AMREF PROGRAMMES 2004

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AMREF PROGRAMMES 2004

Welcome to the 2004 listing of AMREF programmes. This book contains information on AMREF's projects and relates to an accompanying CD Rom with more detailed data. Next to each project title is a code number. In order to find more information on any project, simply open the "Project Summary" folder on the opening screen of the CD Rom and click on the code number of the project that interests you. You will be able to find, where available, the following documents:

- Maps of each country showing location of projects
- Project Proposals
- Budgets (when separate from proposal)
- Baseline surveys
- Measurements of project health indicators
- Annual reports for 2003
- Evaluations
- Presentations
- Research Papers
- Publications
- Stories
- Photographs

In addition, you will find a folder "FactsandStats" containing general information and health, development and population statistics relevant to AMREF's programmes and territories of operation.

All of this information has been updated as at 27th February 2004. As more up to date information becomes available, it will be entered onto the AMREF intranet site: www.amref.net. You can access this site online with username: amref.net and password: ulimwengu. From the top scroll bar, choose "Project Information". Alternatively, request an updated CD Rom at any time by sending an email to info@amrefhq.org.

Please note:

1. The CD Rom is not for external distribution. It contains draft documents that are not authorised for dissemination outside AMREF.
2. This exercise is not intended to be repeated. The data and documents that are gathered here will in future be gathered by the project management system that is being introduced this year. You will be consulted before July 2004 on the type of data and documents that you generally wish to have access to. The AMREF information system will then be designed to deliver this information to you by email or, where email access is inappropriate, by CD Rom on a regular basis and in a format that suits your needs. Please feel free to send any suggestions and comments to tomn@amrefhq.org.

This publication and its accompanying CD have been developed by: Basil King, Martin Kinyua, Catherine Mahoney, Martin Mbalu, David Mwagiru, Peter Ngatia, Tom Noel, Gordon Owles.

AMREF, Nairobi. Communications Department. February 2004.

ETHIOPIA

HIV/AIDS, TB AND STIs

Income generating activities for HIV/AIDS prevention, care and support, Kechene **001**

Purpose 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.
Location Neighborhood of Kechene, located in the Gulele Kifle Ketema or sub-city of Addis Ababa

Project Manager John Nduba **Email** ndubaJ@amref.org.et
Start Date Jan 2004 **Finish Date** Dec 2006
Budget $ 219,128 (approved)
Donors 1. AMREF NL$ 80,000. 2. AMREF UK$ 75,000 (unconfirmed at Jan 2004) 3. AMREF HQs $ 48,360 over three years
Objectives Capacity of the community to give community based care of AIDS orphans and the sick enhanced through improved incomes. Stigma reduced and the ability of the community to prevent HIV transmission enhanced.

Target Population 150 women and orphans living with / affected by AIDS. Direct benefit to 900 family members. Indirect benefit (HIV prevention) to 10,000.

Fighting AIDS Together in Ethiopia (FATE) – Phase 2 **002**

Purpose Contribute to reducing the spread of HIV/AIDS in Ethiopia by maintaining it at its current or a lowered incidence level by the end of 2006
Locations National

Project Manager John Nduba **Email** ndubaJ@amref.org.et
Start Date Proposed Jan 2004 **Finish Date** Proposed Dec 2006
Budget $ 2,077,570 (unapproved)
Donors 1. Proposed NORAD $ 1,867570. 2. Proposed HQ Programme Funds $ 210,000
Objectives Continue to strengthen local capacity to combat the spread of HIV/AIDS Continue to strengthen and expand existing interventions and develop more effective and sustainable interventions that will serve as models for replication Increase lesson learning and documentation. Advocate for best practices and issues of concern.

Target Population Youth nationally and at specific youth centres

Collaborators HIV/AIDS Prevention and Control Office, Addis Ababa and Addis Ababa Regional Health Bureau Ethiopian Orthodox Church (EOC) Ethiopian Kale Hiwot Church (EKHC) Organization for Social Services for AIDS Kechene Slum Iddirs Association (proposed)
Lessons Learned See proposal Phase 2 for lessons learned from Phase 1
Innovations See proposal Phase 2 for innovations in Phase 1

HIV/AIDS, TB AND STIs

Maximising the I mpact of Successful HIV/AIDS Care, Support and Prevention Interventions in the East Africa Region 004

Purpose To document and share successful HIV/AIDS prevention, care, and support interventions in the Eastern Africa region, and support non-governmental and faith-based organizations to replicate and scale up suc cessful initiatives thereby contributing significantly to control of the HIV/AIDS epidemic.

Location Kenya, Uganda, Tanzania, Rwanda and South Africa

Project Manager Mwihaki Kimura Muraguri **Email** mwihakik@amrefke.org

Start date April 2002 **End Date** April 2005

Budget US$ 401,602 (approved)

Donors 1. Simavi US$ 97,725. 2. TIDES US$ 25,000. 3. Church World Service US$ 25,645. 4. Ireland Aid/ AMREF Regional US$ 334,881. 5. AMREF Netherlands US$ 51,166

Objectives 1. Collaborating and networking with relevant partners to assist in coordinating project activities 2. Detailed inventory of successful HIV/AIDS interventions in the East African region; initially in Kenya, Uganda and Tanzania 3. Documentation of the key ingredients of success in each selected intervention. 4. Development of a best practices toolkit based on the East African experience that can be used by agencies in the various countries for replication and scaling up. 5. Designing and developing programs for scaling up selected suc cessful interventions

Target Population CBOs, NGOs working within HIV/AIDS in the target countries. Populations served by the organisations in the target countries

Collaborators Ministries of Health, Ministry of Education, Science and Technology, Office of the VP, Ministry of Tourism and Information, National AIDS Control Councils, National AIDS Control Programmes, National AIDS Commis sions, HIV/AIDS Consortiums, MAP International and HIV/AIDS Business Councils

Lessons Learned 1. For effective coordination and implementation of Project activities in a Regional initiative, full time staff should be deployed in each of the countries. Having a person already engaged in another project compromises the time dedicated to implementing activities. 2. Each country is unique in Project Implementation in terms of expectations, needs and priorities, when developing projects and/or programmes with a regional outlook this needs to be taken into account. 3. Documentation of project information and data is not easy to source within the target countries, thus necessitating field surveys and direct informant interviews for data collection. The process of a National survey is both time consuming & expensive because a lot of time and resources are required to capture a significant amount of information in each country, however this is the only way to get pertinent and time sensitive data.

Results/outputs 1. Inventory of successful and effective interventions in Kenya, Uganda, Tanzania & Rwanda. 2. Devel opment of models supporting the complete continuum of care for HIV/AIDS in Kenya and Uganda

Improving Food and Nutrition Security for Women and Families affected by HIV/AIDS 005

Purpose Apply appropriate agricultural technologies and manage resources sustainably to improve availability and accessibility to quality food.

Locations Makindu, Nguu and Mtito Andei divisions of Makueni District

Project Manager Dorothy Nduku Kitundu **Email** ndukuk@amrefke.org

Start Date March 2003 **Finish Date** February 2005

Budget US Dollars 107,142 (approved)

Donors Farm-Africa US$ 107,142

Objectives To promote appropriate crop production technologies i.e. bucket drip irrigation and drought tolerant crop varieties among 240 families including those affected by HIV/AIDS.To increase the application of goat and chicken manure in Kitchen gardening by 30% from the baseline.To promote small livestock (goats an poultry) improved breeds among 120 households.To increase the proportion of households using nutritionally balanced diets developed from locally produced foods by 30% from the baseline.To promote labour saving devices (Ox-

ploughs) among 120 households.To identify and integrate gender concerns related to availability and accessibility to adequate food and Nutrition in all project activities.

Target Population Food insecure households in the project area: 240 Families, 150,000 people

Collaborators Kenya Agricultural Research Institute (KARI), The Ministry of Agriculture, Ministry of Culture and Social Services, Ministry of Health, Meru Dairy Goat Project, ActNow.

Lessons Learned Community participation is a crucial element in enhancing ownership hence sustainability. A project assessment carried out in July 2003 indicated that the levels of participation were quite broad among the community groups who confessed success of interventions. Partnerships are important in maximizing benefits in terms of Technology transfer and outreach. This has so far worked well for the project, as every partner feels that they have a stake in the project. Transparency and accountability have been important ingredients in strengthening the partnerships.

Innovations Partnerships for sustainable food and nutrition security and development.

Women and AIDS Thika **006**

Purpose Improved capacity of community and health personnel in prevention of HIV/AIDS.
Location Thika District, North and South Gatundu Divisions

Project Leader Robina Biteyi **Email** robinab@amrefke.org
Start Date December 1999 **Finish Date** March 2003
Donors 1. Community Fund UK£ 336,885. 2. The Allan & Nesta Ferguson Charitable Trust £111,428. 3. Elton John AIDS Foundation £25,000

Target Population Population of North and South Gatundu estimated at 240,000 people. Target groups are women and youth (15-24); and workers in Matara Tea Factory, Gakoe Tea Estate, Ngethu Water Processing Plant and Theta Tea Estate.

Collaborators Ministry of HealthMission of Hope, a local community based organization (CBO)District AIDS Coordinating Committee (DAC) and Constituency AIDS Committee (CAC), Ministry of Education.

Activities 1. To mobilize and raise awareness of target community about HIV/AIDS. 2. To strengthen the capacity of health care providers in 8 health facilities in the detection and management of STI. 3. To facilitate the development and management of two youth centers to provide youth friendly reproductive health services. 4. In partnership with four workplaces to initiate and support HIV peer education for behaviour change. 5. Facilitate youth to initiate and manage income-generating activities. 6. Promote regional networking and experience sharing in HIV/AIDS programming.

Results/Outputs 1. Increased access and utilization of youth friendly reproductive health services by the youth (15-24). 2. Improved detection and management of STIs at 8 target health facilities, in North and South Gatundu. 3. Improved access to HIV/AIDS information through peer education, among target communities. 4. Increased uptake of VCT services among the youth (15-25). 5. Increased prevention and support of youth friendly reproductive health services by target communities.

HIV/AIDS Prevention and Care (HAPAC) **007**

Purpose To improve access to and utilization of high quality STI management services in Nyanza province
Locations Nyanza Province

Project Manager Emmanuel Akach **Email** amrefhap@africaonline.co.ke
Start Date March 2001 **Finish Date** March 2003
Budget UK£ 250 000 (approved)
Donors 1. DFID through Futures Goup Europe UK£25000
Objectives Trained service providers and their service delivery points offer high quality and effective STI management services that are affordable.Effective IEC delivered to the community with a focus on youth on STI prevention and treatment

Target Population Health care providers in church sponsored facilities and private health facilities: 1000 in total· The Nyanza community

Collaborators Ministries of Health, NACC (national Aids control council), Kenya clinical officers association, National nurses association of Kenya, Kenya medical association, Kenya catholic secretariat and the Christian health association of Kenya (CHAK).

Lessons Learned 1. Private Health care Providers can implement projects without expecting financial rewards. Some are willing to go the extra mile to fund their own small IEC projects. Participation in Operation Research did not earn them any money but they wholeheartedly took part in it. 2. Professional associations can supervise their own members but so often lack the capacity to carry out this important function. Backing from willing partners and donors is needed to assist in this. 3. Demand creation for services is possible though the use of innovations as in the IEC microprojects that relied on HCPs and youth peer educators. 4. Piivate providers are willing to participate in Continuing Medical Education contrary to what had been expected. In fact interventions that only target the public health system are likely to lose a big percentage of the population. 5. Patients seeking treatment from private providers are also consumers looking to buy services. Commercial market research companies have an approach and use techniques, which can yield insights that traditional surveys of health treatment-seeking behaviour often miss. 6. Active marketing of the trained providers in public and private is required. This is probably more effective than trying to suppress the semi-trained and the quacks. But training the more competent among the unlicensed private providers might be even more cost-effective. 7. Medicine shop staff are already pretty good at following prescriptions, and many of them already recommend people without prescriptions to seek advice from a doctor. Not much is being done at present to improve such referrals, but it could be very cost-effective. 8. Medicine shop staff are really bad at deciding what medicines to sell to people presenting with STIs symptoms. Ideally they should be persuaded to refer them to a trained provider. But this is not currently in their commercial interest, so we need to find ways to make it profitable for them to refer such customers. In the meantime, even a small improvement in their knowledge of STIs and in the drug they sell to people presenting with symptoms would be worth achieving.

Innovations 1. Involvement of Private Providers in CME, Operations Research. 2. Involvement of Private Providers in IEC microprojects to create demand for STI services and raise awareness on STDs and HIV as well as distributing condoms. 3. Use of out of school peer educators to conduct outreach services in Schools, churches and public fora.

HIV/STI Prevention in Low Income Communities and Workplaces 008

Purpose Improve capacity of women in low income communities and men in workplaces to prevent and control HIV

Location Nakuru District, Nakuru Municipality

Project Leader Robina Biteyi **Email** robinab@amrefkenya.org

Start Date August 1999 **Finish Date** September 2004

Donors USAID through Family Health International (FHI)

Target Population Low income communities and men in workplaces in Nakuru Municipality, estimated at 60,000 people

Collaborators PATH, KANCO, University of Nairobi, MAP International, Ministry of Health (MOH), Society for Women against AIDS in Kenya (SWAK)

Activities 1. Mobilizing communities in Kaptembwo, Bondeni and Lanet communities. 2. Training and providing technical support to peer educators in target workplaces and communities (including Kenya Police). 3. Implementing a behaviour change communication strategy and monitoring BBC communication. 4. Mobilizing and building the capacity of target workplaces (industries, factories and state corporations to implement HIV/AIDS programmes and supportive policies.

Results/outputs 1. Increased uptake of STI care. 2. Improved utilization of voluntary counseling & testing (VCT) services. 3. Increased condom demand. 4. Increased number of companies supporting HIV/AIDS interventions and allocating time, human resources and money to HIV/AIDS response.

Mitigating the Impact of HIV/AIDS on Household Income, Nutrition, Food Security and Health in Makueni 125

Purpose Mitigating the impact of HIV/AIDS on household economic base, food security, health and Family Nutrition.
Location Makindu, Nguu and Mtito Andei of Makueni District

Project Manager Dorothy Nduku Kitundu **Email** ndukuk@amrefke.org
Start Date March 2002 **Finish Date** February 2004
Budget US$ 176,457 (approved)
Donors 1. Generaliat Valenciana US$ 123,683. 2. AMREF Kenya US$ 52,774
Objectives 1. A situation analysis on HIV/AIDS and it's impact on the household's income, food security, health, family nutrition and general well being carried out and documented. 2. Local and institutional capacities to integrate HIV/AIDS in income generation, food security, health and family nutrition interventions developed. 3. HIV/AIDS preventive and homecare messages developed and integrated in all project interventions. 4. Income generating activities among the affected families and the wider community promoted. 5. Access safe drinking water to at least 10,000 people. 6. Healthy feeding practices among the HIV/AIDS patients promoted. 7. Low input technologies for crop, livestock production and post harvest technologies promoted.

Target Population 400 Families, 30 partners; 150,000 People

Collaborators 1. Kenya Agricultural Research Institute (KARI) provides bucket drip irrigation kits, seed varieties as well as the technical support in seed multiplication and agronomy. 2. The Ministry of Agriculture is facilitated by the project in terms of resources to execute the project activities. 3. The Ministry of Culture and Social Services mobilises the communities, assists in identification of groups and training on record keeping for monitoring of the activities. 4. The Ministry of Health is involved in development of diets using locally available foodstuffs, counselling and identification of families affected by HIV/AIDS. 5. ActNow, a Voluntary Counselling and Testing service provider; refers the people tested and found positive to the project for integration.
Lessons Learned Community participation is a crucial element in enhancing ownership hence sustainability. A project assessment carried out in July 2003 indicated that the levels of participation were quite broad among the community groups who confessed success of activities. As local institutions integrate the issues of HIV/AIDS in their planned activities, the communities are opening up to talk about it. Some of the communities are even staging plays to inform others of the impact of the scourge. Partnerships are important in maximizing benefits in terms of Technology transfer and outreach.
Innovations Partnerships for sustainable food and nutrition security and development.

PMCT and VCT Projects, Nyando 132

Information available in Compact Disk version.

Police Force HIV Policy Project 009

Purpose An improved HIV/AIDS Policy framework in the Kenya Police Force
Location National

Project Leader Robina Biteyi **Email** robinab@amrefke.org
Start Date May 2000 **Finish Date** March 2003
Budget US$ 49,762 (approved)
Donors Futures Group International US$ 49,762

Target Population Kenya Police Force in the 8 provinces of Kenya

Collaborators National AIDS Control Council (NACC), Kenya Police Force
Activities 1. Mobilizing the KPF to increase their response to HIV/AIDS. 2. Conducting discussions with Police officers to determine views perceptions, risk factors and vulnerability to HIV/AIDS. 3. Compiling a report of findings. 4. Developing advocacy materials. 5. To conduct a situation analysis of factors that increase the vulnerability and risk of police officers to HIV prevention. 6. To compile a report and share the findings with stakeholders·
To develop an advocacy tool for a supportive policy environment.
Results 1. Visited Ghana Police HIV/AIDS Programme and shared our experiences with senior police officers at the Police Headquarters in Nairobi .2. Discussion with police officers in 8 provinces was conducted and a report compiled and results and the way forward were discussed. 3. Results were analyzed and a report compiled.

MALARIA

Bungoma District Malaria Initiative, Chwele **010.1**

Location Chwele Division

Project Manager Hezron Ngugi **Email** bdmi@africaonline.co.ke
Start Date July 2003 **Finish Date** April 2004
Budget $76,000 (approved)
Donors DFID $52,477
Objectives 1. Free provision of ITNs and SPs for IPT to ANC mothers 2. Free home-based management of fever in two sub-locations 3. Training of CORPs on MCP 4. Operation research 5. Documentation and dissemination of best practices. 6. Free ITNs to financially disadvantaged households 7. Monitoring of field activities

Target Population Pregnant women· Children below five; Financially disadvantaged persons

Collaborators Ministry of Health (Provincial Administration) AMREF

Bungoma District Malaria Initiative, Ndivisi **010.2**

Location Ndivisi Division
Project Manager Hezron Ngugi
Start Date 2003 **Finish Date** 2006
Donors European Union

Target Population Women in the reproductive age group· Children below five years
Collaborators Ministry of Health, Provincial Administration, Ministry of Water Development, Mininistry of Education

Employer Based Malaria Control **011**

Information available in compact disk version.

WATER AND ENVIRONMENTAL SANITATION

Environmental Health Core Development **012**

Purpose Provide technical backstopping, plan and support the implementation, monitoring and evaluation of Water, Sanitation and Hygiene Projects.
Location Nairobi

Project Leader Gerald Rukunga **Email** Rukungag@amrefke.org
Start Date October 2003 **Finish Date** September 2004
Budget US$ 30,129(approved)
Donors ODF US$ 30,129
Broad Objective Technical support in water, sanitation and Hygiene Projects
Specific Objectives 1. Co-ordinate and implement AMREF's Core Water and Sanitation *(WES)* projects. 2. Provide technical support and advise to other AMREF projects that have Water and Sanitation *(WES)* components. 3. Provide consultancy, advisory and technical assistance services to governments, NGOs, private sector and UN agencies on community-based Water and Sanitation issues as component parts of Primary Health Care. 4. Develop Health Learning materials for Water and Sanitation. 5. Support the Amref HQ to co-ordinate Water and Sanitation activities among Amref Country Offices. 6. Support training of Water and Sanitation module to the Diploma in Community Health Course. 7. Carry out operational research in Environmental Health to improve projects implementation, impact and documentation. 8. Develop the capacity of staff to develop and implement Water and Environmental Sanitation *(WES)* Projects. 9. Co-ordinate and supervise the implementation of projects in Eastern and Coastal Zones

Target Population All Amref KCO Projects that have Water and Sanitation components and other regional projects where Amref operates.
Collaborators Ministries of Health, Environment and Natural Resources and other NGOs, UNICEF, World Bank, WHO and WELL of UK.
Results/outputs 1. Marked reduction in WES related morbidity and mortality in project areas. 2. Technical support provided to all projects that have requested. 3. Through WELL partnerships, a number of consultancies have been done or are planned. 4. Supported and co-ordinated the development of the Corporate Amref's Water and Sanitation Strategy. 5. Environmental Health Reference Text for East Africa developed. 6. Supervised students dissertations in environmental health for the year. 7. Improved staff capacity in management and technical skills in WES

Water and Sanitation Kitui **013**

Purpose Improved livelihoods and welfare of communities in Kitui.

