MAAYGO

A Healthy Socially
Inclusive Community

STRATEGIC
PLAN

2021 – 2023
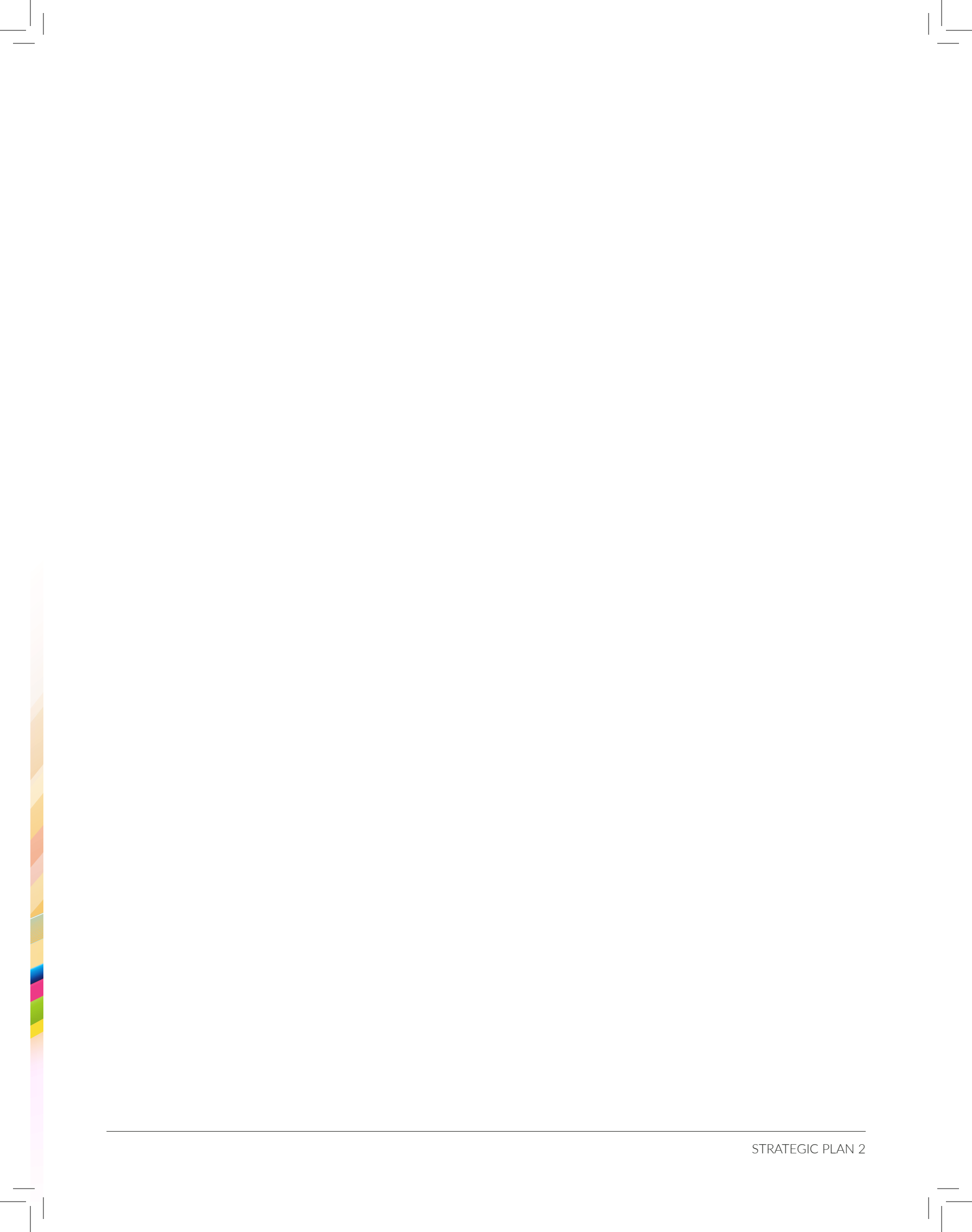
Pulished
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FOREWORD

It is my pleasure and honour to present MAAYGO's Strategic Plan 2021 – 2023, laying down the organization's three-year plan. This Strategic Plan is critical as a reference point upon which organization activities can be undertaken systematically and pro-actively monitored and evaluated.

The previous MAAYGO Strategic Plan (2015 – 2020) achieved a number of remarkable milestones in terms of health services programming and rights advocacy aimed at realizing MAAYGO's vision. The achievement was as a result of the steady support from our key stakeholders including the National Aids and STIs Control Program (NASCOP), the County Health Department of Kisumu, various civil society organizations, and all our development partners.

Duncan Owuor Okall

Board Chair, MAAYGO

In the current Strategic Plan 2021 – 2023, MAAYGO has expanded its focus on promotion of economic empowerment, health-related rights, and improvement of the health and general welfare of the GBMSM/MSW. This builds upon the previous successes, factoring in the lessons learnt in designing and implementation, and includes strategies to overcome identified potential challenges in the coming three years. In line with the new strategic direction, MAAYGO seeks to strengthen five intervention areas namely; access to comprehensive health, and justice; policy advocacy; organization systems strengthening, and building the capacity of the target population to participate in, contribute to and benefit from growth processes.

MAAYGO is committed to actualizing this Strategic Plan that envisions among others; deepening efficiency by monitoring and reviewing the requisite organizational policies and operational procedures including colloborations and networking, to enable the staff to maximize their potential during the implementation period. MAAYGO will continue adhering to the principles of good governance and the core values of the organization, which fortify team spirit and enhance the working environment necessary for delivering on the aspirations of the new Strategic Plan.

Finally, I would like to recognize the dedication and commitment of my fellow Board members, the Management team and the entire staff throughout the planning process, and for tirelessly working on, and delivering this document. I am persuaded that in the same manner that the team had myriads of success stories in the implementation of the first Strategic Plan, we shall successfully implement this plan as we work towards our vision and fulfiling our mission.

ACKNOWLEDGMENT

This document Strategic Plan is a result of the commendable collaborative efforts of multiple stakeholders, individuals, and institutions. We wish to acknowledge support from Frontline AIDS –PITCH project for financial and technical support for this planning effort. Our thanks also goes to the Ministry of Health, Kisumu County Health Department, National Aids and STIs Control Program (NASCOP), healthcare authorities and providers, implementing partners and key stakeholders including various civil society organizations (CSOs), including the KP Consortium, ASWA, KESWA, KISWA, GHPN network organizations, KHRC and NGLHRC for their time and invaluable contribution and information during the development of this strategic plan.

Our deepest appreciation goes to NRHS and LVCT as our research and implementing partners; we note with gratitude their unrelenting spirit, hard work and contribution towards the development of this document. We thank the funding agencies UHAI-EASHRI, Global Fund to Fight AIDS, TB and Malaria- KRC, PEPFAR/USAID–EPIC PROJECT bridging the gap (BTG), PITCH, Stephen Lewis Foundation, Amplify Change, Comic Relief, MSM GF, and Positive Viiv. We thank experts who drafted, provided technical inputs, and reviewed the final report; Patriciah Jeckonia, Duncan Okall, Edgar Makona, Khalda Mohammed, Lilian Kongani, Munya Katimba, Kent Klindera, Henry Victor Digolo, Lorraine Kongani, David Otieno and MAAYGO staff.

