

A decorative horizontal band featuring a large green triangle pointing upwards, set against a background of a colorful geometric pattern of triangles in various colors including red, orange, yellow, green, blue, and purple.

# Lessons Learned

**Service Delivery and Uptake for MSM and MSW at  
the Ishtar-MSM Wellness Community Space  
in Nairobi (Kenya)**

---

# Service Delivery and Uptake for MSM and MSW at the Ishtar-MSM Wellness Community Space in Nairobi (Kenya)

## SUMMARY

This document focuses on service delivery and uptake at the Ishtar-MSM wellness community space. It includes a description of the way in which Ishtar-MSM provides services to its clients. Ishtar-MSM offers behavioural, biomedical and structural services through the wellness community centre. Behavioural interventions focus on positive behaviour change and maintenance. Biomedical interventions focus on prevention, care and treatment services with regard to reproductive health service provision. Structural interventions create an enabling political and social environment for these interventions to be implemented effectively. The document also highlights the implementation and the achievements achieved so far in service provision and uptake at the wellness centre. The analysis and lessons learnt are highlighted along with a description of the source of the data, as well as the data collection method used. The document also highlights the way forward with regard to service provision and uptake and ends with some background information about Ishtar-MSM as an organisation.

## DESCRIPTION OF THE ACTIVITY

At the Ishtar-MSM wellness centre. MSM (men who have sex with men) and MSW (male sex workers) voluntarily access a comprehensive and client centred range of biomedical, behavioural and structural interventions. The services are categorised in the following three broad categories:

<b>Behavioural Interventions:</b> These are targeted at promoting positive and healthier behavioural choices and lifestyle.	<b>Biomedical Interventions :</b> This includes a comprehensive minimum package of services health services	<b>Structural Interventions:</b> involves the promotion of a conducive social cultural and political environment for the empowerment of the MSM community
<ul style="list-style-type: none"> <li>• Curriculum based health education sessions</li> <li>• Peer education and outreach</li> <li>• Risk assessment, risk reduction counselling and skills building</li> <li>• Literature on safer sex</li> <li>• Access to condoms and lubricants</li> <li>• Access to information through internet offered by Ishtar-MSM</li> <li>• Safe space to network with peers</li> </ul>	<ul style="list-style-type: none"> <li>• STI screening, testing and counselling</li> <li>• HIV testing and counselling and referral to HIV care and Treatment programs</li> <li>• TB screening with referrals for treatment</li> <li>• Referral for minor surgical procedures such as removal of anal warts</li> <li>• Medical advice</li> <li>• Medical referrals</li> <li>• Health information</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy with stakeholders on structural barriers</li> <li>• Prevention and response to stigma and discrimination</li> <li>• Education and effective referral for legal support</li> <li>• Capacity development</li> <li>• Provision of safe space clients</li> <li>• Community empowerment, ownership and leadership</li> <li>• Establishment of networks and partnerships with the government, donors and other stakeholders to ensure support, continuity and sustainability of the Centres.</li> </ul>

All interventions are provided in a client centred enabling environment that protects the basic human rights of the client and protects client confidentiality. The wellness centre is managed and run by members of the MSM/MSW community who constitute of nine full time staff. The organisation is further supported by 50 volunteers, who are trained as peer educators. Ishtar-MSM has been able to procure funding from various donors to sustain its operations. The current donors include UHAI, MSM GF, Global Fund, AIDS Alliance, DANIDA, AMFAR, COC Netherlands and LVCT Health.

Ishtar-MSM concentrates on providing health services for MSMs and MSWs in order to bridge the existing gaps and lower vulnerabilities for this population segment. MSM have been identified as a segment of key population that are generally highly vulnerable to HIV infection. The Kenya AIDS Indicator Survey (KAIS 2012) indicates that MSM contribute up to 15.2% of all new HIV infection. In some instances, physical safety for male sex workers who identify as MSM, has been breached. It is almost impossible to provide prevention services to MSMs and MSWs without creating a sense of safety for them, a place that is secure and convenient to them. It is against this background that the wellness centre caters exclusively for the needs of MSWs and MSMs. The Ishtar-MSM wellness centre is that safe space that MSMs and MSWs access health services without experiencing stigma or/and discrimination. Every year, Ishtar-MSM has a target of reaching 2,550 MSMs and MSWs.

