

EHP SA Case Study Series:  
Included! How change happened for key populations and HIV prevention

# Changing attitudes in Kisumu

---

**Reducing discrimination and improving inclusion for  
men who have sex with men in the context of HIV,  
Kisumu County, Kenya**

---

Catrine Shroff<sup>1</sup> and Nigel Taylor<sup>2</sup>

---

1 NCG Consulting, Nairobi

2 Technical lead, EHP SA, Pretoria



## **CONTENTS**

<b>1. Introduction .....</b>	<b>3</b>
About this paper .....	3
About EHPA.....	3
<b>2. Context.....</b>	<b>4</b>
HIV epidemic and response .....	4
Socio-legal environment .....	4
Cultural context, Kisumu.....	4
Political context.....	5
The global context .....	5
<b>3. Change process.....</b>	<b>6</b>
MSM organisations emerge, 2000.....	6
Establishment of Nyanza Reproductive Health Society, 2002 .....	6
Homophobic legislation, Uganda, 2009.....	7
New evidence, 2009.....	7
LGBTI Coalition, 2010.....	7
Kenya Human Rights Commission study (2011) .....	8
Sensitisation campaign, 2010-2016.....	8
Working with religious leaders .....	9
Outcomes .....	10
<b>4. How change happened .....</b>	<b>11</b>
Critical actors.....	11
Contributing factors .....	12
Role of civil society.....	13
<b>5. Conclusions.....</b>	<b>13</b>
<b>Appendix 1: Concluding Note on Methodology - Interviewees.....</b>	<b>14</b>

## 1. INTRODUCTION

Men who have sex with men (MSM) and other sexual minorities in Kenya, as in the rest of eastern and southern Africa, have long suffered stigma and discrimination in broader society and in health-care settings.

Mounting evidence confirms that MSM have greater HIV risks and therefore require good access to appropriate sexual health services, particularly for HIV prevention. However, negative experiences or even fear of rejection deter health-seeking behaviour; HIV care is not reaching the very group that needs it most. This is a common conundrum for MSM in the region.

However, Kenya is a model for how change can happen for key populations, despite an adverse socio-legal environment. Kisumu County is a good example: within a six-year period, the environment for MSM has changed – from one of violence, discrimination and stigma to one that is more inclusive of MSM. MSM feel more confident to access health services, which have also become more appropriate for their needs. They now anticipate protection, rather than harassment from police and local chiefs.

This paper examines the situation for MSM in Kisumu County, Kenya, and traces a series of events between 2000 and 2016 that culminated in an improved sociocultural environment and strengthened HIV services for MSM. It tries to understand the change process, the role of key actors and the critical factors that interacted to bring about such positive outcomes. It demonstrates how a local context was changed so that the policy commitments of the Kenya National Strategic Plan III (KNSP III) of 2010 could be implemented more effectively. It builds upon another case study with national focus: *'Fellow Kenyans': How Kenya achieved national HIV policy commitments for key populations by 2010*.

### About this paper

This paper is part of the series *Included! How change happened for key populations for HIV prevention* commissioned by EHPSA to the Nordic Consulting Group. The full series of nine case studies and discussion paper will be made available on the EHPSA website as they are completed at <http://www.ehpsa.org/critical-reviews/included>.

The series was based on both literature research and interviews with key actors. In-depth interviews for this case study were conducted with representatives of NGOs, research organisations, implementing partners, civil duty bearers, religious leaders and the Kisumu County Health and Social Welfare Ministry. The full list of interviewees is given in Annexure 1 on page 14.

In Kisumu County there is an overlap between organisations specifically for MSM and broader LGBTI organisations and therefore this paper uses the term MSM/LGBTI where appropriate.

### About EHPSA

Evidence for HIV Prevention in eastern and southern Africa (EHPSA) is a catalytic intervention, contributing to national, regional and global processes on HIV prevention for adolescents, men who have sex with men (MSM) and prisoners, through generating evidence of what works and why, and developing strategies to inform policymaking processes. It is a five-year programme funded by DFID and managed by Mott MacDonald.

## 2. CONTEXT

Kenya, with a population of 41 million people,<sup>3</sup> has the largest economy in eastern Africa. Kisumu County is a western district of Kenya on the shores of Lake Victoria, some 360 km from Nairobi by road.

### HIV epidemic and response

Kenya is one of four high-burden countries in Africa, with about 1.5 million people living with HIV at the end of 2015. The first case of AIDS in Kenya was detected in 1984 and by the mid-1990s AIDS was one of the major causes of mortality, putting huge demands on the health-care system as well as the economy.

