

ACTIVITY BRIEF

October 2013



YEAR 2

SMALL GRANTS PROGRAM

HIV AMONG MEN WHO
HAVE SEX WITH MEN (MSM)

Acknowledgements

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INTRODUCTION

The goal of the R2P Small Grants Program is to strengthen the capacity of organizations and individuals in low- and middle-income countries to conduct original HIV prevention research. In the second year of the program, the research theme was HIV prevention among men who have sex with men (MSM). The competition was open to host-country nationals from low- and middle-income countries in 2010. The winning grants were selected among a highly qualified pool of almost 50 applications by a committee at the Johns Hopkins Bloomberg School of Public Health. The grants were awarded to Enda Santé (Senegal), the Kenya Medical Research Institute (Kenya) and the Desmond Tutu HIV Foundation (South Africa).

Grantees attended a one-week training course in Baltimore, Maryland covering qualitative and quantitative research methods, research ethics, and translating findings into interventions. This training course also served to develop a network of grantees across countries to discuss and share their work on HIV prevention among MSM. Grantees received on-going technical assistance from the core R2P management team and on-site technical assistance from an epidemiologist with experience working with MSM.

Findings from these research projects have been disseminated in multiple ways to both

local and international audiences. At the 2012 International AIDS Conference in Washington D.C., grantees presented their experiences and findings as part of a special satellite session focused on HIV among key populations in sub-Saharan Africa. Scientific articles and abstracts have been submitted to a variety of journals and conferences, including a 2013 special supplement of the *Journal of the International AIDS Society*. The highlights of each project are described in this brief.

Organization Profile: Enda Santé

Enda Santé is based in Dakar, Senegal, but has implemented projects throughout West Africa that promote preventative health and access to healthcare. Since its creation in 1988, the organization has collaborated with governments, international NGOs, and local communities on initiatives related to HIV/AIDS, malaria, and the integration of traditional and biomedical healing. Enda Santé has conducted award-winning education and mobile testing interventions to address HIV among key populations. More information on Enda Santé can be found at www.enda.sn.

Project Details

With their small grant, Enda Santé conducted a research project entitled, "An Integrated Approach to Reducing HIV Vulnerability among MSM in Senegal: Research and Evaluation of Income-Generating Tools for



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R2P
Research to Prevention

MSM.” Its objective was to reduce the risk of HIV among MSM through social and economic support at the individual and community levels.

Like other pioneers in structural interventions for key populations, Enda Santé argues that traditional HIV prevention activities, such as condom promotion and testing, are not enough. Interventions must also address structural risk factors, such as poverty, that impede HIV prevention, testing and treatment among key populations. Promoting social support can build a sense of community and reliance against the stigma and discrimination that obstruct access to prevention, testing and treatment services among MSM.

The project started with a baseline survey to explore the social and structural associations with HIV status and preventive behaviors among MSM in the target communities. The results informed an income generating intervention that provided microfinance support, credit monitoring, and professional training to 45 beneficiaries. The program provided assistance to MSM participants across many professional sectors, including sewing, trade of clothing or accessories, trade of food products, or animal breeding. At the close of the intervention, a 15-month follow-up survey looked at various outcomes comparing the beneficiaries to a control group.

Key results

The baseline survey found an HIV prevalence of 36% among the 492 participants. Notable bivariate associations of social and behavioral variables to HIV status and related behaviors included the following.

Positive HIV status was related to

- Greater number of sexual partners in the past month
- Inability to meet daily food expense
- Belief that sex without a condom was acceptable for at least one type of sexual relation

Consistent lubricant use was significantly associated with

- Inability to pay living expenses
- Low perceived social support

The 15-month follow-up survey found MSM who participated in the intervention had higher rates of condom and lubricant use than those in a control group. Qualitative results highlighted the benefits of the income generating activities to individual participants.

Capacity building

Technical assistance from R2P as well as an established rapport with the MSM community helped Enda Santé successfully conduct this research, and grow as a leading organization for HIV prevention in West Africa.

Careful planning of the data collection process was particularly well executed, allowing for the large-scale sur-

vey to be completed in the predetermined time frame. Further, local research assistants were trained in ethics of working with MSM, and reported effectively dealing with situations in which they encountered discriminatory speech in the field.

