JULY 31, 2017

ISHTAR - PROGRAMME REVIEW REPORT

2014-2016

ISHTAR MANAGEMENT
Nairobi

Acronym:

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy.
CASCO	County AIDS and STI Coordinator
CD4	Cluster of Differentiation 4
GALCK	Gay and Lesbian Coalition of Kenya
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IEC	information education communication
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSM	Men who have sex with men
NASCOP	National AIDS and STI's Control Programme
PLHIV	People Living With HIV
SD	Strategic Directions
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted infections

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Section A: Organization Profile:

Our Identity:

Ishtar MSM was formed in 1997 after the staging of the play "Cleopatra" at the Kenya National Theatre which was later registered in 2010 as a community based organization. This was as a means of creating an entry point to the lives of Men who have Sex with Men [MSM] in Nairobi and developing an atmosphere of trust and openness. The organization has over time developed strong allies through partnership and networks such as in the Gay and Lesbian Coalition of Kenya [GALCK]. The organization as at December 2016 have 8 full time staff, 5 locum outreach workers, and 70 trained peer educators who are volunteers.

Vision:

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

Mission:

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

Key performance areas (Scope of Work):

Section B: Programme performance review Approach (2014-2015)

Programme mid-term perfomance review was done based on organizations pillar's thematic area. The scope and focus of this process was to explore the short-term outcomes of the projects implemented under the strategic plan 2014-2019. The aim was to provide feedback on performance of our programme to inform planning and improve implementation. This process facilitated an understanding amongst ISHTAR MSM management and stakeholders towards, reprogramming, integration efficiency, and relevance/appropriateness of the projects in current HIV response, coordination and scale-up of the programme.

Model of programme performance review

Figure 1: Model of programme performance review

Section C: Our performance 2014-2016

This section outlines the results of review of the strategic plan 2014-2019 (programme management) in the four strategic pillars namely:

- Pillar 1: Service delivery
- Pillar 2: Community development
- Pillar 3: Advocacy
- Pillar 4: Research

Pillar 1: Service Delivery

HIV in Kenya is characterized as a generalized epidemic among the adult population but has a more concentrated epidemic among key populations who are considered to be at a heightened risk of HIV acquisition and transmission. In Kenya, these key populations include female sex workers (FSW), male sex workers (MSW), men who have sex with men (MSM) and people who inject drugs (PWID). Although progress has been made to reduce the incidence and prevalence of HIV in the general population, evidence shows that these gains may be reversed if a concerted effort is not made to reduce HIV transmission among the key population at greater risk of HIV[1].

[1] KASF 2014-2019

The main goal of service delivery at Ishtar MSM is to provide effective, prompt, and appropriate health services including HIV prevention, treatment, care, and support services for MSM as shown in the figures 2-6 below.

i. Number Reached:

Community mobilization activities and community-based services for MSM were done at interpersonal, community and wellness center levels. The following were reached by peer educators:

