

Rejuvenated Activists Engage in National AIDS Processes through new National MSM Network



Figure 1: Speaking Out Kenya 2014 participants, united

Beneficiary participation in planning and implementation processes is mandatory under the Global Fund's (GF) New Funding Model (NFM), PEPFAR's Country Operating Plan (COP), and even the new Kenyan Constitution. Key affected population (KAP) leaders, including men who have sex with men (MSM) in Kenya, went from not being engaged to becoming very engaged in national AIDS processes after a timely Speaking Out training hosted by the MSMGF with local partner Ishtar MSM. The training reinvigorated them as advocates, providing them with immediately applicable technical skills and methodologies to enhance their participation and watchdogging. Attendees went on to form the GMT¹ HIV Prevention Network Kenya (GHPN Ke), organizing MSM-led and MSM-targeted organizations together as one united, organized, and more powerful voice.

MSMGF designed the Speaking Out Initiative in 2010 as a technical and funding assistance program supporting HIV advocacy efforts and leadership development at the grassroots level. It quickly evolved into part of the MSMGF's community systems strengthening process, facilitating identification, naming, mapping, researching, and advocating on issues that impinge upon the ability of MSM to access HIV services and fulfill their human rights. Through a technical training Toolkit, and its' adaptation and implementation process, participants embark on a journey that ultimately strengthens their capacities and skills, encourages networking, and builds movements nationally and regionally for enhanced engagement in HIV processes.

Overview

In the winter of 2014, participants of a recent Speaking Out workshop formed the national GMT HIV Prevention Network Kenya (GHPN Ke). The Speaking Out workshop brought together MSM leaders and activists from throughout Kenya, many of whom were discouraged by the trajectory of national AIDS processes, including development of the Kenyan AIDS Strategic Framework (KASF), and drafting the GF CN. With technical and financial support from the MSMGF and partners, mobilized GHPN Ke members with

¹ Gay men, men having sex with men, and transgender people (GMT)

sharpened technical skills immediately and proactively ramped up their engagement and participation in activities to review and finalize the CN, ensuring inclusion of their priority issues. Building on their immediate success with the GF, they facilitated unification of all KAP under the timely Key Populations Consortium, which immediately engaged with PEPFAR to participate in development of COP 2015.

The processes that led to establishment of the national MSM network, and then active engagement by united KAP in HIV planning and implementation, was both rapid and passionate, advancing the many preexisting efforts of advocates. The key steps, discussed in detail below, occurred over only 3 months (October – December 2014), facilitating pivotal achievements in process for several years:

- Speaking Out trainings conducted
- Breakthrough Initiatives pursued
- A National GMT HIV Prevention Network Kenya formed
- A Key Populations Consortium formed

Prior to the fall 2014 Speaking Out training, Kenyan MSM experienced an incredible decade of grassroots advocacy to raise awareness about the existence of sexual minorities, and their specific HIV needs and issues, literally from ground zero. In the current political environment of targeted discrimination and violence against Kenyan MSM (and other sexual minorities), it is hard to imagine that just a few years ago (2005), the National AIDS Control Council (NACC) did not acknowledge that MSM even existed in Kenya. “We told them we needed HIV prevention services, but they didn’t believe in us,” says Peter Njane, Director of Ishtar MSM. “So they came to peep in on our meeting, to get evidence of our existence, and were shocked. They stared at us and realized, it was true! There were gay men in Nairobi!”

From that point, MSM and other KAP worked overtime to raise awareness about their needs and issues. Initially, “Nobody wanted to talk about (us). There was high stigma towards gay men, more towards those who sell sex, and even more towards those who were positive,” notes John Mathenge, National AIDS Control Project (NAS COP) KAP technical working group (TWG) member. Under NACC and NAS COP, and with technical and financial support from the MSMGF and others, civil society communities put forward a set of recommendations to advise the development, coordination, and evaluation of HIV responses targeting MSM, to be referenced when developing the Kenya National AIDS Strategic Framework (KNASF).

“Without a shadow of a doubt the MSM advocates who participated in the Speaking Out trainings directly benefited from the pivotal role Speaking Out played in molding their skills and capacities to take ownership of their issues, work with implementing partners, navigate funding structures, and prioritize needs at local and national levels.”

