UNIVERSITY OF NAIROBI

Cooperative Agreement Number

CDC-RFA-PS10-10133
Program Announcement No. 1U2GPS002839-01:

INCREASING ACCESS TO QUALITY COMPREHENSIVE HIV PREVENTION SERVICES FOR MOST AT RISK POPULATIONS IN CENTRAL AND EASTERN PROVINCES, KENYA

ANNUAL REPORT

OCTOBER 2011 – SEPTEMBER 2012

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ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral therapy
AUDIT	Alcohol Use Disorder Identification Test
CAGE	Cut-Annoyed-Guilty-Eye
CBO	Community Based organization
CCC	Comprehensive Care Centre
CDC	Centre of Disease Control
DASCO	District AIDS/STD Control Coordinator
DAST	Drug and Substance Abuse screening Test
DEBI	Diffusion of Exploratory Behavior Interventions
DHMT	District Health Management Team
DICE	Drop in Centre
EC	Emergency Contraception
FBO	Faith based organization
FP	Family Planning
FSW	Female Sex Worker
GALCK	Gay and Lesbian Coalition of Kenya
HC I	Healthy Choices I
HCII	Healthy Choices II
HIV	Human Immunodeficiency Virus
HTC	HIV testing and counseling
HMT	Health Management Team
IDU	Injecting Drug User
KePMS	Kenya Programming Monitoring System
MARPS	Most-at-Risk Populations
MSM	Men Who Have Sex with Men
MSW	Male Sex Worker
NASCOP	National AIDS/STI Control Programme
NGO	Non Governmental Organization
PAC	Post Abortal Care
PASCO	Provincial AIDS/STD Control Coordinator
PEP	Post Exposure prophylaxis
PLWHA	People Living with HIV/AIDS
PMHT	Provincial Health Management Team
PDPHS	Provincial Deputy of Public Health and Sanitation
PwP	Prevention with Positives
SAPTA	Support for addictions Prevention and Treatment in Africa
SAPR	Semi Annual Progress Report
SPSS	Statistical Package of Social Sciences
STI	Sexually Transmitted Infections
SW	Sex worker
TB	Tuberculosis
TRK	Trucker
UoN	University of Nairobi
VCT	Voluntary Counseling and Testing
VMMC	Voluntary Medical Male Circumcision

EXECUTIVE SUMMARY

University of Nairobi, Centre of HIV Prevention and Research, MARPs project commenced on 30th September, 2010. The main purpose of the MARPS project is to increase Access to Quality Preventive Comprehensive services for Most-At-Risk-Populations (MARPs) in Eastern and Central Provinces Kenya under the grant CDC-PEPFAR 1U2GPS002839-01.

In the second year of the project, community mobilization and outreach activities continued and a total of 18716 MARPs were reached with sexual and other behavior risk prevention packages in the community. Of these 16765 (89.6%) from different MARPs categories were tested and 1915 found to be HIV positive. Those found to be HIV positive were enrolled in the Drop in Centers or referred to nearest comprehensive services.

Four Drop in Centers (DICES) Makindu, Meru Thika and Nyeri were fully operational this year and were able to offer a range of biomedical services. A cumulative total of 6966 Female sex workers (FSW), 770 Male sex workers (MSW), 567 Men who have sex with men (MSM), and 567 truckers were attended to in the DICEs. Screening and treatment of sexually transmitted diseases (STI) was being done and a total of 1180 MARPs were treated for STI. HIV care and treatment was also available in the DICEs. 230 of the MARPs were enrolled into HIV care in the DICEs.

Clinical and Community Prevention with Positive (PwP) activities continued in this year with formation of PLWHA support groups at each site, family testing, STI screening and management, referral to comprehensive care clinics for HIV care and treatment and family planning education and provision. 124 MARPs have been reached with the minimum clinical PwP package. A total of 44 support groups of PLWHA were formed in both Central and Eastern provinces and 14 of them have received all the 13 PwP messages.

In and out of school youth were reached with Healthy Choices I (HC I) and (HC II) whose goal is to prevent pregnancy, STIs and HIV among the adolescents by empowering them to adopt and change their behavior in ways that will reduce their risk. A total of 5657 in school youth were reached with HC I and 6330 out of school youth with HC II.

Peer led outreach programs were established with the peer leaders/educators trained in the year one. There was a total of 72 peer led groups in both Eastern and Central provinces. They were assisted to get registered, do merry go rounds and start table banking. 18 of the groups obtained

registration from the Ministry of Gender and Social Services. Some of these started income generating activities like farming, chicken rearing, bead weaving among others. In addition some were linked with credit facility institution (Banks) to be trained and access credit.

A major challenge has been high levels of stigma and discrimination among the MARPs especially MSM and this hindered their access to the services being offered. There was a shortage of testing kits and condoms in the field but this was sorted out by the Government.

