



February 2026 Narrative Report



**MEN FOR POSITIVE
LIVING SUPPORT C.B.O**
★ 04 MAR 2026 ★
PHONE NO. 0718 606 885
P.O. Box 19091-40123, KISUMU

INTRODUCTION

Men For Positive Living Support (MOPLS) received a grant for one year support from **UHAI- EASHRI** General Support Grant targeting GBMS+(Gay,Bisexuals,Men having sex with men and male sex workers Living with HIV) in Kisumu County Nyakach sub county. The project shall continue to refer to this population segment as key and vulnerable populations (KVPs). MOPLS engaged 4 peer educators and 2 outreach workers in the community with ART dialogue meetings and violence sessions. Of these 4, all are trained as Peer educators. Through the grant we aimed at promoting strengthening its efforts in delivering comprehensive, evidence-based HIV prevention, care, and treatment services for key and vulnerable population and also supports increased knowledge awareness on human right awareness and stigma reduction among KVPS and health care providers in Nyakach sub county.

The program aims at:-

- i. Reducing instances of HIV re-infection rates among the KVPs.
- ii. Increasing number of KVPs reporting violence in Nyakach sub-county.
- iii. Reducing stigma among KVPs who are on care and treatment among KVPs and HCWs in Nyakach.
- iv. Improved referral and linkage pathways for newly diagnosed HIV positive clients.

Its goal is to reduce new HIV incidence through the provision of sustainable and affordable oral PrEP among key and vulnerable populations.

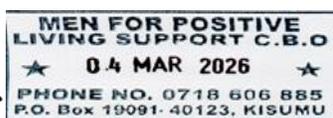
BEHAVIORAL INTERVENTIONS

KEY ACTIVITIES IMPLEMENTED IN FEBRUARY 2026

Key output and Narrative

In the reporting month of February 2026, Men For Positive Living Support CBO (MOPLS) through their trained peer educators managed to conduct 6 community health education sessions. The reported sessions were conducted in various spaces of these 4 at MOPLS safe space with 2 at Katito and sondu. A total of 55 were reached through one on one and small group sessions (40 and 15) respectively. The program managed to visit Lumumba one health facility to Verify MOPLS beneficiaries' data within the hospital system. Track the number of key and vulnerable community members accessing care and treatment services following service integration. We were able to confirm 6 active beneficiaries in the facility

NO.	PEER EDUCATORS CONTRIBUTION	LOCATION
1.	15	Kisumu central
2.	14	
3.	12	
4.	15	



COMMUNITY HEALTH/HUMAN RIGHT AWARENESS SESSIONS

Gender-Based Violence Awareness and Accountability Session

We conducted 1 Gender-Based Violence Awareness and Accountability Session at MOPLS safe space, the activity which engaged 10 beneficiaries aiming at raising awareness on Gender-Based Violence (GBV), reducing stigma, and promoting accountability through informed peer engagement. Participants were provided with basic GBV information, including the different types of violence: sexual, physical, verbal, and economic.

Topics Discussed: -During the the session the peers emphasized the importance of reporting GBV incidents and explained the role of feedback mechanisms in holding institutions accountable. Discussions also covered sensitive topics such as sodomy, defilement, and rape, as well as the barriers survivors face in accessing justice, including police corruption, the cost of reporting procedures (e.g., P3 forms), and limited legal support. These challenges were highlighted as factors that undermine trust in the justice system and discourage survivors from seeking redress.

Overall, the activity increased beneficiary knowledge of GBV, empowered them to recognize and report abuse, and reinforced the need for stronger accountability and support systems within the community.

Outcome of the activity: Ten (10) beneficiaries gained knowledge on the basics of Gender-Based Violence (GBV), the importance of reporting incidents, and the available support mechanisms. The session helped challenge stigma and discrimination, encouraging beneficiaries to seek help without fear. It also highlighted the barriers survivors face in accessing justice, including issues such as police corruption and limited support from local authorities. Overall, the sensitization strengthened awareness, empowered participants, and emphasized the need for accountability and accessible support systems.

Sigma and discrimination: Stigma and discrimination being a major service uptake barrier, MOPLS Support CBO conducted a safe space dialogue session aimed at addressing stigma and discrimination affecting GBMSM within the community. The session provided participants with an opportunity to openly share lived experiences, mental health challenges, and barriers to accessing HIV prevention, treatment, and social support services. The activity sought to strengthen peer support, promote mental wellness, improve service uptake (including PrEP and PEP), and gather beneficiary feedback to enhance future programming.