Finally, we would like to thank all the Gender and Sexual Minority community groups who share MAAYGO vision, and other significant opinion leaders. Their critical insights helped to shape the findings in a significant way. We are enthusiastic that this strategic plan will inform the scale up of Key Population programing as MAAYGO seeks to protect and promote health-related rights and improve the health and general welfare of GBMSM/MSW within the Lake Victoria Region Kenya.

Henry Victor Digolo,
Director, MAAYGO

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ABBREVIATIONS

AIDS	ACQUIRED IMMUNODEFICIENCY SYNDROME
ART	ANTIRETROVIRAL THERAPY
CSO	CIVIL SOCIETY ORGANIZATIONS
CBO	COMMUNITY BASED ORGANIZATIONS
CHMT	COUNTY HEALTH MANAGEMENT TEAM
DDIU	DATA DEMAND AND INFORMATION USE
GOK	GOVERNMENT OF KENYA
GSM	GENDER AND SEXUAL MINORITY
HIV	HUMAN IMMUNODEFICIENCY VIRUS
KAIS	KENYA AIDS INDICATOR SURVEY
KEMRI	KENYA MEDICAL RESEARCH INSITUTE
KDHS	KENYA DEMOGRAPHIC HEALTH SURVEY
LGBTIQ	LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX, QUEER OR QUESTIONING
MDGS	MILLENNIUM DEVELOPMENT GOALS
MAAYGO	MEN AGAINST AIDS YOUTH GROUP
MOH	MINISTRY OF HEALTH
MSM/ MSW	MEN WHO HAVE SEX WITH MEN/ MALE SEX WORKERS
NACC	NATIONAL AIDS CONTROL COUNCIL
NASCOP	NATIONAL AIDS AND STI CONTROL PROGRAMME
NRHS	NYANZA REPRODUCTIVE HEALTH SOCIETY
NGOS	NON-GOVERNMENTAL ORGANIZATIONS
PEP	POST EXPOSURE PROPHYLAXIS
PEPFAR	PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF
PLHIV	PERSON LIVING WITH HIV
PrEP	PRE-EXPOSURE PROPHYLAXIS

SGBV	SEXUAL AND GENDER BASED VIOLENCE
SRH	SEXUAL AND REPRODUCTIVE HEALTH
SRHR	SEXUAL AND REPRODUCTIVE HEALTH RIGHTS
SP	STRATEGIC PLAN
STI	SEXUALLY TRANSMITTED INFECTION
WHO	WORLD HEALTH ORGANIZATION

EXECUTIVE SUMMARY

Successful programming and advocacy have produced unprecedented growth for MAAYGO in the recent years, and have propelled our organization to greater heights. Since inception in 2008, the organization has grown in leaps and bounds and moving towards being a stalwart institution. This has been fueled by passionate Board members, staff, volunteers and donors, with whom we have successfully implemented our first strategic plan (2012 – 2015) and the second one from 2016 through to 2020, we broadened our reach in all areas of our mission and expanded organizational capacity. Each of our initiatives brings us in contact with more professionals and organizations, and we are engaging with an increasing number of beneficiaries and other stakeholders for whom MAAYGO's ability to fulfill its mission is not merely an organizational mandate but an urgent and very personal need.

It was against this backdrop that, the Board of Directors determined that the time was right to pause, assess critically the organization, and chart a thoughtful, proactive course for the next three years. The focus of MAAYGO is on health and human rights advocacy that includes; sexual reproductive health, mental health, HIV prevention, care treatment, human rights education, policy advocacy, capacity building, economic empowerment, and operational research.

The planning process included gathering information from a wide array of the organization's stakeholders, distilling core learnings from recent experiences, revisiting our vision, mission and values statements and aligning organizational strengths and developmental needs with the important work that needs to be done. Additionally, the strategies are aligned to the global, national and county priorities including universal health coverage, Kenya AIDS Strategic Framework, Kenya Vision 2030, sustainable development goals and the Kisumu County AIDS strategic plans.

The result is a plan that relies upon MAAYGO's proven strategies of leverage and collaboration to realize progress across all of our mission areas. The 2021-2023 Strategic Plan is organized around five interlocking goals; the first three serve to align the different areas of our mission toward a future of improved services through our programs. The final two goals focus on strengthening the organization, to ensure that we have the capacity to work effectively to serve our community for years to come.

Our strategic goals are:

1. **Comprehensive HIV and Mental Health:** enabling access to timely, comprehensive, client-focused, quality integrated healthcare and Mental health.

2. **Access to Justice:** creating an enabling environment for easy access to effective support services to address human rights violations.

3. **Economic Empowerment:** seeking diversification and increasing our funding base to establish organizational sustainability, and to enable our beneficiaries access to economic resources and opportunities for economic development.

4. Policy Advocacy: reviewing and/ or formulating supportive policies that address barriers to access and uptake of SRH and HIV services: leadership, marketing, technology and professional governance practices.

5. Organizational Systems Strengthening: build a strong, dynamic, resilient institution that is effective and efficient in delivering its mandate. This document operationalization is hinged on accountability mechanisms, and aligned to MAAYGO organizational structure.

MAAYGO Strategic Plan at a Glance

Vision
A healthy socially inclusive community

Mission
To increase access to holistic health and rights-based services for the wellbeing of marginalized and vulnerable communities

Strategic Area
Strategic Area 1: Comprehensive Health and Mental health services

Strategic Area 2: Access to justice

Strategic Area 3: Economic empowerment for communities

Strategic Area 4: Policy advocacy

Strategic Area 5: Organizational systems strengthening

Strategic Enablers

- Community engagements

- Partnerships and collaborations

- Increased scope and coverage

- Innovation

- Progressive policies and processes

CHAPTER ONE: INTRODUCTION

1.1 About MAAYGO

Vision

A healthy, socially inclusive community

Mission

To increase access to holistic health and rights-based services for the wellbeing of marginalized and vulnerable communities.

Men Against Aids Youth Group (MAAYGO) is a local Community Based Organization working to increase access to holistic health and rights-based services for the wellbeing of young gay men, bisexual men, men having sex with men, young key population, and male sex workers (GBMSM/MSW) in Kisumu county and its environs.

MAAYGO has five strategic areas; Comprehensive Health and Mental health services, Access to justice, Economic empowerment for communities, Policy advocacy, and Organizational systems strengthening. MAAYGO has robust innovative strategies tailored to the needs of the marginalized groups, Programme evidence that informs policy and quality of interventions, Quality and integrated services, Person-centered approach in delivering services and Community informed and led interventions.

Empowering our communities is important as they are often excluded by the system from realizing their dreams and goals in life. Our target populations face both external and internal stigma that affects how they access and adhere to HIV prevention and treatment. We therefore engage stakeholders at different levels with the aim of reducing stigma towards our already marginalized and vulnerable populations.

1.1.1 Core values

- **Integrity-** We are honest, transparent, uphold ethical standards and committed to doing the right thing at all times.

- **Equality-** We embrace fairness and dignity at all levels while ensuring our communities have same opportunities while accessing our services.

