ASSESSING THE HIV/AIDS POLICY ENVIRONMENT IN KENYA:

THE 1998 AIDS POLICY ENVIRONMENT SCORE AND THE 2000 AIDS PROGRAM EFFORT INDEX

A DRAFT REPORT

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Table of Contents

List of Tables and Figures

List of Abbreviations

AIDS	Acquired immune deficiency syndrome
APES	AIDS Policy Environment Score
API	AIDS Program Effort Index
HIV	Human immunodeficiency virus
IDU	Injecting drug use
MTCT	Mother-to-child transmission
NACC	National AIDS Control Council
NASCOP	National AIDS/STDs Control Program
NGO	Non-governmental organization
STI	Sexually transmitted infection
TA	Technical assistance
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing

Executive Summary

The AIDS Policy Environment Score (APES) is intended to measure the degree to which the policy environment in a particular country supports efforts to (1) prevent the spread of HIV/STDs, (2) provide quality care for people with AIDS, (3) ensure the rights of people with HIV/AIDS, and (4) ameliorate the negative impacts of HIV/AIDS on individuals, families, communities, and society. The APES is designed to reflect both the current level of support and changes that take place over a one- to three-year period as a result of policy activities. The score is intended to be used to evaluate changes in the policy environment over time. It may also be useful as a tool to assess areas where policy change is most needed.

The APES tool measures the perceptions of knowledgeable respondents concerning the AIDS policy environment through their rating of a series of statements organized by seven categories: (1) political support, (2) policy formulation, (3) organizational structure, (4) program resources, (5) evaluation and research, (6) legal and regulatory environment and (7) program components. Scores range from 0 to 100.

The APES was administered in Kenya in 1998 to provide a baseline measure for future evaluation of changes in the policy environment over time, and to identify specific strengths, weaknesses, and gaps in the policy environment to inform the design of policy and program interventions. In May 2000, a second policy environment assessment was conducted, this time using a new instrument, the AIDS Program Effort Index (API). The API is based on the APES (39 of the 99 items in the API are taken directly from the APES) and the Family Planning Effort Index, and is intended to measure not only the policy environment, but more broadly the amount of effort put into national HIV/AIDS programs by domestic organizations, individuals, and international organizations. Persons knowledgeable about the country's AIDS program scored statements according to the current situation and the situation two years prior (APES respondents rated the 1998 and 1996 situations; API respondents rated the 2000 and 1998 situations). In order to compare the results from the APES and the API, only the 39 items common to both instruments were used to calculate the AIDS policy environment scores.

This report will analyze separately the APES and API data regarding those components receiving the highest absolute scores and showing the most improvement, as well as those receiving the lowest absolute scores and showing the least improvement. The two sets of results are then compared as appropriate.

Table ES-1 shows the average scores for each category and the overall scores for 1996 and 1998 from the 1998 application of the APES, recalculated using the 39 items common to both the APES and API. Table ES-2 shows these scores for the years 1998 and 2000 from the 2000 application of the API. APES participants in 1998 rated the overall policy environment score at 41.6 for 1996 and 57.6 for 1998, while API participants in 2000 scored the overall environment at 43.7 for 1998 and 63.3 for 2000.

Table ES-1: APES Kenya AIDS Policy Environment Score by Component, 1998 & 1996

	Political Support	Policy Formulation	Organi-zation	Program Resources	Evaluation and Research	Legal and Regulatory	Program Components	APES Total
1998	57.9	69.2	48.0	50.9	44.5	71.6	61.3	57.6
1996	29.9	45.2	36.4	41.6	32.9	59.5	45.8	41.6
Point Change	28.0	24.0	11.6	9.3	11.6	12.0	15.5	16.0
Percent Change	93.4%	53.2%	31.9%	22.3%	35.3%	20.2%	33.8%	38.4%

Table ES-2: API Kenya AIDS Policy Environment Score by Component, 2000 & 1998

	Political Support	Policy Formulation	Organi-zation	Program Resources	Evaluation and Research	Legal and Regulatory	Program Components	API Total
2000	68.6	73.2	72.8	52.5	38.0	75.5	62.8	63.3
1998	39.7	45.3	40.3	35.5	25.2	67.4	52.3	43.7
Point Change	28.9	27.9	32.5	17.0	12.8	8.0	10.5	19.7
Percent Change	72.8%	61.6%	80.8%	48.0%	50.9%	11.9%	20.0%	45.0%

The highest rated components during the 1996-2000 period were "Legal and Regulatory Environment," "Policy Formulation," and "Program Components." The areas showing the most improvement for the period were "Political Support," "Organizational Structure," and "Policy Formulation." Respondents consistently gave "Evaluation and Research" the lowest ratings over the period.

Both APES and API participants perceived the AIDS policy environment as improving relative to two years earlier (an improvement of 16 points, 38.4 percent for 1996-1998 and 19.7 points, 45.0 percent over 1998-2000).

The scores may reflect the significant developments that have occurred in the Kenya national AIDS program over the last four years:

- A national policy is in place, developed through a highly participative process.
- Considerable advocacy and mobilization efforts have aimed at implementing the policy and engaging key players at all levels.
- The President declared HIV/AIDS a national emergency in November 1999 and has called for HIV/AIDS education in all Kenyan schools.
- Members of Parliament jointly signed the 1999 Mombasa Declaration, a pledge to actively engage in HIV/AIDS advocacy, prevention and mitigation activities.
- A multisectoral coordinating body, the National AIDS Control Council (NACC) has been formed in the Office of the President and is developing a plan of action.
- The government is forming AIDS control units in key ministries and departments to facilitate a multisectoral response.
- Provincial, district, and constituency AIDS control committees are being formed and strengthened to broaden the reach and scope of efforts.

These positive changes are likely to be matched by increased availability of international and possibly domestic resources.

Based on APES and API responses, attention needs to be given to the role evaluation and research activities are playing in the national program and if and how this role can be strengthened. Multisectoral involvement in the response, including that of religious organizations and the private sector, needs to be increased.

With policies, strategies, structures, key players, and other inputs in place, the next two- to three-year period should be characterized by considerable improvement in the AIDS policy environment and the overall effort dedicated to the national AIDS program. To more completely assess these efforts and changes in the environment, it is recommended that the full API instrument be used to try to capture the potential impact of this broad effort and range of activities, rather than the APES or portions of the API instruments, as was the case for 1998 and 2000.

I. Introduction

Purpose

The success of HIV/AIDS programs can be affected by many factors, including socio-cultural context, economic development context, political commitment, availability of resources, and the extent to which the policy environment is supportive of program efforts. Various approaches for measuring these factors are available. One such approach for measuring the policy environment is the AIDS Policy Environment Score (APES). The APES is intended to measure the degree to which the policy environment in a particular country supports efforts to (1) prevent the spread of HIV/STDs, (2) provide quality care for people with HIV/AIDS, (3) ensure the rights of people with HIV/AIDS, and (4) ameliorate the negative impacts of HIV/AIDS on individuals, families, communities, and society. The APES is designed to reflect both the current level of support and changes that take place over a one- to three-year period as a result of policy activities. The score is intended to be used to evaluate changes in the policy environment over time. It may also be useful as a tool to assess areas where policy change is most needed.

The APES was first administered in Kenya in 1998 to provide a baseline measure for future evaluation of changes in the policy environment over time, and to identify specific strengths, weaknesses, and gaps in the policy environment to inform the design of policy and program interventions. At that time, 19 respondents knowledgeable about the HIV/AIDS program in Kenya were asked to compare and rate the AIDS policy environment as it existed in 1998 and 1996. Respondents rated the policy environment in seven components, or dimensions, from which composite scores for both years were derived. Plans were made to assess the policy environment again two years later to identify areas of improvement and those requiring attention.

In May 2000, a second policy environment assessment was conducted, this time using a new instrument, the AIDS Program Effort Index (API). The API is based on the APES and the Family Planning Effort Index, and is intended to measure not only the policy environment, but more broadly the amount of effort put into national HIV/AIDS programs by domestic organizations, individuals, and international organizations. Thirty-nine of the 99 items in the API are taken directly from the APES (the APES instrument contains 55 items). Thus, a rating for the AIDS policy environment can be derived from the API, using only those API items from the APES instrument. For this second assessment, 26 respondents completed the API, rating the level of AIDS program effort in Kenya for the years 2000 and 1998. In computing scores for the Kenya AIDS policy environment using the API, only those API items taken from the APES instrument were used. In order to compare these results with those from the 1998 application of the APES, the scores from the original administration of the APES were re-calculated using only those 39 items common to both instruments.

Definitions

The policy environment is defined as the factors affecting program performance that are beyond the complete control of national program managers. In addition to political support and other expressions of national policy (e.g., a formal national policy), the policy environment includes those aspects of operational policy that involve decisions at a higher level than the program (i.e.,

the program's organizational structure, its legal/regulatory environment, the resources made available to it, and its use of provider and user payments and fees).

For our purposes, we define HIV/AIDS policy to be actions, customs, laws, or regulations by governments or other social/civic groups that directly or indirectly, explicitly or implicitly affect programs for HIV prevention, people with HIV/AIDS, or families and communities affected by HIV/AIDS. This extends earlier definitions of policy (Cross, 1988; Maguire, 1990) to recognize that policies can be direct or indirect, explicit or implicit.[1]

Composition of the AIDS Policy Environment Score

The APES includes items that both define the policy environment and can be influenced by policy activities. These items represent the elements of the policy environment that policy activities attempt to influence. These items define the categories of the policy environment score:

- Political support
- Policy formulation
- Organizational structure
- Program resources
- Evaluation and research
- Legal and regulatory environment
- Program components.

A number of specific items could be included under each of these headings. The selection of items included in the APES is intended to capture the most important indicators in each category. As explained earlier, the scores for the AIDS policy environment were calculated using the 39 items that are common to both the APES and API. The APES and API questionnaires are included as Appendices A and B. The 39 items used in calculating the policy environment score in each of the instruments are in boldface.