Project Manager Denge Lugayu. **Email** dengel@amrefke.org
Start Date August 1997 **Finish Date** September 2005
Budget US$ 384,560.00 (approved)
Donors 1.AMREF ITALY US$ 384,560
Objectives 1. Increased community access to safe drinking water supplies. 2. Promoted personal, community and institutional hygiene and sanitation practices. 3. Developed skills of community owned resource persons on project technologies. 4. Support water–related income promoting activities.

Target Population Women and children who are traditionally charged with responsibilities of looking for water. There are 18,750 direct beneficiaries and 30,000 indirect beneficiaries. The project will concentrate its activities in Mutito and Mwitika divisions of Kitui district, serving a total population of 48,750 people.

Collaborators Ministries of Health, Water, Education, Social Services and Provincial administration.
Lessons Learned 1. It is necessary to carefully select the appropriate community in put during cost sharing. For example while, it is desirable that they contribute half the total costs, this contribution may come in handy in terms of own labour and local materials. This should be tapped to the point where it contributes to the desired level of community contribution. 2. An Afridev hand pump have proved to be easy to install, operate, maintain, spares locally available and gives sufficient water for domestic use. However, the initial cost of the pump is too high for the average rural household poor in Kitui. The most feasible way to go about this is through organized groups rather than individual wells. 3. Ownership and sustainability of water sources is a major challenge, especially if there is no clear exit strategies are put in place. Community-based management promotes establishment indigenous structures for maintenance of water projects. 4. Health and hygiene education is instrumental in promoting school health. In areas where there are activities on child-to-child activities, community entry has been very easy, especially through the existing school committees. School health greatly improves child's confidence in talking about health, hygiene and build on the child's innovative skill right from the early stage of life.
Innovations 1. Innovative approaches such as use of locally available materials and labour to cut down on the project costs have been used with much success. 2. Giant wells instead of convectional tube wells, where population is large give sufficient water for domestic uses and small-scale irrigation around water points. 3. Well aprons with long (15ft) spill way promote cleanliness and reduce contamination of the well.

Kajiado Boreholes Project **014**

Purpose To strengthen community structures to run, manage and sustain their water projects and association for continued access to safe, reliable and affordable water for domestic and livestock in Kajiado district.

Project Manager Gerald Rukunga **Email Address** rukungag@amrefke.org
Start Date 1999 **Finish Date** 2006 (Water for Maasai Foundation)
Budget US $ 564,391(approved)
Donors 1. Water for the Maasai Foundation (WMD) US$ 304,647 (cash) $ 259,744 (equipment) 2. Wilde Gansen ICCO US$ 235,672. 3. Flying Doctors Netherlands US$ 366,000
Objectives 1. To explore the best methodologies for establishing improved community participation in the water resource management 2. Develop / facilitate development of six borehole clusters 3. To build the capacity of clusters in mobilization and management of records 4. To facilitate the development of borehole association as a commu-

nity based organization (CBO) 5. To build the capacity of borehole committees through refresher courses to operate and manage their boreholes 6. Improve community hygiene practices 7. Rehabilitate new boreholes 8. Evaluate and document best practices

Target Population Pastoralist Maasai of Kajiado District who are approximately 60,000 people and 450,000 livestock

Collaborators 1. Government of Kenya Ministries of water, social services and public health 2. Collaborating NGO's namely Christian Children's Fund (CCF), African Wildlife Foundation (AWF) and African Inland Church Missions (AIC)

Lessons Learned 1. When communities contribute their resources to a project, this builds a sense of ownership and enhances sustainability. 2. Capacity building of community own resources persons (CORPs) such as the borehole operators and borehole management committees and ToT's in hygiene through relevant training often leads to more reliable and sustained water supplies and better health. 3. Complete replacement of pumping equipment although initially expensive is cost effective as opposed to repairs on old pumping systems that may frequently breakdown soon after repair. 4. The culture and belief of the maasai must be respected and considered when designing and implementing projects in order to improve effectiveness and sustainability of projects. 5. Water projects can act as an entry point for other health related development endevours in the community 6. Women have been in the past sidelined in the management of water projects in the district as it is assumed that water is first and foremost for livestock, which lies entirely in the docket of men. However, women are the sole domestic water collectors and handlers and must never be excluded in decision – making and management of the resource. Gender equity promotion is mandatory for sustainable water operation. 7. AMREF experiences with existing borehole committees is that women are better stewards of the water sale revenue and the trend is towards having women as treasurers in all water committees. 8. Water is a scarce resource in the district which if well managed may improve the social economic welfare of the maasai community especially with revenue from water sales.

Innovations 1. Participatory planning process with the community 2. Establishment of community structures like borehole management committees, cluster management committees and an umbrella community based organizations (CBO) 3. Identification of local resource persons like borehole equipment operators / artisans and ToTs in hygiene. 4. Capacity building through training of all community water structures and resource persons 5. Participatory borehole rehabilitation process with community. 5. Establishment of borehole equipment spare stores at cluster level.

Water for Improved Livelihood Kajiado **015**

Purpose To provide additional alternative water facilities and improve environmental sanitation through demonstrating Ventilated Improved Latrines and hygiene education in two areas of Isinya and Rombo and several incidental points in Kajiado district.

Location Isinya & Loitokitok

Project Leader Peter B. Mabonga **Email** peterm@amrefke.org
Start Date October 2002 **End Date** September 2003
Budget $157,964 (approved)
Donors AMREF Italy US$ 157,964

Broad Objective To improve access to portable water, sanitation facilities and hygiene education for communities and livestock use in the semi arid areas of Kajiado district by developing wells and other sources such as springs and gravity schemes through cost sharing with communities.

Specific Objectives 1. To exploit shallow ground water where possible through siting, construction and completion of 35 conventional and 5 giant wells (among them existing hand dug wells and traditional giant wells). 2. Develop sustainable system for shallow wells through research and dissemination of appropriate technologies. 3. Facilitate construction of 10 demonstrational Ventilated Pit Latrines (VIPs) in institutions and individual households in the catchment's areas. 4. Rain wells management committees and operators in leadership, operations and maintenance. 5. Carry out health and hygiene education sessions in communities in order to improve sanitation and personal hygiene practices. 6. Document findings from project monitoring and evaluations to inform future water and sanitation activities

Target Population Pastoral communities of the arid and semi arid areas in Kajiado district estimated to cover a population of 69,665 for Isinya and 129,803 for Loitokitok.

Collaborators Ministries of Health, Education, and Social Services, Provincial administration, Water, the Local government, other NGOs in the district and the beneficiary communities.

Results/outputs 1. Construct and equip with hand pump 35 conventional hand dug wells. 2. Construct and equip with motorized pumps 5 giant hand dug shallow wells. 3. Construct 8 demonstrational Ventilated improved Latrines (VIP) with bathroom at households level. 4. Construct 2 demonstrational VIP latrines at institutional level. 5. Train 2 water development committees (34 members) in leadership skills and financial management. 6. Train 2 well operators/attendants per well (80 people) in operations and maintenance of pumps. 7. Carry out 48 hygiene education sessions to reach approximately 20,000 primary school pupils and 2,000 adults through public meetings.

FAMILY HEALTH

Makueni Community Based Rehabilitation **017**

Purpose Improved community capacity to address and manage disability issues
Location Makueni district. Divisions: Kibwezi, Makindu, Mtito Andei, Wote, Kathonzueni

Project Leader Robina Biteyi **Email** robinab@amrefke.org
Start Date March 1998 **Finish Date** April 02 (Comic Relief) April 01 (SIDA)
Budget $655,000 (approved)
Donors 1. Comic Relief UK£ 207,735 (1998-2001). 2. UK£ 85,000 (2001-2002). 3. SIDA US$ 560,000 (1998-2001)
Objectives 1. Increase income for persons with disabilities and their families 2. Increase community awareness and activities in the care of those with mental illness and learning disabilities 3. Strengthen the capacity of pre-primary and primary schools to integrate children with disabilities. 4. Provide a base for practical training in CBR 5. Strengthen capacities of institutions of parents and disabled persons to lobby for increased support and appropriate policies at district and national levels. 6. Conduct operations research on selected CBR-selected issues. 7. Build capacity of district rehabilitation committees. 8. Facilitate linkages and collaborations among agencies involved in CBR in East Africa

Target Population Disabled people and their families. The total population of the 5 divisions covered by the project is estimated at 300,000. Disabled people form 7% of total population, (AMREF 1998).

Collaborators Ministries of Health, Education, and Social Services.United Disabled People of Kenya (UDPK) Kenya Disability Caucus
Results/Outputs 1. Risk assessment done for institutions such as schools, jua kali artisans. 2. Disabled people have taken up positions in the local DDCs at location, division and district levels. 3. Rehabilitation committee revamped and taking decisions, identifying resources and overseeing integration disability issues within district development activities. 4. PWDs and families taking over some CBR activities such as awareness raising through theatre groups and barazas, lobbying for educational services for PWDs in the community, raising funds for playgroups and training activities. 5. More acceptance of disability as part of the community issue- community participates in accessing services for disabled persons. Vocational attachments, world disability day, mobilisation of disabled children to attend school. 6. Increased access to services for disabled people- eye care services by KSB; Ear assessments by the Kenya Ear Foundation. 7. DPOs have become members of the umbrella organisations, UDPK. 8. Research conducted on sexual abuse of people with learning disabilities. Increased awareness on the sexuality of disabled persons. Community taking deterrent measures against abusers of disabled persons. 9. Disabled children and youth have increased access to basic education and skills training opportunities. 10. Disabled people attending FAL classes, while non-disabled persons have been integrated. 11. More disabled persons and families are involved in income and livelihood improvement activities. 12. Health workers at the dispensaries in Wote and Kathonzweni effectively managing cases of epilepsy. 13. Training centre operational and receiving trainees from KMTC and other projects. 14. Water project (pipe extension) in Masongaleni. Disabled persons have access to safe water and generating income from sale of water. 15. House improvements in Muuni. Disabled persons living in brick-walled and iron-roofed houses with access to roof water catchments. 16. Seed banking establishments in Wote and Kathonzweni. Increased access to seeds during planting seasons. 17. Referral systems regularised with Kijabe Mission Hospital. 18 Draft bill in place waiting to be tabled in parliament. 19. Disability thematic team established for the poverty strategy consultation (AMREF as a key member). 20. National Disability Caucus functional (involving major disability stakeholders). 21. AMREF discussion paper developed on disability and rehabilitation. 22. Evaluation recommends strengthening of regional networks. 22. Networking expanded to include Uganda and Tanzania Mainland – joint training curricula development, sharing of information and exchange programmes

Coastal School Health

018

Purpose To Improve health, quality of life and development capacity of school going children and their communities through the implementation of a comprehensive and rights based approach to school health initiatives.

Location Kaloleni Division, Kilifi district and Watamu, Gede locations Malindi District

Project Manager Margaret Mwiti **Email** margaret@swiftmalindi.com

Start Date September 2003 **Finish Date** September 2004

Budget $ 470,588 (approved)

Donors AMREF Italy US$ 470,588

Target Population No. direct beneficiariesNo. indirect beneficiaries School going children and their families in 9 primary schools and one girl's secondary school. Total population in these 10 schools is estimated at 10,000 January 2004 and about 63,000 of indirect beneficiaries.

Collaborators Ministry of Education, Health, Water, Social Services, Community and local administration.

Objectives 1. The long-term prospects for healthy development of 10,000 school children improved. 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. 3. Improved school Infrastructure and safe water systems to encourage greater school attendance. 4. Community participation in school development, health promotion and prevention of child abuse. 5. Increased understanding of children's rights and an effective system of lobbying and campaigning for children's rights in place.

Lessons Learnt 1. For project sustainability and community participation, communities should be involved right from the planning stage. 2. The communities do not value the need for having and using latrines. They therefore do not take the construction of pit latrines as seriously as they do for the construction of classrooms. It therefore takes a long time and a lot of persuasion to construct the latrines. We have now resulted into constructing the latrines before the classrooms but still the communities have not valued it as much as the classrooms 3. Community participation is a slow process, which requires adequate time to be effected. This has direct consequences in the project implementation within defined period. 4. Communities are different, some take a short time to participate, others take a very long time and there area those who do not participate at all. 5. Once communities are sensitized and have seen the benefit of school health promotion from other communities they usually seek support from AMREF and they full support their projects. 6. The involvement of senior government officers, leaders, school community right from the planning stage enhances quick project uptake. 7. The project goal, purpose and strategies must be understood by all stake holders right from the beginning to avoid misunderstanding in future and to ensure sustainability. 8. For project sustainability, the communities have a major role in project planning, implementation and monitoring of activities so that adjustments are made in responsive manner by all.

Child Focused Development, Coast

019

Purpose Raise funds to support school health promotion and community development activities in Coast Province through school children

Location Malindi

Project Manager Margaret Mwiti **Email** margaret@switfmalindi.com

Start Date July 2002 **Finish Date** July 2005

Donors AMREF Italy 2. $86,374

Objectives 1. To increase access to education for disadvantaged children in Malindi. 2. To raise funds to carry out critical school development and community interventions 3. Secure a long-term support base and in the process build critical North-South alliances to fight against poverty. 4. Carry out development education in the North and in the process change negative perceptions. 5. Hold quarterly feedback and educational meetings with parents and school committee members. 6. Document experiences

Target Population School going children and the communities around the project schools in Watamu and Gede locations Malindi Division, Malindi District. Target for the 3 years is to recruit 1000 children in the project

Collaborators Ministries of Education, Water, Children's Department and Action Aid

Lessons Learned 1. In order to enhance community participation the community involvement is crucial from the beginning .2. The key success of the project depends on the involvement of the community in all the implementation stages. 3. Girl child education is still not taken seriously and boys are still favoured when it comes to education especially when the family is not able to afford. 4. The involvement of education officers at all levels has enhanced trust and confidence between the community and the organisation.

School Health Promotion, Mitsajeni Primary School **020**

Purpose Improved healthy environment that promotes enrolment, retention and learning
Location Ribe location, Kaloleni division, Kilifi District

Project Manager Margaret Mwiti **Email** margaret@swiftmalindi.com
Start Date March 2002 **Finish Date** March 2004
Budget $ 120,034 (approved)
Donors 1. Paco Gaya $ 80,001 2. AMREF Italy $ 40,003
Objectives 1. To improve infrastructure in the school. 2. To increase number of personnel to be involved in school health promotion activities. 3. To increase access to safe water. 4. To facilitate the availability of textbooks in the school.

Target Population 355 school children in Mitsajeni primary school, their immediate families and an estimated 2,500 community members

Collaborators Ministries of Education, Health, Water, Social Services, School Committee, community and local administration

Lessons Learnt 1. For project sustainability and community participation, communities should be involved right from the planning stage. 2. The communities do not value the need for having and using latrines, therefore do not take the construction of pit latrines as seriously as they do for the construct the latrine. We have now resulted into constructing the latrines before the classrooms. 3. Community participation is a slow process, which requires adequate time to be effected. This has direct consequences in the project implementation within defined period. 4. Communities are different, some take a short time to participate, others take a very long and there are those who do not participate at all. 5. Once communities are sensitized and have seen the benefit of school health promotion from AMREF and they fully support their project. 6. The involvement of senior government officers, leaders and school community right from the planning stage enhances quick project uptake. 7. The project goal, purpose and strategies must be understood by all stakeholders from the beginning to avoid misunderstanding in future. 8. For project sustainability, the communities have a major role in project planning, implementation and monitoring of activities so that adjustments are made in responsive manner.

Turkana Pastoral Development Project **021**

Purpose The purpose of the project is to establish structures within the community that would empower the community to improve animal and human health, environment and strengthen their cash economy.
Location Lokichoggio, Turkana District

Project Leader Eberhard Zeyhle **Email** eberhardz@amrefke.org
Start Date October 2002 **Finish Date** September 2005
Budget € 1,488.367 (approved)
Donors 1. Ministry for Foreign Affairs Italy €740,512 (49.75%). 2. Terra Nuova €225,193 (15.13%). 3. AMREF Italy €89,793 (6.03%). 4. AMREF Kenya €432,868 (29.08%)
Objective Support for the zoo-technical sector through the reinforcement of local management capacities, the improvement of techniques for controlling livestock pathologies and techniques for processing and commercialising animal products and the sustainable use of natural resources.

Target Population 80,000 people
Collaborators Terra Nuova, AMREF Italy, University of Nairobi, Jomo Kenyatta University for Agriculture and Technology, ILRI, Ministry of Agriculture and Livestock, Turkana County Council
Results/outputs 1. An improved system for controlling the pathologies of domestic animals. 2. Geographic information system (GIS) for the distribution of principal cattle diseases structured and managed locally. 3. Centre for veterinary diagnostics and for the collection/processing of animal products, with its own abattoir for small ruminants (Main Centre in Lokichoggio). 4. Five peripheral veterinary control centres with outbuildings for stockpiling products of animal origin. 5. Improved and therefore increasingly widespread use of existing techniques for preserving and processing products of animal origin in the north of the Turkana District. 6. Structured local commercial network for selling products of animal origin, and analysis of the extension of this network at national level. 7. Local communities sensitised to the sustainable use of natural resources. 8. Geographic data bank (GIS) of natural resources locally set up and managed and a participative analysis of options for sustainable use.

Income Generating Activities - Kitui 022

Purpose Improve socio-economic status of Mutitu people in Kitui
Location Mutitu/Mwitika divisions in Kitui District

Project Assistant Wilson Nthakyo **Email** kibwezio@amrefke.org
Start Date October 2001 **Finish Date** September 2004
Donors 1. Bernard Sunley UK 10,000. 2. AMREF US$ 16,950
Objectives To enable women to improve their health through income generating activities, family planning, health promotion/education and financial services

Target Population 79,000; 2180; 27000
Collaborators GOK, Catholic Church, K-REP, KAP (Kitui Agricultural programme)
Lessons learned 1. Women account for 75% in promotion of IGAs and health initiatives. This shows that the factors against the survival of women and her children in Africa seems to be many; however, efforts to reduce the imbalance in development needs to be addressed. 2. Fusion of IGA and health promotion initiatives have specific impacts on those involved. 3. Rural women seek economic activities that will allow them time and flexibility to attend other domestic roles
Innovations Initiation of community financial services Association (FSA or community village bank) fully owned and operated by Mutitu community with little support from AMREF and K-REP. Community is able to assess banking services and credit facilities.

Lamu CBHC 023

Purpose Contribute to relevant and effective Community-based Health Care interventions in Lamu district addressing the most important health priorities.
Location Lamu district: Division: Kiunga, Witu and Faza Island

Project Leader Robina Biteyi **Email** robinab@amrefke.org
Start Date October 2001 **Finish Date** December 2003
Budget $87,326 (approved)
Donors 1. Reuters $73,094. 2. AMREF Monaco. 3. $7,420
Objectives 1. Develop a plan of health improvement in the district based on community priorities. 2. Provide, in the short term, stopgap health care to underserved communities in the district through outreach. 3. Build capacity of the community for community-based health development. 4. Develop networking and collaboration with local agencies for synergistic contribution to health development. .5. Support public health services to improve health services management and implement health sector reforms effectively. 6. Help leverage more funding for health development in the district.

Target Population Focus on mother and child health. The population of Lamu district is estimated at 72,686, while the population of the Boni community is about 17,000.

Collaborators Ministries of Health, Education, Agriculture, and Social Services, Farm Africa.WWF, KWS, Fisheries department.
Results/outputs 1. Baseline established. 2. Appropriate technology for constructions of pit latrines developed by the communities. 3. Twelve demonstration latrines in place and in use. 4. Four health committees formed and operational in Kiunga, Witu, Faza and Pate 5. Collaboration Committee launched in Lamu and meets regularly to share and plan. 6. Mangai dispensary in Kiunga division. 7. Four demonstration Wells constructed. 8. Community sensitized on health promotion activities. 9. Children under 5 immunized during outreach clinics. 10. Growth monitoring activities carried during the regular outreach clinics. 11. Nutritional status of children 0-5 years assessed in Kiunga, Faza and Witu. 12. Health clubs established

Capacity Building for CBHC Development in Kenya 024

Purpose To strengthen the capacity of DHMTs, NGOs and CBOs in implementation, monitoring and documentation of PHC/CBHC projects in Kenya
Location National: (Kilifi, Mombasa, Laikipia, Kitui, Turkana)
Project Leader Joyce Ikiara **Email** joycei@amrefke.org
Start Date January 2003 **Finish Date** December 2004
Budget U$ 143,831 (approved)

Donors 1. Bread for the World U$ 110,000 2. AMREF Kenya U$ 18,326

Target Population DHMTs, TOTs, TOFs, NGO personnel, CBOs and organized PHC/CBHC groups

Collaborators Ministries of health, NGOs and CBOs in targeted districts

Activities 1. Resource mobilization to strengthen capacity of CBHC-SO to implement the project. 2. Preparatory meetings including dissemination of evaluation report. 3. Workshops to orientate/re-orientate DHMT in PHC/CBHC concepts. 4. Mobilization of target beneficiaries. 5. Meetings to review work plans with TOTs & CBOs. 6. Facilitative monitoring by DHMTs. 7. Stakeholders meetings at National development level on coordination of PHC/CBHC activities. 8. CBHC strategy and policy development. 9. CBO support, strategy and policy development. 10. Pilot support in 5 districts (institutional and capacity building support). 11. Assessment of impact of training in 5 districts. 12. Networking with other GOK, NGOs, CBOs, in the health development at district and national level

Results Expected 1. Impact of training on performance of TOTs, CBOs in target districts assessed and documented. 2. DHMTs monitoring and Supporting PHC/CBHC activities in their districts. 3. AMREF KCO with sufficient internal capacity to deliver quality CBHC services within its projects and to partners. 4. Relevant strategies and policies on CBHC, CBO support developed and operationalised. 5. A national CBHC coordination body in place and functional.

