



One2One Youth Hotline

BEST PRACTICE

Background

LVCT Health

LVCT Health, then called Liverpool VCT Care and Treatment, was launched in Kenya in 1998 as a research project of the Liverpool School of Tropical Medicine (LSTM) located in Nairobi. Its core mandate was to conduct HIV and related epidemiological research, research into voluntary HIV counseling and the feasibility of setting up VCTs in Kenya. LVCT Health was registered as a local CBO in 2001. From its inception LVCT Health has distinguished itself by its focus on the more vulnerable members of the society as evidenced by its setting up of the first ever VCT for persons with hearing impairment and went on to initiate the first 3 VCT centers in the context of a research project. In the course of delivering services its service providers then began making reports of MSMs and persons with disabilities turning up for services and the service providers unequipped to handle them.

Men who have sex with men (MSM)

Men who have sex with men (MSM), also known as males who have sex with males, are individuals who engage in sexual activity with members of the same sex, regardless of how they identify themselves; they might not self-identify as gay, homosexual or bisexual. Indeed as Angus Parkinson argues, this is problematic since it robs this population segment of their identity and by doing so reduces the group from being individuals with identity into a group defined by their sexual behaviour. This term was apparently created in the 1990s by epidemiologists in order to study the spread of disease among men who have sex with men regardless of identity.ⁱ The defenders of the term argue that this allowed for the study of behaviour as opposed to group identity and assert that that there could be persons who identify as gay who are not engaged in sexual intercourse with males.

While evidence showed that MSM were a high risk group there was no program targeting this population until 2004. The evidence showed that 15% of new HIV infections were occurring among MSMⁱⁱ. The evidence from LVCT service providers showed that among MSM HIV incidence among a cohort of 110 MSM receiving VCT services at LVCT was 40%, whilst the national prevalence was 9%. It was also found that the MSM had very little access to care and treatment. Many of the MSM doubled up as sex-workers and faced double stigma that dissuaded them from seeking health services in other care centers.

The Hotline:

Rationale for the Hotline

Kofi Annan made a very powerful pronouncement in his 2003 World Aids Day statement that ‘...in the ruthless world of AIDS...in that world, silence is death...I urge you to join me in speaking up loud and clear about HIV/AIDS. Join me in tearing down the walls of silence, stigma and discrimination...’ PLWHIV face stigma and discrimination; could be self or felt stigma. People who belong to sexual minorities, those who define themselves as belonging to different sexual orientation of sexual identities in an overtly heteronormative environment face stigmatization and discrimination and even criminalization. Heteronormativity reveals expectations, demands, and constraints produced when heterosexuality is taken as the norm in a society. Under such a social regime, anything that is considered as an aberration of the norm is frowned upon, and those practicing it are rendered ‘outsiders’ and in this position systematic marginalization occurs. Those with such anxieties feel a lack of safety with managing disclosure and pressures in regard to hiding one’s sexual orientation, identity, development concerns and issues around professionalism as a gay and lesbian individual.

Homophobic and heterosexist attitudes and behaviors and an unfriendly environment create personal conflict as well as conflict with others at the institution level. MSM in Kenya are more visible in the discourse around stigmatization and the demand for acceptance and legal recognition but this by no means implies that Lesbian, Bi-Sexual, Trans-gender and Intersex individuals are less stigmatized and their self-identity challenged. What makes the focus on MSM more intense is the aspect of criminalization of same sex relationships. Legislation criminalizing same sex relationship seem to have been written with MSM in mind. The Kenyan Penal Code of 2006, Section 162 reads, “Any *Person* who permits a **male** person to have carnal knowledge of him or her against the order of nature, is guilty of a felony and is liable to imprisonment for 14 years”. The fact that this legislation targets men is very clear. The description of same sex relationship ‘against the order of nature’ renders discussions on matters related to such relationships and the challenges arising from such relationship as also being against the order of nature. In such an environment open discussions on sexual orientation and sexual and reproductive health challenges arising from such orientation is hard.

The overriding morality in Kenya – Christian and Muslim consider same sex relationships as sinful and immoral. This moralization of sexual orientation and what is perceived as sexually deviant behavior makes open discussions about sexual ‘deviance’ a taboo subject. The fact that epidemiological evidence

showed a higher than average rate of sexually transmitted infections including HIV among MSM is interpreted as divine punishment for adopting sin. Open forums to seek counsel, air views and frustrations and have conversations among themselves or listen to counsel from a 'friendly voice' were not available. It was to respond to this predicament among PLWHIV, youth questioning their sexuality, sexual and reproductive health psychological and emotional issues that led LVCT Health to set up a Hotline.

