



Health care worker provides HIV testing services during targeted outreach for mobile and cross border populations in Malaba, Kenya. Photo/USAID

KENYA

CROSS-BORDER HEALTH INTEGRATED PARTNERSHIP PROJECT

The Cross-Border Health Integrated Partnership Project (CB-HIPP) is a regional project funded by USAID Kenya and East Africa Mission and is implemented by a team of partners led by FHI 360. It is designed to extend quality integrated health services in strategic land and wet cross-border areas and other transport corridor sites in East, Central and Southern Africa.

Target populations are mobile and cross-border populations, with a focus on those who live and work in cross-border areas or travel regularly across countries in the region. In addition to service delivery, the project recognizes the need for alternative health financing to increase uptake and sustainability of services within an enabling policy environment.

OUR WORK

Mobile and border communities are highly mobile – within and across national boundaries – driven by economic, social, security and health concerns. Access to health care is due to proximity to health facilities, cost, stigma and discrimination and perceived quality of care. However, national health systems lack mechanisms to track patients who cross national borders for continuum of care leading to loss-to-follow-up of patients on ante-retroviral therapy (ART), non-adherence and multiple registration by mobile and cross-border PLHIV as they strive to access ART and other related HIV services. National supply chain management is based on resident populations and due to transnational access of health services by non-nationals, border facilities experience frequent commodity stock-outs of essential commodities and overstretched human resources aggravated by lack of transnational access data to inform health resource allocation.

Having recognized that these challenges cannot be addressed by individual national health systems, USAID and East African Community (EAC) mandated CB-HIPP to define, implement, document and disseminate lessons learned on sustainable models for cross-border health service delivery to meet the unique needs of mobile and cross-border (including key and priority) populations living and traveling along major cross-border regions of Eastern Africa.

ACHIEVEMENTS

Since August 2014, CB-HIPP has:

- Supported EAC and Partner States to develop regional guidance documents for cross-border health approved through the EAC structures. This was conducted through Regional Task Force on Integrated Health and HIV and AIDS Programming along Transport Corridors in East Africa. The documents are: *Health and HIV and AIDS along the EAC Transport Corridors: A Situation Analysis Report (March 2015)*; *EAC Regional Mapping Report on Available Health and HIV and AIDS Services along the Major Transport Corridors in East Africa (March 2015)*; *EAC Minimum Package of Health Services for Key and Vulnerable Populations along Regional Transport Corridors (August 2015)*; and, *Regional Strategy for Scaling up Integrated Health and HIV Programming along the EAC Transport Corridors, with fishing community framework (August 2015)*.
- Defined Standard Package to address cross-border health informed by extensive stakeholder engagements at regional, national, site level and comprehensive baseline and formative assessments with technical experts from academia.
- Developed Cross-Border Health Unit (CBHU), an innovative model for cross-border health direct service delivery and referral across the HIV and other treatment cascade. The model is a platform that brings together health facilities, cross-border peer educators and community health workers for cross-border health service delivery and referral. CBHU has been identified as a sustainable model for regional cross-border health delivery and recommended for adoption and scale-up in the region by EAC.
- Developed tools and database to support compilation of disaggregated data on mobility and target populations to show cross-border health access reported at facility levels. National health systems in the region do not regularly capture/track data on mobility in health access.
- Strengthened capacity of health care workers at border facilities and cross-border peer educators on migration health through to provide health services to mobile and cross-border populations.
- Documented and shared learning from its implementation that contributes to evidence-based regional policy considerations in health care financing and cross-border health to address the unique health needs of mobile and cross-border populations on land and wet borders.

BUDGET: \$12,000,000

DURATION

2014 – 2019

ACTIVITY LOCATIONS

Busia, Migori and Taita Taveta counties

KEY PARTNERS

- EAC
- Ministry of Health
- Ministry of EAC
- County governments

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