Makueni Equity Study **025**

Purpose Provide insights into issues crucial to the outcome of health system decentralization.The study collected and analysed data on district specific characteristics, their effects on demand for health care and potential impact on the delivery of health services in a decentralised healthy system. Specifically looking at system governance, supply-side, system management and demand-side.

Location Makueni district

Project Leader Dr. Muthoni Kariuki **Email** robinab@amrefke.org

Start Date November 2000 **Finish Date** December 2001

Donors Rockfeller Foundation US$ 150,000

Objectives 1. To analyse the current status of implementation of the decentralization policy in Makueni district Kenya. 2. Define and analyse key design and implementation issues in decentralization. 3. To identify and propose interventions for resolving some of the challenges faced by the district in implementing the decentralization policy. 4. To inform and contribute to the health sector reform dialogue.

Target Population The district of Makueni has a population of 771545

Collaborators Health Sector Reform Secretariate - Ministry of Health, Makueni District Health Management Board, Kenyatta University

Results/outputs 1. Research document/report. 2. Identified gaps in health care provision in Makueni district. 3. Lessons and recommendations on the way forward for decentralisation of health services

Integrated Entasopia Health Programme **026**

Purpose Improved community participation and capacity in addressing their own health concerns amongst the residents of Magadi division. The overall goal of the programme is to determine whether a CBHC system supported by strong static health facilities is technically, socio-culturally, and financially viable.

Location Kajiado district. Divisions: Magadi

Donors 1. Pfizer Inc $100,000. 2. Sight Savers International $287,782. 3. Pfizer Inc $100,000. 4. Dulverton Trust Foundation $40,000. 5. Ireland Aid $ 113,635. 6. Entasopia Bridging Funds $ 50,000. 7. AMREF Netherlands 20,540. 8. Current Bridging Funds from Oct 04-Sep 05 US$ 100,000

Objectives 1. Strengthen management capacities of local health institutions to provide quality primary health services in collaboration with other interested stakeholders in Magadi division thus, enhancing community ownership and sustainability. 2. To continue to train and capacity build the volunteer Community Health Workers at the village level on health and community based development. 3. Train and capacity build the special volunteer Commu-

nity Health Motivators (CHM) to mitigate and implement the "SAFE" WHO recommended strategy in community-based trachoma control. 4. Continue the implementation and a possible expansion of the Community Trachoma control project in collaboration with interested national stakeholders, as part of the WHO VISION 2020 initiative. 5. Offer consultancy services based on the experiences of the AMREF Nomadic health projects. 6. To continue with institutional strengthening and organizational development of the Entasopia Community Development Programme (ECDP) and health facility management committees. 6. Improve provision of curative, preventive and promotive health at Entasopia health centre and in the 6 satellite GOK dispensaries in Magadi. 7. Improve and have functional patient referral systems and networking among the public/private health facilities. 8. To improve healthcare services through infrastructure development at Entasopia health centre by the construction of 5 new staff houses, flood prevention, repair of airstrip and purchase of equipment. 9. To consolidate and expand the already established school health project in Magadi division. 10. To improve networking with partners interested in health development in Magadi and where feasible to initiate partnerships; and 11. In consultation with the AMREF Kenya technical office to conduct an evaluation of the project to determine to what extent we have achieved the planned objectives, in order to plan appropriately on the way forward. 12. Support & continue to implement malaria control activities by the sale & marketing of the Insecticide Treated Mosquito Nets (ITN) by the CBOs as an IGA. 13. Be involved in both clinical and operational research at the Entasopia Health centre and in the entire project area.

Target Population 2,050 women of reproductive health, 5,200 under five years, 4,000 in-and-out of school youth and adolescents, 1,500 disable persons, 1,500 people with HIV/AIDS and 440 patients with TB. The total estimated population in Magadi division is 21,000 (National Census of 1997), which is a sparsely distributed population in an Arid and Semi-Arid Land.

Collaborators Ministries of Health, local community through the Entasopia Community Development Programme (ECDP), Magadi Soda Company, Education, and a divisional all-representative planning & intervention forum called Maasai Integrated development Project (MIDPP) co-coordinated by ITDG among others.

Personal Hygiene and Sanitation Education (PHASE) 027

Purpose Improved Health status of school children and their communities.
Locations Kakamega, Bungoma, Teso, Vihiga, Bondo, Kisumu, Homabay, Suba, Kajiado and TransNzoia

Project Manager David Wamalwa **Email** dwamalwa@africaonline.co.ke
Start Date March, 2000 **Finish Date** August, 2004
Budget £746,865 (approved)
Donors GlaxoSmithKline £746,865
Objectives 1. Reduced poor hygiene related morbidity and mortality among children in project areas by the end of the project period. 2. Health Promoting School and PHASE initiative institutionalised in at least 80% of the target school in the project sites by the end of the project period. 3. Problems based learning approach for appropriate health information on PHASE and behaviour change model adopted in at least 80% of the target school by the end of the project period. 4. Experience and lessons learned from the PHASE scale-up through the Health Promoting School Initiative documented and disseminated to policy makers in Kenya, Potential donors and stakeholders by the end of the project period.

Target Population Primary school children aged 6 – 13 years numbering 74,000 in 247 primary schools.Indirect beneficiaries include teachers and community members totalling 200,000.

Collaborators Ministries of Education, Science and Technology and Ministry of Health.
Lessons Learned 1. Whereas initial process of identifying partners and defining their roles was tedious and time consuming, PHASE partnership structure is quite instrumental for sustaining and replicating PHASE interventions. 2. Clear definition of roles among partners/collaborators enhances collective responsibility and participation and increases chances of project sustainability. 3. Participatory approaches, although demanding, are key to the process of PHASE capacity building, as they stimulate interactive dialogue, which is crucial for empowerment and transformation of communities. 4. Use of participatory techniques in planning, implementation, monitoring and evaluation leads to better results and higher chances of project ownership an sustainability. 5. School children when properly trained and supervised are powerful and yet cost-effective change agents for health improvement, both in schools and in the surrounding communities. 6. PHASE clubs in schools are multi-functional and are used in addressing other issues like HIV/AIDS and environmental protection, which adds value to these clubs. 7. PHASE HLM is interactive and therefore it is not only used in PHASE clubs but also used in teaching of other subjects in the school and as learning aids in informal groups/gatherings in the

community. 8. It is apparently becoming clear that when you improve personal hygiene in school, it impacts on the children's health and performance. This is evidenced by reduced absenteeism and improved academic performance in most of the PHASE schools. 9. Health education is proving to a powerful tool in influencing behaviour change among children. This is demonstrated by children carrying boiled water from home to school for drinking and smearing of their classroom floors using disinfected cow dung to control crawling insects. 10. Involvement of the community in all project sites provides more returns as evidenced by replication of WATSAN infrastructure by the school development committees within PHASE project sites. 11. Water is a prerequisite for successful intervention of PHASE project.

Innovations 1. Through the project a guideline on School Health Clubs (stating selection, training and roles) was developed and is currently being adopted by the Ministry of Education. 2. The project has influenced the development of the School Health policy in Kenya. JICA is funding the MOEST to undertake this activity and to provide guidance on the formation of this policy.

UNGANA Young Friends of AMREF — 123

Purpose Create, maintain and develop a pool of volunteers to support Development ventures in the region.
Locations Nairobi

Project Manager Hellen N. Kuloba — **Email** khellen@amrefke.org
Start Date October 1 2003 — **Finish Date** September 30 2004
Budget $8848 (approved)
Donors AMREF Kenya $4667.
Objectives 1. Create a ready and capable pool of volunteers to support development ventures in the region. 2. Aid and support AMREF in its publicity and fundraising ventures. 3. Build capacity of young people in the region to be active citizens in the country's development. 4. Create awareness of development challenges in the region and facilitate the process of resolving them. 5. Advocacy on human and children's rights.

Target Population Young students and professionals aged between 18–35 years: 1200, 6000 people

Collaborators AMREF Kenya, Ufahili – Centre for Philanthropy and Volunteerism, The Resource Alliance, Jitolee–Southern Volunteer Programme, VSO, Junior Achievement, CADEC, Institute of Economic Affairs (IEA), Barclays Bank, Ministry of Home Affairs, Ministry of Local Authority, Nairobi City CouncilGTZ, DSW, Langara College in Canada, Various children's homes including Nyumbani, Thomas Barnado, Imani, New Life, etc.

Lessons Learned 1. Young people in the region face a variety of challenges in their everyday living; they need a helping hand in spotting and grasping the opportunities that are available. 2. There is need for a lot of documentation as the experience of this project has set it apart as a market leader in all aspects of volunteerism amongst young people. 3. Volunteerism is not only a rewarding experience for the volunteers, but it creates a win-win situation whereby every stakeholder benefits massively. 4. Volunteerism is an effective entry point to the mainstream job market for young people in this region. 5. Through volunteerism, we have been able to tap into the potentials, skills, experiences and energies of the young people, which we have been able to channel into useful cost free benefits to the society. 6. Young people have many solutions to the problems in the society and when properly facilitated, they are able to influence effective change.

Innovations 1. Discovery evening series. 2. Life skills workshops. 3. Partnerships 4. Exchange programme. 5. Home visits. 6. Basic early childhood education programme.

Homa Bay CBHC — 028

Information available in compact disk version.

Kibera CBHC **029**

Purpose	To contribute towards improvement of the health status of the population of Kibera, particularly in women and children through a Community based PHC		
Location	Kibera, Laini Saba		
Project Leader	Sakwa Mwangala	**Email**	sakwam@amrefke.org
Start Date	January 1998	**Finish Date**	March 2003
Budget	US$ 410,220 (approved)		
Donors	1. Community Fund-UK. 2. Shell Foundation $ 97,531. 3. AMREF-France $ 35,589 4. Chalemagne Foundation $ 28,200. 5. CDC $ 244,012. 6. Corporate sector–Kenya $ 39,088.		
Target Population	Population of Kibera Laini Saba estimated at 70,000 people. Target groups are women,, especially of child bearing age, youth, Young children, members of low income households and families infected and affected by HIV/AIDS.		
Collaborators	Ministry of Health, Mradi wa Afya ya Msingi na Maendeleo, Nairobi City Council, KICOSHEP, Maji na Usfanisi		
Activities	1. Community Health Centre which offers essential preventive, diagnostic and limited curative health care to residents and act as a base for CBHC activities. 2. MCH clinics. 3. Small maternity. 4. Small children's ward. 5. Multi-purpose theatre, X-ray *(not yet started)* 6. Laboratory Services. 7. Water and sanitation (installation of water kiosks and construction of Latrine/bathroom units). 8. Aids day care center (not yet started). 9. Youth education center. 10. Antiretroviral therapy. 11. TB programme. 12. Micro-Finance		
Results/outputs	1. Improved access to basic health care. 2. Reduced risks of pregnancy, childbirth and abortion. 3. Improved access to contraception including choice of method. 4. Growth monitoring, reduced malnutrition and increased immunization coverage. 5. Improved access to portable water and sanitation. 6. Reduced transmission of HIV/AIDS/STIs. 7. Improved income through IGAs. 8. Health status of the population of Kibera in general particularly of women and children		

Mukogodo Community Based Health Care Project **030**

Purpose	To increase access to curative, preventive and promotive health care with special focus on women and children		
Location	Mukogodo Division, Laikipia District		
Project Leader	Joyce Ikiara	**Email**	joycei@amrefke.org
Start Date	April 2001	**Finish Date**	September 2003
Budget	US$ 301,301 (approved)		
Donors	1. City Hall of Madrid $ 205,016. 2. AMREF KCO $ 96,286		
Target Population	The project targets an estimated 14,000 pastoralists and their families		
Collaborators	Ministries of Health, Culture and Social Services, provincial administration, private and public ranches, NGOs and CBOs in Mukogodo		
Activities	1. Training of community resource persons (TBAs, CHWs, Health facility development and management committeesTraining of health service providers (public Health Technicians, Nurses and clinical officers in PHC/CBHC approaches and adult teaching methodologies. 2. Construction or rehabilitation, equipping of health facilities (1 dispensary, 1 community pharmacy). 2. Purchasing of drugs and medical equipment. 3. Participation in stakeholders fora in the division and district. 4. Conducting onsite facilitative monitoring trips to the facilities and different groups. 5. Mentoring of CORPs on PHC/CBHC and management issues. 6. Carrying out operations research documentation and dissemination of experiences		
Results/outputs	1. Improved capacity of community to provide Community Based Health CareImproved health services delivery in Mukogodo division. 2. Strengthened networking and partnerships for health development in Mukogodo division. 3. Documented factors influencing health facility utilization and the role of community structures in CBHC development.		

Dagoretti Child in Need Programme 031

Purpose Improved community capacity to address and manage the problem of children in contact with the streets and urban youth in distress
Location Dagoretti -Nairobi

Project Manager John Muiruri **Email** Johnm@amrefke.org
Start Date April 2002 **FinishDate** Open for the next five years
Donors AMREF Italy Euro 200,000 annually

Target Population Street children and their families. The total population of children in difficult circumstances in Dagoretti is 34,500, 11,000 of them are street children. The National population is 250,000 street children, half of them in Nairobi

Collaborators Ministries of – Home Affairs, Education, Local Government, UNICEF, National Children In Need Network, Girl Child Network, SNV,GTZ, Kivuli center, German Foundation For World Population (DSW), UN-Habitat, Goal Kenya, Nairobi City Council, Dagoretti for Kids, Kenya Scouts

Activities 1. Through an integrated approach involving the child, partner schools and parents/community, provide more opportunities for children to stay in school. 2. Conduct street work, create rapport, provide the children with first aid and medical treatment in the streets. 3. Create a sporting activity for children in the streets for mobilization and self esteem enhancement. 4. To increase awareness of child rights amongst teachers and other workers in educational facilities. 5. To initiate a sustainability programme/strategy for the project through IGA's. 6. Enhance community participation and ownership of the project through formation of community based committees and CBO. 7. Promote employment creation and increased family incomes. 8. Initiation of small and micro enterprise programmes for the youth, parents and communities. 9. Conduct a remedial education programme for the children at the center and place improved children in schools. 10. To create an "enabling environment" in schools that will enhance retention of pupils/students. 11. To identify common health problems facing children in need, their parents and the community. 12. To identify and build partnerships with existing health providers from within and without. 13. Train communities, families and youth on the rights of child and the CRC. 14. Provide sexual and adolescent health information and services. 15. To identify needy children and families, community problems, structures and resources that can be utilized. 16. Identify gaps in understanding and practice of child rights and respond appropriately. 17. Collect relevant information and data necessary for development of children programmes. 18. Strengthening partnerships and linkages with vocational training facilities. 19. Constantly evaluating the usability and marketability of the skills acquired and update the programmes to reflect the current market trends.

Results/outputs 1. Increase capacity of the community to respond and support children issues and needs by end of the project. 2. An appropriate complex comprising living and educational facilities constructed, equipped and in use by 2006. 3. Outreach services conducted for the street children and their families by the year 2004. 4. A program designed to increase enrollment and retention in schools reducing drop out rate by 2006. 5. Increase capacity of the community to respond and support children issues and needs by end of the project. 6. Improved access and utilization of appropriate health services for the children. 7. Enhanced rights based programming for the children and active networks facilitated. 8. A vocational training programme designed and implemented by year 2004

DISASTER PREPAREDNESS, CLINICAL OUTREACH AND EMERGENCY SERVICES

Leprosy and Reconstructive Surgery Project 032

Purpose To reduce disability prevalence with respect to congenital malformations, trauma, complications of Leprosy and polio, and other physical defects amenable to surgical correction.
Location Kenya Country Office
Project Manager Asrat Mengiste **Email** asratm@amrefke.org
Start Date Continuous
Budget $132, 811 (approved 2003/2004)

Donors 1. Paul Newman Foundation $70, 000. 2. German Leprosy Relief Association $15,000. 3. AMREF Italy $10,000. 4. Smile Train USA $ 10,000

Objectives 1. Train Rural Medical staff in the care of patients with deformities/disabilities. 2. Train Surgeons in rural Hospitals on common surgical techniques for disability. 3. Provide specialist reconstructive surgical services to remote rural Hospitals

Target Population Surgical specialists, technical health workers and communities living in remote areas of Eastern Africa (Kenya, Tanzania, Uganda, Rwanda, Ethiopia and Somalia)

Collaborators Ministries of Health (Kenya, Tanzania, Uganda, Zanzibar), Muhimbili Medical Centre, Kilimanjaro Medical Centre (Tanzania), Mbarara University School of Science and Technology (Uganda) and Columbia University, New York (USA).

Lessons Learned The demand for Reconstructive surgical services is high and its likely to remain so due to lack of these services in the rural hospitals.

Hydatid Disease Control 033

Purpose To improve the capacity of the community to mitigate their health problems.

Location Lokichoggio, Turkana District

Project Leader Eberhard Zeyhle **Email** eberhardz@amrefke.org

Start Date October 2002 **Finish Date** September 2003

Budget US$20,000 (US$30000?) (approved)

Donors 1. AMREF Netherlands $ 15.000. 2. AMREF Germany $ 5, 000. 3. Maryknoll Missionaries $ 10.000 (?)

Objectives To reduce the incidence of hydatid disease by 15%

Target Population 45,000 people

Collaborators Ministry of Health, Ministry of Agriculture & Livestock, University of Nairobi, Jomo Kenyatta University of Agriculture and Technology, KEMRI, University of Salford (UK), University of Pavia (Italy), University of Hohenheim (Germany), VIVA (Ireland)

Results/outputs Health education in the community so that at least 40% of the adult and school going children have adequate knowledge of hydatid disease, ways of prevention and control mechanisms.

2. Participation of the community in prevention activities and at least 30% of the families in the area will carry out the following activities:

- Elimination and destruction of hydatid cysts from slaughtered animals
- Control the number of dogs per household. Families keep only the number of dogs the really need
- Agree to sterilization of dogs.
- Reduce contact with their dogs. Not to keep them inside their huts
- To prevent contact of dogs with cooking utensils
- Adequate mechanisms established for the control of dog population so that:
- At least 40% of families will have treated dogs with praziquantel every 6 weeks
- At least 100 female dogs sterilized per year
- Reduction of number of dogs per owner by 25% by the end of project period.
- 180 patients treated with albendazole annually
- 65 patients surgically treated annually at Kakuma Mission Hospital
- All waiting and treated patients followed up with ultrasound (1000/yr).

Disaster Response 034

Purpose To work with communities and partners in health development to reduce the impact of disasters in Africa.

Location Nairobi ,Machakos, Makueni,Kitui, Lokichogio, Nyando and Kisumu Districts

Project Leader Susan Mwangi **Email** susanm@amrefke.org

Start Date 2000 **Finish Date** To date

Budget US$56, 596 (approved)

Donors ODF USD 56,596

Broad Objective To mitigate loss of lives and livelihood and effects of health hazards and disasters in Africa.

Specific Objectives 1. Increase knowledge on prevention and control of disease epidemics among affected communities 2. Establish appropriate mechanisms and facilities to develop strategies for mitigating disaster impact. 3. Facilitate Efficient Disaster Management

Target Population Communities affected by disasters

Collaborators Ministries of Health, Office of the president, UNICEF, communities, Donors and NGOs responding to disasters such as KRCS, World visions, ADRA, Oxfam GB, UNDP.

