

Strengthening the HIV Response with Structural Interventions through the Key Populations Investment Fund

SUCCESS STORY | APRIL 2022

Structural interventions that create an enabling environment in which key populations' rights and well-being are protected are a linchpin in the ability of HIV programs to achieve epidemic control. KPIF represented a valuable source of support for structural interventions that address the needs of local key population communities.

Key Populations Investment Fund

The Key Populations Investment Fund (KPIF) was a global, US\$100 million investment from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (2019–2021) to increase access to and retention in high-quality HIV prevention and treatment services for key populations (KPs)—men who have sex with men, sex workers, transgender individuals, and people who inject drugs—in sub-Saharan Africa, Southeast Asia, Latin America and the Caribbean, and Ukraine. The goal was to provide funding to KP-led, -trusted, and -competent civil society organizations (CSOs) and build their capacity to use their expertise to the benefit of the KP communities they serve.¹ The Meeting Targets and Maintaining Epidemic Control (EpiC) project led by FHI 360, one of several projects that received KPIF funding, worked with 99 local CSOs across 20 countries to implement KPIF-supported activities. Here we describe how some of those EpiC-supported CSOs leveraged KPIF support to advance their work in structural interventions for KPs.

Structural Interventions in the HIV Response for Key Populations

Structural interventions aim to create changes in the underlying social, political, or economic structures that constrain public health.² For KPs, this means targeting the human rights violations, stigma and discrimination, and violence they experience with structural interventions focusing on the “critical enablers” of effective HIV service delivery and uptake: reviewing laws, policies, and practices; reducing stigma and discrimination; preventing violence; bolstering social protections; and empowering the community.³

Many of the local organizations that received KPIF support through EpiC used those funds to strengthen their work on structural interventions, as they recognized the importance of creating an environment in which KPs can safely access care that upholds their rights and meets their needs. Approaching the barriers from multiple angles, these CSOs implemented structural interventions that worked with KP beneficiaries and service providers, including KP-serving organizations, peer educators, health workers, law enforcement, religious leaders, and paralegals, on issues such as human rights, stigma and discrimination, violence prevention and response, economic empowerment, access to justice, mental health, KP-competent service delivery, service quality, treatment literacy, and safety and security.

In addition, EpiC worked with the KP-led global network [MPact Global Action for Gay Men's Health and Rights](#) to award US\$500,000 in small grants from KPIF to 19 local KP-led organizations across eight countries. These nine- to 12-month community engagement grants supported structural interventions ranging from establishing KP safe spaces, to strengthening violence prevention and response mechanisms, to conducting trainings and workshops on legal issues (Table 1). MPact provided tailored capacity building for each grantee following a rapid needs assessment and prioritization exercise.

¹ U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Key Populations Investment Fund. Fact sheet. Washington (DC): PEPFAR; 2020. Available from: https://www.state.gov/wp-content/uploads/2020/07/PEPFAR_Key-Populations-Investment-Fund_Fact-Sheet_2020.pdf.

² Blankenship KM, Friedman SR, Dworkin S, Mantell JE. Structural interventions: concepts, challenges and opportunities for research. *J Urban Health*. 2006;83(1):59-72. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1473169/>.

³ World Health Organization (WHO). [Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016 update](#). Geneva: WHO; 2016.