ANNUAL REPORT

Broad Objective 1

To Improve and expand sexual and other behavior risk prevention to increase healthy behaviors among 18000 Female sex workers, 1200 MSM, 1000 truckers and 1600 MSW

Specific Objectives

- Establish Peer led system and Outreach program for FSW, MSM/MSW and truckers
- Promote, Demonstrate and Distribute Male and Female Condoms and Water-Based Lubricants to FSW, MSM and Trucker
- Screen, Treat and refer MARPs for Drug and Alcohol Abuse
- Reach 5000 in and out of School youth with Healthy Choices

Specific Objective 1: Establish Peer led system and Outreach program for FSW, MSM/MSW and truckers

Activity 1: Peer education and outreach

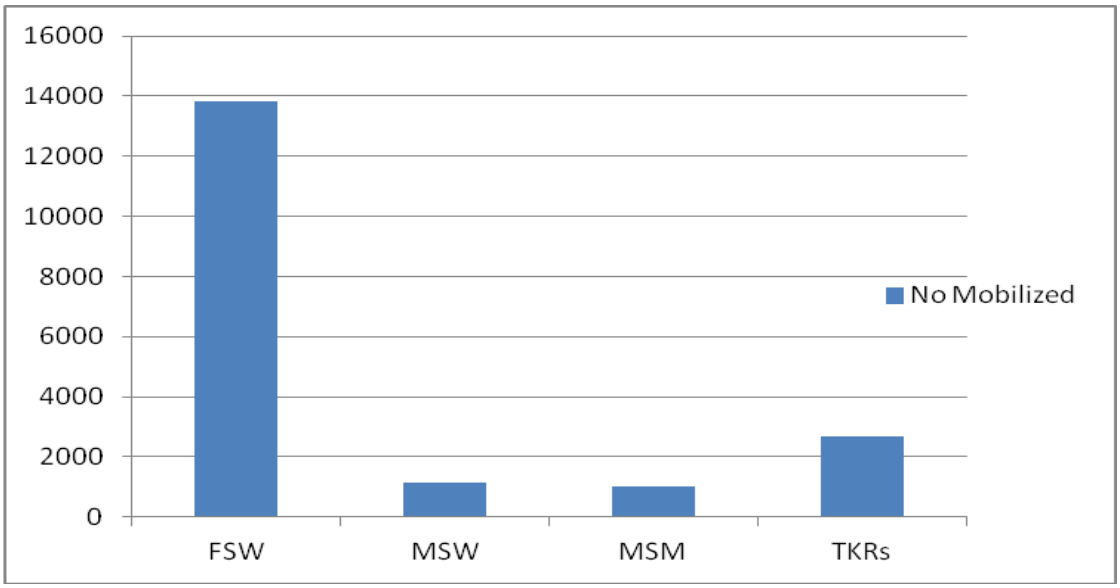
Peer led outreach programs were established with the peer leaders/educators trained in year one. There were 72 peer led groups in both provinces. Zoning was done and each peer leader covers a specific zone. Each peer leader was put in charge of 20 to 40 peers and provided health information/education, demonstrated, promoted and distributed condoms and water-based lubricants, encouraged HIV/STI risk reduction behaviors and referred peers to additional components of the HIV/STI standard package of services such as STI screening and treatment and HIV testing and counseling. Each peer leader/educator held bimonthly meeting with the peers in their zones and submitted a report of what was achieved and challenges that month.

Groups and individuals were reached with mobilization, education and counseling. The peer leaders had the responsibility to organize small group sessions which were presented with comprehensive information on HIV/STI transmission, prevention and care.

Achievements

13839 FSW, 1166 MSW, 1034 MSM, 2677 truckers were reached through peer education and outreach as shown below;

Figure 1: MARPs reached through Peer Education and Outreach



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Specific Objective 2: Promotion, Demonstration, Distribution of Male and Female Condoms and Water-Based Lubricants

Activities 1

Condoms and lubricants were made readily available for MARPs. The counselors, social workers community mobilizers and peer leaders continued to demonstrate correct male and female condom use on penile and vaginal models and then requested each MARP to do a return demonstration. Furthermore proper storage and disposal is part of this process. They also demonstrated correct use of water-based lubricants and provided skills in condom negotiating.

Achievements

There were 143 condom outlets established in both provinces. A total of 3,336,000 male condoms, 28,826 female condoms and 22,047 lubricants were distributed as shown in table below.

