



Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

The MAAYGO Differentiated Service Delivery Model for Young MSM in Kisumu County, Kenya

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31 August 2021



HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



A Healthy Socially
Inclusive Community



**SOUTH TO SOUTH
LEARNING NETWORK**
The HIV Prevention Interchange

MAAYGO ORGANIZATION PROFILE



- The Men Against Aids Youth Group (MAAYGO) is a local Community Based Organization working with young gay men, bisexual men, men having sex with men, and male sex workers in Kisumu County, Kenya
- We provide comprehensive HIV prevention, care and treatment services to our target population and have integrated STI, TB screening and treatment, and GBV prevention and care in our routine services.
- Cognizant of the challenges faced by the marginalized populations we serve, we have included economic empowerment and human rights education as part of our interventions targeted at realizing inclusivity in society.

Vision: A healthy, socially inclusive community

Mission: To increase access to holistic health and rights-based services for the wellbeing of marginalized and vulnerable communities.

Challenges for young MSM (15-25 years)

- Young MSM do not test, or they delay seeking HTS services
- Hard to reach with usual HIV programming
- Fear of testing-finger pricking
- Fear of positive results
- Fear of isolation/discrimination for testing positive
- Need for parental consent
- Judgmental health workers

MAAYGO program objectives

- To increase testing rates among young MSM
- To link HIV-negative clients to prevention services and HIV-positive clients to care and treatment services
- To streamline HIV prevention, testing, linkage and treatment services that are relevant and responsive to the needs of young gay men, bisexual men, and other men having sex with men (YGB/MSM)

Strategies for DSD design and implementation

Direct Engagement, Participation and Leadership: MAAYGO Clients(YGB/MSM took the lead designing, planning and implementing the programme. Very innovative and are in a better position to come with their own solutions.

Community Centred: We mobilised YGB/MSM for focus group discussions (FGD) and one-on-one key informant interviews (KII) to incorporate their input into our program design in an interactive and creative way. We also used their input to test our intervention, modify it (iterate) and generate new ideas that are acceptable and feasible.

Use of Technology: Use of social media was key, as previous studies had indicated high presence of YGB/MSM on social platforms and dating platforms. We mapped local social media and dating sites to find the ones with high YGB/MSM usage.

Program Design 1: What services are provided?

- **Cross-cutting**
 - Online messaging and counseling
 - Peer support
- **Prevention**
 - Condoms/lubricants
 - PrEP screening, enrolment and refills
 - Risk reduction counseling
 - Provision of PEP
- **Testing and Linkage**
 - HIVST kits
 - Convention HTS
- **Care and Treatment**
 - ART refills, support groups
 - TB screening and referral
 - STI screening and treatment

Program Design 2: Where are services delivered?

- **Drop-in Center (DIC) within a Public Health Facility**
 - MAAYGO has integrated an MSM DIC within a public health facility to create a conducive environment for non-discriminatory and stigma-free services for YGB/MSM.
 - MAAYGO conducts activities at the DIC including movie Monday, coffee Tuesday, group therapies and health sessions that are attractive to YGB/MSM
 - Special hours for busy and/or closeted clients
- **Community-based services**
 - Door-to-door and courier services (mobile van, motorbike)
 - Peer education at hot spots
- **On-line services:**
 - Social media messaging and counselling on Facebook, Instagram, TikTok, Telegram, WhatsApp
 - YGB/MSM subscribe using special USSD short code

Program Design 3: Who delivers services?

- **Social Media Influencers:**
 - YGB/MSM with large numbers of followers on social media post HIV-related information/campaign adverts for reach and demand creation.
- **Peer Educators:**
 - Already trained peer educators with larger cohort create demand and increase reach through word of mouth and distribution of fliers/brochures.
 - MAAYGO has contracted 76 peer educators from different hotspots within Kisumu county (Kisumu West, East, Central and Nyakach sub counties). The peer educators are tasked to reach out to their peers at the community level with various HIV and human rights- related services. The peers are thereafter referred to the clinic (either during outreach or at the DIC) for other clinic related services.
- **DIC and health facility staff:**
 - Clinician consultation/diagnosis and treatment/HTS provider/Social worker/Adherence counsellor

Key challenges and learnings

Key Challenges

- i. Insufficient resources (budget constraints and human resources)
- ii. Perceived insecurity incidences especially for the service providers and other staff attending to GBV clients.
- iii. Shortage of commodities; STI, PrEP, condoms, ARVs, septrine, lubricants.

Learnings

- i. Increased testing
- ii. Improved retention on ART (ARV refill and PSSG)
- iii. Improved PrEP uptake
- iv. Enhanced service provision to 'hard to reach MSM' / closeted clients.
- v. Enhanced enrolment and retention

Thank You