- **Respect-** We hold in high regard the opinions, abilities, rights and contributions of communities in shaping the services we provide

- **Excellence-** We are committed to provide quality services with professionalism that exceeds the expectations of our communities.

- **Accountability-** We honour our commitment to staff, partners and communities and take responsibility for our work and utilization of resources.

1.1.2 Unique selling Points

We promise to our beneficiaries, government, donors and other partners:

a) Innovative strategies tailored to the needs of clients

b) Programme evidence to inform policy and quality of interventions

c) Quality and integrated services

d) Person-centred approach in delivering our services

e) Community informed and led interventions

1.1.3 Populations we serve

- Gay men

- Bisexual men

- Young key populaton

- Male sex workers

1.1.4 Milestones

Since inception, in 2016, MAAYGO has made significant advancement in responding to emerging health issues, human rights violations and development within the Lake Victoria region of Kenya. In addition, MAAYGO has remarkably grown its institutional structures and systems including human resources, finance, leadership and governance.

Over the years, MAAYGO has made momentous gains in advocating for and actualizing inclusion of GBMSM/MSWs in public spaces. This has provided an opportunity to raise issues with regards to health rights. There has been an increase in understanding of GBMSM/MSWs among actors and partners and this has led to provision of quality services by sectors including; law enforcement (on justice and protection of human rights), public health service provision, as well as political sectors (CHMT).

In response to emerging health issues, MAAYGO has offered integrated HIV services (prevention and treatment), SGBV, STIs and other HIV related co-infections among GBMSM/MSWs in the Lake region of Kenya. MAAYGO has productively integrated GBMSM/MSWs program and services within public health facilities with an aim of reducing stigma and discrimination among health service providers. The process of integration was achieved in 2019 upon obtaining a functional Memorandum of Understanding between Kisumu East and Central sub-county health management team (SCHMT) and MAAYGO. Through the MoU, an MSM Drop-in Centre was established within the public health facility leading to improvement of access to a range of services to GBMSM/MSWs beyond HIV.

Upon commencement of integration of MSM services at Railways Health Centre, the facility management team committed to and are currently providing service provision commodities to MAAYGO DIC within the facility. In addition, the County health records officers committed to and are currently assisting MAAYGO program in proper documentation of services offered through entry of key population data into the DHIS platforms. The table below shows a summary of achievements in biomedical interventions offered to GBMSM/MSWs since 2018.

MAAYGO has continuously advocated for the rights and needs of GBMSM/MSWs in various social and political spaces including; dialogue meetings with county health management teams, public health service providers, LGBT leaders as well as law enforcement officers.

Equally, MAAYGO's human resource structures and systems have grown since inception. Currently, MAAYGO has 5 board members and 35 members of staff. The organization has 7 operational guidelines, procedures and policies. MAAYGO has also grown its resource base by 35% since 2016.

Indicator	2018 Performance		2019 Performance		2020 Performance	
	Target	Achievement	Target	Achievement	Target	Achievement
Number of GBMSM/MSWs identified and contacted	2,634	3,591 (136%)	2,698	2,943 (109%)	2,909	2,726 (94%)
Number of GBMSM/MSWs tested for HIV	2,378	2,090 (88%)	2,126	2,210 (104%)	2739	2,123 (78%)
No. HIV positive	32	80 (250%)	12	25 (208%)	66	64 (97%)
Number of GBMSM/MSWs-LHIV. linked to Care and Treatment	80	79 (99%)	25	23 (92%)	64	63 (98%)
Eligible for Viral Load		65		55		119
VL Done		63		53		115
VL Suppression		59 (94%)		51 (96.23%		112 (97.39%)
GBMSM/MSWs screened for STI	2259	2,127 (94%)	2,156	2,400 (111%)	2,785	2,614 (94%)
No. Diagnosed		146		24		116
GBMSM/MSWs treated for STIs		146		24		116
GB/MSM reached with psychosocial /mental health support		69		127		445
Violence Responded		58		71		127
GB/MSM/ MSW supported through economic empowerment		47		88		186
Stakeholders reached through advocacy efforts		497		710		1070

1.2 Rationale for the Strategic Plan

Since our inception, MAAYGO's purpose has been to help meet the sexual health needs, human rights and to improve general well being including mental health of the GBMSM/ MSW around the Lake region of Kenya. As the needs and expectations of our beneficiaries, partners and other stakeholders' have grown, so too have our own organizational capacities and expectations. Increasing demand for our contributions to the Gender and Sexual Minorities (GSM) groups dictates that we reaffirm our mission and address fundamental questions such as, what objectives should we prioritize to make the best use of our skills and resources, what kind of organizational structure best allows us to fulfill our mission, and how should we best craft our identiy and message to maximize understanding, effectiveness and sustainability. To address these core questions, we put forth the following strategic plan to help define who we are and where we are going as an organization.

In framing our strategic plan we examine our organizational identity from several aspects. We look at who we are as a function of what our historical roles have been, as well as what present day expectations are. We identify our primary programmatic initiatives and how we anticipate they will evolve. We review the characteristics and needs of the people we serve and examine ways to structure ourselves to better serve our beneficiaries. Finally, we identify key aspects and enablers to enhance innovations, collaborations, sustainability and partnerships in order to meet the increasing needs and expectations of the organization.

1.3 Context of the Strategic Plan

Good health and respect for human rights among the GBMSM groups are key to general public good, and their ripple effect impact on the society and the economy. In this context, MAAYGO was first registered as a community based organization (CBO) working closely with civil society organization's (CSO) to potentially mitigate the social and cultural challenges of HIV infection among the GBMSM/MSW in Kenya. The organization has since included mental health, and economic empowerment into its program. In the face of fast-changing dynamics of socio - economic, cultural, political and technological change, updating the organization's strategic documents becomes critical. It provides an opportunity to reflect on accomplishments, review what needs to be done, and design strategies that will take the organization in the right direction.

This 2021-2023 Strategic Plan is a map for the MAAYGO to build on now and it's future. It is the result of extensive participation from MAAYGO secretariat, Board of Directors, partners and stakeholders, and lays the groundwork and strategies to position the organization as a global institution with social responsibility. Therefore, the ultimate challenge is to take the pivotal steps required to position as one of the most efficacious GSM organization in Kenya.

MAAYGO team engaging the county health management team in a dialogue meeting

CHAPTER TWO: HIV SITUATION AND CONTEXT IN KENYA

2.1 HIV Situation

Globally, there has been gradual progress in the HIV response. The ambitious UNAIDS 90-90-90 targets that were to be met by the year 2020 are far from being met. Most countries are off-track with only fourteen countries achieving the 90-90-90 targets (90% of people living with HIV know their HIV status, of whom 90% are on antiretroviral treatment and of whom 90% are virally suppressed). There were approximately 38 million people across the globe with HIV/AIDS in 2019. Of these, 36.2 million were adults and 1.8 million were children (<15 years old). Despite the scale up of antiretroviral therapy, there are still 12.6 million people living with HIV who have no access to the life-saving treatment.[1]

There has been unequal progress, with too many vulnerable people and populations left behind. According to UNAIDS report on the global AIDS epidemic, about 62% of new HIV infections occurred among key populations and their sexual partners, including gay men and other men who have sex with men , despite them constituting a very small proportion of the general population.[2] The UNAIDS statistics for Kenya attribute more than half (51%) of all new HIV infections in Kenya in 2015 to adolescents and young people (aged 15-24 years), many of which occurred among young key populations. Stigma and discrimination, together with other social inequalities and exclusion, are proving to be key barriers to combination interventions, targeted towards the different needs of key populations and geographical locations. Marginalized populations who fear judgement, violence or arrest struggle to access sexual and reproductive health services, while access to health services is further aggravated by criminalization of key populations (UNAIDS, 2020).

