

Session 11b: Monitoring & Evaluation of Differentiated KP Models: Case Studies

Questions and Answers

1. How effective can every stage of HIV prevention, care and treatment cascade ultimately be when service providers or health care providers do not understand the diversity among MSM which plays an important role in differentiated service delivery?

Response: It is important to make sure training of healthcare workers starts at the training schools with a curriculum on Key Populations which unpacks this. Current 1-3 day trainings are limited. Mentorship programmes for healthcare workers on site by community organisations and Ministries helps to cover the current gap of understand. Materials development for the mentorship need to be standardized and used.

2. What are those strategies you have used to employed and ensure hotspots for MSM are effective?

Response: For us HOTSPOT are spaces where MSM socialize and can be found. These spaces could be on social media spaces, houses or clubs. We have peer leaders at every hotspot who are already known within the community. They are the leaders that play a bigger role to ensure the hotspot are favourable or effective for reach out. We have also conducted focus group discussion with MSM just to identify what is working for them.

3. '@Samuel, how do we better articulate the terms Yield, Reach and Targets without stigmatizing. Why I am asking this is these three, they signify how a program has to be funded since most of MSM Health and care services are through donor funding

Response: We can learn more from the early years of HIV across the globe. We saw people, individuals and lives being lost. There was humanity in our response. Language, as we say, is not innocent. We need to humanize our service delivery and not see people as numbers and targets. This language can be spoken and used within planning of resources providers but at community level we need to know these are people and we are to serve them while still maintaining their dignity.