

Key Populations Investment Fund (KPIF) in West Africa: Building the capacity of nascent key population organizations to drive the HIV response

SUCCESS STORY | SEPTEMBER 2020

Key Successes under KPIF in Togo

- The new local partners, Cupidon and AFAZ, have opened drop-in-centers that offer a full range of HIV services. Through a twinning arrangement, the more established CSO partners, EVT and FAMME, are providing clinical staff to Cupidon and AFAZ to enable them to offer ART initiation and follow-up at their two new drop-in centers.
- The four organizations have doubled the number of HIV cases identified from February to June 2020 and have maintained a steady case-finding rate over time.
- All organizations have improved their ability to manage human resources and the funds they receive through the project.

The Key Populations Investment Fund (KPIF) is a global, US\$100 million investment to increase the access of key populations (KPs)—men who have sex with men (MSM), sex workers, transgender individuals, and people who inject drugs—to high-quality HIV prevention and treatment services. The goal is 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.

The KPIF West Africa effort was launched in Burkina Faso, Ghana, Liberia, Mali, Senegal, and Togo in January 2020 through the Meeting Targets and Maintaining Epidemic Control (EpiC) project supported by the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and led by FHI 360. It is supported by a US\$7.5 million investment over two years (September 2019–September 2021). **The first few months have not been without challenges, but early reflections on the KPIF experience in Mali and Togo suggest that the initiative holds promise to effectively position local KP-led or –“friendly” CSOs to lead the response to the epidemic.**

KPIF in Togo

In Togo, four local KP-led CSOs are receiving KPIF support—Espoir Vie Togo (EVT), FAMME, Cupidon, and Association des Femmes AmaZones Zen (AFAZ). By investing in these organizations, KPIF intends to strengthen their organizational and management capacity, as well as their ability to contribute to efficient case finding, enhance linkage to treatment, and expand the availability of differentiated and KP-friendly clinical services.

EVT and FAMME are larger, well-established CSOs with experience supporting U.S. Government (USG)-funded programs, including as a partner on the current Ending AIDS in West Africa (#EAWA) project funded by PEPFAR/USAID and primed by FHI 360. Cupidon and AFAZ have been supporting EVT and FAMME for several years, but with limited resources and responsibilities. However, with KPIF, these more nascent CSOs are being given the opportunity to strengthen their capacity and step into bigger leadership roles in providing HIV services to KP communities in Togo.

One approach to building local partner capacity under KPIF in Togo is “twinning” the more established EVT and FAMME with Cupidon and AFAZ. In this arrangement, EVT and FAMME are providing technical staff to enable Cupidon and AFAZ to offer antiretroviral therapy (ART) initiation and clinical follow-up at their two newly established drop-in centers, which offer a full range of HIV services. The goal is to build the organizations’ capacity and help them become registered so that in the future, EVT and FAMME will focus on mentoring rather than playing a direct service delivery role. Cupidon and AFAZ are important additions to the key population portfolio given their ability to reach individuals who may not necessarily be accessing HIV services. Their expanded reach will enable EVT and FAMME’s EPOA campaigns to be more successful in offering testing to those rarely or never tested, and then linking them to treatment within the DICs or other preferred facility. EPOA is a performance- and coupon-based approach in which peers called “seeds” invite those in their sexual and social networks to come in for HIV testing services and get linked to care, where applicable.

Cupidon, founded in 2016, is a consortium of organizations working with lesbian, gay, bisexual, and transgender populations. Given its relative youth, the organization has run into some early challenges related to its inexperience managing peer educators, who require ongoing coaching. Getting oriented to administrative and financial procedures for working with the USG has also delayed initiation of some activities. In addition, Cupidon’s high FY20 target for MSM was cause



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for some concern after typical reach and testing activities at hot spots produced low HIV case finding. But thanks to technical assistance received through the local KPIF technical advisor and monitoring and evaluation officer, the teams have worked through the challenges, including learning how to successfully implement passive index testing with MSM.