Table 1: Condom and lubricant distribution

	Outlets	Male condoms	Female condoms	Lubricants

Thika	35	720000	6078	6686
Nyeri	22	528000	4101	2351
Makindu	21	384000	3880	4384
Chuka	30	720000	4049	1161
Meru	30	864000	9712	6301
Embu	5	120000	1006	1164
Total	**143**	**3336000**	**28826**	**22047**

Specific Objective 3: Screen and Treat MARPs for Drug and Alcohol Abuse

Activities 1

Screening for drug and alcohol abuse was conducted using standard tools: the Alcohol Use Disorders Identification Test (AUDIT), and the Drug Abuse Screening Test (DAST).

Achievements

Eight thousand eight hundred and seventy four (8874) MARPs enrolled in the DICE were screened for drug and alcohol abuse. Those with problems on alcohol abuse were offered counseling and those with addiction were referred for rehabilitation. Those offered counseling were 497 and 50 were referred for rehabilitation to government facilities.

Specific Objectives 4: Reach in and out of School youth with Healthy Choices

Activities 1

Healthy Choices I (HCI) targets in-school youth aged 10-14 years and aims to delay sexual debut by providing knowledge and skills to negotiate abstinence, avoid negative peer pressure, avoid or handle risky situations and to improve communication with a trusted adult. Adolescents were recruited from schools and HC sessions were delivered in 4 sessions of 2 hours each. Head teachers, teachers and parents were involved in the recruitment process

Healthy Choices II (HCII) targets both in and out of school youth aged 13 – 17 years and aims to delay sexual debut, promote secondary abstinence or have protected sexual intercourse, by providing knowledge and skills on correct and consistent condom use, handling peer pressure, and learning one's HIV status. The focus of HC11 was on children of sex workers and the sessions here were delivered in 4 sessions of 2 hours each.

Achievements

A total of 5657 youth aged 10-14 years underwent HC1 and 6330 youth aged 13-17 years underwent HC11.

Table 2: Healthy Choices 1 and 11(Year 2)

Districts	**Healthy choices I**		**Healthy Choices II**	
	Male	**Female**	**Male**	**Female**
Thika West	787	876	1133	1621
Makindu	490	551	718	358
Chuka	500	498	669	835
Meru	179	180	284	297
Nyeri Central	757	839	202	213
Total	2713	2944	3006	3324

Broad Objective 2

Improve and expand access to quality biomedical services for MARPS.

Specific Objectives

1. Provide HIV Testing and Counselling
2. Screening and Treatment of STI
3. Screen for TB and Referal to Treatment
4. Provide HIV Treatment and Care
5. Reproductive Health Services
   -Family Planning
   -Post-Abortion Care Services
   -Cervical Cancer Screening and referral as appropriate
6. Emergency Contraception
7. Post-Exposure Prophylaxis
8. Provide Linked Referral Services
9. Offer Clinical and Community PwP

Specific 1: HIV counseling and testing

Activity 1

All MARPs mobilized were offered HIV counseling and testing. Their partners and children under 15 years of all HIV positive FSW were also offered HTC services. National guidelines were used. Types of HTC used were client initiated and provider initiated HTC. The settings used were outreaches (moonlighting) and DICE based.

Achievements

A total of 17494 MARPS were counseled, 16765 (95.8%) tested for HIV and 1915 were found to be HIV positive. Some of those found to be positive were enrolled into care in the DICEs and some referred to be enrolled other facilities due to proximity.

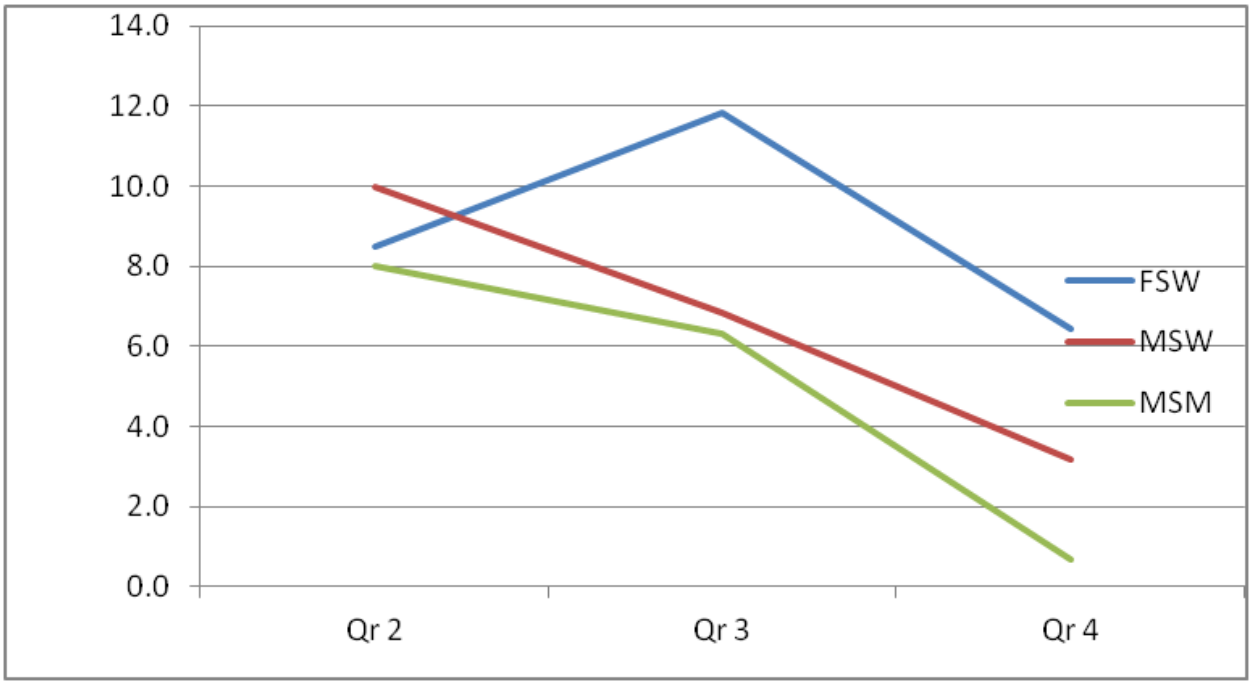
Table 3: HIV testing and counseling (Year 2)

