One coordinated HIV prevention and treatment program for Suba District, Kenya

Suba HIV Collaboration

Strategic approach: Clinton Foundation HIV/AIDS Initiative, Global AIDS Program, Family AIDS Care and Education Services (FACES), Government of Kenya (Suba District Health Management Team and National AIDS/STI Control Program), International Medical Corps, Liverpool VCT and Care, and Merlin, Midday International, World Vision

Issue

Suba District, Nyanza

Province, Kenya

- Population of ~200,000
- Life expectancy 37 years
- Highest HIV prevalence in Kenya (30% versus national average of 6.8%)
- High-risk group: Large proportion of population involved in fishing industry
- Local transportation is infrequent and expensive because of poor road network on the mainland and wide distribution of beaches/islands (116 landing beaches in Suba)
- Main economic activity is fishing

Challenges to the collaboration

- Bringing together key decision/policy-making managers from the different implementing stakeholders has been achieved through advanced planning of meetings, and increased “buy-in” from the implementing partners as the collaboration builds
- Funding of stakeholders’ meetings: shared by donor-funded partners
- Funding of shared office space: primary HIV funding in Suba is PEPFAR, which does not allow use of funds for construction

Successes

- Quarterly stakeholders’ meetings are well attended, productive, and occurring on schedule
- Program planning meetings and budget harmonization meetings are well attended, productive, and occurring on schedule
- Collaborative effort is resulting in “one coordinated HIV prevention and treatment program.” Suba’s beach/island HIV program is an example

Suba’s coordinated beach/island HIV program

- DHMT developed a priority list that identified those beach communities most in need of HIV services
- Partners collaborated to coordinate their activities, along with the DHMT and community
- Merlin conducted baseline surveys assessing HIV knowledge, risk behaviour, and care needs, and are training members of the Beach Management Units (the decision-making boards of beach communities) as community educators and mobilizers
- IMC, MOH, and LVCT are providing mobile VCT to different islands and beaches, after sensitization by Merlin
- FACES is providing technical supervision, training, staffing, and coordination to scale up HIV care and treatment (including ARVs) at the beaches where community sensitization and VCT have taken place
- GAP is supplying many of the consumables being used in the care and treatment program

Description

- Community members
  - Represented by Community Based Organizations (CBOs), self-help groups, chiefs, community advisory boards, etc.
- Kenya Ministry of Health
  - Director Health Management Team (DHMT)
- National AIDS/STI Control Program (NASCOP)
- Donor-funded partners
  - Clinton Foundation HIV/AIDS Initiative, Global AIDS Program (GAP), Family AIDS Care and Education Services (FACES), International Medical Corps (IMC), Liverpool VCT and Care (LVCT), Merlin, Midday International, World Vision

Areas of collaboration

- Facilities: clinical space, diagnostic capacity, office space, communications technology
- Staff: shared coordinating staff (e.g., Island Program Assistant), staff to support MOH facilities in more than one area of operation
- Mobile/outreach teams
  - Traditional high-risk sexual practices associated with fishing
  - Aido: Boats have crow houses on several beaches, and the women hired to cook and clean in these houses are also expected to have sexual relationships with the fishermen staying there

HIV prevention and care stakeholders (community, government, NGOs, CBOs, and donor-funded partners) saw the need to work together to create “one coordinated HIV prevention and treatment program”

Donor-funded partners

- VCT and Care (LVCT), Merlin, Mildmay
- Family AIDS Care and Education Services (FACES), Global AIDS Program (GAP), Government of Kenya (Suba District Health Management Team, National AIDS/STI Control Program)

Partners

- Community-based organizations, self-help groups, chiefs, community advisory boards, etc.
- Donor-funded organizations
  - Clinton Foundation HIV/AIDS Initiative, Global AIDS Program (GAP), Family AIDS Care and Education Services (FACES), International Medical Corps (IMC), Liverpool VCT and Care (LVCT), Merlin, Midday International, World Vision

Targeted efforts

- Beach/island communities (116 landing beaches in Suba)
- Fishing community as a high-risk group
- Traditional high-risk sexual practices associated with fishing
- Aido: Boats have crow houses on several beaches, and the women hired to cook and clean in these houses are also expected to have sexual relationships with the fishermen staying there

Funding of stakeholders’ meetings: shared by donor-funded partners

Lessons Learned

- Collaboration between the community, government, and partners can avoid overlapping activities and optimize the integration of HIV prevention and care
- Collaborative program planning meetings and stakeholders’ meetings: arrange advanced planning to allow decision/policy-making managers to attend
- Coordination of activities requires on-going communication between various stakeholders, in addition to quarterly meetings
- Coordination is more successful when there is a group/organization that takes a lead role in planning, organization, and follow-up of the collaborative effort and the ongoing communication between stakeholders

Composition of stakeholders

- Community members
- Government officials
- Non-governmental organizations
- Local businesses

Recommendations

All HIV stakeholders should commit to collaborative program planning and coordinate implementation, involving the community, government, and partners

Contact Information

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