Results/Outputs 1. Disaster management policy for AMREF Africa produced. 2. Proposal on holistic approach to road traffic accidents developed. 3. Pre-positioning of essential drugs Ahero district hospital through AMREF Kisumu. 4. Provision of chlorine tablets for domestic water chlorination to floods affected communities in Nyando.

Bomb Survivors' Medial Assistance **035**

Information available in compact disk version.

Refresher Courses in Essential Laboratory Services **036**

Purpose Practical refresher training for laboratory staff on all aspects of operating a laboratory at peripheral level.
Location Kenya Country Office

Project Leader Sadiki Materu **Email** sadikim@amrefke.org
Start Date 1989 **Finish Date** Annual
Budget $ 21,961 (approved)
Objectives 1. Operation of a 12-week Refresher Course in Essential Laboratory Services every year, for up to 15 students 2. Identification of participants eligible for the course. 3. Discussions with facilitators from within and outside AMREF on the course activities. 4. Regular review of the course curriculum with all facilitators and other experts. 5. Preparation and distribution of health learning materials appropriate for course participants. 6. Identification of donors and sponsors for course participants. 7. Dissemination of information on AMREF's Laboratory Refresher Course through out the African Region.

Target Population Laboratory workers in Africa

Collaborators KMTC, Kenyatta National Hospital, Mbagathi District Hospital, NPHLS, KEMRI, Mary Help of the Sick Mission Hospital, Thika.
Results/Outputs Students trained from Kenya, Tanzania, Uganda, Southern Sudan, Somalia, Ghana, Nigeria, and Zambia.

N Tanzania Laboratory Programme **037**

Information available in compact disk version.

Clinical Laboratory **038**

Purpose Improved health through improving quality and accessibility of diagnostic services support
Location Kenya Country Office

Project Leader Jane Carter **Email** janec@amrefke.org
Start Date Continuous from 1985
Budget $131,176 (approved)
Donors 1. CDC 2. Sida 3. MSH 4. Malteser
Objectives 1.Support to investigation of clinical specimens. 2. Support to investigation of disease outbreaks through testing of specimens centrally and visits to outbreak sites. 3. Quality assurance of peripheral laboratories through re-testing of specimens. 4. Operation of an External Quality Assessment Scheme for peripheral laboratories through submitting known specimens for examination and reporting, and providing appropriate feedback. 5. Testing and evaluating new equipment and techniques appropriate for peripheral health facilities. 6. Practical attachments for students of Medical Laboratory Technology. 7. Training of students of AMREF's

Diploma Course in Community Health. 8. Provision of clinical and laboratory facilitators for training courses offered by other institutions. 9. Development of manuals, posters, Standard Operating Procedures, and other health learning materials appropriate for clinical and laboratory staff working in peripheral health facilities. 10. Assistance to Ministries of Health in developing policy relating to improved diagnostic services, including selection of tests and equipment, supply systems, record keeping and quality assurance. 11. Research into issues relating to improved diagnostic practices, including feasibility of laboratory systems, evaluation of new diagnostic technology, etc. 12. Documentation, publication and dissemination of important findings relating to laboratory development. 13. Representation of AMREF's work in laboratory development at national and international meetings.

Target Population Ministries of Health, health workers and communities throughout the eastern African region (Kenya, Tanzania, Uganda, Somalia, Southern Sudan)

Collaborators Ministries of Health, World Health Organization, CDC, FHI, Non-Governmental Organizations (MSF, Merlin, SCF, World Vision, Malteser, ACF)

Laboratory Quality Assurance **039**

Purpose Improvement of Quality of Essential Diagnostic Services in Clinical Laboratories

Location Kenya Country Office

Project Leader Jane Carter **Email** janec@amrefke.org

Start Date January 2001 **Finish Date** December 2004

Budget $11,291 (approved)

Donor WHO, Geneva $11,291

Objectives 1. Meetings with the three laboratory administrations (Kenya, Tanzania, Uganda) to introduce the programme and review Regional and National activities. 2. Standardisation of essential laboratory tests and techniques at peripheral health facility (District hospitals and Health Centre) levels. 3. Preparation of Standard Operating Procedures for clinical utilisation of laboratory tests, laboratory techniques, preparation of standard materials. 4. Preparation of procedural Quality Manual. 5. Selection of sites for material preparation in each country. 6. Selection of phase one Districts for participation in the scheme. 7. Workshops for clinical and laboratory staff from the participating health facilities. 8. Workshops for clinical and laboratory supervisors from higher levels. 9. Preparation and distribution of preserved pathological specimens. 10. Analysis of results and dissemination of reports. 11. Appropriate remedial action by scheme organisers and higher health facilities, such as preparation of educational materials, repair of equipment, provision of supplies, on-site visits. 12. Annual meetings with the three laboratory administrations (Kenya, Tanzania, Uganda).

Target Population Ministries of Health, health workers and communities in East Africa (Kenya, Tanzania, Uganda)

Collaborators Ministries of Health, World Health Organization

Laboratory Upgrading **040**

Purpose Improved Diagnostic Services at Primary Health Care Level

Location Kenya Country Office

Project Leader Jane Carter **Email** janec@amrefke.org

Start Date Continuous **Finish Date** September 2004

Donors World Mercy Fund

Target Population Health workers and communities in selected peripheral health facilities in Kenya

Objectives 1. Meetings with District administrations, health workers and community members to plan activities. 2. Evaluation of clinical and laboratory diagnostic services in selected peripheral health facilities. 3. Advice on minor construction for clinical/laboratory rooms, power, water supply, sanitation, disposal and drainage facilities. 4. Procurement of essential clinical and laboratory equipment and supplies. 5. Installation of clinical and laboratory equipment, with on-site refresher training. 6. Provision of appropriate health learning materials. 7. Support supervision together with District supervisors. 8. Enrolment in AMREF's External Quality Assessment Scheme

Surgical Outreach Project 041

Purpose Improved surgical care for communities in remote rural areas of East Africa
Location Kenya Country Office

Project Manager John Wachira **Email** johnw@amrefke.org
Start Date Continuous
Budget $144, 342 (2003/2004) (approved)
Donors 1. AMREF Italy $132, 000. 2. AMREF Austria $ 3, 000.
Objectives 1. Enhance Surgical skills of medical staff in rural hospitals. 2. Improve skills of theatre and support staff in rural Hospitals. 3. Collaborate with Ministries of Health and University of Nairobi in supporting District Health Services. 4. Identify selected surgical problems to address improved curative and preventive strategies. 5. Advocate improved essential surgical services in remote areas. 6. Operate on complicated surgical cases in rural hospitals.

Target Population Medical Officers, Surgical specialists, technical health workers and communities living in remote areas of East Africa (Kenya, Tanzania and Uganda)

Collaborators Ministries of Health (Kenya, Tanzania & Uganda), University of Nairobi, Kenyatta National Hospital (Kenya)
Lessons Learned The demand for specialist surgical services is high and this is likely to remain so in the rural hospitals. The demand will only change once the Ministries of Health and the Mission hospitals are able to offer these services routinely.

Regional Vesico Vaginal Fistula (VVF) Project 042

Purpose To repair VVF, to train postgraduate students and gynaecologists in VVF surgery, to reduce the waiting time for VVF repair, and to prevent VVF.
Location Kenya Country Office, Tanzania Country Office

Project Manager Tom Raassen **Email** tomr@amrefke.org
Start Date 2002/2003 **Finish Date** December 2003
Budget $32, 121 (approved)
Donors Columbia University $34, 415
Objectives 1. Improve skills of specialists in VVF repair. 2. Improve care of VVF patients. 3. Establish strategies for prevention of VVF. 4. Provide specialists VVF surgical services

Target Population Surgical specialists, technical health workers and women living in remote areas of Eastern Africa (Kenya, Tanzania, Uganda and Southern Sudan)

Collaborators Ministries of Health (Kenya & Tanzania), University of Nairobi (Kenya), Muhimbili Medical Centre, Bugando Medical Centre (Tanzania).
Lessons Learned Due to deterioration of health care services and referral system in most of these countries, VVF is now a very big problem (very common). The VVF surgical waiting list is very long and the demand for the specialists is very high. It will take many years to complete the pending VVF surgical list. Programmes that improve maternity services from the community level to the health facilities need to be supported as part of poverty alleviation strategies.

Clinical and Laboratory Store 043

Purpose Improved access to good quality laboratory equipment and supplies
Location Kenya Country Office
Project Leader Jane Carter **Email** Janec@amrefke.org
Start Date Continuous
Objectives 1. Identification of high quality laboratory equipment and supplies at reasonable cost. 2. Identification of local or international suppliers. 3. Purchase of items in bulk, wherever possible. 4. Provision of supplies on request at minimal cost. 5. Provision of advice on laboratory equipment and supplies on request. 6. Distribution of donations of lab supplies

Target Population AMREF projects, Ministry of Health, health workers and communities in Kenya

Clinical Store **044**

Purpose Improved access to good quality drugs, medical equipment and supplies
Location Kenya Country Office

Project Leader Jane Carter **Email** janec@amrefke.org
Start Date Continuous

Target Population AMREF projects, Ministry of Health, health workers and communities in Kenya

Activities 1. Identification of sources of quality drugs at reasonable cost. 2. Identification of quality medical equipment and supplies at reasonable cost. 3. Identification of local and international suppliers. 4. Purchase of drugs and supplies in bulk, wherever possible. 5. Provision of supplies for outreach services and other AMREF projects. 6. Provision of supplies to outside agencies, on request. 7. Provision of advice on medical equipment and supplies on request. 8. Distribution of donations of drugs and medical supplies to rural health facilities.

AMREF Flying Doctor Services **118**

Information available in compact disk version.

Aviation **119**

Information available in compact disk version.

Staff Clinic **045**

Purpose Provision of essential outpatient curative and preventive health services to AMREF staff , students and other selected personnelProvision of vaccinations to the general public
Location Kenya Country Office

Project Leader Jane Carter **Email** janec@amrefke.org
Start Date Continuous
Financing AMREF Medical Levy, students insurance, cost recovery

Target Population AMREF staff and dependents, students attending AMREF courses, selected staff from outside companies and institutions, the general public

Activities 1. Diagnosis and management of patients attending outpatient services. 2. Referral of patients requiring further investigations, or a consultant medical opinion. 3. Follow up and monitoring of patients requiring admission to hospital. 4. General preventive health services and advice for staff. 5. Advice and provision of Family Planning. 6. Counselling and health education services. 7. A vaccination centre for the general public.

TRAINING AND LEARNING SYSTEMS

Distance and Continuing Education **046**

Purpose Contribute to the overall improvement of health status through increased access to and improved quality of healthcare delivery systems
Location Kenya, national

Project Manager Sam Ong'ayo **Email** samo@amrefke.org
Start Date Continuous
Donors 1. ODF $37,109

Objectives 1. Improve the overall health status of communities through improved provision of quality healthcare. 2. Assist health workers to acquire knowledge, skills and attitudes to become effective and competent in their work. 3. Enable healthworkers to enhance previously attained knowledge and skills.

Target Population 10,000 healthworkers60,000 healthworkers

Collaborators Ministry of Health, KMTC

Lessons Learned 1. CE requires participatory approaches that stimulate learners for self assessment and problem-solving. 2. For partnerships to realise tangible results, roles and responsibilities of each partners have to be clearly defined. The same goes for outputs expected, decision-making and mechanisms of communication. 3. CE activities should be decentralised to the provincial and district levels so as to ensure local level planning based on specific needs ant this levels. This provides important opportunities for capacity building and performance improvement. 4. Individual commitment is a major factor in the success of CE. This assists in identifying individuals who are competent and have initiative and drive to lead the CE process as coordinators, trainers and managers

Innovations 1. Development of practical and cost-effective training approaches, e.g. the extension courses, orientation courses and on-site training. 2. Pioneer in radio broadcasts on health with flagship radio programmes – Dr. AMREF and Health Is Life. The former was targeted at general public while the latter was developed to educate health workers on selected health conditions. 3. Development of unique basic libraries and training of health workers in library management. 4. Development of courses known as "shock-therapy" – these were conducted in a health facility and provided practical exposure and an opportunity for health workers to identify problems within their work set-up and find solutions to them. 5. Development of and provision of courses through correspondence. This has ensured that healthworkers stay on their job while being provided with much-needed skills and knowledge enabling them become more competent. This programme has been replicated in other countries such as Tanzania, Uganda and the Solomon's Island in the Caribbean.

Health Education and Promotion Network **121**

Purpose Advocacy, partnership and capacity building in Health Promotion

Location Nairobi

Project Officer Samuel Obara **Email** samuelo@amrefke.org

Budget US$ 5,600 (approved)

Donors ODF

Objectives 1. Strengthen capacity of partners through increased access to relevant HLM. 2. Promote adoption of new approaches

Target Population 230 people 18,400 people

Collaborators Division of Health Education and Promotion (Ministry of Health)

Lessons Learned Partnership between donor agencies, research institutions and development agencies is cost effective and brings in higher returns; HEPEN is working with the Division of Health Education and Promotion, IUHPE and CBOs involved in Health Promotion.

Innovations HEPEN is a partner in the project 'African Programme on Effectiveness' (APE) which is documenting Health Promotion best practices in this region. (Other partners are IUHPE, WHO, APHRC, Division of Health Promotion–Kenya)

MOZAMBIQUE

HIV/AIDS, TB AND STIs

Maxixe Youth Sexual and Reproductive Health 047

Location Maxixe District in Inhambane Province

Project Manager Lurdes Mboana **Email** amrefmoz@amrefmz.org
Start Date 1999 **Finish Date** 2001
Donors AMREF HQ
Main Objectives To strengthen the capacity of the target population to respond to the information and technical needs of the youth in the area of sexual and reproductive health.

Target Population Maxixe District target includes NGO-based, Church-based and Government-based youth service organizations.

Collaborators District administration, District Health Directorate, District Agriculture and community Development Directorate, District Public Construction and habitation Directorate,
Outputs Increased number TOTs.Increased capacity of the target population to plan, implement, coordinate and support youth, sexual and reproductive health.

MALARIA

Buzi Malaria Control 048

Purpose Reduction the malaria impact for Buzi population
Location Buzi District in Sofala Province

Project Manager Maria de Lurdes Mboana **Email** amrefmz@amrefmz.org
Start Date 01/ 08/ 2002 **Finish Date** 30/ 07/ 2004
Budget $213,045.00
Donors Hilfwerwerk Austria 213.045.
Main Objectives 1. Contribute in reduction of mortality, mobility and social- economic lose due to malaria and water and hygiene condition and environment in Buzi District, Sofala Province, with priority in infantile population under five years thought strength the community capacity. 2. Improve the malaria control in Buzi and Guarara locality, thought capacity of the community and health workers in implementation and management of action in fighting malaria, diagnoses and treatment, with priority of children under five years. 3. Strength the community capacity in prevention of diaries and other ills related in with water and environment hygiene.

Target Population 500 households

Collaborators Buzi District administration, Provincial Health Directorate, District Health Directorate,

Outputs 1. Strengthened the family capacity to prevent malaria. 2. Improved the hygiene and water and environment of the beneficiary. 3. Existed and implemented the follow up system and participative evaluation of the activities and the process.

Inharrime Zavala Malaria Control 049

Purpose To strengthen capacity of facility staff to manage Malaria particularly among children under five years of age.
Locations Inharrime / Zavala Districts in Inhambane Province
Email amrefmoz@amrefmz.org
Start Date August 2000 **Finish Date** 31/ 07/ 2002
Budget 584,987.80 (approved)

Donors 1. AEC $l278,987.80. 2. Junta de Castilla la Mancha $35,707.50. 3. AMRE Mozambique $ 269,826.00.

Objectives 1. To strengthen capacity of facility staff to manage malaria particularly among children under five years of age. 2. To improve the capability of mothers and other caretakers to manage fever at household level.To strengthen communities capacity to prevent and manage malaria particularly amongst pregnant mothers. 3. To promote the use insecticide treated materials.

Target Population Inharrime and Zavala Districts

Collaborators District administration, District Health Directorate, District Agriculture and community Development Directorate, District Public Construction and habitation Directorate,

Outputs 1. Reduced mortality and cases of severe illness due to Malaria in the two district. 2. Increased capacity of health workers to effectively diagnose and treat cases of Malaria. 3. Increased capacity of households to prevent, control and manage Malaria. 4. Increased use of insecticide treated materials for Malaria prevention.

WATER AND ENVIRONMENTAL SANITATION

Govuro Water and Sanitation Project 050

Purpose Improve the water and sanitation conditions for disadvantage people in Maluvane, Pande e

Location Batata localities in Govuro District – Inhambane Province, Moçambique

Project Manager Bernardo António **Email** amref.maxixe@teledata.mz

Start Date 01/ 08/ 2001 **Finish Date** 30/ 11/ 2002

Budget 79,004.93 (approved)

Donors 1. Junta de castilla y Leon $57.291.11. 2. AMREF Mozambique $14,023.41.

Objectives Improve the water sanitation in Maluvane, Pande and Batata region in Govuro District.- Community Capacity and sensitization in latrine construction to improve the health condition

Target Population 2,765 Habitants (1.252 man and 1.513 woman).

Collaborators Govuro District administration, provincial Health Directorate and District Public Construction and habitation Directorate,

Outputs 1. Community mobilized and Sensitized in participation of water and sanitation. 2. Protection of water sources. 3. Increased use of safe water. 4. Increased latrine construction and use appropriate health learning materials developed. 5. Communities capacity to prevent, control and manage common Members of the community trained in latrine constriction and water and sanitation. 6. Constructed 684 latrine. 7. Constructed one store to make the yard, lages and other material for construction of improved latrines.

FAMILY HEALTH

Malavale Poverty Relief 051

Purpose Improve the socio economic condition of Malavel People

Location Manhiça District in Maputo Province

Project Manager Matilde Zitha **Email** Matildez@amrefmz.org

Start Date 01/ 02/ 2002 **Finish Date** 30/ 01/ 2004

Budget $175.625.4 (approved)

Donors 1.Comunidade de Madrid $134.727.70. 2. Caja Madrid $9.000,00. 3. AMREF HQ $31.898.70

Objective Improve the Health and economic condition for Malavele population thought promotion of community activity for health and poverty relief

Target Population Malavel Village population- Flood victims – 200 families

Collaborators District administration, District Health Directorate, District Agriculture and community Development Directorate, District Public Construction and habitation Directorate,

Outputs 1. Communities' capacity to address identified health and development problems strengthened. 2. Protection of water sources. 3. Increased use of safe water. 4. Improved hygiene condition. 5. Communities capacity to prevent, control and manage common diseases and conditions strengthened. 6. Development of Income generation activities.

Inharrime Rehabilitation of People With Disabilities 052

Purpose Improve the socio- economic condition of landmine victim
Location Inharrime District in Inhambane Province

Project Manager Joaquim Marungo **Email** amrefmz@amrefmz.org
Start Date 2002 **Finish Date** 2003
Budget $ 69.000,00 (approved)
Donors 1. WRF $39.000. 2. Holanda 9.000,00.
Objectives Improve quality of life for the people with disabilities by introducing a Community- based approach to mainstreaming rehabilitation of person with disabilities into general development by developing communities capacity, and more particularly the capacity of local community institutions to address challenges related to the problem.

Target Population Land mine victims in Inharrime district, Inhambane Province

Collaborators District administration, District Health Directorate, District Agriculture and community Development Directorate, District Public Construction and habitation Directorate,
Outputs 1. Community' ability to address and manage disability issues strengthened. 2. Viable income generating activities with a higher possibility of addressing elements of poverty in the beneficiary communities developed. 3. Capacity of other organizations, including government, for community based rehabilitation of persons with disability strengthened. 4. Findings from operation research used to facilitate the effective development of the future program. 5. Improved coordination of activities related to the rehabilitation of people with disabilities. 6. Gender equity within the program area institutionalized. 7. A sound proposal to expand and disseminate the project to other communities developed.

TRAINING AND LEARNING SYSTEMS

Continuing Education 053

Purpose Improve the Health and economic condition for Malavele population thought promotion of community activity for health and poverty relief
Location Inhambane and Niassa Provinces

Project Manager Thelma Leifert **Email** amrefmoz@amrefmz.org
Start Date O9/ 2002 **Finish Date** 31/ 12/ 2003
Donors UNICEF--Mozambique $45.000,00
Objectives As with the reformulation and implementation of policy on Continuing Education for mid-level and low-level career health staff.

Target Population National with a focus on Inhambaneand Niassa Provinces. Levels to be addressed include national, provincial, district and institutional.

Collaborators District administration, District Health Directorate, District Agriculture and community Development Directorate, District Public Construction and habitation Directorate
Outputs Standardized policy on the implementation of Continuing Education for mid-level and low-level career health staff.