HTC	SW		MSM	TRUCKERS		Total
	Male	Female	Male	Male	Female	
No counselled	1151	12991	936	2673	4	17755
No tested	1003	12400	896	2462	4	16765
No HIV+	128	1479	107	201	0	1915

Activity 2: Retesting

2522 MARPs were rested quarterly and 161 of them seroconverted. The incidence of HIV has been decreasing for the different MARPs as shown below.

Table 4: MARPS re-test for HIV at quarterly incidences. (Year 2)



The incidence for the truckers was 30.0 in quarter 2, 0 in quarter 3 and 1.4 in quarter in 4.

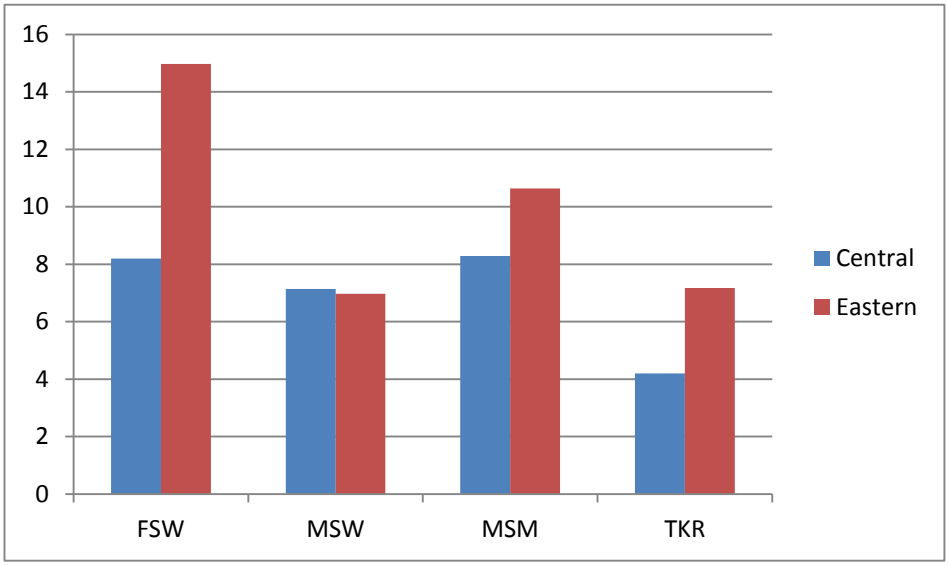
Activity 3:HIV testing for Partners and Children (<15 years) of FSWs:

SWs were encourged to promote HTC to their sex partners and children. Partner counseling was an important intervention but was based on the SWs who had regular partner comfort to disclose his/her status to his/her partner. 89 children were tested during this plan period and 3 were found to be HIV positive. 42 partners of MARPs were tested and 1 was found to be positive.

Prevalence among the MARPs

According to the KAIS report 2007, HIV prevalence in the general population among adults aged 15-64 years in Eastern and Central provinces is 4.6% and 3.6% respectively. The prevalence among MARPs in Eastern and Central Province has been found to differ according to the MARPs type with the peak in FSW being the highest with 15% In Eastern Province.

Figure 2: Prevalence percentage among the different categories of MARPs in Central and Eastern Provinces



Specific Objectives 2, 3, 4,5, 6,7: Screening and Treatment of STI, Screen for TB and Referal to Treatment,Provide HIV Care and Treatment Emergency Contraception, Offer post Exposure prophylaxis and Offer Clinical and Community PwPActivity

Activity 1: Services at the Drop In Centres

Four DICEs were fully operational in the second year. These were Makindu, Meru, Nyeri and Thika. A total of 6966 FSW, 770 MSW, 567 MSM and 567 Truckers were attended to in these DICEs as shown below.