The COVID-19 pandemic has had serious impact on the AIDS response and could disrupt it even more. In some countries, HIV resources, medicines, medical staff and equipment are being moved to the fight against COVID-19. COVID-19 risks blowing HIV progress way off course.

There has been progress in eastern and southern Africa, where new HIV infections have reduced by 38% since 2010. Kenya aimed to reduce annual number of HIV new infections to less than 20,000 by 2020. In recent years, Kenya has made huge strides in tackling its

1 https://www.kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/
2 https://www.unaids.org/en/resources/presscentre/featurestories/2020/september/20200928_new-hiv-infections-increasingly-among-key-populations

HIV epidemic and has been pioneering in the provision of HIV prevention – particularly the implementation of VMMC, self-testing and PrEP. Kenya developed the progressive HIV Prevention Revolution Road Map[3] which targeted to avert 1.1 million new HIV infections and 761,000 AIDS-related deaths by 2030. The roadmap explicitly recognizes what it describes as the "disparities" of the HIV epidemic, and commits to combination interventions, targeted towards the different needs of key populations and geographical locations. In order to achieve this, stigma and discrimination, arising from the criminalization of key population groups and entrenched gender inequalities, must also be addressed if Kenya is to truly curtail its epidemic.

2.2 Stigma and discrimination

Within the cotext of this SP document, discrimination is what happens when someone is treated in an unjust, unfair or prejudicial way, often on the basis of belonging to a particular group. This is identified and measured through an index tool. Stigma index studies provide evidence of the nature and extent of stigma and discrimination. The findings of the stigma index report[4] shows that key populations who include sex workers, men who have sex with men (MSM) and drug users experience double stigma associated with their sexual behaviours, practices and HIV status. MSM were reported to encounter stigmatizing incidences such as isolation, being ostracised and lack of support systems other than those led by their peers. Majority of MSM respondents reported fear of being tested for HIV. Partner testing for HIV positive MSM was further reported to draw further judgment and blame. Stigma was blamed for late presentation of MSM living with HIV resulting to disproportionately higher HIV related morbidity and mortality. These negative attitudes, perceptions and actions affect the physical and mental health of GBMSM/MSW whether they seek and are able to get health services, and the quality of the services they may receive.

3 Kenya HIV Prevention Revolution Road Map, 2014
4 The National HIV and AIDS Stigma and Discrimination Index Summary Report, 2014

According to a 2019 Health Stigma and Discrimination Framework study, stigma and discrimination towards GBMSM/MSW can affect their income; determine whether they get or keep a job; limit access to high quality health care that is responsive to their health needs; add to poor mental health and poor coping skills such as substance abuse, risky sexual behavior and suicide attempts.[5] This also affects their ability to have and maintain long-term same-sex relationship that lowers their chances of getting HIV and other sexually transmitted diseases; and makes it harder for them to be open about their sexual orientation which can increase stress, limit social support and negatively affect their health.

Stigma and discrimination can be especially hard for young men who are GBMSM/MSW. These negative attitudes increase their chance of experiencing violence, especially compared with other students in their schools. Violence can include behaviors such as bullying, teasing, harassment, physical assault, and suicide-related behaviors.

Many studies find a higher rate of health and mental health problems among gay and bisexual individuals than in heterosexual youth, often pointing to social rejection as the culprit. Another study found that LGB adults who reported high rates of parental rejection in their teens were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to have had unprotected sex than their peers who reported no or low levels of family rejection, reports the study team.[6]

MAAYGO team during a dialogue meeting with police bosses

5 Stangl, A.L., Earnshaw, V.A., Logie, C.H. et al. The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. BMC Med 17, 31 (2019). https://doi.org/10.1186/s12916-019-1271-3
6 Caitlin Ryan, David Huebner, Rafael M. Diaz and Jorge Sanchez. Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. Pediatrics January 2009, 123 (1) 346-352; DOI: https://doi.org/10.1542/peds.2007-3524

2.3 Policies and Operating Legal Environment

Legal environments play a critical role in the protection and promotion of health rights and the wellbeing of GBMSM/MSWs in Kenya. Good laws, fully resourced and enforced, can improve the reach and quality of healthcare services, enhance social support and promote cost-effective practices; all of which are vital to the success of national health responses. Despite the existence of a progressive legal framework and judiciary, Kenya still has some old punitive laws that hinder the access and provision of quality healthcare services among GBMSM/MSWs.

In Kenya, discrimination against GBMSM/MSWs occurs in families and communities, at the workplace, in schools and in prisons. There is some general awareness about the legal institutions and instruments that protect human rights, however, a majority of our target populations fail to report rights violations because they do not believe the authorities will take appropriate and effective action. Moreover, awareness of the channels and mechanisms for seeking redress is low. Civil society organizations play a major role in building the public's capacity to use legal and human rights frameworks to combat health right violations. However, the shrinking civil society space has hindered successful advocacy especially in addressing human rights violations and access to health services.

In May 2019, the LGBT got a blow from the judiciary when the case to repeal 162 of the penal code was turned down. This ruling took communities back to the drawing board to re-strategize on how best to achieve decriminalization.[7]

2.4 HIV Financing

Health finacing in Kenya remains a significant challenge that needs to be addressed in order to provide scalable integrated health services, particularly for key populations. The health sector in Kenya relies on several sources of funding including external (donors, public private partnerships, and philanthropists) and internal sources.

Over the years, external funding has been declining as a percentage of total health expenditure. Much of external spending on health has been off-budget; for instance, 73 percent of external funds were off-budget in 2015/16 (Kenya Health Financing System Assessment, 2018). The report further points out that off-budget support can be more challenging for health sector strategic planning, as it is not captured in government budgets and may not easily adapt to shifting priorities at the county level. Therefore domestic resource mobilization is critical both to reducing the burden of out of pocket payment for healthcare expenditure and closing the gaps left by declining donor funds.

This calls for more innovative ways to advocate for domestic resource mobilization and for CSOs to adapt ways to generate addition funding and slowly wean off donor overreliance. Health having been devolved to counties, provides an opportunity for civil society organizations and community-based organizations to lobby for allocation of funds and strategic investment in the health sector. Beginning with advocacy for inclusions of key populations in the county investment and development plans (CIDP) which determines allocation of funds at county level based on priorities.