## IMPLEMENTATION AND ACHIEVEMENT

Since the inception of the Ishtar-MSM wellness centre, 3,586 clients have benefited from its services. Of these 3,586 clients, 69% have received services from the wellness centre this past one year. The client mobilisation strategy used by the centre involves having trained 50 peer educators who are allocated a cohort of 50 peers. The peer educators are also assigned peers based on 117 hotspots that have already been mapped out by Ishtar-MSM. The peer educators support these peers by mobilising them to access services at the centre once every quarter.

*"I feel very empowered, being a part of Ishtar-MSM. ISHTAR is like family to me. I have learnt to accept myself through interacting with my peers. I have gotten a platform to acquire and share information on HIV and health with my peers. I am more self-confident, I have developed my leadership and communication skills."* - Peer Educator

*"The services provided at the Ishtar-MSM community wellness centre are very useful. The most exciting service was the mobile ambulance which enables us to access services in a confidential manner during outreaches. STI screening and treatment helps us to prevent and manage STI infection. Condoms help us to prevent STI and HIV infection"* - Beneficiary

*"When I came to the wellness centre, I was empowered on matters to do with HIV. I was encouraged to remain HIV negative through safe sex, condoms, regular health check-ups and having a faithful partner. Peer educators also helped me to come out of the closet. The health education provided here is the best I know, they offer realistic health education. I really enjoy the sessions."* - Richard, beneficiary.

*"It was difficult for me to access condoms and lubricants. Even when I had the money, the providers would act funny, but now I can access them easily and freely from the Ishtar-MSM community centre. In other centres, there is discrimination but at the ISHTAR Wellness centre I am well accepted"* - Beneficiary.

Based on audited reports, Ishtar-MSM has had increasing funding over the past three years. From 2013 to 2014, funding increased by 150% and from 2014 to 2015, funding was further increased by 65%.

The resources needed for management of the wellness centre include financial resources, professional service providers such as the project coordinator, nurse, HIV testing and counselling nurse, administrator, accountant, receptionist and peer educators. There is also need for adequate supplies such as test kits, as well as a well maintained safe space at the centre.

Initially, Ishtar-MSM had the challenge of mobilising clients into the wellness centre. However this was overcome by using the peer educators who in turn use the snowballing technique to grow their cohorts and introduce them to the wellness centre. Another strategy that Ishtar-MSM has used to solve the challenge of mobilisation includes the organisation of periodic outreaches in the hotspots so that services are brought closer to the client. The introduction of the outreach van was a game changer because this meant that clients could access services in a professional and private environment during community outreaches. Social media avenues such as twitter and Facebook have enabled Ishtar-MSM to constantly interact with their networks.

The evolution of these strategies has resulted in an increase in the number of MSMs and MSWs reached by Ishtar-MSM.

There is however the challenge of reaching some hard to reach segments of the population such as MSMs and MSWs who are underage or those who do not fall within the already identified 117 hotspots. The beneficiaries also feel that there is need to address psychosocial counselling for trauma, depression and disclosure, for its members. This is due to the fact that MSMs and MSWs often struggle with self-acceptance, stigma and discrimination as well as disclosure. There is also need to have a program that handles problematic substance and alcohol use. The current program does not cater for issues beyond reproductive health. The centre can be more responsive to client needs by providing treatment for HIV, TB and other opportunistic infections, as well as provision of Post Exposure Prophylaxis and laboratory services. Member of the MSM community also feel that they would benefit greatly by having legal support to ensure that their legal and health rights are protected.

## **ANALYSIS AND LESSONS LEARNT**

### ***To what extent has the activity worked as intended?***

Ishtar MSM has also succeeded in mobilising clients to the community wellness centre for service uptake. The assumption was that if MSMs and MSWs had access to services, the HIV prevalence and rates of STI infection would reduce. It was also assumed that having service providers being drawn from the population of MSMs would make clients feel comfortable about accessing services at the wellness centre. This has worked as intended because beneficiaries confirmed that they are comfortable accessing services at the Ishtar-MSM centre where they know they are fully accepted. If the services offered at the wellness community centre were more comprehensive, then less clients would be lost to follow up after being referred to other facilities.

