INNOVATIONS AND ACHIEVEMENTS IN COMMUNITY-LED DELIVERY OF HIV PREVENTION AND TREATMENT SERVICES BY SEX WORKERS, AND GAY AND BISEXUAL MEN IN EAST AFRICA

CASE STUDIES OF UHAI EASHRI COMMUNITY PARTNERS IN KENYA, UGANDA, AND TANZANIA (2016-2018)

WITH GRATITUDE TO ELTON JOHN FOUNDATION (EJAF)
THE STORIES

1. DEMAND CREATION

2. EXTENDING TREATMENT

3. RESILIENCE
When Ishtar MSM was formed in 1997 after the staging of the play “Cleopatra” at the Kenya National Theatre; an entry point to the lives of Men who have sex with Men [MSM] in Nairobi was created to develop an atmosphere of trust and openness. The organisation engaged in broad-based face to face outreach that would be conducted by about 50 peer educators to raise publicity for HIV testing services. In the early years of 2000, the clinical services were run by a Kenyan partner organisation, the National Organisation of Peer Educators (NOPE), a Non-Governmental Organisation (NGO) which operates in the East African region. In this partnership, Ishtar played the role of a mobiliser for gay men for HIV testing at their Drop-in-Centre (DIC).

In 2015, ISHTAR took over the running of the Drop-in-Centre and devised a distinctive demand creation strategy that could resonate with the realities of their community. In the following year and with the support from UHAI’s Strategic Grant, the organisation could now meet more frequently with their peer educators. The outcome was a strategy to reach out to more numbers to link them to care and treatment.

The consultations that followed identified the need for Ishtar to devise innovative outreach approaches that would stand out and have a competitive advantage over other organisations offering similar services to ensure more gay men were visiting the facility. It is at this point that the idea of having Ishtar Dolls was birthed. The Ishtar dolls approach would lighten up the Drop-in-Centre by making it a cool social space on a particular day of the week that provided both entertainment and HIV related services and information.
The peer educators designed this safe space for dolls to make appearances, drag, do makeup, catwalk without fear of attacks or stigma. As they entertained, clients visiting the centre would join in the dance and engage with peer educators who would provide essential information about sexual health and HIV prevention. They would also be directed on where to receive clinical services within the facility.

According to clients who visit the facility, ‘...before the Ishtar dolls programme was started, most community members had a perception that Ishtar was just but a clinic, and that if you sought their services, you risked being outed by your peers”. With this as the background, peer educators designed a strategy to shift their peers’ perception; that the centre was more than just access to treatment. This is where the Ishtar dolls played a role. The centre would then become a fun place to visit while providing opportunities to learn, acquire prevention commodities and access to clinical services.

Slowly with the stewardship of the peer educators, the social Fridays became a fully community-led space. Those that visited the Social Fridays for the first time would always feel shy, but because of the welcoming spirit, they would often return to get clinical services and interestingly, some even started dragging. This has created a sense of belonging, promoted ownership and given the community agency and power over their sexual behaviour.

As a result of the Social Fridays event, the centre has become even more popular as clients get all the services under one roof. They have access to information, to get tested and treated. In many cases, the Male Sex Workers (MSW) have preferred first attending Social Fridays before they proceed to sex work. While others have utilised the space to network with other peers and even find partners.

As a result of the increasing popularity of Social Fridays online, celebrities and guests have sought to visit the centre. Among them is the American pop artist Twiggy Ramirez, who saw the drag shows that had been posted on ISHTAR’s social media platforms. It has also attracted the BBC, who filmed a mini-documentary about Ishtar’s Social Fridays.

The peers have continued to make the space creative and in October 2018, they organised a special themed Social Friday for couple’s testing where couples who had met earlier in the year were encouraged to go for testing together. This encouraged couples to come out and own their status. Social Fridays have created an unimaginable bubble making it even more popular with peers living in the rural areas. Word has spread out of how Social Fridays allowed peers full expression of themselves. Social Fridays are conscious of the needs of HIV positive peers with dedicated time for them to attend adherence counselling and to learn more about ARVs.

From the dolls programme, more numbers have been reached with outreaches and in reaches while delivering services in a fun-filled atmosphere. This approach has continuously produced lessons for further improvement of HIV care and treatment programming. For example, they have learned that in cities such as Nairobi, for Social Fridays to have a great impact and reach, it needed to be held on Fridays as peers are busy on weekends.

This demand creation process has not been without challenges. In the early period of the innovative project which was a break from the traditional HIV treatment programming, ISHTAR was accused of hosting parties at the Drop-in-Centre which according to critics didn’t show a connection to outreaches or clinical services provision. In defending this approach ISHTAR has demonstrated how creating a safe space that is rare to find for the community to speak out and interact can indeed lead to a rise in the number of new cases seeking their service.

The increase in the number of clients attending the weekly events has had a strain on the clinical staff who are understaffed and who have to attend to the varying needs of the clients as well as ensuring the events are safe and well managed.

The programme has proved that such a space and activities by the dolls need to be supported and sustained because in every Social Friday the peers have mobilised and received new faces seeking comprehensive services at the Drop-in-Centre.

Currently, the facility shares the clinic and offices due to a space limitation. This has hindered the hosting of bigger events. Opening other branches in other parts of the county would be a big reap in future.
In this community centre there is a beehive of activities as staff clad in white overcoats are getting ready for the day at the clinic. A number of community peer educators are setting up the flip charts and condom demonstration materials. A number of ladies begin to stroll into the centre half-excited and half-fatigued after a long night shift. It’s Juicy Tuesday if you didn’t know.

Bar Hostess Empowerment and Support Programme (BHESP) have over the years undertaken community HIV treatment programme with the aim of strengthening their clinical services to a level of becoming a ‘one-stop’ HIV testing and treatment site.