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7 http://kenyalaw.org/caselaw/cases/view/173946/

Additionally, HIV programming still continues to have a resource gap that will be continuing to increase over the years. Since Kenya transitioned from a Low-Income Country to a Low Medium Income Country (LMIC), funding has been dwindling with an increase in the costs of HIV services. In relation to KP programming, the 2020 Country Operating plan (COP) planning letter reduced the amounts allocated to the key population program further down to US$10 million from the previous US$18.4 million. The Global Fund's investment in the Kenya has risen but only provides support in three-year cycles and is still significantly lower than the investment by the PEPFAR program (Kenya 2020 People's COP).

2.5 Universal Health Coverage

The World Health Organization (WHO) defines Universal health coverage (UHC) as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship.

Universal health is essential for sustained economic, social development and poverty reduction. On the 12th December 2018, President Uhuru Kenyatta declared Universal Health Coverage (UHC) to be a national priority in Kenya, as part of his 'Big Four Agenda' for national sustainable development. Under this initiative, the Government of Kenya committed to make strategic investments in health to ensure that all residents of Kenya can access the essential health services they require by 2022.

This declaration was quickly followed by what was popularly known as UHC pilot in four counties including Kisumu, Isiolo, Nyeri and Machakos. It quickly became evident that the much-needed services by key populations including STIs and HIV were not part of the essential package in the UHC pilots. This continued to leave behind an already marginalized group. To be able to achieve the UHC agenda, Kenya must find ways of putting the last mile first by ensuring those left behind are prioritized in the scale-up of UHC.

Community based organizations and civil society organizations were not meaningfully engaged in shaping the UHC pilot phase. Lessons learnt from the pilot calls for more engagement of stakeholders across multiple sectors as a critical enabler of successful UHC.

CHAPTER THREE: INTERNAL AND EXTERNAL OPERATING LANDSCAPE ANALYSIS

3.0   SWOT Analysis

MAAYGO has since its establishment developed a number of key areas of strength. These have enhanced it's work in the very challenging environment. MAAYGO has been known and identified as an organisation that is strategic with regards to programming for the target population. This has been evidenced by the pilot studies that the organisation is implementing with NASCOP to inform HIV programming for key populations.

Our adaptability to an ever changing and evolving environment has been our strength. Starting just as an organisation looking after the wellness of GBMSM/MSW to having a clinic that provides quality HIV and SRH services demonstrates our ability to learn and adapt to be responsive to the needs of our communities.

MAAYGO has developed and is implementing very robust policies and guidelines that support routine programming. Our policies are elaborate and meet the national and international standards. Being a growing organisation, we have clear processes and procedures to revise and incorporate emerging developments within our policies. The organisation will continue to put systems in place to communicate and operationalise the policies and put in place feedback mechanisms.

We have a highly professional board of directors. The board members are respected members of the society with a mix of skills that are key for the organisation and its growth. We acknowledge the need to continue to build their capacity and provide opportunities for them to interact and learn from other high performing individuals. MAAYGO will continue to identify individuals who are respected in society, have relevant skills and are high performers to be recruited inorder to maintain organisational visibility and credibility.

Our staff are our greatest asset. The staff at MAAYGO are committed to the organisation and passionate about their work. The organisation will continuously recruit qualified and highliy motivated staff and put in place systems to retain these staff. MAAYGO will invest in staff capacity building including exchange learning programmes. As we increase our scope and coverage, we will conduct analysis of staff gaps and engage adequate staff to respond to the needs of the organisation. We will ensure that all our staff are provided with the tools to enable them deliver and train them using nationally acceptable curriculums and manuals related to service delivery.

Strength	Weakness	Opportunities	Threats
• Active and all inclusive instrumental board members that is self-motivated and working towards realizing organizational goals • Organizational operational policies and governance manuals, in enhancing efficaciousness • Strong sense of organizational ownership by the staff and beneficiaries • Competent, committed and highly skilled staff who embrace team work and professionalism. • Capacity to mobilize and generate internal resources and organizational assets through resource mobilization and income generating activities (IGA) approaches • Existence of a robust Monitoring, evaluation, accountability and learning (MEAL) system in place • MAAYGO visibility in important spaces.	• Lack of a structured and funded capacity building framework for staffs • Inadequate human resource • Inadequate strategy to address the high expectations from the community that we serve	• Meaningful engagement and participation in policy processes at national and county levels • Less program that are KP-led in the region with the focus on gay bisexual men and MSM/MSWs • Government support and buy in (MFL coding of DICES, SOPs and guidelines, KEMSA commodities to DICES and integration into government facilities) • Global interest in KP advocacy and programs • KP programs gaining traction with major donor outfits	• Shrinking donor funding • Competitiveness of the available limited resources • Security threats to KP programming because of Kenyan Law • Legal barriers hindering access to justice • Homophobic attacks • Limited community acceptance of KP programming • Contradictions and restrictive policy environment on LGBTI • Poor prioritization and limited budget allocation to HIV and Key populations by the government

Strength	Weakness	Opportunities	Threats
• Strong membership and affiliations to international, regional, national and grassroots networks • Embracing of digital space including social networks such as twitter, facebook, instagram, website and whatsapp e.t.c. • Existing structures that support development and implementation of internal strategies, such as strategic plan • Existence of a strong socio-economic support network • Having community trust and meaningful engagement • Undisputed reputation and high level of organizational integrity • Ability to adapt to change and to innovations • Management and sustenance of relationships with strong allies/partners through mentorship, learning, sub granting and hosting other organizations		• Scaling up service coverage • Use of technology to improve efficiency and reach.	• Poor prioritization and limited budget allocation to HIV and Key populations by the government • Social stigma and discrimination • Negative media publicity on KP programming • Fragmentation of the LGBTI movement building thus impeding efforts towards advocacy

CHAPTER FOUR: Strategic Framework and Directions

4.1 Summary of Strategic Areas

Based on a comprehensive landscape analysis, strategic issues were outlined and interpreted into a strategic focus, objectives and activities for priority action. The following is a summary of the strategic issues, that MAAYGO will focus on for the next three-year plan period.

Strategic Areas	Strategic Objectives
Strategic Area 1: Comprehensive Health and Mental Health Services	To improve access to comprehensive, cost-effective, client-focused, quality integrated healthcare and Mental health services among the GBMSM/MSWs in the Lake region of Kenya.
Strategic Area 2: Access to Justice	To create an enabling environment to access justice and address human rights violations.
Strategic Area 3: Economic Empowerment for Communities	To increase access to economic resources and opportunities among the GBMSM/MSWs in the Lake region of Kenya.
Strategic Area 4: Policy Advocacy	To advocate for formulation and review of supportive policies that address barriers to access and uptake of comprehensive health and mental health services.
Strategic Area 5: Organizational Systems Strengthening	To build a strong, dynamic, resilient institution that is effective and efficient in delivering its mandate.

4.2 Strategic Objectives and Implementation Strategies

MAAYGO put together a mutually reinforcing set of goals, strategic objectives and implementation strategies that will form the foundation of the implementation of this strategic plan.

Strategic Area 1: Comprehensive HIV and Mental Health Services

The overall objective : To is improve access to comprehensive, cost-effective, client-focused, quality healthcare and Mental health services among GBMSM/MSWs in the Lake region of Kenya. We will utilise our drop-in centre and integrated government facilities to provide holistic health services while layering other services including HIV, STI, SGBV and other comorbidities. The HIV space is rapidly growing with new technologies for prevention including PrEP, HIVST and care and treatment.

