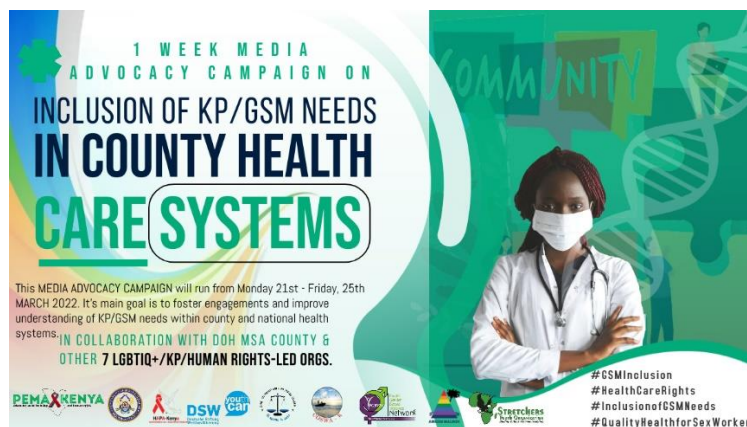


A JOINT MEDIA ADVOCACY CAMPAIGN WITH 7 KP/LGTBIQ+/HUMAN RIGHTS-LED ORGANIZATIONS IN THE COASTAL REGION.

Theme of the campaign; INCLUSION OF KP/GSM NEEDS IN COUNTY HEALTH CARE SYSTEMS

Purpose: To stimulate conversations that develop collective thinking and action on “diversity needs” and inclusion of these needs in the County health programs to provide an efficient and high-quality health care systems for the KP and GSM population.

Summary



The 1-Week Media campaign began on Monday, 21st and ran until Saturday, 26th March on 2022. In the course of the week, shared information to foster engagements and improve the understanding of Key Population/Gender & Sexual Minority persons (KP/GSM) needs within the national and county health systems. We have been

targeting the Department of Health within the Mombasa County as well as different bodies established within the national and county government mandated to work with KP/GSM persons by reminding them that there is need for a one stop service provision that is inclusive of Key Populations and the Gender and Sexual Minority persons.

We did this by sharing posters and information educative and communicative (IEC) materials. We also had one radio talk conversation with Sauti Ya Pwani FM. The conversation revolved around the theme of the media campaign. The show was hosted by Khadija Ali with two queer human rights defenders, Nekesa and Risper, from the Pema Kenya and COSWA Kenya respectively. All the organizations involved in this campaign used any of their existing social media platforms i.e Facebook, Twitter and Instagram.

The campaign also allowed space for reviews, opinions and contribution of and from the LGTBIQ and non-LGTBIQ community members involved.

Hashtags used #KPGSMInclusionNeeds #HealthcareRights #QualityHealthForSexWorkers



BRIEF SUMMARY OF THE ORGANIZATIONS/PARTNERS INVOLVED IN THE CAMPAIGN;

1. Pema Advocacy Team (PAT)

Pema Advocacy Team (PAT) is an arm of [Pema Kenya](#) that was formed in November 2020. The Advocacy team comprises of a diverse group of dedicated Human Rights Defenders who have undergone a couple of Human Rights trainings organized by Pema Kenya to help nature and hone their advocacy skills.

Read more > <https://twitter.com/PemaPATeam>

2. Collaboration of Women in Development (CWID)

Collaboration of Women in Development (CWID) is a grassroots women-led non-profit making organization based in Mombasa County. It was established in 2005 and got registered in 2010 by the NGO Coordination Board of Kenya. The organization is committed to creating a society that improves the lives of the vulnerable women, children, youths, and persons with disability, minorities and the vulnerable groups in the community. Over the years.

Read more > <https://twitter.com/Cwid4Cwid> or <https://collabowid.org/>

3. DSW Kenya

DSW Kenya is an organisation registered in #Kenya as one of the country offices of DSW International. DSW supports young people to lead healthy and self-determined lives.

Read more > <https://twitter.com/DSWKenya> or <http://dsw.org/>

4. STRETCHERS YOUTH

We are grassroot youth-led organization founded in 2011 with the aim of raising dialogue through advocacy on SRHR and promoting human rights among Youths.

Read more > <https://twitter.com/StretchersYouth> or <https://stretchersyouth.org/>

5. Coast Sex Workers Alliance of Kenya (COSWA-K).

Coast Sex Workers Alliance is a grassroots female sex worker led organisation that champions for the health and human rights of Female Sex Workers in all their diversities.