SOUTH AFRICA

HIV/AIDS, TB AND STIs

Community Support for HIV - Mpumalanga 054

Purpose To develop a model for sustainable multisectoral, community based support for the care and support of People Living with HIV and AIDS (PLWHAs), orphans and vulnerable children.
Location Mpumalanga Province Greater Marble Hall & Groblersdal Municipalities

Project Manager N.C Languza Gulwa **Email** nlanguza@iafrica.com
Start Date July 2003 **Finish Date** June 2004
Budget $ 311,182 (approved)
Donors Ford Foundation
Objectives 1. To strengthen the local coordinating structure for improved management of HIV/AIDS activities in the municipality. 2. To support the development locally relevant and sustainable systems for the care and support of orphans and vulnerable children. 3. To increase awareness of VCT services and PMTCT programmes in the project site. 4. To increase the knowledge and awareness of HIV and AIDS through the development of a locally appropriate Behaviour Change and Communication (BCC) campaign. 5. To establish appropriate home based care systems and support structures that meet the needs of PLWHAs. 6. To develop a locally relevant and appropriate household and food security programme for PLWHAs.

Target Population Local Government, Department of Health, Department of Social And Population Development Services, Department of Education, Local NGO's and CBO's, Local Aids Council and District Aids Council.

Beneficiaries People living with HIV and AIDS, their families, Orphans and Vulnerable Children. (Exact number will be determined during project baseline)
Collaborators Local Government, Department of Health, Department of Social And Population Development Services, Department of Education, Local NGO's and CBO's, Local Aids Council and District Aids Council.

Lessons Learned 1. People Living with HIV and AIDS can interact easily with other people when well informed. 2. Aids Council as a new concept, it still needs a lot of innovations to make it a reality. 3. Data base is an important element of any project to ensure proper monitoring and evaluation. 4. There is more privacy rather than confidentiality when dealing with PLWHAs and this hampers access of resources to PLWHA.
Innovations 1. Collaboration with the Government Communication and Information Services facilitated revival and active functioning of the Local Aids Council (LAC). 2. Project activities were strategically integrated into the LAC plan during the LAC planning workshop. 3. The LAC Plan is informed by the activities of its members and key priority areas for interventions were identified during the LAC planning workshop. 4. Training of some of the PSC members on development of logical framework. 5. Assessing the capacity of the PSC members on Design, Implementation, monitoring and evaluation (DIM&E).

Building Capacity of HIV/AIDS NGOs 126

Purpose To improve the management, governance and leadership of non profit organizations involved in AIDS/AIDS activities
Location Sekhukhune District – Mpumalanga Province

Project Manager Ntombi Mabindisa **Email** nmabindisa@iafrica.com
Start Date January 2003 **Finish Date** April 2004
Budget R 384.098.00 (approved)

Donors 1. Bristol-Myers Squibb Foundation (BMSF) through its Community Outreach and Education Fund -- Secure the Future (STF)
Objectives 1. To establish management capacity needs of CBOs/NGOs to address the challenges of AIDS/AIDS. 2. To develop Training Modules for CBOs/NGOs to address the challenges of AIDS/AIDS. 3. To implement a training program that will strengthen management of NGOs/CBOs. 4. To sustain NGOs/CBOs management capacity.

Target Population Eight selected NGOs for the Pilot Project, manager, finance person and Board member are direct beneficiaries.AIDS/AIDS victims, and communities served by participating NGOs are indirect beneficiaries

Collaborators Provincial Government and DoH, DoSS, DoEd, DoAgric. and others including Local Gvt., Traditional Healers, Faith Based Organisations and other NGOs

Lessons Learned 1. NGOs/CBOs play an important role in their communities in responding to the HIV and AIDS epidemic. 2. NGOs/CBOs do not sustain because they lack skills to manage their projects. This was the findings of the needs assessment analysis before training. 3. Managers and their governing bodies are eager to learn skills to manage their projects

Innovations 1. Training that is followed with mentoring is more effective in ensuring application of what has been learned. 2. Project Steering Committee plays a big role in coordinating activities for the project. 3. Support from stakeholders plays a big role.

Strengthen Community Support for PLWAs **127**

Purpose To identify existing structures, their activities, needs and resources for prevention, care and support for those affected and infected by HIV / AIDS and develop proposal for an integrated multi-sectoral model for sustainable, community based support for AIDS patients and orphans.

Location Northern Umkhanyakude District Municipality in KwaZulu Natal

Project Manager Alan Jaffe **Email** jaffe@netactive.co.za

Start Date March 2003 **Finish Date** March 2004

Budget R208,000.00 (approved)

Donors Barclays Bank

Objectives 1. To sensitise the stakeholders on the need for improving the quality of care and support services. 2.To strengthen local structures and mechanisms for collaboration. 3. To support a network of organisations providing care and support. 4. To identify existing networks and traditional coping strategies for sustaining car and support. 5. To identify obstacles to quality of care; to determine the number of orphans and need. 6. To generate an understanding of how gender, poverty and vulnerability impact on HIV/AIDS.

Target Population Direct beneficiaries: Government departments of health, education, social welfare; NGOs and CBOs that will be reached during the research – number not yet establishedIndirect beneficiaries -- communities served by the CBOs and NGOs and government departments

Collaborators Department of Health, Local Municipality, Sibambisene Network, Nakekelisizwe Network

Lessons Learned 1. Community entry requires partners to build credibility, trust, rapport & establish roles. This can be especially difficult for 'late-comers' who's motives are questioned. Even on a small pilot, this takes time, but cannot be fast-traced without risk to ownership & sustainability. 2. Integrating activities to be mutually beneficial to various partners objectives may be possible, but takes time.

Innovations The project is in phase I i.e. research component, so far no innovation

School Prevention HIV Phinda **056**

Purpose To develop a package for the prevention of STDs/HIV/AIDS among primary school youth in Umkhanyakude District

Location Phinda, Jozini District KwaZulu Natal

Project Manager Alan Jaffe **Email** net06770@netactive.co.za

Start Date 3rd March 2002 **Finish Date** August 2004

Budget US $94854 (approved)

Donors 1. Madrid City Hall $55556. 2. AMREF Spain $5800. 3. AMREF SA $20000. 4. Local partners (in-kind contribution) $13498

Objectives 1. Review various models of Life-skills/sexuality education and impact made. 2. Develop and refine a package of interventions to address sexuality and reproductive health (SRH) including STDs/HIV/AIDs among Primary school youth. 3. Test, evaluate and modify where necessary the developed model. 4. Evaluate model's impact using the developed behavioral indicators. 5. Document the process, challenges and impact made among young learners.

Target Population Direct beneficiaries - 25,000 primary school learners & 33,000 secondary school learnersIn direct beneficiaries - 55,000 community members

Collaborators Department of Education, Department of Health, DramAIDe

Lessons Learned 1. It is important to use local language in IEC materials. 2. Local people are eager to volunteer for the project it is important to build in incentive programme for volunteers in the project

Innovations Integrating the project into existing local government structure

WATER AND ENVIRONMENTAL SANITATION

School Prevention of Water Borne Diseases 128

Purpose Improved and Sustained health of school communities

Location Sakhisizwe Sub-District, Chris Hani District, Eastern Cape Province and uMkhanyakude District Municipality, KwaZulu-Natal Province

Project Manager Bernard Likalimba **Email** blikalimba@iafrica.com

Start Date April 2003 **Finish Date** May 2004

Budget R521,310 (R260,655 for Eastern Cape) DoH-SA and AMREF Austria $ 5674 (approved)

Donors Department of Health – South Africa

Objectives 1. To sensitise and mobilise local schools and their communities to the concept of water borne diseases. 2. To assess water and sanitation infrastructure in schools. 3. To increase the knowledge and promote hygiene related behaviour of school children. 4. To facilitate the establishment of healthy school environment 4. To encourage community involvement and action around health promotion and the establishment of school environment for the prevention of water borne diseases. 5. To monitor and evaluate the implementation of a health promoting schools initiative in a deep rural setting focusing on prevention of water borne diseases. 6. To share experiences and lessons learnt locally, regionally and nationally.

Target Population Eastern Cape Province: Direct Beneficiaries -- about 800 school junior secondary school children; Indirect beneficiaries -- 20 Educators, 3 Department of Health Staff members, 2 ward councillors
Kwazulu-Natal Province: Direct Beneficiaries -- 100 pupils and 8 educators; Indirect Beneficiaries -- 750 school children and 3000 community members

Collaborators Eastern Cape Province: Department of Health (local, district and provincial), Department of Water Affairs, Sakhisizwe Municipality, Health Care Trust, Sakhisizwe Advice Centre, and Village Headmen
Kwazulu-natal Province: Mkhanyakude Municipality, District Environmental Health Unit

Lessons Learned 1.Collaborations with other sectors and community is key as an influencing factor to address the environmental health and safe water. 2. Involvement of local stakeholders, at the community, district and provincial level is crucial for the success and sustainability of the project. 3. Health education in schools is not enough unless accompanied by establishment of local structures such as school health clubs and parents health concern groups and provision of facilities such as toilets and water. 4. Teaching children and adults using pictures and other observation means such as community mapping is an effective way of imparting knowledge about personal and environmental hygiene issues. This method also teaches participant to observe essential problems beyond what they learnt in class, hence addressing sustainability. 5. There are a lot of resources and skills on the ground in Sakhisizwe district that may be instrumental in addressing personal, environmental hygiene and sufficient and safe water supply. What is lacking is a proper mechanism and financial resources to facilitate the use of these resources

Innovations One of the main activities for the project was PHASE training for school children. This training used Personal Hygiene and Sanitation Education Materials (pictures). Drama, songs and community mapping were also used to facilitate this training. The method was hailed by the stakeholders as innovative. Method was stimulating for children to take interest in addressing water borne diseases issues for themselves.

MALARIA

Community Based Malaria Control KwazuluNatal **058**

Purpose The purpose of the project is to strengthen the capacity of the malaria control programme workers, other health and government personal, NGOs, local institutions and communities to prevent and control malaria in the district.

Locations AMREF Field Office, Mkuze, Kwazulu Natal

Project Manager M.A. Groepe **Email** mgroepe@hotmail.com

Start Date April 2002 **Finish Date** March 2004

Budget $ 300,000 (approved)

Donors 1. AECI-Spain $264,086. 2.The Netherlands $ 24,194. 3.AMREF Spain $ 6,000.

Objectives 1. To strengthen the malaria control programme in the coordination of malaria control activities in the district and to actively involve stakeholders including local NGOs, CBOs and the community to ensure complimentary and synergistic efforts. 2. Facilitate the integration of malaria control activities at district and community level with other health development projects such as the Integrated Management of Childhood illnesses and health promotion. 3. Support the establishment of a community health information system to facilitate the development of an effective Information, Education and Communication strategy including IEC materials to improve compliance with treatment and prevention of malaria. 4. Develop guidelines for the promotion and use of impregnated insecticide treated bed-nets at community level. 5. Advocate with other key partners such as community health activists, NGOs, UNICEF, WHO for the removal of taxes on mosquito bed-nets and recommended insecticides. 6. To improve technical and managerial capacity and skills to plan and implement malaria prevention and control activities.

Target Population Communities of Ingwavuma about 50,000 people

Collaborators Department of Health

Lessons learned 1. Community interest in malaria has declined because number of malaria cases dropped. 2. Community work is a challenge in an area where poverty is an obstacle. 3. Capacity strengthening of health and development workers is important to facilitate community health initiatives. 4. IGA in a project is important it makes accepting a project easier in the community. 5. Communication is important between stakeholders so that projects can be linked to existing structures and ensure sustainability.

Innovations 1. Sewing club discussed making smaller mosquito nets especially for children. 2. Sewing club group want to put bead work on mosquito nets for the lodges in the area. 3. Screens for western type houses was suggested

FAMILY HEALTH

Improving the Health and Wellbeing of Vulnerable Children, Mpumalanga **061**

Purpose To enhance the capacity of Thembisile Health management team, other government departments, communities, children, NGO's and CBO's to care and support vulnerable children with an emphasis to orphans.

Location Thembisile Municipality, Mpumalanga Province

Project Manager N.C. Gulwa **Email** nlanguza@iafrica.com

Start Date April 2001 **Finish Date** March 2004

Budget $169 957 (approved)

Donors AMREF Netherlands

Target Population Service Providers, NGO's and CBO's, parents, communities and children.

Collaborators Department of Health, South African Police Services, Social and population development services, Thembisile Municipality, Kungwini Municipality, PAHATU, and Thembisile Home Based Care.

Objectives 1. To promote partnerships among community members, formal and informal institutions in the protection of child's rights. 2. To identify the magnitude and underlying causes of child vulnerability in the health ward. 3. To create awareness of and need for social services for vulnerable children at ward and community level. 4. To create awareness on children's rights at ward and community level. 5. To train policy makers, health and development workers, community own resource persons and community members on care and support for vulnerable children. 6. To promote the development of child friendly services in the health ward. 7. To facilitate the increase in the reporting and prosecution in acts that violates the children's rights. 8. To create awareness of social services and children's rights amongst vulnerable children in the health ward. 9. To increase the capacity of vulnerable children to confront and deal with their future in the health ward.

Lessons Learned 1. Promotion of intersectoral collaboration amongst government departments is not easy due to bad attitudes of individuals and clash in policies. 2. Children are aware about their needs and challenges but they lack skills to deal with challenges that affect their daily lives. 3. Participatory approach in research is expensive but it promotes community involvement and ownership. 4. Transparency and flexibility promotes active participation and commitment. 5. Lack of an integrated life skills programme. 6. Children living in rural areas have poor access to resources. 7. Children living with disabilities experience a lot of sufferings in the community.

Innovations 1. Establishment of subcommittees to address issues affecting various beneficiaries of the project e.g. subcommittee for orphans and children heading families made up Community Home Based Care Givers. 2. Strategic involvement and participation of PSC members in the early childhood development coordinating committee (CCECD) to advocate for proper implementation of the policy for early childhood development. 3. Training of some of the PSC members on development of logical framework. 4. Assessing the capacity of the PSC members on Design monitoring and evaluation (DM&E).

TANZANIA

HIV/AIDS, TB AND STIs

National Integrated HIV Community Interventions in High Transmission Areas 063

Purpose Partnerships with five other organisations to jointly implement the programPartnership with government at national and regional levelsBehavioural change communication interventions – condom social promotion, IEC – targeting high risk groupsCommunity involvement

Location High HIV transmission routes along five major highways in Tanzania in the border areas of the country including Kagera, Kigoma and Shinyanga regions

Objectives 1. Control HIV transmission in high transmission areas. 2. Involve affected and neighbouring communities in preventative interventions. 3. Promote safer sex behaviour especially among vulnerable groups – condom use etc. 4. Increase utilisation of STI services. 5. IEC interventions.

Target Population Truck drivers, commercial sex workers and people living along high HIV transmission routes along five major highways in Tanzania in the border areas of the country including Kagera, Kigoma and Shinyanga regions

Outputs 1. Community based organisations strengthened to sustain interventions especially in behavioural change communication – youth groups, women groups, AIDS Advisory Committees (AAC) continue to functions several years after project closed in some of the regions. 2. Involvement of food and recreation house owners in control efforts – some have now included condoms within the room rate of their guest houses, others are actively educating clients on AIDS. 3. Links to service provision have been strengthened. 4. Cadre of peer educators has been created among high risk groups – commercial sex workers, truck drivers etc who also promote condom use. 5. Availability of condoms has been sustained. 6. All health facilities in project sites trained to use syndromic management of STI

Role of Herpes Simplex Type II in Transmission of HIV **064**

Purpose 1. To determine whether Herpes simplex virus type-2 (HSV-2) suppressive therapy will reduce the incidence of HIV in women at high risk of acquiring HIV. 2. Examine the interaction between HIV and HSV-2 shedding and the effect of HSV suppressive therapy on HIV and HSV viral shedding in high risk women (HRW). 3. Determine the current aetiology of genital ulceration in NW Tanzania.research

Location Mwanza and Shinyanga Regions

Project Manager Dr Deborah Watson-Jones **Email** debbyw@amrefmza.org
Start Date 1 April 2003 **Finish Date** 31 March 2007
Budget £380,471 (approved)
Donors The Wellcome Trust £380,471
Objectives The main aims of this project are to: 1. determine whether Herpes simplex virus type-2 (HSV-2) suppressive therapy will reduce the incidence of HIV in women at high risk of acquiring HIV.. 2.examine the interaction between HIV and HSV-2 shedding and the effect of HSV suppressive therapy on HIV and HSV viral shedding in high risk women (HRW). 3. determine the current aetiology of genital ulceration in NW Tanzania.

Target Population Woman at risk of HIV and STI who work in bars, guesthouses and other food and recreational faciltities around large-scale goldmines and truck stops.

Collaborators 1. London School of Hygiene & Tropical Medicine 2. AMREF, Tanzania 3. NIMR Mwanza Centre 4.Institute of Tropical Medicine, Antwerp 5. Hôpital Européen Georges Pompidou, Université Pierre & Marie Curie (Paris VI), Paris 6. University College Hospital, London

Outputs The following are the main activities for the trial: 1. A randomized placebo-controlled trial of HSV-2 suppressive therapy with Aciclovir, as a strategy to reduce HIV incidence, HSV-2 and HIV viral shedding, will be carried out in a cohort of HRW drawn from communities around goldmines and at truck-stops on major roads in Mwanza and Shinyanga regions. 2. The interaction between HIV and HSV-2 shedding will be examined in a sub-group of HRW drawn from the above cohort. 3. A study of the current aetiology of genital ulcers will be done for patients presenting with symptomatic genital ulceration.

The main outcomes will be to determine if there are fewer HIV incident cases at 2 years in women who receive acyclovir compared to those who receive placebo and, in women who are HIV-infected at enrolment, to determine if suppressive therapy reduces the amount of genital HIV and HSV viral shedding, a marker for viral transmissionThe genital ulcer aetiology study will be done to examine changes in the aetiology of GU in this region.

District Support for HIV/AIDS, Serengeti **065**

Purpose To strengthen the District capacity to deliver an integrated and comprehensive HIV/AIDS control programme through well co-ordinated public-private partnerships.

Location Serengeti District, Mara region

Project Manager Jackson Thoya **Email** amrefsng@juasun.net
Start Date January 2002 **Finish Date** December 2006
Budget $1,263,816 (approved)
Donors 1. SIDA
Objectives 1. To develop the capacity of partners (in joint planning, monitoring and evaluation of HIV/AIDS control programmes and their technical skills) to effectively implement HIV/AIDS interventions. 2. To develop district partnerships for the implementation of complementary HIV/AIDS interventions 3. To provide and manage grants for HIV/AIDS implementing organizations at district level

Target Population Men and women of reproductive ages

Collaborators District Council Departments, Civil Society Organizations

Outputs 1. Partnerships development for comprehensive, integrated HIV response. 2. Training of partners including communities for participatory planning, monitoring and evaluation of HIV/AIDS interventions. 3. Training of partners in specific technical and managerial skills for effective implementation of HIV/AIDS interventions.
4. Provision and management of small grants to civil society organizations and institutions for integrated services delivery

Lessons Learned It has been observed that there are a couple of harmful traditional practices (such as wife inheritance, wife sharing, death cleansing, traditional male circumcision, female genital mutilation, polygamy etc) that would need to be dealt with if the programme is to succeed. From training, sensitization and other informal meetings, we also learnt that most of the participants held a lot of misconceptions on HIV/AIDS/STIs and condom use. This calls for more efforts in the programme Behaviour Change Communication (BCC) strategy.Through sensitization meetings, we have also been able to increase our programme visibility by sharing our vision and goals with the community and partners. This has, to a greater extent, improved our image and the willingness of other actors to participate in the programme.

Innovations Of great interest, was the resolution reached by 14 Religious Institutions working with the programme during one of the sensitization meetings. Based on the HIV/AIDS/STI prevalence rate findings in the country and the district, in particular, they agreed that it was necessary for the relevant sectors to undertake condom promotion. As Religious Institutions, they resolved that they would *never publicly oppose the use of condoms* because they do recognize that it is a critical option for many people who would probably get new infections or infect others if they are not reached with this service. They also agreed to have, and nominated, one person to serve as the overall focal person for all the Religious Institutions in the District. In spite of the above resolution, it was, however, observed that the Religions Institutions have to be consciously approached because of their anti-condom attitude. The programme would like to identify common grounds of interest and to avoid agonizing one sector against another.The programme has had a good start and continued to enjoy cordial relationship and support of the District and Regional leadership. Our aim is to keep the support-spirit alive as we all work together towards our desired goal of improving the Reproductive Health status of all the people in Serengeti District. Together, we know, we will be able to make a huge change in our HIV/AIDS/STI control efforts.