The communities we serve are already marginalized, thus mental health continues to be a major problem that needs to be addressed. We will integrate mental health assessment and counselling within our routine services with referral systems established for those requiring specialized support. We aim to be a site for piloting new interventions targeting the GBMSM/MSWs.

1.1 Comprehensive Health with a focus on HIV.

Objective: To provide quality integrated HIV prevention and treatment services to the communities we serve by 2023.

Expected Results
1. 95% of our clients are identified and reached with a minimum service package
2. 95% of our cohort are aware of their HIV status and are linked to appropriate services
3. 95% of our cohort retained within our services
4. 95% of those on care and treatment attain viral suppression.
5. Provide integrated HIV services that include STIs, SGBV and other comorbidities
6. Provide quality services through continuous capacity development of healthcare providers and client feedback
7. 95% of our cohort testing negative do not sero-convert

Strategic Interventions
1. Implement combination prevention package that respond to the needs of our clients
2. Provide differentiated service delivery models to optimise our services

3. Conduct community mobilization through behavior change communication
4. Scale -up integrated services to include STIs and SGBV prevention and response
5. Undertake continuous mentorship and training of healthcare workers on emerging HIV technologies and quality assurance
6. Utilise digital platforms to create awareness and optimise service provision
7. Work with existing structures to address SBV prevention and response

1.2 Mental Health Services

Objective: To provide quality integrated mental health services to the communities we serve by 2023

Expected Results
1. 100% of our cohort are aware of their mental health status
2. 90% of our cohort screened positive for mental health illnesses are linked to appropriate psychological services and support
3. Healthcare workers capacity strengthen to offer quality mental health services

Strategic interventions
1. Undertake awareness creation on mental health challenges and services
2. Conduct continuous skills building among healthcare workers on screening and appropriate referral
3. Integrate mental health screening and counselling services within HIV services

Strategic Area 2: Access to Justice

The populations we serve continue to be criminalized in Kenya. This has increased the levels of stigma and discrimination perpetrated by the same institutions that should protect them. The overall objective is to create an enabling environment for access to justice and address human rights violations. Every citizen of Kenya has their rights protected by the constitution of Kenya that was promulgated in 2010. However, the reality is that GBMSM/MSWs have not been able to fully realise their human rights and communities have continued to justify abuses and violations towards these populations of the basis of them being criminalized. The focus areas will be: (I) Ending stigma and discrimination and (II) Justice.

2.1 Ending stigma and discrimination

Objective: To eliminate incidences of stigma and discrimination experienced by GBMSM/MSWs and the infringement of their human rights in the communities.

Expected results:
1. Low stigma index levels
2. Increased tolerance by general population for the communities we serve
3. Increased community engagement in taking action on stigma and discrimination reduction for social change

Strategic interventions:
1. Dialogues with general population to address stigma and discrimination towards the communities we serve
2. Engaging families of key populations for acceptance and support

2.2 Justice

Objective: To create an enabling environment for fair, transparent, effective, non-discriminatory, and accountable services that promote access to justice for the GBMSM/MSWs.

Expected results:
1. Increased access to appropriate legal redress
2. Implementation of progressive policies at national and county level that address the needs of GBMSM/MSWs
3. Human rights and the rights-based approach integrated in policy and law
4. Communities empowered to know and claim their human rights including the right to access quality health services

Strategic interventions:
1. Advocate for re(formulation) and implementation of laws, policies and regulations
2. Train and mentor community members on human rights, existing laws and policies that influence change.
3. Facilitate access to legal services for community members.

Strategic Area 3: Economic empowerment for communities

The overall objective is to increase access to economic resources and opportunities among GBMSM/MSWs. MAAYGO will work with other institutions to conduct trainings to its members on economic empowerment, business management and employability skills. In addition, we will utilize our networks to connect the GBMSM/MSWs to employment opportunities.

Expected results:

1. Communities have skills to equally compete in the job market and business fields
2. Community empowered on economic rights, entrepreneurship, and business opportunities
3. Communities have sustainable livelihoods

Strategic interventions:

1. Training and mentorship on financial literacy and employability
2. Linkage to business startup and mentorship opportunities
3. Facilitate formation of groups to access available development funds e.g. youth fund
4. Champion economic rights and opportunities with community members

Strategic Area 4: Policy Advocacy

The overall objective is to influence the development, review and formulation of policies at county, national and international level to create a supportive environment for GBMSM/MSW. MAAYGO seeks to influence policy change and creative conducive environment where GBMSM/MSW can realise their full potential and access health services without fear of being stigmatized or discriminated. MAAYGO will conduct dvocacy at county, national and international levels and build capacities of GBMSM/MSW to be able to advocate for themselves. By extension, MAAYGO will implement, evaluate and influence adoption of responsive policies and laws nationally/ internationally stipulated to guide and monitor protection and promotion of human rights especially for the GBMSMS/MSW community.

Expected results:
1. Increased competency of key decision makers to address the specific GBMSM/MSW health needs
2. Supportive policies formulated and implemented
3. Enhanced capacity of GBMSM/MSW community to advocate for their rights

Strategic Interventions:
1. Generation and utilization of evidence to inform policy
2. Engagement in strategic technical working groups and policy forums at county, national and international level
3. Training of implementing partners, governments on discrimination and human rights based programming for key populations
4. Capacity building for GBMSM/MSW on policy advocacy
5. Documentation of advocacy milestones and violations of human rights using existing and emerging technologies

Strategic Area 5 : Organizational Systems Strengthening

The overall objective is to build a strong, dynamic, resilient institution that is effective and efficient in delivering its mandate. We will invest in strengthening organizational systems and processes to meet internationally accepted standards and best practices. This is critical to the organizational sustainability, visibility and credibility. This strategic area focuses on internal systems strengthening including:

(i) Human resources

(ii) Financial systems

(iii) Leadership and governance and;

(iv) Knowledge management, M&E, Research and Learning; and

(v) Hosting and sub-granting.

5.1 Human resources

Objective: To attract, engage and retain highly skilled staff guided by international human resource management standards

Expected results:

1. Enhanced workplace through creating and implementing programs and policies such as training, mentorship, coaching and staff support, and other various incentive opportunities.
2. A pool of well trained, competent and highly skilled staff supporting and working towards realizing MAAYGO's goal
3. Improved organizational engagement and competence through a robust performance monitoring system among employees that are continuously upgrading their skills and knowledge

Strategic Interventions:

1. Recruitment and retention of competent and highly skilled staff
2. *Performance monitoring systems* - Enforce appropriate internal controls, oversight and compliance mechanisms
3. Staff capacity needs assessment and development (on job learning, exchange learning visits and mentorship/coaching)
4. Develop and regularly review organizational policies, procedures and systems; and disseminate and monitor implementation

5.2 Financial systems

Objective: To plan, direct, organize, monitor and control MAAYGO's current and future financial resources and actions such as procurement, capital expansion, inventory valuation and financial reporting.

Expected results

1. Robust financial system spiraling successful growth and financial efficiencies of operations and strategies.
2. Timely dissemination of financial information in accordance with accounting principles to internal and external actors
3. Strong financial accountability and transparency mechanisms.