Kenya has a generalised epidemic affecting all sections of the population, with 5.9% of the population (age 15–49 years) living with HIV in 2015.<sup>4</sup> The geographical distribution of HIV is uneven: a so-called 'high incidence cluster' is located in the western and north-western regions. Here, just nine of Kenya's 47 counties account for 65% of new HIV infections.<sup>5</sup> Kisumu County is situated in this area and has an HIV prevalence of 19.9%.

Kenya also has a concentrated epidemic among key populations (KP). Recent surveys<sup>6</sup> have indicated national prevalence to be 29.3% amongst sex workers, 18.3% amongst people who inject drugs (PWID), and 18.2% amongst MSM.

Kenya has made great efforts in HIV prevention and ART provision for the national population. The government institutions are functional and the HIV response has been led effectively by two institutions: the National AIDS Control Council (NACC), which provides strategic oversight and its operational wing, the National AIDS and STI Control Programme (NAS COP) which is situated within the Ministry of Health. NAS COP has a multi-partner Technical Working Group on key populations and launched a national KP policy in 2014.

Kenya is the international hub of the eastern African region and hosts UN regional headquarters, a large diplomatic community, and regional NGO offices. PEPFAR and Global Fund have provided the main financial support to the national HIV response, whereas WHO, UNODC, UNAIDS and bilateral aid agencies have provided technical assistance and comparatively small levels of funding.

### Socio-legal environment

In Kenya the socio-legal environment for MSM/LGBTI people is unfavourable. Homosexual practice is illegal and subject to severe punishment, although in practice the situation is more complex. Although the penal code provides for a prison sentence of up to 14 years, there have never been any recorded convictions.

In 2011, a Kenyan Human Rights Commission Report found a high prevalence of human rights violations, violence and abuse of LGBTI populations. These were not being redressed by the state.<sup>7</sup>

### Cultural context, Kisumu

The environment in Kisumu has been dominated by widespread cultural and religious conservatism around homosexuality.

---

3 Official estimate, 2011

4 Kenya HIV County profiles, 2016. Kenya National AIDS and STI Control Programme.

5 NACC/NAS COP, Kenya. *Kenya HIV Prevention Revolution Road Map. Countdown to 2030*. Nairobi, 2014, page 19.

6 National Key Populations Programme, NAS COP, Ministry of Health, Kenya. *2010–2011 Integrated biological and behavioural surveillance survey among key populations in Nairobi and Kisumu, Kenya*. Nairobi, 2014.

7 Kenya Human Rights Commission. *The Outlawed Amongst Us. A Study of the LGBTI Community's Search for Equality and Non-Discrimination in Kenya*, Nairobi, 2011:1

- *Traditional attitudes:* Kisumu is the centre of Luo culture and the Luo people make up the largest group within the local population. The discourse regarding gender minorities is commonly framed as incompatibility between 'western' ideas of homosexuality and 'traditional' Luo culture. This discourse reflects a notion that homosexuality (and other gender and sexual identities) is a new phenomenon to the Luo people and that sexual identity is a personal choice and not naturally given. It is believed that the 'corrective rape' of lesbians and the physical assault of gay men, can convert homosexuals to heterosexuality. Such views contributed to a high level of violence against MSM/LGBTI people in Kisumu during the first decade of the new millennium.
- *Religious attitudes:* Religious leaders in Kenya are a powerful group that influence opinion. In Kisumu, Christian notions of sexuality reflect the cultural conservatism described above, especially that homosexuality is not a naturally given but a personal choice. This significantly contributes to continuous stigmatisation and marginalisation of LGBTI people.

The prevailing attitude until recently was that there were no MSM/LGBTI people in Kisumu; that it concerned only whites or people from Nairobi.

## **Political context**

The political turmoil and violence that followed the 2007 elections was a turning point for Kenya. After this, the new coalition government set up a truth, justice and reconciliation commission and pursued constitutional reform. This environment of reconciliation, peace and inclusivity led to a shift of attitudes that spilled over into approaches to minority groups. Kenyans increasingly viewed members of key populations as fellow Kenyans with specific needs, rather than people with identities they disapproved of.

In 2010, Kenyan voters approved a new constitution with a strong orientation towards democratic values, social justice and human rights. Significantly, the new constitution entrenched health rights for citizens without discrimination, whilst emphasising the professional identity and integrity of civil servants such as health workers and police officers. It also created a new devolved approach to government, with the county becoming the key jurisdiction. Not only do counties lead on delivery of services, they also set policy and strategy and hold budgets. Since the promulgation of the new constitution in August 2010, policymaking has been more progressive in relation to marginalised populations, reflecting the changing perceptions and acknowledgement of shared rights.

