Reaching MSM in Ghana with HIV and AIDS Interventions

MARP Technical Working Group Meeting
Chennai, India
February 18-21, 2009

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Chief of Party, Strengthening HIV/AIDS Response Partnerships
Academy for Educational Development
USAID IMPLEMENTING PARTNERS FOR MARP INTERVENTIONS IN GHANA

Academy for Educational Development/Strengthening HIV/AIDS Response Partnerships (AED/SHARP):

• **Lead bilateral project for MARP interventions with 14 NGOs**
  – 20,000+ FSW, 8000 MSM, 8000 NPP, 10,000 PLHIV
  – Development of tools and interventions supporting behavior change and improved services
  – Technical support for interventions and service delivery
  – Performance-based funding: and capacity-building for 14 NGO Implementing Partners
  – KM and Dissemination of tools and best practices to 100 NGOs and government
  – Research, M&E, performance feedback, and supervision
  – Evidence-based lobbying and advocacy for improved policies & programming at national level

• **Supporting bilaterals:**
  – Engender Health/Quality Health Partners (QHP)
  – John Snow International/DELIVER
  – Academy for Educational Development/Ghana Sustainable Change Project (AED/GSCP)

***Government Collaborators: NACP, GHS, GAC (critical!!!!)***
MSM in Ghana: Evidence

- Most data from snowball studies in Accra and Tema
  - 2005: Social network study of 1200 MSM
  - 2006 BBSS: 385 respondents
- Additional qualitative studies:
  - pretests, community-facility dialogue meetings for QA, telephone surveys for ICT development and pilot, etc.

- Selection bias: Sample not necessarily representative of entire MSM population in Ghana

- Half of respondents in 20 – 24 age-group
HIV Status of MSM Sample Population
Overall MSM Prevalence Rate = 25%
General Population in Ghana = 1.9%

Kofi just told his partner that he is HIV+ and his partner has reacted very badly and began throwing stones and raining in suits on Kofi.
MSM Identities and Partners

• 31% identify as “gay” or “homosexual”

• 61% identify as “bi-sexual”

• Multiple concurrent partners in past year:
  – 75% had more than 1 male partner
  – 24% had 6 or more male partners
  – 62% had at least 1 female partner
  – 33% had multiple female partners
MSM and Transactional Sex

• Transactional sex with man/men:
  – 66% for either gifts or money
  – 55% for gifts
  – 60% for money

• Money from a woman for sex:
  – 41% of bisexuals
  – 15% of gay/homosexuals
MSM Behaviors

- 69% overall had both receptive & insertive anal sex
- 40% overall had both types with multiple partners
- Half did not use condoms during last anal sex
- 19% reported consistent condom and lubricant use
- 25% had an STI over the last 12 months
- Low levels of disclosure of sexual orientation
  - Gays/Homosexuals disclose more than bi-sexuals
  - Mostly to family members
  - Positive correlation between disclosure of orientation and willingness to disclose HIV status
Key Behaviors

1. **USE CONDOMS**: correctly during every sexual encounter

2. **USE LUBRICANTS**: water-based, and together with condoms during each act of anal sex

3. **GET TESTED AND KNOW YOUR STATUS**: encourage partners to get tested and to know their own status (HIV, STI)

4. **PROMPTLY SEEK SERVICES**: appropriate treatment, care and support for HIV and STI

5. **DISCLOSE YOUR HIV OR STI STATUS**: to partners so that they can get tested too and also to help in condom use negotiation

6. **ADHERE TO TREATMENT**: ART, TB and STI medications and therapies prescribed by a trained and recommended provider

7. **REDUCE PARTNERS**: or be faithful to one partner or a reduced number of partners

8. **ACTIVELY PARTICIPATE**: in designing, implementing and monitoring HIV/AIDS services, interventions and policies.
Peer Education Plus

- **Clearer expectations** for volunteer work and performance — job descriptions defined and signed

- **Better quality training** and post-training follow-up

- Better, more diverse **job aides**

- Better, more regular **supervision**

- **Performance-based focus** on criteria of feedback and evaluation
Existing training curricula for MSM peer educators strengthened:

- Multiple training materials harmonized into a single curriculum
- Better format, more user-friendly, more attractive layout
- Evidence-based content revisions to focus on key behaviors, motivators and barriers
- More participatory training methodology with games, role plays, and group work
Peer Education Plus

Job Aides for MSM Peer Educators:

- Watch Me! video-clips on cell phones and discussion cue cards
- Print materials, wooden penises
- Participatory BCC activities for peers:
  - on the street/indoors
  - one-on-one/group meetings
Peer Education Plus

Work tools for peer educators and supervisors:

