





Engaging Men and Boys for Increased Uptake of HIV Services in Kenya

Faith Macharia

Program Officer, Capacity Building

National AIDS Control Council

30th January, 2020

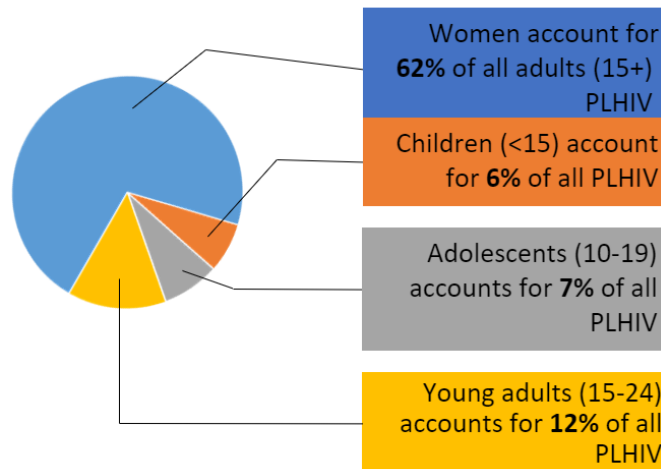


The current HIV situation

Indicator	Value
# of PLHIV (all ages)	1,493,400
Adults (15+)	1,388,200 (F=864,600 M=523,600)
Children (0-14)	105,200
Adolescents (10-19)	105,200
Young Adults (15-24)	184,700
Prevalence (15-49)	4.9% (F=6.2% ; M=3.5%)

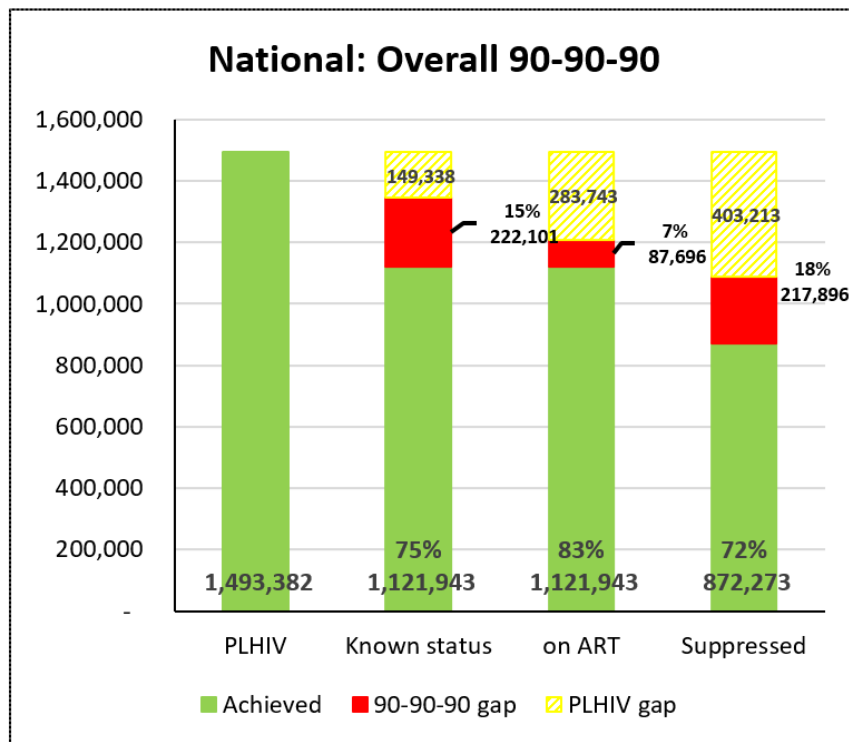


Prevalence remains **higher** among women at **6.2%** compared to men at **3.5%**





Progress Towards 90-90-90 (2018)



- Target: 90-90-90
- Status: 75-83-72
- Biggest Challenge is the first 90 – Knowing HIV status
 - Low testing among men, Adolescents and Young People
 - High stigma
 - Low adherence



Access to combination prevention options among general population



Voluntary Medical Male Circumcision (VMMC)

93% of men 15-49 years are circumcised*

230,854 males voluntarily circumcised in
2017 out of a target of **190,333 ~ 121%**
coverage

Condom distribution and usage

182.3 Million condoms distributed in **2017** ~~

14.3 condoms per man per year against global target of **40** condoms per man per year



44% males reported using
condom at last high-risk sex



40% females reported using
condom at last high-risk sex

** KDHS Report
2014*



Why Male engagement?

