

# **Rapid Needs Assessment of HIV Combination Prevention in Selected Sites along the Kenya – Tanzania Border**

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## Abstract

**Background:** Sub-saharan Africa bears the brunt of HIV infections. Factors which contribute to continued HIV transmission are similar in both Kenya and Tanzania. These include engagement in risky sexual behaviours, multiple concurrent partnerships, transactional and paid sex, low perception of risk, lack of knowledge on HIV status, low condom use, early sexual debut, circumcision status and lack of social and legal protection for vulnerable populations.

The goal of the study centres on providing evidence for developing HIV combination prevention interventions that provide both male and female friendly packages, targeting key populations in selected sites along the Kenya – Tanzania border.

**Methodology:** The mixed methods approach was used involving both qualitative and quantitative data. Questionnaires were used to assess the quantitative information obtained from female sex workers, their clients and health facilities. Data was collected in the three border areas of Isebania/Sirari, Lungu Lungu/Horo Horo and Taveta/Holili. A total of 58 female sex workers (FSW) and food and recreational facility workers (FRFW) and 57 clients were interviewed for the study, and also, 17 focus group discussions were conducted. Quantitative data were analyzed using SPSS version 20. Descriptive data in the form of frequencies were analyzed to characterize the populations and assess the variables decided as criteria. Qualitative data was assessed through thematic analysis.

**Findings:** As a result of the data collected, information affirming the proposed themes was revealed which highlighted the main gaps and showed a major need for HIV combination prevention interventions. Findings indicated that HIV knowledge among both respondent groups was fairly high, but that misconceptions regarding HIV transmission and prevention existed. Risky sexual behaviours were common and respondents engaged in multiple sexual partnerships usually with inconsistent use of condoms. Additionally, a combination of mobility, disposable income, alcohol and availability of sex increased the risks greatly. Prevention interventions by Community Based and Non-Governmental Organizations were found to be fragmented and lacked coordination. And health services were deemed substandard by the majority of the respondents owing to their low service delivery capacity as most are understaffed and inadequately equipped.

**Conclusion:** Although levels of knowledge of these mobile population groups on HIV prevention and care are relatively high, misconceptions on modes of transmission and means of prevention still exist. In addition, these population groups are highly susceptible to risky sexual behaviour and the levels of health service acceptability, affordability and geographical accessibility are sub-standard. All these factors render these populations at high risk of acquiring HIV infection.