<b>Location</b>	Mwanza Region, Tanzania		
<b>Target Population</b>	Adolescent girls and boys in classes 5-7 of primary school		
<b>Partners</b>	Kwimba, Misungwi, Sengerema and Geita district councils, Mwanza Regional Secretariat, Tanzanian National Institute for Medical Research, Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine, Medical Research Council, Glasgow.		
<b>Goal</b>	To improve sexual and reproductive health of young people in Mwanza region of Tanzania.		
<b>Purpose/Overall Objective</b>	To strengthen the capacity of Kwimba, Misungwi, Sengerema and Geita district councils to integrate and sustain implementation of a large-scale sexual and reproductive health programme for young people as part of building a multisectoral District AIDS response.		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Facilitate four districts in scaling up activities to include all 649 primary schools and 179 health facilities, and embed these in the routine district planning, financing and implementation</li> <li>2. Assist the districts develop, plan and start up their multisectoral AIDS response</li> <li>3. Conduct in-depth process evaluations to assess the extent and quality of implementation and integration of interventions at district level</li> <li>4. Carry out policy work to ensure a favourable environment for the implementation of MkV2 and ensure that lessons learned from this process are used in the development of health policy in Tanzania and internationally</li> <li>5. Develop and evaluate complementary interventions aimed at strengthening the effect of the MkV2 programme</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Improved district council and community level support for MkV2 programme</li> <li>2. Improved knowledge, attitudes and practice among young people involved in MkV2 programme</li> <li>3. Improved integration and coordination of AIDS interventions implemented within partner districts</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Integrated and sustainable implementation of a large-scale sexual and reproductive health programme for young people.</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What factors facilitate or inhibit the efforts of local governments to mainstream model interventions that address national priorities?</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	AMREF'S experience working with council multisectoral HIV/AIDS committees in four districts in Mwanza region.	Kimaryo M et al.	2006
	Evaluation of the effects of scaling up of an innovative sexual and reproductive health education program for young people, in Mwanza	Nyalali K et al.	2006

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region, Tanzania.

Working within the local government structures for the integrated scale up of an innovative sexual and reproductive health programme for young people in Mwanza, Tanzania.	Haule B et al.	2006
Districts Multisectoral AIDS responses: a study by MEMA kwa Vijana phase 2.	Haule B et al.	2006
External evaluation findings of the health component of an innovative sexual and reproductive health programme for young people.	Medard L et al.	2006
Integration of an innovative adolescent sexual and reproductive health programme within the local government authority structures. MEMA kwa Vijana phase 2 as a model for supporting the multisectoral District AIDS responses in Mwanza region, Tanzania.	Haule B et al.	2006
Using participatory approach to address sensitive topics in primary schools: the MEMA kwa Vijana experience in rural Mwanza.	Mgonja SO et al.	2006
Involving traditional healers in provision of youth-friendly reproductive health services in rural settings.	Sefu BI et al.	2006
Evaluating reproductive health services for adolescents in rural Mwanza: a Simulated patient study.	Andrew,B et al.	2006
Perceptions of condoms and condom use amongst young people in Mwanza Region, Tanzania.	Komrower J et al.	2006
Identifying possible community interventions to complement an innovative sexual and reproductive health programme for young people in Mwanza, Tanzania.	Benedict J et al.	2006
MEMA kwa Vijana phase 2 (MkV2): a response to the national call: NMSF.	Nyalali K et al.	2006
What young people consider youth-friendly guidance and counselling: A case study of Misungwi in Mwanza region.	Massawe VB et al.	2006
Changing over from implementer to facilitator: AMREF supports districts to scale up the MEMA kwa	Makokha M et al.	2006

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Vijana programme in Mwanza, Tanzania.		
Working with teachers to develop locally appropriate teaching materials in the MEMA kwa Vijana programme in Mwanza, Tanzania.	Makokha M et al.	2006
The external eye: Rationale, design and initial findings of an external process evaluation of the scaling up of an innovative adolescent reproductive health intervention, in Mwanza region, Tanzania.	Komrower J et al.	2006
MEMA kwa Vijana phase 2: a model to support the multisectoral District level AIDS responses in Mwanza region, Tanzania.	Komrower J et al.	2006
Building local government capacity for HIV/AIDS control: The impact of an integrated scale up of an innovative sexual and reproductive health programme for young people in Mwanza, Tanzania.	Komrower J et al.	2006
Are schools a good setting for adolescent sexual health promotion in rural Africa? A qualitative assessment from Tanzania.	Wight D et al.	2006
A process evaluation of a school-based adolescent sexual health intervention in rural Tanzania: the MEMA kwa Vijana programme.	Plummer ML et al.	2006
From pilot to scale-up: costs of an adolescent sexual health program in Mwanza, Tanzania.	Terris-Prestholt F et al.	2006
Rationale and design of the MEMA kwa Vijana adolescent and reproductive health intervention in Mwanza Region, Tanzania.	Obasi A et al.	2006
Informed choices for adolescent girls: sexual and reproductive health education in primary school in Tanzania	Kimotho V et al.	2005
Mema in several snapshots: use of local art forms to communicate HIV/AIDS messages in rural Mwanza, Tanzania.	Makokha M.	2005
The MEMA Kwa Vijana project: design of a community randomised trial of an innovative adolescent	Hayes R.J et al.	2005



sexual health intervention in rural Tanzania.		
Cost of adolescent sexual health programme in Mwanza, Tanzania: pilot costs and estimates for district-wide implementation.	Terris-Prestholt F et al.	2004
MEMA kwa Vijana: randomised controlled trial of an adolescent sexual health programme in rural Mwanza, Tanzania, DFID Knowledge Programme on HIV/AIDS and STIs (Briefing Note)	Ross DA	2004

### 13. Mkuranga Reproductive Health Project

<b>Cost Centre</b>	D 123	
<b>Budget</b>	<b>Total Budget</b> GBP 340,563	<b>Annual Budget 06/07:</b> GBP 79,932
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> July 2004	<b>End Date:</b> 31 <sup>st</sup> June 2007
<b>Project Manager</b>	Dr. Joseph Komwihangiro	<b>Email:</b> Josephj@amreftz.org
<b>Donor(s)</b>	The Health Foundation (UK); The Bush Hospital Foundation (UK) and AMREF UK	
<b>Location</b>	Mkuranga District; Tanzania	
<b>Target Pop. (Demonstrating Equity)</b>	32,000 people in the target area, 9000 women of child bearing age, 6000 children below five years of age, 13,000 men in the community and ultimately the entire population (187,900) in Mkuranga District.	
<b>Partners</b>	Mkuranga District Council, the community and AMREF TANZANIA.	
<b>Goal</b>	To improve the health status of women in Mkuranga District within the context of women's right and reducing maternal Morbidity and mortality.	
<b>Purpose/Overall Objective</b>		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase access to and utilization of health facilities for maternal health services (including family planning) for women of Child - bearing age living in Mkuranga district-Tanzania.</li> <li>2. To increase the capacity of community structures to support and provide effective maternal health care.</li> <li>3. To increase involvement of men in maternal health services.</li> <li>4. To advocate for an environment that is sensitive to the needs of women, with particular reference to maternal health on local and national level.</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. CORPs were trained and re-trained during this period</li> <li>2. 20 health care providers received refresher trainings in Life Saving Skills in obstetric emergencies.</li> <li>3. 9 health facility and maternity home buildings put in place for community's utilization.</li> <li>4. Community mobilization and sensitization forums are in place and utilized to advocate for gender and maternal health. Such for a include football tournaments, village health days, house-to-house visits.</li> <li>5. Revolving fund for ITN in place and functioning in all 24 villages.</li> <li>6. Community based information health management information system in place and functioning.</li> <li>7. Men's involvement promotion activities conducted and men mobilized to participate in</li> </ol>	

	reproductive and child health issues.						
	8. TBA oriented in Life saving Skills and referral						
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. ITN coverage increased from less than 5% in 2002 to 26.1% in 2004, to 52.1% in 2006 and to 71% in 2006.</li> <li>2. Proportion of women delivering their babies at health facilities increased from 26.3% in 2004 to 70.4% in 2006.</li> <li>3. Proportion of women satisfied with the support they receive from their spouses increased to 87.5% as compared to less than 50% at baseline in 2004.</li> <li>4. Communities have access to correct reproductive health information, including interpersonal reach through CORPs and TOTs and other trained people in the community.</li> </ol>						
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ To what extent do health workers retain the knowledge they acquired through the on job training (particular focus on IMCI and Life saving skills).</li> </ul>						
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Title	Author	Year published / presented			
Title	Author	Year published / presented					

#### 14. Integration of VCT and PMTCT services in ANGAZA Program

<b>Cost Centre</b>	D112
<b>Budget</b>	<b>Total Budget:</b> USD 650,000 <b>Annual Budget 06/07:</b> USD 200,000
<b>Dates</b>	<b>Start Date:</b> 2004 <b>End Date:</b> 2007/08
<b>Project Manager</b>	Dr. Benedicta Mduma, <b>Email:</b> <a href="mailto:MdumaB@amreftz.org">MdumaB@amreftz.org</a> Dr. Zubeda Ngware Email: <b>Email:</b> <a href="mailto:ZubedaN@amreftz.org">ZubedaN@amreftz.org</a>
<b>Donor(s)</b>	USAID
<b>Location</b>	Six Districts: Songea Rural; Makete; Njombe; Biharamulo; Karagwe & Bunda and their satellite health centres/dispensaries
<b>Target Pop.</b>	Pregnant women, Infants, Adults (men and women of reproductive age), family planning clients,
<b>Partners</b>	<b>Direct:</b> Evangelical Lutheran Church in Tanzania (ELCT)- Nyakahanga District Designated Hospital (DDH), Southern Central Diocese of the ELCT- Bulongwa Lutheran Hospital, Southern Diocese of the ELCT -Ilembula Lutheran Hospital, Peramiho Mission- Peramiho Mission Hospital, Anglican Diocese of Mara – Bunda DDH, Rulenge Diocese of Roman Catholic Church- Biharamulo DDH <b>Indirect:</b> Ministry of Health and Social Welfare, Tanzania Food and Nutrition Centre, USG PMTCT Thematic group
<b>Goal</b>	To contribute to the national goal of reducing incidence of HIV/AIDS and mitigate its impacts
<b>Purpose/Overall Objective</b>	To enhance VCT as an entry point to a continuum of care including the prevention of mother-to-child transmission of HIV
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To Increase access to quality of counseling for VCT as an entry to a continuum of HIV/AIDS care and prevention including PMTCT</li> <li>2. Develop skills of providers for quality PMTCT service delivery</li> <li>3. Establish community care and support for HIV positive clients and women participating in the program</li> <li>4. To create demand for PMTCT service</li> </ol>

<b>Outputs</b>	<b>Outputs for FY06</b>									
	<ol style="list-style-type: none"> <li>6. 6 FBO partners supported to start PMTCT services at its hospitals and satellite health centres and dispensaries.</li> <li>7. 16,432 individuals counselled tested and received results</li> <li>8. 826 (5%) tested HIV positive</li> <li>9. 695 received ARV prophylaxis (single dose nevirapine)</li> <li>10. 382 babies received nevirapine prophylaxis</li> <li>11. 870 partners counselled, tested and received results</li> <li>12. trained 200 PMTCT counsellors, 21 PMTCT TOTs, 24 Infant and Young Child Feeding TOTs 16 laboratory technologists, 45 Council Health Management Teams</li> </ol> <p><b>Cumulative outputs</b></p> <ol style="list-style-type: none"> <li>6. 20,155 counselled, tested and received results</li> <li>7. 1171 (5.8%) tested HIV positive</li> <li>8. 951 received ARV prophylaxis (single dose nevirapine)</li> <li>9. 506 babies received nevirapine prophylaxis</li> <li>10. 1022 partners counselled, tested and received results</li> <li>11. 64 community mobilization TOTs and 397 CORPs trained and remain active in the communities</li> <li>12. 34 wards and 199 villages with a total of 424,374 people covered with community mobilization activities</li> </ol>									
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Availability of quality PMTCT services increased</li> <li>2. Skills of providers increased</li> <li>3. Community care and support for HIV positive clients developed and established</li> <li>4. Demand for PMTCT service increased</li> </ol>									
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ How can postnatal follow up of PMTCT clients be enhanced?</li> <li>▪ How can the quality of PMTCT services be monitored and maintained at the facility level? Facility-based Standard Operating Procedures have been developed. A clinical audit cycle is being developed</li> <li>▪ Is it feasible to integrate PMTCT and Family Planning services at the facility level?</li> <li>▪ What is the compliance by mothers to the infant feeding choices? What factors contribute to low compliance</li> <li>▪ Does Ongoing supportive counselling on safe infant feeding practices through CORPS and mother-to-mother support groups improves compliance to infant feeding choices.</li> <li>▪ How can mothers enrolled in the PMTCT programme but deliver at home be supported to access PMTCT services and continuum of care including early support on infant feeding</li> </ul>									
<b>Knowledge Products</b>	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td>Evaluation of Baseline Community Perceptions on PMTCT, Infant and Young Child Feeding practices in relation to PMTCT in four AMREF intervention districts 2005</td> <td>Benedicta Mduma, Florence Temu, Dulle Robert</td> <td>2006</td> </tr> <tr> <td>Increasing Uptake of PMTCT services through decentralization, creating</td> <td>Zubeda Ngware, Florence Temu, Benedicta Mduma</td> <td>2006</td> </tr> </tbody> </table>	Title	Author	Year published / presented	Evaluation of Baseline Community Perceptions on PMTCT, Infant and Young Child Feeding practices in relation to PMTCT in four AMREF intervention districts 2005	Benedicta Mduma, Florence Temu, Dulle Robert	2006	Increasing Uptake of PMTCT services through decentralization, creating	Zubeda Ngware, Florence Temu, Benedicta Mduma	2006
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Evaluation of Baseline Community Perceptions on PMTCT, Infant and Young Child Feeding practices in relation to PMTCT in four AMREF intervention districts 2005	Benedicta Mduma, Florence Temu, Dulle Robert	2006								
Increasing Uptake of PMTCT services through decentralization, creating	Zubeda Ngware, Florence Temu, Benedicta Mduma	2006								
<b>(Cumulative list of documents publicly available since project inception)</b>										

ownership and empowering local structures: AMREF's Experience		
Uptake of HIV testing in the Context of community-based PMTCT: A baseline study to evaluate community interventions for PMTCT	Florence Temu, Mduma Benedicta, Innocent Semali, Dulle Robert	2006
Infant feeding practices and the acceptability of early breastfeeding cessation as a recommended modified breastfeeding option for HIV-exposed infants and actual practices in four AMREF PMTCT sites	Mduma B, Florence T, Semali I, Dulle R, Elisaria E, Ngware Z, Massam L	2006
Concerns of Health Care Providers Before and After Initiating PMTCT Services in Health Facilities ;	Temu F, Pose B, Mduma B	2005
Health Care Providers' Fears and Concerns For integrating PMTCT services and routine ANC services	Temu F., Pose B., Mduma B., Didi A.	2005
Community Sensitisation on PMTCT – The setting of the provider must determine the strategy; SWAA International Conference Kigali, 25-28 July 2005	Pose B, McArthur L, Temu F, Mnyega M, Mduma B;	2005
Baseline evaluation of PMTCT services in Bunda and Makete District	Makwaia C (Consultant)	
Job aids on infant feeding counselling	In collaboration with URC, MOH CONSENUTH, TFNC,	
Standard operating procedures for facility-based PMTCT services	Temu F; Mduma B; Ngware Z; et. al.	