The government had declared that the five-year period from early 2011 to late 2015 was a transition period between the old and the new constitution; this meant it was a time of willingness to reform the governance of health, security and social inclusion.

## **The global context**

From the first decade of the new millennium, multilateral organisations such as UNAIDS and the World Health Organization began actively encouraging national governments to pay attention to the HIV needs of key populations (KPs) and vulnerable groups. This unlocked a large amount of donor funding for KPs and influenced national policymakers to take up the issue.

### 3. CHANGE PROCESS

This section identifies key moments in the change process that led to reduced stigma, greater inclusion and strengthened service delivery for MSM/LGBTI people in Kisumu.

#### MSM organisations emerge – 2000

Against this complex background of social conservatism and political reform, MSM/LGBTI organisations began to emerge. Around 2000, MSM/LGBTI in Kenya began to set up community-based organisations to advocate for their rights to full access to STI and HIV prevention, counselling and treatment services. Ishtar MSM was the first such organisation, and in response to its members' demands for explicitly worded education materials, Ishtar MSM produced the first poster on anal sex and HIV in Kenya<sup>8</sup>.

In 2006, eight LGBTI organisations came together to form the Gay and Lesbian Coalition of Kenya (GALCK) with an office in Nairobi, and by 2011 there were eight MSM organisations, five LGBTI organisations and two LGBTI coalitions operational in western, central and coastal Kenya.<sup>9</sup>

Several initiatives were established in the Kisumu area. The earliest organisations were Kisumu Initiative for Positive Empowerment (KIPE)<sup>10</sup> which started in 2002 and Keeping Alive Societies Hope (KASH), which registered as a CBO in 2003. KASH did ground-breaking work in promoting the rights of male and female sex workers amongst law enforcement officials. KIPE operated on the premise that advocacy among the general population would reduce stigma.<sup>11</sup>

#### Establishment of Nyanza Reproductive Health Society – 2002

The Nyanza Reproductive Health Society (NRHS), a research centre established in Kisumu in 2002, has played a key role in research on the sexual health of MSM. It has also strengthened service delivery for MSM – particularly through setting up the Kisumu Initiative for Positive Empowerment (KIPE) as its post-test club. The presence of NRHS has made a significant contribution to the adoption of evidence-based practice in Kisumu.

NRHS was initially established as a local participant of a large-scale randomised controlled trial of male circumcision for HIV prevention in Kisumu. The results of the trial contributed to the global policy recommendations on the use of voluntary medical male circumcision (VMMC) to reduce HIV infection,<sup>12</sup> and NRHS has led the scale-up of VMMC in Kenya. Today, NRHS has the largest MSM cohort in western Kenya and continues to produce internationally acclaimed research on male sexual health as well as on reproductive health. NRHS was originally established as a collaborative project between the universities of Nairobi, Illinois and Manitoba. It is now an independent Kenyan entity but retains strong links to the University of Illinois. NRHS has received funding from CDC, the National Institute of Health (US), USAID, DFID and the Gates Foundation, amongst others.

NRHS engagement in MSM began in the early stages of the VMMC trial. One MSM participant was invited to bring his friends for a focus group at KIPE, which turned into a meeting of 59 men. This unexpected interest led NRHS to establish its first programme in Kisumu in 2007 targeted specifically at the health-related needs of MSM. It became very popular within the MSM community: within the first six months it had 220 clients. KIPE

---

8 NASCOP, Kenya. *Reaching the Unreached. The Evolution of Kenya's HIV Prevention Programme for Key Population*. Nairobi, 2016: 16

9 NYARWEK. *Lived Realities, Imagined Futures: Baseline study on LGBTI Organising in Kenya*. Kisumu, 2011: 9-12.

10 This is a health care provider, providing outreach services to MSM, sex workers, prisoners, and a youth club, creation of safe spaces for community dialogue and 'coming out'. It also hosts Kisumu's legal protection desk (in collaboration with NYARWEK).

11 NASCOP, 2016

12 Bailey R et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial; *Lancet*. 2007;369(9562):643–56

was then registered as a community-based organisation and received CDC support for outreach HIV testing and behavioural risk reduction for MSM. In 2010 it began offering care and treatment in collaboration with another US-funded programme, FACES. In 2013, KIPE rebranded as Anza Mapema and became a programme within NRHS. It also received CDC and DFID funding for a longitudinal research project with a cohort of 700 MSM (HIV-positive and HIV-negative in Kisumu town).