- Brian Macharia, Speaking Out Coordinator, Ishtar MSM

Once this was done, MSM seemed to step back and take a sigh of relief. With MSM issues firmly a part of the national HIV agenda (partly given economic ramifications), everything appeared to be “low lying fruit,” notes Ann Rita Ikahu of Liverpool VCT Care and Treatment (LVCT), member of the CN writing team and KASF oversight committee. The big

push was over, and there was a sense amongst some that the remaining effort centered around government representatives, donors, and big implementing non-governmental organizations (NGOs) understanding the need for continued and proactive KAP engagement to ensure that (i) needs were addressed, (ii) the continuum of care and support properly defined for all KAP, and (iii) programs got the funding required. What was overlooked was the self-understanding that MSM and other KAP needed to engage

in programming processes *themselves*, and not rely on others to promote their priority issues. KAP engagement and prioritization was not consistent, and efforts to ensure participation “were abysmal,” according to several respondents, who cited examples of “crashing” health planning meetings when they were left out.

As a result, the beginning of the GF CN development cycle (2014) was marked by MSM representative malaise and inconsistent participation, fueled by a sense of exceptionalism. Suboptimal engagement negatively affected early drafts of the KASF and CN, which overlooked specific and targeted KAP priority issues programmatically and financially, in light of more generalized agendas.

Speaking Out Trainings Strengthen Capacity and Technical Skills of Grassroots Advocates

The MSMGF initiated Speaking Out’s Kenyan ‘journey’ back in 2012, when they partnered with Ishtar MSM to adapt the Toolkit. The Toolkit was launched during a ‘first wave’ initial capacity-strengthening workshop in December 2012, and utilized again during a second workshop in October 2013. “The Speaking Out trainings were eye openers, encouraging discussions about advocacy, how to negotiate, how to have conversations, how to build strong networks and linkages that were meaningful. They were an empowerment process for us,” notes Jeffrey Walimbwa of Ishtar MSM, a past training participant.

The MSMGF returned to Kenya and host a third Speaking Out workshop in October 2014, solidifying the gains made and momentum built by the initial two trainings. Several empowered former training graduates returned to assist with documentation and deliver special presentations.

According to Elijah Odhiambo of SALINA, “It was a most interesting training, and I learned how to go about advocacy smarter – when, why, where. We have been doing advocacy, but without structure. It is key and a very important part of our work, our lives. The best part was learning to identify a problem, analyze it, and come up with an advocacy mechanism to change it in the best way possible.”

Figure 2: Speaking Out 2014 Participants Engaged in a Networking / Mapping Exercise



Breakthrough Initiative’s Respond to Apathy and Civil Society Disengagement with Information and Unification

MSM Survey. In addition to strengthening capacity and learning technical advocacy and research skills, participants applied for and received funding from the MSMGF for homegrown breakthrough advocacy initiatives following the trainings. In 2013, the MSMGF supported them to conduct a national MSM community survey identifying key service providers, documenting the legal and policy contexts, describing actual engagement of MSM in service approach and delivery, and noting the scale of available funding. Survey findings were intended as reference material for national strategic planning, the GF CN, and PEPFAR’s COP purposes. They were incorporated into a 2014 community policy brief entitled *Ending HIV among men who have sex with men in Kenya*, otherwise known as the “MSM Bible,” and delivered at a NASCOP key populations TWG meeting where it was declared a required reference document when strategizing activities targeting MSM in Kenya.

Condom and Lubricant Accessibility. In 2014, the MSMGF funded a second breakthrough advocacy initiative with a group from Kisumu. To be completed in 2015, the aim is to engage county health officials to ensure availability and accessibility of condoms and lubricants in the region. This is partly a response to the devolution of the Kenyan governance structure, a recent event. Importantly, this means that national policies are not cascaded to the county governments, who maintain full autonomy over their regions. Subsequently, MSM and other advocates who want appropriate and adequate services now have the added responsibility of educating county government representatives, and sensitizing them about their specific healthcare services and needs, including condom and lubricant accessibility.

MSM Network. During the 2013 and 2014 Speaking Out trainings, MSM advocates discussed the climate of frustration and apathy permeating pockets of the MSM community. As a direct result, in 2013 Speaking Out graduates informally united under the umbrella of a network, but formalization stalled in the absence of necessary funding. In 2014, with MSMGF and other stakeholder support, and including new 2014 graduates, they regrouped and unified under a single national umbrella.

The aim of the new MSM network was to engage as one organized voice in strategic activism in KASF and GF processes, both underway. Unlike with previous KASF and CN development cycles, KAP engagement started out strong, and general KAP issues were incorporated into initial discussions without prompting. Through the GF's Country Coordination Mechanism (CCM), one KAP representative was elected (a member of the sex worker community) and one alternative (an MSM), from among key population group nominees, to participate in activities to develop the strategic framework, which would help define the CN. Elected representatives and other KAPs then sat down and spent "a lot of time and energy developing a 14-point agenda to include in the KASF," reports Jeffrey.