- Continuing Education Activities for Monthly Meetings
- Peer educator performance monitoring and feedback
- Checklists and M&E tools for monitoring and reporting

“The training was superb. It made me realise that we had not been efficiently using the weekly meeting.” ~ PE Supervisor
Peer Educator Performance with an NGO Implementing Partner

MARITIME PEER EDUCATORS PERFORMANCE ON CLIENT EDUCATED

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Peer Education Plus

• Evidence-based approach, focusing on promoting key behaviors through peer education, referrals, and condom/lube sales

• Improves consistency of messages and information as part of a harmonized BCC strategy for each target audience

• Strengthens peer educators’ knowledge, skills and impact on adoption of key behaviors

• Increases quality of outreach interventions

“The PE Tool Kit has helped standardise the messages being taught. You know, previously each peer educator interpreted the message differently and so used it differently. But now we have the Tool Kit, a guide. I just can’t find words to express the value of the training and the Tool Kit to me and to the peer educators.”

~PE Supervisor
Facility-Based Services

- Condom and lubricant promotion, distribution & sales
- STI diagnosis & treatment
- Counseling & Testing
- Follow-up counseling & Psycho-social support
- ART
- Referrals to other services
MSM-Friendly Helpline Services

- Interactive and automatic SMS text messages
- “Flash” to link to live telephone helpline counselors (NACP-certified)
- Friendly and confidential information, referrals and counseling services over the cell phone
- A safe haven for first-time or hesitant clients to make anonymous inquiries and get help
- Strengthens information and key messages provided by peer educators and facility-based health workers
MSM-Friendly Training for Health Workers

1. What are the types of stigma or the main problems that you face as an MSM in this setting?
2. Why do you think this happens?
3. Has this happened to you? Share your experiences with each other.
Text Me! Flash Me! Helpline
MSM-Friendly Counselors’ Tool Kit Contents

- Key Tasks for a Helpline Counselor
- Helpline Scripts for Intro and Airtime Promotion
- Frequently Asked Questions
- 8 Key Behaviors
- Referral Sheet for Helpline Counselors,
- Updated Inventory of STI and HIV-related Services in Accra
- Knowledge and Behavior Information Sheet
- Roster of Text Me! SMS Messages already sent to MSM
- Key Reminders Leaflet
- Helpline Service Hours Flyers
- Airtime for Counselors and Clients
- Reminder Brochure of Key Messages
- Wooden Dildos, condoms and lubricants
- Helpline M&E Forms and Bi-monthly Reporting forms
- Letter to Supervisor
Overwhelming Response

• 5 Helpline Counselors counseled 439 MSM clients in first month (September ‘08)

• Average call duration: 20 minutes

• Nearly 1000 missed “flashes” in 1st month

• Average of 88 MSM clients per Helpline Counselor per month
  – Compared to 50 MSM clients per peer educator or health worker per month in facilities and communities

• Pilot evaluation currently running
  – Dissemination meeting to be held in March
  – Will inform plans for expansion to FSW and PLHIV
TEXT ME!

To get more information about friendly services in your area, use your phone to send a short text and the name of your town to 1406.

- Worried that you may have gotten an infection from sex? Text STI
- Need to know where to go for friendly HIV testing? Text VCT
- Want to know about medicines and therapies for HIV-positive people? Text ART
- Want to know where to buy condoms or lubricants? Text PROTECT
- Need to talk to someone in private about your HIV and AIDS questions? Text HELP

Remember to add the name of your town after STI, VCT, ART, PROTECT or HELP.

![Bar chart showing the number of incoming text messages]

- **July '08**: 10
- **Aug '08**: 20
- **Sept '08**: 160

**Number of Incoming Text Messages**
Percent of Repeat Numbers
Flashing Helpline Counselors

• 868 Helpline counseling sessions between September and November 2008

• Percent of new clients ("flashers") increased each month
High Unmet Demand for Basic HIV and AIDS Information

Summary of "Text Me! Flash Me!" Data: September 2008

- HIV Transmission
- HIV Signs and Symptoms
- Counseling and Testing
- Faithfulness/Partner Reduction
- STIs
- Condoms/Lubes
- Other
- ART
- Disclosure
- Treatment of OIs

- Topic in which information or advice was provided by the Counselor
- Client's Reason for Flashing or Texting
MSM-Friendly Services: A Safe Haven

Number of MSM Disclosing Sexual Orientation during Helpline Sessions

- September '08
- October '08
- November '08

[Bar chart showing the number of disclosures across different months]
CT Services Uptake after Helpline Referral:

CT services Uptake after Helpline Referral: September 2008

Clients not uptaking CT services 95%

Clients uptaking CT services 5%

CT services Uptake after Helpline Referral: October 2008

Clients not uptaking CT services 54%

Clients uptaking CT services 46%
Increase in CT Service Uptake

- Six-fold increase in CT uptake at the CEPEHRG Drop-In Center in one month after Helpline launch.