II. The AIDS Program Effort Index

The API was developed jointly by the POLICY Project, the United States Agency for International Development (USAID), and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to measure the amount of effort put into national HIV/AIDS programs by domestic organizations, individuals, and international organizations. The term "national program" refers to the entire effort within a country, including the government-based AIDS control program as well as efforts of communities, non-governmental organizations (NGOs), the private sector, other sectors of civil society, and individuals. The API is based on the APES, developed in 1996, and the Family Planning Effort Index, developed in 1972. The API provides measures of the key high-level inputs that are independent of program outputs. For example, program effort

[1] For more information on the conceptual framework and development of the APES, see Knowles, James C. and John Stover. *Working Group on the Evaluation of Population Policy Activities: Final Report.* Chapel Hill, NC: The EVALUATION Project, April 1995; and, Murgueytio, Patricio, Lucia Merino, and John Stover. *The AIDS Policy Environment Score: Measuring the Degree to Which the Policy Environment in Central America Supports Effective Policies and Programs for HIV/AIDS Prevention, Treatment and Care*, Glastonbury, CT: The Futures Group International, November 1997.

includes items such as the proportion of the population that has access to affordable condoms but does not include output measures such as the proportion of acts protected by condom use. A program effort score for HIV/AIDS and sexually transmitted infections (STIs) can provide a useful diagnostic tool for national programs, facilitate measurement of changes over time, allow the estimation of the impact of donor inputs, and stimulate cross-national research. The API is intended to be useful for description, diagnosis, and impact analysis:

Description

- To measure the level of effort of international assistance in each country.
- To measure the level of national efforts (where national refers to all domestic inputs including central, regional, and local by both governmental and non-governmental organizations).
- To measure changes over time in national and international efforts.

Diagnosis

- To serve as a diagnostic tool to indicate areas of strength and weakness in each country program.

Impact

- To determine the effects of international assistance on national efforts.
- To determine the effects of national and international efforts on outcomes.

The API consists of 99 items grouped under 11 components, or dimensions, that define the categories for measuring HIV/AIDS program effort. The categories are

- Political support
- Policy formulation
- Organizational structure
- Program resources
- Evaluation, monitoring and research
- Legal and regulatory environment
- Human rights
- Prevention programs
- Care programs
- Service availability
- United Nations role

Thirty-nine of the items in the API are taken from the APES instrument and are found in the first eight components listed above.

Starting in 2000, the API is being applied in 40–50 countries, including Kenya, on a periodic basis in order to measure the level of effort and the change in effort over time. It is hoped that the API will be a useful tool to evaluate current efforts and indicate areas where improvements will enhance the efforts to address the AIDS epidemic and lead to improved outcomes.

The APES and API are similar, though not identical, instruments. Because Kenya is one of the countries participating in the API activity, and because the two-year reassessment of the AIDS policy environment in Kenya coincided with the first application of the API, country

stakeholders decided that, rather than conduct both the API and APES in Kenya, the API would be administered and an AIDS policy environment score calculated from the API for the purposes of measuring changes in the policy environment since the 1998 application of the APES. Appendix C provides an overview of the complete results of the 2000 Kenya API.

III. Implementation of the AIDS Policy Environment Score in Kenya: Using the APES (1998) and the API (2000)

APES and API Data Collection

For a detailed account of the 1998 APES in Kenya, please refer to "The 1998 AIDS Policy Environment Score in Kenya: A Draft Report." The APES was administered in Kenya in 1998 to provide a baseline measure for future evaluation of changes in the policy environment over time, and to identify specific strengths, weaknesses, and gaps in the policy environment to inform the design of policy and program interventions. Nineteen respondents knowledgeable about the AIDS program in Kenya completed the questionnaire. These respondents included those working within the national government program as well as those outside the program. Respondents included staff from the National AIDS/STDs Control Program (NASCOP), other government organizations, research entities, NGOs, and international donors/contracting agencies.

Respondents were contacted by telephone or in person and invited to participate. Five of the respondents were interviewed in person; forms were mailed or delivered to remaining respondents. Follow-up contact ensured that most respondents completed and returned the forms. The process took place primarily between February and April 1998, with two respondents completing forms in October 1998 and January 1999. Respondents were instructed to score the policy environment situation that existed as of the end of December 1997 and December 1995. For simplicity purposes in reporting, the time periods for these policy environment scores are referred to as "1998" and "1996," respectively.

The API was administered in Kenya in May 2000. Twenty-six respondents knowledgeable about the AIDS program in Kenya completed the questionnaire. The respondents represented government, NGOs, universities, donors, and civil society. At least five of the 26 respondents, or their predecessors in their current work positions, also took part in the 1998 APES (there were five anonymous respondents).

Respondents were contacted beforehand to discuss the activity and request their assistance; questionnaires were distributed to those who agreed to participate. Questionnaires were completed by respondents on their own and then collected. Respondents were instructed to rate the level of program effort for the present situation (early 2000) and two years earlier (early 1998).

APES and API Scoring

Both the APES and API were based on the individual judgments of a group of people knowledgeable about the national AIDS program in Kenya. Respondents were asked to rate the degree to which they agreed or disagreed with a list of statements about various aspects of the AIDS policy environment and program effort. Scoring was done for both the current year (in the

case of the APES, 1998; for the API, 2000) and two years prior (1996 for the APES and 1998 for the API) in order to improve the reliability of the score in measuring change.

The items in the APES were scored on a 1–5 scale. The items in the API were scored on a 0 – 5 scale. The definition of the scales varied somewhat depending on the category. For the APES, each individual score was converted to a 0–4 scale before the calculations are done. This ensured that a complete lack of policy support was scored as zero. The API scale already took this into account.

The first step in calculating the total score was to sum the individual item scores within a category. These sub-totals were converted to averages by dividing the number of items that were scored. This procedure computed an average score per item scored; thus, items that were not scored by the respondent were removed from the calculations and did not reduce the score. These averages were converted into percentages by dividing by the maximum possible score for each category. This approach standardized the categories so that the number of individual items within a category did not affect its contribution to the total score. For the Kenya APES and API, all policy environment and program effort categories were equally weighted. The sum of all the category scores is the total AIDS policy environment score. As a result of this approach, the score can range from 0 to 100, which may be interpreted as a percentage scale.

As described earlier, only the 39 items common to both the APES and API were used to calculate the AIDS policy environment score. This necessitated recalculating the original APES scores for 1998 and 1996, which were based on the total 55 items in the APES, to be able to compare the results with those from the 2000 API.

The APES and API are similar, but not identical, instruments, and share seven components: "Political Support," "Policy Formulation," "Organizational Structure," "Program Resources," "Evaluation and Research" (called "Evaluation, Monitoring and Research" in the API), "Legal and Regulatory Environment," and "Program Components" (called "Prevention Programs" in the API).[2] The API includes a specific component on human rights, whereas the APES contains human rights-related items under the component "Legal and Regulatory Environment." The 39 items relating to the AIDS policy environment are distributed among the seven APES components and among the above eight API components.

In calculating the policy environment score using the API, scores for the individual items in API were grouped by the components most closely corresponding to the original APES components. For example, API items concerning human rights were grouped with "Legal and Regulatory Environment" items because this is where they are found in the original APES; the API item concerning the existence of a sentinel surveillance system was moved from "Evaluation, Monitoring and Research" to the "Prevention Programs" component for scoring since in the APES this item is included under the corresponding "Program Components" category. In this manner, the scores for the individual components of the APES and API, as well as the overall scores, can be compared.

[2] For comparison purposes in this report, the term "Program Components" is used to refer to both the APES component of this same name and the corresponding API component, "Prevention Programs." Likewise, the term "Evaluation and Research" is used to refer to both the APES component of this name and the corresponding API component, "Evaluation, Monitoring and Research."

IV. Results

This section will analyze separately the APES and API data regarding those components receiving the highest absolute scores and showing the most improvement, and those receiving the lowest absolute scores and showing the least improvement. The two sets of results will then be compared as appropriate.

Table 1 shows the average scores for each category and the overall scores for 1998 and 1996 from the 1998 application of the APES, recalculated using the 39 items common to both the APES and API. Table 2 shows these scores for the years 2000 and 1998 from the 2000 application of the API. Figure 1 provides a graphical comparison of the scores from the 1998 APES and 2000 API. Tables 3–9 give the 1998 and 2000 API respondent scores for the individual items under the seven components that make up the AIDS policy environment score. A look at how these items are scored may be useful in identifying perceived areas of strength and weakness in the policy environment and where policy and programmatic efforts and resources should be targeted. Finally, Figures 2 and 3 compare the amount of change in the AIDS policy environment during the periods 1996-1998 and 1998-2000.

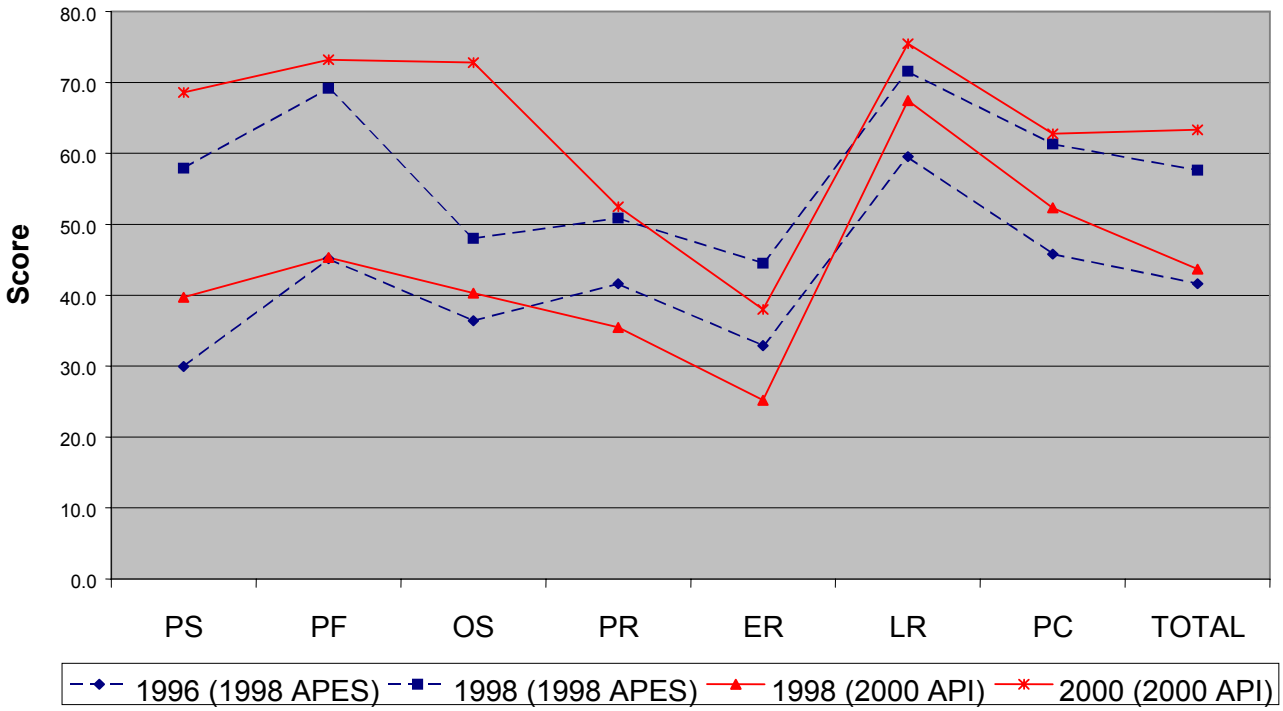
Table 1: APES Kenya AIDS Policy Environment Score by Component, 1998 & 1996