## 15. Clinical Epidemiology and the Role Herpes Simplex Type II Virus in HIV Transmission

<b>Cost Centre</b>	M121	
<b>Budget</b>	<b>Total Budget:</b> GBP 614,447	<b>Annual Budget 06/07:</b> GBP 129,355
<b>Dates</b>	<b>Start Date:</b> April 2003	<b>End Date:</b> August 2007
<b>Project Manager</b>	Dr Deborah Watson-Jones	<b>E-mail:</b> debbyw@spidersat.com / deborah.watson-jones@lshtm.ac.uk
<b>Donor(s)</b>	The Wellcome Trust UK, Medical Research Council (MRC) UK, The Department for International Development (DFID), UK	
<b>Location</b>	Mwanza, Shinyanga, Mara & Tabora Regions, Tanzania	

<b>Target Population</b>	Occupational high-risk cohort of women working in food & recreational facilities		
<b>Partners</b>	National Institute for Medical Research (NIMR), Mwanza, Tanzania, The London School of Hygiene & Tropical Medicine (LSHTM), UK, Hôpital Européen Georges Pompidou, Université Pierre & Marie Curie (Paris VI), Paris, France, Institute of Tropical Medicine, Antwerp, Belgium		
<b>Goal</b>	To reduce HIV incidence & HIV genital shedding through the control of Herpes simplex virus type-2, a major cofactor for HIV transmission.		
<b>Purpose/Overall Objective</b>			
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To set up a randomised placebo controlled trial in an occupational cohort of women at high risk of HIV/STIs in high transmission sites in 4 regions of northern Tanzania</li> <li>2. To enrol 1305 women working as mamalishe and in vilabu, bars, hotels, guesthouses and similar facilities in 19 high transmission sites around goldmines and on truck routes.</li> <li>3. To follow participants to 30 months or 12 months depending on date of enrolment and to measure HIV incidence and HIV genital tract shedding at end of follow-up by trial arm.</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Enrolment of 1305 women completed.</li> <li>2. The first 703 women enrolled have completed their 30 month follow-up visit.</li> <li>3. The remaining participants will complete follow-up by April 200.</li> <li>4. Independent monitoring visits have confirmed that the trial is being conducted according to agreed standards.</li> <li>5. Links with Bugando Medical Centre, Sekou Toure Regional Hospital in Mwanza and district hospitals in the other regions have been strengthened, allowing referral of HIV positive women to the HIV/AIDS Clinics for ARV assessment.</li> </ol>		
<b>Outcomes(Impacts)</b>			
<b>What Operational Research Question(s) is the project working on (06/07)</b>			
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	A randomised HSV-2 suppressive treatment trial for HIV prevention: design, enrolment and follow-up.	Watson-Jones D, Weiss H, Changalucha J, Tanton C, Everett D, Knight L, Clayton T, Hambleton I, Rusizoka M, Hayes R.	Abstracts presented at the 16th biennial meeting of the International Society for Sexually Transmitted Diseases Research (ISSTD), Amsterdam, 10-13 July 2005.
	Risk factors for HIV and HSV in high risk women, Tanzania.	Rusizoka M, Watson-Jones D, Changalucha J, Knight L, Gavyole A, Weiss H, Balira R, Everett D, Ross D, Hayes R.	Abstracts presented at the 16th biennial meeting of the International Society for Sexually Transmitted Diseases Research (ISSTD), Amsterdam, 10-13 July 2005.
	Prevalence and risk factors for bacterial vaginosis in high risk women, Tanzania.	Watson-Jones D, Weiss H, Shushu ML, Hambleton I, Rusizoka M, Everett D, Changalucha J, Knight L, Hayes R, Hay P.	Abstracts presented at the 16th biennial meeting of the International Society for Sexually Transmitted Diseases Research (ISSTD), Amsterdam, 10-13 July 2005.
	Baseline screening and risk factors for HIV and HSV-2 in an HSV-2 suppressive treatment trial in Tanzania.	Watson-Jones D, Changalucha J, Weiss HA, Baisley K, Rusizoka M, Cook C, Everett D, Ross D, Hayes	Abstracts presented at XVI International AIDS Conference, Toronto, Canada, 13-18 July 2006.

(Abstract No. TUPE0413)	R.	
Informed consent in a randomised trial of HSV-2 suppressive treatment for HIV prevention, Tanzania. (Abstract No. TUPE0416)	Watson-Jones D, Rusizoka M, Mugeye K, Chagalucha J, Weiss HA, Ross D, Baisley K, Tanton C, Mohammed F, Hayes R.	Abstracts presented at XVI International AIDS Conference, Toronto, Canada, 13-18 July 2006.
Progress of a randomised trial of HSV-2 suppressive treatment for HIV prevention in northern Tanzania. (Abstract No. TUPE0418)	Watson-Jones D, Rusizoka M, Tanton C, Weiss HA, Chagalucha J, Baisley K, Balira R, Everett D, Cook C, Ross D, Hayes R, Mohammed F, Hayes R	Abstracts presented at XVI International AIDS Conference, Toronto, Canada, 13-18 July 2006.

## 16. Enhancing Same Day HIV Counselling and Testing Services

<b>Cost Centre</b>	<b>D112</b>	
<b>Budget</b>	<b>Total Budget:</b> USD 15,583,692	<b>Annual Budget 06/07:</b> USD 3,500,000
<b>Dates</b>	<b>Start Date:</b> October 2001	<b>End Date:</b> September 2008
<b>Project Manager</b>	Dr. Benedicta Mduma Anatory Didi	<b>Email:</b> <a href="mailto:mdumab@amreftz.org">mdumab@amreftz.org</a> <b>Email:</b> <a href="mailto:anatoryd@amreftz.org">anatoryd@amreftz.org</a>
<b>Donor(s)</b>	USAID	
<b>Location</b>	All regions of Tanzania Mainland	
<b>Target Population</b>	<b>Primary:</b> Youth aged 16-24 years. <b>Secondary:</b> all Tanzanians (males and females), aged above 16 years, People Living with HIV and AIDS and Communities	
<b>Partners</b>	The Ministry of Health and Social Welfare, Council Health Management Teams (CHMT), NGOs and Faith Based Organisations, PEPFAR funded HIV and AIDS Thematic Group	
<b>Goal</b>	To contribute to the national goal of reduction of HIV transmission and improved well being of people affected by HIV/AIDS in Tanzania	
<b>Purpose/Overall Objective</b>	To improve access to quality VCT/PMTCT services within an integrated district focused program.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>To increase access to quality counselling for VCT as an entry to a continuum of HIV/AIDS care and prevention (including PMTCT)</li> <li>To build capacity of voluntary sector organisations and that of district health systems for VCT service provision</li> <li>To develop the skills of providers for quality VCT/PMTCT service delivery</li> <li>To establish community care support for HIV positive clients and women participating in PMTCT programs</li> <li>To create awareness and demand for VCT and PMTCT</li> </ol> <p>Note: <i>the PMTCT and Care and Treatment objectives incorporated in Phase II in 2004</i></p>	
<b>Outputs</b>	<b><u>Outputs during FY06 (October 05 to September 06)</u></b>	
	<ol style="list-style-type: none"> <li>15 Static VCT sites and 8 Mobile VCT teams provided services</li> <li>224 VCT counsellors, 13 Laboratory technologists; 8 Receptionists trained</li> <li>33 District AIDS Coordinators oriented on Angaza Program</li> <li>179,510 first time clients attended out of whom 174,843 were counselled, tested and received results.</li> <li>7,999 First time HIV positive Clients referred to treatment, care and support services</li> </ol>	

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6. 16 Post Test Clubs with 600+ members established

**Cumulative outputs since September 2001**

1. A total of 52 static and 8 mobile VCT sites opened
2. 415,982 first time clients counselled, tested and received results out of which 46.7% were females and 53.3% males
3. 408,702 (98.2%) of attendees received counselling, testing and results
4. 42,180 (10.3%) tested HIV positive out of which 28,231 (14.8%) were females and 13,949 96.4% males.
5. 748 counsellors, 110 receptionists, 55 site managers, 55 accounts personnel and 52 laboratory supervisors trained

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**Outcomes(Impacts)**

1. Increased access to quality counselling for VCT as an entry to a continuum of HIV/AIDS care and prevention including PMTCT
2. Developed/strengthened skills of providers for quality VCT/PMTCT service
3. Community care support for HIV positive clients including women participating in PMTCT programs established
4. Increased demand for quality VCT services
5. Angaza model adapted by government for scaling up national VCT coverage under Global Fund
6. Counselling and testing accepted by the people although coverage still low
7. Angaza sites contributed to 42% of all individuals tested for HIV as per MOH 2004 annual report- Increased capacity of partners (government, FBOs and NGOs) to plan. Implement and monitor HIV and AIDs programmes including small grants management

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**What Operational Research Question(s) is the project working on (06/07)**

- What is the impact of introduction of opt out approach (group counselling) in VCT services?
- Is it feasible to integrate Family planning into existing VCT services?
- Will the training of the deaf as counsellors and integrating them as counsellors in existing VCT services improve access to C and T by the deaf in Tanzania?

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Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	Social Factors determining vulnerability of HIV/AIDS in Tanzania	AMREF ANGAZA Experience	3rd Multisectoral Conference, Arusha 18-21 December 2006
	Supporting supervision of Voluntary Counselling and Testing Services enhancing HIV prevention	AMREF ANGAZA Experience	3rd Multisectoral Conference, Arusha 18-21 December 2006
	The Role of Lead NGOs in Strengthening National Capacity for Scaling Up Voluntary Counselling and Testing Services	AMREF's experience in Tanzania	15 <sup>th</sup> International AIDS Conference, Toronto 13-18 August 2006
	Post Test Clubs are Essential to Antiretroviral Treatment (ART) Adherence for people Living with HIV/AIDS (PLHAs);		International AIDS Conference on AIDS and STIs in Africa, Abuja 13-18 December 2005
	Increasing Access to Voluntary Counselling and Testing (VCT) through mobile VCT services: Acceptance	AMREF Angaza Experience Tanzania	International AIDS Conference on AIDS and STIs in Africa, Abuja 13-18 December 2005

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and Limitations;

Women's efforts in HIV Prevention – AMREF Tanzania	ANGAZA Experience	SWAA International Conference Kigali, 25 – 28 July 2005
Complementarity of Voluntary Counselling and Testing (VCT) Services and HIV care and Treatment Programs in Tanzania; Poster Presentation Internal AIDS conference on HIV pathogenesis		Rio de Janeiro 25-28 July 2005
Branding and Marketing Voluntary Counselling and Testing Services:	ANGAZA – AMREF Tanzania Experience	2 <sup>nd</sup> PEPFAR Annual Field Meeting, Addis Ababa, 23-25 May 2005
Establishing and Maintaining quality Voluntary Counselling and Testing Services –	AMREF ANGAZA Experience	2 <sup>nd</sup> National Multisectoral AIDS conference Arusha 13-18 December 2004
Curriculum for Lay Counsellors (Kiswahili)		
Facilitators Guide for Lay Counsellors (Kiswahili)		
Trainee Manual for Lay Counsellors (Kiswahili)		
Series of Job AIDS on Counselling on Infant and Young Child Feeding in the Context of HIV and AIDS		
Qualitative Study on VCT Media Campaign: Reach, Appeal and Impact on Target Audiences in Dar es Salaam, Iringa and Mwanza		
An evaluation of Angaza Behaviour Change Communication (BCC) Campaign: Media Reach Survey. Mimeo		
Voluntary Counselling and Testing: Consumer Baseline Survey Report. AMREF Baseline Survey on Voluntary Counselling and Testing - Unpublished		
Driving forces to attend voluntary counselling and testing services among married or cohabiting clients- Is 'Planning for a child' a reason? ANGAZA VCT/PMTCT experience		



## 17. Mine Health Project

<b>Cost Centre</b>	M108 and M125		
<b>Budget</b>	<b>Total Budget:</b> USD 1,689,775	<b>Annual Budget 06/07:</b> USD 360,000	
<b>Dates</b>	<b>Start Date:</b> November 2000	<b>End Date:</b> September 2008	
<b>Project Manager</b>	Posy Bidwell	<b>Email:</b> posyb@amrefmza.org	
<b>Donor(s)</b>	Geita Gold Mine Ltd, Barrick (North Mara), Stanley Mining Services Ltd, Global Rubber, Major Drilling, Capital Drilling.		
<b>Location</b>	Lake Zone Region, Tanzania		
<b>Target Population</b>	Mine workers, high-risk women and communities surrounding mines		
<b>Partners</b>	Tanzanian Institute for Medical Research (NIMR), London School of Hygiene & Tropical Medicine (LSHTM), Geita and Tarime District Councils		
<b>Goal</b>	To improve the health of mineworkers and communities surrounding the mines with particular emphasis on HIV, other STIs and malaria in the context of the local HIV/STI epidemic.		
<b>Purpose/Overall Objective</b>	To develop and implement a sustainable programme of health promotion, disease prevention and improved treatment in mineworkers and communities surrounding mines with a particular focus on HIV, other STIs, TB and malaria		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To promote healthy behaviour with respect to HIV, other STIs and malaria in the mine workforce through awareness workshops and an ongoing Peer Health Educator (PHE) scheme.</li> <li>2. To facilitate community participation in the prevention of HIV, STIs, TB and malaria transmission as well as care of those already infected by training &amp; supporting representatives of local community groups as Community PHEs.</li> <li>3. To implement focussed interventions targeting female bar &amp; guesthouse workers treating STIs and promoting safer sexual behaviour.</li> <li>4. To establish, and the manage, sustainable Voluntary Counselling and HIV Testing (VCT) Services for both mineworkers &amp; their families and the general community as an entry point for other prevention and care interventions.</li> <li>5. To support the District Provision of services with emphasis on assisting to build capacity in health facilities accessed by mineworkers, their dependents and other community members surrounding mines to enhance the services which they provide.</li> <li>6. To measure the impact and assess the effectiveness of this intervention package in the communities around the mine and the mineworkers themselves.</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Peer Educators trained from within workforce, local community and high risk groups</li> <li>2. Provision of outreach SRH services targeting high-risk groups</li> <li>3. Provision of VCT services</li> <li>4. Distribution of health products</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved treatment of STIs, especially in high-risk groups</li> <li>2. Reduced stigma attached to HIV infection</li> <li>3. Increased sense of community responsibility for HIV prevention measures</li> <li>4. Increased sense of community participation in the care of those already infected with HIV</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Determining contribution of mine health projects in health promotion initiatives and communities in the areas of intervention.</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly</b>	Variations of HIV & STI prevalence within	S. Clift, A. Anemona, D. Watson-Jones, Z. Kanga, L.	2003: J. Sex Trans. Infect. 79: 307-312

<b>available since project inception)</b>	communities neighbouring new goldmines in Tanzania: importance for intervention design	Ndeki, J. Changalucha, A. Gavyole, D. Ross
	Geita's advancement to ART provision, the situation one year on: working in a private/public/NGO partnership to ensure early ART provision in a resource poor setting	Ngwalle A, Bidwell P, Watson-Jones D, Changalucha J, Mohammed F, Ndeki L. 2006: 3 <sup>rd</sup> National Multisectoral AIDS Conference in Tanzania, Arusha (Tanzania) Abstract number O-016: Oral presentation.
	Has the AMREF Mine Health Project made an impact on HIV, STI and malaria prevalence in the Geita Gold mine and surrounding communities	Bidwell P, Watson-Jones D, Changalucha J, Ross D, Gavyole A, Mohammed F, Knight L, Ngwalle A, Ndeki 2005: International Society for Sexually Transmitted Diseases Research (ISSTD) 16 <sup>th</sup> Biennial meeting, Amsterdam Abstract number MO-501: Oral presentation
	The AMREF Mine Health Project, Tanzania: a private/NGO/public partnership for HIV & STI prevention	Bidwell P, Watson-Jones D, Changalucha J, Ross D, Gavyole A, Mohammed F, Knight L, Ngwalle A, Ndeki L. 2005: International Society for Sexually Transmitted Diseases Research (ISSTD) 16 <sup>th</sup> Biennial meeting, Amsterdam Abstract number TP-166: Poster presentation

## 18. Workplace HIV Intervention Programme

<b>Cost Centre</b>	D109
<b>Budget</b>	<b>Total Budget:</b> USD 140,100 <b>Annual Budget</b> USD 140,100
<b>Dates</b>	<b>Start Date:</b> 1993 <b>End Date:</b> continuous project
<b>Project Manager</b>	Dr. Subilaga Kasesela-Kaganda <b>Email:</b> subilagak@amref.tz.org
<b>Donor(s)</b>	Multiple donors/funders- Operates on Consultancy Basis
<b>Location</b>	Dar es Salaam
<b>Target Pop.</b>	Employers, Employees and their families in both private and public sectors, CSOs and Development partners
<b>Partners</b>	Different workplaces including Government ministries and departments, private institutions such as CRDB, TBL, development partners e.g. Royal Netherlands Embassy, Irish Embassy, European Commission, CSO, Tanzania Commission for AIDS (TACAIDS), Institutions of Higher learning
<b>Goal</b>	Contributing to the reduction of HIV/AIDS/STIs transmission and improving the well being of workforce and their dependants in private and public sector i.e. Companies/Organizations/Institutions.
<b>Purpose/Overall Objective</b>	To build capacity of organizations to respond effectively and comprehensively in HIV and AIDS management at workplace with an expected outcome of contributing towards the creation of an AIDS Competency society.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To build the capacity of formal and informal sector institutions to design and implement sustainable workplace HIV/AIDS programs</li> <li>2. To promote positive behaviour change among workers and their families to control STIs/HIV/AIDS</li> </ol>