- Sum total CT service uptake in October higher than previous five-months combined:
  - 69 clients May to Sept. ‘08
  - 76 clients in Sept. ‘08
Love & Trust: Partner Reduction, Faithfulness, Consistent Condoms & Lubes

“Friend, 75% of us have multiple sex mates hence we have a bigger risk 4 HIV. Reduce ur risk. Stick to 1 or just a few.” (~YourTurn SMS)

Protect yourself and the one you love & trust from HIV and other Sexually Transmitted Infections!

1. Use condoms and lubricants correctly everytime you have anal sex.
2. Stay faithful to one partner or reduce your number of partners.

Valentine's Day means Love. Love means Trust.

Will you be my Valentine? Will you love & trust me?

10 Ways to Keep Your Love & Trust Alive:
1. Leave him a small note saying, "I love and trust you!
2. Send him an e-mail, SMS or call him to say you love him.
3. Arrange a special Valentine's dinner for the two of you.
4. Put on a romantic mask and slow dance together.
5. Leave a flower or a small gift somewhere where you know he will find it.
6. Brush or comb his hair for him.
7. Buy a nice set of underwear to surprise him.
8. Be faithful to him alone, or reduce your number of partners.
9. Give him a nice sensuous full body massage.
10. Correctly use a condom with lubricant every time you have sex.

Tips for Condom & Lubricant Use:

- Always use a good condom. Make sure the condom is not expired, cut or tattered.
- Always put a condom on before having anal sex.
- Make sure there are no air pockets at the tip of the condom. This makes it more likely to burst. Squeeze air out of the condom before you have sex.
- Put extra Lubricant on the condom when having anal sex. Lubricants prevent the condom from tearing and make sex more enjoyable.
- Use the lubricants that are sold in tubes or sachets in the pharmacies or district shops. Do not use greases, vaselines, or powders as lubricants because they can damage the condom.
- Try using condoms and Lubricants in a sexy way. Include three in a sexy dance routine, as part of a full body massage, or invite your partner to help you put them on before you have anal sex.
Love & Trust: Partner Reduction, Faithfulness, Consistent Condoms & Lubes

“Friend, What’s the only thing that should come between u + da man of yr dreams? Text DREAM MAN to 1406 to find out.”

“Answer: Condoms + lubes each time u have sex.” (YourTurn SMS)

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Challenges

• MSM face a double layer of stigma. The hostile socio-political environment in Ghana constrains HIV/AIDS research, services and interventions targeting MSM.

• Few NGOs in Ghana have prior experience in HIV/AIDS interventions focusing on MARP and few are willing to work with MSM.

• Discrete sole source procurement for MSM IPs is necessary given the hostile socio-political environment, and so limits the competitive process in identifying the best NGOs.

• Nature of NGOs in Ghana (often run non-transparently by a single individual) means significant technical and organizational development support are required to build capacity.
MSM-Friendly Service Delivery Points

- 47 MSM Peer Educators
- 15 Ghana Health Service Clinics
- 4 NGO Drop-In Centers
- Text Me! Flash Me! Helpline (ICT) - 12 counselors
- 58 MSM Hotspots
- House Parties
- 3 Support Groups for MSM who are HIV+ (new!)

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You can only take your turn in life by staying healthy and free from infections.

Staying faithful to your faithful and regular partner is a sure way to reduce sexually transmitted infections.

Some of these clinics include:

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Disclaimer: The models used in this production are professionals. Photos used in this production do not suggest their sexual orientation or status.

Free from sexually transmitted infections: it’s our turn.

My chances of being infected with HIV and other STIs are higher with many sexual partners. That's why my partner and I are always faithful to each other.
Scale-Up Targets and Results: MSM Reached With Prevention Programs

# OF MSM REACHED WITH PREVENTION PROGRAMS

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<td>2006/2007</td>
<td>2250</td>
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### Selected USAID Indicators, Targets and Results for MSM Interventions: 10/2007 – 09/2008

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<th>RESULTS</th>
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<td>Number of targeted condom service outlets for MSM</td>
<td>178</td>
<td>218</td>
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<td>Number of MSM reached through community outreach that promotes HIV/AIDS prevention through behavior change (abstinence, being faithful/partner reduction, condom use, disclosure, partner testing, etc.– ABC+)</td>
<td>3,050</td>
<td>7,696</td>
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<td>Number of MSM reached through community outreach that promotes faithfulness and partner reduction (AB)</td>
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</tr>
<tr>
<td>Number of individuals trained to promote HIV/AIDS prevention through behavior change beyond (ABC+)</td>
<td>47</td>
<td>41</td>
</tr>
<tr>
<td>Number of MSM seeking/receiving STI services at USG-supported health clinics</td>
<td>750</td>
<td>1,217</td>
</tr>
<tr>
<td>Number of service outlets providing counseling and testing for HIV according to national or international standards</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Number of MSM who received counseling and testing for HIV and received their test results</td>
<td>430</td>
<td>972</td>
</tr>
</tbody>
</table>
Key Scale-Up Strategies in Ghana