	Political Support	Policy Formulation	Organi-zation	Program Resources	Evaluation and Research	Legal and Regulatory	Program Components	APES Total
1998	57.9	69.2	48.0	50.9	44.5	71.6	61.3	57.6
1996	29.9	45.2	36.4	41.6	32.9	59.5	45.8	41.6
Point Change	28.0	24.0	11.6	9.3	11.6	12.0	15.5	16.0
Percent Change	93.4%	53.2%	31.9%	22.3%	35.3%	20.2%	33.8%	38.4%

Table 2: API Kenya AIDS Policy Environment Score by Component, 2000 & 1998

	Political Support	Policy Formulation	Organi-zation	Program Resources	Evaluation and Research	Legal and Regulatory	Program Components	API Total
2000	68.6	73.2	72.8	52.5	38.0	75.5	62.8	63.3
1998	39.7	45.3	40.3	35.5	25.2	67.4	52.3	43.7
Point Change	28.9	27.9	32.5	17.0	12.8	8.0	10.5	19.7
Percent Change	72.8%	61.6%	80.8%	48.0%	50.9%	11.9%	20.0%	45.0%

Figure 1: Kenya AIDS Policy Environment Score (APES) / AIDS Program Effort Index (API) 1998 & 2000 Results



APES Results

For the 1998 APES, the overall AIDS policy environment was scored 41.6 for 1996 and 57.6 for 1998, an increase of 16.0 points, or 38.4 percent over the two years. The highest scored component for 1996 was "Legal and Regulatory Environment" (59.5), followed by "Program Components" (45.8) and "Policy Formulation" (45.2). For 1998, the highest scored areas were "Legal and Regulatory Environment" (71.6), "Policy Formulation" (69.2), "Program Components" (61.3) and "Political Support" (57.9). The areas APES respondents perceived as having improved most since 1996 were "Political Support" (a 28.0 point, 93.4 percent increase) and "Policy Formulation" (a 24.0 point, 53.2 percent improvement).

The policy environment components receiving the lowest scores for 1996 were "Political Support" (29.9) and "Evaluation and Research" (32.9). For 1998, APES respondents rated "Evaluation and Research" (44.5), "Organizational Structure" (48.0) and "Program Resources" (50.9) lowest. The components perceived as having improved the least between 1996 and 1998 were "Program Resources" (9.3 point, 22.3 percent increase), "Organizational Structure" (11.6 point, 31.9 percent improvement), "Evaluation and Research" (11.6 point, 35.3 percent increase), and "Legal and Regulatory Environment" (12.0 point, 20.2 percent increase).

API Results

The overall AIDS policy environment score from the 2000 API was 43.7 for 1998 and 63.3 for 2000, an increase of 19.7 points and 45 percent over the period. API respondents gave the highest ratings for 1998 in the areas of "Legal and Regulatory Environment" (67.4), "Program Components" (52.3) and Policy Formulation" (45.3). For the year 2000, respondents gave highest scores to "Legal and Regulatory Environment" (75.5), "Policy Formulation" (73.2), "Organizational Structure" (72.8) and "Political Support" (68.6). The areas perceived as improving most between 1998 and 2000 were "Organizational Structure" (a 32.5 point, 80.8 percent increase), "Political Support" (a 28.9 point, 72.8 percent improvement) and "Policy Formulation" (a 27.9 point, 61.6 percent increase).

For both 1998 and 2000, API respondents rated the following components lowest among the seven: "Evaluation and Research" (25.2 for 1998, 38.0 for 2000) and "Program Resources" (35.5 for 1998, 52.5 for 2000). The least improved components during the two-year period were "Legal and Regulatory Environment" (an 8.0 point, 11.9 percent increase), "Program Components" (a 10.5 point, 20 percent improvement) and "Evaluation and Research" (a 12.8 point, 50.9 percent increase).

Highest Rated, Most Improved

"Legal and Regulatory Environment" was rated the highest of all components and at the same time one of the least improved in both the APES and the API. This indicates that both groups of respondents perceived this area as contributing favorably to the overall policy environment throughout the four-year period but improving little during this time. The component includes items concerning human rights, as well as legal and regulatory issues. Table 8 shows the API 1998 and 2000 scores for these items. Scores for the legal and regulatory items were in the upper range, except for the item concerning NGO registration procedures, which received a mid-range score. The human rights items received mid-range scores, except for the statement on arbitrary interference with liberty and security, which received a high rating. The current policy environment is viewed favorably regarding advertising, importation, and distribution of condoms, and non-restrictive access to STI services. The ratings for the human rights statements may be interpreted to mean there are laws and regulations in place prohibiting human rights violations but there is room for improvement in these areas, possibly in consistent enforcement.

With the addition of "Organizational Structure" for the API, the components of "Political Support" and "Policy Formulation" were viewed as most improved by both groups over the respective periods. The perceived improvement over the 1998-2000 period for these two areas, as well as for "Organizational Structure" (see Tables 4-6), is understandable given that during this time the *Sessional Paper of 1997 on AIDS in Kenya* was developed and approved by Parliament; efforts were begun to implement the policy; AIDS-related statements and activities by political leaders, including the President, increased; the multisectoral National AIDS Control Council (NACC) was formed and located in the Office of the President; and the President announced the reorganization of government HIV/AIDS prevention and care efforts.

Lowest Rated, Least Improved

Over the 1996-2000 period, "Evaluation and Research" was the lowest rated component and was viewed as one of the least improved. Table 7 shows the average 1998 and 2000 scores given by API respondents for the three statements under "Evaluation and Research." While respondents indicated some improvement in these areas over the period, scores in 2000 are still in the low to lower-mid range of the scale.

"Program Resources" is the next lowest rated component. Table 6 shows the average 1998 and 2000 scores given by API respondents for this category's four statements. The lowest scored item concerns the role of the private sector in funding HIV/AIDS efforts. Respondents perceived improvement during the period in the allocation of resources according to priority guidelines and flexibility in the use of resources, while the degree of support provided by international organizations was viewed favorably for both 1998 and 2000.

In addition to "Legal and Regulatory Environment" and "Evaluation and Research," "Program Components" was one of the least improved dimensions of the AIDS policy environment over the period. Table 9 shows the API ratings for the nine statements in this component. While respondents perceived modest improvements in this component between 1998 and 2000, most of the scores are in the middle to upper-mid range of the scale, indicating that a number of these areas contribute favorably to the overall policy environment. Two such examples are the items regarding Kenya's HIV sentinel surveillance system, which has managed to continue reporting results over the last decade despite shortages of test kits and delays in sentinel surveillance staff training, and the country's social marketing program for condoms, which has scaled up to nationwide coverage. The lowest scored item, that concerning family life education for youth, is also the most improved from 1998 to 2000. This may be attributed to the President's declaration at the end of 1999 that starting in January 2000, HIV education is to be taught in all Kenyan schools. The other low scored items, those concerning confidential counseling and testing services, a drug logistics system for STIs and opportunistic infections, and high-risk group prevention programs, are particularly challenging in terms of scaling up beyond pilot and urban-based projects to nationwide coverage.

Table 3: API Average Scores for Political Support Items

Item	Average Score (Range 0 – 5)			
	2000	1998	Point Change	Percent Change
High-level national government support exists for effective policies and programs.	4.0	1.7	2.3	135.3
Public opinion supports effective programs and policies.	3.6	2.5	1.1	44.0
Major religious organizations support effective policies and programs.	3.0	1.8	1.2	66.7
Private sector leaders support effective policies and programs.	3.1	2.0	1.1	55.0

Table 4: API Average Scores for Policy Formulation Items

Item	Average Score (Range 0 – 5)			
	2000	1998	Point Change	Percent Change
A favorable national policy exists.	4.0	2.4	1.6	66.7
Formal program goals exist.	3.9	2.6	1.3	50.0
Specific and realistic strategies to meet program goals exist.	3.8	2.3	1.5	65.2
A national coordinating body exists and functions effectively.	3.3	2.0	1.3	65.0
Ministries other than Health are involved in policy formulation.	3.4	1.8	1.6	88.9
Policy dialogue and formulation involves NGOs, community leaders, and representatives of the private sector, women's groups and special interest groups.	3.6	2.5	1.1	44.0

Table 5: API Average Scores for Organizational Structure Items

Item	Average Score (Range 0 – 5)			
	2000	1998	Point Change	Percent Change
The AIDS Control Program is placed high in the government structure.	4.3	2.4	1.9	79.2
The Director of the AIDS Control Programme is full-time and reports to an influential superior officer.	4.1	2.4	1.7	70.8
A multisectoral approach has been implemented and functions well.	3.0	1.8	1.2	66.7
The private sector is formally included in the AIDS Control Program.	3.2	1.4	1.8	128.6

Table 6: API Average Scores for Program Resources Items

Item	Average Score (Range 0 – 5)			
	2000	1998	Point Change	Percent Change
Resources are allocated according to priority guidelines.	2.7	1.7	1.0	58.8
Current funding can be used flexibly in order to support effective new programs.	2.7	1.6	1.1	68.8
The private sector plays a significant role in funding HIV/AIDS prevention and care programs.	1.4	0.6	0.7	116.7
International organizations have provided a significant portion of funding for prevention programs.	3.7	3.2	0.5	15.7

Table 7: API Average Scores for Evaluation and Research Items

Item	Average Score (Range 0 – 5)			
	2000	1998	Point Change	Percent Change
Evaluation and research results are actively employed in policy formulation and program planning.	2.3	1.5	0.8	53.3
Mechanisms and structures for monitoring and evaluation, such as a formal evaluation unit, within the program.	2.0	1.2	0.8	66.7
Special studies are undertaken as needed to improve the program.	1.4	1.1	0.3	27.3