Sexual and Reproductive Health for Refugees and IDPs **066**

Purpose Partnership with NGOs and refugee relief agencies to provide quality RH services

Location Kigoma region, Ngara district

Objectives 1. Train refugee service providers, mostly NGOs in quality SRH (STI/HIV/AIDS and FP) service delivery. 2. Improve access to SRH information b refugees. 3. Introduce new approaches to RH service delivery in displaced populations with a focus on the special needs of refugees and internally displaced people. 4. Diseases surveillance.

Target Population Refugees and internally displaced people in Kigoma and Ngara regions

Outputs 1. SRH services have become a priority within the refugee health care unlike in the past. 2. Increased demand and access to RH services3. Increased access to RH information in refugee camps and refugee affected areas. 4. Surveillance systems established. 5. Increased skills among health workers. 6. Regional capacity improved in service delivery including voluntary HIV counselling and testing.

Strengthening STI Component of National AIDS Control Program **067**

Purpose To reduce morbidity and motality caused by STI and also to reduce transmission of HIV

Location Dar es Salaam

Project Manager Dr. Gina ka-Gina

Start Date 1999-2003 **Finish Date** 2001-2004

Budget D108 – 47,675,520, TshsD125 – 56,547,224, TshsD120 – $ 250,000 (approved)

Donors 1.EU. 2. CDC

Objectives Capacity building, regional and councils health management teams in planning, control, prevention and monitoring of STI interventions

Collaborators Ministry of Health, Ministry of RA and Local Government Authorities and IMC

Outputs 1. Regional and councils health management teams trained. 2. Health workers trained on STIs management and monitoring

STI/HIV/AIDS Tools Development

068

Purpose To develop and evaluate a programming tool –kit for district-level STI/HIV/AIDS control in order to facilitate and improve planning and scale up of control activities its nation-wide use

Location Dar es Saalam & Lake

Project Manager Dr. Ibrahim Kabole **Email** ibrahimK@amreftz.org

Start Date 01-07-2002 **Finish Date** 30-06-2006

Budget 1,288,354 Euro (approved)

Donors European Union (EC) Euro 1,288,354

Objectives 1. Determine essential data requirements that are important for planning STI/HIV/AIDS control at district level. 2. Identify cost effective methods for collecting essential data for STI/HIV/AIDS programming. 3. Develop and pilot-test planning tools for programming STI/HIV/AIDS control. 4. Finalize and recommend a district STI/HIV/AIDS control programming tool-kit for wider Use

Target Population Council Multisectoral Aids Committees, Council Planning Officers, Council Health management Teams

Collaborators MOH/NACP, TACAIDS, UNAIDS, PORLAG, MUCHS, NIMR, LSHTM, Mwanza, Geita, Kilombero and Morogoro Local government Authorities.

Outputs A programming tool that facilitates planning and programming of STI/HIV/AIDS prevention and control at district level.

Adolescent Health Programme, Bunda

069

Purpose 1. Youth Center Approach for integrated reproductive health services for young people. 2.Behavioural Change Communication, lifeskills education and Advocacy. 3. Multisectoral, multilevel implementation strategies involving public and community institutions. 4. Building partnerships in health research

Location Bunda district

Project Manager George Kanga, **Email** amrefbnd@africaonline.co.tz

Start Date 1 December 2001 **Finish Date** 30 November, 2004

Budget US $435,260 (approved)

Donors SIDA

Objectives 1. Increase access to RH information for young people. 2. Train lifeskills (including parent to child communication skills and paraprofessional counselling for young people) for improved RH health. 3. Train vocational skills for income generationØ Advocate and build capacity for district programming for youth programs. 4. Influence policy development for adolescent services and livelihoods. 5. Promote provision of youth friendly services in the health facilities

Target Population Young people 10 – 24 years in Bunda district, Mara Region

Collaborators Bunda District Council, VETA Lake Zone, Bunda Catholic Parish, Bunda Teachers College, AIDS –ABC

Outputs 1. Integrated RH services for young people incorporating recreation, counselling, VCT has generated remarkable uptake. 2. Youth groups formed and now helping to train their members e.g. lifeskills. 3. SRH knowledge and behaviour (lifestyles) improved. 4. Youth friendly RH services adopted. 4. Links established for vocational trainingØ Community understanding and involvement has been achieved. 5. Increased utilisation of services by youth. 6. AMREF has managed to link the education, health and community systems to work in partnerships and jointly at the local level towards a common goal. 7. Improved parent to child communication skills

Lesson Learned 1. Participation of government and community leaders is a vital link in promoting youth RH services. 2. Implementation of RH youth activities requires a multisectoral participation. 3. There is need to build the capacity of community leaders in planning for youth development activities.

Innovations 1. Integration of RH education and skills development for young people. 2. Participation of key sectors with influence over youth activities in project implementation

Young People's Sexual and Reproductive Health, Kinondoni **070**

Purpose To facilitate a healthier and responsible sexual behaviour among adolescents in Kinondoni Municipality
Location Kinondoni Municipal, Dar Es Salaam

Project Manager Mihayo M. Bupamba **Email** mihayob@amreftz.org
Start Date 2000/11 **Finish Date** 2002/12/31
Budget US $ 363,000 (Approved)
Donors 1. UNFPA $ 363,000.
Objectives 1. Youth equipped with life skills. 2. Parents communication to their children improved. 3. A system of community para-professional counsellors established in the six wards of Kinondoni.

Target Population Out of school youth, age 10-24
Collaborators Municipal council, MOH, MOE, UNICEF, WHO, GTZ, UMATI, KULEANA, MMC, Media, Religious bodies etc

Outputs 1. 73 (87%) youth trainers were trained in LS, of which 50.7% were female. 96% of the trainers were still active by the time of evaluation. 746 youth participated in training sessions, with age group 15-19 being active attendees. The outcome has been significant change in youth attitudes and behaviour in regard to SRH issues as perceived by themselves, peers and their parents. Some of the changes include ability to make decisions, enhanced understanding of roles, changed peer group behaviour and increased level of self confidence as well as ability to communicate with others. 2. 78 (93%) parents were trained as parent trainers, 807 parents attended sessions with 64.2% being female. The outcomes show change in parental attitudes and behaviour as perceived by themselves, peers and their children. Some of the changes include: improved level of trust between parents and children at household levels, improved communication, and icreased involvement of children in household decision making. 3. 39 (100%) community members were trained as paraprofessional counselors, 212 youth received counseling, 52.4% being female. 75% of clients were age 15-24, showing good utilization by the intended group. 22% of clients were referred to professional help. The quality and relevancy of para-professional counseling was reported to be good by the clients, and also as perceived by the counselors themselves, resulting in direct and indirect change of behaviour among post-counselled youth, increased trust of counselors in the community, and improved ability of the counselors in dealing with problems at hpusehold and community levels. The counselors formed a CBO called UWANAKI, which is registered. 4. Formulation of youth groups, as own initiatives as a direct or indirect result of LS program in the project area, whereby 4 CBOs have been registered and more than 10 youth groups (unregistered) are operating in different initiatives like training IS, theatre entertainment and IGAs. 5. Strong collaboration in the community as a result of the program. There is clear link, support and networking between community leaders and youth, parents and para-professional counselors, whereby each group support each other and work as a team.
Lesson Learned 1. Peer educators work effectively among groups/categories of people they belong to. 2. Psycho-social skills training should go together with vocational skills training for sustained behaviour change. 3. 3-component intervention for adolescents is effective for behaviour change. 4. Strong partnership with other actors in the ground ensures sustainability.
Innovations 1. Establishment of community based supervision. 2. Facilitation of youth groups initiatives

Care and Support for People Living with HIV/AIDS, Iringa **071**

Purpose To develop a model for sustainable multisectoral support for people affected by HIV/AIDS
Location Iringa

Project Manager Josephine Komba **Email** josephinek@amreftz.org
Start Date May 2002 **Finish Date** May2006
Budget Euro 1,471,309 (approved)
Donors 1. European Commission Euro 1,324,178. 2. AMREF's contributionEuro 147,131 (10% AMREF UK).
Objectives To alleviate the Burden of HIV/AIDS to individuals/families and communities in the 2 Districts of Iringa Municipality and Iringa District

Target Population 352,291

Collaborators Iringa Municipal Council, Iringa District Council, FBOs: ELCT, RC Diocese of Iringa, Bakwata,

Outputs	1. To facilitate the establishment of a referral network for care and support to PLHA and their families. 2. To strengthen the capacity of local organizations for planning, delivery, coordinating and evaluating support services to PLHA in their homes. 3. To increase the demand for counselling, care and support services and promote Human Rights of PLHA. 4. To strengthen the community capacity to care for PLHA and Orphans.

Adolescent Health Programme – Mema kwa Vijana **072**

Purpose To design, implement and evaluate the impact of an innovative adolescent sexual and reproductive health intervention programme.

Location 4 Districts: Geita, Sengerema, Missungwi & Kwimba

Project Manager	Maende Makokha	**Email**	maendeM@amrefmza.org
Start Date	October 1997	**Finish date**	December 2002 (phase 1)
Budget	US $ 1,358,741 (approved)		
Donors	1. European Union (EU) 2. Development Cooperation Ireland (DCI) 3. UNAIDS		

Objectives To improve reproductive health knowledge and attitudes and to decrease risky sexual behaviours and hence rates of sexually transmitted infections (STIs), HIV infection and unwanted pregnancies among young people aged 12-19 years.

Target Population Young people 12 – 19 years

Collaborators London School of Hygiene & Tropical Medicine (LSHTM), National Institute for Medical Research Tanzania (NIMR) and The 4 District Councils

Outputs *Knowledge and reported attitudes:* In the intervention communities, 84% of the pupils passed the 2002 Standard 7 reproductive health exam as compared to 50% in the control communities. Similarly, 26% from the intervention community scored more than 80% compared less than 1% from the control communities. Similarly, within the trial cohort, the proportions reporting the correct or desired answers for all three composite knowledge scores, and for the composite sexual attitudes score in both males and females, were substantially and statistically significantly higher in the intervention communities at the final survey (see Table 1).

Reported behaviour: About two-thirds of respondents, who reported never having had sex at baseline, reported having sexual intercourse during the three-year follow-up period. There was a tendency for fewer male respondents in the intervention communities to report having sexual intercourse since the start of the follow-up, though this was not the case among females, and was only of borderline statistical significance in the males. Similarly, males, but not females, in the intervention communities reported significantly fewer sexual partners. Among those who reported having ever had sex, in intervention communities there was a substantial and statistically significant higher proportion of both males and females who reported that they had used a condom for the first time during the follow-up period, and also in those who reported using a condom the last time they had had sex.

Biological outcomes: The primary outcomes of the trial were both based on biological outcomes, measured using laboratory tests on serum: HIV incidence, and HSV2 prevalence. There were six predefined biological outcomes; four related to sexually transmitted infections and two related to pregnancy.The incidence of HIV in the comparison communities was lower at 2.2/1,000 person-years, than had been estimated in advance, and there were only 45 new HIV cases during the follow up period. Only 5 were in males, so it was not possible to do a meaningful analysis of the impact of the interventions on male HIV incidence. The adjusted incidence of HIV in females was 24% lower in the intervention communities, but this was not statistically significant (RR=0.76, 95% CI 0.35, 1.65). There was no evidence of any impact on HSV2 prevalence in either direction either for boys (Prevalence ratio: Males=0.92, 95% CI 0.69, 1.22) or for girls (Prevalence ratio =1.05, 95% CI 0.83, 1.32).In males, the prevalence of syphilis was lower in the intervention communities, while the prevalence of CT was higher. Neither difference approached statistical significance. There were too few cases of NG (10) for analysis to be valid.

In females, there was a tendency for the prevalence's to be higher in intervention communities than in comparison communities, but this difference only approached statistical significance for NG and CT. However, there was a slightly higher prevalence of CT in the intervention communities at baseline (NG was not measured at baseline), and the difference was in the opposite direction for HIV incidence. Furthermore, the higher prevalence of NG in females was only among those who were in Standard (School Year) 6 at recruitment; the group who only had the potential to receive one year of the in-school sexual health education programme. It is therefore very likely to have occurred by chance.

Lesson Learnt 1. A combined approach involving both teachers and class peer educators in teacher-led, peer-assisted sessions ensured sustainability. 2. Support from the Ministry of Education and Culture, and inclusion within normal school hours, ensured high coverage of the schools intervention. 3. Peer educators performing culturally appropriate dramas both within classes and in community events provide a popular mechanism for influencing attitudes and behaviours. 4. Detailed lessons plans within teacher's guides, supported by flip charts, a teacher's resource book, and other materials ensure quality of content and session delivery. 5. Annual reproductive health exams were requested by the teachers and reinforced the importance of the topic in the school curriculum. 6. Interactive training of health providers improved the youth friendliness of health services, as shown by the results of simulated patient visits.

Innovations 1. The trial has shown that innovative, participatory, multidisciplinary interventions can be scaled up and replicated whilst maintaining high quality and coverage. 2. It is possible to conduct large-scale trials of sexual behaviour change interventions to evaluate the effectiveness and cost-effectiveness of multi-component interventions using rigorous evaluation methods.

Mine Health 073

Purpose To improve the health of mineworkers and the communities surrounding the mines through the development and implementation of a sustainable program of health promotion, disease prevention and improved treatment, with a particular focus on HIV, other STDs, TB and malaria. to minimize the impact of ill health due to HIV, STIs, lung diseases and malaria among mineworkers and communities surrounding the mines.

Location Bugarama Ward (Kakola, Ilogi, Bugarama villages), Geita Town

Project Manager Meghan DiCarlo **Email** meghanD@amrefmza.org

Start Date KMCL: June 2000, Geita: July 2001 Phase 1) **Finish Date** KMCL: Sept. 2003 (Phase 1), Geita: July 2004 (

Budget $ 250,000-300,000 annually

Donors 1. Kahama Mining Corporation Limited 2. Geita Gold Mines 3. DTP Terrassement

Objectives 1. To promote healthy behaviour with respect to HIV, other STIs, and malaria in the mine. workforce through Awareness workshops and an ongoing peer educator scheme. 2. To facilitate community participation in the prevention of HIV, STI, TB and malaria transmission as well as care of those already infected by training and supporting representatives. 3. To Implement focused interventions targeting female bar and guest house workers treating STIs and promoting safer sexual behaviour. 4. To establish a sustainable Voluntary Counselling and HIV Testing service (VCT) for mineworkers and the communities surrounding the mines as an entry point for other prevention and care interventions. 5. To measure the impact and assess the effectiveness of this intervention package in the communities around the mines and the mineworkers themselves.

Target Population Mineworkers, communities surrounding mines, female recreation facility workers

Collaborators London School of Hygiene and Tropical Medicine (LSHTM), National Institute of Medical Research (NIMR), KMCL, GGM, DTP Terrassement, Kahama Municipal Council, Geita District Council

Outputs 1. Promote health behaviour with respect to HIV, other STIs and malaria to mineworkers. 2. Promote health behaviour with respect to HIV, other STIs and malaria in the communities surrounding the mine. 3. Promote improved sexual health among female recreation facility workers and their male clients. 4.Equip female recreation facility workers with life skills. 5. Provide access to VCT for HIV, STI management, family planning, and medical follow-up. 6. Support and supervise VCT counsellors in their work. 7. Support and supervise community and peer health educators in their work. 8. Support and supervise community Post-test clubs. 9. Strengthening of district health systems through capacity building. 10. Conduct baseline and progress surveys in addition to the ongoing monitoring

Lesson Learned 1. Due to deeply rooted high-risk sexual behavior, there is a need to go beyond awareness raising and focus on behavior change. 2. Many partners provides strength to the project, but also increases risk of cohesiveness falling apart. It is extremely important to keep continuous communication between all partners. 3. Tight work schedule on the mine sites makes it difficult for health education sessions to be well attended. 4. There is a need for VCT services to be backed up by care and support services. 5. Comprehensive nature of the project (i.e. addressing STIs, Malaria, TB, water and sanitation in addition to HIV/AIDS) helps reduce the stigma of HIV/AIDS.

Innovations 1. Comprehensive project addressing not only HIV/AIDS, but STIs, Malaria, TB, and other key health issues. 2. The scope of the project goes beyond the traditional focus of the workforce and their families to address the needs of the surrounding communities. 3. Each project represents a genuine partnership between mining companies who act as the main source of funding, AMREF as the implementing NGO and the government health services, in this case the District Health Management Team. 4. As a result of its collaboration with NIMR and the LSHTM, the AMREF Mine Health Project is in an ideal position to both implement such strategic interventions and evaluate their effectiveness for the wider benefit of health providers at the national and international level. 5. Establishment of one stop shop offering VCT, STI syndromic management, family planning and medical follow-up

Microbicides Study 074

Purpose 1. Applied research of the role of microbicides in the control of HIV/STI transmission. 2. Partnerships in applied research.
Location Mwanza City

Project Manager Dr. Andrew Vallely **Email** andrewv@amrefmza.org
Start Date October 2001 **Finish Date** June 2004
Budget UK£ 242,446 (approved)
Donors 1. DFID/MRC UK
Objectives 1. To determine whether it is possible to recruit and follow-up sufficient numbers of women in this site. 2. To estimate HIV incidence among these women. 3. To estimate condom use among these women.
Target Population Women working in food and recreational facilities in Mwanza City
Collaborators The London School of Hygiene and Tropical Medicine (LSHTM), UK , National Institute for Medical Research (NIMR), Mwanza, Tanzania
Outputs 1. Partnerships have already been effected at the local as well as international levels in the investigation of the role of this approach to HIV prevention and control. 2. Feasibility study meeting specific objectives and likely to enter phase III clinical trial of vaginal microbicide in 2004.
Lessons learned 1. Women are highly mobile (in terms of place of work and accommodation) and therefore difficult to trace and follow-up. 2. Developing an effective, representative system for community liaison is difficult in this context
Innovations Use of facility-level lists and ward maps to facilitate mobilisation and follow-up activities

Opportunities for Uptake of Female Condom 075

Purpose 1. Qualitative formative research. 2. Implementation and testing of intensified CSW peer education intervention. 3. Implementation and testing of an education and motivation intervention targeting male clients of the sex workers.
Location Kinondoni and Temeke districts of Dar es Salaam city

Project Manager Francis Omondi Oleche **Email** franciso@amreftz.org
Start Date April 2002
Finish Date March 2004
Budget US$ 428, 046 (approved)
Donors 1.USAID through the Family Health International (FHI)
Objectives 1. To assess whether male and female condom uptake increases among CSWs and rates of STI decline when condom social marketing is supplemented with an intensified peer education programme to CSWs; and 2. To assess whether male and female condom uptake increases among CSWs and rates of STI decline when an education & motivation intervention targeting men is added to intensified CSW peer education.

Target Population Bar workers and their potential male clients in selected bars and guesthouses in Dar es salaam city.

Collaborators 1. Family Health International, USA (FHI) 2. Population Services International, Tanzania 3. National Medical Research Institute (NIMR) 4. Ministry of Health
Outputs 1. Sex worker partners include; emotional partners, regular clients and casual clients. 2. Men's partners include; wives, girlfriends, regular and casual sex workers. 3. Sexual transaction varies from partner to partner. 4. The closer the partners, the less they perceive risk of contracting STI or HIV. 5. The link between HIV and STI not properly known. 6. Several myths and misconceptions on male condoms. 7. Mixed attitude of men and women on condom use. Men and women positive on health education.

Lessons Learned Correctly informing potential study participants about the risks and benefits of the study is of paramount importance for their full involvement in the study. Thus an informed consent is a very important document in any study involving the human subject.

ANGAZA Increasing Uptake of VCT **116**

Purpose 1. Model development for enhanced uptake/utilisation of VCT. 2. Training providers (counsellers, lab workers, community mobilisers) in quality VCT service delivery. 3. Building district focused systems for continuous quality improvement and linkage strengthening.

Location Dar es Salaam, Iringa, Mwanza, Dodoma, Kilimanjaro, Lindi, Arush regions

Project Manager Dr. A. Kisesa **Email** annek@amreftz.org

Start Date May 2001

Donors USAID

Objectives 1. To build the capacity of voluntary sector organisations and that of district health systems (DHS) for VCT service provision. 2. To create awareness and demand for VCT services. 3. To establish quality improvement systems for VCT at the district level.