Strategic interventions:

1. *Robust financial system* - Establish and continually improve automated systems for Finance, and Administration.
2. *Finance and procurement manuals* – Develop and review the manuals to be aligned to international standards and disseminate to all staff
3. Diversification of financial sources
4. *Competent finance staff* - Continually support and invest in growing finance staff

5.3 Leadership and governance

Objective: To grow an organization that operates in an effective, efficient, professional and accountable manner

Expected results

1. Reputable organization that is effective, efficient and accountable at the community, national and global levels
2. An effective and professional pool of board, management and staff working towards realizing organisational goals

Strategic Interventions

1. *Capacity of board members*- Set priorities, overseeing strategy implementation, resource mobilization and stewardship of organizational resources; and identify leadership gaps
2. *Organizational visibility (brand)*- Establish and maintain an internal environment that safeguards the integrity of MAAYGO processes and resources
3. *Management development* – Identify management gaps and engage qualified and experienced experts to build the capacity of managers
4. Align the organization systems and structures to changes in the strategy

5.4 Knowledge management, M&E, Research and Learning

Objective: To track progress, document and share experiences, ideas, and information for organizational efficiency, learning and knowledge management

Expected results

1. Improved organizational Knowledge management system addressing gaps, opportunities and threats.
2. Efficient and innovative M&E and Learning system for planning and program improvement

Strategic Interventions

1. M&E systems - tools - Support development or scale up of innovative M&E approaches and models
    - o Generate evidence-based documents and disseminate best practices
    - o Generate program specific M&E plans, M&E results framework, indicators, and data use
    - o Facilitate progressive tracking of performance and periodic reviews for better implementation at different stageso Adopt/ use of digital or electronic data management systems
    - o Adopt/ use of digital or electronic data management systems

2. Undertake quarterly data Quality Assessment/Audits to improve data capture reporting
3. Optimization of data demand and information use (DDIU)
4. Management information systems - Develop an integrated, systemic approach to tracking performance across all projects and ensure that projects contribute to the overall results of the organization
5. Operational research - Research and disseminate knowledge and information on emerging concerns for improvement of the ongoing project implementation
6. To periodically conduct baseline surveys through virtual, FGDs and interviews

5.5 Hosting and sub-granting

Objective: to strengthen the organisational systems necessary for hosting, capacity development and sub-granting of emerging community organisations.

Expected results:
1. Improved technical and organizational skills to support hosting and strengthening of emerging community organizations.
2. Improved financial systems to account for funds for sub-granting
3. Established structured approach to strengthening the capacity of community organisations

Strategic intervention
1. Investing in strengthening the finance team through increasing the number of staff, competence and efforts in staff capacity building
2. Development and standardization of documents necessary for hosting and sub-granting
3. Development of capacity building manual for community organisations
4. Engagement of donors to win their confidence in MAAYGOs hosting and sub-granting capacity
5. Establishment of a sub-granting team with clear term of reference

4.3 Strategic Enablers

Based on the context that we operate in and the feedback from our beneficiaries, donors, partners and government, the following will guide our work:

1. **Community engagement -** We will invest in working closely with the GBMSM/MSWs in ensuring that the services we offer are responsive to their needs. We will endeavor to have our community members at the forefront of our interventions by ensuring our peer-to-peer model is optimized.

2. **Partnerships and Collaborations -** MAAYGO recognizes that effective collaboration is key to organisation's success. We therefore seek to develop a strong network of partners, individuals, and institutions/organizations in sectors and relevant departments both Globally , Nationally ,regionally and locally as stakeholder management is critical to the success of our organization. Engaging the right people in the right way makes a big difference to our organizational success. MAAYGO has identified the key state , non state actors and people who Plans to build the support that helps it to succeed. By using detailed stakeholder planning tool, the organization plans how to communicate with each stakeholder who are affected by our work, who have influence or power over it, or have an interest in its successful. MAAYGO has and will continue to partner with development partners, implementing partners, state and non-state actors. We believe in adding value in our collaborations, MAAYGO will therefore identify its areas of strength and contribute substantially to the intended outcomes of such partnerships. We will strengthen our partnership with the counties to support expansion of integrated services for our populations in public health facilities. This is important for sustainability of services and linking our populations to additional services beyond what MAAYGO is able to offer.

3. **Increased scope and coverage** - With this strategy, MAAYGO will come out of its comfort zone of HIV service provision and begin to include other health concerns like mental health as part of the comprehensive services provided. We will expand our coverage to the entire lake region as opposed to being confined in Kisumu only. This has been informed by the geographies where the majority of those we serve come from. We will invest heavily in structural interventions with the aim of empowering our populations to claim their rights and engage in economically empowering activities.

4. **Innovation -** We will continue to do business unusual as we pilot emerging health technologies and increase our efficiency in the delivery of our services. We believe in the impact of evidence informed interventions and will therefore establish strong collaborations with research institutions including NASCOP in generating evidence.

5. **Sustainability** - Continuation of services in a safe environment is core to our existence. This cannot be realised without adequate resources at organizational level and within the existing health system. MAAYGO will explore other income generating avenues outside donor funding to grow our funding base. We will also engage the counties in domestic resource allocation to strengthen KP services within the government health facilities.

6. **Progressive policies and processes** – An enabling legal environment will be critical in realization of MAAYGO vision. To this effect, MAAYGO will participate in the development, implementation, and review of relevant policies and processes to ensure access to justice among the target community.

CHAPTER FIVE: Operationalization of the Strategic Plan

5.0 Implementation Approach

This plan gives broad strategic direction and objectives that will guide MAAYGO over the 2021 – 2023 period. The plan forms the basis upon which specific operational plans, programmes and projects will be developed. The Board and MAAYGO management will be responsible to ensure existence of an enabling environment for implementation of this plan.

Successful implementation of the plan will require:

- Ownership and commitment by the governing organs, management, and staff. This will involve formal adoption and approval of the plan by the Board as a demonstration of their commitment to it. The plan will be formally launched to share commitment with key stakeholders. The sharing will form a basis for negotiating areas of engagement and other potential engagements guided by the objectives and activities outlined in the plan.

- Infrastructure to enhance operations and to improve both internal and external communication, office space, equipment and furniture are essential.

- Strengthening human resource capacity through continuous upgrade of staff skills and competencies, acquisition of skills for new areas such as drug abuse, economic empowerment, and research. Another means is to enable staff participation in exchange programmes, and other local and international forums.

- Establishment and nurturing of good relationships with the community; including individuals, groups, institutions such as schools, colleges, security departments, and local administration.

- Establishment of a strong financial resource base with proper financial management systems in place.

- Putting in place strong internal controls and ensuring external audits annually.

- Holding an annual stakeholders engagement forum to involve beneficiaries and stakeholders in important decision making aspects of the organization.

- Development of a Strong Financial Resource Base In order for the organization to achieve the outlined strategic objectives, it is critical to mobilize adequate resources and to develop a strong and sustainable financial resource base.

Some of the considerations in developing the strategy includes:

1. Developing innovative programs and interventions in the areas covered in this plan for sourcing funds, both locally and externally through donors, government and private agencies. MAAYGO will map out and maintain an inventory of possible organizations that fund local indigenous organizations or initiatives.