The following were key issues highlighted by Participants

a) Stigma and Discrimination - Family rejection and social isolation and Discrimination in workplaces leading to job loss or loss of income opportunities

Mental Health Concerns - Increased stress, anxiety, and depression and Feelings of hopelessness and low self-esteem

Economic and Livelihood Challenges - Job loss linked to sexual orientation or perceived identity and Financial instability increasing dependency on peers or risky survival strategies

HIV Prevention and Commodity Gaps - Inconsistent availability of condoms and lubricants

Social Support Needs : Need for stronger peer network, more frequent safe space engagements and Challenges accessing PrEP and PEP in nearby facilities

The session which was peer led had Participant Feedback and Recommendations among



Beneficiaries suggested the following improvements: Keep sessions confidential and safe, Share discussion topics in advance to allow preparation, Encourage participants to take ownership of activities

Actions Agreed / Way Forward : Strengthen mental health referrals and peer counseling, Advocate for reliable commodity supply and friendly services, Plan larger and more inclusive safe space sessions and Integrate creative engagement methods in future meetings

What stood out during the session was that the session reaffirmed that stigma and discrimination remain significant barriers to the wellbeing of GBMSM, affecting mental health, economic stability, and access to HIV services. There is a clear need for strengthened psychosocial support, consistent prevention commodities, and more inclusive and empowering programming. MOPLS Support CBO remains committed to working with stakeholders and partners to address these gaps and ensure no one is left behind.



The peers emphasizing the importance of reporting GBV incidents during session

MENTAL HEALTH SESSIONS PSYCHO-EDUCATION

Mental health session - Peer educators reported challenges of mental health among their peers and this raised alarm and need to conduct a session to address the reported concern among the peers. Mental health session was conducted at MOPLS Safe Space targeting 10 Beneficiaries with aim of raising awareness among GBMSM on Mental Health. The peers shared their views and how they understood Mental Health. It was noted that majority of peers understand mental health defining it differently among said were it is the state of mind functional both physically, emotionally stable.

The peers also discussed common signs and symptoms of mental health among their mentioned stress, poor hygiene anxiety, depression, isolation and extra cleanliness The session which was interactive had the beneficiaries given chance to speak freely and support each other in a friendly environment. The beneficiaries expressed how important safe spaces are recording that they give participants confidence to talk about their challenges they are encounter at the community. We managed to reach out to 10 Beneficiaries reached during the session and all were equipped with mental health information and The Beneficiaries suggested that more session to be done on mental health and the program team assured the peers to provide them with basic information on mental health



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The peers sharing their views and how they understood Mental Health

Cumulative data summary	No screened	Total No. Taken through mental health challenges among GBMS
MSW	3	3
MSM	5	5
GAY	0	0
BISEXUALS	2	2
TOTALS	10	10

SUPPORT GROUP SESSIONS:-

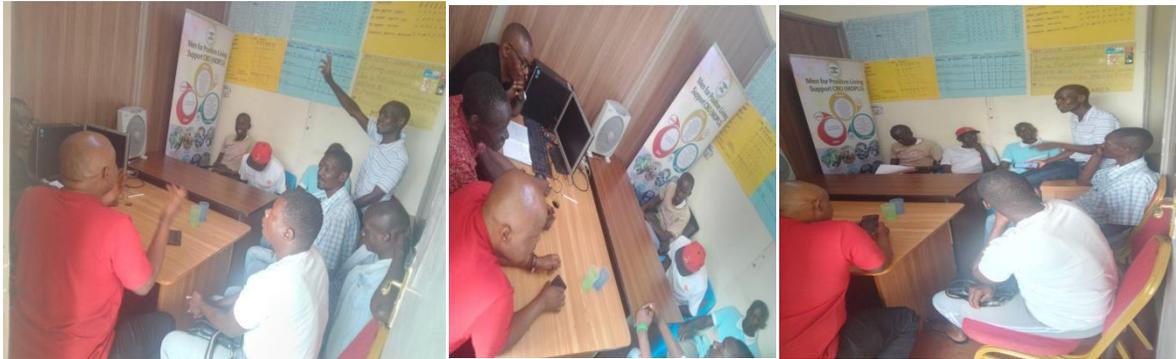
In the month of February 2026, we had our field team plan a support group session which was conducted at the MOPLS Safe Space with ten (10) PLHIV clients, mainly GBMSM, aimed at discussing their experiences accessing services, challenges faced in public health facilities, and the importance of SHA registration for continuity of care. The discussion emphasized the importance of SHA registration in improving access to treatment, reducing out-of-pocket costs, and ensuring consistent HIV care and medication refills. Participants acknowledged that enrollment could strengthen their long-term treatment adherence and health outcomes.