## **PROCESS**

During this lessons learned documentation process Ishtar- MSM engaged four key informants to provide information about service delivery and uptake. The key informants have interacted with ISHTAR as external partners. They are representatives of National AIDS Control Council (NACC), LVCT Health, Kenya AIDS vaccine initiative (KAVI) and National AIDS and STIs Control Program (NASCOP). There were two sets of focus group discussions. The first focus group discussion consisted of ten Ishtar-MSM peer educators, and the second consisted on ten Ishtar-MSM beneficiaries. Information was also gathered from Ishtar-MSM staff. From the key informants and the two focus groups, Ishtar-MSM needed to establish whether the community wellness centre was effective in mobilising and delivering services to its clients. From the staff, Ishtar-MSM wanted to find out the progress made in regard to service uptake, from the point of view of a service provider.

Ishtar-MSM learnt the following

Source of information	Lessons learnt
Key informants	<ul style="list-style-type: none"> <li>• The presence of Ishtar-MSM has provided good models for comprehensive service delivery for MSMs.</li> <li>• Other LGBTI organisations can learn some best practices from the Ishtar-MSM wellness centre.</li> </ul>
Peer educators	<ul style="list-style-type: none"> <li>• Peer Education is the backbone of services at the wellness centre.</li> <li>• The wellness centre has enabled MSMs and MSWs prevent and manage HIV and STI infections.</li> <li>• The wellness centre is a social hub that provides useful networks for its members.</li> <li>• Peer education is also a marketing strategy for Ishtar. It creates awareness about Ishtar.</li> <li>• Ishtar wellness centre is more friendly and services at Ishtar are better compared to those offered in other mainstream facilities.</li> <li>• MSMs and MSWs find it easier to confide in a fellow MSM peer educator as opposed to the general population who may not relate to MSM and MSW issues</li> <li>• It easier to do snowballing using peer education so as to reach more clients</li> <li>• Mobilization by peer educators and community outreaches make it possible for clients to access services at the wellness centre.</li> <li>• The challenges at Ishtar MSM include the need to address psychosocial counselling, for trauma, depression, disclosure and problematic alcohol and substance use.</li> </ul>
Community wellness centre beneficiaries	<ul style="list-style-type: none"> <li>• The services offered at the Ishtar-MSM wellness centre are useful for the MSM and MSW community.</li> <li>• The most exciting service was the mobile ambulance, which ensures that clients access services in a confidential manner during community outreaches</li> <li>• STI screening and treatment helps MSMs and MSWs to prevent and manage STI infection</li> <li>• Peer Educators at Ishtar-MSM have helped the community to accept themselves and their sexuality, to know that there is life beyond being MSM.</li> <li>• Condoms and lubes enable clients to practice safer sex practices. Socialising and networking helps the community to share to experiences to help each other cope with life experiences. Those living with HIV can encourage those who are also living with HIV.</li> <li>• Peer educators encourage MSMs and MSWs with the message that being MSM does not make one any less human. Peer Educators are like shields and protectors. If members of the community are stigmatized, peer educators are always there to intervene.</li> <li>• The Ishtar-MSM wellness community centre should have additional services; HIV treatment, PEP, Psychological counselling, problematic alcohol use interventions, and laboratory services</li> <li>• Beneficiaries are not always comfortable about being referred for services yet the wellness centre could offer these services</li> </ul>

Ishtar-MSM staff	<ul style="list-style-type: none"> <li>• The wellness centre provides services to MSMs/MSWs, who are otherwise stigmatized by the general population and other services providers.</li> <li>• The Ishtar-MSM centre is working towards being a centre of excellence from which other likeminded partners can pick lessons on how to do MSM programming.</li> <li>• There is need to provide laboratory services because syndromic management may lead to misdiagnosis, and clients are sometimes lost to follow up after referrals.</li> <li>• Peer educators are the ambassadors of the wellness centre. Their mobilization has ensured a steady stream of client to the wellness centre. Clients usually feel very comfortable dealing with MSM peer educators. The clients trust them easily.</li> <li>• While some civil society organisations have been allies to the MSM and MSW community with regards to promoting friendly policies, the religious bodies are keen on blocking these policies. The cultural perceptions in Africa are not sexual-minority friendly.</li> <li>• There is need to come up with strategies to reach those who are under 18 years of age, as well as couples.</li> <li>• It is necessary to provide laboratory services for clients for better diagnosis and management of their health.</li> <li>• There is need to conduct a hotspot validation exercise. Hotspots are the areas where MSM and MSW can be located, and there is need to do a validation exercise to ascertain whether this has changed since the last hotspot mapping exercise.</li> </ul>
------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

In summary, Ishtar-MSM has made great strides in advocacy and policy engagement. However there is need to build the capacity of the community to increase the efficacy and effectiveness of the advocacy. The Ishtar-MSM community centre is innovative brilliant idea that is appreciated by beneficiaries and stakeholders alike. There is need to scale up the services, so that the focus goes beyond prevention services to cater for a broader range of wellness needs.

