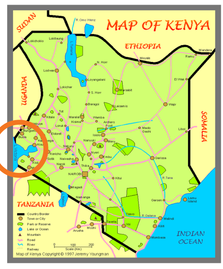
One coordinated HIV prevention and treatment program for Suba District, Kenya

Suba HIV Collaboration

In alphabetical order: Clinton Foundation HIV/AIDS Initiative, Global AIDS Program, Family AIDS Care and Education Services, Government of Kenya (Suba District Health Management Team and National AIDS/STI Control Program), International Medical Corps, Liverpool VCT and Care, Merlin, Mildmay 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 6.7%)
- 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 beach/island communities (116 landing beaches in Suba)
- Main economic activity is fishing

Fishing community as a high-risk group

- Fisherman lifestyle
  - Extended periods away from home and family
  - Large cash income with few expenses
- Traditional high-risk sexual practices associated with fishing
  - **Jaboya:** If a woman wants to be the primary fish buyer from a boat (so she can sell the fish at market), she has to have sexual relationships with the fishermen of that boat
  - **Abila:** Boat owners have crew 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”

Description

Partners

- **Community members**
  - Represented by Community Based Organisations (CBOs), self-help groups, chiefs, community advisory boards, etc.
- **Kenya Ministry of Health**
  - District 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, Mildmay 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** (mainland and islands): multiple services combined to create comprehensive mobile clinics, e.g., community mobilization, prevention education, VCT, essential health services, HIV care and treatment
- **Transport**: Boat shared between partners and MOH, and transport schedule posted for mainland vehicles allowing partners and MOH to “car-pool” for supervision, delivery of supplies, etc.
- **Training/mentoring**: shared training and mentoring opportunities for all staff involved in HIV work, regardless of employer
- **Targeted efforts** for beach/fishing communities (described below)

Strategies for collaboration

- Follow-through on collaborative planning and action points: Key partners working closely with the DHMT on ensuring the initiation and continuation of the collaborative process
- Stakeholders’ meetings: quarterly forum for reflecting on progress, challenges and solutions
- Collaborative program planning and budget harmonization meetings: between MOH and implementing partners
- Partner support for District AIDS/STI Control Officer (DASCO) and Provincial ART Officer (PARTO): transportation, communications, administrative and clerical support to assist these MOH coordinating staff in performing effectively
- Shared District HIV office: office space shared by DASCO and implementing partners

Challenges to the collaboration

- Bringing together key decision/policy-making managers from the different implementing partners: has been solved 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 program 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
- IMC is supporting TB screening and treatment
- The Clinton Foundation is providing support to the MOH to employ many of the clinical staff involved in these services
- The MOH will link essential health services, such as child immunizations, with the mobile HIV services reaching these remote communities
- FACES has hired an “island program assistant” to help coordinate these activities and facilitate ongoing communication with the DHMT
- Since a major barrier to serving the beach/island communities is transportation, IMC is purchasing a boat to be shared by the HIV program implementers

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 require 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/organisation that takes a lead role in planning, organisation, and follow-up of the collaborative effort and the ongoing communication between stakeholders

Recommendations

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

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