Unfortunately, the beginning push soon crumbled, and these points did not get the emphasis that they deserved for "KAPs did not follow-through and participate in strategic meetings to advocate for them. Rather, they assumed others would lobby on their behalf," continues Jeffrey. Others concurred with the apparent apathy and disengagement by civil society. "They came up with 14 priority issues, and then they sat back and did not fight for their place at the table with any fire or spirit or motivation. The real activism from the streets was not translated to the policy-making table. Just because planners and others understand KAP issues does not mean that they will include them, prioritize them, or fund them adequately." Ironically, without the need to fight as in the past, and given a new guaranteed constitutional mandate and GF NFM requirement for KAP participation, MSM advocates nearly lost the stage.

Passive participation and communication breakdowns increased throughout 2014, reinforcing a growing concern that key KAP needs were not being addressed programmatically or financially in critical national AIDS documents. The breakdown in communication was widespread and acknowledged on all levels. According to a sex worker activist, "Emails sent to the national movement were not distributed, so we didn't find out about meetings in time to attend." Another noted that, "Invitations sent to civil society leaders and KAP representatives were often very last minute, making it difficult to attend. If we were not at the workshops and meetings, our issues were not discussed or prioritized for inclusion." According to yet another, "Some of the meetings required commitment and there was a laxity among KAP members to attend meetings. Some KAP did not respond to emails. Some came to one meeting and not others. Those outside of Nairobi were often not present and so not represented." Further, "While KAP

were invited to attend workshops and meetings and be involved in GF and other processes, there were still elements of tokenistic. They didn't expect us to speak, and were surprised when we did speak out."

From the community perspective, some believed that there was an expectation that, as a KAP member, "they were special," and the NACC should automatically include them and all their issues. "Many activists sat back and then when something didn't happen, they said they were not included," This wasn't aided by the "weak understanding of the difference between articulating issues ourselves, and relying on bureaucrats and others to represent these issues for us." From the government perspective, if KAP wanted their issues addressed in the way and with the funding they felt was justified, then they needed to attend workshops and advocate just like all other populations. "There is good space for KAP engagement, and this should not be taken for granted or taken advantage of. It needs to be emphasized and engagement needs to be proactive," notes one interviewee.

"One of the challenge was that very few people understood the GF guidelines. For the KAP community, we had to self-learn the guidelines, using the few resources the MSMGF and AIDS Alliance posted online," notes Jeffrey. Very little or no provision was made to strengthen capacities or skills amongst participatory KAP representatives, with little or no collective experience writing policy or proposals on that scale. This included the KAP representative on the CCM, who was elected and then immediately launched into the forum without an orientation or agreed-upon terms of reference. Not surprising, there were complaints about her poor communication back to her constituents, meeting absenteeism, and lack of transparency abounded. "There is a strong need for civil society and KAP leaders, including our elected representatives, to be watchdogged – not just to watchdog others. There needs to be performance indicators and job contracts to identify the real leaders who will take responsibility and see issues through. We will not

Figure 3: Breakfast meeting of the GMT HIV Prevention Network Kenya, December 2014



thrive with an attitude that because we are KAP, we are 'deserving' without doing any work. We must shed this damaging sense of entitlement," notes one interviewee.

Birth of a New Network

In early December 2014, a group of gay men, men having sex with men, and transgender people organized into the GMT HIV Prevention Network Kenya, with funding and technical support from the MSMGF through

Speaking Out. The establishment of the Network was a direct result of the space provided and skills built during the recent Speaking Out training, which occurred within an atmosphere of apathy and recognition that the style of activist engagement in national AIDS processes had to change. "There were 15 original Network members, and all of them had participated in the Speaking Out training," notes Jeffrey.

Following guidelines and modalities from the Speaking Out Toolkit, over an initial 5-day workshop, members developed the Network's terms of reference, raised internal awareness around AIDS processes, and then organized priority messages based on key

issues, modeled after those presented during a meeting with PEPFAR Ambassador Birx at the MSMGF headquarters in the fall of 2014, attended by Brian Macharia of Ishtar MSM, Speaking Out coordinator, and other African MSM (see Figure 4). “We envisioned a national Network of MSM with membership open to all GMT-led and -managed organizations working specifically around HIV,” notes Brian, as one of the workshop organizers. The Network will serve to inform members about various HIV prevention and intervention activities being implemented by the government and donors, advising and monitoring engagement around GMT and HIV issues. Their efforts will be geared toward ensuring that KAP are involved and invited to engage at all levels, and on all platforms.