USAID
FROM THE AMERICAN PEOPLE



Table 1: KPIF community engagement grant recipients and activities

Country	Local CSO Community Engagement Grant Recipients	Key Populations Served	Scope of Community Engagement Grants
Cote d'Ivoire	Reseau des Population Cles de Cote d'Ivoire	All KPs	Strengthen violence prevention and response; participate in community-led monitoring of health services for KPs; capacity building with health care workers to reduce stigma and discrimination
	Dekoti	FSW	
Eswatini	Health Plus 4 Men (HP4M)	MSM, Transgender	Strengthen violence prevention and response; income generating activities and life skills training; capacity building with health care workers and police to reduce stigma and discrimination; provision of short-term housing and emergency support to KPs
	Rock of Hope (ROH)	MSM, Transgender, FSW	
	Voice of our Voices (VOOV)	FSW	
Kenya	Reachout Centre Trust (RCT)	PWID	Strengthen violence prevention and response; human rights education; capacity building with health care workers and police to reduce stigma and discrimination; creation of a safe space for MSM; income-generating activities
	Empowering Marginalized Communities (EMAC)	MSM	
Malawi	Angaza Foundation	MSM	Human rights education and advocacy; psychosocial support for KPs; KP engagement in national planning and decision-making
	Ivy Foundation	FSW	
Mozambique	Associação Bedjany VaVassate va Moçambique (ABEVAMO)	FSW, MSM	Human rights education and advocacy; psychosocial support for KPs; capacity building with health care workers to reduce stigma and discrimination; creation of KP support groups
	Associação Rede Nacional Contra Droga (UNIDOS)	PWID, MSM	
Namibia	Outright Namibia	MSM, Transgender	Capacity building with health care workers to reduce stigma and discrimination; rights education/legal literacy; strengthen violence response
	Voice of Hope Trust (VHT)	FSW	
Nigeria	Community Health Initiative for Youth in Nigeria (CHIYN)	MSM, Transgender	Human rights education and advocacy; capacity building with health care workers and police to reduce stigma and discrimination; strengthen violence prevention and response; creation of KP safe spaces; capacity building for income generation skills
	Passion & Concerns for Women Welfare and Empowerment Initiative (PACOWWEI)	FSW	
	Initiative for Advancement of Humanity (IAH)	MSM, Transgender	
Zimbabwe	Gays and Lesbians of Zimbabwe (GALZ)	MSM	Capacity building with health care workers to provide KP-friendly services; creation of KP support groups
	Women Against All Forms of Discrimination and Abuse (WAAD)	FSW	
	Zimbabwe Rainbow Community (ZRC)	MSM, Male sex worker	

Country Case Examples

Box 1. Key KPIF-supported achievements in structural interventions in Kenya

- Created community awareness by training 362 peer educators on human rights and **human rights advocacy**
- Improved the ability of KPs to represent themselves effectively when engaging with the media by training 74 peer educators in **media advocacy**
- Increased KPs' access to **psychosocial support** in reaching 1,856 peers with mental health services and support groups
- Strengthened **crisis response teams** through peer training and establishment of hotlines
- Trained 206 health care workers on **violence prevention and crisis response** to improve their ability to provide KP-friendly services
- Trained paralegals to provide **legal support to KPs** when their rights are violated
- Expanded access to **alternative dispute resolution (ADR)** for **FSWs** experiencing violence, which led to an increase in the number of gender-based violence (GBV) cases reported and fast-tracked FSWs' access to justice
- Increased awareness of issues affecting KPs through **KP sensitization dialogues** with 463 law enforcement officers and 110 religious leaders

Jinsiangu, a CSO focusing on transgender people, donated a gender-based violence reporting desk to police in Kenya.

Photo credit: Jinsiangu

Kenya

In Kenya, KPIF supported the Bar Hostess Empowerment and Support Program (BHESP)—a CSO led by female sex workers (FSWs)—to expand its work with the alternative dispute resolution (ADR) system to bring justice to FSWs who experience violence, verbal abuse, blackmail, or nonpayment for their services. ADR is faster and less expensive than traditional litigation, uses a mediator, and results in a legally binding outcome. KPIF funded the sensitization of key individuals to be involved in ADR (e.g., law enforcers, community leaders); provided transportation fare for the parties in dispute; and raised awareness of ADR by sharing success stories on social media and through peer educators. In addition, KPIF funds permitted BHESP to build its capacity to assist FSWs via ADR through the retention of a lawyer who also served as an ADR mediator. Thirty-one BHESP cases with FSWs were settled through ADR in 2020, an increase from five in 2017. BHESP also passed on its knowledge by training Jinsiangu, a CSO focusing on transgender people in Kenya, on the ADR system so that this key population could also benefit from this form of legal support.

“As a program officer, I want to comment on the availing of funds to offer mental health counseling to sex workers. The KPIF funds through EpiC reduced the burden on staff of referral and counseling with the offering of professional mental health counseling to help sex workers who are suffering due to the impacts of COVID-19, poverty, and the effects of HIV and related stigma from the community.”