Target Population Adolescents

Outputs 1. Training curricula and manuals have been developed for quality HIV counselling and testing. 2 .Partnerships have developed with public and private sector partners as well with the corporate mining sector for program implementation. 3. Uptake of VCT has been enhanced among both young people and the general public where VCT sites have been established. 4. Providers of VCT services in four regions have been. 5. Strong linkages with similar VCT programs in the SADC region have been established.

HIV/AIDS Interventions in the Workplace **117**

Purpose 1. Advocacy and sensitisation. 2. Partnerships for joint planning and implementation. 3. Capacity building through training and technical assistance.

Location At least 30 large to medium scale firms are participating in at least eight regions including Arusha, Dar es Salaam, Iringa, Kagera, Kilimanjaro, Morogoro, Mwanza, Shinyanga.

Project Manager Dr. Subilaga Kasesela-Kaganda **Email** subilagak@amreftz.org

Start Date 1993

Financing Companies themselves pay for the services i.e. consultancy

Main Objectives 1. Overall is to reduce STD/HIV transmission in the workforce with organised employment. 2. Mobilise the private sector to provide resources and implement HIV/AIDS for their workforce and neighbouring communities 3. Provide technical support to companies to implement interventions (Workplace HIV policy development, Behaviour Change Communication interventions, Condom social marketing, STI treatment, VCT etc)4. Develop company capacity to sustain interventions (training peer educators, establishing management structures) 5. Assist companies to link to other services

Target Population Employees and dependents of all companies involved

Outputs 1. At least 30 large and medium scale companies participating in the program. 2. At least 5 companies have been assisted to establish AIDS worksite policies. 3. At least 13 companies have established AIDS Committees that include senior management to undertake planning and implementation of AIDS interventions and continue to implement with only the relevant external input. The rest of companies continue with some assistance. 4. Demand for technical assistance has been created. 5. Demand has spilled over to non corporate sectors

WATER AND ENVIRONMENTAL SANITATION

Water and Sanitation Mkuranga **076**

Purpose Community capacity building in planning and management, technical skills in water and sanitation constructionAdvocacy for women involvementCommunity organisation

Location Mkuranga district in Coast region

Project Manager Mr. Koronel Kema **Email** koronelk@amreftz.org

Start Date January 2001 **Finish Date** December 2005

Budget $755,853 (approved)

Donors Community Fund UK

Objectives 1. To increase access to potable water to at least 70% of the households. Current coverage is estimated at just below 50%. 2. To establish community mechanisms and capacity to provide water and sanitation facilities and manage their own water resources. 3. To improve household knowledge and behavior in: i. Latrine use by 50% ii. Insecticide treated nets use by 25% iii. Home care for febrile illness by 75%. 4. Appropriate solid and liquid waste disposal by 50%

Target Population 31,547

Collaborators Mkuranga district Council and Communities in the project areas

Outputs 1. Project still ongoing but communities have been mobilized and several have established community water funds. 2. Community appreciations of the need for improved health through improved water, hygiene and sanitation have been achieved. 3. Mkuranga District Council sensitized to play a key role in improving the sanitary conditions in the district. 4. Communities mobilized through the application of participatory PHAST methodologies, in problem identification, project conceptualizations, implementation monitoring and evaluation. 5. Up to December 2003, 85 shallow wells and 3 deep boreholes have been constructed and communities are using the services. At least 70% of the total population has been served. 6. Latrine coverage have increased from average of 10% to 80%. 7. Communities have shown sense of behavior change through different initiative that include PHAST where by are now using latrines, wash hands one after another and not in commom bowl as it used to be. 8. 84 water pump mechanics have been trained in the respective villages for the purpose of undertaking pump repair and maintenance.

FAMILY HEALTH

Reproductive Rights for Women, Jijenge **077**

Purpose 1. Research for models development in building consensus with communities and service providers. 2. Capacity Building for woman friendly service delivery. 3. Advocacy for the protection of women's RH rights and end violence against women including FGM. 4. Developing partnerships with the community and professional agencies (the media, women organisations) and with relevant government departments (MOH, Social welfare etc). 5. Developing networks.

Location Mwanza and Mara regions

Start Date 2000 **Finish Date** 2005

Budget UK£ 300,000

Donors COMIC RELIEF, DFID UK£ 300,000

Objectives 1. Demonstrate the feasibility of an integrated woman centered RH service delivery. 2. Train service providers in woman friendly service delivery. 3. Engage communities in debate and involve them to take responsibility. 4. Advocate for adoption of models in public and private sectors§ Develop community structures to project women against violence against women.

Target Population Women aged 15 to 49 in Mwanza and Mara regions

Outputs 1. Awareness created among communities and providers on sexual and gender violence. 2. Knowledge and skills improved among health workers to provide comprehensive SRH services to women. 3. Policies and practices supportive of women's health and rights adopted in lake zone. 4. The women friendly reproductive health care approach has been adopted by all districts in Mwanza region. 5. Network for partnerships in the promotion of SRH well-being and rights of women created. 6. Communities mobilised to take responsibility for the protection of women's rights

Household Poverty and Vulnerability to Ill Health 078

Information available in compact disk version.

Mkuranga Child Survival Project – IMCI 079

Purpose 1. Partnership with AMREF, District Council, The community and other existing stakeholders at the district level. 2. Capacity building for community own resource persons , TOTs , the community and health service providers towards providing proper child health care both at household and facility level. 3. Community mobilization for establishment of a sustainable structures that support child health. 4. Training parents and caregivers in skills to recognize childhood illnesses early, appropriate care seeking practice and proper home based care

Location Mkuranga District, Coast Region

Project Manager Dr. Joseph Komwihangiro **Email** josephj@amreftz.org

Start Date 1st .April, 2002 **Finish Date** 1st July, 2003

Budget $ 317,000 (a**pproved)**

Donors 1.Madrid City Hall (AMREF Spain) 2. ODF

Objectives 1. To strengthen community structures that in at least 75% of target villages to support child care practices at household level. 2. To improve health of seeking behavior among at least 60% of parents and other caregivers of under five children in targeted communities. 3. To strengthen linkages between Community based institutions such as schools, health facilities, water system, and others within the communities to enable households in at least 50% of targeted communities to fulfill their responsibilities towards child care. 4 To facilitate health service provider to provide an integrated management of childhood illnesses

Target Population 30,000

Collaborators Mkuranga District Council, The Community.

Outputs 1. Partnership with the district and, the community and stakeholders has been established. .2. Joint planning, implementation and supervision of project activities. Project work plan incorporated in the district work plan. 3. Community Capacity has been built. 24 TOTs and 240 CORPs have been trained in child health to support project activities at ward village and household levels, 16 Health service providers trained in IMCI case management skills, 10 CHMT trained in supervision of IMCI activities, Revolving fund for mosquito nets (ITNs) established. 4. Community members trained in CBHC to enable them recognize their health problems and plan ways of solving them

Lessons Learned 1. Village health days is a good strategy for community mobilization. 2. Knowledge is easily attained within the communities, but behavioral changes and practice needs more time and patience. 3. Special strategy is needed when dealing with communities with strong cultural and traditional beliefs and practices. 4. Cultural beliefs and practices are interlinked with many other factors that contribute much to the vicious cycle of poverty and diseases in communities. 5. Integrated approaches has synergy to performance and impact. 6. When dealing with communities with many problems, solving one problem increases the need to solve others too. 7. Community based groups are the potential resources for community mobilization.

Innovations 1. The revolving funds and establishment of local distributors for ITNs. 2. A new approach when conducting village health and water days. 3. Integration of IMCI with Water and Sanitation. 4. Making communities contribute for materials needed for conducting Village health days.

DISASTER PREPAREDNESS, CLINICAL OUTREACH AND EMERGENCY SERVICES

Surgical Outreach

080

Purpose	Improved surgical care for communities living in remote rural areas of Eastern Africa		
Location	Kenya Country Office		
Project Leader	John Wachira	**Email**	johnw@amrefke.org
Start Date	Continuous		
Budget	$139,341 (2002/2003) approved		
Donors	1. AMREF Italy $110,849. 2. AMREF Austria $2,609		
Target Population	Ministries of Health, health workers and communities in East Africa (Kenya, Tanzania, Uganda)		
Collaborators	University of Nairobi, Kenyatta National Hospital		
Activities	1. Fly regularly to remote hospitals using light aircraft. 2. Provide specialised surgical services including endoscopic urological surgery, vesico-vaginal fistula repair, to remote rural hospitals in East Africa through regular visits. 3. Enhance the surgical skills of medical officers based in rural hospitals through training. 4. Improve skills of theatre staff and other hospital support staff in pre and postoperative management of surgical patients. 5. Operate and give advice on complicated surgical cases presented by medical officers. 6. Provide emergency surgical care to complicated cases. 7. Give morale and psychological support to staff in remote hospitals through regular contacts by radio, telephone and e-mail. 8. Train postgraduate students from the University of Nairobi. 9. Supply hospitals on the outreach programme with essential surgical supplies. 10. Collaborate with the University of Nairobi departments of Surgery and Obstetrics/Gynaecology and Kenyatta National Hospital in training and operational research.		

Vesico Vaginal Fistula Surgery

081

Purpose	To reduce the suffering from obstetric fistulas(VVF and RVF)		
Project Manager	Dr. Tom Raassen	**Email**	raassen@wananchi.com
Start Date	1st October 2000	**Finish Date**	31st December 2003
Budget	US$ 706,572.00 (approved)		
Donors	Royal Netherlands Embassy		
Objectives	1. To increase access to VVF surgical services. 2. To build capacity of specialists and nursing staff. 3. To provide appropriate surgical equipment to participating hospitals and specialists. 4. To improve the quality of intra-natal care. 5. To raise awareness among health providers and the general public on VVF and the means to prevent it.		
Target Population	Primary: a) women and girls with obstetric fistulas, attending hospitals where the AMREF outreach program will be carried outb) specialists/(ass.) medical officers and theatre nurses in the participating hospitals, who will receive trainingSecondary: nurse/midwives and other staff working in the labour wards of the participating hospitals		
Collaborators	Institutions with participating Specialists: Muhimbili Medical Center, CCBRT, Muheza Hospital, Selian Hospital, KCMC, Bugando Medical Center, Peramiho Hospital, Mbozi Hospital, Ndanda Hospital, Hospitals visited by AMREF specialist: Ndala, Isingiro, Sumve, Musoma, Kasulu, Kibondo, Lugala, Mchukwi, Rubya, Biharamulo, Nyakahanga, Turiani.		
Outputs	1. Over 1000 women with VVF/RVF operated by participating specialists and AMREF. 2. Seven specialists send for training to Addis and Northern Nigeria. 3. All participating specialists received instruments. 4. Partograms printed, but never distributed. 5. Lectures about VVF, management and prevention were given in many visited hospitals 29th November 2002 first Steering Committee Meeting. It was decided to develop a Nat. VVF-Program together with other stakeholders like The Min. of health, Women's Dignity Project and donors. 26th May 2003, Second Tanzania Fistula Meeting. Discussions about service delivery, training and outreach, as well as finances and the Steering Committee for the National Referral System of women with VVF.		
Lessons Learned	The project was too elaborate. Objectives 4 and 5 could not be realised.There was nobody at AMREF Dar responsible for the running of the project(secretary)This is essential for the smooth running of the project..		

Tanzania Clinical Laboratory Programme **120**

Information available in compact disk version.

UGANDA

HIV/AIDS, TB AND STIs

Luwero Orphans Socio-Economic Status **082**

Purpose The project goal is to improve the socio-economic status of orphans and vulnerable children in Luweero District.

Project manager Jane Nyangure Gaifuba
Locations Butuntumula- Luweero district
Start Date 2001 **Finish Date** 2005
Budget US$37,479 (approved)
Donors Kindernothilfe
Objectives The Primary aim of the project is to assist the orphans and other vulnerablechildren realize their full potential through community based approaches.Provide and support income generating activist (IGA) for the orphans either directly or through their guardians.Support the orphans to attain at least primary and where possible secondary education.Organize informal learning apprenticeship for orphans who have not gone to school or stopped prematurely.Create awareness about HIV/AIDS prevention through community based approaches.

Target Population 1130 Orphans.

Collaborators District Administration.
Outputs Communities in Butuntumula have community based approaches to support orphans.Leaders are sensitized about child needs and rights.15 parish committees are strengthened and supported to manage orphans programme.1130 orphans are admitted to primary schools.20 outstanding orphans are supported at secondary schools.543 guardians are supported with IGAs.At least 10% of the out of schools orphans are given apprenticeship skills.90% of the population in the project area is aware of the factors that enhance the spread of HIV/AIDS.

Nakasangola Orphans Socio-Economic Status **083**

Purpose The Primary aim of the project is to assist orphans and other vulnerable children realize their full potential through strengthening the capacity of the local institutions and structures to be able to respond effectively to the socio-economic impact of HIV/AIDS.
Location Nakasongola

Project Manager Irene Nafungo
Start Date March 2002 **Finish Date** February 2005
Budget Canadian $ 102,521 (approved)
Donors 1.CIDA 2. AMREF Canada 3.
Objectives 1. To Improve the socio-economic status of orphans and vulnerable children in Nakasongola district. 2. Promote community based approaches to support orphans and other vulnerable children in Kakoge Sub-county.Support orphans in Nakasongola to at least attain primary education and where possible secondary. 3. Support more girl orphans (60%) than boys (40%). 4. Organize informal learning apprenticeship for orphans who have not gone to school or stopped studying. 5. Advocate and protect the rights of the children in general; and in particular orphans and girls. 6. Provide and support IGAs for the children in general; and in particular orphans and girls. 7. Provide and support IGAs for the orphans either directly or through their guardians. 8. Enhance the level of awareness about HIV/AIDS prevention and promote positive behaviour.

Target Population To serve Kakoge sub-county that has a population of 25,880 people

Collaborators District Administration
Outputs 5 Parish Orphans Committees and 58 village Orphans committees strengthened and supported to manage the orphans program.Infrastructure of 17 Primary schools developed/improved to support orphans. Community based approaches to orphans is adopted in Kakooge sub-county to support 10% of orphans/vulnerable children found in Nakasongola district.1,680 orphans (80%) are admitted to primary and 105 (5%) are admitted to secondary schools, 5% are given vocational skill and the rest 210 (10%) who are mainly youths out of schools are supported with IGAs in 21 youth groups.2,100 orphans provided with material support including medical care and psychosocial support.420 Guardians are supported to run either individual or group IGAs.60 POC/VOC members are supported with IGAs.17 PTA are strengthened and sensitized on child needs and rights.90% of communities including orphans are sensitized on HIV/AIDS prevention.17 Children and family courts are established at parish level.

Luwero Orphans Socio-Economic Status **084**

Purpose The Primary aim of the project is to assist orphans and other vulnerable children realize their full potential through strengthening the capacity of the local institutions and structures to be able to respond effectively to the socio-economic impact of HIV/AIDS.
Location Butuntumula Subcounty, Luweero District

Start Date October 2001 **Finish Date** December 2004
Objectives 1. To strengthen the capacity of the relevant community institutions and structures through training of VOC, POC, PTAs to meet the socio-economic needs of orphans and vulnerable children in a sustainable way. 2. To establish and or strengthen linkages between the community institutions and structures with the various public services in order for the orphans and vulnerable children to be able to access vital services such as health, education and training. 3. To Enhance the opportunities for the AIDS orphans and vulnerable children to access primary and secondary education. 4. To provide opportunities to AIDS Orphans and Vulnerable children for appropriate vocational 10. training and income generating activities (IGAs). 5. To enhance the level of awareness on HIV/AIDS and promote positive behaviour change in order to reduce the rate of transmission and the prevailing social stigma associated with the pandemic. 6. To facilitate advocacy and lobbying for recognition and support for the rights of AIDS orphans and other vulnerable children.

Target Population 1130 Orphans

Collaborators Luweero District Authorities, Uganda AIDS Commission, UWESO and FINCA
Outputs 1. 30 village s and parish orphans committees are strengthened and supported to manage the orphans program. 2. Infrastructure of 16 primary schools, one vocational school and one health centre developed/improved to support orphans. 3. Community based approach to orphans is adapted in Butuntumula Subcounty. 4. 40% of the AIDS orphans in Butuntumula are supported through community based approaches. 5. Guardians are supported to run either individual or group income generating Activities. 6. 120 VOC/POC members facilitated to run IGAs. 7. 90% of the communities including orphans are sensitized on HIV/AIDS prevention.

Luwero Orphans Building Local Institutions **085**

Purpose Improve living conditions of orphans, widows and their guardians through provision of reasonable shelter.
Location Butuntumula, Luweero District

Project Manager Michael Ndoboli
Start Date Dec. 2001 **Finish Date** Dec.2003
Donors 1.AMREF Germany
Objectives Construct a total of 30 semi-permanent medium houses each with a kitchen and latrine for widows/orphans.Improve household sanitation conditions for widows/orphans.Provide 180 IGAs

Target Population Orphans and Widows

Collaborators Local Councils
Outputs Semi-permanent medium houses constructed for orphans/widows.Improved household sanitation for widows/orphans.

Butuntumula youth AIDS Education and Income Generation **086**

Purpose Improved sexual and reproductive health and economic status of the youth in Luweero and Nakasongola districts of Uganda.
Location Butuntumula, Luweero district

Project Manager Robinah Semujju
Start Date July 2002 **Finish Date** June 2003
Objectives 1. To mobilize and provide capital for existing youth groups that are not yet catered for by the project. 2. To provide knowledge and skills on the organization and management of income generating activities. 3. To strengthen the community structures of IGA management. 5. To improve the knowledge and skills of youth on ASRH. 6. To enhance delayed sexual involvement through involving the youth in gainful activities.
Target Population 1,000 youths out of school

Collaborators District Administration and Local councils
Outputs 1. Managerial, technical and institutional capacity of young people to initiate and sustain effective RH youth clubs enhanced as indicated by the number of sustainable and effective RH youth clubs. 2. Adolescents' Reproductive Health knowledge and skills of club members and young people outside the club will be enhanced. This will be indicated by the prevalence of STIs, unwanted pregnancies and school drop outs among youth as well as their level of knowledge on RH issues. 3. Access to high quality and affordable RH services including voluntary HIV testing for young people will have improved. The indicator here will be the number of centres providing such services and the youth utilization rate over time. 4. IEC materials produced and disseminated to ASRH club networks as indicated by the IEC materials indicated by the IEC materials available at ASRH clubs.

Gulu Reproductive Health **087**

Purpose The project aims at enhancing the RH status of IDPs in the targeted area
Location Gulu district

Project Manager Dr. Munaaba Eliot
Start Date July 2002 **Finish Date** June 2004
Objectives To strengthen capacity of existing health system to deliver quality RH services.To enhance knowledge and skills of women, men and children for safe RH behaviour and services.To improve enabling environment for individuals to pursue safe and responsible RH behaviours.

Collaborators CPAR, District Administration

Outputs Strengthening capacity of the existing health system in delivering quality RH services.Enhancing knowledge and ability of individuals-women, men, and adolescents- to pursue responsible reproductive health behaviours and to utilize available RH services, in order to protect themselves from sexually transmitted infections including HIV/AIDS and unwanted pregnancy; andFacilitating communities to build an enabling and encouraging social environment for individuals to pursue safe and responsible reproductive health behaviours, and to establish a responsive community network against sexual and gender-based violence (SGBV) cases.

Soroti – School HIV Prevention **122**

Information available in compact disk version.

Commercial Sex Workers Kampala **088**

Purpose To control the spread of HIV/AIDS infection among commercial sex workers and their clients through creating awareness about HIV/AIDS, promoting safe sex practices and mitigating the effects of HIV/AIDS/STIs living in Makarere III Parish and Bwaise II parish in Kawempe Division-Kampala.
Location Kawempe Division, Kampala

Project Manager Joyce Kintu

Start Date May 2000 **Finish Date** Annual

Objectives To create awareness on the prevention of HIV/AIDS among Commercial Sex Workers living in Makerere III Parish and Bwaise II Parish.To promote safe sex practices amongst commercial sex workers living in Makerere III parish and Bwaise II Parish.To improve the diagnosis and management of STIs for commercial sex workers .To promote voluntary testing and counselling (VTC) among commercial sex workers and mothers attending antenatal clinic.To provide home based care to People Living with AIDS (PLWA) in the project area.To establish the prevalence of STIs among the registered commercial sex workers.To provide commercial sex workers with alternative sources of resources e.g. income Generating activities, skills development etc.

Target Population Commercial Sex Workers

Collaborators TASO, Mulago Hosptial, Kampala City Council

Outputs Increased levels of awareness on the modes of transmission and methods of prevention of HIV/AIDS.A functional voluntary HIV testing and counselling centre.Micro credit initiatives in place.HIV/AIDS/STI awareness increased.Safer sex practices by the commercial sex workers.Early Diagnosis and treatment ofReduced incidence of STIs/HIV infection amongst the Commercial Sex Workers.Reduced unwanted pregnancies and abortions.Increased contraceptive prevalence rate.Decreased number of CSWs in the project area.