	<ol style="list-style-type: none"> <li>3. To increase access to STIs/HIV/AIDS services in formal and informal sector institutions</li> <li>4. To facilitate institutions with the development of Workplace HIV/AIDS policy to ensure an enabling environment for workplace HIV/AIDS control program.</li> <li>5. To advocate for workplace HIV/AIDS program.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Increased number of institutions implementing sustainable HIV and AIDS programmes at their workplace</li> <li>2. Increased number of institutions with functioning workplace HIV and AIDS policies</li> <li>3. Positive Behaviour change towards control of HIV and AIDS and other STIs.</li> <li>4. Employees and their families' knowledge, attitude and skills to reduce HIV/STIs transmissions increased</li> <li>5. Employees and their families access to HIV/AIDS/STIs related services increased</li> <li>6. HIV and AIDS visible and on permanent agenda of the organizational operations and development.</li> </ol>
<b>Outcomes (Impacts)</b>	<ol style="list-style-type: none"> <li>1. Strengthened capacity of private and public institutions in response to HIV and AIDS through the workplaces</li> <li>2. HIV and AIDS activities mainstreamed in day to day function of supported institutions</li> <li>3. Reduced prevalence of HIV/STIs infections among employees and their families</li> <li>4. Improved knowledge and skills of employees in relation to HIV /AIDS/STIs</li> <li>5. Increased number of workers and their families demonstrating positive behaviour change</li> <li>6. Stigma reduction</li> </ol>
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How has AMREF influenced ongoing functioning of Workplace Programmes (WPP) in different clients; i.e. how many WPP are ongoing and functional; or/and have gone beyond the minimum requirement as stipulated in AMREF package for WPP i.e. with innovations</li> <li>▪ Establishing difference in workplace programming between the private and the public sectors</li> </ul>

<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
	Manager's handbook	AMREF	
	Peer educator's training curriculum	AMREF WPP staff	
	Peer educator's training manual	AMREF WPP staff	
	Fact sheets on various aspects of HIV, AIDS, VCT STI, &Condom	AMREF WPP staff	

## 19. Life Skills Education

<b>Cost Centre</b>	D 104	
<b>Budget</b>	<b>Total Budget:</b> USD 215,401.79	<b>Annual Budget 06/07:</b> USD 76,538
<b>Dates</b>	<b>Start Date:</b>	<b>End Date:</b>



<b>Project Manager</b>	George Kanga	<b>Email:</b> georgek@amrefzt.org
<b>Donor(s)</b>	United Nations Fund for Population Activities (UNFPA)	
<b>Location</b>	Kinondoni Municipal Council (9 wards)	
<b>Target Pop.</b>	Out of school youth aged 10 – 24`years	
<b>Partners</b>	Kinondoni Municipal Council	
<b>Goal</b>	To contribute towards national efforts of ensuring all couples and individuals enjoy good reproductive health including family planning and sexual health throughout life	
<b>Purpose/Overall Objective</b>	To increase availability of life-skills based education (formal and no-formal) for adolescents and youth	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Documented LSE (best practice) model for empowering young people</li> <li>2. Adopted LSE model by different partners</li> <li>3. Strengthened capacity of community based/youth groups to carry out life skills education activities in Kinondoni</li> </ol>	
<b>Outputs</b>	Incorporated above	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased knowledge and skills of youth to address reproductive health issues</li> <li>2. Increased health seeking behaviour among youth</li> <li>3. Increased support on youth programs by Kinondoni Municipal Council and community members</li> </ol>	
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What factors affect the health seeking behaviour of youth as relates to their sexual reproductive health?</li> </ul> (Jointly with Mwananyamala youth centre project )	
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>
<b>(Cumulative list of documents publicly available since project inception)</b>		<b>Year published / presented</b>
	Using parent to Child communication as a method for HIV prevention at family level” Experiences from Tanzania; Poster Presentation at ICASA, Abuja, Nigeria	December 2005



# TRAINING AND DEVELOPMENT OF LEARNING MATERIALS

## 1. Management Development Institute (MDI) Program for HIV/AIDS Managers in Africa

<b>Cost Centre</b>	T114		
<b>Budget</b>	<b>Total Budget:</b> USD 306,709	<b>Annual Budget 06/07:</b> USD 306,709	
<b>Dates</b>	<b>Start Date:</b> 2006	<b>End Date:</b> 2007	
<b>Project Manager</b>	Nzomo Mwita		
<b>Donor(s)</b>	Johnson and Johnson (J&J)		
<b>Location</b>	AMREF HQ Nairobi		
<b>Target Population</b>	Top management of organisations dedicated to providing HIV/AIDS prevention, treatment, care and support services in Sub-Saharan Africa.		
<b>Partners</b>	University of California, Los Angeles, USA (UCLA), Global Business School Network (GBSN), Faculty members from East African Universities		
<b>Goal</b>	To develop the management and leadership of HIV/AIDS organisations in Africa.		
<b>Purpose/Overall Objective</b>	To equip leaders of HIV/AIDS service organisations in Africa with management tools, frameworks and knowledge that will enable them to increase the quantity and quality of the services they provide.		
<b>Objectives</b>	<p>By the end of the course participants are equipped with competencies to be able to;</p> <ol style="list-style-type: none"> <li>1. Effectively and efficiently manage HIV/AIDS programs in Africa</li> <li>2. Apply sound management practices and techniques to planning, accounting and finance, operations, human resources and all other functions of their organisations' operations</li> <li>3. Effectively implement HIV/AIDS programs in Africa thus, making them more sustainable</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 72 senior level managers trained in Management Development Institute course for HIV/AIDS managers in Africa</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased accountability and transparency in the management of HIV/AIDS programs in Africa</li> <li>2. Good governance of HIV/AIDS programs in Africa</li> <li>3. Increased decentralisation of decision-making authority in the health systems in African countries.</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>			
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	2006 annual project report	Joyce Mwaura	2006
	Program Brochure	AMREF/UCLA	2006



## 2. Distance Education

<b>Cost Centre</b>	DLS/T107		
<b>Budget</b>	<b>Total Budget:</b> USD 106,000	<b>Annual Budget 06/07:</b> USD 106,000	
<b>Dates</b>	<b>Start Date:</b> October 2006	<b>End Date:</b> September 2007	
<b>Project Manager</b>	Joan Mutero	<b>Email:</b> JoanM@amrefhq.org	
<b>Donor(s)</b>	Government of Austria, AMREF Austria, AMREF Germany, Commonwealth of Learning, Ferguson Trust		
<b>Location</b>	Kenya		
<b>Target Population</b>	50,000 health workers in Kenya		
<b>Partners</b>	Ministry of Health, Private and Faith Based Health Institutions		
<b>Goal</b>	To improve health care service delivery to all Kenyans		
<b>Purpose/Overall Objective</b>	To build the capacity of health workers in order to enable them delivery effective and efficient curative, promotive, preventive, palliative and rehabilitative health care services to the community.		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Develop curricula for all existing 12 DE courses;</li> <li>2. Revise 7 existing DE courses to meet identified training needs;</li> <li>3. Develop 4 new DE courses to in line with identified training needs;</li> <li>4. Build capacity of district CPD Managers to provide support supervision for DE participants;</li> <li>5. Strengthen monitoring and implementation of DE programme</li> <li>6. Market DE courses;</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 10 DE curricula developed</li> <li>2. 7 revised DE courses on community health, communicable diseases, child health, reproductive health, medicine, immunization, mental health</li> <li>3. 5 new DE courses on HIV/AIDS, malaria, drug management, health service management;</li> <li>4. 35 trained CPD managers on how to organise practical demonstrations for DE participants;</li> <li>5. Revamped DE database and improved monitoring of DE tutors;</li> <li>6. 400 health workers trained per year through DE;</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Competent health workers who are able to provide effective and efficient curative, promotive, preventive, palliative and rehabilitative health care services.</li> <li>2. Improved health care delivery especially at rural health facilities in Kenya</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Does the upgrading of nurses improve quality of care and service delivery?</li> <li>▪ Does improved knowledge, attitudes and skills of health workers lead to effective and efficient health care delivery?</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
(Cumulative list of documents publicly available since project inception)	Rapid training needs assessment of health workers in Kenya	AMREF	December, 2006

## 3. ART Knowledge Hub and Training

<b>Cost Centre</b>	T119		
<b>Budget</b>	<b>Total Budget:</b> USD 475,472	<b>Annual Budget:</b> USD 165,387	

<b>Dates</b>	<b>Start Date:</b> October 2005	<b>End Date:</b> March 2008
<b>Project Manager</b>	Joyce K. Mwaura	<b>Email:</b> <a href="mailto:joycek@amrefhq.org">joycek@amrefhq.org</a>
<b>Donor(s)</b>	BMZ and AMREF Germany	
<b>Location</b>	AMREF HQ	
<b>Target Population</b>	Approximately 350,000 persons suffering from AIDS/HIV in Kenya and Southern Sudan whose infection can be stabilised by anti-retroviral treatment.	
<b>Partners</b>	National AIDS and STIs Control Programme (NASCO), Southern Sudan AIDS Commission (SSAC), regional and international ART experts, educational and development institutions, clinical sites, teaching and referral hospitals, BMZ and AMREF Germany	
<b>Goal</b>	To reduce HIV/AIDS related mortality and morbidity in the target countries	
<b>Purpose/Overall Objective</b>	To accelerate access to quality antiretroviral treatment to eligible people living with HIV/AIDS	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To expand and strengthen the existing ART training in Kenya by training 23 senior medical staff in ART management and train upto 300 health staff previously trained in ART as teachers of ART service providers</li> <li>2. To develop a specific ART training program for Southern Sudan</li> <li>3. To train 20 medical staff from South Sudan in general HIV awareness and ART provision as county ART managers and teachers of trainers</li> <li>4. To adapt and update during the course of the training the curricula for ART providers and trainers</li> <li>5. To develop on the basis of existing programmes monitoring and evaluation systems and train trainers specifically in M and E</li> <li>6. To document and disseminate “the best practices” in ART</li> <li>7. To set up a ‘training and knowledge hub’ for ART in Nairobi, for Kenya and Southern Sudan</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 23 senior medical staff trained in ART management in Kenya</li> <li>2. 300 health staff trained as teachers of ART service providers in Kenya</li> <li>3. Standardised ART training curricula for Kenya and South Sudan in place</li> <li>4. 20 medical staff from South Sudan trained in general HIV awareness and ART provision as county ART managers and teaches of trainers</li> <li>5. Number of trainers trained on M and E</li> <li>6. 500 copies of the ‘best practice’ handbooks printed and disseminated</li> <li>7. 2,000 health workers having access to the ART Knowledge Hub</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased access to quality Antiretroviral treatment to eligible people living with HIV/AIDS in the target countries.</li> <li>2. Increase in number of health facilities providing antiretroviral therapy due to an increase in trained health workers</li> <li>3. Functional M and E systems in place</li> <li>4. Standardised national ART curricula in place for each of the target countries</li> </ol>	
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ How does the training of health care workers on ART care and treatment improve ART service delivery and increase access to ART for PLWAs?</li> <li>▪ How does providing easy access to up-to-date ART information by health care workers improve their delivery of ART services and increase access to ART for PLWAs?</li> </ul>	
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>
<b>(Cumulative list of</b>	ART e-bulletin	AMREF
<b>)</b>		2006

documents publicly ART e-forum AMREF 2006  
available since project inception)

#### 4. AMREF /NCK/Accenture Nurse Upgrading Programme

<b>Cost Centre</b>	T108
<b>Budget</b>	<b>Total Budget:</b> USD 3,150,000 (USD 1,950,000 Cash & USD 1.200,000 in-kind) <b>Annual Budget 06/07:</b> USD 440,000
<b>Dates</b>	<b>Start Date:</b> September 2005 <b>End Date:</b> September 2009
<b>Project Manager</b>	Adesuwa Akinboro <b>Email:</b> adesuwaa@amrefhq.org
<b>Donor(s)</b>	Accenture through AMREF UK, ST Foundation through AMREF Germany, Fergusson Trust through AMREF UK, Commonwealth of Learning
<b>Location</b>	Kenya
<b>Target Pop.</b>	22,000 Kenya Enrolled Community Health Nurses (KECHNs), 90% of whom are women and over 60% of whom live and work in rural areas.
<b>Partners</b>	The Nursing Council of Kenya, the Ministry of Health & the public, private and Faith-based Nursing Schools.
<b>Goal</b>	The main goal of the project is to upgrade 22,000 Kenya Enrolled Community Health Nurses (KECHNs) to Kenya Registered Community Health Nurses (KRCHNs) within 5 years using eLearning.
<b>Purpose/Overall Objective</b>	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Design, test and implement a feasible e-Learning solution to upgrade Kenyan nurses' skills to train more nurses to a diploma (registered) level quicker to help improve the health of disadvantaged people in Kenya.</li> <li>2. Build the capacity of AMREF to develop, implement and monitor effective e-Learning.</li> <li>3. Use results to influence policy and replicate programs beyond Kenya –i.e. create some reusable assets to monitor, document and disseminate an alternative model for upgrading health professionals in a resource constrained environment (e.g. South Africa, Tanzania)</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 22,000 nurses enrolled on the programme, 3,000 additional nurses enrolled on the programme by end December 2007 and over 50 pilot nursing students graduating.</li> <li>2. Two intakes of 150 student nurses in the AMREF Nursing School in March and September 2007.</li> <li>3. 187 mentors and course coordinators trained in IT skills, elearning, student support and mentoring to implement the programme in the schools and in the clinical areas.</li> <li>4. 23 nursing schools inducted and implementing eLearning</li> <li>5. One new internal AMREF Elearning course in Monitoring and Evaluation and 2 new Elearning Short courses for health workers by April, August and December 2007.</li> <li>6. Advocacy achievements in National and International Conference Presentations to advocate for programme replication across the region and the continent.</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. More registered nurses trained at a faster rate than residential programme to equip them with the skills to manage health facilities and treat diseases such as malaria, HIV/AIDS, Tuberculosis etc.</li> <li>2. The adoption of eLearning as a faster, more cost effective mode of learning delivery for nursing and medical learning programmes in Kenya.</li> </ol>



	3. Increased access to quality nursing and health care education through eLearning																											
	4. Improved standards of nursing care in the health institution in Kenya.																											
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How cost effective is eLearning as a mode of delivery of nursing and medical education in Africa?</li> <li>▪ What is the impact of government policies on the large scale adoption of eLearning in government health institutions in Africa?</li> <li>▪ What are the main factors to consider in planning and implementing eLearning for nursing in Africa?</li> <li>▪ What is the impact of health eLearning delivery on health outcomes in Africa?</li> </ul>																											
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## 5. Diploma in Community Health

<b>Cost Centre</b>	T105 – Diploma in Community Health	
<b>Budget</b>	<b>Total Budget:</b>	<b>Annual Budget 06/07:</b> USD 408,856
<b>Dates</b>	<b>Start Date:</b> 1987	<b>End Date:</b> Continuous
<b>Project Manager</b>	Josephat Nyagero	<b>Email:</b> josephatn@amrefhq.org
<b>Donor(s)</b>	AMREF Netherlands, AMREF Germany, AMREF Italy, AMREF USA, AMREF, World Bank Programme, Wolfson College, Developing Human Resources for Health, MoH Uganda, SoS Kinderdorf, Central Secretariat Congregational Centre, Mile Hospital, Livingstonia Synod AIDS Programme, Dorothy Jean Meyer Flagstaff, and Rakai Health Science Programme	
<b>Location</b>	AMREF HQ	