Read more > https://twitter.com/coswa_kenya or <https://coswakenya.org/>



6. HIV and AIDS Peoples Alliance of Kenya (HAPA-K)

HIV and AIDS People Alliance of Kenya (HAPA-Kenya) is a community-based organization which in the year 2011 was registered as a self-help group within in Mombasa County. Targeting the SOGIE community, the organization has since grown and extended to both Taita –Taveta and Kwale Counties in Kenya.

Read more > https://twitter.com/HAPA_KENYA or <https://hapakenya.org/>

7. Centre for Minority Rights and Strategic Litigation (CMRSL-K)

Centre for Minority Rights & Strategic Litigation (CMRSL) is a Charitable Trust incorporated under the Perpetual Succession Act CAP 164 of the Laws of Kenya. CMRSL advances sexual rights for Gender and Sexual Minorities (GSM) and advocates for social inclusion of the GSM to foster a society that upholds Human Rights through Legal Aid Clinics, Legal Counselling, Legal Representation, Strategic litigation and Civic Education.

Read more > <https://twitter.com/CMRSLTrust> or <https://cmrsl.org/>

8. Pwani Gender Based Violence Network (Pwani GBVN)

Pwani Gender Based Violence Network for a violence free society working with various activists, human Rights& practitioners committed to preventing GBV/SGBV in Mombasa - Kenya.

Read more > <https://twitter.com/PwaniGBVN>

9. Amkeni Malindi

Amkeni is a Community Based Organization based in Malindi Kilifi county. It focuses on creation of LGBTI+ safe space that promotes equality and healthy living for marginalized and sexual minorities through integrated health services, empowerment, advocacy and research.

Read more > https://twitter.com/Amkeni_Malindi or <https://amkenimalindi.org/>

Some of the progresses made so far with regards to the formulation of national and county framework/policies in Kenya.

1. KENYA AIDS STRATEGIC FRAMEWORK

The Kenya AIDS Strategic Framework (KASF II) (2020/2021 - 2024/2025) provide the strategic directions that will lead to accelerated progress towards a Kenya free of HIV infections, stigma and AIDS related deaths.

The Kenya AIDS Strategic Framework (II) provides guidance for implementing an evidence-based HIV response. It outlines priority interventions and emphasis on the need to create an enabling system to maximize on the impact of interventions. KASF II leverages the gains made under Kenya AIDS Strategic Framework I (KASF 1) which was implemented through the County AIDS Strategic Plans (CASPs). It promotes the need to strengthen and bring to scale interventions and approaches that have yielded results. It is also premised on the Constitution of Kenya (2010) that stipulates the right to highest attainable standard of health to all citizens and guides the full engagement of counties in the national health response. The framework builds on the gains made in the devolved system of planning and governance of the AIDS programmes in Kenya. It is aligned with the Kenya Universal Health Coverage agenda and its roadmap, Kenya’s Vision 2030, the Kenya Health Sector Strategic Plan (KHSSP) of 2018/2019 - 2022/2023, as well as global and regional health commitments.

“The Kenya AIDS Strategic Framework II is the 5th agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners involved in the HIV response in Kenya. KASF II will be operationalized through 47 County AIDS Implementation Plans in line with principles of devolved governance and reported through agreed country level Monitoring and Evaluation System. The National AIDS Control Council will coordinate the broad-based multi-sector partners involved in implementation.”

The development of this framework has been informed by epidemic appraisals and the response. The framework has been developed during a period when the world is faced with global COVID-19 pandemic challenge and thus has taken COVID-19 related disruptions into consideration. It provides guidance on priority interventions for implementation.

2. NATIONAL GUIDELINES FOR HIV/STI PROGRAMMING WITH KEY POPULATIONS, KENYA HIV PREVENTION REVOLUTION ROAD MAP – Published June 2014

This Road Map is a product of extensive stakeholder consultation led by the Government of Kenya through the National AIDS and STI and Control Programme (NASCOP) in partnership with the National AIDS Control Council (NACC) and other partners. The process included a review of globally accepted evidence of effective prevention strategies, the current status targets and milestones for HIV prevention in Kenya. This Road Map aims to revolutionize HIV prevention and drastically reduce new HIV infections and HIV related deaths. The HIV prevention goals are aligned to the Kenya Vision 2030 blue print, including five-year milestones.