Table 8: API Average Scores for Legal and Regulatory Environment Items

Item	Average Score (Range 0 – 5)			
	2000	1998	Point Change	Percent Change
Condom advertising is allowed.	4.6	2.8	1.8	64.3
There are no restrictions on the importation of condoms.	4.5	4.3	0.2	4.7
There are no restrictions on condom distribution.	4.1	3.2	0.9	28.1
There are no restrictions on who may receive STI services.	4.1	3.7	0.4	10.8
NGO registration procedures are clear, straightforward and fair.	3.1	2.9	0.2	6.9
There are no mandatory testing requirements for employment, marriage, travel or access to health care.	3.0	2.7	0.3	11.1
Confidentiality of HIV-status test results is protected in law and regulations.	3.3	3.3	0.0	0.0
There is no arbitrary interference with liberty and security of person based on HIV-status, such as quarantine, detention in special colonies, incarceration.	4.2	4.1	0.1	2.4
Discrimination based on HIV/AIDS status is prohibited by law.	3.2	3.3	- 0.1	- 3.0

Table 9: API Average Scores for Program Components Items

Item	Average Score (Range 0 – 5)			
	2000	1998	Point Change	Percent Change
Guidelines to reduce the risk of HIV transmission to health workers.	3.4	3.0	0.4	13.3
An active program to promote accurate HIV/AIDS reporting by the media.	3.2	2.5	0.7	28.0
A functioning logistics system for drugs for the treatment of STIs and opportunistic infections.	2.8	2.4	0.4	16.7
A functioning logistics system for condoms.	3.3	3.0	0.3	10.0
A social marketing program for condoms.	3.6	3.1	0.5	16.1
Special prevention programs for high-risk groups.	2.8	2.6	0.2	7.7
Confidential counseling and testing services.	2.7	2.0	0.7	35.0
Family life education for youth.	2.6	1.3	1.3	100.0
A sentinel surveillance system for HIV infection exists and functions regularly.	3.9	3.7	0.2	5.4

Absolute Scores, Relative Changes

One of the objectives of conducting the APES in 1998 was to establish a baseline measure of the AIDS policy environment that could then be reassessed over time to identify changes in the policy environment, and to identify specific strengths, weaknesses, and gaps in the policy environment. In comparing the results of the APES and API, the extent to which the absolute scores can be used to measure these policy environment changes over time is unclear. Instead, when comparing results of different applications of the instruments, it may be necessary to also identify which components receive higher or lower ratings and the degree of change perceived by respondents over specific time periods. This section of the report will compare the results of the APES and API in terms of absolute scores and the degree of relative change among scores.

From Figure 1 above, it is apparent that there is little difference in the scores provided by respondents in rating the "current year" policy environment (that is, the year 2000 for API respondents and the year 1998 for APES respondents), or in retrospectively rating the policy environment two years earlier (1998 for the 2000 API respondents and 1996 for the 1998 APES respondents). In other words, despite the passage of two years and numerous HIV/AIDS-related developments taking place during that period, respondents from the two periods rated their overall "current" and "past" policy environment situations similarly (current situation: 63.3 [2000 API] and 57.6 [1998 APES]; past situation: 43.7 [2000 API] and 41.6 [1998 APES]). Because the overall scores are averages of the individual component scores, there is little difference between the "current situation" scores for 1998 and 2000 or the "past situation" scores for 1996 and 1998 for most of the individual components. The clear exception is for "Organizational Structure" (current situation: 72.8 [2000 API] and 48.0 [1998 APES]) and, to a lesser extent, for "Political Support," "Evaluation and Research," and "Legal and Regulatory Environment," with some pairs of "current" or "retrospective" scores varying by seven to ten points.

The similarity between the scores for the two periods' current and past policy environment situations should not be interpreted as indicating that the policy environment did not change over the period. Indeed, respondents in both 1998 and 2000 perceived the AIDS policy environment as improving relative to two years earlier. Figures 2 and 3, which compare the score point and score percentage changes from 1996 to 1998 (using the 1998 APES), and from 1998 to 2000 (using the 2000 API), clearly illustrate this.

Figure 2: Kenya APES / API Score Point Change 1996-2000

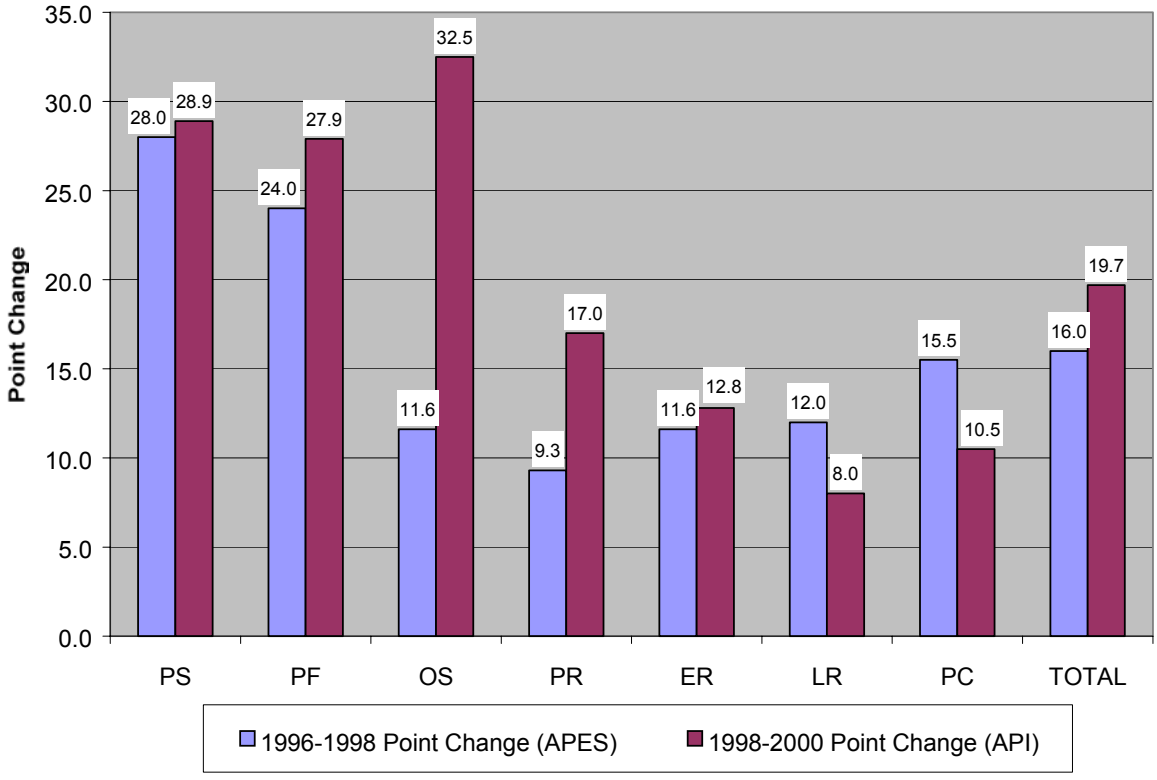
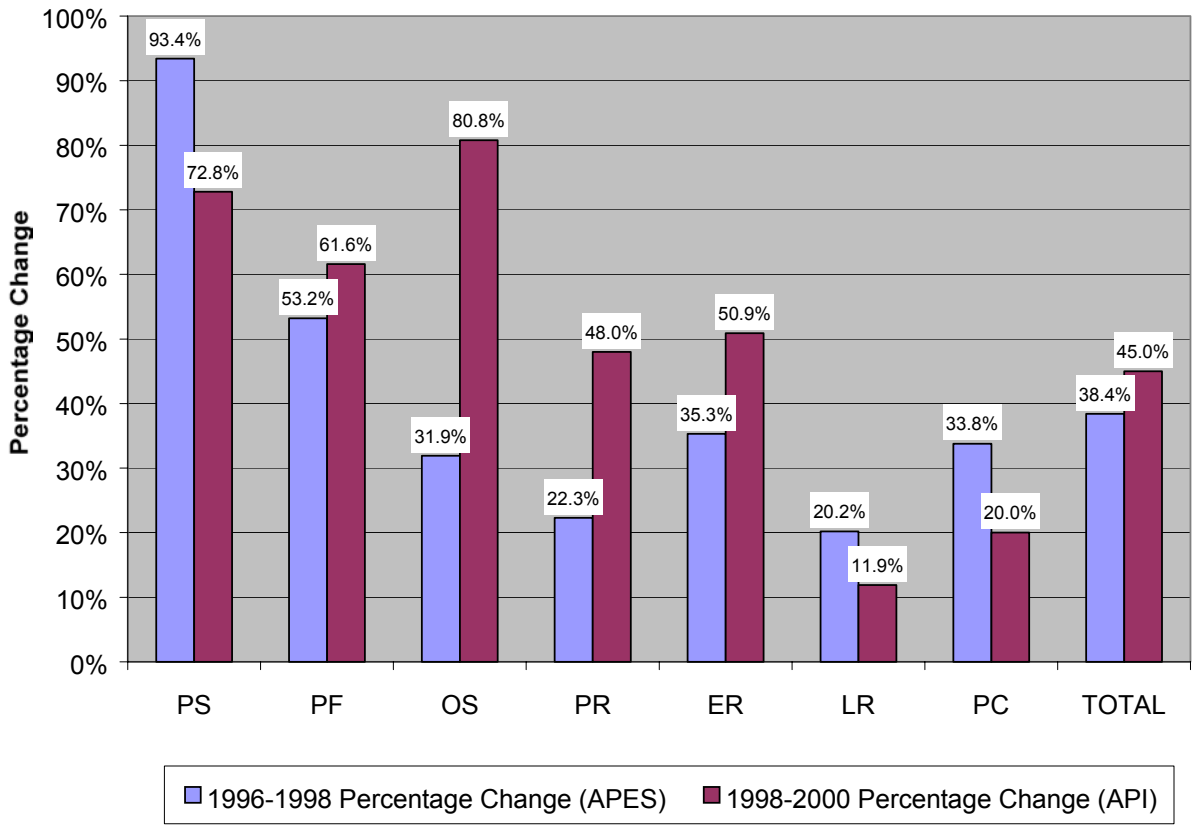


Figure 3: Kenya APES / API Score Percentage Change 1996-2000



The 1996-1998 and 1998-2000 score point and score percentage changes show that both groups of respondents perceived improvements in the AIDS policy environment in all of the component areas. In terms of absolute point change, the policy environment was rated by API respondents as having improved more between 1998 and 2000 than between 1996 and 1998 as rated by APES respondents in the following areas: "Political Support," "Policy Formulation," "Organizational Structure," "Program Resources," and "Evaluation and Research." In terms of score percentage change, the same areas (with the exception of "Political Support") showed greater improvement during the 1998-2000 period than the 1996-1998 period.