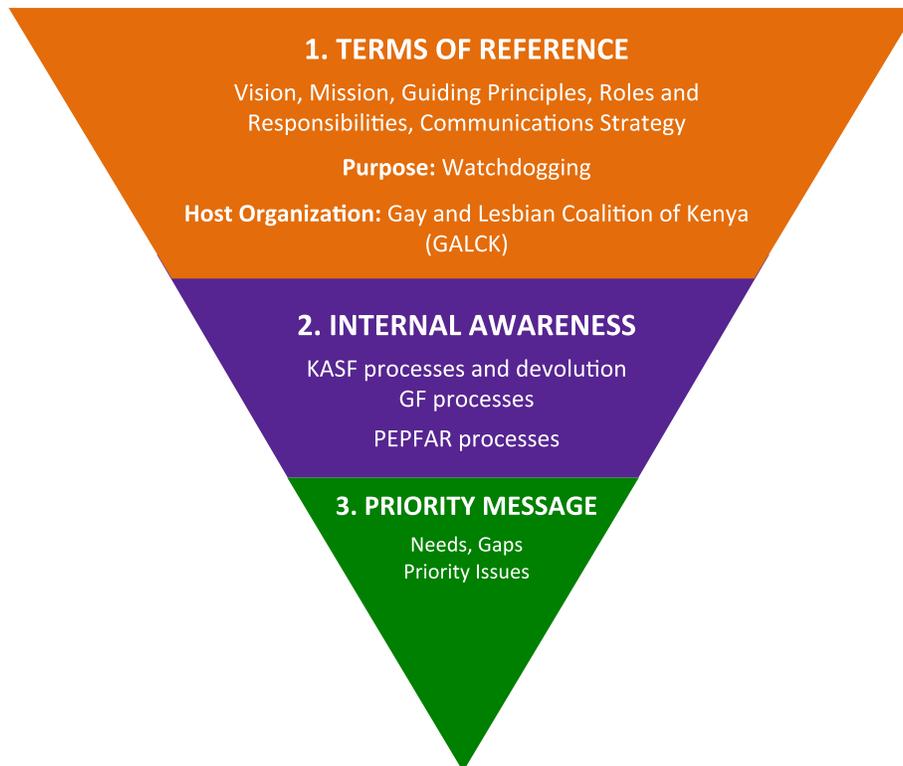


Figure 4: Initial Network Formation Workshop Steps

As a final impact step, the new Network hosted an information sharing breakfast meeting with key government and donor stakeholders. At the breakfast, Network members talked with GF, PEPFAR, UNAIDS, CDC and NACC representatives about the various program structures operating in Kenya, presented key messages on needs and challenges, and discussed what the Network (civil society) wished to achieve towards strengthening processes. “We demonstrated a greater sense of community coordination, collaboration, and structure than in the past – formidable enough to deliver this time. And we invited key stakeholders to work with us. Their attendance alone gave us immediate legitimacy,” says Brian.

By chance, the KAP elected representative attended on behalf of the GF CCM. At the time, there was still widespread dissatisfaction with her performance among MSM advocates. “We were able to talk about the importance of transparent processes of engagement and communication,” says Brian, which resulted in noticeable positive changes in her transparency and level of engagement.

MSM Activists Re-engage in National AIDS Processes

Remarkably, “Since launching the Network, there has been continuous engagement with us from the GF and PEPFAR. We were taken immediately as a serious body and a link between GF processes, the government, and the community,” notes Jeffrey. The timing was perfect to cement and prioritize relations with these two donors. “The GF and PEPFAR expressed challenges they had with engaging the MSM community because they lacked contact information or rapport. The Network offered them the space and the means to coordinate, and to share. They were very excited by the fact that, through the Network, all MSM organizations and communities across the country were now speaking as one voice under one structure,” notes Brian.

Less than one week after the breakfast meeting, the new GHPN Ke was invited to a training and CN review meeting to ensure the current draft was contextualized and aligned with KASF and KAP HIV priorities. They were then invited by KELIN Kenya, through UNAIDS Kenya, as organizers around the development and review of the CN, to participate in further meetings in January to finalize the CN. “We went through the recommendations and looked for input and whether our issues were addressed. Many were not, so we had to ensure that the input we made was incorporated. In the end, we endorsed the final CN,” says Brian.

The final CN was submitted to the GF Secretariat on January 27. “It was most important that KAPs were able to review and validate the CN with confidence,” noted Ann Rita. It contained evidence-informed key priority issues for MSM, with elevated funding and resources compared to other GF cycles.