Legal assistant conducting empowerment training on human rights at the Cupidon drop-in center in Togo

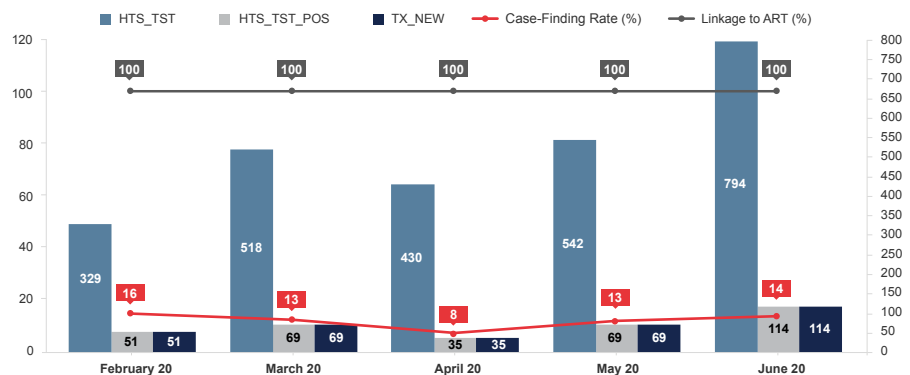
Photo credit: Cupidon

With KPIF support, AFAZ, which has worked with female sex workers (FSWs) since 2015, opened its FSW-managed drop-in center for HIV testing and other services friendly to members of this KP, including ART initiation. As a result, AFAZ has reached more FSWs, including at hot spots, and it has become more involved in HIV case finding. However, the need to constantly develop new strategies to identify and test the FSWs at highest risk of HIV in order to meet case-finding targets is a new challenge to which AFAZ staff are still adapting.

Navigating administrative procedures has proven to be a growth area for both organizations as they learn the ins and outs of project management and align with USG rules and regulations. For example, lacking the flexibility to move forward with newly conceived activities that were not included in the original work plan has been a challenge for Cupidon. As the network coordinator for Cupidon describes, “Approval is not automatic. It must first be requested, and sometimes responses may be delayed or negative. Like when we wanted to go and detect cases outside our geographic coverage area, an area where we think there are a lot MSM... We wish we had more freedom to maneuver.”

Despite these challenges, capacity-building support from the in-country KPIF technical advisor and the EpiC project in the area of program implementation, especially community screening, peer navigation, KP site mapping, and index texting, has been key to the progress that KPIF partners in Togo have made since January 2020 (Figure 1). This progress includes doubling the number of cases identified each month from 51 in February to 114 in June, and maintaining a steady case-finding rate over time, despite a dip in April due to restrictive measures put in place to control COVID-19. Notably, the linkage-to-treatment rate has been 100% for all four partners since January.

Figure 1. Monthly trend in KPIF-supported HIV testing services and linkage to treatment for all KPs in Togo, FY20



Improving their ability to manage both human resources and the funds made available to them has also been instrumental and will likely contribute to the long-term sustainability of these organizations.

Key Successes under KPIF in Mali

- Local partners CAS, DANAYA SO, and AFE have improved HIV case finding among MSM and FSWs, ensured linkage to treatment among those newly diagnosed, and supported ART adherence and access to viral load testing.
- The three organizations have achieved a monthly upward trend of HIV case finding since February 2020, actually improving their case-finding rate during the COVID-19 restrictions thanks to greater efficiency in targeting individuals at higher risk.
- The national KP network, RENAPOC, has trained 100 field staff on gender-based violence and security, as well as helped KP-led organizations register as associations and improve their organizational performance and visibility.

KPIF in Mali

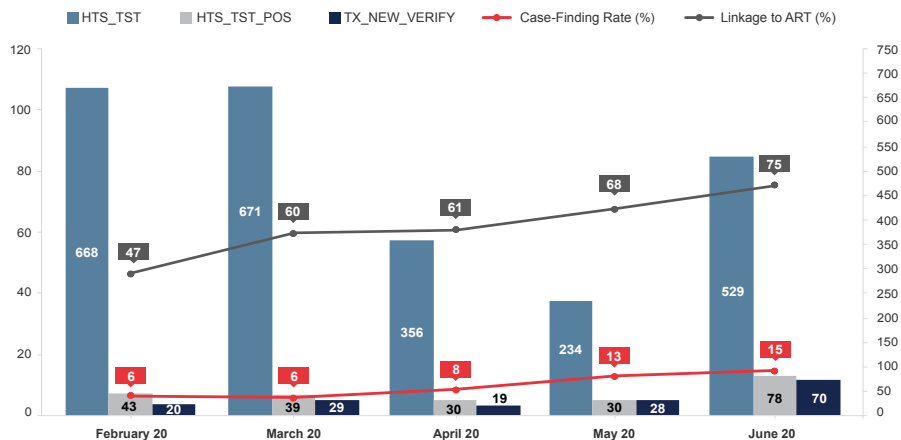
In Mali, KPIF is supporting four CSO partners—Coalition Anti-SIDA (CAS), DANAYA SO, Association Femmes d’Espoir (AFE) Mali, and Réseau National des Populations Clés (RENAPOC)—to accelerate progress toward epidemic control among KPs. All four of these organizations are KP-led and have never before received USG funds. Investments from KPIF complement the work of the USAID/PEPFAR-supported and FHI 360-led LINKAGES project in Mali and are intended to bolster KP-led efforts to reach the most hidden KP networks and connect individuals in them to essential HIV services.