1. Increase number of NGO Implementing Partners and MSM Peer Educators
   - NGO Grants = ~ $27 per Beneficiary over 2 years

2. Increase MSM-Friendly Facilities and Service Providers
   - Avoid “allowances” trap for government staff

3. ICT (Text Me Flash Me Helpline)

4. Enter-educate events (DJ Host parties, Hotspot Interventions)

5. Evidence-Based Lobbying of Donors and Government for increased resources and support
Civil Society Capacity-Building

• Technical support in development and use of innovative & effective tools and interventions
  – *Job aides, communication resources, behavior-centered strategies*

• Training and follow-up supportive supervision
  – *MSM and HIV information*
  – *OD, Governance, & Board Strengthening*
  – *Financial Management and Transparency*
  – *USAID Rules and Regs*

• Performance-Based Funding and Performance Improvement
  – *Monitoring, Reporting, Feedback, Dialogue, On-site supervision*

• Coalition-building and Mentoring amongst NGOs
Performance-Based Funding and Performance Improvement Monitoring

Comparison of MSM Reached With Peer Education, STI And CT Referrals by 4 MSM IPs
Government Capacity-Building for MSM Interventions

• Lobbying and Advocacy
  • Emphasis on relationship-building with key individuals
  • Excellent teamwork between USAID and Bilateral to effectively lobby government and other donors

• Research and Knowledge Management
  • Closed-Door Dissemination of BSS Findings
  • Active Participation in National Response Policy-Making For a
  • MSM-Friendly Training for Government Health Workers

• Consultation and Close Collaboration with Government
  • Ghana Health Services, National AIDS Control Program, Ghana AIDS Commission
National Capacity for MSM Interventions in Ghana

- 4 NGOs, 47 Peer Educators, and 15 GHS facilities currently implementing services & interventions reaching nearly 8000 MSM
- MSM-friendly counselors and clinicians trained
- BCC supports, job aides, training curricula, and interventions developed for MSM interventions and ready for further scale up and use
- Text Me! Flash Me! Helpline improving referrals and service uptake and uncovering new MSM communities
- Evidence base available
- Bio-surveillance and further research capacity exists – but no institutionalized regular surveillance yet
- Government and other donors now on board and ready to support MSM interventions
10 Lessons Learned

1. Where there are few or no HIV/AIDS interventions targeting MSM, expect a large unmet need and high demand for MSM-friendly services

2. Use snowballing strategies and social networks to:
   – identify experienced organizations or individuals who know how to enter MSM communities, or who are willing to work with MSM
   – identify and reach MSM communities with services and interventions.

3. Persistent advocacy and lobbying national stakeholders (government and other donors) is both an art and a science.

4. Evidence and documentation are powerful tools for promoting evidence-based HIV/AIDS programming, policies, and government support for HIV/AIDS prevention interventions targeting MSM and other most-at-risk populations.

5. A healthy balance between HIV/AIDS interventions and human/civil rights activism needs to be reached.
10 Lessons Learned (cont’d)

6. Stay true to your HIV/AIDS mandate, and assure that this mandate is clearly, consistently and repeatedly communicated to government stakeholders and other collaborators.

7. HIV/AIDS information, education and communication for MSM should use peer educators and discrete communication channels, including ICT.

8. Training MARP-friendly health providers to provide services in government and NGO facilities is critical to uptake and effective use of HIV/AIDS services.

9. Be very careful with how, when, where, and to whom sensitive information is released. Be particularly wary of the press.

10. Yes We Can and We Are! Even in hostile socio-political environments, HIV/AIDS programs targeting MSM can achieve rapid results and scale-up.
Practical Recommendation

• Procurement of lubricants
  – Quality products
  – Small sachets rather than large tubes

• Include consistent & correct condom + lube use in PEPFAR indicators for MSM
Some Areas Needing Further Research and Dialogue

• Ethnographic research to help further segmentation and understanding of “MSM”
  – Much more complex than “gay” and “bi-”.
  – MSM and Female partners
  – How to reach older MSM

• “Partner snatching”, blackmail and extortion and effects on peer education and other interventions, risk behaviors, and care-seeking

• Post-test and follow-up support: impact on risk behaviors

• MSM and Sex Work

• Mapping and population size estimation
Thank You