V. Discussion and Conclusion

The 2000 application of the API marks a transition from the APES, which was used in 1998. The APES is designed to measure the policy environment, while the API measures the overall AIDS program effort, including the policy environment (a summary of the results of the complete 2000 API is provided as Appendix C). From the Kenya administration of the APES and the API, the comparison of scores from different applications of these instruments alone does not provide a reliable means of measuring policy environment changes over time. The scores themselves do not reflect the degree of change viewed by the APES and API respondents (the APES results are 41.6 for 1996 and 57.6 for 1998, while the API results are 43.7 for 1998 and 63.3 for 2000). Based on the Kenya results, other measures need to be considered as well in

order to identify areas of change, strength, or weakness. These measures would include comparing those components receiving higher or lower ratings in different applications of a particular instrument, comparing the degree of perceived change among components, and comparing the degree of agreement among respondents in their scoring.

Several factors may be influencing the scores. First, the results of two similar, but different, instruments are being compared, albeit using 39 questionnaire items common to both. Consistent use of the same instrument with the same items and scoring scale over several applications may provide different results. The API may offer this opportunity, as current plans are for this instrument to be applied in Kenya and a number of other countries periodically.

Second, there was little overlap among the 1998 APES and 2000 API respondents. Of the 26 API respondents, at least five, but no more than ten, also participated in the 1998 APES (there were five anonymous API respondents). Thus, there may have been differences in the perceptions of the individuals who participated in one, but not the other, evaluation exercise. The composition of the types of organizations these participants represented differed as well. Of the 19 APES participants, 14 represented government organizations, two were from NGOs, and three from donor organizations. For the API, ten of the participants were from donor groups, four from government, four from academia, two from NGOs, one from civil society, and the remainder anonymous. If an individual's professional affiliation influences the manner in which she or he scores the questionnaire items, it is possible that the variation in professional affiliation between the APES and API participants may have affected results. The extent to which succeeding assessments of the policy environment make use of the same group of respondents, and the extent to which these respondents represent a reasonable cross-section of key stakeholder groups can help assure the representativeness of results over time.

Lastly, factors only marginally related to the AIDS policy environment may have affected the results. Over the last several years in Kenya, there has been a steady decline of the Kenya shilling against the US dollar, rising unemployment, high inflation, and increasingly frequent worker strikes and student unrest. It is conceivable that respondents' perception of their general, economic, and social well-being may have influenced how they scored statements in the APES or API. More specifically, respondents may be more inclined to use higher ratings in such questionnaires when they perceive their general well-being and environment favorably, and to use lower ratings when they perceive these less favorably. It is beyond the scope of this report to seek to validate or disprove this hypothesis, but this area may warrant further investigation.

Clearly, the scores from the two applications alone do not present a complete picture. When looking at other measures, such as the difference between the scores given by the same group of respondents for two time periods (e.g., 1998 and 2000 for the API), the policy environment improved during both periods, and improved more during 1998-2000 than during 1996-1998.

"Legal and Regulatory Environment" was the highest rated component from 1996 to 2000. Other countries have scored this component similarly in their applications of the APES and API. In Kenya, the items concerning legal and regulatory issues were highly rated and those pertaining to human rights concerns received mid-range scores. Lack of respect for the human rights of people living with HIV/AIDS is frequently cited in Kenya and other countries as a problem, so it is not clear why the statements on human rights were not scored lower. One

possible reason is that most of the statements pertain to the simple existence of laws and policies that protect human rights and do not address the degree to which they are actually enforced or implemented. An item that asks respondents how well such laws are enforced might be instructive. Another reason may be that violations of people's human rights occur but the people themselves are not aware of their rights. Finally, it is also possible that such violations occur, but are not publicized. As noted previously, the API instrument has a separate component on human rights, whereas the APES combines human rights and legal and regulatory items under "Legal and Regulatory Environment." The API's separate component for human rights is an improvement over the APES instrument because a separate human rights score is computed instead of averaging the items with those for the legal and regulatory environment (it has been the experience in Kenya and other countries where these tools have been applied that legal and regulatory statements are generally scored higher than the human rights items), and special attention can be more easily drawn to the issue. In future assessments, it is recommended that human rights be reported as a separate component.

Respondents viewed the policy environment to be most improved in the areas of "Policy Formulation," "Political Commitment," and "Organizational Structure." As described earlier, there has been considerable activity in these areas with the development and passage of the *Sessional Paper on AIDS*; increased efforts to implement the policy; growing political commitment at all levels of government, exemplified by regular presidential statements on HIV/AIDS and the formation of the NACC and Constituency AIDS Control Councils; and reorganization of the government's HIV/AIDS prevention, care, and mitigation efforts, including the formation of AIDS control units in 22 key ministries and departments. With a national policy in place and multisectoral structures being formed, the challenge will now be to maintain the momentum and engage these bodies in meaningful action and results. It will be interesting in two to three years to see how the APES or API measures the level of effort and degree of change that takes place over the period.

"Evaluation and Research" was the lowest scored component over the four-year period. These ratings may call for a special look at the role and quality of evaluation and research activities in the national AIDS program. The second lowest ranked area over the period was "Program Resources," which is not entirely surprising since resources are rarely considered sufficient for HIV/AIDS efforts. While ratings were high for international support, scores were very low for private sector funding. This indicates a potential need for targeted advocacy efforts to key businesses and business associations, including analysis of the costs and benefits of selected HIV/AIDS prevention and care interventions.

When the activities of all key stakeholders are considered, significant developments and changes have occurred in the Kenya national AIDS program over the last four years:

- A national policy is in place, developed through a highly participative process.
- Considerable advocacy and mobilization efforts have aimed at implementing the policy and engaging key players at all levels.
- The President declared HIV/AIDS a national emergency in November 1999 and has called for HIV/AIDS education in all Kenyan schools.
- Members of Parliament jointly signed the 1999 Mombasa Declaration, a pledge to actively engage in HIV/AIDS advocacy, prevention and mitigation activities.

- The NACC has been formed in the Office of the President and is developing a plan of action.
- The government is forming AIDS control units in key ministries and departments to facilitate a multisectoral response.
- Provincial, district, and constituency AIDS control committees are being formed and strengthened to broaden the reach and scope of efforts.

These positive changes are likely to be matched by increased availability of international and possibly domestic resources.

Based on APES and API responses, attention needs to be given to the role evaluation and research activities are playing in the national program and if and how this role can be strengthened. Multisectoral involvement in the response, including that of religious organizations and the private sector, needs to be increased.

With policies, strategies, structures, key players, and other inputs in place, the next two- to three-year period should be characterized by considerable improvement in the AIDS policy environment and the overall effort dedicated to the national AIDS program. To try to capture the potential impact of this broad effort and range of activities, it is recommended that the full API instrument be used, rather than just those items pertaining to the AIDS policy environment. If the API is used for the next assessment, it is also recommended that the score for the 2000 API be recomputed to include all of its 99 items and reported with the next assessment for comparison and continuity purposes. Furthermore, it will be important to consider other results indicators in addition to absolute API scores to accurately assess policy and programmatic changes, strengths, and weaknesses.

VI. References

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AIDS - POLICY ENVIRONMENT SCORE (AIDS - PES)

This instrument is designed to measure the policy environment that surrounds Kenya's national HIV/AIDS/STD program. The AIDS-PES is comprised of seven categories to assess the policy environment: political support, policy formulation, organizational structure, legal and regulatory environment, program resources, program components, and evaluation and research.

The AIDS-PES is meant to assess the current environment as well as changes over the period of the past two years. Many of the items will change little over a two year period; nevertheless, this allows the same features of the policy environment to be systematically assessed at regular intervals. The respondent should fill in responses to both the "December 1997" and the "December 1995" columns.

A scale of 1 to 5 should be assigned to each item. In every case, 5 means a better or more satisfactory rating. Some items may seem to require just a yes or no response, but even these items may be more or less satisfactory, so try to adhere to the 1 to 5 rating scale. Enter a "DK" in a cell when you have little or no information about it, rather than leaving it blank or using a zero.

*(Report author's note: The 39 items common to both the APES and API that were used in calculating the AIDS policy environment score are highlighted in **bold** in both questionnaires. The boldface was added by the author at the time of writing the report.)*

Kenya
The POLICY Project

AIDS - POLICY ENVIRONMENT SCORE

RESPONDENT NAME:

POSITION:

DATE:

GENERAL COMMENTS:

AIDS - Policy Environment Score

I. POLITICAL SUPPORT

Please indicate the level of support which is provided by the following groups for an effective HIV/AIDS/STD policy and program.	**Dec. 1997**	**Dec. 1995**
(Scoring: 1=weak; 5 = strong)	...5)	1...5)
1. High level national government support exists for effective policies and programs. Comments:		
2. Public opinion supports effective programs and policies. Comments:		
3. Media campaigns are permitted and encouraged. Comments:		
4. The main political parties support effective policies and programs. Comments:		
5. Top planning bureaucrats recognize AIDS/STDs as a priority problem. Comments:		
6. Major religious organizations support effective policies and programs. Comments:		
7. Private sector leaders support effective policies and programs. Comments:		
8. NGO leaders support effective policies and programs. Comments:		

II. POLICY FORMULATION

Please read the following statements regarding HIV/AIDS/STD programs and policies in your country. Indicate the degree to which each statement is true or false.	**Dec. 1997**	**Dec. 1995**
(Scoring: 1 = false; 3 = true but limited; 5 = true)	(1...5)	(1...5)
1. A favorable national policy exists. Comments:		
2. Formal program goals exist. Comments:		
3. Specific and realistic strategies to meet program goals exist. Comments:		
4. A national coordinating body exists and functions effectively. Comments:		
5. Ministries other than Health are involved in policy formulation. Comments		
6. Policy dialogue and formulation involves NGOs, community leaders, and representatives of the private sector and special interest groups. Comments:		

III. ORGANIZATIONAL STRUCTURE

Please read the following statements regarding HIV/AIDS/STD programs and policies in your country. Indicate the degree to which each statement is true or false.