<b>Target Population</b>	Medical Doctors, Clinical Officers/ Medical Assistants, Nurses and Midwives, and Allied Health Professionals from across Africa									
<b>Partners</b>	Moi University, Maseno University, KMTC, Kenyatta University, Nairobi University, Tulane University and several individual experts in health									
<b>Goal</b>	The primary aim of the course is to train health managers who will be useful in facilitating communities in Africa to plan and manage their own health and development.									
<b>Purpose/Overall Objective</b>	To provide practical training of the highest quality through the acquisition of in-depth knowledge, practical skills and competencies that will provide leadership in planning and management of health services, especially at district and community levels.									
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To provide quality training in Community health</li> <li>2. To develop/ review module based DCH training materials in the e-learning format</li> <li>3. To initiate the undertaking of the DCH course through e-learning</li> <li>4. To disseminate the findings of the DCH generated research projects/ dissertations</li> <li>5. To monitor and evaluate the performance of the graduates of DCH course</li> <li>6. To strengthen collaboration with key partners</li> </ol>									
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Thirty (30) students admitted, trained and awarded Moi University Diploma in Community health</li> <li>2. Twenty (20) DCH facilitators trained in material development who in turn develop e-learning materials for 10 DCH modules</li> <li>3. At least five (5) articles published in a reputable scientific journal and abstracts for 25 dissertations circulated electronically</li> <li>4. A report on the performance of the DCH graduates written and published</li> </ol>									
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved quality of DCH course offered at AMREF/ Moi University</li> <li>2. Improved health service delivery at the work place after training in community health</li> <li>3. Increased sharing of knowledge generated through the DCH course</li> </ol>									
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How will training in Community Health improve the competencies of health providers both at the operational and management levels?</li> </ul>									
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## 6. AMREF-Library

<b>Cost Centre</b>	T102	
<b>Budget</b>	<b>Total Budget:</b> USD 146,332	<b>Annual Budget 06/07:</b> USD 146,332
<b>Dates</b>	<b>Start Date:</b>	<b>End Date:</b> Continuous
<b>Project Manager</b>	Jane W. Ireri	<b>Email:</b> Jireri@amrefhq.or
<b>Donor(s)</b>	DLS, AMREF Austria,	
<b>Location</b>	AMREF HQ	
<b>Target Population</b>	All staff in AMREF, health workers in Africa, general public	

<b>Partners</b>	Dundee University, Local & Academic and research institutions, MOH, St Lawrence University Kenya Semester.
<b>Goal</b>	To contribute to the improvement of health care in Africa and empower communities to take care of their own health by providing access to relevant and up-to-date health information.
<b>Purpose/Overall Objective</b>	To provide a central platform for knowledge sharing across AMREF and enable the sharing of AMREF's experience globally.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To develop strategies in health information management and dissemination to cooperate library and resource centres in AMREF Country Offices</li> <li>2. To contribute to knowledge management in AMREF by gathering, managing and disseminating technical information generated by all programmes across AMREF and use different forums to enable the sharing of such knowledge.</li> <li>3. To provide access to health information by AMREF staff across the Foundation, health care providers and communities across Africa.</li> <li>4. To document and disseminate experiences learned</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. AMREF's strategies in health information management developed</li> <li>2. Co-operate guidelines and standards in management of technical health information developed and implemented in all Country Offices resource centres.</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Standardised information management across the Foundation</li> <li>2. AMREF staff and health workers across Africa accessing current and up-to-date information</li> <li>3. Improved training standards and better health care realised in Africa</li> </ol>
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ How does access to current health information contribute to improving the health of disadvantaged communities in Africa?</li> </ul>

<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Why improving the flow of information is crucial (AMREF Donor conference, London)	Ileri, J	2003
	Impact of health information: insights from AMREF's experience of 45 yrs in health care in Africa. Royal college of Nursing London	Ileri, J.	2003
	The AMREF Online library (AMREF APM 2006)	Ileri, J	2006

## 7. HLM-Marketing

<b>Cost Centre</b>	X101	
<b>Budget</b>	<b>Total Budget:</b> USD 339,986	<b>Annual Budget 06/07:</b> USD 339,986
<b>Dates</b>	<b>Start Date:</b>	<b>End Date:</b> Continuous
<b>Project Manager</b>	Kennedy Chadeka	<b>Email:</b> kennedyc@amrefhq.org
<b>Donor(s)</b>	Funded through cost recovery	
<b>Location</b>	AMREF HQ	
<b>Target Population</b>	Clinical officers, medical assistants, nurses and mid-wives, public health officers, laboratory	

	technicians, middle-level medical students and other frontline health workers.
<b>Partners</b>	NGOs, CBOs, Middle level Medical colleges, Universities and Book distributors
<b>Goal</b>	To create ready access to health learning materials, through production of affordable, regionally relevant and up to date Health Learning Materials.
<b>Purpose/Overall Objective</b>	To improve access to a broad range of Health Learning Materials to frontline health workers.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To advocate and influence the use of AMREF HLM as an essential component of training and health promotion</li> <li>2. To become a major source of revenue for the units self sufficiency and also to contribute to other core projects that suffer insufficient funding</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Inclusion of key AMREF HLM in MTC booklist and recommended reading list</li> <li>2. Provision of Health Learning Materials to most medical libraries to ensure access to health workers</li> <li>3. Extensive and intensive marketing efforts to promote Health Learning Materials in most African countries</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Sales turnover of USD 339,686</li> <li>2. Participation in International book fair events to enable the unit to interact with other publishers of HLM and thus learn new lessons.</li> <li>3. 20% growth in HLM client base</li> </ol>
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How do we tailor our HLM strategy to fit market needs and meaningfully help boost health capacities within sub-Saharan Africa?</li> </ul>

Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	HLM Product	HLM Publishing & Marketing	Published Annually Latest Revised Edition 2005/2006
	Catalogue		

## 8. Short Courses Unit

<b>Cost Centre</b>	T114
<b>Budget</b>	<b>Total Budget:</b> USD 549, 541 <b>Annual Budget 06/07:</b> USD 549, 541
<b>Dates</b>	<b>Start Date:</b> <b>End Date:</b> Continuous
<b>Project Manager</b>	Nzomo Mwita <b>Email:</b> nzomom@amrefhq.org
<b>Donor(s)</b>	AMREF Netherlands, AMREF Austria, Student fees
<b>Location</b>	Kenya
<b>Target Population</b>	Senior and mid level health workers from NGOs, Government ministries and private sector.
<b>Partners</b>	Ministry of Health – Kenya, USAID – Capacity Project, UCLA, NGOs
<b>Goal</b>	To develop the capacity of health and health related personnel in Africa to enable them provides quality, affordable, relevant and people-centred health and development services in Africa.
<b>Purpose/Overall Objective</b>	To design and develop short courses that meet the immediate training needs and challenges faced by health workers in their day to day work in Africa
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To assess training needs of health and health related personnel</li> </ol>

	<ol style="list-style-type: none"> <li>2. To design and conduct short courses for health and health related personnel</li> <li>3. To develop and review the training curricula and materials for health and health related personnel</li> <li>4. To promote and advocate for community based health care (CBHC) approaches</li> <li>5. To provide on-going training support to AMREF programmes.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 1 Rapid Training Needs Assessment (TNA) study conducted</li> <li>2. 17 Regular short courses conducted</li> <li>3. 8 Short Courses Curricula developed</li> <li>4. 5 Training Manuals developed: Integrated HIV/AIDS, Health Services Organization and Management, Training of Facilitators, Monitoring and Evaluation and Disaster Management and Sustainable Development</li> <li>5. 10 Tailor-made courses conducted</li> <li>6. 9 Consultancies conducted</li> <li>7. 3 new Short Courses: Strategic Leadership in Health and Development Programmes, Health Finance Management and Records Management developed</li> <li>8. 1250 health workers from 30 different countries trained</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Improved performance of health workers in delivery of health care services</li> <li>2. Increased efficiency in health service delivery</li> </ol>

<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Does improved knowledge, skills and attitudes of health workers lead to efficient health care service delivery?</li> </ul>
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<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Training Curriculum on Monitoring and Evaluation	Edited by Dr. Peter Ngatia and Nzomo Mwita	2006
	Training Curriculum on Health Education and Promotion	Edited by Dr. Peter Ngatia and Nzomo Mwita	2006
	Training Curriculum on Malaria Prevention, Control and Management	Edited by Dr. Peter Ngatia and Nzomo Mwita	2006
	Training Curriculum on Sexual Reproductive Health	Edited by Dr. Peter Ngatia and Nzomo Mwita	2006

## 9. HLM-Publishing

<b>Cost Centre</b>	T111- PUBLISHING	
<b>Budget</b>	<b>Total Budget:</b> USD 262,561	<b>Annual Budget 06/07:</b> USD 262,561
<b>Dates</b>	<b>Start Date:</b>	<b>End Date:</b> Continuous
<b>Project Manager</b>	Betty Rabar	<b>Email:</b> bettyr@amrefhq.org
<b>Donor(s)</b>	Vronestein, Netherlands	
<b>Location</b>	Headquarters, Nairobi	
<b>Target Population</b>	Middle level health workers including clinical officers, medical assistants, nurses, laboratory technicians, and public health officers; Medical students and teachers; NGO project staff and	

	AMREF staff																																										
<b>Partners</b>	Authors of medical articles and manuals- include health workers, teachers of health workers, AMREF staff etc.; Consultants; artists, reviewers, printers etc.; AMREF Project staff																																										
<b>Goal</b>	To develop, revise and reprint health-related materials to fill important gaps among the low and medium cost materials available for middle-level health staff in Africa.																																										
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To provide appropriate information in a suitable format for middle level health workers</li> <li>2. To promote documentation of AMREF's experiences</li> <li>3. To provide health workers with a forum to share experiences and to advocate for issues affecting them</li> <li>4. To promote a research-oriented culture in the organisation</li> </ol>																																										
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 3000 copies of Communicable Diseases (4th edition)</li> <li>2. 3000 copies of Managing Health Services</li> <li>3. 3000 copies of An African Textbook of Psychiatry and Mental Health</li> <li>4. 3000 copies of Gynaecology &amp; Obstetrics (2nd Edition)</li> <li>5. 3000 copies of Short Course Curricula</li> <li>6. 3000 copies of HIV/AIDS Workplace Manual: Training Manual for Workplace Managers</li> </ol>																																										
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Contribute to the provision of affordable, relevant and up-to-date information on community health care to middle level health workers in training institutions and health centres</li> </ol>																																										
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Do health learning materials produced by AMREF meet the needs of middle level health care workers in sub Saharan Africa?</li> </ul>																																										
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HLM strategy document	2004
HLM Book Production Style Guide	2004

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## UGANDA

### 1. Water and Sanitation Umbrella Programme (WASUP) Uganda Project – Part of Regional Programme

<b>Cost Centre</b>	N406, N308	
<b>Budget</b>	<b>Total Budget:</b> USD 5,986,796	<b>Annual Budget 06/07:</b> USD 3,004,453
<b>Dates</b>	<b>Start Date:</b> December 2006	<b>End Date:</b> November 2009
<b>Project Manager</b>	William Oloya	<b>Email:</b> billoloya@yahoo.com
<b>Donor(s)</b>	European Commission ACP-EU Water Facility Actions, AMREF Italy	
<b>Location</b>	25 sub-counties in Pader and Kitgum districts	
<b>Target Population</b>	447,000 people in IDP camps; 94,000 children under five years and 23,000 pregnant women	
<b>Partners</b>	Relevant government ministries (Health, Education, Water), Coordinating Office of the PM in charge of disaster preparedness; Chief Administrative Office in charge of Water and Sanitation; Technical Support Unit for the northern region; IDP camp management; NGOs and community-based organisations; Uganda Water and Sanitation Network (UWASNET)	
<b>Goal</b>	To half by the year 2015 the proportion of the people who are unable to reach or afford safe drinking water and the proportion of people who do not have access to adequate sanitation.	
<b>Purpose/Overall Objective</b>	To increase access to safe water and increase the use of hygienic sanitation facilities in camps for Internally Displaced Persons (IDP) in 25 sub-counties in Northern Uganda.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increase the number of safe water sources and basic sanitation facilities for use in targeted communities.</li> <li>2. Improve the use of appropriate sanitation and hygiene practices in targeted communities</li> <li>3. Strengthen community capacity to manage operations and maintenance of water and sanitation facilities established in targeted communities.</li> <li>4. Strengthen the capacity of local government to coordinate and improve water and sanitation in the war-affected districts of Acholi region.</li> <li>5. Scale-up innovative and cost-effective approaches to tackling context-specific challenges to water and sanitation in targeted communities.</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. District and camp leaders sensitised on project activities</li> <li>2. Baseline assessment completed</li> <li>3. 7 boreholes drilled and hand-pumps installed</li> <li>4. 6 motorised water supply schemes built (if cost-effectiveness confirmed)</li> <li>5. 60 rainwater harvesting tanks installed in schools</li> <li>6. 2 subsurface rainwater harvesting systems constructed</li> <li>7. 1 valley tank rehabilitated</li> <li>8. 1,000 households will have ECOSAN toilets</li> <li>9. 40 dry wide latrines constructed for communal use</li> <li>10. IEC materials on sanitation and hygiene reviewed, adapted and distributed</li> <li>11. School teachers and health clubs oriented on sanitation promotion</li> <li>12. Female committee members trained in peer health education</li> <li>13. Health competitions held in 17 learning centres</li> <li>14. 148 quarterly film shows held in camps</li> </ol>	



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15. Sanitation days held in 17 camps
  16. Operation and maintenance manuals reviewed, adapted and distributed
  17. Tools and spares for maintenance distributed
  18. Corrective maintenance carried out on 40 defective boreholes
  19. 80 local masons trained in construction of water and sanitation facilities
  20. 2 quarterly water quality surveys carried out
  21. Regional WASUP conference held
  22. Joint annual stakeholders Best Practice forum organised

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- Outcomes(Impacts)**
1. Increased number of safe water sources and basic sanitation facilities available for use by displaced communities
  2. Improved and appropriate sanitation and hygiene practices adopted by targeted communities
  3. Community capacity for management operation and maintenance of water and sanitation facilities established and functional
  4. Capacity for Local Government to coordinate and improve water and sanitation in the war affected districts of Uganda's Acholi region strengthened
  5. Innovative and cost-effective approaches to tackle context-specific challenges to water and sanitation monitored and documented for scale up

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- What Operational Research Question(s) is the project working on (06/07)**
- Developing sustainable community management mechanisms (financing arrangements) for water and sanitation in different contexts, including IPD camps;
  - How to ensure effective uptake of innovate technologies in terms of social, financial and cultural aspects;
  - \*Suitability of various water and sanitation technological options for communities in different settings, including IDP camps;
  - How to best use water and sanitation interventions as an entry point to develop advocacy for and lobby on issues related to basic rights-health rights, access to water, etc.
  - How to develop an effective community-based M&E approach (this is also being studied in the Gulu Water Project and they will be linked);
  - The relevance of the CASHE model in a decentralised system (this OR question is being studied also in Kabale and other Northern Uganda districts and they will be linked).