2. Use existing opportunities for youth groups to source funding from Government devolved funds such as Youth Enterprise Fund, or Constituency funds to support youth empowerment and HIV interventions.

3. Strengthen income generating activities   for sustainability.

MAAYGO team spearheading sensitization of law enforcemnet officers on covid 19.

MAAYGO team conducting a dialogue meeting with gender desk officers at one of the police stations.

CHAPTER SIX: Monitoring and Evaluation

6.1 Strategic Plan End of Period Evaluation

MAAYGO will design a user-friendly monitoring and evaluation (M&E) system to track progress and document experiences for organizational learning and knowledge management. To gauge holistic performance, the organization will make use of a variety of indicators that entail qualitative, quantitative, process and impact indicators. The M&E system will entail a data collection system that is timely, reliable and flexible enough and modular to allow indicator information to be part of the same database. This will show how different components of the program are performing. The M&E system will build the capacity to; track the project activities through routine data collection; examine the achievement of projects activities against planned activities; guide the coordination and implementation of Program activities; measure the extent of achievement of programs activities; measure the extent of achievements of projects outputs and outcomes; assess the actual change in target indicators against set benchmarks; and assess the impact of the Program.

MAAYGO will establish grassroots steering committee meetings that will be held monthly during which updates of the projects will be presented and discussed. The secretariat will meet monthly and quarterly to review projects progress. Progress reports will comprise weekly updates, monthly, quarterly and annual reports. Both midterm and terminal evaluation will be carried out to take stock of the extent to which program objectives have been achieved. Both evaluations will be led by external evaluators who will be selected by the organization's leadership and partners. Unlike the inbuilt continuous monitoring, the evaluations shall focus on impact and evidence for knowledge management and improvement.

6.2 Strategic Plan End of Period Evaluation

A comprehensive evaluation will be conducted at the end of life of this strategic plan to determine the overall impact and outcomes against set goals, objectives and expected results. MAAYGO will conduct an evaluation of the Strategic Plan at the expiry of each financial year when projected operational results and budgets are audited and financial statements prepared. The evaluation will also feed into the next MAAYGO's Strategic Plan.

ANNEX: Activity Pictures

Kisumu Regional Field Officer from NASCOP supporting MAAYGO during montly peer educators and outreach workers review meeting.

MAAYGO program director having a dialogue meeting with Kisumu county commandant.

Sensitization of MAAYGO peers on covid 19 prevention

MAAYGO team during monthly data review meeting

Senstization forum for health care workers
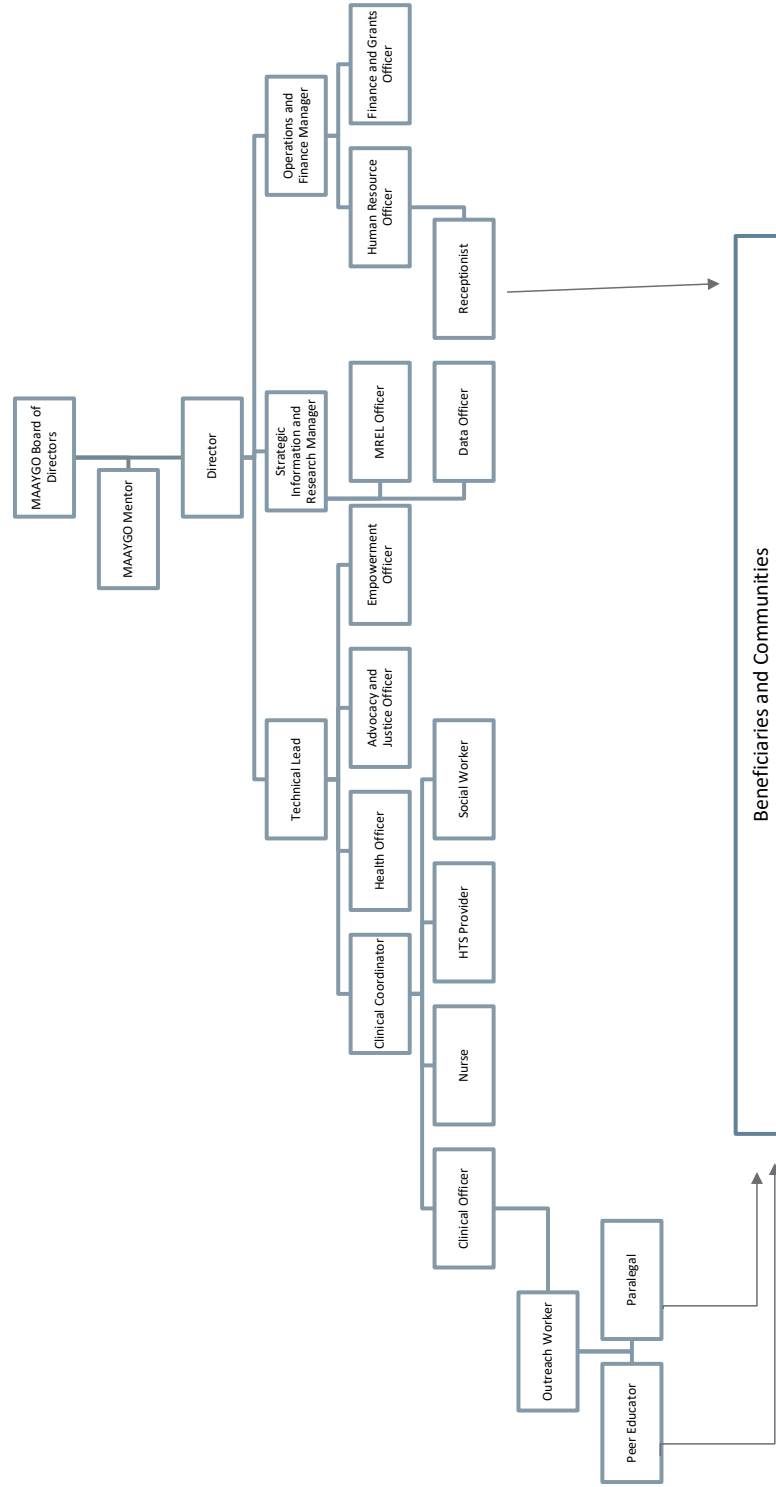

PrEP sensitization and adherence amongst GBMSM

HIV testing services to beneficiaries at the hotspot

Provision of masks and sanitizers to MAAYGO beneficiaries

MAAYGO Organizational Chart

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MAAYGO Organizational Chart

- MAAYGO Board of Directors
- MAAYGO Mentor
- Director
- Operations and Finance Manager
  - Finance and Grants Officer
  - Human Resource Officer
    - Receptionist
- Strategic Information and Research Manager
  - MREL Officer
    - Data Officer
  - Empowerment Officer
- Technical Lead
  - Advocacy and Justice Officer
    - Social Worker
  - Health Officer
    - HTS Provider
- Clinical Coordinator
  - Nurse
- Clinical Officer
  - Outreach Worker
    - Paralegal
    - Peer Educator
- Beneficiaries and Communities

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