The Innovation:

The Hotline, the first of its kind in the region, was set up in 2006 to target sexual minorities; LGBTI and youth. Conversations with Lorna Dias revealed that the idea of a youth toll free call line (one to one hotline) was mooted with the intention of receiving information on people with diverse sexuality. Lucy Mung'ala states that

"the idea was how can we give out services to people who are either scared of showing up at the LVCT Health center or going to clinics for treatment or people who were just questioning their sexuality at that time"

The Hotline was meant to compliment sessions that were being held for the MSM on the Tuesday sessions at the Q-spot; an avenue through which those topics and questions that one was too afraid to ask could be aired anonymously. The opening of dialogue was also meant to generate public discourse about sexual minorities. However, the idea of a call-in service specifically targeting sexual minorities was deemed too controversial then, and it was decided that for the concept to survive it needed to be marketed as open to the youth and within that bracket LVCT Health would pick up issues of sexual diversity for further probing.

Focus group discussions with young LGBTI through GALCK had indicated that youth preferred to seek services that were mainstreamed and inclusive as opposed to those that specifically targeted LGBTI. They felt that those would expose them. **Lorna Dias**, formerly the MSM Programme Coordinator at LVCT Health states that "...at that time LVCT Health was working with the Ministry of Health, Department of Reproductive Health and NASCOP...however the youth sexuality thing was taboo...an obvious youth LGBTI program me would have to explicitly discourage same sex engagement..." and this lead to the program being wider than just LGBTI.

Angus Parkinson reports that the hotline service was initiated with a single pay-phone manned by a solitary trained counselor who handled calls on a broad range of issues along the spectrum of Sexual and Reproductive Health. According to Angus Parkinson, after starting off with one trained counselor in a small booth at a corner in the office, within three to four months they had secured

a toll-free line from Safaricom, Kenya's leading mobile phone service provider. The staffing also grew to a team of 5 people as the calls received rose 1 to 16,000 calls per month. About 15% of these calls were on issues related to LGBTI concerns from young persons.

LVCT Health produced a poster series with the title "*I Might Be Gay*" and distributed this to all secondary schools in Kenya. Getting into the schools was itself a major achievement considering that the issue of same sex relationships was still very highly stigmatized. The ministry was convinced, and what can only be described as a Policy coup, the Ministry actually wrote a circular that was distributed to all schools allowing the distribution of the posters.

The hotline was marketed among youth connected groups and the MSM networks. The hotline not only became popular among MSMs but also among the general youth population and it transitioned into a youth hotline. It was thus no longer serving just the MSM group but the general population especially young people.

Initially functioning as a 0800 line, LVCT Health faced key challenges managing the services. Management of data was among the biggest problems; counselors had to manually take notes when engaging with clients and this presented challenges in ensuring accuracy of data. Supervision and quality assurance was a challenge because as supervisors could not rely on the manual notes taken by the counselors. Quality assurance and call quality were the other challenges. Quality of the calls were often found wanting and whenever calls dropped there would be no means of calling back. The work load and the working conditions often left the counselors very exhausted.

In 2011, LVCT Health acquired a short code (1190) from the then Communications Commission of Kenya (CCK) and approached Safaricom for a public-private partnership. Under this partnership, Safaricom subsidized the calls and therefore unlike previously, there is no cost to LVCT or the clients. Safaricom also provided LVCT Health space, at a fee, at their ultramodern state of the art call center with modern technology. This improved the working condition for the counselors, enhanced call quality on the side of LVCT Health's clients and modern software ensured all calls were recorded and minute by minute data made available. With better call quality, data management and quality assurance now in place, the number of calls to the line has steadily increased over the years.

