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APHIA*plus* NAIROBI-COAST

Pathfinder INTERNATIONAL
A GLOBAL LEADER IN SEXUAL AND REPRODUCTIVE HEALTH

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Funded by USAID Kenya, the AIDS Population, and Health Integrated Assistance plus (APHIA*plus*) Nairobi-Coast Health Service Delivery Project began in January 2011. One of five USAID-funded APHIA*plus* projects, Nairobi-Coast is led by Pathfinder International, in partnership with ChildFund International, Cooperative League of the USA (CLUSA), Population Services International (PSI), and the Network of AIDS Researchers of Eastern and Southern Africa (NARESA).

Operating with a budget of US$ 55 million over three years, APHIA*plus* Nairobi-Coast works in close collaboration with the government of Kenya across Nairobi and Coast provinces to increase access to and uptake of quality services, and to address the social determinants of health of target communities.

Bolstering Combination HIV Prevention with Key Affected Populations in Kenya's Coast Province

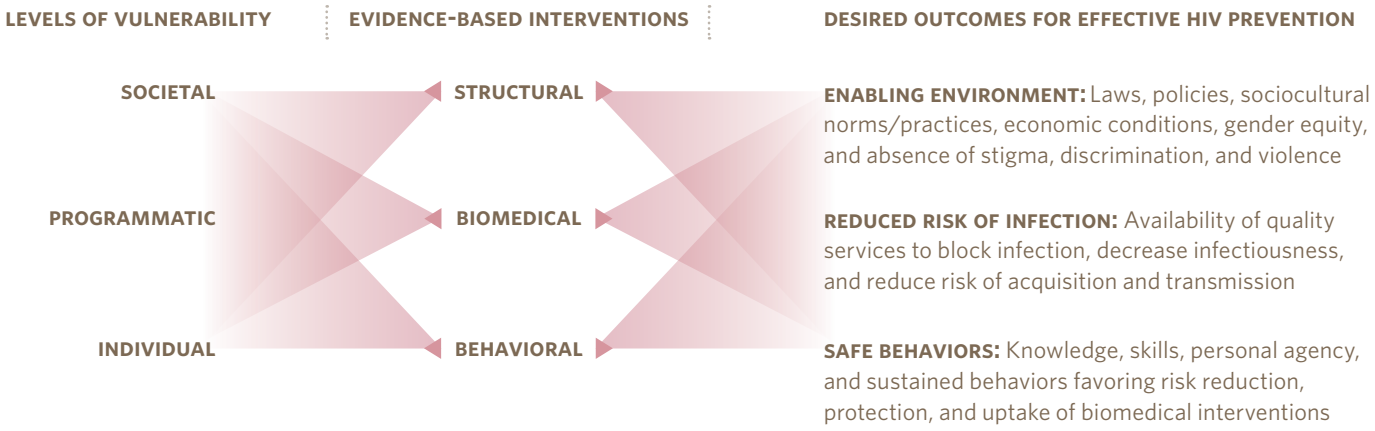
APHIA*plus* Nairobi-Coast Health Service Delivery Project (APHIA*plus* NC) has supported the government of Kenya and local implementing partners in both Nairobi and Coast provinces to increase availability of, demand for, and use of quality services to prevent HIV with and among key affected populations. This technical update describes Pathfinder International's framework for combination HIV prevention and its application in Coast province.

Context

Kenya's National AIDS and STI Control Program (NASCOP) deems several populations most affected by HIV due to high risk of infection and transmission—namely, female sex workers (FSWs) and their partners, men who have sex with men (MSM), prisoners, and people who inject drugs (PWID)—who together account for close to 33 percent of new HIV infections.[1] Some estimates suggest that HIV prevalence exceeds 18 percent for MSM and PWID in Kenya, and that 29.3 percent of FSWs are living with HIV nationwide.[2]

Kenya's HIV response has been mainstreamed throughout its health and development strategies. The government has enacted laws protecting the rights of people living with HIV, and is rolling out guidelines for working with key affected populations. Nevertheless, these groups continue to face severe stigma, discrimination, and abuse, which increase their vulnerability to HIV infection. Kenyan law criminalizes same-sex sexual activity, drug use, and sex work, driving these practices underground and creating significant barriers to accessing quality health services. Ensuring

FIGURE 1: REDUCING VULNERABILITY THROUGH A RIGHTS-BASED FRAMEWORK FOR COMBINATION HIV PREVENTION



equitable access to services and reducing stigma and discrimination are not only essential to protect the health and human rights of key affected populations, but—due to the interconnected nature of sexual networks in Kenya—these interventions are also critical for preventing the spread of HIV among the general population.