(Scoring: 1 = false; 3 = true but limited; 5 = true)

	Dec. 1997 (1...5)	**Dec 1995** (1...5)
1. The AIDS Control Program is placed high in the government structure. Comments:		
2. The ACP Director is full-time and reports to an influential superior officer. Comments:		
3. Ministries other than Health are involved in program implementation. Comments:		
4. NGOs are formally included in the AIDS Control Program. Comments:		
5. **The private sector is formally included in the AIDS Control Program.** Comments:		

IV. PROGRAM RESOURCES

Please read the following statements regarding HIV/AIDS/STD programs and policies in your country. Indicate the degree to which each statement is true or false.	**Dec. 1997**	**Dec. 1995**
(Scoring: 1 = false; 3 = true but limited; 5 = true)	(1...5)	(1...5)
1. Resources are allocated according to priority guidelines. Comments:		
2. Current funding can be used flexibly in order to support effective new programs. Comments:		
3. There are technically competent professionals staffing the program. Comments:		
4. Adequate technical information is available to professional and organizations who work in the program. Comment:		
·ate the level of financial support for HIV/AIDS/STD programs provided by the following groups.		
5. Ministry of Health Comments:		
6. Private sector. Comments:		
7. Social security. Comments:		
8. International donor community. Comments:		

V. EVALUATION AND RESEARCH

Please read the following statements regarding HIV/AIDS/STD programs and policies in your country. Indicate the degree to which each statement is true or false.

(Scoring: 1 = false; 3 = true but limited; 5 = true)

	Dec. 1997 (1...5)	**Dec. 1995** (1...5)
1. Evaluation and research results are actively employed in policy formulation. Comments:		
2. A formal evaluation unit exits within the program. Comments:		
3. Special studies are undertaken as needed to improve the program. Comments:		

VI. LEGAL AND REGULATORY

Please read the following statements regarding the HIV/AIDS/STD legal and regulatory environment. Indicate the degree to which each statement is true or false.	**Dec. 1997**	**Dec. 1995**
(Scoring: 1 = false; 3 = true but limited; 5 = true**)**	(1...5)	(1...5)
1. Condom advertising is allowed. Comments:		
2. Anti-discrimination regulations exist. Comments:		
3. There are no mandatory testing requirements. Comments:		
4. Confidentiality of test results is guaranteed. Comments:		
5. Current regulations encourage the importation of condoms. Comments:		
6. Current regulations encourage the importation of STD drugs. Comments:		
7. There are no restrictions on condom distribution. Comments:		
8. There are no unethical AIDS laws (quarantine, incarceration, discrimination). Comments:		
9. There is no officially condoned harassment of high risk groups (CSW, MSM, IVDU). Comments:		
10. There is no mandatory reporting of HIV test results. Comments:		
11. NGO registration procedures are clear, straightforward and fair. Comments:		
12. There are no restrictions on who may receive STD services. Comments:		

VII. PROGRAM COMPONENTS

Please read the following list of program components and indicate the degree to which the program exists.	**Dec. 1997**	**Dec. 1995**
(Scoring: 1 = not included; 3 = included but not priority; 5 = included)	(1...5)	(1...5)
1. Universal blood screening. Comments:		
2. Guidelines to reduce the risk of transmission of HIV to health workers. Comments:		
3. An active program component to promote accurate reporting by the media. Comments:		
4. A functioning logistics system for STD drugs. Comments:		
5. A functioning logistics system for condoms drugs. Comments:		
6. A social marketing program for condoms. Comments:		
7. A social marketing program for STD drugs. Comments:		
8. National treatment guidelines for STDs. Comments:		
9. Special prevention programs for high risk groups. Comments:		
10. A program to make confidential testing and counseling available on demand. Comments:		
11. Family life education for youth. Comments:		
12. A functioning surveillance system. Comments:		
13. NGOs are actively encouraged to provide a wide range of services. Comments:		

AIDS PROGRAM EFFORT INDEX (API)

COUNTRY:

RESPONDENT NAME:

POSITION:

ADDRESS:

DATE:

Would you like to receive a copy of the final report?
Yes ____ No____

GENERAL COMMENTS:

*(Report author's note: The 39 items common to both the APES and API that were used in calculating the AIDS policy environment score are highlighted in **bold** in both questionnaires. The boldface was added by the author at the time of writing the report.)*

INSTRUCTIONS

This instrument is designed to measure the amount of effective effort put into national HIV/AIDS programs by domestic organizations and individuals and by international organizations. It measures the strength of effort for program inputs, not measures of outputs or results such as HIV prevalence or number of condoms distributed. Your contribution will be part of a global effort to measure AIDS program effort across a number of countries. The results will be used to describe levels and patterns of program effort and as a guide to understanding the components of effective programs and the major needs to strengthen program effort worldwide.

The API is meant to assess the current environment as well as changes over a period of two years. Many of the items will change little over a two-year period; nevertheless, this allows the same features of program effort to be systematically assessed at regular intervals. Please provide responses for both the *Present situation* and *Situation 2 years ago*.

Items should be rated on a scale of 0 to 5. Zero means the item is absent or extremely weak while five means that it is optimal. Some items may seem to require just a yes or no response, such as the existence of a program or regulation, but the 0-5 scale can be used to indicate degree. For example a score of 2 might indicate that a program exists but is poorly implemented while a score of 4 might indicate that it is well implemented. Similarly, a score of 2 might mean that a regulation exists but is rarely enforced while a 4 might indicate that it is usually enforced.

If you are not familiar with an item, please leave it blank. If you are not familiar with one of the major categories, please skip the entire section and go on to the next one.

Please add any comments you may have on particular items in the margin of the questionnaire. Any comments you may have on the entire questionnaire can go in the space provided on the cover page.

Once you have completed the questionnaire, please return it to the country coordinator. If you have provided a complete address and want a copy of the final report, it will be sent to you.

All responses are strictly confidential. Your answers will be pooled with 15 – 25 other respondents for your country to calculate the country scores. Only the country scores will be published. No answers or comments will be attributed to any specific individuals.

THANK YOU FOR YOUR ASSISTANCE WITH THIS RESEARCH.

I. POLITICAL SUPPORT

Please indicate the level of support by the following groups for an effective HIV/AIDS/STI policy and program. A score of 0 indicates no support or active opposition and 5 indicates strong support. Numbers between 0 and 5 indicate degrees of support. If you do not know enough to answer an individual item, please leave it blank. If you are not familiar with political support, please skip this entire section.

1. High-level national government support exists for effective policies and programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

2. Public opinion supports effective programs and policies.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

3. Top government civil servants outside of the MOH recognize AIDS/STIs as a priority problem.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

4. Major religious organizations support effective policies and programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

5. Private sector leaders support effective policies and programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

6. There are local activities to build support for effective AIDS programs aimed at high-level political and community leaders.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

7. There is awareness among policy makers that improving women's social and economic status is important to AIDS prevention.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

8. International organizations have made a significant contribution to strengthening the political commitment of top leaders.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

II. POLICY FORMULATION

Please indicate the degree to which each statement is true or false. A score of 0 indicates "false" and 5 indicates "completely true". The numbers between indicate degrees. (For example, a score of 1 on item 1 would indicate that a national policy does exist but has little effect, while a score of 4 would indicate that a good policy does exist but it ignores some key elements.) If do not know enough to answer an individual item, please leave it blank. If you are not familiar with policy formulation, please skip this entire section.

1. A favorable national policy exists.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

2. Formal program goals exist.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

3. Specific and realistic strategies to meet program goals exist.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

4. A national coordinating body exists and functions effectively.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

5. Ministries other than Health are involved in policy formulation.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

6. Policy dialogue and formulation involves NGOs, community leaders, and representatives of the private sector, women's groups and special interest groups.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

7. International organizations have facilitated policy formulation through the provision of technical assistance and guidelines.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

8. International organizations have facilitated planning through the provision of technical assistance and guidelines.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

III. ORGANIZATIONAL STRUCTURE

Please indicate the degree to which each statement is true or false. A score of 0 indicates "false" and 5 indicates "completely true". The numbers between indicate degrees. (For example, a score of 1 on item 1 might indicate that an AIDS Control Program exists but is only a Unit within a Department within the Ministry, while a score of 4 might indicate that the program is two layers below the Ministerial level.) If do not know enough to answer an individual item, please leave it blank. If you are not familiar with the organization of the program, please skip this entire section.

1. The AIDS Control Program is placed high in the government structure.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

2. The Director of the AIDS Control Programme is full-time and reports to an influential superior officer.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

3. A multi-sectoral approach has been implemented and functions well.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

4. The private sector is formally included in the AIDS Control Program.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

5. Efforts are made to ensure community participation.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

6. There is good coordination between activities of the national government, local government, NGOs, private sector and international donors.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

IV. PROGRAM RESOURCES

Please indicate the degree to which each statement is true or false. A score of 0 indicates "false" and 5 indicates "completely true". The numbers between indicate degrees. (For example, a score of 2 on item 4 would indicate that funding is available but does not cover all essential programs while a score of 4 would indicate that most important programs are funded but a few are not.) If do not know enough to answer an individual item, please leave it blank. If you are not familiar with the program resources, please skip this entire section.

1. Resources are allocated according to priority guidelines.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

2. Resource allocation decisions are based on considerations of the cost-effectiveness of interventions.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

3. Current funding can be used flexibly in order to support effective new programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

4. Adequate funding is available for public prevention programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

5. Adequate funding is available for care of people living with HIV/AIDS.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

6. Adequate funding is available for programs to mitigate the impacts of AIDS.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

7. The private sector plays a significant role in funding HIV/AIDS prevention and care programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

8. International organizations have provided a significant portion of funding for prevention programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

9. International organizations have provided a significant portion of funding for care programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

V. EVALUATION, MONITORING AND RESEARCH

Please indicate the degree to which each statement is true or false. A score of 0 indicates "false" and 5 indicates "completely true". The numbers between indicate degrees. (For example, a score of 1 on item 1 would indicate that plans do exist but are not well done while a score of 5 would indicate that plans are comprehensive and are used.) If do not know enough to answer an individual item, please leave it blank. If you are not familiar with evaluation, monitoring and research, please skip this entire section.