—Emmy Nekesa, Smart Ladies

Through EpiC, KPIF also supported Smart Ladies, an FSW-led community-based organization in Nakuru County experienced in advocacy and networking, to develop a more comprehensive advocacy program. From November 2019 to April 2021, their achievements produced through KPIF investments included, among others, enrolling 5,000 sex workers into the program; increasing the number of trained paralegals to support FSWs; establishing a county-wide violence prevention and response system; setting up a drop-in center for HIV prevention information and referrals; sensitizing police officers on the rights of sex workers; advocating for the inclusion of sex workers in a youth employment program intended to mitigate the impact of COVID-19; introducing mental health screening and counseling for sex workers; and enhancing organizational management through automation of financial processes using accounting software and engaging key staff in a full-time capacity. (See Box 1 for key achievements in Kenya.)

“Through the help of KPIF, advocacy, economic empowerment, and HIV prevention have been strengthened at BHESP.”

—Carolyn Miloyo, DIC In-charge, BHESP



Box 2. Key KPIF-supported achievements in structural interventions in Ghana

- Assessed current activities to reduce **stigma, discrimination, and violence** in health facilities
- Assessed the existing **crisis-response mechanisms** for KPs to report stigma, discrimination, and violence in facilities
- Identified the **health and human rights needs of the transgender community**
- Trained 33 local partner staff and health care providers to **ask about and respond to violence** using the LIVES approach

Ghana

In Ghana, KPIF enabled EpiC to work with seven local partners—Ghana-West Africa Program to Combat AIDS and STI; Centre for Popular Education and Human Rights Ghana; Pro-Link Organization; West Africa AIDS Foundation; Hope Alliance Foundation; Worldwide International Youth Organization; and EQUIP. While much of the KPIF-supported work of these partners was centered around generating demand for and rolling out oral PrEP and HIV self-testing among key populations, the partners also prioritized reviewing and strengthening existing structural interventions in the country. To identify areas where these interventions could become more responsive to key population members' evolving needs related to stigma, discrimination, and violence, EpiC Ghana and its local partners analyzed the gaps and opportunities in the country's mechanisms to address stigma and discrimination, as well as its crisis response model. Among the key findings of the analysis were the need for a real-time system to track facility-based incidents of stigma, discrimination, and violence and their resolution, disaggregated by KP, and the recommendation that the country's online Discriminatory Reporting (DR) system from the Commission on Human Rights and Administrative Justice be used for reporting rather than emergency response, as it is not designed to trigger immediate action. Given KP individuals' preference for reporting violence within community mechanisms rather than to health workers, facility and community systems for violence response should be integrated, and health care workers should be trained how to ask about violence; the latter recommendation was subsequently implemented with KPIF support through a training of health care workers from the project's implementing partners on the "listen, inquire, validate, enhance safety, support (LIVES)" approach to asking about and responding to violence ethically. The analysis also found that crisis response teams would benefit from continued financial support, expansion to include trans-focused teams, and further training on supporting survivors of intimate-partner violence. The impact of law enforcement training on the harassment of and services to KPs should be evaluated, along with the sustainability of the trainings, to inform refinements and scale-up. These key findings and recommendations were shared with partners and key stakeholders to inform next steps. (See Box 2 for key achievements in Ghana.)



Health care workers in Ghana participated in the LIVES step-down training on crisis response.

Photo credit: Abena Anim-Adjei

Eswatini

EpiC implemented KPIF activities in all four regions in Eswatini through four local KP-led community-based organizations: HealthPlus 4 Men, House of our Pride, Rock of Hope, and Voice of our Voices (VOOV). EpiC and its partners in Eswatini directed KPIF funds toward structural interventions with the police and health care workers in government health facilities. This included conducting sensitizations on stigma reduction and KP-competent service provision with 678 police officers and 108 health care workers. In addition, the electronic client feedback system known as LINK was introduced in two KP drop-in centers that are coordinated by two CSO partners. The results are shared during monthly partner meetings that include all the CSOs, the Ministry of Health, and FHI 360. Improvements in response to the feedback have included modification of the client flow in the KP community centers and reorganizing the space to provide more privacy, as well as refresher trainings for clinical staff on topics from the LINK feedback, such as providing services to transgender clients.