Key Affected Populations Program in Coast Province

Given the social nature of HIV risk and vulnerability, and the diversity of contextual factors influencing the epidemic, activities are needed at the local level to understand, plan, coordinate, implement, monitor, and evaluate HIV responses.[3] Mombasa, the capital of Coast province, is one of Kenya's two largest cities and the second largest port in Africa. Kenya's 2009 Modes of Transmission Study and its 2012 Most-at-Risk Populations Surveillance Report have estimated a greater burden of HIV among key affected populations there—45 percent of new HIV infections are attributed to key affected populations in Coast, and 35.2 percent of FSWs and 23 percent of MSM are living with HIV in Mombasa.[4,5]

Under its mandate to improve health outcomes of the marginalized, vulnerable, and underserved, APHIA*plus* NC supports Coast province to address HIV with and among key affected populations. In partnership with the government from provincial down to facility levels, the project provides funding and technical assistance to nine local implementing nongovernmental and community-based organizations (NGOs and CBOs)—many of which are led by key affected populations themselves—to fill gaps and strengthen the province-wide response. (See Table 1 for a list of grantees.)

COMBINATION APPROACH TO HIV PREVENTION

In 2009, both PEPFAR and the Kenyan government adopted combination HIV prevention as the preferred approach to preventing HIV. UNAIDS defines combination prevention programs as rights-based, evidence-informed, and community-owned programs that use a mix of biomedical, behavioral, and structural interventions tailored to meet the needs of communities and individuals in order to achieve the greatest sustained impact on reducing new infections.[6] Well-designed combination prevention programs: 1) address both immediate risks and underlying vulnerability through programmatic and policy actions; 2) are planned and managed to operate consistently and synergistically on multiple levels (e.g., individual, relationship, community, society); 3) mobilize community, private sector, government, and global resources in a collective undertaking; 4) require enhanced partnership and coordination; and 5) incorporate mechanisms for learning, capacity building, and flexibility to permit continual adaptation and improvement.[7]

Pathfinder's conception of combination prevention acknowledges that structural interventions play a primary role in the approach, as social, political, and environmental factors are critical drivers of new infections and exert influence on the efficacy of both biomedical and behavioral interventions. The framework also makes explicit the three levels of vulnerability—societal, programmatic, and individual—that interact with and ultimately impact desired outcomes. Structural, biomedical, and behavioral interventions must address each level of vulnerability in mutually reinforcing ways in an effective combination prevention approach.[8] (See Figure 1.) The following summarizes APHIA*plus*' support in line with this guiding framework.

GOVERNMENT SUPPORT

APHIA*plus* NC supports the government at all levels to strengthen structural interventions and systems for improved availability of quality health services and data related to key affected populations. The project team participates in national and regional technical working groups and conferences that gather relevant stakeholders to formulate policies, guidelines, and training curricula, and to advance a common research agenda. Reinforcing national policies and training programs, APHIA*plus* NC engages with providers at the facility level to improve the quality of key affected populations-friendly biomedical and behavioral health services, and to improve planning, monitoring, and evaluation of targeted service delivery. Fostering integration of civil society activities into government systems to the greatest extent possible, outreach services managed by local partner NGOs are conducted in conjunction with district AIDS coordinators and public health providers. Partner-run drop-in centers are accredited by NASCOP to ensure that service quality is high and that effective systems for referral to HIV care and treatment and gender-based violence services are established and functioning. APHIA*plus* assists partners to report on clinical services, such as voluntary counseling and testing, through Kenya's health information system and to procure commodities such as condoms and HIV test kits through Kenya's Medical Supplies Authority.

TECHNICAL AND INSTITUTIONAL CAPACITY BUILDING

APHIA*plus* supports its Coast grantees to overcome barriers of distance and stigma in public facilities by running 11 drop-in centers that not only provide critical biomedical and behavioral services like voluntary counseling and testing, referrals to care and treatment, and behavioral and psychosocial support, but also create important safe havens for clients to receive social and legal services, practice self-care, socialize, and work. Outreach activities bring services closer to target groups, and include peer education, individual and small-group counseling sessions, door-to-door or "moonlight" HIV counseling and testing at bars and "hotspots," and distribution of condoms and commodities for safer injection practices.

APHIA*plus* provides tailored technical assistance to each of its nine grantees in Coast province—ranging from large, well-established NGOs to small, newly formed CBOs—to harmonize and strengthen interventions, and to maximize partners' effective participation in Coast's multisectoral HIV response. In addition to one-on-one support, the project team conducts quarterly reviews with all local grantees to encourage cross-fertilization and knowledge sharing, as well as to train on topics of shared relevance, such as translating new NASCOP guidelines into practice and harmonizing monitoring and evaluation tools and systems.

