



# Lessons Learned

Advocacy and Policy Engagement by Ishtar-MSM  
in Nairobi (Kenya)

---

# Advocacy and Policy Engagement by Ishtar-MSM in Nairobi (Kenya)

## SUMMARY

This lessons learnt document focuses on policy engagement by Ishtar-MSM. Ishtar-MSM engages in advocacy and policy engagement by being the link between the MSM (men who have sex with men) and MSW (male sex workers) community members and policy makers. Through policy engagement, Ishtar-MSM advocates for meaningful involvement of MSM and MSW in health programming. Ishtar-MSM also champions for the inclusion of MSM issues at the policy making level. This activity is aimed at promoting environments that support the human and health rights of MSM and MSW. Although great strides have been made to ensure that MSM and MSW issues are represented in policy formulating forums, there has been lack of support for MSM and MSW to access policy making forums. MSM and MSW also lack the capacity to clearly articulate the agenda items that concern their community in these forums. For effective advocacy, it is necessary to identify the key issues to be championed to ensure the political and social environment allows for equitable access to services for MSM and MSW. To build the capacity of more MSM and MSW in the area of advocacy and policy engagement, Ishtar-MSM developed a tool kit for MSM-led HIV & AIDS Advocacy for use in Kenya, called the Speaking Out Advocacy tool kit.<sup>1</sup>

## DESCRIPTION OF THE ACTIVITY

Ishtar-MSM is involved in advocacy and policy engagement at local, national and international levels. It is the representative voice that relays key messages from its community members to policy makers in local, national and international forums. The involvement of Ishtar-MSM enables policy making bodies such as National AIDS Control Council (NACC) and National AIDS, STIs Control Programs (NAS COP) to include MSM/MSW issues in their policies discussions. Ishtar-MSM does the advocacy by having able representatives being part of the policy discussion forums.

1. [http://msmgf.org/wp-content/uploads/2015/11/speaking\\_out\\_toolkit\\_kenya2013a.pdf](http://msmgf.org/wp-content/uploads/2015/11/speaking_out_toolkit_kenya2013a.pdf)

Policy and advocacy is critical in health programming for MSM and MSW because this population segment had initially been left out of programs planning and implementation. Ishtar-MSM has also developed a tool kit for MSM-led HIV & AIDS advocacy for use in Kenya. During this activity fifteen MSM advocates were trained and tasked with implementing the Speaking Out Advocacy Toolkit in Kenya. This Kenya MSM advocacy toolkit equips individuals and organisations with skills and techniques to be advocates who champion and articulate MSM issues.

Ishtar-MSM focuses on policy engagement and advocacy because MSM and MSW continue to encounter challenges in accessing their health and legal rights. This has made it difficult to have successful prevention programs for this segment of the population in the past. Same sex liaisons are considered illegal and are highly stigmatized. Research has also shown that homophobia has a significantly negative impact on HIV prevention interventions. MSM are often denied their rights and access to health care and protection thus increasing their susceptibility to infection and morbidity.

## IMPLEMENTATION AND ACHIEVEMENT

Ishtar-MSM is a member of the NAS COP Technical Working Group. This level of advocacy has resulted in safe sex commodities being made available to MSM and MSW. There is also engagement with NACC on health programming for key populations. Ishtar-MSM has also represented Kenyan MSM and MSW in forums such as ICASA and there have been opportunities to demonstrate best practices in health programming for MSM and MSW with various stakeholders, such as the Organisations of the International HIV/AIDS Alliance. Ishtar-MSM was part of the advocacy stakeholders who ensured representation of the MSM and MSW community in the Kenya AIDS Strategic Framework (KASF) and the Kenya National Strategic Plans (KNASP III). KASF and KNASP III are the national frameworks that provide guidance for health and HIV programming in Kenya. Through advocacy by Ishtar-MSM, lubricants and condoms for the community are currently funded by the government of Kenya. As part of a larger group of key players, Ishtar-MSM has worked with the African Union to advocate for decriminalisation of sexual minorities in Africa. This advocacy is aimed at ensuring that the MSM community will have access to their human rights irrespective of their sexual orientation. The MSM/MSW community has been recognized as part of key population in HIV prevention, in policy documents such as in the WHO service guidelines and PrEP guidelines through engagements with Ishtar-MSM and other likeminded organisations.

