Introduction
Between January and June 2020 North Star Alliance embarked on a Global Consulting Project (GCP) in partnership with two students from the Rotman School of Management, Amy Lee Chong (MBA) and Adam Resnick (MMA).

The main objective of the project was to analyse and assess key performance indicators relating to North Star’s Centres for Disease Control and Prevention (CDC) sponsored HIV programme, for key populations (KP) in Kenya, with a view to achieving the following outcomes:

Primary Outcome: Strengthen North Star Alliance’s evidence base and sexual reproductive health (SRH) programming, by determining the extent to which the CDC funded programme achieved key health outcomes for HIV prevention and treatment services, to advance the UNAIDS 90-90-90 strategy in Kenya.

Secondary Outcome: Provide data that will support a knowledge translation brief on North Star’s HIV and universal healthcare programmes in Kenya.

North Star Alliance’s background in Kenya
In the late 1990’s Africa faced the dual challenge of famine and a HIV/AIDS pandemic. Kenya was in the grip of the fourth largest HIV epidemic globally, with the government declaring war against this emerging disaster, whilst recognising its impact on both the general and key populations (KPs).

Since establishing its operations in Kenya in 2009, North Star Alliance has been an integral partner in HIV programming for KPs. The organisation’s initial focus was on truckers, which subsequently expanded to sex workers and local hotspot communities, given the prevalence of interaction between these groups. Besides sex workers (SW), men who have sex with men (MSM) and people who inject drugs (PWID), are also recognised by the Ministry of Health as key populations who are most affected by HIV in Kenya1. As a result, these two groups are also included in North Star’s prevention and treatment programme.

North Star Alliance has operated eight clinics within Kenya since 2009, each of which have provided essential healthcare services to KPs located along the Northern Transport Corridor.

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1 The Kenya National HIV Strategic Framework (KASF) 2014 – 2019
Since 2012 North Star has delivered KP focussed HIV programming, which has been supported by funding from three CDC prime recipient funders, the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), University of Manitoba (UoM), and Hope Worldwide Kenya (HWWK). Ultimately, the primary goal of the programme, has been to scale up the delivery of services and change behaviours by building a portfolio of sustainable programmes.

### TUNAWEZA PROJECT (Oct 2012-Sept 2014)
- Implement a comprehensive HIV prevention and treatment project for key populations (KPs) in the main transport hubs of the Northern corridor

### TRUCKERS (Oct 2014 – Sept 2016)
- Improve access to comprehensive service package for truckers and sex workers, by increasing access and strengthening a linked network of high quality HIV prevention, care and treatment services along the transport corridor

### NURU II (Oct 2016 – Sept 2019)
- Increase access to quality HIV prevention and treatment among KPs and their sexual partners, improve linkage among the KPs testing positive, and adherence to ARTs and TB treatments

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**Delivering Healthcare in a KP friendly and Stigma Free Environment**

North Star’s service delivery model removes barriers to healthcare by offering access to health in a stigma free environment. Their team of non-judgmental clinic staff, create a unique environment specifically tailored to the needs of KPs. Studies show that SWs feel more comfortable accessing services at community-based sites and from peers or other sensitised healthcare workers. Experience from HIV testing services has revealed that it is also favourable as well as possible to share tasks with SWs.¹

"...there is a lot of stigma and discrimination towards KPs especially sex workers in government facilities ... these women would be positive otherwise... they come because it is home..."

Clinician – Mlolongo Clinic

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¹Journal for International Aids Society 2017; 20 (Suppl 4): 21658; A call for differentiated approaches to delivering HIV services to key populations
Data Analysis methodology, approach and strategy
Throughout the course of the programme, the CDC and MoH developed and implemented three distinct client registers to track outcomes:

<table>
<thead>
<tr>
<th>Register</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohort Register</strong></td>
<td>Records and helps to track KPs enrolled and receiving services at North Star’s clinics.</td>
</tr>
<tr>
<td><strong>Linkage Register</strong></td>
<td>Records newly identified HIV positive clients and tracks their linkage to access care and treatment either at a North Star clinic or other referral facility.</td>
</tr>
<tr>
<td><strong>Treatment Register</strong></td>
<td>Tracks the ART status of all clients on care at North Star clinics.</td>
</tr>
</tbody>
</table>

- **2014**
  - KP Cohort Register
    - All North Star KPs
    - Demographics
    - Services provided
    - Testing results

- **2018**
  - Linkage Register
    - Only HIV+ clients linked by North Star
    - Date of diagnosis
    - When started ART
    - Linkage status

  - Treatment Register
    - All HIV+ clients on ART at North Star
    - Testing results
    - Current status

"... North Star has played a role in keeping us safe all the years I have been a sex worker. I can get services at any time and I feel empowered...."