1. Operational and financial plans are developed that correspond to objectives and targets.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

2. **Evaluation and research results are actively employed in policy formulation and program planning.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

3. **Mechanisms and structures for monitoring and evaluation, such as a formal evaluation unit, exist within the program.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

4. **Special studies are undertaken as needed to improve the program.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

5. **A sentinel surveillance system for HIV infection exists and functions regularly.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

6. A behavioral surveillance system exists and functions regularly.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

VI. LEGAL AND REGULATORY ENVIRONMENT

Please indicate the degree to which each statement is true or false. A score of 0 indicates "false" and 5 indicates "completely true". The numbers between indicate degrees. (For example, a score of 1 on item 1 would indicate that condom advertising is allowed under some circumstances while a score of 5 would indicate advertising is allowed with no restrictions.) If do not know enough to answer an individual item, please leave it blank. If you are not familiar with the legal and regulatory environment, please skip this entire section.

1. **Condom advertising is allowed.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

2. **There are no restrictions on the importation of condoms.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

3. **There are no restrictions on condom distribution.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

4. **There are no restrictions on who may receive STI services.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

5. **NGO registration procedures are clear, straightforward and fair.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

6. Rape, sexual abuse and domestic violence are perceived as serious offenses and offenders are adequately prosecuted.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

7. International conferences, documents, guidelines, covenants, conventions and treaties have been incorporated into national law or contributed to legal and regulatory reform.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

VII. HUMAN RIGHTS

Please indicate the degree to which each statement is true or false. A score of 0 indicates "false" and 5 indicates "completely true". The numbers between indicate degrees. (For example, a score of 1 on item 1 would indicate that there are testing requirements for some actions while a score of 5 would indicate that the law prohibits mandatory testing requirements. If do not know enough to answer an individual item, please leave it blank. If you are not familiar with human rights, please skip this entire section.

1. **There are no mandatory testing requirements for employment, marriage, travel or access to health care.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

2. **Confidentiality of HIV-status test results is protected in law and regulations.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

3. **There is no arbitrary interference with liberty and security of person based on HIV-status, such as quarantine, detention in special colonies, incarceration.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

4. **Discrimination based on HIV/AIDS status is prohibited by law.**

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

5. There is no discrimination based on HIV status in access to care, treatment and other health services.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

6. There is no discrimination based on HIV status in access to social welfare benefits and programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

7. International conferences, documents, guidelines, covenants, conventions and treaties have contributed to an environment that promotes and protects human rights, particularly of people living with HIV/AIDS.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

VIII. PREVENTION PROGRAMS

Please indicate the degree to which the following programs are implemented. A score of 0 indicates the program does not exist while a score of 5 indicates that is does exist and functions well. Numbers in between indicate degrees. (For example, a score of 1 on item 8 would indicate that there is a family life education curriculum but it is weak and teachers are not trained to use it while a score of 4 might indicate that good program exists but is not universally applied.) If do not know enough to answer an individual item, please leave it blank. If you are not familiar with prevention programs, please skip this entire section.

1. **Guidelines to reduce the risk of HIV transmission to health workers.**
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

2. **An active program to promote accurate HIV/AIDS reporting by the media.**
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

3. **A functioning logistics system for drugs for the treatment of STIs and opportunistic infections.**
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

4. **A functioning logistics system for condoms.**
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

5. **A social marketing program for condoms.**
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

6. **Special prevention programs for high-risk groups.**
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

7. **Confidential counseling and testing services.**
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

8. **Family life education for youth.**
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

9. Programs to prevent mother-to-child transmission by providing testing, counseling, antiretroviral treatment and infant feeding programs.
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

10. National information, education and communications (IE&C) program.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

11. A harm reduction programs for injecting drugs users (including needle exchange, substitution treatment, peer education, condom promotion, demand reduction and prevention).

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

12. People living with HIV/AIDS are formally included in the program.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

13. International programs have contributed significantly to the training of local staff working in prevention programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

14. International research has contributed significantly to the design of program interventions.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

15. International organizations have helped program design and implementation through technical assistance and guidelines.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

IX. CARE PROGRAMS

Please indicate the degree to which the following programs are implemented. A score of 0 indicates the program does not exist while 5 indicates that it does exist and functions well. Numbers in between indicate degrees. (For example, a score of 1 on item 2 would indicate that an essential package does exist but is available only in the capital city, while a score of 4 would indicate that it is available in most facilities.) If do not know enough to answer an individual item, please leave it blank. If you are not familiar with care programs, please skip this entire section.

1. Up-to-date policies and guidelines exist for the care and support of people living with HIV/AIDS.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

2. An essential package of care and support is provided throughout the national health system. The essential packages includes voluntary counseling and testing for HIV; psychosocial support; palliative care; treatment for pneumonia, oral and vaginal candidiasis, and pulmonary TB; and regulated delivery of care, in particular of TB, STIs and advanced care options.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

3. An intermediate package of care and support is provided throughout the national health system. This includes all the items of the essential package plus enhanced TB management (active case finding among people with HIV/AIDS, improved diagnosis of extrapulmonary TB and TB prophylaxis), cotrimoxazole prophylaxis, systemic antifungals, treatment of Kaposi's sarcoma with essential drugs and treatment of cervical cancer with surgery.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

4. A comprehensive package of care and support is provided throughout the national health system. This includes all the items of the intermediate package plus antiretroviral therapy, diagnosis and treatment of MAC, CMV, multi-drug resistant TB, toxoplasmosis and HIV-associated malignancies.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

5. A comprehensive program exists to provide needed support to AIDS orphans.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

6. International programs have contributed significantly to the training of local staff working in care programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

7. International research has significantly contributed to the design of care programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

8. International organizations have significantly helped program design and implementation through technical assistance and guidelines.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

X. SERVICE AVAILABILITY

Please indicate the degree to which the following services are available. Use a scale of 0 to 100 to indicate your best estimate of the percent of the population that has access to these services. It is not expected that you will know the answers precisely. Please just use your best judgment. If do not know enough to answer an individual item, please leave it blank. If you are not familiar with service availability, please skip this entire section.

CAPITAL CITY

1. What percent of sexually active adults in the capital city have reasonably convenient access to the following services:
   a. Condoms
      0 10 20 30 40 50 60 70 80 90 100
   b. STI treatment
      0 10 20 30 40 50 60 70 80 90 100
   c. Voluntary counseling and testing
      0 10 20 30 40 50 60 70 80 90 100
   d. IE&C programs on HIV prevention
      0 10 20 30 40 50 60 70 80 90 100

2. What percent of blood transfusions in the capital city use screened blood?
   0 10 20 30 40 50 60 70 80 90 100

3. What percent of injecting drug users in the capital city have reasonably convenient access to needle exchange programs?
   0 10 20 30 40 50 60 70 80 90 100

4. What percent of HIV+ people in the capital city have reasonably convenient access to quality medical care of HIV-related problems?
   0 10 20 30 40 50 60 70 80 90 100

5. What percent of HIV+ people in the capital city have reasonably convenient access to family and personal support to cope with the effects of HIV?
   0 10 20 30 40 50 60 70 80 90 100

6. What percent of youth in the capital city have reasonably convenient access to information about safe sexual practices?
   0 10 20 30 40 50 60 70 80 90 100

7. What percent of pregnant women in the capital city have reasonably convenient access to programs to prevent mother-to-child transmission of HIV?
   0 10 20 30 40 50 60 70 80 90 100

OTHER URBAN AREAS

8. How do services in other urban areas compare to those in the capital city?
    1 = almost no services in other urban areas
    2 = much worse than in the capital city
    3 = somewhat worse
    4 = almost as good
    5 = the same services are available

RURAL AREAS

9. How do services in rural areas compare to those in the capital city?
    1 = almost no services in rural areas
    2 = much worse than in the capital city
    3 = somewhat worse
    4 = almost as good
    5 = the same services are available

XI. UNITED NATIONS ROLE

Please indicate the degree to which each statement is true or false. A score of 0 indicates "false" and a score of 5 indicates "completely true." The numbers in between indicate degrees. (For example, a score of 1 on item 1 would indicate that United Nations agencies have made only a very limited contribution to strengthening the political commitment of top leaders. A score of 4 would indicate that though their efforts could be reinforced, United Nations agencies have made a significant contribution to strengthening the political commitment of top leaders). PLEASE NOTE THAT THIS SECTION APPLIES **ONLY** TO UNITED NATIONS (UN) AGENCIES. If for an individual item, you are not able to separate the role of UN agencies from the role of other international organizations, please leave it blank. If you are not familiar with UN HIV/AIDS activities in your country, please skip this entire section.

1. UN agencies have made a significant contribution to strengthening the political commitment of top leaders.
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

2. UN agencies have made a significant contribution to increasing the number and types of institutions involved in the response to HIV/AIDS.
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

3. UN agencies have facilitated policy formulation through the provision of technical assistance and guidelines.
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

4. UN agencies have facilitated planning through the provision of technical assistance and guidelines.
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

5. UN agencies collaborate effectively with each other on HIV/AIDS.
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

6. UN agencies and the national government collaborate effectively on HIV/AIDS.
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

7. UN agencies and bilateral donors collaborate effectively on HIV/AIDS.
   Present situation 0 1 2 3 4 5
   Situation 2 years ago 0 1 2 3 4 5

8. UN agencies and non-governmental organizations (including organizations of people living with HIV/AIDS) collaborate effectively on HIV/AIDS.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

9. UN agencies have provided a significant amount of funding for HIV/AIDS prevention programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

10. UN agencies have helped in the design and implementation of HIV/AIDS prevention programs through technical assistance and guidelines.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

11. UN agencies have contributed significantly to the training of local staff working in HIV/AIDS prevention programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

12. UN agencies have provided a significant amount of funding for HIV/AIDS care programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

13. UN agencies have helped in the design and implementation of HIV/AIDS care programs through technical assistance and guidelines.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

14. UN agencies have contributed significantly to the training of local staff working in HIV/AIDS care programs.

Present situation	0	1	2	3	4	5
Situation 2 years ago	0	1	2	3	4	5

Summary of the 2000 Kenya AIDS Program Effort Index Results

This section provides an overview of the results from the 2000 application of the AIDS Program Effort Index (API) in Kenya.