MALARIA

Malaria Partnership Project 089

Purpose To contribute to reduction of malaria related morbidity and mortality among children and pregnant women.

Location Kanungu, Kiboga and Kumi

Project Manager Dr. Ario Alexus **Email** alex@amrefug.org

Start Date 2003 **Finish Date** Dec 2005

Donors GlaxoSmithKline (GSK)

Objectives 1. To strengthen the district capacity to promote behavioural change related to malaria. 2. To develop a resource package for malaria behavioural change interventions. 3. To stimulate mechanisms and harness resources at the community level for malaria prevention and control. 4. To actively engage national and subnational partners to leverage additional technical and financial support and share best practices.

Target Population 12 subcounties, 4 from each of 3 districts; Kiboga, Kumi and Kanungu

Collaborators Ministry of Health Malaria Control Programme and other development partners, Uganda Red Cross, Africare, and Communication Development for Uganda (CDFU).

Outputs Percent of villages in UMPP area with Homapak distributors.Percent of parishes in UMPP area with ITNs commercially availablePercent of under 5s who receive adequate malaria treatment within 24 hoursNumber of homapaks distributed in UMPP areasPercent Homapak distributors with no stock out previous monthPercent of households in UMPP area with at least one ITNNumber of ITNs sold in UMPP area.Percent of under-fives referred by CORPs who are treated at health facilities within 24 hours.Percent of women currently pregnant or pregnant in the 2 years who slept under ITNs during pregnancy.Percent of child caretakers exposed to specific UMPP BCC interventions

WATER AND ENVIRONMENTAL SANITATION

Rukungiri Water and Sanitation 090

Purpose Improve the health status of people in Rukungiri District.

Location Runkungiri

Project Manager Dorothy Akankwasa

Start Date January 2001 **Finish Date** December 2003

Budget $22,353 (approved)

Donors AMREF Spain.

Objectives 1. Improved access to safe water for drinking for pupils while at school. 2. Improved access to safe latrines for pupils and teachers while at school. 3. Improved environmental sanitation conditions at school. 4. Increased awareness on the spread of water and sanitation related diseases and their prevention in schools and communities. 5. Improved standard of cleanliness and safety in homes/communities where pupils come from.

Target Population Primary school pupils

Collaborators District Administration, Communities/ 27 Primary schools
Outputs 1. Water and sanitation facilities for under served primary schools established. 2. Increased awareness on water on water and sanitation related diseases and their prevention. 3. Strengthened institutional framework for promoting environmental health.

Butuntumula Water and Sanitation **091**

Purpose Empower orphans of school going age, women, the old and sick to improve their health status through improved access to safe water and proper sanitation
Location Butuntumula, Luweero District

Project Manager Sarah Kabasomi
Start Date 2002 **Finish Date** 2003
Donors 1. Kindernothilfe. 2. AMREF Sweden US$ 5,000
Objectives 1. Improve access to safe water in 200 homesteads where orphans, women the old and sick live. 2. Improve access to proper sanitation of the target population. 3. Increasing knowledge on environmental health diseases and their prevention by 20% among the target beneficiaries. 4. Provide 200 bed nets to orphans, women, the old and sick and increase knowledge on malaria control and measles.

Outputs 1. District; subcounty leaders and the target population sensitized on improved water facilities/sanitation in homes. 2.200 homes with orphans, women, the old and sick selected and mobilized to participate in the project. 3. Water and sanitation facilities improved at households where the target group stays. 4. Hygiene education promoted in two selected under served villages. 5. Relevant IEC materials obtained and distributed. 6. A disease surveillance system established among homes where the target group stays.

Gulu Water and Sanitation **092**

Purpose The goal is Sustainable safe water supply owned and managed by users.
Location Gulu

Project Manager Dr. Munaaba Elliot
Start Date 1998 **Finish Date** 2004
Budget US$ 65,429 (approved)
Donors 1. AMREF Italy
Objectives To enhance capacity for improvement of water sources in Gulu district.To develop community capacity to maintain their own water sources.To strengthen district capacity to supervise, monitor and document water and sanitation activities.To assess appropriateness of existing technologies and approaches for water and sanitation services.To advocate for appropriate policies and practices on safe water and sanitation.

Target Population 10,000 displaces persons

Collaborators District Administration
Outputs About 118 new communities access safe water.About 220 communities maintain access to safe water.Capacity of beneficiary communities to operate and maintain their water sources developed.Community support structures strengthened in back-up management.District staff strengthened in the planning, supervision, monitoring and evaluation of water and sanitation activities.

Polio Eradication Nakasangola 097

Purpose Support polio eradication in Nakasongola
Location Nakasongola

Project Manager Juliana Namubiru
Start Date October 2001 **Finish Date** September 2003
Budget $13,445 (approved)
Donors 1.CIDA
Objectives 1. Mobilize and create awareness on immunization and immunizable diseases. 2. Establish at least 20 additional outreaches in hard to reach areas. 3. Train health unit staff and community health workers and TBA's. 4. Carry out routine immunization.

Target population 28,400 under five years, Estimated under 1 year 5,780 children

Collaborators District Administration
Outputs 1. 60% mothers and care givers knowledge about immunization and immunizable disease increased from the baseline. 2. 20 more outreaches established and functional in 20 remote parishes. 3. At least 2 CHWS per parish (40), 2 staffs per health unit (III) (10) TBA's trained. 4. Immunization coverage increased from 40% to 80%.

Butuntumula Household Microcredit 098

Purpose Reduce poverty by helping people of very low income to start small business
Location Butuntumula, Luweero District

Project Manager Jethro Bamuntugire
Start Date 2001 **Finish Date** Annual
Budget US$22,689 (approved)
Donors Trickle UP
Objectives To provide small grants to the poor to start or expand business.

Target Population Poorest of the poor in Butuntumula Subcounty

Collaborators District Administration.
Outputs Micro-enterprises supported for the poorest in the country. New business started by the poor.

Kisoro Primary School Health 099

Purpose Improved and sustained health status of school communities in Kisoro district
Location Kisoro district

Project Manager Rev. Bernard Tusiime
Start Date January 2002 **Finish Date** January 2005
Budget US$ 84,790 (approved)
Donors 1. EU 2. Austrian Government 3. AMREF Austria
Objectives To build capacity of school children, teachers, parents and the community for improving theirhealth through effective school health education programme.

Target Population 54,770 adolescents and youth

Collaborators District departments of Education and Health
Outputs 1. Effective teaching of Health Education through school teaches in schools and Teacher training Institute. 2. A system for screening and treating children at school and referral for specialized child/youth-friendly, health care established. 3. School pupil's participation in prevention of malnutrition and in agriculture improved. 4. A health school environment to reduce diseases related to poor water supply and sanitation created. 5. Initiatives by youth for disease prevention and heath promotion in schools and communities.

Gulu Primary Health Care **100**

Purpose To improve the health status of women and children in Gulu district through a primary health care approach.
Location Gulu

Project Manager Dr. Munaaba Elliot
Start Date 1997
Budget US$ 377,899 (approved)
Objectives 1. To enhance the quality of health services. 2. To develop community capacity to take responsibility of their own health. 3. To strengthen district services delivery systems. 4. To assess appropriateness of existing technologies and approaches for health development. 5. To advocate for appropriate policies and practices.

Target Population 390,000 People

Collaborators Directorate of Health Services, Gulu
Outputs 1. Strengthened district health team. 2. Strengthened provision of rural health services. 3. Strengthened community outreach activities for health.

Strengthening Community Management of Health Services **101**

Purpose The purpose of the PNFP-HUMC training is strengthen the HUMC in planning and financial management
Location National

Project Manager Dr. Michael Igune **Email** michaeli@amrefug.org
Start Date 2002 **Finish Date** June 2003
Budget US$177,059 (approved)
Donors 1.MOH and Italian Cooperation
Objectives 1. Improve their functioning and effectiveness of HUMC to:Prepare realistic work plans, address priority health problems at their respective health units. 2. ffectively mobilize, utilize and manage funds for health services from both private and public sources.

Target Population HUMC members of Health Centres Level II, III and IV belonging to Protestant Catholic and Moslem Medical Bureaux and other NGOs. 1,400 participants.

Collaborators MOH, Uganda Protestant Medical Bureaux, Uganda Catholic Medical Bereaux and Uganda Moslem Medical Bureaux.
Outputs Training Needs Assessment conducted within in 5 diocesesTraining curriculum designedReviewing and adapting of the existing modules and other training materials.Inventory of District Trainers for HUMCPiloting the revised training materials.14500 sets of revised participants' modules and 250 copies of the revised trainers guide printed.Training of trainers for HUMC56 training secessions conducted.

Primary Health Care Training **102**

Purpose The goal of PHC training Programme is to strengthen the pre-service and in-service training of PHC Workers.

Project Manager Dr. Michael Igune **Email** michaelI@amrefug.org
Start Date 2003 **Finish Date** 2005
Donors 1.Ireland Aid
Objectives 1. To improve the effectiveness of and support initiatives for sustainability of training of Registered Comprehensive Nurses and Clinical Officers. 2. To strengthen capacity for basic and extension training of Enrolled comprehensive Nurses. 3. To develop and strengthen capacity for training of Laboratory Assistants. 4. To improve effectiveness of and support initiatives for sustainability of the distance education programme in health.To strengthen quality assurance for PHC training.

Collaborators MoES, MoH, Catholic Church, Anglican Church, District Administration, and Health Training Institutions.

Outputs Tutors in the RCN and CO schools appropriately trained to effectively implement RCN and CO CurriculaUp-to-date standard assessment tools available for use by all the ECN schools to assure objective and systematic assessment of the students through out the course.Each of the 4 selected NGO Laboratory Assistants training schools has at least two qualified tutors.Improved access to distance education.Improved monitoring of quality of health training.

Gulu Emergency Response Training **104**

Purpose The purpose of the training is to enhance the competencies of the health staff and local councillors to cope effectively with emergency responses and disease surveillance.

Location Gulu District

Project Manager Joseph Agondua **Email** josepha@amrefug.org

Start Date 20 November 2002 **Finish Date** June 2003

Objectives 1. Equip 30 community vaccinators with basic skills and knowledge and refresh 60 to provide immunization to all children under 5 years and pregnant women in IDP and transit camps. 2. Train 343 LC1s and 394 CORPs in disease surveillance in 5 HSDs including IDP camps. 3. Train 30 health workers in emergency and basic preventive and primary care clinical skills in HSDs including IDP camps.

Target Population Community Vaccinators, Local Councillors and OPL health workers

Collaborators District Administration, Directorate of Health Services of Gulu district

Outputs Basic training of community vaccinatorsRefresher training of community vaccinators Health workers trained in clinical skills.Health workers trained in disease surveillance.LCs and CRPs trained in disease surveillance and emergency preparednessCommunity resource persons trained.

Laboratory Capacity Strengthening **105**

Purpose To improve the knowledge, skills and practice of laboratory health service providers at heath centre IV and Hospitals in the 10 AIM districts in the performance of simple tests for HIV syphilis, Tuberculosis and Malaria.

Location National

Project Manager Charles Munafu **Email** charlesm@amrefug.org

Start Date April 1, 2003 **Finish Date** June 30, 2004

Objectives To develop the course structure and training materials.To strengthen the knowledge and skills of laboratory Health Service personnel in the selected districts on the management, organization an safety of a laboratory including infection control on selected simple diagnostic tests.To design, implement and monitor a quality control system for the laboratoriesTo advise AIM on laboratory related issues.

Target Population 4,724,404 people (10 districts) Apac, Bushenyi, Lira, Katakwi, Kumi, Ntungamo, Pader, Rukungiri, Soroti and Tororo

Collaborators MOH, District Directorate of Health Services, Hospitals.

Outputs Developed training curriculum and training materials.Oriented 108 laboratory staff in basic HIV/AIDS/TB and malaria Diagnostic tests.Monitoring and supervision plan developed and implemented.Quality assurance system developed and implemented.

TRAINING AND LEARNING SYSTEMS

AMREF Mahler Library 106

Information available in compact disk version.

Diploma in Community health 107

Information available in compact disk version.

Distance and Continuing Education 108

Information available in compact disk version.

Publications and Health Learning Materials 109

Information available in compact disk version.

Maridi Clinical Officers' Training Institute 110

Information available in compact disk version.

Short Courses and Consultancies 111

Information available in compact disk version.

REGIONAL PROGRAMMES

HIV/AIDS, TB & STIs

Scaling up HIV/AIDS Best Practices **112.1**

Purpose To document and share successful HIV/AIDS prevention, care, and support interventions in the Eastern Africa region, and support non-governmental and faith-based organizations to replicate and scale up successful initiatives thereby contributing significantly to control of the HIV/AIDS epidemic.
Location Kenya, Uganda, Tanzania, Rwanda and South Africa

Project Manager Mwihaki Kimura Muraguri **Email** mwihakik@amrefke.org
Start Date April 2002 **Finish Date** April 2005
Budget US$401,602 (approved)
Donors 1. Simavi US$ 97,725. 2. TIDES US$ 25,000. 3. Church World ServiceUS$ 25,645. 4. Ireland Aid/AMREF Regional US$ 334,881. 5 AMREF Netherlands US$ 51,166
Objectives 1. Collaborating and networking with relevant partners to assist in coordinating project activities. 2. Detailed inventory of successful HIV/AIDS interventions in the East African region; initially in Kenya, Uganda and Tanzania. 3. Documentation of the key ingredients of success in each selected intervention. 4. Development of a best practices toolkit based on the East African experience that can be used by agencies in the various countries for replication and scaling up. 5. Designing and developing programs for scaling up selected successful interventions

Target Population CBOs, NGOs working within HIV/AIDS in the target countriesPopulations served by the organisations within the target countries

Collaborators Ministries of Health, Ministry of Education, Science and Technology, Office of the VP, Ministry of Tourism and Information, National AIDS Control Councils, National AIDS Control Programmes, National AIDS Commissions, HIV/AIDS Consortiums, MAP International and HIV/AIDS Business Councils

Scaling up HIV/AIDS Best Practices **112.2**

Purpose Intensify, better co-ordinate and increase the effectiveness of national responses to HIV/AIDS in South Africa, especially in the provinces where AMREF is working.
Location Pretoria Eastern Cape, Mpumalanga and KwaZulu-Natal provinces and National for the private sector part of the survey

Project Manager Bernard Likalimba **Email** blikalimba@iafrica.com
Start Date December 2002 **Finish Date** November 2005
Budget US$ 131 875 (approved)
Donors Development Cooperation Ireland
Objectives 1. To develop a descriptive inventory of successful HIV/AIDS interventions, best practices and lessons learnt 2. To disseminate and advocate for successful interventions and best practices for adoption/replication and scaling up in the programme area. 3. To support 2 model centres to demonstrate successful interventions and best practices. 4. To identify and promote and assist in the development of effective HIV/AIDS I.E.C. materials in the region. 5. To provide support to identified agencies implementing HIV/AIDS activities in the project area to facilitate scaling up of prevention of HIV transmission, and mitigation of the effects of HIV/AIDS, and care of PLWHAs. 6. To enhance AMREF's capacity to build capacities of organizations working in the area of HIV/AIDS in the East and Southern Africa. 7. To document the process, outputs and results, and impact of this intervention and to share widely in the region and beyond

Target Population Direct Beneficiaries: 14 HIV/AIDS NGO's Indirect beneficiaries: The South African Government, the South African HIV/AIDS NGO sector and the private sector
Collaborators Malitaba cc

Lessons learned 1. In a project that covers multiple regions in both its approach and impact partnership with local stakeholders with specific reputation in dealing with the issues in question is crucial for the project's success. 2. Sharing experiences among different regions that are affected by the project both at the country and continental level can enhance the progress of the project.

Innovations The project first intended to cover the whole country. But this was proven to be not feasible considering the size of South Africa and the difficulty to reach all the NGO's and private companies. To this effect review of the project conducted in November 2003 saw it necessary to trim the focus of the project only to provinces where AMREF is working.

HIV: The Right Not to Know — 130

Information available in compact disk version.

'I Know' Campaign — 131

Information available in compact disk version.

Gedo Health Consortium, Somalia — 114

Information available in compact disk version.

CLINICAL AND DISASTER

Specialist Outreach and Radio Comms Network — 124

Purpose To improve the health of disadvantaged rural populations in East Africa (Kenya & Tanzania)

Location Kenya Country Office

Project Manager Johnson Musomi **Email** musomij@amrefke.org

Start Date Continuous

Budget $672, 585 (2003/2004) (approved)

Donors 1. AMREF Italy $137, 742. 2.Flying Doctors Society $52, 632. 3. AMREF Netherlands $ 240, 964. 4. ODF $225,167. 5. EU/AMREF Germany $78, 000

Objectives 1. Improve capacity of Health staff to manage medical and surgical services. 2. Evaluate and Enhance District Health Systems. 3. Investigate selected health problems with a view to finding practical solutions. 4. Collaborate with Ministries of Health in supporting District Health Services. 5. Individual patient consultations and operations carried out. 6. General basic radio care and maintenance. 7. Repairs and replacements to expand and maintain AMREF's radio Network

Target Population Medical & Surgical specialists, technical health workers, and communities living in remote areas of East Africa (Kenya and Tanzania)

Collaborators Ministries of Health (Kenya & Tanzania), University of Nairobi (Kenya), Muhimbili Medical Centre and Bugando Medical Centre (Tanzania).

ORGANIZATIONAL DEVELOPMENT

Organisational Strengthening Programme **115**

Purpose To build AMREF into an African research and development institution that improves the health of disadvantaged people in Africa by discovering and promoting evidence-based best practices.
Location HQ, Country Offices, National Offices

Project Manager Tom Noel **Email** tomn@amrefhq.org
Start Date Nov 2002 **Finish Date** Nov 2006
Donors AMREF Netherlands

Target Population All AMREF staff and colleagues in National Offices610 direct
Collaborators AMREF National Offices

LEARNING SYSTEMS

AMREF History **113**

Purpose Produce a comprehensive analysis of the impact of AMREF's work 1957-2003

Project Manager Nicky Blundell Brown **Email** nickyb@amrefhq.org
Start Date Jan 1 2003 **Finish Date** Dec 31 2006
Budget $150,000 (approved)

Donors 1.Ford Foundation 2. Ross McParland 3.
Objectives AMREF Heritage plans to document electronically and in hard copy, the lessons learnt, evaluate the strategies used during the years 1957-2003, and ensure there is a mechanism in place to provide the continuity for such a process.

Target Population AMREF Donors, National and Country Offices, staff members, collaborators and partners, Institutions of learning, rural and urban communities

Lessons Learned The need for this project has been demonstrated by the way it has been received by AMREF staff, as well as the frustration experienced by those seeking to find out what AMREF's impact has been in promoting health care over these 46 years.
Innovations The systems that are being developed to ensure that historical and other knowledge is being properly managed

Breaking the Cycle – BPs in Health, Environment, Poverty **129**

Purpose To identify, document and disseminate best practices
Locations All AMREF countries

Project Manager Mathew Ngunga **Email** mathewn@amrefhq.org
Start Date January 2004 **Finish Date** December 2004
Budget Euro 68,000 (approved)
Donors 1. AMREF ItalyEuro 40,000 2. Legambiente Euro 28,000

Objectives 1. Identification and documentation of best practices in our areas of concern. 2. Advocating for the adoption of these practices at all levels. 3. Develop and strengthen key partnerships and networks for effective action. 4. Make concrete proposals for capturing, testing, sharing and scaling up of these best practices

Target Population Communities and development agencies in Africa.

Collaborators Legambiente: The largest Italian environmental organisation. (www.legambiente.com)

Lessons Learned 1. It is important to build Africa's presence in global policy and advocacy forums by providing a platform for which communities can Share their knowledge to guarantee development of forceful and cohesive policies.
2. The urgent need to test and document innovative approaches with partner communities and more importantly, share them in the development sector, in order to ensure that only those best practices that really work are advocated. 3. It is clear that by acting on their own, neither civil societies, nor Governments, will succeed in addressing problems that plague the world without concerted involvement from all stakeholders. This can only be achieved through building networks, both private and public, and by learning from others, locally and globally. This will ensure we can combine resources to advocate at national, regional and global levels, for a better quality of life for Africa's poor

Innovations The first best practices initiative looking at development through a three tied approach aimed at improving health, the environment and eradicate poverty.