"The impact could be felt, in 2011 the number of calls that had come from 2010 to 2011 were 56,000 calls...due to this partnership this shot up 156,000 in the next year...since then it has been an upward trend. We maintained the 150,000 for about two years and then this year (2014) within half an year we were able to

beat that number and we are expecting within one year we will have done 300,000 calls" **Eric Gitau, LVCT Health Youth Programme Coordinator.**

Standards

The Hotline assures the caller of anonymity and confidentiality. This is very important when the callers have issues that they feel might be reason to be judged. The calls coming through first hits the Safaricom switchboard and are then transferred to 1190 switchboard if there is a free line after which a counselor takes up the call. In the first few minutes the counselor establishes the bio-data of the caller; their name, their sex, their location which are then loaded into the computerized system. The caller has access to a counselor or nurse as the case might be depending on the issues that they wish to raise. They are offered counseling and referral. If there is need for a follow up session this is scheduled with the consent of the caller and the counselor makes an appointment with the caller. LVCT Health has a formal engagement with some of these institutions such as the Tunza clinics and FHOK clinics to enable smooth and effective referrals for sexual and reproductive health services.

To ensure effective referrals and also quality services at the referral points LVCT Health supports the supportive supervision for the counselors and the referral clinics and also conducts client satisfaction surveys. LVCT Health counselors have been able to record numerous cases of callers who have accessed services upon referrals or had their issues sorted out through counseling. *"In the period between October 2013 and March 2014 – 6 months – we were able to refer 715 people, out of those 359 were followed up and 80 confirmed that they actually accessed service..."* states Eric Gitau.

The system makes data available to LVCT Health by the minute but is usually accessed on a weekly basis and analyzed to show trends. The data provides insights into the counselors' performance as well as providing crucial intelligence on the issues being discussed. LVCT Health is able to instantly determine the number of calls coming in, what the issues of concern are, where the calls are coming from, age of the callers, education levels, marital status, whether they are MSMs or not and other relevant data.

Use of data

The analyzed data provides evidence used in advising project planning or to determine areas of research prioritization, program design and policy advocacy. Following LVCT Health model of research, policy, practice, evidence collected from the hotline was used as an advocacy tool at the national level for initial dialogue and discussion about including MSM into the national policy and strategies. Data informs other things that LVCT Health engages in as an

organization, the research agendas, emerging issues, the policy advocacy priorities. The data on the number and content of the calls is used as evidence. The data will also inform the project specific interventions in design and planning as well as the development of targeted IEC products. The data is used in the updating of the service provider data base. This data base includes referral centers countrywide, police stations, youth development centers etc.

Outreach

The Hotline is promoted using different platforms. Outreach for the service is conducted through a digital platform, media as well as riding on youth activities organized by partner organizations as well as MSM community gatherings such as Gay Pride days. LVCT Health has a column in the Insyder Magazine, Girl Talk and Boy talk and this is estimated to reach about one million young people every month. LVCT Health outreach staff distributes business cards and IEC materials promoting 1190 in their various outreach platforms.

Issues

The following are the issues adolescent and young people generally call about.

Boys	Girls
Same sex relationships	Menstruation issues
Boy girl relationships	Contraceptives – options and side effects
Contraceptives for their partners	Pregnancies and pregnancy crises
Sexual practices such as first time sex, masturbation	STIs – screenings and management
Drugs and substance abuse	Boy – girl relationships
HIV and Aids	HIV and Aids

The Hotline innovated by LVCT Health demonstrates various criteria that qualify it as a ‘best practice’:

- ⇒ The hotline demonstrates a positive outcome among the formerly ‘voiceless’ individuals, communities or populations. The popularity of the hotline as a source of information, counseling and psycho-social support fills an important gap faced by a marginalized population.
- ⇒ The Hotline is based on evidence of needs and is constantly updated based on data that is collected constantly. The responsiveness to needs as they arise is a feature of a best practice.
- ⇒ The Hotline offers a comprehensive 360 degree continuum of care; it provides information, counseling and emotional support and referrals or

linkage to care and treatment. The emphasis on effective referrals and quality assurance are crucial in determination of a best practice.

- ⇒ The Hotline was able to influence policy to allow for discussion on sexual orientation in school. The IEC Products availed in school and the availability of a channel to offer professional response to the youth issues around sexuality is evidence of a best practice.
- ⇒ The engagement of Safaricom is evidence of LVCT Health involving private sector in health financing in a way that has set the model for private public partnership in health. This model has since been replicated in interventions like HIV Free Generation.

i UNAIDS: Men who have sex with men – UNAIDS 2006.

ii Dr. Stephen Wanjala – Regional Manager LVCT – Nyanza interview.