The strong link between this Kenyan institute and US government funding is critical to understanding why NRHS has succeeded in making evidence-based changes in the health sector in Kisumu: the county government also receives US funding for HIV prevention and because of this it has been open to working with KP organisations to improve service delivery for MSM/LGBTI people.

## **Homophobic legislation, Uganda – 2009**

The Anti-Homosexuality Bill put before the Ugandan parliament in 2009, included the death penalty for those convicted of homosexuality. It led to rising tension around homosexuality in the region, sparking hostile debate and increasing homophobic violence. The attack on the main gay rights group, and the popularity of the bill in Uganda, made LGBTI in neighbouring Kenya fear what lay ahead and heightened awareness of the need to stand together and work with non-LGBTI actors on a broad human rights platform.

## **New evidence – 2009**

In 2009, new evidence about the sources of HIV infections was obtained from a national research study which used the UNAIDS Modes of Transmission (MoT) model synthesised with epidemiological data from other studies.<sup>13</sup> The evidence showed that MSM (including prisoners), accounted for 15.2% of new HIV infections nationally. The data collected by this study also showed that a significant proportion of Kenyan MSM had relationships with women and were in heterosexual marriages. The study recommended that the national response place greater focus on key and vulnerable populations, including MSM, and strengthen services for these groups.

The findings of this study led to a paradigm shift in Kenya's approach to the AIDS epidemic: NASCOP led the development of a KP policy and spoke openly about HIV and sex workers<sup>14</sup>. NASCOP also launched a national key populations programme, which enhanced their ability to respond to the demands of mushrooming KP organisations for capacity-building and greater access to HIV prevention and other services. The donor community supported the operation of the KP programme financially, including the generation of evidence to inform programming.

## **LGBTI Coalition – 2010**

It was human tragedy which in 2010 led to the foundation of NYARWEK, the LGBTI coalition for western Kenya (Nyanza, Rift Valley and Western Kenya).

After a gang rape, a Kisumu man who became HIV positive and was rejected by his family and community committed suicide. His close friend, Daniel Onyango, was a medical practitioner working with CDC in a hospital near Kisumu County. The issues raised by the death of his friend – sexual violence, HIV infection, stigma, personal rejection and lack of legal support – led Onyango to mobilise for an organisation to support LGBTI people in the area. NYARWEK was formed as a coalition of 'youth groups' that worked at individual, institutional and structural levels. The interest was overwhelming, with 300 people attending the initial meeting.

This coalition has played a critical role in creating a more conducive environment for LGBTI people. NYARWEK was registered with eight member organisations, including Men Against AIDS Youth Group (MAAYGO), which has become a main service provider for the MSM community in Kisumu County. Since its inception it has worked closely with NRHS and KIPE/Anza Mapema. NRHS (with KIPE/ Anza Mapema) leads in research, service provision, and provides a 'safe space' for LGBTI people in Kisumu town and NYARWEK works more on safety, legal concerns, and the creation of a more conducive environment.

---

13 National AIDS Control Council, Kenya. *Kenya HIV Prevention Response and Modes of HIV Transmission Analysis*. Nairobi, 2009.

14 NASCOP 2016: 25

The CDC has enhanced the link between research and interventions for MSM access to HIV services through the KEMRI–CDC research centres in Kisumu and nearby counties with high HIV prevalence rates.

## **Kenya Human Rights Commission study (2011)**

In 2010 the Kenya Human Rights Commission (KHRC) carried out a study on human rights abuses against LGBTI in Kenya with two main objectives: 1) to draw attention to the need to enhance equality and non-discrimination in Kenya as a tolerant and open democracy, and 2) to inform a factual dialogue on sexuality issues in Kenya with a view to moving the debate to positive legal and social reforms that enhance equality and non-discrimination<sup>15</sup>. The study found that:

... [h]uman rights violations against LGBTI persons in Kenya are systematic, highly prevalent and generally not redressed by the state when called to. There is a high prevalence of violence upon LGBTI persons who are routinely abused, subjected to hate speech and incitement to violence, suffer physical violence in terms of mobs and occasionally raped by police, vigilantes and organized criminals.

The publication of the study in 2011 came one year after the promulgation of the new, progressive Kenyan constitution and at a time of willingness to make radical changes in relation to respecting the rights of marginalised people to health care and protection.