## WAY FORWARD

Ishtar-MSM seeks to be a centre of excellence in the provision of comprehensive services to its members. It is hoped that partners wishing to do MSM programming will be able to adapt best practice and learn from the Ishtar-MSM centre.

Specifically, Ishtar-MSM would like to add the following services to their wellness centre so as to provide a comprehensive package of service to its clients. The additional services that Ishtar-MSM proposes to have are classified as follows.

Behavioural Interventions	Biomedical Interventions	Structural Interventions
<ul style="list-style-type: none"> <li>• Risk assessment, risk reduction counselling and skills building</li> <li>• Referral for psychotherapy</li> <li>• Literature on safer sex</li> <li>• Educative video/TV programs</li> </ul>	<ul style="list-style-type: none"> <li>• HIV care and Treatment programs</li> <li>• Problematic substance use counselling</li> <li>• Provision of minor surgical procedures such as removal of anal warts</li> <li>• Pre-exposure prophylaxis</li> <li>• Post- exposure prophylaxis</li> <li>• Psychological counselling</li> <li>• Laboratory services</li> <li>• Voluntary Medical Male Circumcision</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention and response to violence</li> <li>• Linkages to income generating activities and career progression programs</li> <li>• Linkages to micro-finance institutions</li> <li>• Family and social support</li> </ul>

Ishtar-MSM needs to focus on securing funding to scale up the services provided in the wellness centre, in alignment with the Ishtar-MSM guidelines as well as the national guidelines for key populations programming.

## ORGANIZATIONAL BACKGROUND

When Brother Diano, a Marianist missionary, first organised for the staging of the play Cleopatra in Nairobi, he was seeking to respond to the pastoral needs of the homosexual community in Nairobi. This created an avenue for the creation of an atmosphere of trust and openness regarding homosexuality in Kenya. This resulted in the formation of Ishtar-MSM which was initially made up of Male sex workers, but which later grew into a self-help group that caters for the needs of MSMs and Transgender women. Ishtar-MSM is currently a Kenyan based MSM led; MSM ran organization that promotes full sexual health rights and social wellbeing for MSM and MSWs in Kenya. Ishtar-MSM provides services exclusively to MSMs and MSWs, through their Ishtar-MSM Wellness centre.

The Ishtar-MSM wellness centre is based in Nairobi, Kenya. Ishtar-MSM also has presence in 117 hotspots in Nairobi identified as zones where MSMs and MSWs hang out. Ishtar –MSM organises regular outreaches to these hotspots in order to bring the services closer to clients.

Ishtar-MSM has four key performance areas. These are:

- 1. Service delivery;** involves provision of a comprehensive range of client centred health services which are broadly categorized as behavioural, biomedical and structural interventions.
- 2. Community development;** empowerment of individual members and groups. Members benefit from skills transfer sessions, technical assistance, resources and information which build their competencies and increase sense of personal agency.
- 3. Advocacy;** involves promoting environments that support the human and health rights of MSMs. Ishtar aims to promote locally generated advocacy initiatives that influence the structural dynamics that impinge on the ability of MSM to access health services as well as enjoy basic human rights.
- 4. Research;** involves conducting and disseminating research which touches on issues affecting the MSM community.

### Vision of Ishtar-MSM

Fulfilling sexual health for men who have sex with men in Kenya.

### Mission of Ishtar-MSM

To advance sexual health of men who have sex with men through service delivery, community development, advocacy and research in Kenya.