Reported challenges during the session were stigma and discrimination faced by PLHIV GBMSM in some public health facilities, lack of GBMSM focal persons or friendly staff to offer support during facility visits, and cases of self-stigma that discourage individuals from seeking services. Specific concerns were raised about experiences at Lumumba Sub-County Hospital where peers said there is only one dispensing drug point for both ART clients and other patients who suffer other ailments making it difficult for the ART clients to take their drugs and Anza Mapema, where some healthcare providers, were mentioned to have demonstrated unfriendly or discriminatory attitudes during the clients appointment visits.

The session was concluded by the team advised that To improve adherence and access to care, participants recommended the following strategies: establishing treatment buddies, strengthening continuous support groups, introducing telemedicine services for follow-up and adherence support, and providing escorted referrals to health facilities to enhance safety and comfort. Additionally, participants requested transport



support to attend sessions, noting that many are currently unemployed and travel long distances. The session concluded with a commitment to continue advocating for stigma-free services and strengthening client-centered support mechanisms to improve health outcomes for PLHIV GBMSM



Peers discussing their experiences accessing services and challenges faced in public health facilities

HOSPITAL VISIT SESSIONS :-

The program team continued with hospital visits in the reporting period. The program team conducted a hospital visit at Lumumba sub county Hospital as part of routine monitoring and follow-up of MOPLS beneficiaries. The activity which aligns with the organization's commitment to strengthening HIV care and treatment outcomes among key and vulnerable populations yielded 6 clients reported active on care and treatment. During the visit, the program team worked closely with the clinical team at the facility to:

- I. Cross-check beneficiary records in the system.
- II. Confirm appointment attendance and clinical follow-up status.
- III. Review viral load results and adherence notes.

Hospital visits key Findings

- A total of 6 MOPLS beneficiaries were confirmed in the hospital system.
- All 6 beneficiaries are up to date with their clinical appointments.
- All confirmed beneficiaries are **virally suppressed**.
- No beneficiaries were recorded as defaulters.

Outcomes of the Activity - The hospital verification exercise confirmed strong retention and adherence outcomes among MOPLS beneficiaries at Lumumba County Hospital.

The positive outcomes are attributed to:

- I. Close collaboration between the MOPLS program team and the clinical staff.
- II. Continuous community-level follow-up and support.

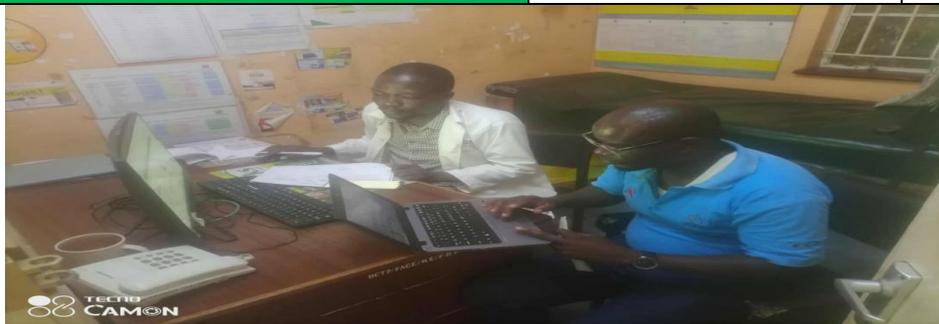


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The table bellow has clear illustrations of the facility visited with the number of clients reported active per typology

Hospital visits data summary

Typology	No of active clients at Lumumba sub county Hospital	Totals
MSW	1	1
MSM	1	1
GAY	1	1
BISEXUALS	3	3
TOTALS	6	6



Verification exercise by MOPLS case manager and Lumumba clinician

FRONT DESK REPORT ;-

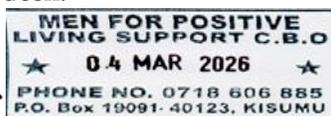
In the month of February, the office recorded a total of **55 beneficiaries** who signed the attendance register and **12 additional visitors**. During this period, the office successfully conducted **three key sessions**, namely: Mental Health Session, PLHIV (People Living with HIV) Support Session and Stigma and Discrimination Awareness Session. These sessions provided a safe and supportive space for engagement, dialogue, and psychosocial support.