- There were no national-led initiatives and partners' interventions were disjointed
- In our context, the man is the head of the family and household and the one in control of all the family resources.
- Community gate keepers are men within communities
- Low uptake of HIV services
- Men generally have poor health seeking behavior
- There is need to engage the men directly



The Strategy included:

- Harmonization of existing policies and strategies into one national guideline to guide increased uptake of HIV services by men and boys
- Dissemination of the guidelines
- Development of a national male engagement toolkit for use by champions
- Integration of the three diseases: HIV, TB and Malaria for synergy
- Focus on NCDs and UHC
- Training of local Chiefs, County HIV Coordinators and community male champions on skills and techniques for reaching men.
- Use of technology – setting up for WhatsApp groups for the male champions for each County to enhance real time interaction and information sharing



Interventions

- Establishment of a National Multisectoral Technical Working Group to:
 - > Enhancing coordination and multi-sectoral partnership
 - > Provide a platform for advocacy towards male engagement
 - > Provision of standards and criteria for engaging boys and men in the HIV response
 - > Review of policies & strategies



Approach

Men as Clients:

Men are encouraged to use different services as a way to lessen the burden of complications for their partners and improve their own health e.g. treatment, counseling, rehabilitation, information etc.

Men as Agents of change:

This approach is more transformative as focus is on explicitly addressing gender norms that put both women and men at risk.

Men as supportive partners or allies. Opportunities are created for men to examine and **question** gender norms that negatively affect their lives and those of their partners and families



Key Interventions by Male Champions

- > Increase the number of men and boys reached with comprehensive HIV information
- > Increase the number of men going for HIV counseling and testing
- > Condom distribution and training on condom use and disposal
- > To increase the number of men only support groups to enhance positive living
- > Training in the use of self test kits and distribution of the kits.



The Process

1. Identification and training of male champions from the communities, The Champions are from the various communities, and understand the community's culture, language and dynamics
2. Utilization of existing government structures to ensure accountability and sustainability – County Commissioners, Chiefs, Village Elders, Education Officials (schools & education institutions), NTSA, FKF and health facilities etc.
3. Working with Partners outside the mainstream GoK – Boda boda sector, fisher folk (through Beach management units), the Faith sector and local media stations
4. Finding men where they are – pool bars, quarries, boda boda sheds, educational institutions, beaches, bus terminus, places of worship etc.
5. Reaching the boys and men with comprehensive knowledge on HIV and AIDS using their local dialects
6. Condom distribution to ensure access – e.g. Boda boda sheds
7. Increasing advocacy for HIV testing that is within the communities.



Referrals and Linkage

- Providing men access to HTS, support and treatment **as well as linking them to male-friendly health facilities**
- Providing men with **comfortable** spaces where they can **discuss** sex and sexuality
- Establishment of men support groups
- Engaging men as partners in HIV prevention care and support
- Linkages with partners and key sectors already working in the communities



Successes to Date

- There has been an increase in the number of men reached with comprehensive knowledge since May 2019 when the program began
- There has been an increase in the number of male condoms distributed as well as the number of men trained on correct condom use and disposal
- There has been an increase in the creation of men-only support groups
- Partners have come on board to support male champions with additional capacity building and provision of self test kits for distribution
- In Kericho County, the champions have been linked to 17 health facilities that are providing male friendly services
- The strategy to reach men directly within their own communities by male champions known to them has enabled them discuss sexuality matters and other health related matters freely and with no inhibitions



Current Gaps

1. Need for additional resources to scale up to other Sub Counties and Counties
2. Need to increase the number of health facilities that are male friendly
3. Insufficient condoms in some areas
4. Linkages to the boys (in and out of school)
5. Knowledge gaps e.g. Link between Alcohol, drugs and substance abuse and HIV
6. Targeted messaging for boys and men
7. Knowledge of HIV status is low among men
8. Poor adherence to ART
9. Multiple sexual partners in some communities
10. The supply of the self test kits which are in high demand is not adequate



Next Steps

1. We have realized that the eMTCT program is not working as expected. In 2019 we had a target of reducing eMTCT from 8.3% to 5% however, this increased to 12.4%. We have resolved that male engagement is critical in reversing this trend.
2. Deliberate training of young male champions to target the Adolescent boys and young men - who are a special category - grappling with mental health issues, peer pressure etc.
3. Leverage on existing opportunities - Community Chief Barazas and the Tertiary institutions eg Technical and Vocational Training Institutions.
4. Training more male champions for additional counties.
5. Integration of the 3 diseases: HIV, Malaria and TB as well as Universal Health Coverage and Non-Communicable Diseases.
6. Address rising teenage pregnancies as each teenage pregnancy is a proxy to HIV infection and is most likely with an older male.



Next Steps (Cont'd)

7. Develop and Integrate targeted messages – HIV, SRH, SGBV, Alcohol & drugs and mental health
8. Appropriate linkages to - health facilities, support groups, churches, institutions of learning and partners.
9. Ongoing capacity building of male champions
10. Printing and dissemination of the Male Engagement Toolkit
11. Lobby for additional resources to scale up engagement of boys and men to other Sub Counties and Counties



Male Engagement – Chief's Baraza and targeting men at a market center



Thank You!