Table 5: MARPs who received care at the DICE

DICE	FSW	MSM	MSW	TKR
Thika	2045	139	0	166
Meru	2092	183	717	132
Makindu	1152	119	60	262
Nyeri	1677	126	0	7

Out of these 230 were enrolled into HIV care in the DICEs and 3 were referred for TB treatment. 31 MARPS received PEP; 25 due to condom bursts and 6 due to rape. One MSM had a condom burst.

All the MARPs who came for care at the DICEs were screened for STI. Out of these 1180 were treated for STI.The most common syndromes treated were vaginal and urethral discharge. Below is a summary of STI syndromes treated in the DICE.

Table 6: STI Syndromes treated in the DICEs

	Quarter 1	Quarter 2	Quarter 3	Quarter 4

Vaginal discharge	89	97	185	121
Urethral discharge	115	104	92	4
Genital Ulcer Disease	47	78	48	6
Pelvic Inflammatory Disease	56	50	49	13
Anal itching	10	11	0	5

Family planning services were offered at the DICEs. 391 FSW were given Depo provera injections, 369 oral contraceptive pills and 43 received inplants. Dual protection method was emphasised and all were encouraged to use condoms.

121 FSW were screened for cancer of cervix using VIA. 4FSW were referred for pap smear and 1 underwent surgery.

Specific Objective 7:To provide Clinical and Community PwP

Prevention with Positives interventions encompasses a combination of strategies including: Knowledge of HIV status, partner testing, supporting disclosure, sustaining HIV risk reduction behavior, prevention of vertical transmission and unintended pregnancies, prevention and treatment of sexually transmitted infections, provision ART and adherence of the same.

Activity 1: Clinical PwP

All the MARPs who were HIV positive and enrolled in the DICE underwent clinical PwP intervention. They paid monthly visits to the DICEs for ART, cotrimoxazole, FP and condoms refills. Adherence counseling was done. During these visits, key messages on PwP were taught and screening and treatment of STI and TB was done.

Table 7: Summary Clinical PwP

	M	**F**	**Total**
1. Number of PLHIV (age 15 and above) whose sexual partner(s) were tested and received test results	24	206	230
2. Number of PLHIV (age 15 and above) who reported disclosure of HIV status to sexual partner(s)	24	206	230
3. Number of PLHIV (age 15 and above) who received condoms	95	859	954
4. Number of PLHIV (age 15 years and above)	0	756	756

provided with modern contraceptive methods			
5. Number of PLHIV (age 15 and above) screened for STIs	95	831	926
Number of PLHIV(age 15 and above) provided with minimum PwP package during the reporting period	24	206	230

Activity 2: Community PwP

There were 44 support groups of PLHIV in both provinces; 11 in Makindu, 4 in Meru, 11 Chuka, 5 in Thika,3 in Embu and 10 in Nyeri. All these groups had monthly meeting with our programme staff. The 13 key PwP messages were given. 14 groups have received all the 13 standard messages so far. A Demonstration Kitchen Garden has been established at Nyeri DICE for the PLHIV.

Figure 3: Demonstration Garden behind the Nyeri DICE for PLHIV

Table 8: Summary Community PwP services.

Services Provided	No who received services
No. receiving Condoms	1401
No. taken through adherence counseling	1401
No. practicing Supportive disclosure	42
No up taking modern Family planning	1300
No taken through risk reduction counseling	1401
No. taken through TB screening	1218
No. Referred	2

Broad Objective 3

Strengthen structural systems to support reduction of MARPS vulnerability to HIV infection

Specific Objectives

- Provide Services to Mitigate Sexual Violence
- Support to Expand Choices Beyond Sex Work

Specific Objective 1: Services to Mitigate Sexual Violence

Activities 1

Sexual violence (i.e. rape) is common among both male and female sex workers. Sexual violence is associated with unprotected sex and an increased risk of HIV transmission. SWs experience sexual violence from their clients, law enforcement officers, and strangers. Sex workers who experienced sexual violence (i.e. rape) were treated at the DICEs and offered PEP and EC among other services. Specimens were collected during the examination to assist in the legal prosecution of the perpetrator where identifiable. After the examina egin to cope with the distress that was likely to occur because of rape. Sex workers also received other biomedical and non-biomedical services as required.

Figure 4: Police sensitization workshop in Thika

Achievements

Six sex workers received care at the DICE for rape. Two sex workers reported partner violence. They were offered psychosocial support in the DICE and also reported to the police.