*“Ishtar has been very instrumental in creating visibility and relevance of the MSM/MSW community as a key population in HIV prevention efforts at national and international level through its ardent engagement with policy makers.”*

-Martin Mwangi, LVCT

*“Advocacy is finally translating into practice. Health Programs are reaching the MSM community with information. We have come from far. Today, we have service points and programs that focus on MSM is a hug step in the right direction. It wasn’t like this five years ago.”*

- Macland, Ishtar MSM community wellness centre.

To deal with the issue of lack of capacity in advocacy, Ishtar-MSM developed a tool kit for MSM-led HIV & AIDS Advocacy in Kenya. Since the training, the tool kit has been used by some of the advocacy champions to engage the county health Government officials in Kenya, on issues concerning MSM.

## **ANALYSIS AND LESSONS LEARNED**

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

Ishtar-MSM has managed to demystify MSM and MSW issues to policy makers and stakeholders. The assumption was that if there was sufficient representation, the social and legal environment in Kenya would allow for equitable access to health and legal rights for MSM and MSW. This has been achieved to a certain extent because there are now MSM/MSW friendly policies and there are facilities that cater for the needs of these populations. If Ishtar-MSM was to start the advocacy and policy engagement all over, there would be greater focus on building the capacity of MSM and MSW in this area at the initial stages to give more power to the representative voice.

## **PROCESS**

In this lessons learned documentation process Ishtar-MSM engaged four key informants to provide information about advocacy, policy engagement and service uptake. The key informants have interacted with Ishtar-MSM 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 (NAS COP). 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, Ishtar-MSM needed to establish whether it was effective in advocacy and policy engagement, and if so, to what extent. Through the two focus groups, Ishtar-MSM needed to establish the impact of policy and advocacy.

Ishtar-MSM learnt the following

Source of information	Lessons learnt
Key informants	<ul style="list-style-type: none"> <li>• Ishtar has taken part in the National policy making forums which have led to the discussion and inclusion of MSM/MSW as key populations in health programming.</li> <li>• Ishtar has been part of critical policy developments at national and international level</li> <li>• Some of the challenges involved in engaging MSM/MSW in policy and advocacy include low capacity for self-agency and low organizational capacity.</li> <li>• Ishtar has been very instrumental in creating visibility and relevance of the MSM/MSW community as a key population in HIV prevention efforts at national and international level through its ardent engagement policy and creativity in informing and educating fellow peers and the policy makers.</li> </ul>
Peer educators	<ul style="list-style-type: none"> <li>• Peer educators are the backbone of the Ishtar-MSM programs and the wellness centre. They provide a valuable linkage in policy and advocacy, being the link between the community and the organisation. The involvement of the peer educators ensures that the advocacy messages from the community are a true representation of the community.</li> </ul>
Community wellness centre beneficiaries	<ul style="list-style-type: none"> <li>• The policy and advocacy activities that Ishtar-MSM has been engaging in have resulted in service provision for the community members. Commodities such as condoms and lubricants are now available through the government as a result of the advocacy and policy that the organisation engages in.</li> </ul>
Ishtar-MSM staff	<ul style="list-style-type: none"> <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> </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.

## WAY FORWARD

To ensure that policy engagement and advocacy has been scaled up, Ishtar-MSM hopes to build the capacity of MSM and MSW to increase their level of agency and enable them to effectively engage in policy and advocacy.

## 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 MSM 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 MSW in Kenya. Ishtar-MSM provides services exclusively to MSM and MSW, through their Ishtar Wellness centre.

The Ishtar-MSM wellness centre is based in Nairobi, Kenya. Ishtar also has presence in 117 hotspots in Nairobi identified as zones where MSM and MSW hang out. Ishtar 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 MSM. Ishtar-MSM 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:

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