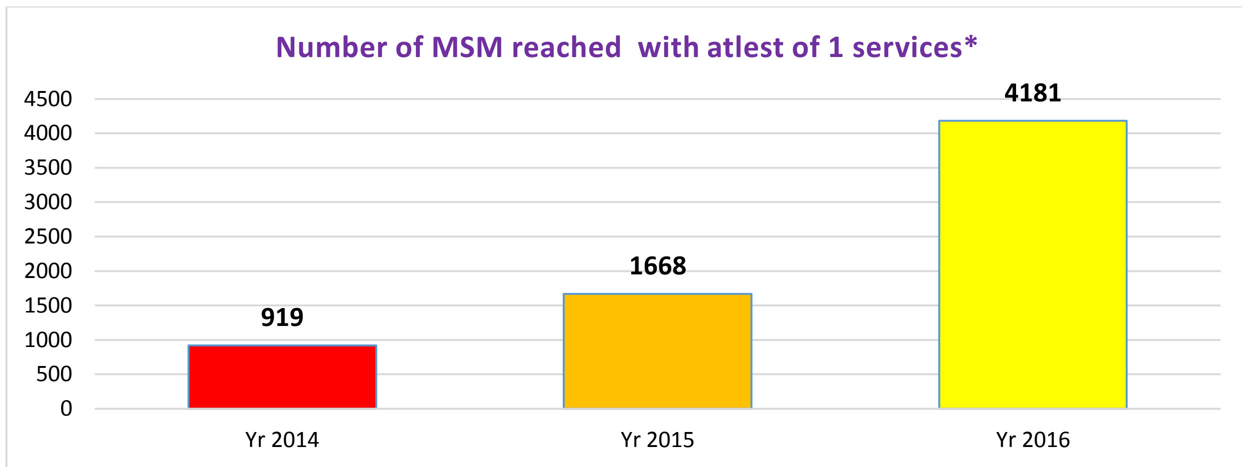

Figure 2: Number of MSM reached 2014-2016

**Condoms or lubricants (or both); HTC; ART ;STI screening; STI treatment; IEC materials; Health education; Psychosocial support and Harm reduction vservices.*

ii. HIV positivity rate:

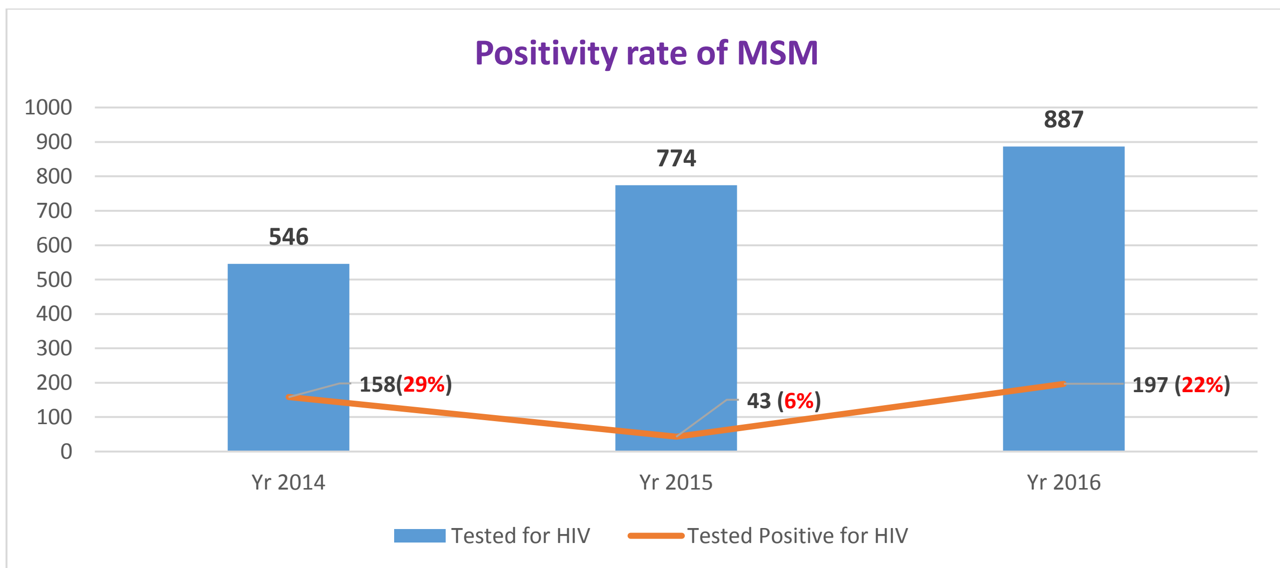

Figure 3: HIV positivity rate (programme data)

Clients who received an HIV diagnosis through our testing services were linked to treatment and care services within our referral network in Nairobi County.

iii. STI Screening and treatment:

A syndromic screening was done to all MSM accessing medical care. STI treatment drugs were made available in the wellness center and where necessary referrals were made.

