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IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

## Final Report to UN Joint Programme of Support on HIV/AIDS in Kenya

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<b>Executing agency:</b>	International Organization for Migration (IOM)
<b>Project partner agencies (or national counterparts):</b>	Government of Kenya and its line ministries, UN members of the UN Joint Programme of Support on HIV/AIDS, National AIDS Control Council, National AIDS and STI Control Programme, North Star Alliance, USAID, and East African Community (EAC)
<b>Geographical coverage:</b>	Kenya
<b>Project management site:</b>	This project is being managed at the IOM Nairobi Office under the IOM Regional Office for East and Horn of Africa
<b>Target group(s):</b>	Migrants. Including migrant female sex workers, truck drivers, men who have sex with men (MSM), male sex workers (MSW), uniformed officials, cross border traders, migrants in the Eastleigh community and populations of humanitarian concern
<b>Project period and duration:</b>	Project Period: 01 July 2009 – 31 March 2013 (including 3 months no-cost extension) Overall project duration: 4 years and 3 months
<b>Reporting period:</b>	Narrative : 01 July 2009 to 31 March 2013 Financial : 01 July 2009 to 31 March 2013
<b>Total confirmed funding:</b>	US\$ 530,200.00
<b>Funds contributed by [donor(s)]:</b>	US\$ 530,200.00
<b>Cumulative expenditure during reporting period:</b>	US\$ 519,353.00

## SUMMARY

The purpose of the project was:

- To strengthen the national and trans-border response to HIV for migrants in risk-zones along major land and water corridors in Kenya.
- To directly support the UN Development Assistance Framework (UNDAF), Kenyan National HIV/AIDS Strategic Plan (KNASP) and East African Community (EAC) Strategic Plan through facilitating scale-up of services to marginalized higher-risk populations who are largely beyond reach of programming, in particular sex workers and their clients.
- To identify the HIV prevalence and vulnerabilities among migrant female sex workers in Nairobi.
- To mainstream HIV and AIDS into the national emergency responses.

This resulted in the development of the National Strategy on HIV and Sexually Transmitted Infections (STI) programming along transport corridors; the expansion of Busia Trailer Park Clinic; the development of HIV combination prevention interventions that offer both male and female friendly packages which target highly vulnerable migrants along border towns; formation of a multi-sector National Steering Committee with the mandate of ensuring that HIV services are available during crises; development of guidelines for addressing HIV and gender-based violence in humanitarian settings in Kenya; IOM facilitated trainings for national and county level stakeholders from government emergency related ministries and civil society actors on minimum HIV interventions in humanitarian settings contextualizing the Inter-Agency Standing Committee (IASC) guidelines; IOM and partners also led an integrated biological and behavioural surveillance survey among migrant female sex workers in Nairobi which led to the development of a combination prevention programme in response to the findings.

## 1. PROJECT DESCRIPTION

This project was initiated to support the development of an effective, evidence-informed and nationally-led multi-sector response to HIV in Kenya, through an increasingly effective UN contribution, as a result of improved donor harmonization and alignment in the support of KNASP and NACC.

The goal and outcome areas include: reducing the number of new infections in most-at-risk populations and general populations; improving treatment and care, protection of rights and access to effective services for infected and affected people; adapting existing pro-

grammes and developing innovative responses to reduce the impact of the epidemic; and allocating resources in support of the national HIV response.

Harmonization of the response to HIV in Kenya was achieved through combining the efforts of the multiple UN organizations working on HIV, and ensuring the objectives of the response are strictly in line with the country priorities. This was realized through the channeling of funds to the designated organizations through the secretariat of the Joint Team on AIDS, a role carried out by UNAIDS.

IOM received financial support to be able to conduct programming in several areas of HIV programming including; HIV and Transport Corridors, HIV in Emergencies and Urban Migration Health.

## 2. RESULTS

### *HIV and Transport Corridors Programme:*

#### **Response Analysis**

IOM conducted a rapid response analysis, the purpose was to offer evidence of the current state of the response, including identification of whether programming is actually being implemented as agencies report, gaps in programme targeting capacity building needs, and the extent to which organizations work together on common programming objectives and approaches. The findings of the rapid response provided strong evidence on which the development of the national strategy on HIV and transport corridors was based (see annex 1).