In Kisumu, LGBTI people were frequently attacked – in the sense of verbal abuse, physical assault, rape and murder – in bars and other social places. Common perpetrators included civil servants and family members. In addition to physical and sexual violence, harassment included blackmail, denial of housing or evictions on account of sexual orientation and gender identity, expulsion from learning institutions and dismissal from work.

The lack of safety for MSM provided an entry point for NYARWEK. Drawing on a human-rights-based approach, safety concerns led to a collaboration with the KHRC office in western Kenya. This involved capacity building of the organisation, including paralegal training and setting up a security platform. This led to collaboration with a number of duty-bearers such as police and health workers, as we shall see below.

## **Sensitisation campaign, 2010-2016**

NYARWEK set out to create a more conducive environment for MSM/LGBTI people in Kisumu County through change of perceptions about MSM/LGBTI amongst various duty-bearers and with attention to health, safety and social inclusion.

### *Sensitising service providers and duty bearers*

NYARWEK's point of departure was the rights to health, safety and social inclusion enshrined in the new Kenyan constitution.

Their approach was to use information, dialogue and interaction to convince duty-bearers to change their attitudes and practice towards MSM/LGBTI people. NYARWEK developed the approach of working with small groups that began with gender sensitisation and moved into training. After the training, one or two facilitators would 'come out' as MSM/LGBTI people. This formed the basis for a more accommodating discussion about gender orientation.

The sensitisation and training also focused on HIV and AIDS, sexual and reproductive health and rights and was tailored to the professionals in the group. For example, health workers were trained on how to deal with various sexually transmitted diseases and police officers received more information about voluntary testing, condom use etc. The process was based on the relations between the facilitators and the participants and encouraged discussion about participants' views of LGBTI people, experiences of discrimination, stigma and violations based on homosexual identity and practice.

---

15 Kenya Human Rights Commission, *ibid*: 1

## Changing minds

The NYARWEK sensitisation approach has been highly effective in changing the perceptions of many health workers and police officers in relation to MSM/LGBTI people. There were three dimensions to this. Firstly, many duty-bearers did not believe MSM/LGBTI people existed within their Luo society – they thought it was ‘something in Nairobi’. Secondly, they imagined MSM/LGBTI people would be ‘somehow different’ human beings and it was a surprise that ‘they are people just like us’. Thirdly, the immersive approach was effective. Participants made reference to their relations with the person who they suddenly realised was LGBTI, for example: ‘I sat next to him during lunch and he was a nice guy’ or ‘We had tea together’ or ‘He had made a number of good points during the two first days – I did not know that he was gay’.

The turning point for many participants was the realisation that MSM/LGBTI people live in the local community, that MSM/LGBTI people behave like everyone else and that they have interacted with a MSM/LGBTI person as part of normal life.

NYARWEK makes great efforts to stress that the work benefits both parties – better work conditions for the duty-bearers and better service provision for MSM/LGBTI people. The emphasis is on collaboration and dialogue, not conflict. They work with the Health Management Team and NASCOP at both county and sub-county levels and participate in the technical working groups on gender.

Men Against AIDS Youth Group (MAAYGO), one of the founding groups of NYARWEK, has since grown into a key LGBTI/MSM actor in Kisumu. MAAYGO has also used a dialogue approach to sensitise chiefs about MSM concerns, which has formed the basis for collaboration on MSM reports of violations under the jurisdiction of the chief, for example, eviction from their homes. MAAYGO achieved permission from the District Commissioner to summon all chiefs in the county for sensitisation on MSM/LGBTI concerns, which developed relations with a number of them to better deal with issues as they arose. This collaboration has substantially reduced the prevalence of chiefs assaulting and evicting MSM/LGBTI people.

MAAYGO takes a public health approach to MSM and is known locally for radio broadcasts that seek to advance men’s understanding of HIV as well as their health and human rights. The organisation has grown significantly over the years, in part through access to a Global Fund grant and it runs a drop-in-centre, health service referrals, and outreach and resource distribution. Part of MAAYGO’s aims are to improve the quality of male-couple relationships, which involves enhanced ability to negotiate satisfying relationships and safer sex with other men and a reduction in violence within sexual relationships.<sup>16</sup>

## Working with religious leaders

Religious leaders are key opinion leaders in Kisumu and justify their rejection of LGBTI people with reference to the Bible, rather than the constitution. This presents a challenge to MSM/LGBTI organisations, which seldom have the skills to enter into a theological discussion. Since the vocational identities of religious leaders also differ from those of public service, NYARWEK had to use a somewhat different approach in working with religious leaders to that used with health workers and police officers.