Despite increasing their outreaches, they noticed that the numbers attending the clinic were not increasing prompting the organisation to rethink their strategy. An evaluation of their approaches in 2017 revealed that the number of clients visiting the facility was very few every month with the clinic recording about 300 - 400 female sex workers which was below the set targets. A strategy meeting was held where the peer educators came up with several suggestions to address the gaps put forward. The consultation finally settled on creating strategies that would make sex workers excited to engage with the services of the clinic. In the end, Juicy Tuesday, Warembo ( Beauties) Wednesday, and Movie Fridays were born.

On Juicy Tuesdays, sex workers get comprehensive care at the Drop-In-Centre where they also get to interact with their peers between 9 am to 2 pm weekly. Upon arrival, clients are welcomed by the peer educators who guide them through a self-risk assessment test to guide the centre on the services to prioritise. Clients are then provided with adequate information on HIV/AIDS and services available at the Drop-In-Centre. It is after accessing services that they proceed to interact with their peers; to catch up on the latest developments from different hotspots they operate in, share personal stories and struggles that they face in their lives as the different flavours’ of juice and snacks get served.

Similarly, this is a fun day where sex workers receive comprehensive services and connect with their peers. As they receive the clinical services, they can also get their manicure and pedicure done by peers who are beauticians.

Movie Fridays are days when sex workers seeking services have a chance to watch the latest films. They choose films that have a resonance with them after which they have an open discussion. For example, they would discuss the themes of violence in a film. They would then derive strategies to prevent violence against sex workers in real life. They also talked about other issues such as hygiene, relationships and PREP use.

These creative and community-led strategies have since their inception in July 2018 seen a tremendous increase in the number of clients visiting the drop-in centre. They recorded 1,700 clients in the first six (6) months. Due to the popularity of the services offered by the centre, BHESP has had to seek for locus from the National Aids and STI Control Programme (NASCOP) to deal with the overwhelming turnout during the Juice Tuesday, Warembo Wednesday and Movie Fridays.
SOCIAL MEDIA AS A STRATEGY FOR SNOWBALLING AND MOBILISING YOUNG GAY AND BI MEN TO ACCESS HIV INFORMATION AND SERVICES (ISHTAR MSM HOYMAS AND SPECTRUM)

Working with young urban gay and bi men requires creative HIV treatment programming and an upscale of outreaches to compete with the information flow among the groups. HOYMAS discovered this need and decided in 2016 to integrate a social media strategy in their programming that would ensure that most of their constituents receive up-to-date information. This was informed by the feedback from their peer education programme. The programme offers direct interaction with the community members who often use social media such as Facebook for community, dating and meeting new people. A group of peer educators advised that Facebook would be one of the best platforms for outreach because of its incredible popularity.

HOYMAS records showed that most clients got to know about their services through social media. In this regard, the peer educators strategised to ‘infiltrate’ several popular closed groups on Facebook and use that space to engage in outreaches around the need for HIV testing and treatment. According to the peers’ assessment, Facebook as a platform would help them reach more people and share information.

HOYMAS went further to establish three (3) Facebook pages that would offer different sets of information related to HIV care, testing and treatment. Strategic communication used in the Facebook pages, as well as face to face outreaches, made their services gain popularity. One of the successful online engagement on Facebook, was when HOYMAS publicised its “Let’s get real party” events.

"Let’s get real party” are organised by peers to raise publicity on HIV testing, care and treatment. These parties bring together young gay and bi men to celebrate and have fun. During these parties, participants are allowed to tweet and send messages encouraging their friends to also attend the services being offered at the party. These events have been popular for the last couple of years drawing more young gay and bi men to access different services by the organisation.

In the last two (2) years during the World Aids Day and IDAHOBIT, HOYMAS created customised messages that went out encouraging users to take specific action around HIV testing and treatment. Through the Facebook pages, they also offer information and response on personal security and safety in reported incidences of violence in different hotspots or regions where peers are located.

From this online platform, HOYMAS have sharpened their programming after discovering that a lot of young people engage more with visual content on HIV and AIDS over face to face interactions. This has informed their online messaging to include interactive photos and infographics which has drawn the online users to visit their clinic. They have noted an increase in the number of clients seeking services at the clinic who have confirmed knowledge of the services from online interaction.

Notably, maintaining an online presence has led to technologically assisted violence.
Before 2016, Spectrum did not have a social media presence because of fear of prosecution as a result of the Anti-Homosexuality Act. However, in the efforts to challenge the Anti-Homosexuality Act, there emerged a need to reach a wide range of clients living in the closet.

At the beginning the interactions were aggressive and full of negative sentiments especially from non-community members. Several proactive strategies were derived to counter the negative comments by presenting more stories about the lived realities of the community that Spectrum serves. This changed the narrative immediately.

After evaluating the various options, the organisation decided to create a Facebook platform as a way of mobilising their constituencies to access information and links to services. However, this came with its own set of challenges. They required more bandwidth and dedicated resources to meet rising internet costs and staff dedicated to responding to queries from users.

In the beginning, the interactions were aggressive and flooded with negative sentiments, especially from non-community members. Several proactive strategies were developed to counter these negative comments by presenting more stories about the lived realities of the community that Spectrum serves. This slowly began to change the narrative.

This work was boosted by the UHAI Strategic Grant which enabled Spectrum to engage with social media strategically. They now had a dedicated staff who managed the social media platforms and from a safe office space where they previously went to cybercafes.

From the analysis of the online conversations, Spectrum has now distilled the priorities of the constituents and developed strategies that better serve them. For example, home-based care in collaboration with MARPI mobile clinics was developed after being engaged on Facebook. Spectrum has moved in to offer home-based care to clients, offered them support and advice on care and treatment and facilitated their referral to health facilities.

Apart from Facebook interaction, Spectrum’s social media strategy has grown to include the latest platforms such as WhatsApp. There now exists a WhatsApp group for health service providers. The groups have helped facilitate information exchange among peer educators and health service providers especially on where services and specialists were available as well as any other useful resources, information or training happening at different locations in the country. Due to its agility in information sharing, peers using it have been able to know where to get commodities such as lubricants in the last year that have been in short supply. Indeed, the Facebook page has also spawned informal peer educators, where the individuals share Spectrum’s information in the regions that they are.