#### **National Strategy on HIV and AIDS & STI Programming Along Transport Corridors in Kenya**

Based on the findings of the Response Analysis, IOM facilitated the development of this strategy. The process was a government lead one where NACC and NASCOP provided leadership and guidance, which ultimately lead to the ownership of the strategy, ensuring its widespread uptake.

The goal of the strategy is to provide a national framework that will guide delivery of HIV prevention, treatment, care and support services for migrants and communities along transport corridors in Kenya through the HIV combination prevention approach.

#### **Busia Wellness Centre and Clinic**

In 2009, the District Medical Office for Health (DMOH) Busia approached IOM Medical Health Division with a request for support in expanding the clinic to serve more clients. After negotiations between the two parties, an implementation agreement was signed between the two in early 2010.

IOM's responsibility according to the agreement was therefore only to support the construction of the Wellness Centre and supply it with the necessary equipment. IOM provided this support and the new clinic was officially launched in a ceremony on 25 March 2011. The Busia DMOH (DASCO's Office) and the National AIDS Control Council have collaboratively been running the clinic since then, with main funding from IGAD's Regional HIV/AIDS Partnership Programme (IRAPP).

### **Cross-Border Rapid Assessments**

IOM conducted a series of rapid assessments in towns on the border between Kenya and Tanzania. These were carried out in collaboration with the National AIDS Control Council (NACC) of Kenya, as well as the Tanzania AIDS Commission (TACAIDS). There was also facilitation and complete involvement from the IOM office in Dar Es Salaam.

The goal of the assessments was to provide evidence for developing HIV combination prevention interventions that offer both male and female friendly package, and target highly vulnerable migrants along border towns.

The findings of these assessments were explained in a comprehensive report and shared with all the relevant partners (see annex 2).

### **HIV in Emergencies Programme:**

#### **Coordination Mechanisms**

In March, 2011, the National AIDS Control Council and IOM facilitated a three-day workshop which resulted in formation of a national steering committee (NSC). The mandate of the multi-sector NSC, chaired by NACC, is to ensure that the continuum of HIV services is available during crises. Following the recommendations of the NSC, IOM conducted a review of government and humanitarian emergency policies and strategies in 2012, which including a review of all preparedness and contingency plans developed by the government and partners in relation to emergencies.

#### **Draft Guidelines**

IOM in collaboration with NACC, and UN Joint team on AIDS partners, have developed draft guidelines for addressing HIV and Gender-based violence in humanitarian settings in Kenya.

#### **Capacity Building**

IOM facilitated trainings for national and county level stakeholders from government emergency related ministries and civil society actors on minimum HIV interventions in humanitarian settings contextualizing the Inter-Agency Standing Committee (IASC) guidelines. In the contingency plans for 2013 elections, six out of eight humanitarian hubs around hotspots areas were supported to include HIV issues.

#### **Mainstreaming HIV Activities in Emergency Preparedness**

IOM in collaboration with other Joint Team partners facilitated the inclusion of HIV activities and indicators into the Kenya Food Security Assessment tools; ensured integration of HIV issues into the Kenya Initial Rapid Assessment tools for humanitarian partners led by OCHA; and also ensured integration of these tools into the 2013 Emergency Humanitarian and Contingency Plans. Working within the protection sector, HIV issues have been included in the draft Internally Displaced Persons policy.

### **Urban Migrant Health Programme:**

**Integrated Bio Behavioural Survey:**

In 2010, IOM and partners led an integrated biological and behavioural surveillance survey among migrant female sex workers in Nairobi, the aim of which was to establish HIV and STI prevalence among migrant female sex workers in Nairobi; determine HIV and STI knowledge, attitudes, risk behaviour, treatment seeking behaviour and preferred source of HIV/STI information; provide baseline HIV and STI behavioural and biological prevalence estimates to measure trends over time.

**Migrant Female Sex Workers Combination Prevention Pilot Project in Eastleigh**

This programme was developed with an aim of providing migrant female sex workers with targeted HIV prevention and primary health care through piloting activities that reach female sex workers in Eastleigh, a heavily migrant populated community in East Nairobi.