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Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	<i>New Project</i>		

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## 2. Gulu Water Project

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<b>Cost Centre</b>	N102/ N112	
<b>Budget</b>	<b>Total Budget :</b>	<b>Annual Budget 06/07:USD 401,399 (funded annually)</b>
<b>Dates</b>	<b>Start Date:</b> October. 2006	<b>End Date:</b> September. 2007
<b>Project Manager</b>	Alice Nyadoi	<b>Email:</b> alicemogal@yahoo.com
<b>Donor(s)</b>	AMREF France and AMREF Italy	
<b>Location</b>	Gulu and Amuru	
<b>Target Population</b>	20,333 of which ¾ are Women and children who are vulnerable to rape, abductions and killings	

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	by rebels as they look for water outside the IDP camps
<b>Partners</b>	District authorities DDHS, DDWS, DEO, Community Development and Fisheries Departments, Camp Management Committees and Humanitarian Agencies
<b>Goal</b>	To contribute to reduction of water and sanitation-related diseases among internally Displaced Persons Camps
<b>Purpose/Overall Objective</b>	To increase access to sustainable safe water for displaced communities in Gulu District
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To Improve the Quality of community water supply.</li> <li>2. To develop community capacity to take responsibility for own Water Sources.</li> <li>3. To Strengthen District Water supply service delivery system.</li> <li>4. To assess appropriateness of existing technologies and approaches for health developments communities.</li> <li>5. To Advocate for appropriate policies and Practices</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 30 springs protected</li> <li>2. 09 new boreholes have been drilled in Gulu and Amuru</li> <li>3. 30 boreholes rehabilitated</li> <li>4. 04 shallow wells constructed</li> <li>5. 01 Rural spare-parts distribution centres established in one distant sub-county</li> <li>6. Preventive maintenance done for 60 boreholes</li> <li>7. Hygiene education sessions conducted 4 learning centres</li> <li>8. Home improvement campaigns conducted in 04 sub-counties</li> <li>9. One week radio talk shows conducted twice a year</li> <li>10. Water users' accounts established in 1 sub-counties</li> <li>11. 27 community sensitization conducted for communities to benefit from new water sources</li> <li>12. 27 water source committees assisted to plan and implement water and sanitation activities</li> <li>13. 27 new water source committees trained in O&amp;M</li> <li>14. 14 caretakers trained and equipped with basic toolkits and grease</li> <li>15. 08 local masons trained in protection of both low and high yielding springs</li> <li>16. 12 sub-county health committees established and trained in M&amp;E</li> <li>17. 85 community meetings held on O&amp;M</li> <li>18. 06 tool kits provided to hand-pump mechanics</li> <li>19. 04 fish ponds constructed and provided 4500 fingerlings</li> <li>20. 12 WES technical review meetings</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased access to safe water for 3.5l/p/d to 15l/p/d.</li> <li>2. Improved Water Storage and handling practices.</li> <li>3. Reported reduction in water borne diseases at household level</li> <li>4. Increased community participation and capacity in planning and implementing water facilities.</li> <li>5. Established sub county Water User's Account</li> <li>6. At least 90% of the water sources functional</li> <li>7. Sub-county health committees strengthened to plan, implement and monitor water and sanitation services.</li> </ol>

8. Strengthened the structure of coordination and supervision between the Sub county authorities, AMREF and District
9. District staff strengthened in support supervision of decentralised water and sanitation services
10. CASHE model introduced to the District and being used to streamline coordination and monitoring of water and sanitation services in the two Districts

**What Operational Research Question(s) is the project working on (06/07)**

- The overall impact of water and sanitation interventions on disease.
- How to best use water and sanitation interventions as an entry point to develop advocacy for and lobby on issues related to basic rights, health rights, access to water etc

Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	Perception of Water Users' on Community-Based Maintenance System	AMREF	2002
	Gender participation in water activities report	AMREF	2004
	Retention rate for Water Source Committee members report	AMREF	2005
	Baseline survey on community-based hygiene promotion	AMREF	2006

### 3. Pader Immunisation Project

<b>Cost Centre</b>	N402	
<b>Budget</b>	<b>Total budget:</b>	<b>Annual Budget 06/07:</b> USD 143,509 (funded annually)
<b>Dates</b>	<b>Start Date:</b> October 2006	<b>End Date:</b> September 2007
<b>Project Manager</b>	William Oloya	<b>Email:</b> <a href="mailto:williamo@amrefug.org">williamo@amrefug.org</a>
<b>Donor(s)</b>	AMREF Italy	
<b>Location</b>	Pader District	
<b>Target Population</b>	69,190 children under 5 years, 17,551 pregnant women and 77,628 women of reproductive age	
<b>Partners</b>	District Health Department, UNICEF and IMC	
<b>Goal</b>	Increase immunization coverage among infants from 22% and maintain it at over 80% in five years of implementation in Pader District	
<b>Purpose/Overall Objective</b>	Same as above	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase community demand for and support to immunization services.</li> <li>2. To strengthen district systems for static and outreach immunization activities</li> <li>3. To improve supervision and monitoring of immunization activities</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 120 immunization outreach stations and 30 supervisors supported monthly</li> <li>2. 84 community vaccinators trained</li> <li>3. 27 EPI focal persons trained on data management</li> <li>4. 59 health workers trained on cold chain management</li> </ol>	

	<ol style="list-style-type: none"> <li>5. 6 Assistant Cold Chain Technicians trained.</li> <li>6. 108 bicycles distributed to support transport during outreach</li> <li>7. Infant registration system established.</li> <li>8. Bi-annual Child Days supported</li> <li>9. Measles outbreak controlled</li> <li>10. T-shirts with advocacy messages distributed.</li> <li>11. Hard-to-reach populations accessed.</li> </ol>									
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased immunization coverage of DPT3 108%, from 84% in 2005.</li> <li>2. Reduced cases of immunizable diseases (only measles cases reported).</li> <li>3. Reliable immunization outreach programme.</li> <li>4. Quality EPI data available in the District.</li> <li>5. Improved cold chain management.</li> <li>6. Mothers have learnt the importance of completion of schedule before first birth day.</li> </ol>									
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Study on cultural social drivers that inhibit completion of immunisation schedules of under fives.(same study will be done in Gulu)</li> <li>▪ Why measles is still a problem in the country?</li> </ul>									
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Title	Author	Year published / presented								
Fact sheets	AMREF and partners	2005/06								
EPI survey report	AMREF and partners	2004/05/06								
(Cumulative list of documents publicly available since project inception)										

#### 4. Supporting Sustainable Malaria Prevention and Control Interventions in Primary Schools in Nakasongola District, Uganda

<b>Cost Centre</b>	C 306
<b>Budget</b>	<b>Total Budget:</b> USD 169,000 <b>Annual Budget 06/07:</b> USD 169,000
<b>Dates</b>	<b>Start Date:</b> 1 <sup>st</sup> July 2006 <b>End Date:</b> 31 <sup>st</sup> June 2007
<b>Project Manager</b>	Henry Tito Okwalinga <b>Email:</b> titoo@amrefug.org
<b>Donor(s)</b>	AMREF Netherlands and Barclays Bank, Uganda
<b>Location</b>	Nakitoma and Kagooge Sub-county, Nakasongola District
<b>Target Population</b>	School-age children (6-15 years) in primary schools and Under Fives in the communities surrounding the selected schools.
<b>Partners</b>	District Health Department, District Education Department, District Community Services, community
<b>Goal</b>	To reduce malaria related drop out and poor performance of school going children in primary schools Nakasongola District
<b>Purpose/Overall Objective</b>	To reduce absenteeism, drop outs and poor performance of children in primary schools in Nakasongola district
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To improve knowledge of malaria prevention, control and treatment among the school-going children and community</li> <li>2. To improve capacity of the district, schools and community to adopt and implement proven best practices in malaria prevention, control and treatment in schools and the community.</li> <li>3. To increase the number of school-going children who sleep under LLITN/ITN and receive</li> </ol>

	appropriate malaria treatment within 24hrs of onset of fever at school and community.
	4. To document and disseminate solutions, best practices and lessons learnt in malaria prevention, control and treatment in schools and the community
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 32 District Stake holders sensitized</li> <li>2. 48 Sub county stakeholders sensitized</li> <li>3. 20 schools selected for project implementation</li> <li>4. 2 sub county Malaria Coordination committees (SMCCs) formed</li> <li>5. 10 Trainers of Trainers (TOTs) trained</li> <li>6. 20 school head teachers trained</li> <li>7. 40 senior women and men teachers trained</li> <li>8. 54 school health club members trained</li> <li>9. 4 quarterly meetings conducted</li> <li>10. 178 bicycles were procured and distributed</li> <li>11. 10 community and 20 school drama groups formed</li> <li>12. Monitoring and supervision visits conducted</li> <li>13. 178 Drug storage kits procured</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increasing community awareness in malaria prevention, control and treatment.</li> <li>2. Proper storage of the drugs in the community leading to improved drug efficacy</li> <li>3. Timely submission of the project reports by the schools</li> <li>4. Prompt and correct identification of fever cases in both the community and the schools contributing to reduced absenteeism of the pupils from school.</li> <li>5. Schools plan for malaria prevention and control activities.</li> <li>6. Full involvement of stakeholders at all levels in malaria prevention and control activities.</li> </ol>
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Does the introduction of malaria First Aid Kits in primary schools reduce pupils' malaria/fever- related absenteeism from school?</li> <li>▪ Do the Community Medicine Distributors (CMDs) have the potential to treat malaria in the community using Coartem?</li> </ul>

<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
(Cumulative list of documents publicly available since project inception)	N/A		

## 5. Kawempe Water and Sanitation Project

<b>Cost Centre</b>	C105/C106
<b>Budget</b>	<b>Total Budget:</b> USD 439,876 <b>Annual Budget 06/07:</b> USD 154,908
<b>Dates</b>	<b>Start Date:</b> March 2006 <b>End Date:</b> February 2007
<b>Project Manager</b>	Moses Mugabi <b>Email:</b> <a href="mailto:mosesm@amrefug.org">mosesm@amrefug.org</a>
<b>Donor(s)</b>	Madrid City Hall (Spain), AMREF Netherlands, Kawempe Division Community, AMREF Uganda
<b>Location</b>	Low lying areas of Makerere III and Bwaise II Parishes in Kawempe Division of Kampala City Council in Uganda
<b>Target Population</b>	35,352 Community members in Makerere III and Bwaise II, [16,537 male, 18,815 female]

<b>Partners</b>	Kawempe Division Local Government, Division Health Department, Division Education Department, Kinawataka Women Initiatives, WaterAid
<b>Goal</b>	To improve the health of the population in conditions of extreme vulnerability in the parishes of Makerere III and Bwaise II, in the Kawempe Division, Kampala, Uganda.
<b>Purpose/Overall Objective</b>	To reduce morbidity and mortality rates from diseases related to unsafe water and poor sanitation in Makerere III and Bwaise II parishes in Kawempe Division
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To improve access to potable water in Makerere III and Bwaise II</li> <li>2. To improve water and sanitation conditions in Makerere III and Bwaise II</li> <li>3. To improve knowledge, attitudes and practices of the population in matters of water and sanitation in Makerere III and Bwaise II parishes.</li> <li>4. To strengthen the local decision-making bodies for the improvement of environmental health in Makerere III and Bwaise II.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 60 tap stands established in the two parishes</li> <li>2. 10 pit latrines constructed</li> <li>3. 1680 feet of drainage channel paved</li> <li>4. 20 school health clubs and committees established</li> <li>5. 14 women groups trained in advocacy and lobbying, income-generating activities and gender issues related to water and sanitation</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. at least 25% of households of Makerere III and 10% in Bwaise II have toilets within 10 minutes reach</li> <li>2. 75% of families in Makerere III and 40% in Bwaise II have access to safe water less than 10 minutes from their dwelling</li> <li>3. at least 50% of Makerere III and 25% in Bwaise II have basic knowledge in matters of water and sanitation</li> <li>4. Local decision makers participate in the monitoring and implementation of the water and sanitation activities in the two parishes</li> <li>5. Collaboration between schools and zones of action on issues of WATSAN enhanced</li> <li>6. Improved sanitation practices in schools</li> </ol>
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>How effective is the training of women in the community compared to training of village health teams in sustaining operations and maintenance of water and sanitation facilities in highly mobile slum communities?</li> </ul>

Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)			

## 6. Human Resources Development for Increased Access to Primary Health Care 2006-2008: National Primary Health Care / Training Programme Phase IV

<b>Cost Centre</b>	M322
<b>Budget</b>	<b>Total Budget:</b> USD 6,068,936 <b>Annual Budget 06/07:</b> USD 1,977,400
<b>Dates</b>	<b>Start Date:</b> January 2006 <b>End Date:</b> December 2008
<b>Project Manager</b>	Irene Tumwine <b>Email:</b> Irenet@amrefug.org
<b>Donor(s)</b>	Ireland AID (Development Corporation Ireland - DCI)

<b>Location</b>	Multi-site/National		
<b>Target Population</b>	Health Training Institutions directly targeting health workers		
<b>Partners</b>	MOES, MOH, nurses and midwives council, allied health professionals and council, Catholic Church, Anglican Church, District Local Governments, and Health Training Institutions		
<b>Goal</b>	To strengthen the pre-service and in-service training of PHC Workers		
<b>Purpose/Overall Objective</b>	To contribute to effective delivery of the Uganda National Minimum Health Care Package (UNMHCP) through improved quality and effectiveness of training of PHC workers.		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To strengthen capacity for training of Laboratory Assistants in six training schools for a total average annual output of 150 Laboratory Assistants by 2008.</li> <li>2. To strengthen capacity for training and upgrading of health tutors to produce at least 20 graduate tutors annually by 2008.</li> <li>3. To build capacity for community health training for tutors to train at least 20 tutors annually by 2008.</li> <li>4. To strengthen the human resources development to increase access to primary health care in Northern Uganda</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 12 ECN, 9 CO, 6 RCN students and 90 Nursing Assistants sponsored by project from the three disadvantaged DCI supported Districts of Gulu, Pader and Kitgum. In addition, TBAs, CHWs, vaccinators and health committees trained by the project</li> <li>2. Three teaching laboratories for 30 students constructed and equipped in three of the Laboratory Assistant schools</li> <li>3. Curriculum guide and assessment tools printed</li> <li>4. Equipment and reagents procured and availed to all the six Lab schools</li> <li>5. In-service training conducted for health workers in the three DCI- supported districts</li> <li>6. More tutors qualified in basic and community health courses</li> <li>7. Distance Education programme in Gulu, Kitgum and Pader established and supported.</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. The government has given their full support, and other partners have been attracted to invest in the training.</li> <li>2. Enhance local capacity for effective PHC teaching and learning through an approach that improves institutional capabilities ( Curriculum development, infrastructure development, tutor training and provision of teaching/ learning equipment/materials)</li> <li>3. Focus on community – oriented training has contributed to easier acceptance of rural posting, and improved retention of health workers in remote rural areas.</li> <li>4. Processes for enhancement of capacity for quality assurance in government have been improved (including development of training standards, indicators and monitoring).</li> <li>5. Through affirmative action, the programme has provided direct support to the training of PHC health workers for selected impoverished districts.</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Does training of health workers increase access to primary health care?</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Curriculum for in-service course for Health Laboratory Service Providers	AMREF and partners	July 2005
	Curriculum for RCN	AMREF and partners	

## 7. Maternal Health Project

<b>Cost Centre</b>	N 307	
<b>Budget</b>	<b>Total Budget:</b> USD 107,586	<b>Annual Budget 06/07:</b> USD 78,905
<b>Dates</b>	<b>Start Date:</b> January 2006	<b>End Date:</b> March. 2007
<b>Project Manager</b>	Miriam Ruth Achan	<b>Email:</b> mirriamA@amrefug.org
<b>Donor(s)</b>	AMREF FRANCE	
<b>Location</b>	Kitgum District	
<b>Target Population</b>	23,265 (extrapolated from population estimates) women of child bearing age in Kitgum district.	
<b>Partners</b>	District Directorate of Health Services; UNICEF, WHO, & UNOCHA, AVSI	
<b>Goal</b>	To improve the maternal health status of the people of Kitgum District	
<b>Purpose/Overall Objective</b>	To reduce excess morbidity and mortality among the internally displaced persons through improving access to maternal healthcare	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To improve access to maternal health care services in the hard-to-reach areas of Kitgum district</li> <li>2. To strengthen community-based health care systems in the provision of basic maternal health services.</li> <li>3. To document and advocate for rolling out best practices at the community and district level</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Pregnant women accessing ANC, delivery and post-natal care as a result of improved facilities.</li> <li>2. Community based health workers such as TBA's are identified and trained to conduct safe deliveries and referrals.</li> <li>3. Survey on status of maternal health services conducted in-order to enable carrying out of evidence based advocacy at the local and district level.</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. ANC clients increased in Palabek-gem and Palabek Ogili due to improved facilities to at least 50 mothers seen a week from less than 10.</li> <li>2. Safe deliveries being performed in the new maternity units under professional supervision.</li> <li>3. District and other development partners responding to gaps in maternal health services.</li> </ol>	
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What are the socio-cultural 'drivers' of maternal mortality and morbidity?</li> </ul>	
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>
(Cumulative list of documents publicly available since project inception)	Survey on status of maternal health services to be completed in Feb, 2007	
	<b>Year published / presented</b>	

## 8. EU Soroti - Integrated HIV/AIDS and Malaria Project

<b>Cost Centre</b>	E 212	
<b>Budget</b>	<b>Total Budget:</b> USD 1,387,662.74	<b>Annual Budgets 06/07:</b> USD. 574,264.12
<b>Dates</b>	<b>Start Date:</b> January 2006	<b>End Date:</b> December 2009
<b>Project Manager</b>	Jesca Bako Anguyo	<b>Email:</b> jescauyo@yahoo.com
<b>Donor(s)</b>	European Union; AMREF Uganda and AMREF UK	
<b>Location</b>	Soroti	