The Facebook page is now one of the primary ways they use in community mobilisation for their outreaches. In readiness of their outreaches, Spectrum posts messages on Facebook and encourages people in the area the outreach is to happen to ask questions. This precursor to the physical outreach enables more people to learn about the planned events and for the team leading the outreaches to prepare in advance on how to respond to the issues raised. This has made their outreaches to be more focused and impactful.

Another trend as a result of the engagement with social media has been the formation of online adherence groups where peers interact virtually and ensure that everyone is on care and treatment even if they don’t meet physically. This has made it easy for the organisation to even reach out to more numbers with knowledge on care and treatment with minimal resources. Linked to that, it is now easy for Spectrum to also assess those who need nutritional support through individuals seeking access to this support online. This has further widened their reach in services around care and treatment.

Spectrum online work has supported their constituents who find it difficult coming out to seek services during the outreach due to their positions in the society to be accessed. This constituent can anonymously access critical information on HIV prevention, care and treatment and make informed decisions about their health. Still, on working anonymously, this online work has been linked to suave applications such as the app Grindr, which can conceal people’s identity and yet enable them to engage on the various services and prevention commodities that Spectrum offers. Such individuals have sent local courier services such as boda-boda (motorbike) riders to pick up consumables from their offices which are packaged discreetly for delivery.

From a pool of fewer than 1,000 members on their social media page in 2016, Spectrum is proud of a staggering 4,654 active online users from across Uganda. This is strongly connected with their ability to monitor and evaluate the information needs of their constituents and being able to provide or direct the users to what they are looking for safely.
Achievements in mental and sexual health have been made through a toll-free line to support community members access the much-needed counselling services to complement online social tools and platforms. Calls are made to seek for condoms and lubricants, referral to health facilities by clients seeking treatment of STIs, legal assistance in cases of blackmail and or a need for psychosocial support and nutritional supplements. Due to the high level of publicity of the toll-free number in mainstream newspapers, coupons, stickers, and radio talk shows, Spectrum has witnessed on a good month calls ranging between 50 to 70 up from receiving only 30 calls earlier.

Despite structural challenges in running this platform as only a few staff are available to offer counselling services online due to a lack of full-time and experienced counsellors, Spectrum have realised that this complements with their other social media strategies.

Before support through UHAI strategic grant, Spectrum struggled with high telephone bills when clients called. The clients would not expressively explain their issues due to insufficient airtime. The UHAI strategic grant supported the toll-free line that enabled clients to expressively explain the nature of their health linked challenges and adequate time for each case to be addressed to the end.

Spectrum can now follow up with callers to ensure that all referrals are completed successfully easing the follow up process by peer educators.

This toll-free line has ensured high levels of confidentiality because in most cases callers do not wish to identify themselves. The lack of face to face interaction has boosted their trust in the service providers and confidence about the handling of their case.

Due to its popularity, other partners delivering HIV treatment programmes have began advertising the Toll-Free service in their Information, Education and Communication (IEC) materials enabling a bigger reach of gay, bisexual and men who have sex with men in Uganda. Healthcare workers in government or private facilities have shared the Toll-free number with their clients which has made the helpline number a popular in Uganda.
YOU’LL NEVER WALK ALONE

LESSONS IN WONETHA’S ACHIEVEMENTS IN CREATING COMMUNITIES OF SOLIDARITY AS A WAY TO PROMOTE HIV DISCLOSURE AND TREATMENT

According to Caryn* who was nicknamed Mulongo, “...drinking was part of our life and I was always drunk. I never had time to take AntiRetroviral Drugs (ARVs). From the time I started coming in Ssenyondo, people in the area were not bothered until WONETHA intervened. Some used Waragi (a local Gin) to swallow the medicine. WONETHA empowered me to stop drinking and adhere to my drugs”.

This has been the situation of many female sex workers in many regions of Uganda and particularly the Lake Victoria fish landing sites. In the past, sex workers were afraid of identifying themselves. It was even harder for them to disclose that they were HIV positive. Sex workers would indulge in substance abuse and excessive alcohol and would not care about their health status. Many Female Sex Workers (FSWs) could be enrolled on AntiRetroviral treatment when the body immunity was low. This would create many health-related complications.

In response to this, WONETHA decided to support a supportive peer-led system to promote checking on each other’s health and wellbeing. This would ensure Female Sex Workers (FSWs) enrolled in Antiretroviral medicine early when their immunity was still high and strong enough to withstand its side effects. Caryn* and others who were alcoholics were recruited as peer educators would now teach others about HIV and health treatment. They would carry outreaches through all the hotspots and accompany their clients for testing and ensure they were enrolled immediately into care and treatment if they were positive.

Complementing the peer-led education and accompaniment system were sessions and dialogue meetings that sought to build sex workers’ self-confidence and boost their self-determination. As a foundational concept, self-determination would motivate sex workers to build agency, improve their livelihoods and create community and sisterhood as a fall back when they faced challenges.

Apart from the health linked support interventions, sex workers over the three years got nutritional support and advice that enabled them to have better diet essential in the treatment process. The functional literacy classes have now helped sex workers to form a community of learners every year with the current cohort having past 50 students. They are now engaging in fun learning activities that include English language classes, comprehending their AntiRetroviral Drugs/medicine prescription and other relevant information. The classes also discuss how they need to protect themselves from HIV infection, negotiating prices with clients and even making handicrafts for sale. A wide network has been built among sex workers from different regions of Kampala who are discussing entrepreneurship as well as on other social issues of concern to them.

Female Sex Workers living with AIDS have also been oriented into Wonetha’s Memory Project that enables one to document things that matter to their lives in the form of a memoir. This has also combined training on parenting, communication, planning for retirement and acceptance of their HIV status and their job status as sex workers.