In addition, beneficiaries were supported with essential prevention and information materials, including:

- 8 IEC materials distributed
- 568 Cubricants distributed
- 750 Condoms distributed

This documentation reflects strong participation levels and highlights the office’s continued efforts to ensure beneficiaries have access to accurate information and essential commodities for safer sexual practices.

Key Challenges Identified at the front desk:



Some clients requested transport support, which the office was unable to provide and There was an inadequate supply of condoms, limiting the ability to meet peer demand fully.

Way Forward : Strengthen resource mobilization efforts to secure adequate condom supplies and Plan for more regular sessions to sustain beneficiary engagement and support continuity of services.

The front desk received and attended to a total of 55 clients of these 40 were through small group session and 25 through one on one who visited the organization

Client Breakdown:

- Beneficiaries: 55
- Visitors: 12
- Key stakeholders 3

Service flow: The program ensured that all clients were received at the reception, registered, and guided appropriately to their respective departments within the organization based on their needs. The visits which varied from program-related services for beneficiaries and personal, as well as inquiries, referrals, and partnership-related engagements from visitors.8 PrEP fliers (IEC) materials, 750 Male condoms and 568 Lubricants in the reporting period.

Conclusion: The front desk successfully facilitated access to organizational services for both beneficiaries and visitors, contributing to effective internal coordination and positive client experience.

MONTHS	KP TYPE				TOTALS	COMMODITIES		
	MSW	MSM	BISEXUALS	GAY		M/CO NDOM	IEC MATERIALS	LUBES
February	8	21	16	11	55	750	8	568
TOTAL	8	21	16	11	55	750	8	568



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IEC MATERIALS DISTRIBUTED IN THE MONTH OF FEBRUARY

We had our field team distribute IEC materials during their community outreaches and sessions. MOPLS CBO conducted a community-based commodity distribution activity aimed at promoting HIV prevention, sexual and reproductive health, and access to accurate health information among its beneficiaries. The activity focused on reaching vulnerable populations within the community, including people living with HIV and other key populations.

Commodities Distributed - The following commodities were distributed to beneficiaries during the activity:

- Male condoms 750
- Lubricants 568
- IEC materials 8 (PrEP flyers)

Beneficiaries Reached

The reported 55 reached beneficiaries had the opportunity to at least have either flyer or commodity during their visit. The distribution targeted registered beneficiaries through community and in-reach activities. The distribution was carried out through community outreach points and one-on-one engagement. Beneficiaries received brief health education sessions on correct condom and lubricant use. IEC materials were explained to ensure understanding among the peers.

The following were recorded as activity outcomes : Improved access to HIV prevention commodities, increased awareness and knowledge on HIV prevention and sexual health and positive feedback from beneficiaries, who reported appreciation for both the commodities and the information provided with limited quantities of commodities compared to community demand and hard-to-reach beneficiaries in remote areas reported as major challenges in the month.

MONITORING AND EVALUATION ACTIVITIES

MEN FOR POSITIVE LIVING SUPPORT (MOPLS) CBO - STAKEHOLDERS MEETING REPORTS

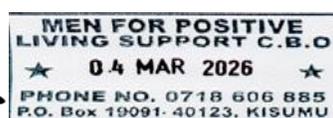
DRM MEETING REPORT ; -

MOPLS CBO participated in a two-day Domestic Resource Mobilization (DRM) meeting aimed at strengthening CSO engagement in health financing and budget advocacy processes.

On day one, participants were oriented on health financing and Kenya's health financing strategy, introduction to DRM, and the role of CSOs in DRM processes. The sessions also covered the Public Finance Management (PFM) Act, the legal framework guiding public planning and budgeting in Kenya, and both county and national budget cycles. Additionally, participants explored practical advocacy entry points for CSOs and reviewed recent health sector reforms and their implications for communities and civil society.

On day two, the focus was on SMART advocacy. Participants differentiated between advocacy, activism, and Social Behaviour Change Communication (SBCC), and developed SMART advocacy goals and action plans.

Through group work sessions, DRM champions identified key gaps and priority advocacy areas. The team developed a Budget Advocacy Plan and a Health Advocacy Plan to guide engagement during the current county budget-making process.





