***Project Name: DREAMS***

***Contact Information***

* Sponsor/Funder PEPFAR/GILEAD
* Lead Org(s) USG
* Contact Person within Lead Org(s) Patricia Oluoch
* Email and Telephone contact of contact person hpk7@cdc.gov
* Implementing Partner(s) LVCT Health, HWWK, Afya Jijini, Afya Western/Nyanza, IRDO, IMC and Global Communities

***Location***

* Is this a multi-country project? What country/countries is the project in? 10 countries
* Which area will you be working in? *(State the County, Subcounty , Community e.g Nairobi County, Langata subcounty, areas could be Kibera, Korogocho etc) Nairobi- The Mkurus, Korogocho, Pumwani, Kibera Kawangware, Kibagare*
* Which facilities will you be working with? Provide the list of facilities where you will be providing service/ carrying out research. The partners are still working this out having working relationships with facilities

***Programme Status***

* What type of programme is it? *(Demo project, advocacy, programme implementation, modelling, observational cohort study, policy support etc) Service Delivery*
* State your goals and objectives To reduce the incidence of HIV in AGYW by 40% by September 2017
* What are the dates of this project? *(start month and year, end month and year, results published date. Eg: Jan 2016 – Dec 2020) 2016-2017*
* Status *(ie. Proposed, Planned, Ongoing, Completed)* Ongoing but PrEP is to commence in December /January
* What phase of the program are you currently in? *(formative research / start-up / recruitment / data collection, data analysis etc)* Start up
* When do you plan to start offering PrEP to individuals? Dec/January

***Target Population and Criteria***

* Who is your target population (select from the list below)?

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| --- |
| 1. General population 2. FSW |
| 1. Women 25+ years |
| 1. Men 25+ years |
| 1. Adolescent Girls (<24) |
| 1. Adolescent Boys (<24) |
| 1. MSM |
| 1. Pregnant Women |
| 1. Transgender Women |
| 1. Transgender Men |
| 1. Sero discordant couples 2. People who inject drugs (PWID) |
| 1. Other (specify) |

* What ages are you enrolling? (Please specify exact age ranges. Eg. 18 to 24) 18-24 years
* What is the target number of PrEP enrolees? Provide per every year of implementation -15,200
* Do you have HIV incidence data in your area /incidence estimate? Yes from modelling studies
* Do you have incidence data on your target population? No
* What is the criteria for participants to be enrolled?
  + Inclusion DREAMS girls, ongoing HIV risk meets national criteria
  + Exclusion Any girl outside 15-24 years, HIV positive does not meet national criteria

***Recruitment***

* When is recruitment planned to start? Sensitization started within safe spaces
* What are the specific recruitment communication strategies? Apart from sensitization in safe spaces, program is awaiting national communication strategies
* Are you providing support for additional human resource or any other resources to the facilities? As determined by the IPs and identified facilities

***Eligibility and Requirements of participants***

* If a participant cycles off PrEP are they still included in the program? Not clear
* What type of lab investigations are you doing? (resistance testing, drug levels, etc) Will follow the the national guidelines

***Service Delivery***

* What are the delivery channels for your project? Highlight the ones that apply for your project from the list below:

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| --- |
| 1. Private Pharmacies |
| 1. Private FP Clinics |
| 1. Private Hospitals |
| 1. Private Testing Centres |
| 1. Private General Health Clinics |
| 1. Private Schools |
| 1. Public Pharmacies |
| 1. Public FP Clinics |
| 1. Public Hospitals |
| 1. Public Testing Centres |
| 1. Public General Health Clinics |
| 1. Public Schools |
| 1. NGOs/Model sites |
| 1. Public STI clinic |
| 1. Private STI clinic 2. Community |
| 1. Other (Specify) |

* Where is service delivery occurring e.g HTS room, CCC? To be determined by IPS in consulkatation with identified facilities. But CCC is out of question as the beneficiaries said no
* Which health personnel is/will be dispensing PrEP? Hospital Pharmacies, Nurses, Doctors and COs
* Who will be supplying the project with PrEP (ex: Gilead, Mylan)? Gilead
* How long are you planning to give PrEP for each individual? 6 months/1 year/as long as they are at risk. So long as the risk persists
* What is the prescription frequency? Initially one month and thereafter as per national guidelines
* How often are the visits? As per the national guidelines. However the program has the opportunity of seeing the DREAMS girls weekly
* How long is the follow up for each cohort? As per the national guidelines
* State the package of service that will be offered. Combination prevention including Behavioral, Biomedical and Structural interventions including Socio -economic strengthening and community mobilization against harmful practices

***Data***

* What specific data are you collecting? Refer to data tool; enrolment form, assesment and continuation form
* When do you anticipate data (even interim data) will be available? As soon as we start
* If Behavioural Data is being recorded, what data is being collected? (if applicable) Sexual history
* If your work is in Health System Strengthening,
* What are the objectives?
* What data are you collecting?
* If your work is in Research, what are your primary objectives/aims?
* If your work is modelling, what are your primary objectives/aims?

***Monitoring and Evaluation***

* What indicators will you be reporting on? Please provide the list of indicators (policy, implementation and impact indicators)
* Please provide the tools that you will be using to collect the data Already provided
* Are you collecting data electronically or paper based? Please explain Both will be used
* How do you plan to evaluate for impact? Impact evaluation planned – Performed by LSTHM
* Are there any planned midterm or end term evaluations? Implementation Science by Population Counsil

***Commodity Management***

* What drugs are you using or planning to use? Truvada
* What is the source of your drugs (donations or government supply or private)?Donation
* If it is a donation, which company is supplying the drugs? Gilead
* Are the drugs labelled? I suspect they are
* What quantities are you expecting? Provide scale up plan. Limited to DREAMS areas for now
* What is your current stock status? Number of packs available or pending shipments N/A
* What is your annual target and what quantities do you require per year? 15200
* For how long will you be receiving donations? State the start and end date. As long as DREAMS is on
* What is the source of your test kits, creatinine testing, CD4 testing, Viral load testing, Hepatitis B serology? PEPFAR supported

***Research and Impact Evaluation***

* What research have you conducted in the past concerning PrEP in Kenya? Share the abstracts. N/A
* What research is ongoing /planned during the implementation/study period? Please provide the research questions that you plan to answer, study dates and the summary study information Can be provided
* If there is a cost effectiveness/cost analysis component, what is the objective (If applicable) NO
* Is there any plan to conduct modelling? Please provide summary of modelling plans NO

***Tools***

* What tools are you developing? (IEC, posters, eligibility analysis, videos, training materials etc ) Assessment, Enrolment, Continuation and and summary report as provided

***Funding***

* What is the funding level for the project in Kenya? PreP commodities are in kind donation
* What is the transition plan following end of project? Uncertain for now

***Additional Comments / Information***