Josephine* from Kasubi a beneficiary of the memory project admitted that “...back then, I didn’t have love for my child, but now I love my child more. Her daughter is now 8 years old and in school. A long time ago I didn’t love the baby because I didn’t know how to keep the baby happy. The memory project together with my peers made me learn how to do it.”

Other sex workers appreciate that the project has helped them save money to purchase clothes, meet their home needs and even buy property and build houses since they are more focused future centric now. After going through this project, they feel that it is their responsibility to walk with them in their life by encouraging them to enroll, learn and feel part of the family.

And as Josephine noted heartily...

Some of my colleagues call me nurse; some call me aunty because I teach them everything. Others call me counselor because I take them to the doctor, and I talk to them about safety. I am always there for them.
EXTENDING TREATMENT
The journey to open a clinic has not been easy. Whenever Martin (Kyana) the leader of the organisation travelled for work in other cities like Nairobi, he would visit organisations that had Drop in Centres such as ISHTAR MSM he would long for the day HAPA Kenya would establish a facility with differentiated services to their communities. This desire inspired him to consider opening up a gay men led community centre that is able to offer integrated services to gay men and Male Sex Workers in Mombasa city.

HAPA Kenya identified a space that could provide HIV Testing Services as well as double up as their offices to suit their limited budget in the heart of Mombasa city. While the place was accessible to the community it proved insecure as many members of the public were suspicious of the operations of their organisation leading them to consider moving to a more secure facility after less than a month in operation.

With minimal resources to support their HIV treatment programming, HAPA Kenya were able to secure a more spacious and safe place that would offer both HIV Testing Services and counselling and a place peers would meet and connect. Following concerted publicity, the Drop-in Centre began attracting a lot more peers who came to link up with friends, collect prevention commodities and also learn on the latest information related to HIV prevention and treatment.

Since the facility began its operation in 2017 it has not all been smooth sailing. For it to be recognised, HAPA Kenya required certification from the National and County Health Service Delivery Inspectorate Bodies. This prompted them to invite inspectors from the Ministry of Health in Mombasa and NASCOP to assess if they met the required threshold to be issued with a Master Facility Listing (MFL) code.

HAPA Kenya failed to meet the threshold in the first assessment stating that the facility was inadequate for the clients they were serving as the Drop In Centre did not offer confidentiality while still sharing the same space for their office operations. Despite their disappointment, they worked on the recommendations as advised. in 2017, two more evaluations were conducted with more requirements raised all with the promise of a Master Facility Listing (MFL) code.

Following this frustration, a change of strategy was agreed upon which would involve engaging the county Ministry Of Health in ways that enabled them to understand operations at HAPA Kenya. During their annual micro-planning meetings, they invited the Ministry Of Health (MOH) officials and for consultation.

Despite joining the Mombasa County Technical Working Groups to lobby for the issuance of the Master Facility Listing (MFL) code for the Drop In Centre there had been no breakthrough.

All these consultations with the Ministry Of Health particularly within the sub-county of Mvita where the Drop In Centre is located led to more disappointments. To counter these challenges, they re-strategised their lobbying and approached the Kisauni sub-county where they also operate in and applied to be issued with the Master Facility Listing (MFL) code with the assessment having been undertaken they await for the code.

Despite joining the Mombasa County Technical Working Groups to lobby for the issuance of the MFL code for the DIC there has been no breakthrough.

While the process is ongoing the Drop In Centre can’t be issued with HIV testing kits from the Kenya Medical Supplies Authority since they are yet to be certified. They have had to make requests from the county authorities which is riddled with multiple bureaucracies. As the numbers of the clients in need of Antiretroviral drugs continues to rise, the Drop In Centre cannot offer comprehensive services in the HIV treatment continuum as yet and have to refer their cases to other health facilities. This has resulted in the loss of clients who are uncomfortable being referred to other facilities in fear of stigma. This has turned out to be difficult in following up of cases to adhere to treatment. However, despite these bottlenecks, HAPA Kenya continues to push further for the recognition by the Ministry Of Health Master Facility Listing (MFL) systems by demonstrating their ability to reach broader numbers through their elaborate peer education process and community-based treatment adherence mechanisms.
I CAN GET IT HERE!

APPRECIATING THE VALUE OF ONE-STOP SHOP SERVICES DELIVERY. GROWTH IN TREATMENT UPTAKE WHEN HOYMAS EXTENDED CLINICS SERVICES TO COVER THE CASCADE OF PREVENTION TO TREATMENT

The journey of starting the clinic started in 2011 when HOYMAS (Health Options for Young Men on HIV/AIDS & STI) which operated as a community based organisation negotiated with the National Aids and STI Control Programme (NASCOP) to allow them work together with SWOP Ambassadors as SWOP-HOYMAS. SWOP (Sex Workers Outreach Program) a leading sex workers health agency in Kenya that promotes the health, safety & well-being of sex workers, & affirms their occupational & human rights. After 4 years the Clinic was opened in 2015 by the then Permanent Secretary for Health and the following year the Drop in Centre was officially handed over to HOYMAS. Due to the good relationship, they had with the management of the SWOP programme management, HOYMAS was able to acquire all the clinical facility and would later benefit from their clinical staff supervision.

As they set up their mechanisms, HOYMAS was mentored to derive standard operating procedures for the clinic and other national compliant mechanisms that finally awarded them with a compliance certificate to operate as a centre run by the community. The clinic devised a monthly system for review and feedback namely the Regular Data Quality Assurance (RDQA) sessions which also involves the county health officers, NASCOP and the clinical staff.

Before 2016 the DIC offered HIV Testing Services only and would refer cases to other hospitals that seemed friendly to gay men to access care and treatment if they tested HIV positive. It was not easy to have clients collect their ARVs from other clinics they felt uncomfortable due to stigma by health care providers.