Police sensitization has also been done in the community either individually or as a group. In Thika, 38 police officers (male and female) were sensitized in on HIV/AIDs, shown how to work with MARPs and how to protect and respect their rights.Sensitization of Police Central and Eastern Provinces is continous.

Specific Objective 2: Support to Expand Choices Beyond Sex

Work

Activities 1

Sex workers who want to expand their choices beyond sex work have access to a meaningful and comprehensive set of services that respond to their individual circumstances. Sex workers have been organised into peer led groups which carry out merry go rounds and table banking. The groups are supported to register as legal entities with the Ministry of Gender and Social services and engage in income generating activities. In addition, they graduate to higher status of being able to access loan and trainings offered by micro finance institutions. The micro finance train them on how to establish small businesses and to save.

Achievements

A total of 77 peer led and 44 PLHIV support groups were formed, 103 groups carried out merry go rounds, 64 did table banking and 52 were registered by the Ministry of Gender and Social Services. The total worth of the peer led groups was Ksh 428,295 ($ 5710) and of PLHIV was Ksh 201,500 ($ 2686)

Table 9: Peer Led Groups

	No of Groups	Merry go round	T able banking	Register ed	Financial training	Acces sing credit	Worth in Ksh.	Worth in dollars	Total members
Nyeri	7	7	0	4	0	0	0	0	105
Makindu	22	19	3	1	0	0	31,800	424	763
Meru	13	13	13	13	13	2	196,000	2613.3	184
Chuka	22	18	22	10	0	0	118,000	1573.3	400
Thika	8	7	0	4	0	0	75,000	1000	177
Embu	5	3	1	2	0	1	7,495	99.9	115
Totals	***77***	***67***	***39***	***34***	***13***	***3***	***428295***	***5710***	***1744***

Table 10: PLHIV groups

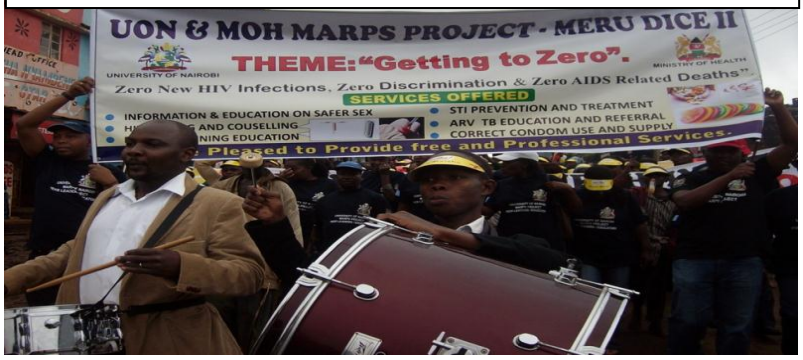
	Groups	Merry Go Round	Table banking	Registered	Financial training	Accessing credit	Worth in Ksh	Worth in Dollars	Total members
Nyeri	10	6	10	9	1	0	66,600	888	175
Makindu	10	11	1	1	1	0	5,000	66.7	180
Meru	4	2	4	4	4	0	128,000	1706.7	95
Chuka	11	11	8	2	0	2	0	0	171
Thika	5	5	0	2	0	0	0	0	106
Embu	3	1	2	0	0	0	1900	25.3	42
Totals	43	36	25	18	6	2	201,500	2686	769

Nineteen groups were trained by microfinance institutions on saving schemes and credit access. Equity bank and Barclays bank were some of those banks that were involved in the training. Some groups made and sold different types of soaps, beads and necklaces and lady's handbags. These were sold to provide an alternative income. One Meru group found one external market. The groups are responsible for income and expenditure of whatever they engage in.

Figure 5: Some products for sale being made by sex workers

Other activities: World Aids Day and Staff Training

Figure 6: Procession of the Meru DICE II during the 2011 World AIDs Day



World Aids Day

UoN took part in the World Aids day in quarter 1. The Meru DICE and Makindu DICE through the District Health Educational Officers office were involved in planning and launching of the World Aid Day event. This was a provincial event. The project supported the day financially, provided T-shirts and made the vehicle available for activities. Our DICE personnel and peer leaders prepared and provided for some HTC activities, a role play/drama, songs and poems were also presented to the gathering.