The Road Map proposes the following shifts in HIV Prevention paradigms:

- i. From intervention-driven to population-driven
- ii. From heavily biomedical-dependent to combination prevention packages; biomedical, behavioral and structural interventions
- iii. From a health sector-driven to an approach that makes HIV prevention everyone's business
- iv. From a national approach to geographical (County clusters) approach

3. KENYA FAST-TRACK PLAN TO END HIV AND AIDS AMONG ADOLESCENTS AND YOUNG PEOPLE. – September 2015

Kenya's Vision 2030 and the medium-term plan II 2014 – 2017 place youth, and especially young women at the center of the country's development agenda. Yet, young people in Kenya face various health challenges and risks including HIV, gender-based violence and alcohol and drug abuse. The country has made many investments in the HIV response that have seen HIV prevalence reduce by half over a decade, antiretroviral treatment scaled up to more than 800,000 and age of sexual debut increase from 14 – 16 years. However, adolescents and young people have not realized the benefits of these investments despite many programmatic and political commitments. AIDS remains the leading cause of death and morbidity among adolescents and young people in Kenya. Approximately 29% of all new HIV infections in Kenya are among adolescents and youth. Thirty percent of new HIV infections in adults are among youth below 24 years. Young women aged 15 – 24 years post the highest number of HIV infections and contribute 21% of all new infections in Kenya. The Kenya Constitution articulates and guarantees the right to the highest attainable standard of health, including right to reproductive health service, underscoring the importance of meeting the needs of this highly vulnerable population.

Objectives of this fast-track plan:

1. To reduce new HIV infections among adolescents and young people by 40%
2. To reduce AIDS related deaths among adolescent and young people by 15%
3. To reduce stigma and discrimination by 25%

Target beneficiaries: The target beneficiary populations are adolescent boys and girls aged 10 – 19 years and young people, particularly women, aged 20 – 24 years.

The Response: This fast-track plan recommends evidence-informed combination approaches to achieve the set goals. It prioritizes and defines specific interventions that are expected to produce the highest returns on investment if implemented on scale. Thus, this plan does not attempt to capture and recommend all HIV interventions for this population, but instead utilizes a population *location-risk approach* to prioritize interventions.

This plan outlines service packages tailored to population and age groups and prioritizes strategies that will facilitate an enabling environment and address structural challenges to the response. An advocacy plan will be critical to sustaining the fast-track momentum. It outlines targets for different sectors and counties that are required to achieve the national aggregate objectives of this plan.

The plan is founded on a multi-sectoral approach with clear accountability mechanisms based on sector/agency mandate.

A monitoring and evaluation plan that draws on existing systems and mechanisms of data collation and reporting has been outlined. It is aimed at keeping track of progress towards targets, promoting accountability and reporting routinely to stakeholders and the relevant ministries concerned.

4. MOMBASA AIDS STRATEGIC FRAMEWORK 2016/2020

HIV and AIDS remain among the greatest public health concerns not only for Mombasa County but all of Kenya. The epidemic has continued to cause deaths and suffering among residents, tear the social and community fabric, and decimate the workforce. Its effects are experienced across the entire spectrum of the county's population; AIDS is among the leading causes of deaths in the county. However, Mombasa County has reduced the HIV prevalence from 11.1 percent (KAIS 2012) to an estimated 7.4 percent in 2014. This reduction is due to scaling up HIV prevention education, provision of HIV testing services, and ensuring adult treatment coverage of more than 60 percent for those in need of antiretroviral drugs (ARVs) in accordance with the new treatment guidelines by the World Health Organization (WHO).¹

FRAMEWORK(S) AND POLICIES THAT GUIDE DEVELOPMENT OF OUR NATIONAL AND COUNTY HEALTH-RELATED DOCUMENTS IN KENYA

The legislative framework includes:

1. The Constitution of Kenya 2010
2. The HIV and AIDS Prevention and Control Act 2006
3. The Children Act, 2001

¹ <http://nacc.or.ke/mombasa-county-aids-strategic-plan/>



4. The Counter-Trafficking in Persons Act, 2010
5. The Victim Protection Act, 2014
6. The Sexual Offences Act, 2006
7. The Penal Code, Cap 63
8. The Narcotic and Psychotropic Substances Act, 1994
9. United Nations Convention on the Rights of the Child (CRC)
10. African Charter on the Rights and Welfare of the Child (ACRWC)

Other policies and guidelines include:

1. ESA commitment on comprehensive sexuality educations and sexual and reproductive health services for adolescents and young people, 2013
2. The Adolescent and Youth Reproductive Health Policy, 2014
3. National guidelines for management of sexual violence
4. National Guidelines for HIV/STI Programming with Key Populations, NASCOP, 2014
5. Policy for The Prevention of HIV Infections Among Key Populations in Kenya, NACC and NASCOP, 2016
6. Respect, Protect, fulfill: Best Practice Guidance for Conducting HIV Research with MSM in Rights Constraints Environment, amfAR, IAVI, JHU – CPHHR, 2015
7. Guidelines for Conducting Adolescent HIV Sexual and Reproductive Health Research in Kenya, NASCOP, IAVI, LVCT Health, and KEMRI, 2015
8. Kenya's Fast-Track Plan to End HIV and AIDS among Adolescents and Young People, NACC, September 2015.
9. Kenya HIV Testing Service Guidelines, NASCOP, 2015
10. National plan of action for protection of sexually exploited children
11. National standard operating procedures for the management of sexual violence against children, 2018
12. Child protection guidelines, Department of Children Services, 2011
13. Framework for national child protection systems for Kenya, National Council for Children's Services, 2011

DESPITE THE EXISTENCE OF THE ABOVE FRAMEWORKS/POLICIES, THE KP/GSM COMMUNITY FACE IN KENYA STILL CONTINUE TO FACE THE BELOW CHALLENGES;

Insecurity: Many KP/GSM persons face violence at times from many quarters, including security agencies, law enforcement officers, and the general community.

Human rights violations: Despite recognition of the declaration of the international human rights convention, Kenya still allows violations of all sorts to be meted out to gender-nonconforming individuals.

Denial of access to health services: KP/GSM individuals face stigma when trying to access health services. Healthcare providers often stigmatize GSM individuals based on their sexuality. These providers are influenced by and base their decisions on cultural and religious premises.

Denial of access to education opportunities: Many KP/GSM persons have had to leave school as a result of stigma directed at them by teachers and fellow students. There are also numerous cases of individuals being expelled from learning institutions because they are gender nonconforming. Such actions have contributed to marginalization of people who identify as gender minorities.

Denial of access to social and cultural participation: Everyone should enjoy the right to participate in the social and cultural activities of their community. This right is infringed when KP/GSM persons are denied the chance to lead or initiate ideas within their communities; some are denied to chance to grow spiritually, and others are even killed based on their communities' cultural predispositions.

Denial of access to livelihood opportunities: Everyone needs the opportunity to have decent and dignified lives through earning a livelihood. KP/GSM communities face barriers in accessing job, educational, and skill-building opportunities, thereby putting them at a disadvantage in their bid to live meaningful lives.

Lack of capacity for self-determination: Having experienced life-long stigma and discrimination, some KP/GSM individuals lose confidence on themselves, their abilities/talents go unused, and they become even more vulnerable. These individuals feel so rejected that some of them withdraw from the society, with disastrous personal consequences.

Punitive laws: The policy and legal environment does not recognize and at times is deliberately blind to the fact that KP/GSM exist in society, so various government programmes sometimes are structured in a way that ends up denying opportunities for KP/GSM.

SOME OF THE ISSUES THAT SHOULD BE CONSIDERED IN THE NATIONAL/COUNTY HEALTH CARE SYSTEMS INCLUDE BUT NOT LIMITED TO;

1. Allow KP/GSM in Public participation spaces on health-care programming within the Mombasa County and Kenya at large.
2. Integrate KP/GSM individuals or in KP/GSM friendly facilities in the Mombasa County health facilities.
3. Engage the KP/GSM in budgeting and accounting for funds allocated in the county by the Ministry of Health on KP/GSM programming.

WHATS NEEDED:

- Urgent need to Mainstream GSM and KP health needs through human rights-based approach to facilitate KP and GSM access to health services.
- Raising awareness of mental health and challenging stigma and prejudice/suicide prevention for KP and GSM persons in the coastal region counties.
- Urgent need to improve integration through community engagement. Article 105(1)(d) and 106(4) of the county government Act 2012 provides for the issue of public participation in county planning. This constitutes of consultation with communities and sectoral groups in Inclusive policy development.

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5. **HENRY OMINDE**, Communications Officer, HAPA Kenya
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12. **COSAM Mc'OVEH**, ICT Officer, Pema Kenya
13. **VINCENT OBWANDA**, Head of Programs, Pema Kenya

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Facebook/Twitter/Instagram/YouTube: @pemakenya | Email: info@pemakenya.org,
pema@pemakenya.org | Office No: 0114288657 | Website: www.pemakenya.org