HOYMAS worked extremely hard to ensure that they could offer comprehensive care to its clients beyond the HIV Testing Services and in 2016 HOYMAS they acquired the Master Facility Listing (MFL) code, and saw a massive shift in the number of clients who transitioned back to HOYMAS clinic. They felt at home as they could now access care and other general treatment and the one-stop-shop clinic emerged. The idea of a one-stop-shop came up as a strategy aimed at curbing client separation from testing and treatment when they visited the clinic seeking services. This would remove the referral system to other clinics which always re-traumatised persons who had turned positive.

The Drop In Centre can now offer Pre-exposure prophylaxis (PREPs) or support group for positives and essential medication. From the UHAI strategic grant, HOYMAS were able to stock adequate medication that would ensure that clients don’t have to go to other facilities to get essential treatment. In the beginning, the common medication the clinic had was mostly for Sexually Transmitted Infections. However, due to the growing demand for services, they decided to stock a wide range of medication to deal with general conditions. The clinic has grown to a point where they can now administer Pre-exposure prophylaxis (Prep), post-exposure prophylaxis PeP, and Antiretroviral drugs as well. At inception, the clinic didn’t have a wide range of tests such as the blood sugar test, which is now being offered. In case of an emergency, the facility would administer first aid before they are taken to a larger facility.

At inception, the clinic identified an increasing number of anal warts cases. The clinic didn’t have the capacity or referral relationships to manage these conditions. However, as the numbers continued to rise, HOYMAS was moved by one of the cases that made the clinical team and HOYMAS management get back to the drawing board on what needed to be done. This was a client who came from Meru town (250 kilometres north of Nairobi) to seek treatment for anal warts which were at an advanced stage. He had taken this long journey to HOYMAS after stigmatising experience at a public facility where clinical staff had scared him off as they interrogated him. Upon arrival, he was already scared and very ill as he struggled to explain his predicaments. The clinical staff organised and accompanied the client to a friendly hospital where an operation was conducted and follow up treatment and care offered.

The growth of in service provision and availability of a wide range of services has enabled over 300 gay men access to Hepatitis B vaccines. This diversity in the clinical service provision acquired the HOYMAS clinic the status of a Level 2 hospital now having reached over 4000 clients with care and treatment services. The demand for service continues to grow every single day.
RESILIENCE
A group of Female Sex Workers formed a collective to address the alarmingly high rates of HIV within the sex workers' community in Tanzania. In 2014, when Kazi Busara na Hekima Sisters (now HUBA) formally started operating, they mobilised their resources to undertake outreaches targeting sex workers in the capital city Dar es Salaam with HIV prevention information and directing peers for testing in government and private hospitals. The organisation had slowly established partnerships with the Ministry of Health and even proceeded to carry out a survey to establish the state of HIV/AIDS for Female Sex Workers in Dar es Salaam. A system of undertaking monitoring and evaluation with specific tools for interviews, data collection and referral of cases was in place which the pool of peer educators across Dar es Salaam was using.

It was only in late 2016 when the government of Dr John Pombe Magufuli came into power that things have drastically changed. The presidency took a hard stance on sex workers (and generally all key populations), saying sex work was immoral and against the culture of Tanzania. What followed was a call for the respect of the family values and cleaning Tanzania off the “vices” by other public officials in key positions within the government. Immediately, there was fear to engage in outreaches and distribute essential HIV prevention commodities as the government threatened to crack down on those operating as sex workers accusing them of promoting immorality. HUBA’s elaborate and supportive home-based care for bedridden peers faced the threat of collapse since peer educators were afraid to go on fieldwork due to fear of arrest. Individuals who needed this critical service began developing serious life-threatening conditions due to lack of care and delivery of their medication.

In March 2017, the health minister escalated his anti sex work campaign by ordering for the arrests of sex workers by police anywhere in the streets, in brothels, and even during community health outreaches by sex workers. With this verbal directive in place, the police became more aggressive and violent beating up sex workers and arrested them more frequently. HUBA members lived in despondency and had to operate underground out of the streets for a while.

The threats would actually materialise when in 2018 during a partners’ meeting in Dar where HUBA was attending to discuss HIV treatment programming for Key Populations was stormed by police demanding to know the purpose of the meeting. A dozen activists were arrested and among them was one of HUBA’s staff member who were locked up for an entire week on allegations of “promoting homosexuality and sex work” in Tanzania. The worst happened when the local municipal representatives came knocking at the offices and demanded that the leader of the organisation to provide them with all their original registration papers. The interrogators reviewed all HUBA documents and interviewed the staff about the nature of work they were engaged in. After the interrogation, they demanded a bribe and threatened to arrest them for engaging in immoral acts. HUBA stood their ground, stating that theirs was legitimate mandate which was to offer support to female sex workers, by providing them with HIV AIDS education, home-based care for sick peers, and supporting their families cope with the condition. They even stated that they had worked with the government in its HIV treatment programme targeting key populations. This pushback seemed to have softened the hard position and threats and HUBA were surprisingly commended for the good work with communities. From this HUBA thought that they had been let off the hook but two days later, they received a letter ordering them to stop their operations and shut down their offices by the registrar of organisations in Tanzania.
When HUBA attempted to challenge this order by stating their collaborative work with the Ministry of Health in HIV/AIDS programming, they were asked to provide further documents that included the previous year financial audits which they presented. The registrar’s office demanded their annual bank statements as well, to establish the sources of their funds. This opened up further scrutiny as the authorities could now monitor the operations of their accounts. Urgent action was taken to cease using the account to stop state interference.

As this happened, the leader of the group could not leave the house for three days after the shut down as she feared arrest. During this tormenting period, she didn’t know what to do with the staff including the one still in jail after the arrest during the partners’ meeting. It was such a hurtful moment for the team.

Instead of using their usual outreach forms that would reveal their identity and that of their clients, the staff advised their peer educators to use normal business diaries as they are easy to carry and would not raise undue attention.