<b>Target Population</b>	Women (90,966), Women of Reproductive Age (42,822), Children Under 5 (19,627) and Youth in and out of school - aged 10-24 years (60,664)
<b>Partners</b>	Soroti district local government-line departments, other implementers in the field of HIV/AIDS and malaria
<b>Goal</b>	To improve the health and economic status of Soroti District through capacity development and partnerships.
<b>Purpose/Overall Objective</b>	Same as Goal
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To develop capacity of local structures to implement integrated primary health care services particularly addressing the diagnosis and case management of HIV/AIDS and malaria.</li> <li>2. To develop the integrated community-based models to prevent, treat, and mitigate the impact of HIV/AIDS and malaria</li> <li>3. Strengthen local partnerships and collaboration to enhance sustainable access to malaria and HIV/AIDS prevention and treatment</li> <li>4. Improve the quality of and access to safe water and basic sanitation</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 33 PDCs supported to carry out participatory planning for community development</li> <li>2. 66 CORPS trained and equipped with kits to carry out community diagnosis and planning</li> <li>3. CORPS supported to carry out health promotive and disease prevention activities in the households</li> <li>4. 7 health unit management committees trained in planning, resource mobilization for implementation of the integrated PHC package</li> <li>5. Seed stock of 5000 nets provided for pregnant mothers and young children</li> <li>6. 14 water user management committees trained on sustainable water management of their water supply points</li> <li>7. CORPS supported to sensitise communities on environmental conditions and prevention/control of diseases attributable to unsafe environment</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased access to safe water and basic sanitation, covered in Objective four and in the promotion of model households under the communication toolkit.</li> <li>2. Increased user-provider satisfaction</li> <li>3. Reduced reliance on donor funding</li> <li>4. Improved knowledge and practices related to HIV/AIDS and malaria prevention</li> <li>5. Increased utilization of health services for HIV/AIDS and malaria</li> <li>6. Strong sustainable network of local partners and collaborators induced</li> <li>7. Local health institutions providing integrated PHC</li> <li>8. Community leaders make decisions on prioritised health needs</li> <li>9. Community-based groups, district leaders and line departments (health, education, water, lands and environment, gender and social welfare) take over implementation responsibilities of the program.</li> </ol>
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Are households reached by CORPs using the communication toolkit able to change behaviours and practices related to malaria and HIV/AIDS prevention?</li> </ul>
<b>Knowledge Products</b>	<b>Title</b>
<b>(Cumulative list of documents publicly</b>	<b>Author</b>
<b>documents publicly</b>	<b>Year published / presented</b>

available since project inception)

## 9. Promoting Community Based Approaches to Water and Sanitation among Internally Displaced Communities' Project

<b>Cost Centre</b>	N111, N306, N405	
<b>Budget</b>	<b>Total Budget:</b> USD 1,206,559	<b>Annual Budget 06/07:</b> USD 444,973
<b>Dates</b>	<b>Start Date:</b> December 2005	<b>End Date:</b> April 2007
<b>Project Manager</b>	William Oloya	<b>Email:</b> amrefug@amrefug.org
<b>Donor(s)</b>	UNICEF and AMREF Italy	
<b>Location</b>	Gulu, Kitgum and Pader	
<b>Target Pop.</b>	60,000 internally displaced persons in 12 IDP camps within the districts	
<b>Partners</b>	District authorities, Camp Management Committees and Humanitarian Agencies	
<b>Goal</b>	To provide basic water and sanitation facilities to 65% of the Internally displaced people in Northern Uganda population, with 80-90% effective use and functionality	
<b>Purpose/Overall Objective</b>	To increase access to safe water and increase the use of hygienic sanitation facilities in 12 camps for Internally Displaced Persons (IDP) in Northern Uganda.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase access to sustainable safe and adequate water supply for 60,000 IDPs in 12 camps</li> <li>2. To increase access to basic sanitation facilities</li> <li>3. To strengthen community capacity for operation and maintenance of their facilities</li> <li>4. To strengthen public sector capacity to support the development, oversee the coordination and management of sector in the target camps will be increased through:</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 12 motorized water supply schemes of 40 taps each built</li> <li>2. 75 defective boreholes with hand-pumps overhauled and rehabilitated</li> <li>3. 12 camp sanitation days held</li> <li>4. 240 sanitation kits provided</li> <li>5. 200 episodes of borehole preventive maintenance conducted for problematic boreholes</li> <li>6. 99 point water source committee meetings held on sanitation and health promotion and O&amp;M</li> <li>7. 12 camp water and sanitation committees established/ trained in O&amp;M of motorized schemes</li> <li>8. 24 local mechanics updated in maintenance of various water sources and equipped with tools</li> <li>9. 12 self help groups established and supported to develop savings and credit schemes</li> <li>10. 03 training workshops held for 90 local extension workers (30 per district) in effective promotion and supervision of water and sanitation services</li> <li>11. 12 meetings held to sensitize camp leaders on the project</li> <li>12. 12 planning meetings held with camp water and sanitation committees</li> <li>13. 03 joint quarterly district technical review meetings held</li> </ol>	

	14. 09 quarterly support supervision visits held		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Increased number of safe water sources and basic sanitation facilities available for use by displaced communities</li> <li>2. Improved and appropriate sanitation and hygiene practices adopted by targeted communities</li> <li>3. Community capacity for management operation and maintenance of water and sanitation facilities established and functional</li> </ol>		
<b>What Operational Research Question is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ How to develop an effective community-based M&amp;E approach (this is also being studied in the Gulu Water Project and WASUP/Uganda and they will be linked)</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
(Cumulative list of documents publicly available since project inception)	Implementation model	AMREF	June 2006

## 10. Nakasongola HIV/AIDS Youth Project

<b>Cost Centre</b>	C303
<b>Budget</b>	<b>Total Budget:</b> USD 783,768 <span style="float: right;"><b>Annual Budget 06/07:</b>USD 231,180</span>
<b>Dates</b>	<b>Start Date:</b> October 2005 <span style="float: right;"><b>End Date:</b> September 2008</span>
<b>Project Manager</b>	Dr. Susan Wandera Kayizzi <span style="float: right;"><b>Email:</b> susanw@amrefug.org.</span>
<b>Donor(s)</b>	AMREF Canada, AMREF Netherlands, Betterway foundation, Ann Donor – USA, Merck Foundation
<b>Location</b>	Nakasongola district in Uganda covering (Nakitoma, kakooge, and Kalongo)
<b>Target Population</b>	Young people from the age of 10years to 30years, in and out of school
<b>Partners</b>	Ministry of Education, Ministry of Health, Ministry of Gender, Labour and Social Services, Nakasongola District Local Government (Including departments of Health, Education and Community Development), Sector NGO's e.g Save the Children a, World Vision and Concern Worldwide
<b>Goal</b>	To improve the health of young people living in Nakasongola district
<b>Purpose/Overall Objective</b>	Same as goal
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Provide knowledge about HIV/ AIDs in 3 sub counties ( Nakitoma, kakooge, and Kalongo) in three years</li> <li>2. To equip female and child-headed households with basic practices in the care and protection of young people affected/infected with HIV/AIDs and link them to primary health care services for better support.</li> <li>3. Establish HIV/AIDs clubs in 60 sixty schools to facilitate young people's involvement as agents of change in adolescent, reproductive health issues at school and at community levels</li> <li>4. Document lessons learnt from the project and advocate evidence-based practises on HIV/AIDs and adolescent reproductive health.</li> <li>5. Consolidate the gains made in the previous project.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 120 villages sensitised about HIV/AIDS and ASRH in the three sub-counties</li> <li>2. train health club leaders in HIV/AIDS and ASRH</li> <li>3. 360 school peer educators trained in life skills as agents of behaviour change</li> </ol>

	<ol style="list-style-type: none"> <li>4. 60 schools sensitised about HIV/AIDS</li> <li>5. 6 health units supported to provide ASRH health services and launch the youth friendly ASRH in the 3 sub-counties</li> <li>6. Complete infrastructure development in 5 primary schools</li> <li>7. 50 OVCs supported to acquire vocational skills</li> <li>8. Baseline survey completed</li> <li>9. Database for child and female-headed households in place</li> <li>10. 20% of these households trained in the care and protection of young people affected/infected by HIV/AIDS and linked to health facilities</li> </ol>						
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. The PIT together with the rest of the leaders has embraced the project and is working closely with the implementers.</li> <li>2. Youth clubs have been formed and are functioning in holding in peer education</li> <li>3. Young people can now exercise their leadership potentials in their respective groups.</li> <li>4. Health workers are now able to impart skills to young people; they are able to handle young people's health problems and offer guidance and trainings in HIV/AIDS key components and Reproductive Health</li> <li>5. Orphans will be able to sustain themselves and their siblings due to the skills they have gained in vocational schools.</li> </ol>						
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What are the potential ways of involving youth and PTAs in the development of school health curriculum relevant to adolescent sexual reproductive health? (This is part of the AMREF national involvement in the school health curriculum development).</li> </ul>						
<b>Knowledge Products</b> (Cumulative list of documents publicly available since project inception)	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table>	Title	Author	Year published / presented	N/A		
Title	Author	Year published / presented					
N/A							

## 11. Kawempe Community Health Development Project (Sex Workers Project)

<b>Cost Centre</b>	C108
<b>Budget</b>	<b>Total Budget:</b> USD 180,000 <b>Annual Budget 06/07:</b> USD 140,969
<b>Dates</b>	<b>Start Date:</b> October 2005 <b>End Date:</b> September 2008
<b>Project Manager</b>	Moses Mugabi <b>Email:</b> <a href="mailto:mosesm@amrefug.org">mosesm@amrefug.org</a>
<b>Donor(s)</b>	McKnight , AMREF Italy, AMREF France
<b>Location</b>	Parishes of; Makerere III, Bwaise II, Mulago II, Bwaise III, and Makerere II in Kawempe Division, Kampala District
<b>Target Population</b>	240 Sex Workers and 78,039 Community members in above parishes, (37,252 male; 40,787 female)
<b>Partners</b>	Kawempe Division Local Government, TASO, AIDS Information Centre, STI Unit Mulago, Agency for Capacity Building, Nsambya Home-care, Uganda Youth Empowerment Scheme
<b>Goal</b>	Improved health for sex workers (SW) and communities living in the slums of Makerere III, Bwaise II Parishes, Kawempe division.
<b>Purpose/Overall Objective</b>	To offer sex workers (SW) options that allow them to leave the sex trade for good by improving economic self-sufficiency and self-esteem.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To create awareness on the prevention of HIV/AIDS among sex workers living in Makere</li> </ol>

	III and Bwaise II parishes						
	<ol style="list-style-type: none"> <li>2. To improve the diagnosis and management of STIs for sex workers and community in both parishes</li> <li>3. To promote VCT among sex workers and community members in the five parishes</li> <li>4. Promote the use of family planning methods among sex workers and community members</li> <li>5. Support people living with HIV/AIDS in the project areas</li> <li>6. Provide sex workers with alternative income-generating activities</li> <li>7. Promote advocacy and networking</li> </ol>						
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 300 sex workers trained in vocational skills an alternative to the sex trade</li> <li>2. 5 sex worker income-generation groups supported to establish businesses related to vocational skills trained in</li> <li>3. VCT outreaches conducted</li> <li>4. At least 1000 people including 300 SWs treated for STIs at the AMREF-supported community clinic</li> <li>5. At least 56 SWs are confirmed having stopped the sex trade as a result of project activities and support</li> </ol>						
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Reduction in HIV and STI prevalence in project area by at least 10% from baseline of 40% and 34% respectively</li> <li>2. At least 100 CSWs get alternative employment other than sex trade</li> <li>3. 30% of adults in project area know their HIV status</li> </ol>						
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Does screening and treatment of sex workers for STIs contribute to reducing reported STI infections in the project area?</li> </ul>						
<b>Knowledge Products</b>	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td>Mid-term evaluation report</td> <td>AMREF</td> <td>2002</td> </tr> </tbody> </table>	Title	Author	Year published / presented	Mid-term evaluation report	AMREF	2002
Title	Author	Year published / presented					
Mid-term evaluation report	AMREF	2002					
(Cumulative list of documents publicly available since project inception)							

## 12. Community-Based Approach to Water and Sanitation in Primary Schools

<b>Cost Centre</b>	W210
<b>Budget</b>	<b>Total Budget:</b> USD 361,797 <b>Annual Budget 06/07:</b> USD 145,153
<b>Dates</b>	<b>Start Date:</b> October 2005 <b>End Date:</b> March 2008
<b>Project Manager</b>	Stephen Oboth – Padde <b>Email:</b> <a href="mailto:stephenobothpadde@yahoo.co.uk">stephenobothpadde@yahoo.co.uk</a>
<b>Donor(s)</b>	Generalitat Valencia( Agència Catalana de Cooperació al Desenvolupament, Junta de Castilla y León, Barcelona Council)
<b>Location</b>	Kabale District in South Western Uganda
<b>Target Population</b>	About 10,000 primary school children in Kabale district spread out in the 17 rural Sub Counties.
<b>Partners</b>	Ministry of Education & Sports; Ministry of Health; Ministry of Gender, Labour & Social Development; District Local Governments, Water Department and Kigezi Diocese.
<b>Goal</b>	To improve the health of vulnerable communities in Kabale district through community-based water and sanitation approaches.
<b>Purpose/Overall</b>	To strengthen the capacity of Kabale Community to improve water & sanitation conditions &

<b>Objective</b>	protect the environment in 15 primary schools of the district of Kabale, Republic of Uganda.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>To increase access to safe water for children in water scarce areas</li> <li>To promote safe latrine use in schools with poor soil conditions</li> <li>To promote appropriate hygiene behaviour among primary school children</li> <li>To strengthen the institutional framework for promotion of environmental health</li> <li>To increase awareness of target communities on prevention and treatment of common water and sanitation diseases among their children</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>45 wells/ bore holes rehabilitated.</li> <li>03 underground water tanks of 150,000 litre capacity constructed.</li> <li>09 individual Ecosan latrines for teachers constructed.</li> <li>60 latrines for households constructed.</li> <li>09 three-stance Ecosan latrines for upper primary pupils constructed.</li> <li>09 four-stance wide latrines for lower primary pupils constructed.</li> <li>Training of community committees carried out.</li> <li>Sensitisation meetings with the beneficiaries both at the schools &amp; communities held.</li> <li>Coordination &amp; monitoring meetings at District, S/County &amp; Schools levels held.</li> <li>Data collection for evaluation of progress/regress of the project implementation.</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>Increased household coverage and access to an improved source for drinking water and improved sanitation facilities</li> <li>Parent involvement stimulated as evidenced by contribution of locally available building materials.</li> <li>ECOSAN toilets have improved the pupil/stance ratio.</li> <li>School health clubs effectively disseminate hygiene messages among school children in hygiene promotion.</li> <li>Primary schools become focal points for collection, analysis and storage of water and sanitation information.</li> <li>Available information has helped in effective planning and implementing services in the School community and the surrounding families in the project area.</li> </ol>
<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ol style="list-style-type: none"> <li>Is the <b>CASHE</b> model effective in decentralising water and sanitation services to the poor?</li> <li>Does the use of sanitation kits stimulate active participation of communities in sanitation and hygiene improvement?</li> <li>Is it possible to develop a school-based management information system for water &amp; sanitation?</li> </ol>

Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	Village maps	AMREF Staff and community	October 2005

### 13. Home-based Management of Childhood Illnesses – Kitgum

<b>Cost Centre</b>	N305 & N310	
<b>Budget</b>	<b>Total Budget:</b> USD 289,450	<b>Annual Budget 06/07:</b> USD 289,450
<b>Dates</b>	<b>Start Date:</b> June 2005	<b>End Date:</b> 31 <sup>st</sup> May 2007



<b>Project Manager</b>	William Oloya	<b>Email:</b> <a href="mailto:williamo@amrefug.org">williamo@amrefug.org</a>
<b>Donor(s)</b>	UNICEF	
<b>Location</b>	Kitgum and Pader districts	
<b>Target Population</b>	36,000 children below five years	
<b>Partners</b>	District Health Department ,UNICEF and IRC	
<b>Goal</b>	Support the districts of Kitgum and Pader to contribute to the reduction of morbidity and mortality among the IDP population through implementation of the HBC strategy.	
<b>Purpose/Overall Objective</b>	At least 80% of children below the age of 5 years with fever, pneumonia and diarrhoea receive appropriate treatment within 24hrs of onset of illness in the 42 targeted IDP camps (Kitgum 11 and Pader 31).	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Children under five years of age in 42 IDP camps Kitgum and Pader have access to quality HBC services.</li> <li>2. Parents and community leaders in IDP camps in Kitgum and Pader have increased knowledge on HBC services</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Ratio of 1 HBC CORP to 500 persons established in each of the targeted camps.</li> <li>2. Home Based Care data collected monthly, analysed, and shared with stakeholders</li> <li>3. Set up a health system data base at the district.</li> <li>4. Improve flow of supplies to IDP camps and health units.</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Reduced queuing for services in the health units and hence more time for parents to engage in other livelihood and social activities.</li> <li>2. Increased access of households to HBC services.</li> <li>3. CORPS able identify ,treat and refer case's of fever, pneumonia and diarrhoea</li> <li>4. Increased level of community participation and support for HBC services.</li> </ol>	
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What are the social obstacles to children under five in accessing care for fever within 24 hrs of onset?</li> </ul>	
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>
(Cumulative list of documents publicly available since project inception)	Bi-quarterly review	AMREF
		<b>Year published / presented</b>
		2006

