



IOM International Organization for Migration

KENYA

HIV COMBINATION PREVENTION PILOT FOR VULNERABLE MIGRANT WOMEN

“OUR AIM IS TO PROVIDE FEMALE SEX WORKERS WITH TARGETED HIV PREVENTION AND INTEGRATED PRIMARY HEALTH SERVICES”

In 2010, the International Organization for Migration (IOM) led an integrated biological and behavioural surveillance survey among migrant female sex workers in Nairobi. Findings included a HIV prevalence of 23.1 per cent, lack of access to HIV programming, and inability to access basic health and social services.

Combination prevention

In response, IOM and partners have developed a combination prevention programme through piloting activities that reach female sex workers in Eastleigh, a heavily migrant populated community in east Nairobi.

In partnership with two local organizations, the National Organization for Peer Educators (NOPE) and the Uma Community Based Organization (CBO), partners are providing HIV counselling and testing, basic awareness raising, behavioural change communication, condom promotion, social support, and referral of patients to health facilities.

Capacity building

IOM’s main role is reinforcing 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.

The project has three objectives:

1. **Provide** female sex workers with targeted HIV prevention and integrated primary health care services
2. **Promote** psychosocial support, gender-based violence reduction, and rights awareness for migrant female sex workers
3. **Support** livelihoods and ongoing education to migrant female sex workers.

IOM IN ACTION

- A **drop-in centre** has been set-up and **three support groups** with 57 members formed;
- **2,672 female sex workers have been reached** and 1,402 female sex workers have enrolled in the project;
- **585 female sex workers have been screened** for sexually transmitted infections;
- **1,274 female sex workers have been tested and counselled** for HIV;
- **41,310 male condoms have been distributed** to female sex workers;
- **Nine migrant female sex workers** are currently enrolled into **language classes**;
- Sensitization of **11 police officers** and **13 religious leaders**;
- **78 migrant female sex workers have been trained on human rights awareness**, and 25 health workers have been trained on most-at-risk populations for HIV and migrant-friendly health services.

Activities for Objective 1

- Development of screening questionnaire;
- Dissemination of behaviour change communication toolkit and information education communication materials;
- Identification of vulnerable women to receive social support;
- Peer education, outreach and support counselling;
- Regular STI screening and treatment;
- Voluntary counselling and testing for HIV;
- Treatment of STIs;
- Referral of HIV patients for anti-retroviral treatment;
- Provision of male and female condoms and lubricant;
- Referral for reproductive and child health services;
- Referral for basic primary health care services.

- violence, psychosocial support, human trafficking, and rights awareness;
- Training of female sex workers on rights awareness, violence risk reduction, and safe migration;
- Dissemination of information, education and communication materials on HIV, violence risk reduction, and safe migration;
- Establishment of female sex worker counselling and support groups;
- Coordination meetings with the District Health Management Team and other service providers;
- Sensitization meetings with the police;
- Gathering formative data on men who have sex with men.

Activities for Objective 2

- Establishment of a drop-in centre at the clinic;
- Training of staff at the facility on gender-based

Activities for Objective 3

- Enrolment of female sex workers into Kiswahili and English classes.



“Due to stigmatization, many female sex workers fear to declare they are engaged in sex work and therefore rarely access health services. This is much worse for migrant female sex workers due to exclusion. Consistent advocacy and assurance of confidentiality are key for improving the situation. This pilot project has been greatly welcomed by the women since they can access essential services in a friendly environment.”

Maurine Achieng, Social Worker, NOPE

WE ASSIST:

- Migrant female sex workers



HEALTHY MIGRANTS IN HEALTHY COMMUNITIES

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WITH THANKS TO OUR PARTNERS:



Uma CBO