Figure 5: Key Populations Representatives to the GF at a December 2014 Training and CN Review Meeting



Key Populations in Kenya Unite

In December 2014, spurred by their rapid and successful reengagement in national HIV processes, the GHPN Ke began looking at other successful models of participation by KAP bodies globally. Inspired by the example of India, where the community of KAP-led and –serving organizations came together and formed a Consortium, which received funding from the GF, they reached out to other KAP networks in Kenya with a similar idea. “We envisioned this would help us have an even greater say in the amount of funding dedicated to addressing KAP issues, how those funds were ultimately used, and whether they were effectively and efficiently managed. We felt that united, we would be able to better watchdog,” says Brian.

Following CN submission late January 2015, the GHPN Ke, the Kenya Harm Reduction Network, and the Kenya Sex Workers’ Alliance organized into the Key Populations Consortium. “We plan to present an alternative yet equally effective and efficient KAP structure capable of delivering services to its constituents. Many KAPs are opposed to having other ‘mainstream’ organizations receiving support to deliver services to their communities,” notes Brian. Following interest expressed by PEPFAR in tapping into a Consortium to help facilitate COP processes, and accessing the vast and diverse KAP

communities across the country linked through the Consortium, they met face-to-face for an initial meeting in mid-February 2015. “We discussed the internal structure, representatives, inter-management teams, and the possibilities of submitting a direct application to the GF,” continues Brian.

In the beginning of March, Consortium representatives met with PEPFAR to discuss COP planning and development. This was the first time KAPs were invited to be involved in the COP process. “We expect more targeted interventions and community engagement and partnerships in this COP,” says Jeffrey. Kenya is the largest recipient of PEPFAR funding globally, with an anticipated 490 million USD expected for 2015. Despite this, an 8 billion dollar funding gap is expected by 2020, based on current prevalence and rates of transmission. As part of 50 attendees, representatives of the Consortium broke down into groups and made very specific recommendations aimed at curtailing funding gaps and slowing down transmission, including detailed activities and spending suggestions. “We pushed for advocacy around our role in accessing services, and protecting human rights. We recommended structurally impeding issues be removed, including repressive penalties in the penal code. And we asked for capacity strengthening including advocacy engagement, health service delivery, and organizational strengthening,” says Brian. “We also asked for support and assistance in reaching and having conversations with the county health structures, under the new KASF. Having more experience with the county structures, PEPFAR is best placed to initiate dialogue between county representatives and KAP representatives, a dialogue we could then continue.” A second meeting is planned for end of March to present a first COP draft, to meet the submission date of April 17.

Next Steps

While great impact was achieved in just a few short months, there is still much that needs to be done. This includes (i) finalizing the COP 2015, (ii) watchdogging the implementation of CN programs including serving as sub recipients, and (iii) finding ways to influence KASF devolution at the county health level.

It is already noted that commitment towards transparent processes and unbiased participation is not consistent, which stands to jeopardize civil society and KAP involvement in – and benefit from – programs. This may be partly a result of sample size concerns, which devalue KAP issues. “KAP do not agree with most utilized size estimations. The government restricted data to only 2 regions, and it is quite underrepresented and incorrect,” notes John. When it comes to prioritizing and receiving funding, this is important because funds are linked to numbers. For this reason, sample size research is of paramount importance, and something GHPN Ke leaders are already discussing with the MSMGF. “We need numbers to have programs, but without programs we don’t have a good way to get the numbers or collect the data. We need

Figure 6: Brian Macharia (far right) with PEPFAR Ambassador Bix (center) and other MSM representatives from Nigeria, Cameroon, and Cote d’Ivoire, at a meeting at the MSMGF Headquarters, October 3014



funding to conduct studies,” notes David Kuria of Futures Group and the MSM elected as alternative on the CCM.

Thankfully, with Speaking Out tools and ongoing technical support from the MSMGF, networked and coordinated KAP leaders have the skills, methods, and clout to challenge data and decision-making processes. They are also becoming more capable of conducting their own research to fill some of the knowledge gaps, and to take their research findings and use them to advocate for change. “The Speaking Out process is key, and it is an ideal concept to build community strengths and confidences in advocacy and research,” says Jeffrey. He suggests that Speaking Out be rolled out in other African countries including Uganda and Tanzania. “There is a need to learn from our neighbors, and to unite under an all-Africa network. PEPFAR and the GF are not only in Kenya. A broader network or coalition would ensure that conversations in other countries with key population issues similar to Kenya were taken up.” Speaking Out, by providing the space to come together and share success stories and learnings, could serve to identify ways to open and cross borders with necessary programs and funding. “Speaking Out is a process that builds engagement. It is creative and artistic, encouraging and fun, and practical. It *must* continue.”