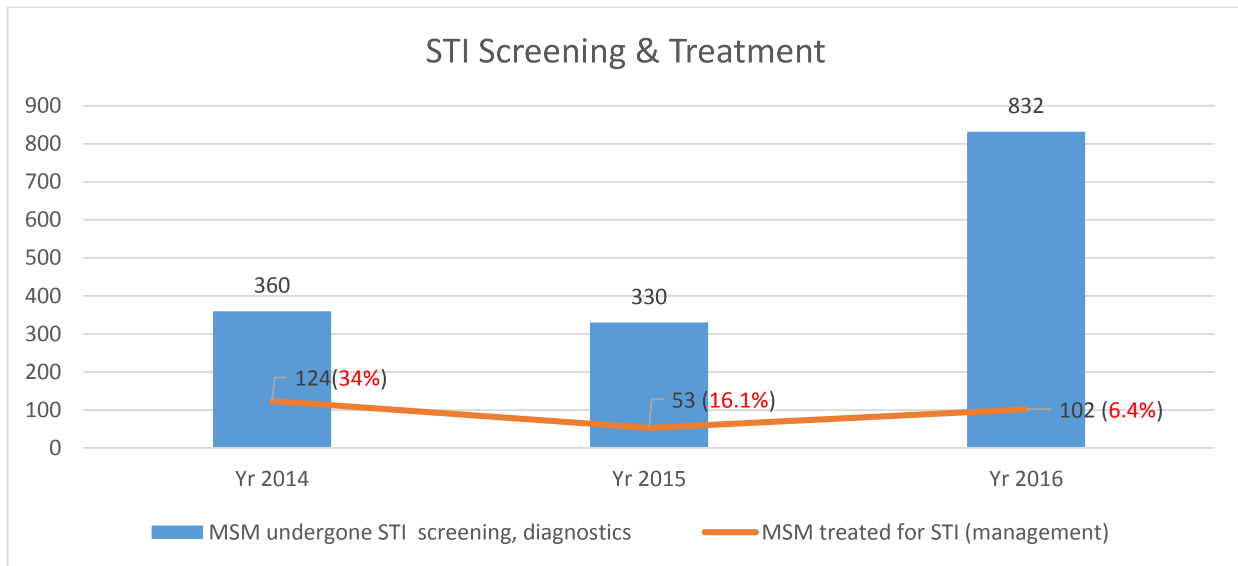

Figure 4: STI screening and Treatment

iv. Condom and Lubes uptake:

On average of the three years, the ratio of condoms to Condom compatible lubricants distribution was 1:1.1 respectively

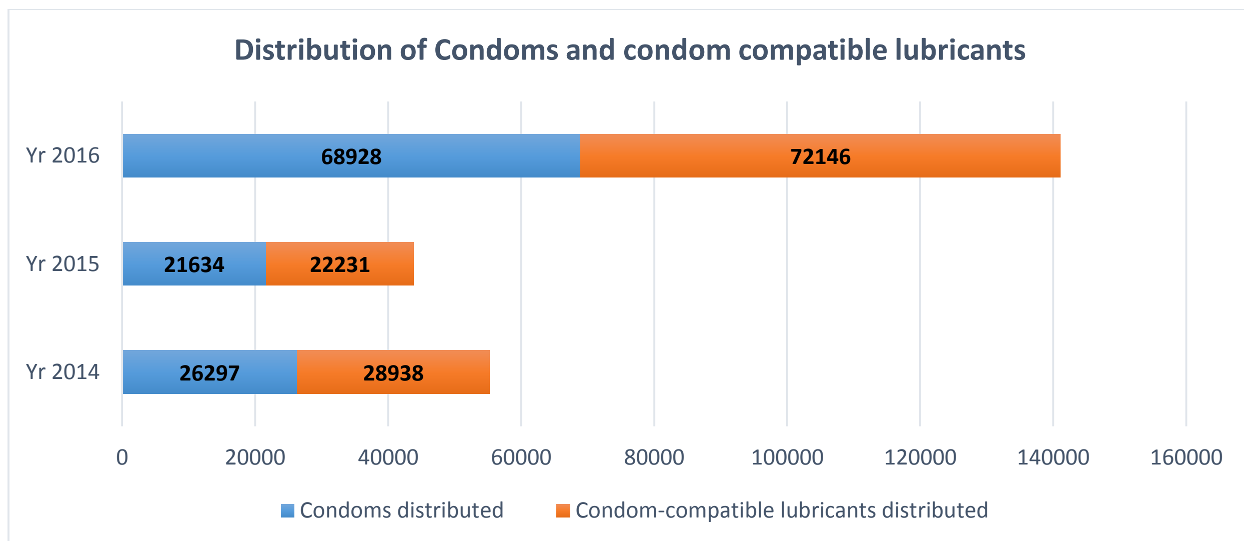

Figure 5: Condoms and Lubes uptake

v. HIV/ SRHR (IEC) Material distributed:

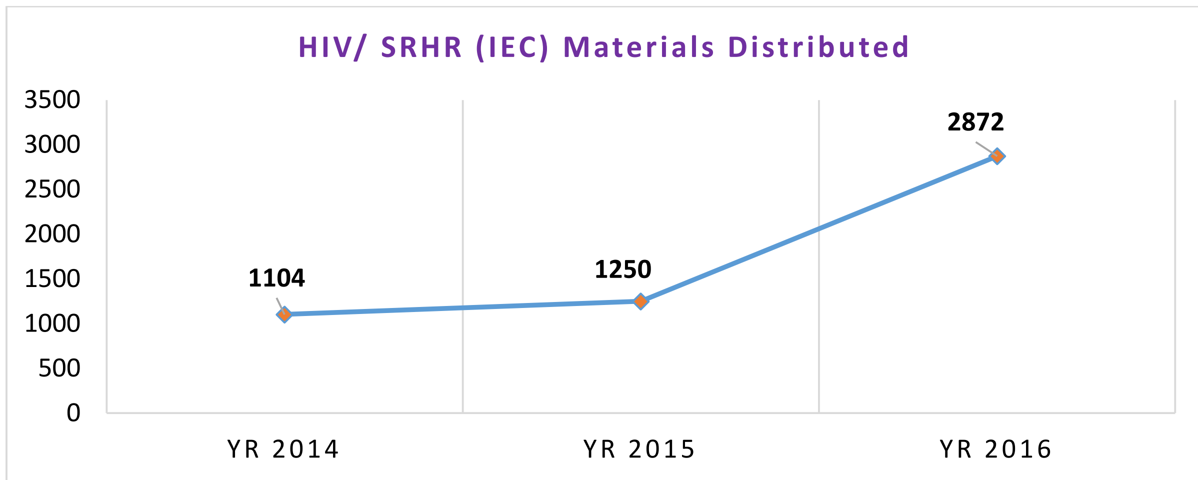

Figure 6: Distribution of IEC materials

Pillar 2: Community development

ISHTAR has a vibrant MSM led peer-education program. A total of 70 peer educators have been trained in 2014-2016 using the Peer Education Curriculum "My Life, My Power". *This established and fostered partnerships that achieved positive outcomes for the MSM community.* It also supported and strengthened individual community members to identify needs and develop solutions at a local level. This involved advocacy, empowering people in action, education, awareness raising and distribution of resources among members.

i. Number of MSM enrolled in Health forum.

Structured health talks on HIV combination prevention interventions with bias to general well-being of MSM were conducted at the Wellness Center and during outreaches to improve livelihood of the MSM members and their close contacts.

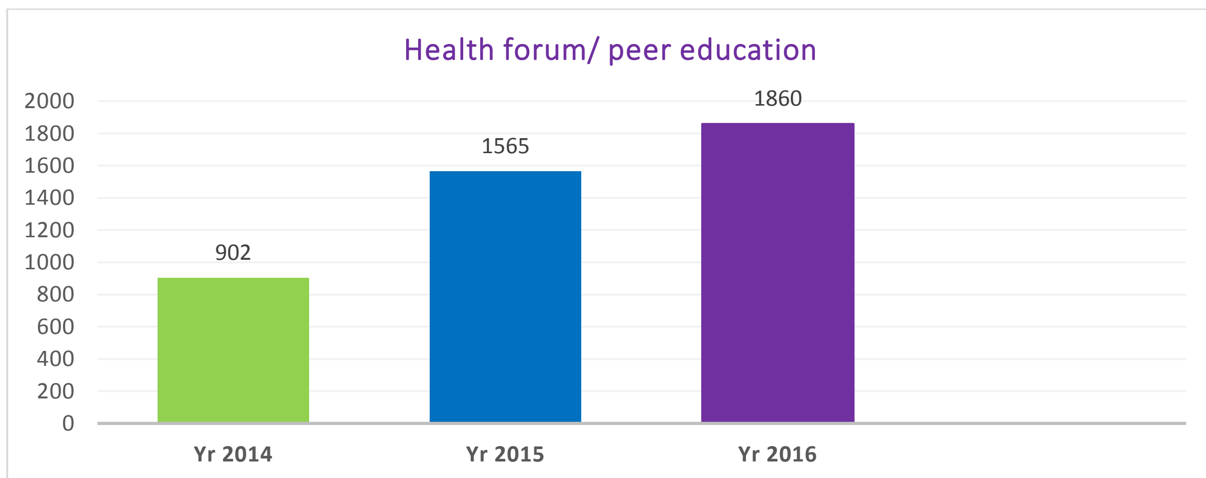

Figure 7: Health Forum/ Peer Education

ii. Number of MSM close contacts benefiting from services:

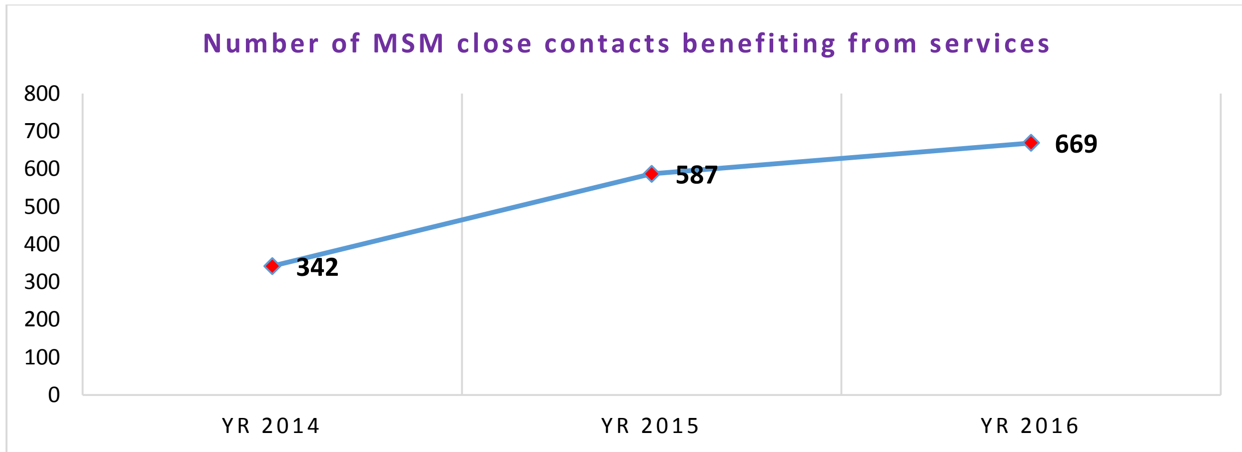

Figure 8: MSM close contacts beneficiaries

Pillar 3: Advocacy

Ishtar-MSM recognizes that advocacy is an important strategy for creating environments that supports and promotes MSM health care rights focusing on the availability, safety and quality of care. Under this key strategic area, Ishtar aims to develop and implement locally generated advocacy initiatives to address the issues identified and, more broadly, to influence structural factors that impinge upon the ability of MSM to access HIV services and fulfill their human rights.

i. Number o f SMS and Faceebok posts for awareness creation:

Public communications campaigns that used media and targeted messaging on health through right based approach was used. This entailed an organized set of communication activities to generate public social desirability of equal access to universal health for MSM. They addressed the issues of stigma, discrimination, and creating awareness on the health needs of MSM. This is as shown with the following reach in figure 9:

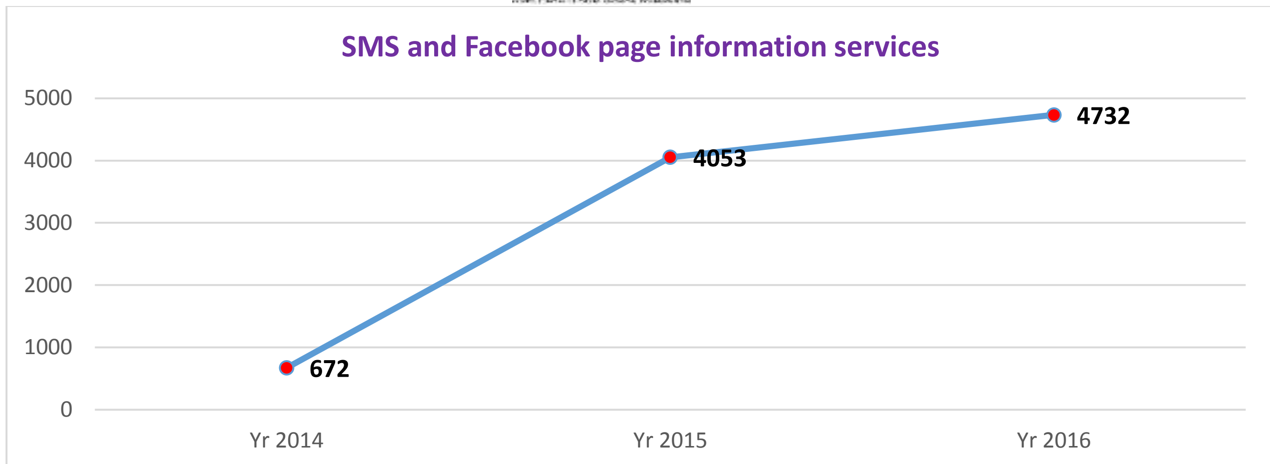

Figure 9: SMS & Facebook information dissemination

ii. Advocacy among different stakeholders

There was a great deal of 'educational advocacy' going on through MSM networks to 'educate' and 'sensitize' key stakeholders, including health care workers, religious leaders and the policy makers in different segments. As a result, many MSM-led groups report shifts in attitudes and responsiveness within health care facilities, among police, religious and cultural leaders, but primarily at community level in Nairobi. During the reporting period we managed to reach different stakeholders as shown in figure 10

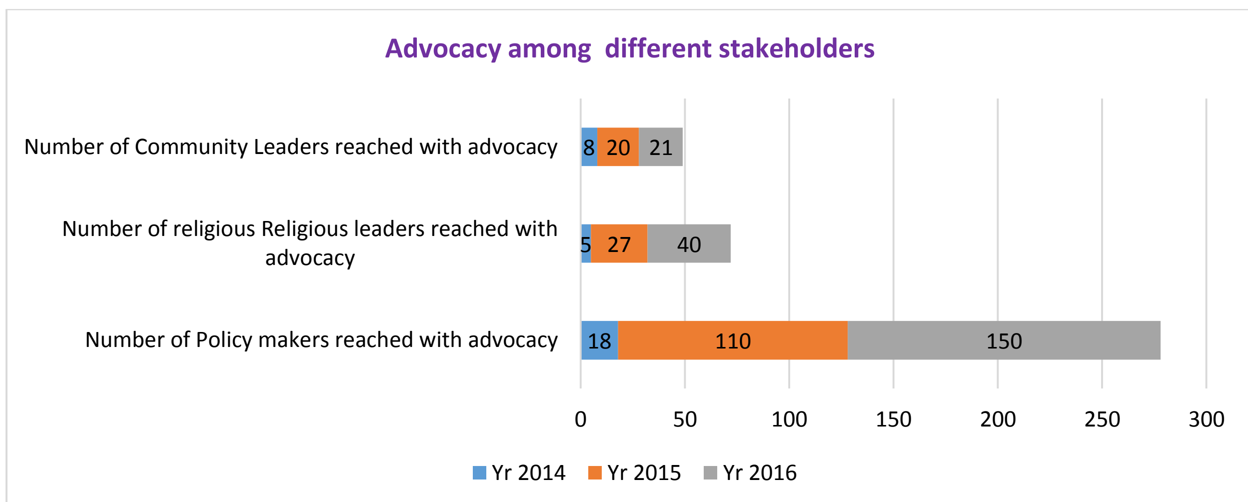

Figure 10: Advocacy among different stakeholders

Pillar 4: Research

Ishtar recognizes the need and opportunity for research targeting MSM, which is limited in Kenya due to the criminalized nature of MSM activity, high levels of stigma and discrimination2. For Ishtar, being involved in conducting research to address issues affecting the community is a critical towards improving

[2] Geibel S, Tun W, Tapsoba P, Kellerman S (2010) HIV vulnerability of men who have sex with men in developing countries: horizons studies, 2001–2008. Public Health Rep 125: 316–324.

health outcomes of the community. Thus by conducting research, documenting the findings and disseminating the findings to those most influential in terms of advocating, planning and implementing HIV prevention, treatment and care may have a broad and lasting effect on the provision of HIV-prevention services to MSM population

Title of the Research	Donor	Year (2014-16)	Goal /Objective	Target Group
Evidence in Action	Amfar	2015	Looking at the mobilization strategies for GMT to access services	Gay, MSM, Transgender
ACTION FOR ACCESS	MSMGF	2016-2017	Service gaps for access to health for MSM and trans women who have sex with men	MSM AND TRANS WOMEN
IBBS	NASCOP	2016	-	KP
COC	COC	2016-2017	Mental health for LGBT persons	LGBT
PBS	NASCOP	2017	-	KPs