The API was developed jointly by the POLICY Project, the United States Agency for International Development (USAID), and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to measure the amount of effort put into national HIV/AIDS programs by domestic organizations, individuals, and international organizations. The term "national program" refers to the entire effort within a country, including the government-based AIDS control program as well as efforts of communities, non-governmental organizations (NGOs), the private sector, other sectors of civil society, and individuals. The API is a composite indicator composed of 99 items grouped under 11 key components, or dimensions, that define the categories for measuring HIV/AIDS program effort. The categories are

- Political support
- Policy formulation
- Organizational structure
- Program resources
- Evaluation, monitoring and research
- Legal and regulatory environment
- Human rights
- Prevention programs
- Care programs
- Service availability
- United Nations role

Each item is scored on a scale of 0-5 by individuals knowledgeable about the country's AIDS program. Participants are asked to rate each item twice, once for the current situation and once for the situation two years previous. Component and overall scores are converted into a 0-100 percent scale.

The overall program effort score is an average of the scores for the first nine components listed below (Table C-1). The component "Service Availability" provides a measure of service availability in the capital city and in other urban and rural areas. Population weights are used to combine the measures from these three areas into overall measures of service availability. The "United Nations role" component rates the contribution made by United Nations (UN) agencies to country HIV/AIDS activities. A rating for the international community's contribution is also generated by combining the scores for all the items across components that pertain to international efforts.

Table C-1: Kenya AIDS Program Effort Index (API) by Component, 2000 & 1998

Component	2000	1998	Point Change	Percent Change
Political Support	66	37	29	78.4
Policy Formulation	73	45	28	62.2
Organizational Structure	71	41	30	73.2
Program Resources	43	26	17	65.4

Table C-1: Kenya AIDS Program Effort Index (API) by Component, 2000 & 1998

Component	2000	1998	Point Change	Percent Change
Evaluation, Monitoring & Research	46	34	11	32.4
Legal & Regulatory Environment	77	64	13	20.3
Human Rights	67	66	1	1.5
Prevention Programs	57	44	12	27.3
Care Programs	30	21	10	47.6
Total Score*	59	42	17	40.5
Service Availability**	22	---	---	---
United Nations Role	64	54	11	20.4
International Contribution^	65	52	13	25.0

* Total Score is an average of the scores for the first nine components in the table; it does not include "Service Availability," "United Nations Role," or "International Contribution."

** "Service Availability" is a weighted score that examines the percentage of people in the capital city with access to services, and the relative access of the population in other urban and rural areas to the same services. Population weights are used to combine the three measures into the overall measure of service availability shown above.

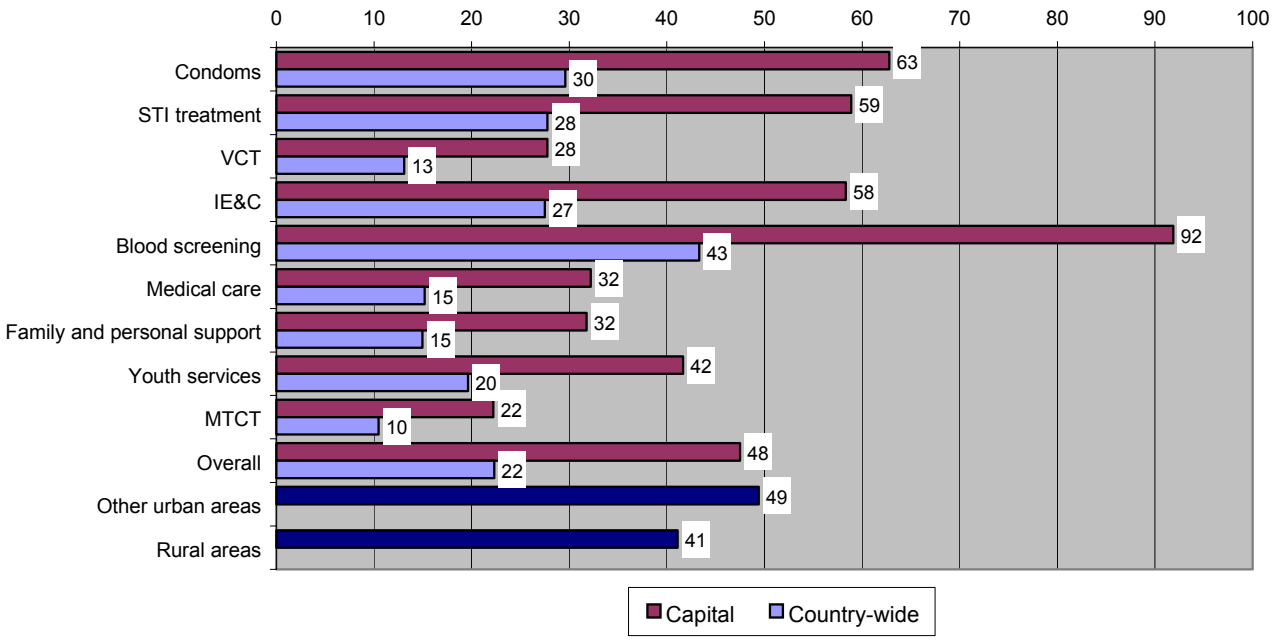
^ The "International Contribution" score is calculated by averaging the scores for the all items across components that are related to international efforts.

Table C-1 summarizes the 1998 and 2000 scores for the 11 API components as well as the contribution of international efforts (as explained above). The overall API score is 59 for 2000 and 42 for 1998, an improvement of 17 points (40.5 percent). Of the nine contributing components, those receiving the highest scores for 2000 were "Legal and Regulatory Environment," "Policy Formulation," and "Organizational Structure," while the most improved areas over the two-year period were "Organizational Structure," "Political Support," and "Policy Formulation." The components with the lowest ratings for 2000 were "Care Programs," "Program Resources," and "Evaluation, Monitoring and Research." Respondents perceived virtually no change in the human rights situation over the two-year period as indicated by the 1998 and 2000 scores, though the scores were still favorable (in the high mid-range). Among the least improved components, "Human Rights" was followed by "Legal and Regulatory Environment," "Evaluation, Monitoring and Research," "Prevention Programs," and "Care Programs."

The score for "Service Availability" is 22 on a 0-100 scale. This is a weighted composite measure of the overall availability of services throughout the country using population weights and respondents' ratings of the availability of services in the capital city and the relative availability of services in other urban areas and rural areas as compared to the capital city (Table C-1). In other words, respondents viewed 22 percent of the Kenyan population as having access to a range of key HIV/AIDS services. Figure C-1 shows the individual service scores for the capital city and countrywide, and the relative measures for other urban and rural areas. This indicates that respondents viewed other urban areas as having 49 percent of the services available in the capital city and rural areas as having 41 percent of these services. Respondents rated screened blood as the most widely available service, followed by condoms; STI treatment; and information, education, and communication (IE&C). Participants considered mother-to-child

transmission (MTCT) interventions, voluntary counseling and testing (VCT), medical care, and family and personal support to be the least available services.[3]

Figure C-1: Service Availability



Respondents rated UN and general international contribution to Kenya's HIV/AIDS activities similarly (Table C-1). Figures C-2 and C-3 show the ratings for the individual items (individual items are scored on a 0-5 scale). Respondents rated UN contribution in the upper mid-range for most items. The UN was rated highest for its work in strengthening political commitment from top leaders and lowest for its support of HIV/AIDS care activities. General international efforts were rated highest in the areas of strengthening high-level political commitment and supporting policy development, planning, and prevention activities. International contributions were viewed as least significant in the areas of legal and regulatory reform, support for care, and coordination of activities. Refer to the API questionnaire (Appendix B) for specific wording of the statements.

[3] The API Service Availability component includes an item on needle exchange programs. This item was not included in the analysis, however, since injecting drug use (IDU) is not a significant transmission mode in Kenya.

Figure C-2: United Nations Contribution

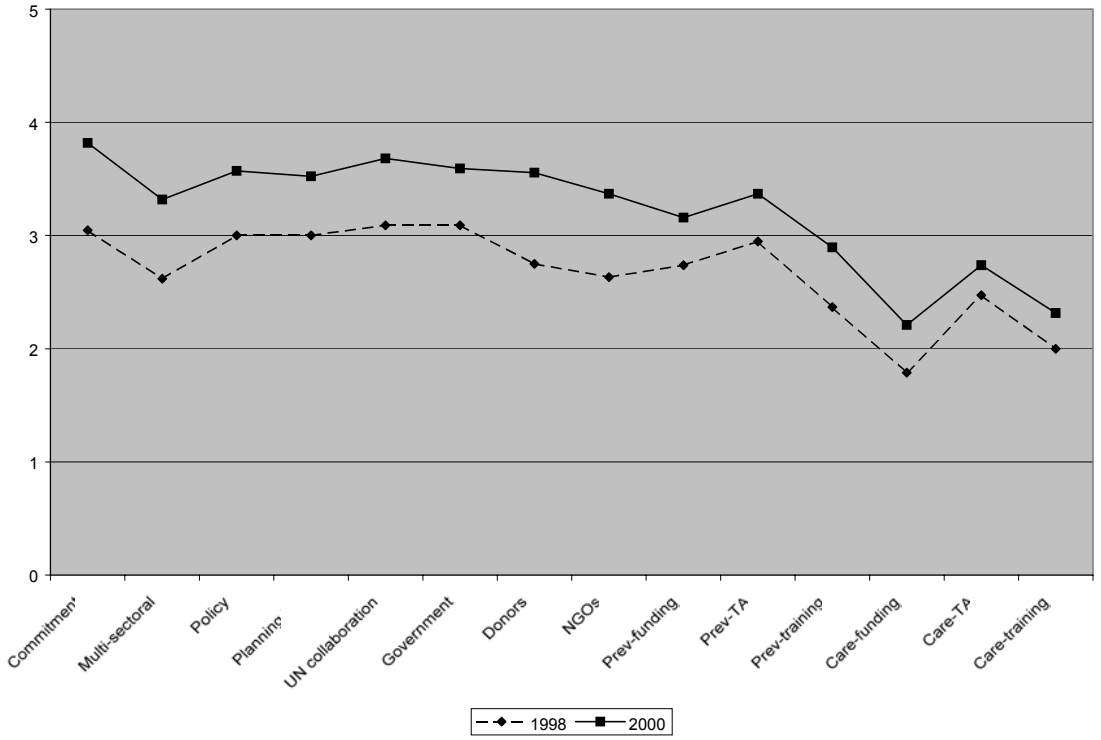


Figure C-3: International Contribution