Participants sharing findings from the National Democratic Institute’s (NDI) Political Economy Analysis on public debt

Participants being oriented on health financing and Kenya’s health financing strategy

MULTI-STAKEHOLDER ENGAGEMENT MEETING IN KISUMU COUNTY:-

The meeting was a multi-stakeholder engagement held in Kisumu County, bringing together CSOs, accountability champions, faith-based organizations, media representatives, MCAs, MPs, and political aspirants. The session focused on sharing findings from the National Democratic Institute’s (NDI) Political Economy Analysis on public debt and facilitating discussions on fiscal reform proposals developed by the Okoa Uchumi Coalition.

The engagement aimed to strengthen stakeholders’ understanding of public debt dynamics and the political and economic factors influencing debt decisions and fiscal outcomes. It also emphasized the critical role of county leadership in promoting responsible fiscal governance and ensuring that national debt decisions translate into accountable, transparent, and citizen-responsive development at the local level.



GLOBAL ALLIANCE COMMUNITY GAC MEETING REPORT :-

The organization presented its work under the pillars of Health, Gender and Social Inclusivity, and Governance and Advocacy. Through a PowerPoint presentation, it demonstrated its strong community-based approach in improving the livelihoods of key and vulnerable populations and promoting access to quality health services free from stigma and discrimination.

The organization affirmed its alignment with the GAC pillars and committed to strengthening its engagement through continuous capacity building and linkages to potential donors. During the membership meeting, the



organization actively participated in the election of regional representatives and aligned itself with thematic areas relevant to its core mandate.

It reaffirmed its membership in the alliance, emphasizing inclusivity to ensure the communities it serves benefit from the collective efforts. The alliance comprises over 150 organizations across Kenya, with the organization represented within the Lake Basin, Western, and parts of the Rift Valley regions.



MOPLS CBO presentation of its work under the pillars of Health, Gender and Social Inclusivity

CHALLENGES REPORTED DURING MEETING:-

The alliance is still in its formation stages and is working toward fully incorporating the voices of all member organizations.

- Over-expectations from some member organizations.
- Lack of a proper structural framework in the past.

RECOMMENDATIONS / ACTION POINTS

- Strengthen engagement within thematic areas among member organizations.
- The elected leadership to work closely and collaboratively with all members.
- Encourage more organizations to join and strengthen the alliance.

MONTHLY PEER EDUCATOR'S DATA REVIEW MEETING

MOPLS CBO held a monthly data review meeting attended by five staff members, led by the Director. The meeting focused on reviewing February 2026 program performance, discussing challenges, and identifying action points for improved implementation.

During the review of February activities, the team reported conducting clinical visits, a mental health session for 10 peers, support group meetings focusing on adherence (10 peers), GBV awareness sessions (10 peers), stigma and discrimination sensitization (10 peers), distribution of IEC materials and prevention commodities, violence response interventions, and referrals.



Key challenges identified included reports of rude healthcare providers at Anza Mapema DICE. Agreed action points included following up with facility management regarding provider conduct, strengthening resource mobilization efforts, and developing a standardized PowerPoint template for reporting.

Members reflected positively on the organization’s performance, noting steady progress while committing to address existing gaps. The meeting concluded with encouragement from the Director to continue mobilizing resources and maintaining strong teamwork to enhance service delivery to the community.

OVERALL CHALLENGES REPORTED IN FEBRUARY

Feedback	Recommendations
■ Keep sessions confidential and safe	■ Strengthen mental health referrals and peer counseling
■ Share discussion topics in advance to allow preparation	■ Advocate for reliable commodity supply and friendly services
■ Encourage participants to take ownership of activities	■ Integrate creative engagement methods in future meetings

PLANNED ACTIVITIES FOR MARCH 2026

- Health education sessions (one-on-one and group).
- Conduct community human rights/violence awareness sessions.
- Distribution of IEC materials.
- Ensure linkage to care to newly HIV-diagnosed clients.
- Programme Monday Brief meetings.
- Monthly peer educators' data review meeting.
- Donor reporting

BEST PRACTICES DURING THE REPORTING PERIOD OF FEBRUARY

- Physical hospital visits and engagement with MOH clinical teams..
- MOPLS use of various IEC Materials during community sessions.
- Use of social media platforms (Facebook, Bulk SMS, Toll-Free Line, WhatsApp).
- Community debrief-ies by the program, peer educators after activity.
- MOPLS use of peer-led community during health, human rights awareness sessions. SUMMARY

Report compiled by: Fred abayo

Date: 3/3/2026

The report reviewed by: Tobias Ouma

Date: 04/03/2026