Lessons learned

Enda Santé noted challenges in the monitoring of the intervention, specifically the financial management of the small grants and microloans. Some participants in the intervention did not make their loan re-payments; at other times, partner microloan associations were unreliable in distributing loans on schedule. Tracking participants over the course of the intervention was a managerial challenge, as was achieving a high response rate for the follow-up survey. In recognizing these challenges, Enda Santé suggests ensuring that the intervention group is of a manageable size and that the group leaders (participants assigned to keep track of a small group of participants) are highly motivated.

Project 2: Healthcare worker sensitivity training in Kenya

Organization Profile: Kenya Medical Research Institute
Established in 1979, The Kenya Medical Research Institute (KEMRI) is the national body responsible for carrying out health research in Kenya. Its mission is to “improve human health and quality of life through research, capacity building and service delivery.” The research described in this brief was conducted by the Centre of Geographical Medicine Research Coast (CGMRC). CGMRC was established in 1989 as one of KEMRI’s ten centers, has two main bases in Kilifi and Nairobi, and conducts multidisciplinary research on infectious diseases. KEMRI also has a notable HIV vaccine trials unit. More information on KEMRI can be found at www.kemri.org and more information on CGMRC can be found at <http://www.kemri-wellcome.org>.

Project details

KEMRI conducted a study called “Evaluation of Health Worker Training Interventions to Improve Quality of HIV Prevention and Other Services for MSM in Coastal Kenya.” This study aimed to: (1) evaluate the feasibility of implementing an online electronic learning (e-learning) curriculum to healthcare workers (HCWs) in order to improve sensitivity and quality of MSM health services in Coastal Kenya; (2) describe baseline knowledge, attitudes and practices of HCWs regarding treatment of MSM, and (3) evaluate the effect of the e-learning intervention upon individual HCWs’ knowledge and attitudes, and individual and organization-wide practices.

Seventy-four healthcare workers from 4 districts volunteered to attend a 2-day training in Kifili, Kenya. The training was based on 8 modules in an e-learning format and supplemented with small discussion groups. Prior to participation, they completed a pre-course questionnaire

on previous MSM training or counseling experience and knowledge of course material.

Seventy-one of the participants were re-assessed with qualitative and quantitative measures 3 months after the completion of the training. This follow-up survey included a knowledge and attitudes assessment as well as opportunities to recommend improvements for future trainings.

Key results

Quantitatively

- Forty-nine percent of the healthcare workers participants had adequate knowledge on HIV risk among MSM at the 3-month follow-up, compared to 14% prior to the training.
- A 14% overall reduction in the homophobia attitudes scale from baseline to 3-month follow-up was statistically significant

Qualitatively

- HCWs reported a greater acknowledgement of MSM patients in their clinics.
- HCWs supported the need to treat MSM patients with high professional standards.
- HCWs reported a greater awareness of the social and behavioral risk factors for HIV among MSM.

Beyond the training

- Forty-three persons participated in the on-line course in addition to the 74 who attended the in-person training. These participants showed similar increases in knowledge during an assessment immediately following the on-line course.

Capacity building

The research team at the KEMRI demonstrated strong dedication to disseminate these results to the greater scientific and programmatic community. One abstract related to this study was accepted for 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention in Kuala Lumpur, Malaysia, June/July, 2013. Further, the team has submitted two manuscripts for peer review in scientific journals.

Within Kenya, the KEMRI team is currently organizing the 2nd regional stakeholders meeting focusing on HIV healthcare service delivery for key populations in the Coast Region, and will highlight the findings of this study findings.

As per request from the Provincial Medical Officer, and in collaboration with MSM members in HIV programming, KEMRI is actively promoting the use of the online training for community health workers across the Kenyan Coast Region.

VOICE FROM THE FIELD

The income generated by this activity has helped him get treatment. He previously thought he could not talk about to anyone about his illness. Now he is well and can make profit. In addition, this activity has changed his relationship with his family, his neighbors and his life in general as people now know his business and when he travels for his trade.

—Enda Santé staff member, speaking of one participant who benefited greatly from intervention support for his fruit trade business.

Lessons learned

HCW participants noted that while the training affected their attitudes and knowledge around providing care to MSM, they would continue to face challenges in their work due to the on-going stigmatization of MSM in the broader society. Participants suggested that community-wide sensitization campaigns were needed to better support the move to providing sensitive healthcare to MSM.