TABLE 1: APHIA*PLUS* COAST GRANTEES, KEY AFFECTED POPULATIONS PROGRAM

GRANTEE	TARGET GROUP
International Centre for Reproductive Health (ICRH)	Sex workers and MSM
Solidarity for Women in Distress (SOLWODI)	FSWs
The Omari Project (TOP)	PWUD and PWID
Muslim Education and Welfare Association (MEWA)	PWUD and PWID
UKWELI Africa	MSM
Reachout Centre Trust	PWID
Tamba Pwani	MSM
APHIAII Matatu Organization (AMOI)	Minibus/public transport drivers
City Council of Mombasa	PWUD and PWID

Building institutional capacity is critical both to ensure sustainability of quality interventions and to empower communities. Increased institutional capacity enables key affected populations to design and implement interventions, as well as to formally engage in policy advocacy processes. To this end, APHIA*plus* NC has supported three local partners (previously informal sexual networks of MSM) to register for legal CBO status, mobilize and manage financial resources, and establish leadership structures, organizational goals, and implementation plans.

Lastly, APHIA*plus* NC supports partners to lead multisectoral stakeholder engagement efforts at the local level through regular technical advisory meetings involving key affected populations, law enforcement, local and religious leaders, and health officials. This structure allows stakeholders to share data, discuss programming priorities, and address challenges (e.g., police harassment), as well as to facilitate dialogue aimed at changing harmful sociocultural norms.

FOSTERING INNOVATION

APHIA*plus* NC fosters innovation through the expansion of the breadth of partners' services spanning biomedical, behavioral, and structural interventions, and backing partners' new initiatives to best meet the needs of target groups. The project supports its CBO and NGO partners to offer more comprehensive sexual and reproductive health services, including a broader contraceptive method mix, cervical cancer screening and referrals, and postabortion care. It has also helped introduce other important services like drug and alcohol counseling. APHIA*plus* NC facilitates the paralegal training of peer educators, enabling them to support clients as they navigate the medical and legal systems to report violence,

and also strengthens referral networks to link survivors of gender-based violence to appropriate services. Income-generating activities have also been introduced to several CBOs through linkages with microfinance specialists.

In response to poor recovery rates of PWID and PWUD after undergoing in-patient treatment, one partner piloted a halfway house model—a new concept in the region. In-residence counselors provide one-on-one and group counseling, encouraging sustained safe behaviors to reduce risk of HIV infection and creating a safe and supportive environment to support clients' long-term recovery. To begin to address clients' vulnerability related to poverty and lack of education, in February 2013, APHIA*plus* NC and other donors assisted in the establishment of a coconut processor and a computer lab at the halfway house, to support income generation through sales of oil and fuel briquettes.

Progress and Next Steps

Thanks to government leadership and support, since April 2011 APHIA*plus* NC has reinforced the capacity of its partners in Coast province, enabling delivery of more comprehensive, quality HIV and related services for key affected populations. Grantees maintain consistent supplies of condoms at over 500 targeted service outlets, and have reached more than 78,000 participants with small group and individual behavior change sessions through a network of 700 trained peer educators and outreach workers. Responding to a call to action from the 2012 Regional Conference on HIV Programming for Key Populations, APHIA*plus* is now looking to expand services to coastal fishing communities. The project team is conducting needs assessments and applying lessons learned from Pathfinder's integrated health and environment project (HoPE) in the Lake Victoria Basin to design appropriate public sector-led interventions in Coast.

Challenges remain, however. While no single partner or project has to implement all components of combination HIV prevention, it is important that the critical multisectoral elements of a local response are defined, that partners explicitly link with one another to ensure coordinated action, and that gaps are identified and addressed through targeted assistance. To reinforce the next steps of the HIV response, APHIA*plus*, the government, and other local and international partners should prioritize strengthening the implementation of structural interventions that prevent, respond to, and mitigate violence, and that reduce stigma and discrimination against key affected populations. In its remaining months, APHIA*plus* NC will continue to bolster Coast's combination HIV prevention approach, enhance the capacity of partners to reduce barriers to access to health services, and improve data collection and use, while laying the groundwork for future efforts to sustainably address HIV in the region.

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3 C.A. Hankins and B.O. Zalduondo, "Combination Prevention: A Deeper Understanding of Effective HIV Prevention" *AIDS* 2010, 24 (suppl 4): S70-S80.

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7 Ibid.

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COVER: FSW peer educators at ICRH drop-in center in Mombasa

PHOTO: Irene Kitzantides

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