Staff Training

The MARPs staff underwent two weeks training in Working with MARPs, Clinical and Community PwP. All the doctors, clinical officers, nurses, counselors, community mobilizers, social workers and the data team were trained. The trainers of the course came from the UoN Kenya Free of AIDS (KEFA) project, University of Manitoba and Mbagathi District Hospital.
In addition to this the Director and the Program Coordinator travelled to India for a one week for exposure to the MARPs project in Karnataka State.
Program officers also underwent one week training on Drug and Alcohol abuse by a specialized organization namely Support for addictions Prevention and Treatment in Africa (SAPTA) in the second quarter of this year.
The data team had three trainings; two on KePMS and one on monitoring and evaluation.
The finance/administrative team underwent three training on financial management

Data Management

The data base was developed and pretested in the second year. All the sites had computers. All data collection tools were developed and revised. The data people are well trained on the various tools, coding and database. The staff continued getting data management update from time to time. The data base will be upgraded from time to time.
Data analysis was done using SPSS and MS Excel. All data was filed and stored under lock and key at the central office. T here was a password for the data in soft copy.
Reporting was done semiannually (SAPR) and Annually (APR) to the USG using the KePMS. The Data Manager and Data entry Clerk were trained on KePMS. To the CDC, reporting was done quarterly, annually and semiannually.

Continuous Medical education (CME)

Continuous Medical education (CME) was ongoing in the DICEs. The attendance in these meetings was good and both our staff and Health workers from government hospitals attended. The CMEs done were follows; 4 in Chuka, 12 in Meru, 1 in Embu, 12 in Makindu and 6 in Nyeri.

Evidence based Interventions (EBI)

Sister to Sister: The Adaptation of Sister to Sister in Kenya is ongoing with the UoN MARPs project taking a leading role and being the focal point for this EBI. Progress so far:

- April –May 2012: Development of Sister to Sister Protocol
- August 2012 -Protocol Approval received from Ethics Research Committee KNH/UoN for Adaptation of Sister to Sister in Kenya
- October 2102 -Presentation of Partners 'Boardroom Adaptation' to the NASCOP EBI-TWG
- November 2012 - 'Boardroom Adaptation' sessions with Peer leaders and health care providers completed.
- November 23rd - Collated feedback forwarded to NASCOP/CDC focal persons

RESPECT and Safe in the City: RESPECT and Safe in the City, are also undergoing the same processes of 'boardroom adaptation' and feedback collation and are operating in the same time frame, lead by different partners.

Challenges

- Stigma and discrimination is still high especially with the MSM. They also have self stigma and fear to disclose their HIV status even to fellow MSMs hence the difficulty in forming PwP groups
- Violence from partners, some police and community i.e. Mungiki (traditional sect) in Central province.
- Rehabilitation and Treatment for addiction is expensive and not readily available
- In HC2, retention of the participants was a challenge as some of them had other responsibilities such being employed in informal sector.
- Shortage of testing kits experienced in some places from time to time
- For the groups in IGA marketing some of their products is a challenge
- MARPs not very much willing to undergo full training with the banks because there are no allowances
- Research approval not given by CDC yet

SECTION II: ADMINISTRATIVE UPDATE

Summary of Staffing updates

Staff for year two were successfully recruited

The period saw five staff exit the project. These were Data Manager, 2 Project Doctors, Clinical Officer and a Receptionist. The project also sadly lost a Motor Cycle Rider due to illness.

Seconded staff

1. Nyeri DICE: One Nurse/ Counselor/Educator seconded from the Mt Kenya Hospital in Nyeri
2. Chuka DICE: 2 Nurses / Counselor/Educator and a clinical officer Seconded from Chuka District Hospital
3. Meru DICE: 1 District Health Education Officer, 1 Nurse/ Counselor/ Educator, 1 clinical assistant & 1 cleaner seconded from Meru Level 5 Hospital

All staff are appraised annually

Equipment & Supplies

All medical supplies, drugs, stationeries & Equipment were bought and delivered to the completed DICEs.

Vehicles and Motorcycles

3 vehicles Toyota fortuner; Two Nissan Navarra & 4 motorbikes were bought for the project. Process to purchase 1 additional vehicle and 2 motorbikes is awaiting approval of the carryover. The project continues to utilize the 3 old vehicles belonging to the UoN Centre for HIV Prevention and Research (CHIVPR).

Figure 7: Nyeri DICE

DICE PROGRESS

Nyeri M- DICE I

The Nyeri DICE is located in the Mt Kenya Hospital which is a district Government Hospital in Nyeri Town. The DICE is now fully operational.

Embu DICE

The DICE is located in Embu Provincial General Hospital. The equipment and furniture is already bought and awaits the renovation completion of the DICE. Three staff are on the ground forming peer led groups, community mobilization and condom promotion, demonstration and distribution. The containers are ready for partitioning awaiting the carry over to be approved.

Figure 8: Embu Containers

Machakos DICE

The DICE is located in Machakos Level Five Hospital. The hospital administration gave UoN a space to put containers and Bills of Quantities for the renovations have been prepared and will be forwarded for award and execution when the carry over budget is approved.

Kitui DICE

Kitui DICE will be located in Kitui district hospital. The hospital administration gave UoN gave a space to put containers and Bills of Quantities for the renovations have been prepared and will be forwarded for award and execution when the carry over budget is approved.