KPIF has enabled FHI 360 to provide technical assistance to CAS, DANAYA SO, and AFE to build their capacity in technical approaches championed by the LINKAGES and EpiC projects to improve HIV case finding among MSM and FSWs, ensure linkage to treatment among those newly diagnosed, and support adherence on ART and access to viral load testing. KPIF efforts with these partners also include strengthening their capacity in program management, in particular reinforcing their planning, monitoring and evaluation, and quality assessment systems, as well as their financial management systems.

This is the first time these CSOs have implemented a global HIV program offering services ranging from prevention to ART initiation. As such, they have all experienced difficulties related to acquiring new technical skills in the areas of microplanning, EPOA, index testing, HIV self-testing, and peer navigation. They have also needed to gain the trust of the KP community with regard to their community-level service provision, as well as build relationships with health care providers for linkage to ART facilities.

From January to June, the KPIF partners in Mali tested 2,458 individuals (Figure 2). Of those, 220 were newly diagnosed with HIV, producing a case-finding rate of 9% and achieving 42% of their FY20 target for case finding in the first six months. By June, the partners had managed to initiate 75% of those newly diagnosed on treatment, demonstrating a monthly upward trend toward the 95% goal. As in Togo, activities were affected in April 2020 by the COVID-19 pandemic. However, although testing was necessarily reduced during that time, the case-finding rate was actually higher because the teams were more efficient at targeting individuals at higher risk.

Figure 2. Monthly trend in KPIF-supported HIV testing services and linkage to treatment for all KPs in Mali, FY20



CAS, which has been working with MSM and other lesbian, gay, bisexual, transgender, queer, and intersex individuals since 2011, has done a particularly commendable job in managing to penetrate the hidden networks of MSM in several new intervention sites (i.e., Niono, Bougouni, San, Koutiala, and Bamako) using index testing and online outreach.



Community partner staff being trained on community testing in Mali

Photo credit: FHI 360 Mali

Under CAS' growing leadership, MSM clients are being helped to access health services in an environment of trust and confidentiality. Prior to KPIF support, the organization's activities were limited to information, education, and communication activities with MSM, along with limited distribution of condoms and lubricants. KPIF has now enabled the organization to also provide screening through index testing, EPOA, and direct community testing; referral services for treatment; and follow-up to help MSM on ART adhere to their treatment and achieve viral suppression.

RENAPOC is not an implementing partner but rather a national KP network that coordinates the activities of KP-led associations at the national level. Under KPIF, RENAPOC has trained 100 field staff on gender-based violence response and security. It has also helped four KP-led organizations register as associations and improve their organizational performance and visibility.

Next Steps

Going forward, the priority for both countries will be to increase the organizations' financial capabilities. Both Cupidon and AFAZ, in Togo, and AFE and RENAPOC, in Mali, are currently receiving in-kind grants—whereby goods and services, rather than cash, are provided to the grantees through FHI 360—until they build up the financial and administrative capacity to manage funds directly. This fiscal year, FHI 360 is focusing on building their capacity by developing job manuals, conducting trainings, and hiring qualified employees. Then, in FY21, the organizations in both countries are expected to achieve the important step of transitioning to receive cash disbursement of funds directly through a fixed-amount award.

KPIF plans in Togo are to continue to provide coaching to partner staff at Cupidon and AFAZ to strengthen their coordination and management skills. Technical assistance will also focus on strengthening technical capacity in strategies such as index testing and community screening, as well in case management to ensure that all people living with HIV stay on ART, including through community or home delivery of antiretrovirals, if necessary. Another priority will be to ensure that U = U (undetectable = untransmittable) messages are well understood by the KP community to mean that once someone on treatment achieves a viral suppression rate of <200ml, they cannot transmit the virus to a sexual partner. The U=U message is transformational for reducing stigma and discrimination among people living with HIV, empowers those on treatment to adhere to their medication to achieve viral suppression, and creates demand for viral load testing.

In Mali in the coming months, AFE, CAS, and DANAYA SO will work on strengthening their peer navigation approach, as their cohort of patients will soon have been on ART for six months or longer and will need access to viral load testing and monitoring. In addition, emphasis will be placed on providing more extensive multimonth dispensing to people living with HIV on treatment, leading to greater epidemic control.

Despite the early challenges, KPIF's investment in these local CSOs stands to yield high returns. These KP-led, -trusted, and -competent organizations are rapidly evolving to be even better positioned to respond to the HIV epidemic and the KP individuals they serve.

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