The peer educators would document only essential information about a client during their now discrete snowball outreaches. The interviews only captured essential information that would enable peer educators to follow up a case or direct them to particular services. It was agreed that despite being shut down the peer educators would still have to try and reach their annual targets.

As this mode of operation took root, challenges began emerging. Despite the peers being able to undertake testing, it became difficult to identify a clinic that was willing to receive cases that needed care and treatment as most doctors also feared their clinics being shut by the ministry of health. This made HUBA work extremely hard to identify two friendly doctors who agreed to offer clinical services to the sex workers under the disguise of sexual reproductive health services to women.

HUBA came to an agreement with Tanzania Network of Positive Women+ (TNW+) which is a renowned organisation with extensive connection with the government. Their peer educators would introduce themselves as working for TNPW+ for safety while carrying out their outreaches. TNW+ supported HUBA during those difficult times since the director was a solid ally who understood the situation of sex workers in Tanzania. This partnership has continued to date.

As they set this, the organisation still needed funds for their operations. The fear of being monitored by the authorities was still a hindrance to them. HUBA agreed that they needed a fiscal host, who would enable them to bypass the state surveillance. They approached an organisation called Akili Huleta Amani (AHA) (Wisdom nurtures peace) a developmental organisation and thought that this would be a solution to their challenge. Unfortunately, the emails were being tracked as well and AHA was also shut down. This prompted them to find an organisation that was far away from the capital city to limit the chances of being traced. They found an organisation in Zanzibar known as Zanzibar Youth Empowerment Association (ZAYEA).

It wasn’t easy to be hosted by an organisation based out of Dar es Salaam. The staff had to go all the way to Zanzibar island to get funds for their activities which was also risky. This prompted them to get an alternative fiscal host on the mainland. Tanzania Network of Women Living with HIV (TNW+) finally agreed to host their resources.

To be more secure online, HUBA created new emails platforms to ensure communications and correspondence would not be tracked. This was followed by a change in the registration of their organisation, to be called HUBA Foundation and ceased operating as Kazi Busara na Maarifa (KBH).

HUBA and other sex worker groups continue to operate in this fragile situation which has demanded continuous and heightened assessment of their security systems and devise new ways of delivering services to their peers. As a result, the organisation continues to spend time devising tactics to ensure their safety while being responsive to the needs of the sex workers at such a restrictive moment in time.
CUTTING THE RED TAPE:
OVERCOMING THE CHALLENGES OF GOVERNMENT BUREAUCRACY IN CLINICAL SERVICES SET-UP AND IMPLEMENTATION

MAAYGO

Over the years doing outreach work, Men Against AIDS Youth Organisation (MAAYGO) noted that many cases were ‘lost’ to follow-ups as there were no strong systems of monitoring cases that had been referred for care and treatment in other facilities. The organisation needed a one-stop-shop clinic to facilitate efficient client follow-ups.

This would not commence of course, without having to go through an inspection process by the Ministry of Health to assess whether the health facility was fit to offer services to its target population. A team of inspectors led by the County team, would visit the facility and derive several reports that were not in favour of the organisation opening a clinic to meet the needs of gay men in the region. For a long time, they would not get a Master Facility List (MFL) code that allows for monitoring of health facilities infrastructure and services offered to the target population by the Ministry of Health.

Faced by these challenges MAAYGO decided to re-strategise on ways to get their Master Facility Listing (MFL) code. Drawing from years of strategic partnership building, advocacy and engagement with the Ministry of Health on HIV/AIDS issues in Kisumu County, they decided to present their case to the Minister of Health, County Health Management Team and Kisumu Director of health, who had been very supportive to them. They shared creatively the nature of their work in terms of work scope and data on clients reached. MAAYGO ensured that the information shared presented a picture that demonstrated a huge cohort coverage with very minimal care and treatment services.

In MAAYGO’s case, they argued that there was a need to have a safe and friendly clinic to achieve greater impact in care and treatment for Men who have Sex with Men clients. The Ministry officials commended MAAYGO for a good job working with the community and were given guidelines to set up and start the clinic. There was an extension of support for tools to choose from, Ministry of Health and NASCOP on data management supported by a mentorship process to enable the organisation to improve on their data processing. Thanks to the linkages team in collaboration with the ministry of health, Kisumu County.

MAAYGO is now a nationally listed and recognised site for testing, Comprehensive Care Service Centre and viral load testing. In the past, viral load testing and feedback would take 3-4 months which would frustrate clients as they needed their results at the earliest possible time. With the facility upgrade and the viral load networking, the turnaround time for viral load results has been reduced to a maximum of 10 days. The organisation now has documentation on the clients who have undertaken the viral load testing and the results have enabled them to improve their programming as well as rebuilding their relationship with their clients on care and treatment. As of October 2019, MAAYGO clinic has enrolled 89 clients on care and treatment, up from 26 clients three years ago. Due to high prevalence of HIV among MAAYGO target population, Voluntary Partner Referral (VPR) was adopted to improve case finding and linkage to HIV negative clients to combination of prevention services with more emphasis on Pre-Exposure Prophylaxis (PrEP). As at October, 2019, 607 have enrolled on PrEP with one seroconversion who is currently on ART.

HIV Self-Testing (HIVST) has also been adopted by MAAYGO clinic as a strategy to improve on knowledge of HIV status among target population especially for infrequent testers and closeted MSM. Several mechanisms are used to distribute HIVST kits to the intended beneficiaries such as peer educators through physical and virtual platforms, and service providers at the clinic. As at October, 2019 MAAYGO had distributed 1538 HIVST kits to 1060 clients with 5 newly identified HIV positive.

This ripple effect has seen a rise in the demand for health services at the clinic, as the Centre continues to focus on excellent client service from client reception to care and treatment. Besides, clients are now able to get basic prevention commodities, engage in recreational activities such as games, watching films and essential up to date health talks. Informed by a Community Advisory Board (CAB) that offers advice and insights to the organisation, the facility is even safer, accessible, flexible and accommodating to meeting the various needs of the community served by MAAYGO. A one-stop-shop that offers integrated, comprehensive and differentiated services is now available and effective in a county that struggles to provide such MSM specific services around HIV care and treatment.