IOM partnered with National Organization for Peer Educators (NOPE) and Uma community based organization(CBO) to provide counseling and testing, basic awareness raising, behavioural change communication, condom promotion, social support, and referral of patients to health facilities. IOM's main role was to reinforce behavioural and facilitative components through capacity building and documenting effective practices. Lessons learnt will contribute towards efforts of national stakeholders to improve HIV programming for most-at-risk populations and extend the pilot to other locations in Kenya.

### 3. ACTIVITIES

**HIV and Transport Corridors Programme:****Response Analysis**

The findings of the rapid response analysis provided strong evidence on which the development of the national strategy on HIV/STI programming along transport corridors was based.

**Busia Wellness Centre and Clinic**

An agreement between DMOH and IOM led to the expansion of this clinic to serve more clients. The support mainly included renovation and supply of equipment outlined below:

- provide two new containers to increase the space of the clinic(a 20ft and a 40ft);
- build a raised pitched roof spanning the now three containers and partition into small rooms;
- repair existing electrical connection and fit the new rooms with electrical fittings;
- install sewerage and clean water systems in the clinic;
- install perimeter fencing;
- equip the centre with furniture.

**Cross-Border Rapid Assessments**

The goal of the assessments was to provide evidence for developing HIV combination prevention interventions that offer both male and female friendly package, and target highly vulnerable migrants along border towns.

### **HIV in Emergencies Programme:**

#### **Coordination Mechanisms**

The NSC together with the Joint team also conducted a rapid assessment in the disaster prone area i.e Tana delta district, Kinango district, Nyando, Turkana, Isiolo and Marsabit districts with a view to determine whether HIV services are available during crises and to profile service providers in the areas.

#### **Capacity Building**

IOM facilitated trainings for national and county level stakeholders from government emergency related ministries and civil society actors on minimum HIV interventions in humanitarian settings contextualizing the Inter-Agency Standing Committee (IASC) guidelines.

### **Urban Migrant Health Programme:**

#### **Integrated Bio Behavioural Survey**

IOM and partners led an integrated biological and behavioural surveillance survey among migrant female sex workers in Nairobi. Lessons learnt will contribute towards efforts of national stakeholders to improve HIV programming for most-at-risk populations and extend the pilot to other locations in Kenya.

## **4. CONSTRAINTS AND ACTIONS TAKEN**

1. Multiple partners are involved in programming and implementation of HIV programmes along the transport corridors. There is a lack in harmonization of this programming and coordination between the organizations is minimal, which has resulted in a fragmented response. IOM has led a process of developing a National Strategy for coordinating the response along the transport corridors.
2. During the process of developing the National Strategy, the focal person for HIV and Transport Corridors at NASCOP was replaced by another, this delayed the process considerably, however IOM managed to develop a working relationship with the newly appointed focal person in order to facilitate the finalization of the National Strategy on HIV and AIDS & STI along Transport Corridors in Kenya.
3. Departure of focal point at NACC had slowed down NACC's leadership in spearheading HIV in Emergencies activities including finalization of guidelines. A consultant was hired to work on the guidelines but changes of the focal point have slowed down payment of the initial payment for the consultant.
4. Issues of ownership of the National Strategy resulted in delays in finalization and launch of it. This issue was resolved by the agreement to have shared responsibilities between NACC and NASCOP in regards to the strategy and ensuring its widespread uptake.

5. Limited resources to roll out HIV in emergency trainings to decentralized levels. This challenge was overcome through sourcing of funds from other partners, which allowed for a total of 4 ToT trainings to be conducted, as well as 3 stakeholder meetings.

## 5. CONCLUSIONS

In conclusion, the support from the UN Joint Programme of Support on HIV/AIDS in Kenya has provided IOM with the opportunity to work in close partnerships with multiple national and international partners and also to link into the national response to HIV in a large way.

Implementation of the planned activities under the work plan has allowed IOM to utilize its different areas of expertise and to keep migrants in the limelight, ensuring their needs are met and their issues addressed in major decision making documents and policies in Kenya.

## 6. FINANCIAL STATEMENT

Please see attached financial report.

## 7. ANNEXES

**Annex 1:** Response Analysis: Combination HIV Prevention Programming along the Northern Transport Corridor in Kenya

**Annex 2:** Rapid Operational Assessment of HIV Prevention in Selected Sites along the Kenya – Tanzania Border 2012