



KENYA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND
BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

Kenya's estimated population is 38 million people, with an average life expectancy of 57 years. English and Kiswahili are the official languages of Kenya, which has an estimated literacy rate of 85%. The regional hub for trade and finance in East Africa, Kenya has been hampered by corruption and by reliance upon several primary goods whose prices have remained low. In the December 2002 elections, a new opposition government took on the economic problems facing the nation. In 2003, progress was made in rooting out corruption and encouraging donor support, with the GDP growing more than 5% in 2005. The GDP per capita is \$1,800.

There are over 40 indigenous tribes or ethnic groups with different religious and social customs, including polygamy and wife inheritance. There are only 10 cities with over 100,000 people, and the Nairobi metropolitan area accounts for more than one third of the urban population. . Only about 18% of the population lives in urban centers. The vast majority of Kenyans are small-scale farmers living in smaller towns and villages. This (and the resultant GDP per capita) limits access to health care.

HIV/AIDS Statistics

The estimated HIV prevalence rate in Kenya's general population is 8.2%. Kenya has approximately 1.6 million individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact. Girls and young women are particularly vulnerable to infection. Women aged 15–24 years are more than twice as likely as men in this age range to be infected. HIV rates vary significantly throughout the country.

Military Statistics

The Kenyan Ministry of Defense, sometimes called the Kenya Department of Defense (KDOD), is estimated at approximately 35,000 personnel. Kenya allocates 2.8% of the GDP for military expenditures. No seroprevalence study has been done for the KDOD, so its rate of 5.9% is simply an estimate.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Walter Reed Army Institute of Research (WRAIR) US Army Medical Research Unit-Kenya (USAMRU-K) is a fully staffed OCONUS laboratory and under the US Mission/Embassy in Nairobi. The USAMRU-K primary lab and administrative hub is located at the Kenya Medical Research Institute (KEMRI) in Nairobi but also has field labs established in collaboration with KEMRI in Kericho and Kisumu. USAMRU-K is commanded by an active-duty US Army colonel and staffed by 11 active-duty military personnel, 1 Department of Army civilian, and 305 contract employees. Of this staff, 2 of the active-duty military (1 program manager and 1 lab manager) and 18 contract personnel provide direct oversight and in-country technical assistance to the KDOD PEPFAR program. USAMRU-K also works closely with the Kenya US Liaison Office (KUSLO). The KUSLO is the US MLO to the government of Kenya and is a USAFRICOM field office that coordinates US security assistance programs and USAFRICOM contingency operations and training exercises in Kenya. Though not involved in the day-to-day management of the PEPFAR program, the KUSLO assist in coordinating higher-level meetings with the KDOD, ensuring goals and objectives of the Combatant Command are met.



USAMRU-K PEPFAR activities are supported by US-based staff at WRAIR Headquarters and its US Military HIV Research Program (USMHRP) in both technical and administrative areas. Additional technical support is provided by USMHRP staff located in Thailand and DHAPP staff members working in collaboration with USMHRP. In country, USAMRU-K participates in USG PEPFAR technical working groups along with the CDC, USAID, Department of State, and the Peace Corps, participating in the development of the annual COP through which PEPFAR funds are solicited. Through this coordination, USAMRU-K also ensures activities with the KDOD under PEPFAR meet overall PEPFAR strategic goals.

OUTCOMES & IMPACTS

Prevention

During FY08, KDOD continued to provide significant results across all areas in prevention, care, and treatment of HIV. Through community outreach efforts, a total of 57,920 military personnel and their families were reached with prevention messages that focused primarily on abstinence and being faithful. A total of 20,730 troops and families received abstinence-only messages, mainly through faith-based organizations and seminars aimed at the youth in the military population; 1,411 others were trained in the provision of those messages. In addition, 23,251 military members and their families were reached with comprehensive prevention messages. Condom services were provided through 440 dispensing points (mess toilets, hospitals waiting rooms, clinics, and bars). Eighty-seven (87) individuals were trained in the provision of comprehensive prevention.

During the fiscal year, 2,278 women were provided with PMTCT services at 14 sites. These services included counseling, HIV testing, and results. Of the women tested, 148 were provided with a complete course of ARV prophylaxis. Thirteen (13) HIV-positive pregnant or lactating women received food and nutritional supplementation at the PMTCT sites.

Care

Nine (9) service outlets provided HIV-related palliative care to military members and their families. During the year, 2,043 individuals were provided with HIV-related palliative care. These numbers included 217 individuals receiving treatment for TB. A total of 67 individuals were trained and certified on HIV-related palliative care including TB/HIV. The trainings were conducted by the National AIDS/STI Control Program in line with the Kenya MOH curriculum.

By the end of the reporting period, the KDOD HIV program had served 31 orphans and vulnerable children (through supplementary direct support by paying their school fees. In FY09, the program will shift its focus from providing services to identifying KDOD OVC and finding other local organizations that offer OVC services close to where these children are located. Such organizations include the Kenyan Government, USG-funded programs, faith-based organizations, and other NGOs.

Twenty (20) CT centers provided HIV testing for KDOD personnel. By the end of the reporting period, the KDOD HIV program had reached 11,333 individuals with CT services. Of these, a total of 584 TB patients were provided with diagnostic CT within the TB clinics.



Treatment

During FY08, 9 outlets provided ART services to KDOD personnel and their families. Four hundred forty-three (443) individuals were newly started on ART during the reporting period. At the end of the reporting period, 1,299 individuals

were considered current clients receiving ART. A total of 351 individuals receiving ART with evidence of severe malnutrition were provided with nutritional supplementation based on WHO guidelines.

During the reporting period, a total of 19,269 tests were performed at the 5 KDOD laboratories. These included 4,527 HIV tests, 657 TB diagnostics, 1,629 syphilis tests, and 12,456 HIV disease monitoring tests. A total of 7 lab personnel were trained on early infant diagnosis based on MOH training curriculum.

Proposed Future Activities

Ongoing successful KDOD and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Kenya Country Support Team and were included in the FY09 COP.