According to one of the beneficiaries who noted that “MAAYGO has really friendly clinicians who aren’t judgmental, whom you can even call over the weekend for them to make arrangements to come and test you/treat you. Their flexible hours are nice. You can call an outreach worker who can plan with the clinic, they can even meet you and give you commodities”. With the Master Facility Listing (MFL) code in place, MAAYGO has now been able to offer clinical services, HIV testing at the site, enrol people at the site on ART without referring them to other clinics, receive HIV testing kits and other commodities directly from Kenya Medical Supplies Authority (KEMSA) and Kisumu county. They have a pharmacy within public health facilities and their HIV Testing Counsellors are now enrolled in the Kenya Ministry of Health (MOH) National Public Health Laboratory Service and participate in Proficiency Testing Scheme.
YOU CAN RUN BUT YOU CAN'T HIDE

DEFAULTER TRACING, CLIENT ESCORT, AND PEER ACCOUNTABILITY IN SUPPORTING TREATMENT ADHERENCE BY HAPA KENYA

HAPA KENYA

Back in the year 2009, a group of nine gay men who would meet at their hot spots as MSM/MSW peers realised that they were losing their fellow gay men due to HIV related illnesses. They had seen 6 colleagues dying in the same year with others bed ridden as they struggled with opportunistic infections, since no one was willing to disclose their HIV status due to low self-esteem and stigma among the MSM/MSW community. This was a devastating and overwhelming experience to the community. After a lot of interrogation and discussion of the situation, the collective decided to address the matter head on by disclosing their HIV status to each other. They realised that they all had the same HIV status, and decided to come up with strategies on how to assist and support each other. They noticed that five of their members were trained as peer educators by different organisation but faced a lot of stigma and discrimination from the service providers as well as in that organisation while offering their peer education services.

To address this discrimination, an idea to form a formal group was birthed to facilitate awareness creation on HIV/AIDS, promotion of HIV testing and adherence to treatment. According to Juma* one of the founding members .. we preferred forming a group for only the HIV positive members due to the stigma and lack of information that the community members had since we feared those other organisations as they would share our status with others which would end up leaking to our clients since we were male sex workers.

After months of consultation “HIV and AIDS People Alliance of Kenya” (HAPA KENYA) was established and members contributed money to facilitate the groups registration and in the running of the organisation.

From the meetings HAPA noted that there was need to embark on advocating for the right to health and access to stigma free reproductive health services for the MSM/MSW community members. As this happened the membership grew from 9 to 15 individuals. The group targeted to reach 1,500 members which posed another challenge on where they could convene and organise. The members resolved to get a space where they could meet and made contributions to meet its rent and other related costs. They had one hope that one day they would get funding that would enable them meet core costs and establish a solid HIV treatment programme.

After 7 years without external funding, HAPA Kenya got a strategic grant from UHAI EASHRI to enable them scale up their programming. This was an opportunity to catapult their programming from the word go. From this partnership, the organisation relocated to a bigger and better place which would accommodate more members and host a wellness centre. They brought on board a HIV Testing Service counsellor who would reach members during the outreaches at the hot spots. This initiated an organised process where those who tested HIV positive would be linked to care and treatment through referral to government health facilities that were friendly to the community.

As their programming grew and advanced, HAPA Kenya experienced challenges as the number of their membership grew exponentially. There were members who would not come out and disclose their HIV status in fear of stigma by family and friends, as well as violence from their sexual partners or even join a treatment adherence group. They also noted a rise in the number of sexually transmitted infections (STIs) among the members they had reached in the screening process. Violence by sexual partners was rampant among MSW with mechanism for redress. On the other hand, their peer educators had minimal information about the need to have viral load testing on a regular basis. Indeed, there was no source of inspiration to treatment adherence.
Furthermore, the organisation observed the need for a treatment accountability mechanism that was rooted within the community for the HIV positives in their membership. The HIV positive champions' programme as it was called, would ensure that peers confided to each other on their status and get support and motivation from peers on adherence to treatment. HAPA started with identifying peer navigators amongst the champions who would be linked to a client if they tested HIV positive. The champion would discuss with their peers and offer guidance on treatment adherence. This process has created a treatment buddy system based on a peer's location and the choice of person they would like to be matched with. This process has nurtured peer accountability to treatment among the community members where it is now easy to trace proactively treatment defaulters.

The champions programme continues to play a critical role in ensuring that those that test positive are supported to regain or reinforce their confidence leading to treatment compliance. This system has been complimented by the community education sessions, where peers encourage each other to share their lived realities on treatment and actual stories of people who have seroconverted as part of inspiration building. HAPA Kenya has also sensitised counsellors who are friendly to the gay community so that when referrals are done the clients can feel comfortable approaching a particular facility. This has drastically reduced the cases of peers who have failed to attend to treatment due to stigma at such facilities.

HAPA Kenya has now adopted a treatment tracing tool by the Ministry of Health for PLHIV that has strengthened the buddy system in ensuring they understand the number of individuals that are virally suppressed which have motivated others to adhere to treatment. In 2019, the organisation has observed an increase on the number of peers to 58 clients, who are achieving viral load suppression.
Working with the Kenyan government on health care provision faces a set of bureaucracy challenges. MAAYGO (Men Against AIDS Youth Group) was no exception to this. As the organisation sought to expand its focus and services, they discovered that the system has many cadres who have different roles and responsibilities within the Ministry of Health. Some members of staff in the ministry were positive and supportive to their cause while others would demonstrate outright negativity and objection to the programme. When government officials would make routine Monitoring & Evaluation visits they expected favours from MAAYGO to develop favourable reports to the ministry. It took the organisation such a long time to figure out how the Ministry of Health and strategic departments such as the police worked at the County and Sub county levels and the dynamics involved. Eventually, due to their continuous engagement with the Ministry Of Health and with police, MAAYGO has ensured that the various government actors have been involved in processes that inform them of what is happening in their programming.