Sex Worker Peer Educator
Client Flow/Outcomes Challenges Using the Registries

Clients who are HIV+ and newly enrolled at a North Star clinic, but were not already registered on care at another facility, are also entered on to the linkage register. Those clients who test positive after enrolment, otherwise known as seroconvert, are then subsequently added. Clients who are already linked to care, do not need to be recorded on the linkage register via North Star, whilst they continue to receive care elsewhere. There is also a further cohort who initiates their care at one of North Star’s clinics but subsequently chooses to continue their treatment through a government or another facility. Overall, this results in a non-linear flow of data, making the longitudinal tracking of clients far more challenging.

The additional challenge of tracking outcomes can largely be attributed to the fact the three registers were not designed from the outset to be linked to one another, or to track individual clients. Client linkage can only be carried out via a unique identifier code (UIC), which was not built into either of the three systems and therefore raises data validation issues. North Star is not unique in this regard, with many other organisations across the healthcare sector that handle large volumes of data, also facing similar challenges.

North Star’s exponential growth in KP client numbers

Between October 2014 and September 2019, the number of KPs enrolled by North Star grew exponentially, with almost 11,000 KPs registered in Kenya during this period. The most significant increase came about in 2017, during which there was a twofold increase of more than 4,000, which primarily resulted from a recruitment drive that formed part of a targeted outreach initiative.

Within this period, North Star implemented three types of recruitment strategies, the opportunistic strategy (2015-16), volume strategy (2017-18) and latterly the targeting strategy (2018-19). Comprising of two interconnected approaches, partner notification services (PNS) and social network strategies (SNS), both elements of the targeting strategy transpired to be highly effective in identifying HIV+ KPs. PNS works by identifying and targeting the partners of HIV+ truck drivers. This is with the intention of initially testing them and if necessary, ensuring they are subsequently registered on a treatment programme, should their results be positive. SNS uses a community networking recruitment approach, with a particular focus on high-risk individuals. Both components of the targeting strategy are also supported by an outreach programme, through which sex worker peer educators have proved to be highly effective in identifying and recruiting KPs.

Since 2015, North Star has enrolled 10,997 KPs in Kenya, 99% of these clients were still receiving services by 2019, meaning they had either been tested for HIV, screened for an STI, or were receiving antiretroviral therapy (ART) at some stage during the reporting cycle.
Key Performance Indicators

In total, 11 key performance indicators were identified and utilised for the purpose of this project. North Star Alliance performed very strongly on HIV testing, linkage, viral suppression, and STI screening. This includes 98% of eligible KP clients having a point of care HIV test in 2019; 98% being linked to care in 2019; 99% of KP clients being screened, of which 97% of those who tested positive subsequently put on treatment. Perhaps most significantly of all, 97% of the 10,239 HIV negative KPs enrolled from 2015 onwards, remained negative in 2019.

Key Findings

The comprehensive services provided by North Star and the resulting success of its structural interventions can be largely attributed to the following:

1) Engaging and mobilising the KP community.
2) Removing existing structural barriers which prevent access/utilisation of services.
3) Reducing stigma, discrimination and criminalisation that KPs endure, which prevents them self-identifying, seeking health care services, whilst increasing the risk of HIV/STIs and gender-based violence.

Global attempts to focus on a biomedical approach (voluntary counselling and testing plus condoms) did not succeed in fully generating service responses and behavioural changes. As a result, it transpired that more comprehensive approaches were required, which involved microplanning with a focus on community empowerment through HIV/SRH programming. The WHO defines this as a dynamic process i.e. ‘a collective process through which structural constraints of health, human rights and wellbeing are addressed’. It involves ‘critical consciousness raising’, which in turn enables internal barriers (anticipatory stigma) and external barriers (physical, process, functional, societal) to be overcome.

In 2014/2015 North Star developed and implemented a Sex Worker Peer Educator (SWPE) strategy in conjunction with the University of Manitoba. SWPEs have since become a key component of North Star’s success in building KP programming, which is delivered through a range of activities that have resulted in the following outcomes:

- **Uniting and leading** the local KP community
- **Sharing of experiences and building trust** between KPs and North Star’s clinic staff
- **Mobilisation** of KPs to access HIV/STI testing, healthcare and behavioural services
- **Education, counselling and promotion of risk-reduction health behaviours**
- **Increased awareness** of KP rights whilst supporting/empowering KPs to seek help and act
- **Providing a voice** for KPs needs and issues in the communities that North Star serves

SWPE networks are now an integral component of North Star’s KP-focused healthcare service delivery. Peer educators have become core members of North Star’s team (e.g. outreach supervisors, paralegals) and have been instrumental in shaping the KP outreach service agenda in Kenya.
In the 6 years since the SWPE programme was introduced, there has been a threefold increase in the number of SWPEs working for North Star in Kenya. The vast majority of whom are female sex workers, with an additional smaller cohort comprising of MSM peer educators. In recent years, the retention rates of peer educators have dramatically increased. In 2015, a number of outreach workers with a social work background engaged and supported the work of the peer educators.

In 2019 the 151 SWPEs operating across North Star’s network in Kenya, engaged with 10,929 KPs, comprising of 10,172 FSWs, 726 MSMs and 31 PWIDs. This puts into context the impact, reach and scale of the outreach work delivered by North Star’s team of SWPEs.