Other structural interventions under KPIF have focused on strengthening violence prevention and response. For example, Rock of Hope implemented a three-pronged violence prevention

Box 3. Key KPIF-supported achievements in structural interventions in Eswatini

- Increased KP access to **psychosocial services at the community level** by training 108 health care workers and 94 frontline workers in GBV response and rights-based, KP-competent service provision
- Used data from LINK, the electronic client feedback system, to **improve service quality for KPs**
- Reached 875 FSWs with **income generation and life skills** building activities
- Trained* 678 police officers on rights-based, KP-competent service provision, resulting in development of pre-service training materials to **reduce violence perpetrated by police officers**, with no violence or raids reported since November 2019, and focal people established in police facilities

* *EpiC did not host the trainings, but collaborated as training facilitators.*



GBV awareness campaign in Eswatini developed by Health Plus for Men

Photo credit: Health Plus for Men

and reduction approach focused on strengthening existing violence response mechanisms; empowering the community to identify all forms of violence and available response mechanisms; and providing short-term housing or emergency fund support. They collaborated with the University of Eswatini, Faculty of Social Sciences, Department of Sociology and Social Work, to train 98 frontline workers in the GBV response network on providing KP-competent case management. Through content on YouTube, Facebook, and Instagram developed in collaboration with a human rights lawyer and veteran activist, Rock of Hope reached more than 100,000 people with information about KP rights and how to identify and report incidents of violence. Finally, over a six-month period, Rock of Hope provided emergency housing, food, and transportation support to 11 men who have sex with men (MSM) and eight transgender individuals in crisis.

VOOV leveraged KPIF to implement economic empowerment activities with FSWs. First, VOOV recruited eight economic strengthening group leaders (ESGL), two in each region of the country. This team participated in a week-long training to develop skills in basic savings management; GBV and frontline response; vocational skills to empower sex workers; and human rights advocacy. After the training, the ESGLs formed 10 groups each of 15–20 FSWs. Within six months, 875 FSWs were reached, 78 saving groups were formed, and 10 small and medium enterprise (SME) groups were formed. A total of 34,350 Swaziland Lilangeni (SZL) was saved, and SZL2,860 was loaned out to saving group members. (See Box 3 for key achievements in Eswatini.)

Lessons Learned and Recommendations

Structural interventions that create an enabling environment in which KP rights and well-being are protected are a linchpin in the ability of HIV programs to achieve epidemic control. Yet, structural interventions, necessarily tailored to context and not measurable against quantifiable targets, are underfunded compared to clinical prevention and treatment interventions. KPIF represented a valuable source of support for structural interventions that address the needs of local KP communities, but greater investment in building enabling policy and program environments and strengthening KP-led organizations' participation in decision-making is needed. Interventions include advocacy, community mobilization, violence prevention and response, and legal services—in addition to sensitization programs for health care workers, police, and policymakers.

Specific recommendations based on KPIF-supported programming include:

- Train human resources across all points of contact with KPs to provide rights-based services without stigma or discrimination.
- Ensure that all entities involved with services for KPs, including KP beneficiaries themselves, understand the rights of KPs and how to respond to cases of violence or other rights

violations, including how to identify and report cases, refer for/provide appropriate services, and pursue justice.

- Provide convenient opportunities for KP service users to provide feedback, and then systematically analyze and address the feedback at the facility and program levels to promote accountability for high-quality, stigma-free services.
- Create information technology solutions to improve mechanisms for documenting and reporting violence.
- Measure the impact of structural interventions on HIV cascade outcomes and indicators, and develop additional monitoring, evaluation, and reporting (MER) indicators specific to structural interventions.
- Share service provider cadres (e.g., health workers, peer educators, law enforcers), facilities, or community-based organizations that meet the standards for high quality as exemplars for scale-up to other contexts.
- Invest in and build the capacity for KP-led advocacy for policy change, including legal reform that decriminalizes key populations and the development of policies/guidelines that are inclusive of KPs.

In many countries, KPIF investments in structural interventions enabled local partners to make their HIV programming more responsive to the needs of their community members. The impact of these structural interventions on HIV-related outcomes is difficult to quantify using routine program data; however, analyses are underway to attempt to expand this evidence base and bolster the case for greater investments in structural interventions as part of comprehensive HIV programming for KPs. Simultaneously, EpiC will continue to work with KP-led regional and local partners to advocate for and implement community-led efforts that create the conditions necessary for KP members to access services, realize their human rights, and advance progress toward epidemic control.

For inquiries, please contact  Hally Mahler, EpiC Project Director: hmahler@fhi360.org