Financial income over the years:

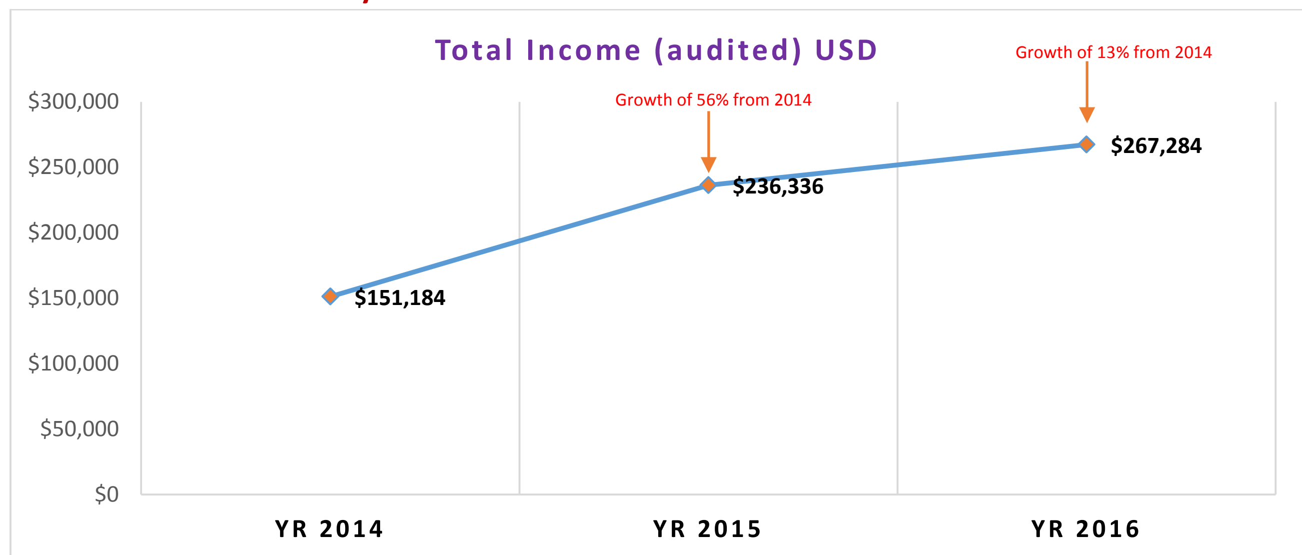

Figure 11: Financial income over the years (USD)

Key Observations:

1. *There is a clear and structured strategic plan in the organization*
2. *Organizational reports are classified per the projects*
3. *Resource mobilization of different strategic pillars are done either separately or interlinked*
4. *There is evidence of leadership in implementation of the strategic plan with clear outputs per the pillars.*

Preliminary recommendations:

1. *There is a need to do a mid-term review of the strategic plan and adjust with new programme interventions in HIV management*
2. *Organization should have annual score card to show their performance*
3. *Development of implementation framework of the pillars and organizational work plan especially on community development.*
4. *Strategic resource mobilization plan*

Section D: Priority focus for 2017-2019 in resource mobilization and programming

Pillar	Goal	Prospective donors and strategic partnership
Pillar 1: Service Delivery	Provide effective, promptly and appropriate health services including HIV prevention, treatment, care, and support services for MSM	GF, UHAI, Jhpiego, Afya Jijini, LVCT Health, EJAF, CDC, USAID
Pillar 2: Community development	Empower MSM community with resources, opportunities, knowledge and skills to advocate on their own behalf and improve their lives	UHAI, COC, danida, CDC, USAID
Pillar 3: Advocacy	Establish environments that support and promote MSM health care rights, focussing on the availability, accessibility, safety and quality of care	COC, MSM GF, EJAF, LVCT Health, Jhpiego
Pillar 4: Research	Foster evidence-based HIV programming and documentation for MSM in Kenya through research	MSM GF, IAVI,

Appreciation:

Special thanks to the Ishtar family, contributors of this report, implementing partners and our donors who through their financial and technical support made this a reality.

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