Project 3: MSM community groups in South Africa

Organization Profile: Desmond Tutu HIV Foundation

Based in Cape Town, South Africa, The Desmond Tutu HIV Foundation (DTHF) is a non-profit organization focused on research, treatment, training and prevention of HIV and related infections. The DTHF operates community-based and clinical research sites throughout greater Cape Town in addition to providing treatment, testing, and outreach services to at-risk communities. Beginning in 2006, the DTHF began work with Cape Town's MSM community and served as the only African site for the Global iPrEX study (Chemoprophylaxis for HIV Prevention in MSM) beginning in 2008. More information on DTHF can be found at: www.desmondututhiocentre.org.za.

Project details

DTHF's small grant helped them to conduct the study, "Using Novel Strategies to Access MSM in South Africa." The overall aim of the project was to determine the feasibility and effectiveness of engaging Cape Town MSM in community-based activities to increase social support as well as HIV prevention knowledge and behavior. DTHF sought to achieve these objectives by establishing sustainable MSM community groups in five areas of greater Cape Town, and using these groups to promote condom use, risk reduction, and HIV testing.

The study began with a formative phase designed to seek MSM community buy-in, gain a deeper understanding into the needs of the MSM, and establish the

necessary social networks needed for implementation activities.

Then in the implementation phase, community-based activities were used to access MSM and disseminate targeted HIV education and supplies. Five MSM community leaders were elected based on formative research and pre-existing networks. 100 MSM participants were enrolled across the five intervention communities and participated in a baseline survey.

Semi-structured MSM community meetings occurred weekly or biweekly and included both social and educational components, totaling 66 activities over the course of the intervention across the five locations. Activities such as netball, debates, outdoor recreational activities, and cultural activities incorporated topics on HIV prevention. Some activities were organized that included multiple MSM community groups in order to encourage the sharing of knowledge and social support across geographic communities. Group meetings were also used to distribute condoms and water-based lubricants to MSM.

Finally, in the assessment phase, program indicators were analyzed and the experience of participants were collected through qualitative measures.

Key results

Formative phase

- Fear of stigma and discrimination were common explanations for the reluctance of MSM participants to access local health care centers. Participants also reported that nurses and doctors had a clear lack of understanding in treating MSM health issues.
- Though MSM reported mainly receiving information on HIV/STI prevention from healthcare facilities, radio, TV and certain schools, they reported the lack of MSM-specific information on sexual health.
- Few participants were knowledgeable about the use of water-based lubricants. Although participants reported that regular condoms are freely available at all clinics, they sought out certain MSM-friendly services in order to gain supplies of preferred flavored condoms.
- Very few MSM community-based activities and health services were reported in any of the five townships. Suggestions provided for activities included debates, sporting events, picnics, arts and culture and music events.

Assessment phase

- While only 31% of participants attended 50% or more of the scheduled community group meetings,

VOICE FROM THE FIELD

As a professional, I am not supposed to segregate them, whether I support homosexuality or have a different perception or judgment. As a clinician, my duty is to treat without imposing my values on the patient. That's the positive thing I got from [the training program] and it's what I'm doing now.

—HCW participant

the follow-up data do demonstrate the feasibility of consistently reaching MSM through the use of community group meetings and social activities.

- Qualitative data revealed that the activities and MSM community groups established in this project created a supportive environment for MSM, addressed feelings of isolation amongst participants, and filled the need for a safe social space that the MSM community had previously lacked.
- The intervention created opportunities for MSM to acquire new knowledge and access to HIV prevention, and MSM participants credited their improved knowledge and use of water-based lubricants to the intervention.

Capacity building

This small grant provided capacity building opportunities for staff members at all levels of DTHF and for the community members it works with. Through this project, the project director became one of the first DTHF nurses to write and submit an academic publication. Additionally, junior counseling staff had opportunity to expand their skills into community outreach and mobilization work.

Community leaders that were identified and trained through this project were able to support the development of MSM activities in their communities and bring together MSM, many, for the first time. Of the five community groups that were established, one group has now moved to form their own MSM non-profit organization. Further, the project has helped create lasting service referral networks among the community MSM.

Lessons learned

Based on participants' responses, the community program did not appear to influence MSM's inconsistent use of condoms during anal intercourse. This finding highlights the need for new or innovative interventions within these communities to address unprotected anal intercourse among MSM.