### Contact Details

Ishtar-MSM

P O Box 13005 – 00100

NAIROBI, Kenya

Tel No: +254 20 2497228

Email: [info@ishtarmsm.org](mailto:info@ishtarmsm.org)

[www.ishtarmsm.org](http://www.ishtarmsm.org)



## Lessons Learned publications in this series:

43. Raising awareness of stakeholders and mobilization of transgender and intersex communities
42. LGBTI refugee programme
41. Advocating against draft anti-LGBT legislation in Kyrgyzstan
40. Integrated Training for Health Care Providers in South Africa
39. A comparison of urban and rural LGBT support groups in Botswana
38. Identifying gaps to focus on in future work through community dialogues with law enforcement, healthcare workers, students and rural villages in Lesotho
37. Creating access to health services for LGBT Community in primary health care settings in the four regions of Swaziland.
36. Lessons learned at Equidad's HIV/STI testing centres for MSM in Ecuador
35. Raising awareness in the face of ignored deficiencies in the National Police Force of Panama
34. Safety for human rights advocates and defenders in the Central American context
33. Health Care Providers' sensitization and capacity development; and community mobilization through arts and theatre in Lusaka (Zambia)
32. Moving beyond individual counselling of LGBTI people to address central psychosocial issues on community level in Tshwane (Pretoria)
31. Bonela Challenging structural barriers through the Gender and Sexual Minority Rights Coalition in Gaborone (Botswana)
30. CEDEP Advocacy Approaches in Malawi
29. GALZ Lessons learnt amongst MSM in the uptake of Male Circumcision (Zimbabwe)
28. Uptake of Post-Exposure Prophylaxis (PEP) by Men who have Sex with Men in Tshwane (Pretoria).
27. OUT's Peer Education Programme for MSM / LGBT's in Tshwane, Pretoria
26. The Pink Ballot Agreement
25. Peer Education Programme (Malawi)
24. Schorer Monitor
23. Health, culture and network: Interventions with homosexuals living with HIV/AIDS at Rio de Janeiro polyclinics
22. Telling a story about sex, advocating for prevention activities – informational materials about safe sex and harm reduction for gay men and MSM from 14 to 24 years.
21. Mainstreaming of LGBTI/MSM/WSW issues in all areas of service provision: Empowering Service Providers and Policy Makers in Botswana through trainings
20. Now we are talking! – Developing skills and facing challenges.
19. Towards a Comprehensive Health Care Service Model for Transgender People in Ecuador
18. Comparative analysis and account of the outreach process to implement a method to change behaviors of youngsters with homo/lesbo erotic feelings in Costa Rica
17. Methodology for behavioral change in teenagers with same sex feelings, from the Greater Metropolitan Area, in Costa Rica
16. Breeding Ideas: building up a young peer educators' network.
15. Prevention Images: notes about a photography workshop with young MSM and people living with HIV/AIDS in Rio de Janeiro
14. Advocacy campaign to prohibit hate lyrics targeted at men having sex with men during a dance hall concert in Suriname.
13. Interactions between young multipliers and young gays and bisexuals in internal and external activities in Rio de Janeiro (Brazil).
12. Information Stands: Prevention Project aimed at young gay men from Tegucigalpa (Honduras)
11. Ndim'lo (This is me) Photovoice with lesbian and bisexual women in the Western Cape, South Africa
10. Me&3 Campaign for lesbian and gay individuals in Pretoria (South Africa)
9. Sensitization of the National Police by transgender organizations in Ecuador
8. Exercising 'Knowledges': Implementing training and prevention activities.
7. Public Incidence Activities: In search of public spaces accessible to teenagers with same sex feelings in the Greater Metropolitan area of Costa Rica. "Specific Case: Incidence with the National Institute for Women - INAMU - Costa Rica"
6. My body, your body, our sex: A Sexual Health Needs Assessment For Lesbians and Women Who Have Sex With Women, Durban, South Africa
5. Working with buddy groups in Zimbabwe
4. 'MAN TO MAN', a joint approach on sexual health of MSM in the Netherlands via the Internet
3. Lessons learned from project "Visual information on sexual health and the exercise of citizenship by the GLBTI beneficiaries of the Organization in Quito, Ecuador".
2. Coffee afternoons: Prevention Project aimed at young gay men from Tegucigalpa (Honduras)
1. Womyn2Womyn (W2W) quarterly open day, for lesbian and bisexual (LB) women at the Prism Lifestyle Centre in Hatfield, Pretoria (South Africa)

available at:

<http://lessons-learned.wikispaces.com/English>

ISBN: 978-90-6753-043-9