This partnership proved useful. In 2018, a local newspaper profiled the organisation as promoting homosexuality in Kisumu county, triggering a motion to deregister all organisations working with the LGBTI community by the county assembly, the Ministry of Health officials, the Kisumu AIDS and STI Control Programme, and other mainstream organisations offering HIV services came in to condemn those allegations. There had been fears that the organisation would be shut down and an arrest by police of staff members of MAAYGO due to these allegations. This did not happen, reason being that the senior police commanders in the county were fully aware of the operations of the organisation, and had been involved in strategic dialogue that MAAYGO has consistently used in illuminatingMen who have sex with men as part of the community that needs to be protected by the law enforcement department to enjoy rights like other citizens in the county.

To date, MAAYGO is proud to be one of the conveners of the County Health Management Team (CHMT) whose role among other things is to provide strategic and operational leadership and stewardship for overall health management in the County, including resource mobilisation, creation of linkages with national level referral health services, monitoring and evaluation, coordination and collaboration with State and Non-State Stakeholders at the County level health services. MAAYGO have been able to solidify these partnerships with the County Health Management Team (CHMT), where they are able to present unified positions about the needs of the gay men at the county level and unlike the past when policies would not be formulated due to lack of data, now MAAYGO is able to present such information that has pushed for their drafting.

It is in these partnership meetings that MAAYGO has noted that the county officials are not fully conversant with the National Aids and STI Control Programme guidelines while dealing with gay men and therefore seized that opportunity to facilitate the discussion on the need to programme for the community.

Otieno* noted that ,in the community, most people don’t understand what being gay man is, a lot of the people in the community don’t have information about us. Most people are discriminated against, they say we’re devil worshipers. Since we started speaking to the general population about us, some of them understand, they can see that we are normal human beings like all of us. We’ve talked to the police and the chiefs and some of them now understand”. 

MAAYGO'S EXPERIENCES WITH GOVERNMENT PARTNERSHIPS FOR SERVICE DELIVERY FOR GAY MEN IN POLITICALLY HOSTILE CONTEXTS

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As a network of sex workers, Women’s Organisation Network for Human Rights Advocacy (WONETHA) identified in 2016 that for it to achieve the 90-90-90 target, there was a need for targeted advocacy for sex workers working in isolated communities and locations. The Lake Victoria basin of Uganda in the Southwest of the country has numerous fish landing sites, as fishing is the main economic activities for communities in those areas.

Due to the booming fish-related business, sex work is prolific. However, they are challenged with many factors such as lack of access to health information and treatment as well as limited health centred programming particularly HIV treatment focused on Key populations including female sex workers.

With long term funding from UHAI, and trust that WONETHA could have autonomy in the areas they work in, the organisation embarked on a mapping process in 2016 to identify why female sex workers were left out of the HIV programming while their priorities remain ignored. WONETHA found out that most organisations carrying out HIV programming in the Lake Victoria region literally ‘feared the waters’ (crossing to the Islands that were isolated and had poor access).

Health management committees within centres in the islands lacked an appreciation of the realities of Female Sex Workers around health and especially HIV/AIDS-related issues; programming had weak links to prevention, no HIV positives adherence groups existed for Female Sex Workers, neither peer educators nor post-testing counselling centred on the realities of Female Sex Workers existed and to crown it all, they were heavily stigmatized. WONETHA were shocked to discover a number of Female Sex Workers who had tested positive for over a year or two and had not yet been linked to care and treatment, as they didn’t they ‘think’ it was necessary. So many myths existed among Female Sex Workers including that ARVs would bring one down once they were commenced.

Urgent action was required in this situation. Ten (10) fish landing sites in five districts were prioritised and a resolve by WONETHA was made to urgently enhance the capacities of Female Sex Workers to accurately respond to their health issues by providing HIV testing services, adherence counselling and education that would lead to improved community health and awareness of the general public through their strategic and innovative sensitisation as well as mobilisation campaigns.

Varying strategies were devised to achieve the huge task ahead of WONETHA team. From their experience in HIV programming in other regions of Uganda and the assurance that there were long term resources to engage in the work, WONETHA embarked not only in testing and treatment but in their clients’ well-being especially those that had tested positive. They also integrated a prevention strategy.

As a start, they had a strategic dialogue with the local leadership and health officials to discuss the situation of exclusion of a whole important segment of the fishing community—the Female Sex Workers. Support was urgently needed from these actors to ensure that they would gain access to friendly local health facilities and this would only be achieved from their buy-in. The dialogues bore immediate results from inconsiderate health centres to solidification of mutual partnerships where WONETHA would embark on community outreaches while the health workers in the Government facilities would offer HIV testing services that respect Female Sex Workers, post-testing counselling as well as link those that tested positive with ARVs immediately.

To support this groundbreaking work, WONETHA creates a cohort of community based peer educators providing up to date and essential information on HIV prevention and treatment that would ensure more numbers were reached, more numbers were tested and that more numbers were linked to care and treatment and of course those who tested positive adhered to treatment. A system of support groups that nurture sharing among the positive clients was also created to allow members to share their feelings and the progress of their medication and treatment. A buffer around ensuring adherence support for the members in this comprehensive approach within the fishing communities was now set.

A few months down the year, sharing meetings started gaining momentum and increased number of Female Sex Workers were participating and discussions were now being led by the community.

On other fronts community outreaches were undertaking testing within the fish landing sites, sharing the results with the clients and offering post testing counselling a contrast from what other partners had been doing of testing and giving the results later.

Female Sex Workers who had always fallen out of the spectrum of health programming by organisations and the Ministry of Health were now active participants and determining the priorities. A shift in power had happened on the islands.