#### 14. Kabale youth Empowerment project

<b>Cost Centre</b>	W211	
<b>Budget</b>	<b>Total Budget:</b> USD 948,487	<b>Annual Budget 06/07:</b> USD 252,358;
<b>Dates</b>	<b>Start Date:</b> April 2005	<b>End Date:</b> March 2009
<b>Project Manager</b>	Bernard Byagageire	<b>Email</b> <a href="mailto:bernardb@amrefug.org">bernardb@amrefug.org</a> , <a href="mailto:byags74@yahoo.com">byags74@yahoo.com</a>
<b>Donor(s)</b>	Department for International Development (DfID)	
<b>Location</b>	Kabale District in South Western Uganda	
<b>Target Population</b>	Young people between 12-30 years,118Parish Youth Associations and 118,000 vulnerable youths	

<b>Partners</b>	Kabale district Local Government, Aids Information Centre, Kigezi private sector foundation, TASO, CARE International, Voice of Kigezi radio station, Kabale Women's Task force, Straight talk Foundation, existing youth groups and Kabale Diocese, Uganda cooperative alliance and Kigezi Health care foundation.
<b>Goal</b>	To contribute to poverty reduction in Kabale, Uganda through increasing and improving the participation of young people
<b>Purpose/Overall Objective</b>	To improve the ability of young people, particularly females and those with disabilities in Kabale district to demand for and realize a richer role in the decision making processes thereby reducing their vulnerability to poverty and improving the quality of their lives.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To empower Youth to have greater knowledge and understanding of their basic human rights and of relevant politics and programmes within Kabale.</li> <li>2. To empower Youth to participate in and hold accountable poverty reduction decision making processes</li> <li>3. To increase demand for and access to youth friendly services, including healthcare, education and livelihood opportunities</li> <li>4. To empower Youth to advocate for a policy environment conducive to the rights of young people.</li> <li>5. To strengthen mechanisms for information dissemination and information sharing among youth within and beyond Kabale.</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 118 parish youth Associations supported to prepare work plans and budgets based on their needs and priorities in Kabale district.</li> <li>2. 80 Kabale district youth network members trained in Advocacy and lobbying skills and actively participating in local decision-making process to influence policies that affect their lives.</li> <li>3. 20 sub county based youth Networks and 01 district youth network established and trained in M&amp;E and Advocacy and Lobbying.</li> <li>4. 60 Youth Associations supported in income generation to contribute towards poverty reduction in the district.</li> <li>5. 03 Resource centre youth management committees formed to manage the day today operations of the youth resource centres and documenting and disseminating information among youths.</li> <li>6. 24 youth skills centres supported to provide practical skills to young people</li> <li>7. Local leaders in 20 Sub counties sensitized on mainstreaming policies that are conducive to the rights, needs and priorities of young people</li> <li>8. Positive Shift in allocation of sub counties and district resources to acknowledge the needs and rights of young people</li> <li>9. 118 Parish Development Committees trained in participatory bottom-up planning to prioritise youth needs and rights in the sub county development plans.</li> <li>10. 20 Youth councils trained in M^E to monitor youth work plans and budgets</li> <li>11. Coordination and collaboration mechanisms improved within youth groups and networks at all levels</li> </ol>
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Youth are now organized and mobilized into groups and are now able to benefit from government existing programmes</li> <li>2. Youth are assuming leadership positions at different levels in the district, for example in one of the sub counties, the speaker and the Vice chairperson are youth Project trained peer educators</li> <li>3. Youth are now aware of their rights, policies and programmes targeting youth</li> <li>4. District leaders are now realizing the potential and youth are now being consulted to participate in the decision making processes</li> </ol>
<b>What Operational</b>	<ul style="list-style-type: none"> <li>▪ Is the community based peer to peer approach effective in sustaining youth led project?</li> </ul>



<b>Research Question(s) is the project working on ( 06/07)</b>	<p>Youth peer educators were identified by fellow youth within their communities trained in peer to peer education and are working within their youth associations to identify youth problems and work as change agents.</p> <ul style="list-style-type: none"> <li>▪ Does the use of round table discussion meetings change attitudes of leaders towards youth and create conducive policy environment for young people? These continuous discussions are intended to bring in dialogue between youth and leaders to give youth a chance to share with their leaders issues that affect them, for consideration during the planning processes</li> <li>▪ Is it possible to develop a youth-based information data base on youth groups and assess existing levels of awareness on identified policies and programmes? The district does not have accurate information to base on during planning process. The project intends to use project profiles from youth association to establish a youth based information database.</li> </ul>
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Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	The Community based Peer to Peer approach to youth empowerment model.	Kabale District Project steering committee supported by the Technical Advisor-Dr. James Eyul	2006

### **15. Building a Sustainable Community Based System For Mitigating Health And Socio-Economic Effects Of HIV/AIDS On Orphans And Vulnerable Children In Kikyusa Sub-County**

<b>Cost Centre</b>	C223	
<b>Budget</b>	<b>Total Budget:</b> USD 361, 921	<b>Annual Budget 06/07:</b> USD 108,450
<b>Dates</b>	<b>Start Date:</b> January 2005	<b>End Date:</b> February 2008
<b>Project Manager</b>	Joseph Semujju	<b>Email:</b> Email: Josephs@amrefug.org
<b>Donor(s)</b>	CIDA and AMREF CANADA	
<b>Location</b>	Kikyusa Sub-County, Luwero District Uganda,	
<b>Target Population</b>	Orphans and Vulnerable Children, Care givers most of them old grand mothers, poor and marginal communities and excluded communities	
<b>Partners</b>	Plan International, Integrated Community Efforts Against AIDS (ICEA); Local Councils (at the district, parish and village level)	
<b>Goal</b>	Improved socio-economic status of OVC in Kikyusa Sub County	
<b>Purpose/Overall Objective</b>	To assist orphans and other vulnerable children to realise their full potential through strengthening the capacity of the local institutions and structures to respond effectively to the socio-economic impact of HIV/AIDS.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To build capacity of relevant community institutions and structures to meet the socio-economic needs of OVC in a sustainable way.</li> <li>2. To enhance the opportunities of orphans and vulnerable children to access the basic necessities.</li> <li>3. To advocate and lobby for recognition and support for the rights of AIDS orphans and other vulnerable children.</li> <li>4. To enhance the level of HIV/AIDS awareness and promote positive behavioural change in order to reduce the rate of transmission and prevailing social stigma associated with HIV/AIDS</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. 40 leaders sensitised on child rights, land tenure and succession laws</li> <li>2. 5 family courts established</li> <li>3. 30 communities sensitised on hygiene and sanitation</li> </ol>	

4. 40 leaders sensitised on HIV/AIDS
5. Pupils in 5 schools sensitised on reproductive health and life skills
6. 5 Parents and Teachers' Associations sensitised on child rights and needs
7. 5 VCT outreaches supported
8. Refresher training conducted for 30 TBAs
9. 30 TBAs supported and supervised
10. 4 POC/VOR review meetings held
11. 4 sub county steering committee review meetings held
12. 120 guardians trained in IGA management
13. 45 IGA beneficiaries visited and supported
14. 55 care givers given business grants
15. 54 care givers get business loans
16. 30 orphans in secondary schools supported
17. 560 orphans in primary schools supported with Scholastic materials
18. Infrastructure improved in 3 primary schools
19. 28 orphans in vocational schools supported
20. 4 water tanks constructed in 4 primary schools
21. 30 water jars constructed
22. 1 dam constructed and fitted with a borehole

**Outcomes(Impacts)**

1. Communities uphold children's rights and needs
2. Orphans prosper from their inheritance
3. Increased access to quality education for OVC especially girls
4. Community works together to keep OVC in their extended families' homes
5. Community has increased gender sensitivity and girls and women play a greater role in the community
6. Government social support enhanced for OVC
7. The beneficiaries (OVC and guardians) develop sufficient and sustainable livelihoods that take them out of the cycle of poverty and destitution
8. The rate of HIV transmission in the project area is reduced
9. Increased care for people living with HIV/AIDS

**What Operational Research Question(s) is the project working on (06/07)**

- How are the strengthened community structures working to sustain the project benefits to the orphans and vulnerable children?

Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	Mid-term survey	AMREF and partners	2006

**16. PHASE Soroti**

**Cost Centre** E210

<b>Budget</b>	<b>Total Budget:</b> USD 407,750	<b>Annual Budget 06/07:</b> USD 176,054
<b>Dates</b>	<b>Start Date:</b> December 2004	<b>End Date:</b> November 2007
<b>Project Manager</b>	Nicodemus Tumukwasibwe	<b>Email:</b> nicodemust@amrefug.org
<b>Donor(s)</b>	GlaxoSmithKline (GSK) UK, GlaxoSmithKline (GSK) Canada	
<b>Location</b>	Soroti District in Eastern Uganda	
<b>Target Population</b>	Over 120,000 primary school children in 198 Primary schools; Teachers, technical staff and community members	
<b>Partners</b>	Ministry of Education, Ministry of Health, Ministry of Gender, Labour and Social Services, Soroti District Local Government (Including departments of Health, Education and Community Development), Sector NGO's	
<b>Goal</b>	To improve on the health status of school children and the communities in Soroti	
<b>Purpose/Overall Objective</b>	To promote personal hygiene and sanitation education in Soroti district using primary schools (school children) as an entry point to the community	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Adapt PHASE materials to the Ugandan context</li> <li>2. Develop and implement cost-effective capacity-building strategy for effective utilization of materials in primary schools</li> <li>3. Gather evidence and document the impact of PHASE materials on the health of disadvantaged communities.</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Sensitization meetings for different stakeholders conducted</li> <li>2. Demonstration sites established for appropriate technology to promote PHASE</li> <li>3. District capacity developed to promote PHASE</li> <li>4. Advocacy forums conducted with different stakeholders at different levels to promote PHASE.</li> <li>5. Hygiene and sanitation education materials reviewed and packaged</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. District supervision team established and functioning.</li> <li>2. Linkages created between schools and communities for replication of PHASE</li> <li>3. Demand created for our approaches and innovations like mobilates and water harvesting.</li> <li>4. Increased awareness for PHASE approach at all levels.</li> <li>5. Institutional capacity for rolling out participatory hygiene and sanitation education strengthened.</li> <li>6. Basic water and sanitation infrastructure provided to facilitate promotion of sanitation and hygiene education.</li> </ol>	
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ To what extent is Institutional Capacity for rolling out Participatory Hygiene and Sanitation Education Strengthened?</li> <li>▪ To what extent is the effectiveness of PHASE materials generated responsible for promotion of better practises and habits of PHASE?</li> </ul>	
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Baseline survey report	AMREF
	PHASE kit (materials adapted from Ministry of education and Health	AMREF
		<b>Year published / presented</b>
		2002

## 17. Kitgum Girls' Education

<b>Cost Centre</b>	N303		
<b>Budget</b>	<b>Total Budget:</b>	<b>Annual Budget 06/07:</b> USD 111,848 (funded annually)	
<b>Dates</b>	<b>Start Date:</b> October 2004	<b>End Date:</b> September 2009	
<b>Project Manager</b>	Cissy Amony	<b>Email:</b> cissyA@amrefug.org	
<b>Donor(s)</b>	AMREF ITALY		
<b>Location</b>	Kitgum District		
<b>Target Population</b>	Primary target is 30,000 secondary school girls and out of school, 5,000 boys in secondary school and secondary target is 200,000 people living in the camps where the students carryout health education.		
<b>Partners</b>	District Health Department, District Education Department and Local government structures.		
<b>Goal</b>	Promote girls education for better health		
<b>Purpose/Overall Objective</b>	To contribute towards better health in the community by promoting girls' education in Kitgum district.		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To train and utilise girls out of school to become agents of change in their communities in Northern Uganda.</li> <li>2. To improve enrolment of girls to science subjects in the Acholi sub-region</li> <li>3. To strengthen and sustain health education in schools incorporating behaviour change strategies</li> <li>4. To educate the community on benefits of sending girls to school.</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. School science laboratory remodelled and equipped.</li> <li>2. Facilitation of science seminars for Secondary school teachers and students in the district.</li> <li>3. Holding dialogue with parents, stakeholders and district department on way forward for secondary education.</li> <li>4. Survey to find out status of secondary schools in Kitgum.</li> <li>5. Distribution of Insecticide treated nets and first aid kits to schools.</li> <li>6. Furnishing school with furniture and double Decker beds.</li> <li>7. Advocacy through participation in World Aids day campaigns.</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Community attitudes towards girls education changed enabling more girls to attend stay in school longer.</li> <li>2. Girls in the district gaining self esteem to make decisions concerning their education, health and community well being.</li> <li>3. Increased uptake of science subjects by girls in the region.</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What are the factors affecting girls' attainment of education in Kitgum?</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
(Cumulative list of documents publicly available since project inception)	Survey on Enrolment and dropout of students from Secondary school in Kitgum District		Presented to school heads and education officials. 2006

## 18. Kitgum Immunisation Project

<b>Cost Centre</b>	N302		
<b>Budget</b>	<b>Total Budget:</b>	<b>Annual Budget 06/07:</b> USD119,707 (Funded Annually)	
<b>Dates</b>	<b>Start Date:</b> October. 2004	<b>End Date:</b> September 2009	
<b>Project Manager</b>	Sister Zura Asanda	<b>Email:</b> (none)	
<b>Donor(s)</b>	AMREF ITALY		
<b>Location</b>	Kitgum District		
<b>Target Population</b>	50,643 infants and children under 5 years, 16,457 pregnant and 56,334 non-pregnant women		
<b>Partners</b>	District Health Department, UNICEF,WHO, International Medical Corps		
<b>Goal</b>	To protect and improve the health status of children under five in Kitgum District through better district immunisation services		
<b>Purpose/Overall Objective</b>	To increase full immunisation coverage among infants from 38.4% to over 90% in 5 years of implementation in Kitgum district.		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase community demand for and support to immunisation services.</li> <li>2. To strengthen district system for static and outreach immunisation activities</li> <li>3. To improve supervision and monitoring of immunisation activities</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Monthly, quarterly and annual immunisation reports, collected, compiled, analysed and submitted</li> <li>2. Immunisation messages produced and used by mobilisers</li> <li>3. Hard-to-reach areas with cold chain maintenance, monitoring and supervision</li> <li>4. Outreaches re-organised as mothers return to their original homes</li> <li>5. Support for lunch and transport for the immunisers made available monthly</li> <li>6. Needs assessment conducted for all hard-to-reach areas</li> <li>7. Immunisation database established</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. 90% of immunisation target population covered.</li> <li>2. Immunization services to the local population sustained as people move back to their homes</li> <li>3. Intergrated services strengthened in hard-to-reach areas</li> <li>4. Supervision and monitoring of programme strengthened</li> </ol>		
<b>What Operational Research Question(s) is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Effectiveness of mobile immunisation and joint supervision in war zone and hard-to- reach areas in improving immunisation coverage.</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	IEC materials		2006
	Completion certificate		2006
	Wall chart		Quarterly