Mwingi DICE

Mwingi DICEs is located in Mwingi district hospital. The hospital administration gave UoN a building to renovate and Bills of Quantities for the renovations have been prepared and will be forwarded for award and execution when the carry over budget is approved. (See the old building for renovations)

Three staff are already on the ground forming peer led groups, community mobilization and condom promotion, demonstration and distribution. Completion is awaiting the carry over.

Figure 9: Building to be renovated for Mwingi DICE

Mwea DICE:

The DICE is situated at Mwea town and is privately owned a lease has been prepared. Three staff are already on the ground forming peer led groups, community mobilization and condom promotion, demonstration and distribution. Completion of renovation is awaiting the carry over.

Chuka DICE

Chuka DICEs will be located in Chuka district hospital where space has been provide for the container. Revised BQS presented to procurement committee for approval. The equipment and furniture is already bought and awaits the completion of the DICE. 3 MOH staff and 2 UoN staff are already on the ground forming peer led groups, community mobilization and condom promotion, demonstration and distribution. Completion is awaiting the carry over.

Nairobi Office

UoN provided three sites to operate from and the offices are located in College of Health Sciences. The Central office is in School of Public Health, Centre for HIV Prevention & Research where the rest of the offices are in UNITID and School of Nursing.
In addition a space to place and renovate a container has been allocated so as to house the MARPs Project in one site for ease of operation.
Bills of Quantities for the renovations have been prepared and will be forwarded for execution when "Carryover" budget is approved.

UNIVERSITY OF NAIROBI MARPS PROGRAM

FINANCIAL REPORT

FOR YEAR ENDED 29TH SEPTEMBER 2012

INTRODUCTION

University of Nairobi MARPs Program is in the second financial Year and was funded to provide 'Comprehensive HIV and AIDs Prevention' in Central and Eastern provinces of Kenya for a period of five years from 30th September 2010 to 29th September 2015.
University of Nairobi MARPs Program accounts are prepared on accrual basis and the exchange rate applied is Kshs.75 to the dollar.

BUDGET

This program received funding amounting to US$1,650,000 during the financial year covering 30th September 2011 to 29th September 2012.This funding was awarded through two Notices of Award issued on 8th August 2011 for US$ 145,000 and a second one of US$ 1,505,000 issued on 29th December 2011.

The overall program budget was as follows:

YEAR 2 BUDGET SUMMARY

Cost Category	Budget (USD)	Budget (Kshs)
Salaries	566,490.00	42,486,750.00
Fringe benefits	122,773.58	9,208,018.50
Travel	124,999.69	9,374,976.68
Equipment	30,396.00	2,279,700.00
Supplies	268,873.58	20,165,518.50
Others	536,467.15	40,235,036.25
TOTAL	**1,650,000.00**	**123,749,999.93**

RESTRICTION

In the Financial Year two NOA,$100,000 was restricted pending approval by CDC on Sex work enumeration. We obtained ethical clearance from Kenyatta National Hospital in 2011but approval from CDC is still pending.

CARRY OVER FROM YEAR 2

During the Financial year ended 29th September 2012,the program realized a short fall in expenditure amounting to $345,516.49 (23%).We are in the process of requesting for permission to carry over this amount to finance equipping of all the DICEs. Summary of this Carryover is shown here below;

YEAR 2 CARRYOVER

	Budget	Expenditure	Carryover	Carryover
Cost Category	**(USD)**	**(USD)**	**(USD)**	(%)
Salaries	566,490.00	503,552.21	62,937.79	11%
Fridge benefits	122,773.58	66,945.93	55,827.65	45%
Travel	124,999.69	100,640.01	24,359.68	19%
Equipment	30,396.00	5,904.87	24,491.13	81%
Supplies	268,873.58	156,939.68	111,933.90	42%
Others	536,467.15	470,500.82	65,966.33	12%
TOTAL	**1,650,000.00**	**1,304,483.51**	**345,516.49**	**21%**

CHALLENGE / OVERCOMING THEM

Unavailability of funds to set up new DICEs. Although funds had been sought to set up DICEs in Mwing, Kitui, Machakos, Mwea, Embu,Chuka and Nairobi's coordinating site. The "Carry over" budget has not been approved yet.
We appreciate CDC Kenya Office for their effort to secure the carryover. Notwithstanding Mwingi, Mwea, Chuka and Embu are mobilizing MARPS in readiness for delivery of comprehensive service once these sites become fully functional.

CONCLUSION

FY2 realized increased expenditure of 21% compared to FY1 even though FY2 budget was higher by 4%. We are optimistic that we will get approval of the year 1 carryover to facilitate achievement of year 3 plan.