Firstly, NYARWEK was conscious that religious leaders may view them unfavourably and thus chose to begin the conversation with the help of a well-known and respected family health partner, Family Health Options Kenya (FHOK). FHOK held seminars for the members of the inter-religious council in Kisumu on sexual and reproductive health generally, and sexuality, including sexually transmitted diseases. The seminars opened up discussions about homosexual practice, among other issues. Their focus was on sensitisation and dialogue.

NYARWEK’s director, Daniel Onyango, also used his personal contacts to get introductions to individual Catholic, Anglican and Pentecostal clergy. One LGBTI/MSM group became part of a Catholic soccer tournament, which opened a discussion with some Catholic clergy about inclusion of the young LGBTI people. Although the

---

16 See also Bourne A, Fearon E, Nutland W. ‘Mapping & appraisal of HIV prevention & care interventions for men who have sex with men (MSM) in Kenya, Tanzania, Uganda & Zimbabwe’. A report of the SHARP programme. London: Sigma Research, London School of Hygiene & Tropical Medicine, 2016.

discussion did not move far with the Catholic Church, Onyango managed to establish working relations with an Anglican training college. In just two years, more than 100 Anglican clergy received 'progressive' training under the subject 'sexuality and spirituality'. The head of the training college, Rev. Mary supported this work and provided invaluable assistance in the discussion with clergy and in negotiation with the church hierarchy.

The collaboration with the Anglican Church led to the development of a training manual on sexuality and spirituality. The manual was completed in 2014 and was ready to be rolled out. However, the Lambeth conference held in Kenya in 2014 divided the Anglican Church in Kenya on these issues and in this context the bishop put a stop to the work at the theological training college. Rev. Mary was also instrumental in connecting NYARWEK to the broader field of Protestant churches in Kisumu, so when the work with the training college was stopped, NYARWEK continued the work with the Protestant churches. Rev. Mary became a board member of NYARWEK and continued to speak out on LGBTI concerns until her death in 2015.

The Pentecostal leaders in Kisumu County rejected conversations about sexuality, so NYARWEK chose the entry point of HIV and AIDS as a way of broaching LGBTI issues. This has led to a delay in developing an appropriate training manual and NYARWEK is currently considering the way forward.

The working relations with Pentecostal leaders and the many trained Anglican clergy mean NYARWEK has a network of religious leaders to call upon to mediate, particularly in relation to LGBTI youth facing problems at school. Religious leaders do counselling at secondary schools where LGBTI youth may suffer stigma and discrimination and even expulsion. A religious leader is able to intervene in these situations and ensure that a LGBTI youth completes secondary education. NYARWEK is also about to begin a project where informed religious leaders mediate disrupted relations between MSM/LGBTI young people and their close relatives, especially parents.

## **Outcomes**

The NYARWEK approach has led to some important achievements: a number of public and private clinics now have LGBTI-friendly services, which include knowledge on the diagnosis and treatment of MSM/LGBTI health issues and confidentiality between service provider and user. NYARWEK has also been invited by the county government to become a member of the Kisumu County Strategic Plan Development Team to develop the next three-year Gender Mainstreaming Strategic Plan. This has led to the inclusion of key populations with a focus on disaggregating information on the local LGBTI community.

The collaboration must be seen in the context of the US government funding both research projects to produce evidence at international level and evidence-based interventions within the county.

## 4. HOW CHANGE HAPPENED

The changes described above were directly brought about by committed champions at local and national level. However, their success was a product of a unique interplay of enabling factors that provided the space for constructive work by a wide range of key actors. This section summarises these actors and factors.

### Critical actors

The table below gives an overview of the key actors directly involved in the change process.

