

HAPA KENYA

‘RIVER OF LIFE.’

Back in the year 2009, a group of 9 gay men who used to meet at their hot spots as MSM/MSW peers. Realized that they were losing their fellow gay men due to HIV related illnesses, whereby 3 to 6 colleagues died in the same year, and some even bed ridden since no one was willing disclose their HIV status due to low self-esteem and stigma among the MSM/MSW community. This was very devastating and overwhelming to the community. Therefore, after a long discussion of the incidences they decided to disclose their HIV status to each other and realized that they were all of the same status. They decided to come up with strategies on how to assist and support each other in health service provision through awareness, since 5 members were trained as peer educators in an organization though faced a lot of stigma and discrimination from the service providers and the staffs in the organization. The organization worked with gay men, though they were not members of the key population and didn't understand the needs and challenges of the MSW/MSM community.

They started reaching out to their colleagues sensitizing them to know their HIV status through testing which will help them start treatment early enough (Anza Mapema), in case they tested HIV positive and those that tested HIV negative to continue protecting themselves with condoms and other HIV prevention methods. During the first sessions a number of their peers were HIV positive and were not willing to disclose. The 5 MSW/MSM who were trained as peer educators on basic counselling and life skills and other 4 members decided to choose a leader (Martin) to lead them.

The members agreed that they meet on weekly basis at their leader's house to share the challenges they face during access to health services, information and adherence to treatment and also in the meeting the journey of forming a group started, and they discussed who should the group comprise of either for the HIV positive or HIV negative, during the discussion Juma one of the members said, *“we prefer forming a group for only the HIV positive members due to the stigma and lack of information that the community members have and for now we fear those negative to share our status with those HIV negative and our worry is for them to tell our clients since we are male sex workers ”* however some felt that it was ok for them to disclose their status since they were comfortable, these was a discussion that took a while and finally came up with a decision to have members who are HIV positive only. The 5 members decided to contribute Kshs 500 per week so that they can support each other and register their group.

After contributing money enough, they decided to take a notch higher and register the group; they sat down and came up with a name that will be suitable for the members and not limiting themselves to only HIV positive but to give room for those HIV negative in the future. **“HIV and AIDS people Alliance of Kenya”**. After coming up with the name we registered with the office of Gender and children and social group as a community based organization.

In advocate for the health right or/ and access to stigma free reproductive health services of the MSM/MSW community membership grew from 9 to 15 and they had a vision of reaching 1500 members and couldn't meet in the leader's house any more. Members saw a need to look for an affordable place (one small room) that costs Kshs 2500 per month. They agreed to contribute towards the same. The office had a chair and a table in case any partner wished to visit the group. This encouraged the members to collaborate, network and partner with the

some government facilities and other organizations so that the members could access services after referral for health services from their various hot spots eg. Treatment and care and also HTS and counselling.

The members were so optimistic that one day they will get funding. Years went by and saw it important to resource mobilizes so that they can reach to more MSM/MSW community with sexual reproductive services and HIV awareness and also carter for their office bills and rent. We received a call for proposal from UHAI EASHRI in which we applied and it went through. This was a dawn for the members since they would reach to more community members through outreach activities, bills be settled for the period of 3 years (2016-2018).

The HIV strategic grant through UHAI enabled us to relocate to a bigger and better place which would accommodate more members as a wellness center, and employ HTS counsellor who would reach members with HIV testing services through outreaches at the hot spots, so that those tested HIV positive linked to care and treatment through referral to government health facilities which were sensitized on the service uptake for the key population especially the MSM/MSW and enrolled in the program. The members developed an organogram for the organization which was headed by a director even without much funding then.

Through UHAI, HAPA Kenya was able to employ staffs to work towards achieving the objectives of the HIV strategic grant. That is the Peer educators are now employed serving different portfolio as per their academic expertise. One of them is now the director who is leading the organization to greater heights.

Since there was ownership of the group by the members and each understood their mandate in the community, there was need to engage with the ministry of health for the purpose of acquiring HIV testing kits, condoms and water based lubricates and also in decision making regarding MSM/MSW, since no non KP would decide on how to offer services to the KPs it had to come from them. The meaningful engagement continued through reaching out the National Aids and STI control programme (NASCOP) and National Aids control council (NACC). The group leadership started participating in County and National Key population Technical working group (KP TWG) where they would discuss issues affecting the MSW/MSM community.

The UHAI being life to HAPA Kenya saw through the growth of the organization from struggling to standing, which enhanced the work and was now visible to other donors whereby it attracted other funding from Stephen Lewis and Kenya Red Cross which both now support other programs since we were reaching to all MSM/MSW either HIV negative or Positive and the SOGIE community. This also helped the organization to increase the number of staffs to 21 (*Director, program coordinator, Finance and Admin Asst. M & E officers, Data clerk asst. clinical officer, 2 HTS counselors, case manager, Economic empowerment officer, Receptionist, security officer, a paralegal, a cleaner, 5 outreach workers, and peer educators*) and acquire equipment's for the clinicians which is now fully wellness center considered a safe space for the MSM/MSW and managed by themselves and a clinic with a clinical officer full time. The organization has claimed its space among those who implement HIV programmes to the Key Population in Kenya.

HAPA Kenya through its growth has been able to host LBQ organizations (INEND and RAINBOW Women of Kenya) and transgender organization (PTI). The board of directors and the DIC CAB sat down and saw a need to reach to the female sex workers who are living HIV positive through support group in Mombasa county, this was a very interesting discussion bearing in mind the insecurity issue HAPA Kenya faced in the previous years, therefore in cooperation of FSW has also encouraged and increased the number of the sex workers that were hiding, now are coming out joining the support group through disclosing their status to their fellow community members and have seen the number increase from 10 to 40 members and now the organization has a case manager being one of the sex worker tracing and tracking MSW/MSM PLHIV.

Currently the organization is in the process of acquiring an MFL Code that will enable them to get access to HIV prevention commodities from the government as well as giving the clinic an opportunity to offer ART and STI treatment services to its members.

Key Achievements during UHAI Grant

- Membership of HAPA Kenya members from 9 to 149
- Establishing the first ever wellness center for MSM/MSW community at the coast
- Being able to employ 21 staffs in the program
- Creating partnership and collaboration with other stakeholders
- Betterment of the livelihood of the members, now they have rented houses and earn salaries and/or allowances
- HAPA Kenya has grown from just being in Mombasa County to Taita Taveta to reach out to the MSM/MSW community
- The number of hot spots have grown from 2 to 141 in Mombasa County and 39 hot spots in Taita Taveta

In conclusion

With continuous funding, the organization will be able to maintain their cohort of 1500. Such initiative of community support through funding and capacity building HAPA Kenya has managed through the HIV Program attract friendly services to the community and is still mentoring and empowering the community members to great hikes.