## 19. Laboratory Services Strengthening Programme Part of Regional Programme

<b>Cost Centre</b>	M330, M333, M 334
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<b>Budget</b>	<b>Total Budget:</b> US USD 5,240,000	<b>Annual Budget 06/07:</b> USD 2,225,000
<b>Dates</b>	<b>Start Date:</b> September 2004	<b>End Date:</b> March 2010
<b>Project Manager</b>	Charles Munafu	<b>Email:</b> CharlesM@amrefug.org
<b>Donor(s)</b>	US Government through Centres for Disease Control and Prevention (CDC)	
<b>Location</b>	REPUBLIC OF UGANDA	
<b>Target Population</b>	<p>26.4 million people: Communities that will access laboratory services at Sub county, district and Regional levels of health services to be reached.</p> <p>= 1 million people positive for HIV</p> <p>= about 100 000 New cases of TB</p> <p>= 65,0000 persons tested for HIV</p> <p>=12,000,000 persons tested for TB</p>	
<b>Partners</b>	CDC; Ministry of Health Uganda; Uganda Virus Research Institute; Training Institutions	
<b>Goal</b>	To reduce HIV transmission and improve care of persons living with HIV/AIDS	
<b>Purpose/Overall Objective</b>	To improve the quality of health laboratory services at health units in Uganda, from the health sub-district level to Regional Hospitals	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To improve physical laboratory infrastructure and equipment for effective support of HCT services</li> <li>2. To strengthen the skills, knowledge and attitudes of laboratory staff, clinicians and other staff for effective VCT Services</li> <li>3. To strengthen the national laboratory quality control system in support of effective HIV counselling and testing</li> <li>4. Enhance stakeholder support for laboratory services</li> <li>5. Strengthen skills of unqualified staff performing laboratory tests</li> <li>6. Strengthen capacity of laboratory training schools for teaching and learning</li> <li>7. To establish NEQAS for TB diagnosis</li> <li>8. To increase TB case detection at HIV prevention, care and treatment sites</li> <li>9. To improve the NTRL physical infrastructure</li> <li>10. To establish mechanisms for ensuring all TB patients access HCT and all HIV patients access TB services</li> </ol>	
<b>Outputs</b>	<p><b>Health Centre IV level 2006</b></p> <ol style="list-style-type: none"> <li>1. 10 laboratories rehabilitated and equipped to provide capacity for monitoring care and management of HIV patients</li> <li>2. 80 lab staff, 100 clinicians and 120 counsellors are updated in detection, care and management of HIV</li> <li>3. 19 laboratory focal persons have attended a TOT to train laboratory and other health service providers in HIT testing, Laboratory management and supportive supervision</li> <li>4. At least 15 laboratory technologists are trained in laboratory equipment maintenance</li> <li>5. 15 laboratory technicians continue to be sponsored at lab technician training schools.</li> <li>6. Laboratory focal persons correctly monitor laboratory services in districts</li> <li>7. Central Public Health Laboratory has a database for national laboratory services and monitors performance of regional laboratories</li> <li>8. Utilisation of laboratory services by clinicians and communities improved</li> <li>9. Laboratory technical committees performing better</li> </ol>	

10. Health laboratory policy and implementation plan developed

#### Health Centre III level in 2006

1. 75 microscopists from HCIII sponsored for the course of medical laboratory Assistants.
2. 3 trainers from Lab Assistant training schools sponsored to the course of Health Tutors in-country
3. Laboratory assistant training schools equipped and provided with reagents and supplies delivering quality training
4. Laboratory training schools provided with inverters and rain water tanks

#### TB/HIV Integration in 2006

1. National External TB Quality assurance system strengthened
2. 66 laboratory staff trained in standard TB testing and reporting
3. NTRL rehabilitated into state-of-the-art TB laboratory with essential technical units plus training laboratory.
4. TB testing sites have capacity to test for HIV and HIV testing sites
5. have capacity for testing for TB as per national standard guidelines

<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Standardised health laboratory system</li> <li>2. Increased uptake of laboratory services by patients and clinicians at all levels of health care</li> <li>3. Reduced mortality due to TB amongst HIV patients</li> </ol>
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<b>What Operational Research Question(s) is the project working on (06/07)</b>	<ul style="list-style-type: none"> <li>▪ Does integration of laboratory, clinical and counsellor training improve uptake of laboratory services?</li> <li>▪ What are the effects of supportive supervision on quality of health care supported by laboratories?</li> </ul>
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Knowledge Products	Title	Author	Year published / presented
(Cumulative list of documents publicly available since project inception)	Curriculum for in-service course for Health Laboratory Service Providers	AMREF and partners	July 2006
	Standard Operating Procedures for Diagnosis and Monitoring of HIV AIDs and Related Conditions for Health Laboratory Service Providers	AMREF and partners	July 2005

## 20. Gulu Immunisation Project

<b>Cost Centre</b>	N107	
<b>Budget</b>	<b>Annual Budget 06/07:</b> USD 96,122 (Funded Annually)	
<b>Dates</b>	<b>Start Date:</b> October 2003	<b>End Date:</b> September 2008
<b>Project Manager</b>	Mary Gorrety Tino	<b>Email:</b> <a href="mailto:gorretyt@amrefug.org">gorretyt@amrefug.org</a>
<b>Donor(s)</b>	AMREF Italy	
<b>Location</b>	Gulu and Amuru Districts	
<b>Target Pop.</b>	21,113 children under one year, 24,550 pregnant women and 87,398 women	
<b>Partners</b>	District Health Department, UNICEF and WHO	
<b>Goal</b>	To protect and improve the health status of children under five in Gulu District through better district immunisation services	

<b>Purpose/Overall Objective</b>	Increase immunisation coverage among infants from 58% to over 90% within 12 months of implementation and maintain this level		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To empower communities to appreciate, demand for and participate in immunization services.</li> <li>2. To support implementation of immunization activities.</li> <li>3. To build capacity for support supervision and monitoring immunization activities.</li> </ol>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Annual work plan reviewed</li> <li>2. Quarterly sub county committee meeting held.</li> <li>3. 341 Community Vaccinators, 34 staff and 243 Community Mobilisers supported to implement immunization activities in the two Districts</li> <li>4. 30 community vaccinators trained</li> <li>5. 300 leaflets (IEC) produced for community mobilisation.</li> <li>6. 10,000 immunization completion certificates procured.</li> <li>7. 5 model communities sensitized.</li> <li>8. 25 cold chain assistants trained.</li> <li>9. One National Child Health Day supported</li> <li>10. 121 register clerks supported.</li> <li>11. 5 EPI F/P and 5 I/C HSDs supported in conducting support supervision.</li> </ol>		
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Communities demand and complete immunisation schedules in accordance to Uganda National Expanded Programme on Immunisation.(UNEPI) guidelines</li> <li>2. Static and out-reach immunisation points are well managed in terms of vaccine control ,managment of the cold chain, vaccine control, injection safety, organisation of sessions, data management and community feedback.</li> <li>3. Health workers at health facility and community levels using support supervsion tools for improved routine immunisation activities.</li> </ol>		
<b>What Operational Research Question is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ Study on cultural social drivers that inhibit completion of immunisation schedules of under fives.</li> </ul>		
<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	Fact sheets	AMREF and partners	2005/06
	EPI survey report	AMREF and partners	2004/05/06



# HEADQUARTERS

## 1. Technical Support Facility

<b>Cost Centre</b>	R111	
<b>Budget</b>	<b>Total Budget:</b> USD 2,370,000	<b>Annual Budget 06/07:</b> USD 1,094,668
<b>Dates</b>	<b>Start Date:</b> December 2005	<b>End Date:</b> December 2007
<b>Project Manager</b>	Cathy Beacham	<b>Email:</b> cathyb@amrefhq.org
<b>Donor(s)</b>	UNAIDS	
<b>Location</b>	Nairobi, AMREF Headquarters	
<b>Target Pop. (Demonstrating Equity)</b>	NACs, Health and other Ministries, Multilaterals, Donor Agencies, NGOs and the Private Sector in six countries (Eritrea, Ethiopia, Rwanda, Kenya, Uganda, Tanzania)	
<b>Partners</b>	UNAIDS, UNDP, UN co-sponsors	
<b>Goal</b>	To strengthen coordination and capacity for effective scale up of HIV and AIDS responses in line with national priorities and plans	
<b>Purpose/Overall Objective</b>	To improve access to timely quality assured technical assistance for scaling up HIV national responses across Eastern Africa	
<b>Objectives 06/07</b>	<ol style="list-style-type: none"> <li>1. Strengthened M&amp;E systems within Ministry of Health in Eritrea</li> <li>2. Strengthened National ARV management systems in Eritrea</li> <li>3. Strengthened National Multisectoral Strategic Framework to mitigate impact of HIV and AIDS on vulnerable groups in Tanzania</li> <li>4. Improved capacity of Rwanda's CNLS and Ministry of Finance in costing multisectoral responses to HIV and AIDS</li> <li>5. Strengthened institutional systems of a Men Against AIDS NGO in Kenya</li> </ol>	
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Situational analysis of impact mitigation programs in Tanzania completed</li> <li>2. Assessment of financial and human resources available to support implementation of new National Multisectoral</li> <li>3. Strategic Framework in Tanzania completed</li> <li>4. EAC Strategic Plan on HIV and AIDS effectively costed</li> <li>5. A costed annual HIV and AIDS workplan for EAC developed</li> <li>6. Development of a 4 year UN Joint Programme on HIV and AIDS in Tanzania successfully facilitated and documented</li> <li>7. Development of a proposed Institutional HMIS and M&amp;E Framework for the Lake Victoria Basin Initiative</li> <li>8. 25 consultants across Eastern Africa have improved professional skills in M&amp;E framework development, strategic planning &amp; costing</li> </ol>	
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Technical support facility established and operational</li> <li>2. Access to high quality TA in priority areas through Short Term Consultancies established</li> <li>3. Capacity of country partners to manage TA effectively strengthened</li> <li>4. Capacity of local consultants and organizations in the country to provide high quality TA strengthened</li> <li>5. TSF effectively marketed to potential clients and other stakeholders</li> </ol>	
<b>What</b>	<b>Operational</b>	What are the challenges faced in transforming a wholly donor-funded HIV/AIDS focused

**Research Question** is technical support facility into a successful and financially sustainable business model?  
**the project working on** (06/07)

<b>Knowledge Products</b>	<b>Title</b>	<b>Author</b>	<b>Year published / presented</b>
<b>(Cumulative list of documents publicly available since project inception)</b>	A Baseline Study of the Nzokira Project in Burundi	Ingvild Oia	2007
	Towards Effective CSO Participation in the National Response in Tanzania	David Kabasu	2007
	Workshop Report on Capacity Building of CNLS & MoFEP on Costing Techniques	Rose Mutunga	2007
	A Proposed Institutional HMIS & M&E Framework for LBVI	Evas Kasiime & Paul Kiage	2007

## 2. Gedo Health Consortium

<b>Cost Centre</b>		
<b>Budget</b>	<b>Total Budget:</b> USD 8,687,422.49 <b>Annual Budget 06/07:</b> USD 3,302,497.20 (No cost extension)	
<b>Dates</b>	<b>Start Date:</b> January 2003	<b>End Date:</b> June 2007
<b>Project Manager</b>	Dr. Mores Loolpait	<b>Email:</b> moresL@amrefhq.org
<b>Donor(s)</b>	EU, DFID, DCI, Dutch Government, AMREF, Trocaire , Cordaid	
<b>Location</b>	Gedo Region Somalia	
<b>Target Pop.</b>	250,000 people in the districts of Belet Xaawo, Bordhubo, Dollow, Garbaharrey and Luuq	
<b>Partners</b>	Trocaire, Cordaid, Communities in Gedo, UNICEF, WHO, Concern World Wide	
<b>Goal</b>	To contribute to improving the health of the people of Gedo	
<b>Purpose/Overall Objective</b>	Improved health status of the people of Gedo	
<b>Objectives</b>		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Institutional and management framework for sustainable community based services in the five districts established (incl. DHB's, VHC's and DHMTs.</li> <li>2. Regional Health Board (RHB) framework established and integrated programme developed</li> <li>3. Basic health services in 5 districts improved</li> <li>4. Technical expertise and management capacity of health care providers strengthened</li> <li>5. Programmes for HIV/AIDS, Malaria and TB further strengthened and fully integrated (into GFATM for Somalia, incl. UNICEF &amp; WHO)</li> <li>6. Health Promotion activities strengthened to promote diseases prevention in the communities</li> <li>7. Coping capacity developed to identify and approximately respond to the health aspects in cases of disasters and emergencies</li> </ol>	

	8. Improved nutritional monitoring and response mechanisms in place		
	9. Programme experience is integrated and shared to support countrywide sector policy development.		
<b>Outcomes(Impacts)</b>	1. Basic Health services established and functioning in 5 districts of education Region		
<b>What Operational Research Question is the project working on ( 06/07)</b>	▪ What does it take to engage local governance in health to promote peace and security in an environment of chronic and recurrent crisis?		
<b>Knowledge Products</b>	<b>Title Author Year published / presented</b>		
<b>(Cumulative list of documents publicly available since project inception)</b>	Gedo Health consortium – Internal Evaluation	Chris Wood, Vivian Erasmus, Jo Thomas - GHC	November 2003
	Report of a Community Consultative Process Involving Various Stakeholders in Gedo region – Strategic Planning Phase III	Tacitus Consultants lead by Margaret Ombae	March 2004
	First interim Narrative Report of the Gedo Health Programme – 03-04	Gedo Health Consortium	March 05
	Second interim Narrative Report of the Gedo Health Programme -04-05	Gedo Health Consortium	May 06
	Mid term Evaluation Report of the Gedo Health Programme	Paolo Bevilaqua,Dismas Ongore, Erica Musch, Mores Loolpapit	November 06

### 3. AMREF Heritage

<b>Cost Centre</b>	R108
<b>Budget</b>	<b>Total Budget:</b> <b>Annual Budget 06/07:</b> USD 90,981
<b>2003-2007</b>	<b>Start Date:</b> Jan 2003 <b>End Date:</b> Dec 2007
<b>Project Manager</b>	Nicky Blundell Brown <b>Email:</b> nickyb@amrefhq.org
<b>Donor(s)</b>	AMREF Netherlands, AMREF Germany, AMREF Italy, AMREF USA, AMREF Austria, AMREF Canada, Ross McParland, Ford Foundation
<b>Location</b>	Regional
<b>Target Pop. (Demonstrating Equity)</b>	Donors, AMREF staff nationally, regionally and internationally, partners/collaborators, learning institutions, development groups and communities
<b>Partners</b>	AMREF HQ, Country and National Offices
<b>Goal</b>	To provide access to AMREF's information and knowledge (1957-to date) both electronic and hard copy to partners involved in development and health promotion in Africa.
<b>Purpose/Overall Objective</b>	To produce a comprehensive and accessible analysis of the impact of AMREF's work from 1957 to date and to ensure policies are in place for sustainability of this process. throughout AMREF.
<b>Objectives</b>	1. To develop an AMREF Records Management (RM) Policy/ Framework



	<ol style="list-style-type: none"> <li>2. To develop a Records Management Course/curriculum (both open and e-learning)</li> <li>3. To Train AMREF Staff in Records management</li> <li>4. To provide logistical support for AGM &amp; Board Meetings held annually</li> <li>5. To identify and process extensive archive materials for AMREF</li> <li>6. To Showcase AMREF through Special Events management</li> </ol>									
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Training: a)Develop advanced Records Management Course and work book b) develop e-learning module on Records Management for all AMREF staff</li> <li>2. Document and archive all 50th Anniversary materials</li> <li>3. Co-ordinate AMREF 50th Anniversary Special Events calendar</li> <li>4. Provide support to AGM and October Board meeting as well as other Special Events such as conferences as requested.</li> <li>5. Establish a Deputy position in Heritage</li> </ol>									
<b>Outcomes(Impacts)</b>	<ol style="list-style-type: none"> <li>1. Records Management being developed as part of AMREF's overall Knowledge Management initiative.</li> <li>2. RM training to be developed in e-learning form and be mandatory for all staff, as well as RM being included in all new staff's induction.</li> <li>3. Records Management incorporated as part of AMREF's induction process</li> <li>4. AMREF staff trained in Records management and utilising skills acquired</li> <li>5. Improved records management in AMREF</li> <li>6. Corporate Archive needs to be re-processed/re-classified to be useful to AMREF's Libraries and Health Portal. Country offices need policies/guidance on how to set up their archives/records systems.</li> <li>7. AMREF must develop an appropriate RM policy so that the disorganised situation still existing in various quarters of AMREF's filing/storage/records systems are addressed.</li> </ol>									
<b>What Operational Research Question is the project working on ( 06/07)</b>	<ul style="list-style-type: none"> <li>▪ What factors affect effective records management in health development organisations?</li> </ul>									
<b>Knowledge Products</b>	<table border="1"> <thead> <tr> <th>Title</th> <th>Author</th> <th>Year published / presented</th> </tr> </thead> <tbody> <tr> <td>Heritage Website</td> <td>AMREF Heritage</td> <td>2006</td> </tr> <tr> <td>Records Management Course Document</td> <td>DLS /AMREF Heritage</td> <td>2006</td> </tr> </tbody> </table>	Title	Author	Year published / presented	Heritage Website	AMREF Heritage	2006	Records Management Course Document	DLS /AMREF Heritage	2006
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