Actor category	Actors	Role
Key population organisations	Kenya Initiative for Positive Empowerment (KIPE) (MSM SW organisation), NYARWEK (LGBTI coalition); MAAYGO (MSM organisation); The Gay and Lesbian Coalition in Kenya (GALCK); and 3Ws (lesbian organisation)	Critical role throughout the process: <ul style="list-style-type: none"> <li>• Mobilised their constituencies</li> <li>• Established partnerships</li> <li>• Advocacy</li> <li>• Sensitisation</li> <li>• Fundraising</li> <li>• Implementation service delivery</li> </ul>
	The East African Sexual Health and Rights Initiative (UHA), first East African indigenous activist fund for sex workers and sexual and gender minorities	Critical role throughout the process: <ul style="list-style-type: none"> <li>• Funded start-up of KP organisations</li> <li>• Supported initial capacity building of KP organisations such as NYARWEK</li> </ul>
National NGOs and other civil society actors	Kenya Human Rights Commission, Liverpool VCT, Family Health Options Kenya	Critical role throughout the process <ul style="list-style-type: none"> <li>• Capacity-building</li> <li>• Knowledge production</li> <li>• Advocacy</li> </ul>
International NGOs	FACES, The Norwegian LGBT Association (LLH), Danish Family Planning Association (DFPA)	Critical throughout the process by supporting local KP organisations
Research institutions	Kenya Medical Research Institute (KEMRI), Center for Disease Control (CDC), Nyanza Reproductive Health Society (NRHS), Anza Mapema	Critical role throughout the process: <ul style="list-style-type: none"> <li>• Provided evidence that could be used for advocacy.</li> <li>• Implementation/service delivery.</li> </ul>
Local government	Kisumu County	Duty bearers open to engage in dialogue and interaction re LGBTI issues
National government	NACC, NASCOP	Critical role within the broader national context <ul style="list-style-type: none"> <li>• Set up KP programme with technical and financial support to MSM organisations.</li> <li>• Developed KP guidelines.</li> <li>• Collaborated with KP representatives in the technical working group on HIV/AIDS and TWG on key populations.</li> </ul>
International actors	US government (PEPFAR, CDC, NIH), Gates Foundation  World Bank	Continuous and significant funding of <ul style="list-style-type: none"> <li>• Research programmes on MSM</li> <li>• interventions for MSM</li> <li>• Funded the MoT study</li> </ul>

## Contributing factors

In identifying the factors critical to the achievements, a distinction is made between those that created an enabling environment for change and the tactics used to bring about change in this context. Inevitably there is some overlap of these.

### Creating an enabling environment

- **Political and constitutional context**

The change process from around 2000 took place against a background of social conservatism, but in a political context where the new constitution provided for the rights of all citizens to equal access to public services without discrimination. It also emphasised the professional integrity of duty-bearers such as health workers and police officers. In this new dispensation, there was a focus on marginalised populations and public concern for the values of equality and justice. Both civil society and state actors were supportive of the new constitution and committed to putting it into effect. The constitution also devolved power to the new Kisumu County, enabling it to act upon locally generated knowledge and influence.

- **Policy context**

As described in the case study 'Fellow Kenyans', this environment provided the policy space, formalised through the Kenya National AIDS Strategic Plan III, for national and local actors to advance a key populations HIV agenda and with this, a focus on MSM/LGBTI rights.

- **Quality evidence available**

Research evidence was critical in motivating actors in the change process. For example, the MoT study in 2009 provided evidence that MSM contributed a significant proportion of new HIV infections and that they could be a bridge for HIV infections to the general population. This gave added impetus to improving access to and uptake of HIV services for MSM. The KHRC report of 2011 substantiated and disseminated the experiences of discrimination and persecution of LGBTI people in Kisumu.

- **Evidence-based practice in government**

The exceptional set-up of a research centre in Kisumu (NRHS), with links to an internationally acclaimed university and close links to US government funding, in a country where the US government is the main funder of HIV interventions, appears to have been a conducive arrangement for putting evidence into action. Put simply, public health officials were close to research findings as they unfolded and had access to linked funding. International agencies often aim to achieve such interweaving of research, policy, and intervention but rarely manage to create a sufficiently strong link between themselves, the research institutes, local governments, and civil society organisations.

- **Research institution expected to engage on findings**

Similarly, NRHS expected to engage locally with its research findings. Furthermore, NRHS formed Anza Mapema which complemented the work of NYARWEK.

- **Catalytic events**

In Kisumu, which is just two hours' drive from the border, movement against LGBTI people in Uganda provoked a sense of imminent threat which prompted the formation of NYARWEK and its strategy to reach out to non-LGBTI human rights organisations to avoid being deliberately isolated.

- **External funding available**

MSM/LGBTI organisations in Kenya had access to ever-increasing funds for sexual health and human rights work from international donors. This was partly because Kenya offers a context in which international SRHR and human rights NGOs are comfortable to operate. Kisumu attracted funders interested in MSM issues because of the strong association with related research and the exceptionally high prevalence of HIV in western Kenya.

- **Influential champions**

LGBTI leaders had the courage to speak out and organise in a challenging context and used wise strategies in this context. They were good at developing relationships with critical players in government and in churches.

## Tactics used to bring about change

The tactics that were employed reflected those that would be expected in successful influencing. Critically, civil society deployed a sensitisation strategy very effectively.