One of the key components behind the SWPEs capability to reach such significant numbers, can be attributed to the strategic hotspot mapping exercises and continued capacity building, carried out across North Star’s network. Clinic staff, SWPEs, local community leaders, local security leaders and business owners work together to estimate and validate information on the number of sex workers operating at each hotspot, whilst also identifying new hotspot locations. This information is subsequently utilised to produce a hotspot map, which in turn becomes a key strategic tool for targeting and channelling outreach activities.

- Each year, North Star performs mapping of territories and hotspots, and estimates the size of the local KP population

**Hotspot mapping complete, and KP list generated**

**Team review data & remove duplicate information**

**1-day prep meeting**
- Team formation
- Identify potential hotspot(s)
- Share information
- Sketch a map of hotspot

**Identify 3 FSW/MSM leads**

**Engage the local KP community**

- Identify existing and new hotspots areas for mapping

**Engage the local community leaders**
- Police/security
- Community chief
- Business owners

**Sex workers go to mapped hotspot area, talk with KPs, use a peer contact form to gather KP names/information**

**... the first step ... is to engage the community members so you can have their support**

Philip, Senior Outreach Supervisor
Building Bridges between KPs, the Police and Wider Community

By improving relations and building a closer partnership through continuous engagement and sensitisation, local police officers, chiefs and community leaders have become increasingly accepting and supporting towards KPs as a result of the interventions and mediation work facilitated by North Star. This has in turn resulted in a reduction in harassment and enhanced integration with the local community. Community leaders are also providing further support by creating opportunities for KPs to generate additional income, through initiatives such as providing car washing services, or cleaning police cells.

North Star GBV Programming and Violence Mitigation Response Teams

- North Star was an early mover in KP GBV programming, and partnered with AIDFONDS, CDC and NASCOP

Sex Worker-led & Managed Model
- Provide insights & guidance on the realities/priorities of peer KPs
- Foster trust & safe spaces
- Build bridges between KPs and the multi-sectorial stakeholders

North Star has continually engaged with and supported KPs through a range of economic empowerment programmes. As a result, it provides them with a foundation upon which they can build and improve their financial security and futures. Some SWs have set up businesses to boost their incomes, whilst others have joined together in groups where they save their earnings and are able to gain access to credit. This in turn reduces the likelihood of them engaging in behaviours that increase the risk of exposure to HIV or GBV, whilst simultaneously enhancing integration into society in general. Included within the training and education topics available to KPs through North Star’s interventions, are financial management and advice, as well as small business and entrepreneurial programmes, such as farming using greenhouse technology, or purchasing land to build and rent property.

Sexual and Gender-Based Violence in Kenya

KPs can be vulnerable to a range of interlinked health and social issues, including sexual and gender-based violence (GBV). The interaction of at-risk behaviours, mental health and general health issues can put KPs at an increased risk of contracting HIV/STIs, which can be amplified by the impact of GBV.

North Star was an early mover in KP GBV programming in Kenya, and has partnered with Aidsfonds on their Bridging the Gaps programme, through which selected peer educators were trained in violence prevention and mitigation as well as paralegal skills. In addition, North Star also worked with CDC and NASCOP to implement and deliver sensitisation training, community-level training for key stakeholder/leadership groups, Violence mitigation response teams (VMRTs) were also established in line with the NASCOP Violence Mitigation and Response guidelines, who engage with community stakeholders and are largely managed and led by the KP/SWPEs themselves.

KP Economic Empowerment and Independence

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Conclusion and Recommendations

North Star’s programming and activities span across a variety of levels. For example, on an individual level to influence KP behaviour, a community centred level which aims to transform politico-legal or socio-cultural structures, as well as at a structural level, to influence healthcare policy. North Star is able to effect change at all these levels, due to its deep and interconnected stakeholder network with which it can effectively collaborate, to leverage and create partnerships.

<table>
<thead>
<tr>
<th>PRIMARY STAKEHOLDERS</th>
<th>North Star</th>
<th>Executive Leadership</th>
<th>KP Clients</th>
<th>Government &amp; Funders</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY BENEFIT</td>
<td>Programming Evaluation</td>
<td>Insight into North Star Operations</td>
<td>Evaluation of Services / Outcomes</td>
<td>Organisational Strengths &amp; Impact</td>
</tr>
<tr>
<td>STRATEGIC BENEFITS</td>
<td>Identify strengths/ gaps/weaknesses</td>
<td>Sharing of best practices</td>
<td>Spotlight on current activities/programs</td>
<td>Greater clarity on investment returns</td>
</tr>
<tr>
<td></td>
<td>Ability to leverage media &amp; expand sponsor pool</td>
<td>Move toward standardisation &amp; increase efficiencies</td>
<td>Enhanced awareness amongst KPs not accessing care</td>
<td>Identify potential opportunities for future collaborations</td>
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For more information and detailed report:
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