- **Wise leadership applied contextually astute approaches**

The *sensitisation* approach, which uses information, dialogue and interaction was particularly successful in reaching a range of duty-bearers – local government officials, police, health workers and religious leaders – and changing their convictions about MSM/LGBTI people. This approach differs markedly from more confrontational approaches such as advocacy and protest, which are commonly used by civil society actors. It was based on a wide range of well-developed relationships. Using ‘non-LGBTI ambassadors’ to take on the concerns of the LGBTI community was also effective and mitigated against the tactic of isolating LGBTI organisations that was used in the crackdown in Uganda.

- **Persistence and sustained commitment**

The success in changing attitudes towards MSM/LGBTI people in Kisumu and improving the attitudes and practice of duty-bearers such as police officers and health workers has been achieved through a series of activities in the period from 2010 until 2016, which in turn built upon developments from 2000.

## Role of civil society

Although the interplay of actors and factors above was essential to the improved environment for MSM in Kisumu, it is safe to say that change would not have occurred so rapidly or so fundamentally had it not been for the critical role of civil society.

Galvanised by the hostile environment in Uganda, MSM in Kisumu organised on a broad-based human-rights platform. They leveraged the favourable national and global context and embarked on a cleverly designed and effective campaign to influence service providers, duty bearers and religious leaders.

In summary, KP organisations have led the change process in collaboration with national and international civil society organisations. Mainstream NGOs, both national and international, have played critical roles in the process, through long-term capacity-building arrangements and partnerships with KP organisations.

## 5. CONCLUSIONS

Within a six-year period, Kisumu County has changed from an environment characterised by violence, discrimination and stigma to one that is much more inclusive of MSM/LGBTI people. MSM now feel more comfortable to access health services, which have become more appropriate for their needs. They anticipate protection rather than harassment from police and chiefs. However, much work remains to be done to better accommodate MSM/LGBTI people in religious organisations and within the private domain of family life.

This case study has explored the change process that has taken place at the sub-national level. It has focused on the approach of KP organisations to change perceptions about MSM/LGBTI people among various duty-bearers through interaction and with attention to health, safety and inclusion; and through partnership with non-LGBTI actors who take on LGBTI concerns.

We have argued that the achievements must be understood within the context of a close link between research and donor funding, which has greatly enhanced the motivation of local government to act upon research findings and collaborate with KP organisations in creating a more enabling environment. Furthermore, the changes have occurred through reference to the changes in attitudes encouraged with the new progressive constitution of 2010.

In conclusion, we can see that the strength of the Kisumu change process was the result of a combination of public-health and human-rights approaches: MSM/LGBTI concerns were framed within the discourse of both public health and human rights. On the one hand, the new evidence on MSM and HIV provided an undeniable public-health argument for change. On the other hand, the new political and human rights environment supported a strong moral argument for inclusion and a non-discriminatory environment for MSM.

## **Appendix 1: Concluding Note on Methodology – Interviewees**

The case study draws on document review and a number of interviews.

Interviewees included<sup>17</sup>:

- Anza Mapema: Director, Dr Duncan Okal
- Family Health Options Kenya: Bernard Washika, Programme Manager
- KEMRI-CDC: Dr Mbeda, Researcher
- Kisumu County: Dr Otieno
- MAAYGO: Director, Shabaan
- NYARWEK: Dr Daniel Onyango, Director
- Police officers: Nyakongo Phares, Nancy Jelimo, Kibwana Ibrahim, Evans Okutu
- Religious leaders: Rev. George Tobia Rowa, Bishop Anyenda, Rev. Imerelda
- University of Nairobi and University of Manitoba: Larry Gelmon, Program Head; Team Lead on Modes of Transmission (MoT) study 2008

---

<sup>17</sup> Positions at time of interview

This document has been prepared as part of the Evidence for HIV Prevention in Southern Africa (EHPsa) programme which is supported by UK aid from the Department for International Development (DFID) and Sweden, through the Swedish International Development Agency (Sida) - mandated to represent the Norwegian Agency for Development Cooperation (NORAD)

The content and opinions as expressed within this document are those of the authors and do not necessarily reflect the opinion of UK aid, DFID, Sida, NORAD or that of the programme managers, Mott MacDonald

**ehpsa** is funded by UK aid and managed by Mott MacDonald [www.ehpsa.org](http://www.ehpsa.org)  
EVIDENCE FOR HIV PREVENTION IN SOUTHERN AFRICA

