THE YIM'LO PROJECT

Implementing a true-peer based approach for HIV intervention for men who have sex with men:

Lessons from The Yim'Lo Project

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Purpose and structure of the guide

This implementation guide aims to consolidate key insights and learning from the Yim'Lo pilot to help inform future implementers of interventions to support men who have sex with men (MSM) to access HIV services and other healthcare. The guide provides insights into how we designed and adapted a peer-led model to effectively access and support diverse MSM to receive HIV prevention, treatment and healthcare services. It offers a practical guide to enable others to implement some or all of the Yim'Lo model, which includes both an in-person peer coaching intervention and a digital component.

To effectively use the implementation guide and adapt and implement the intervention, it is crucial to understand the process the project team followed, the challenges we faced, and the adaptations we made over time. After introducing the model and key terms, we open the guide with a brief introduction to the Yim'Lo pilot study design, followed by key insights emerging from the formative research that shaped the intervention design. We then explain the core components of the intervention: those elements that we have learned are essential to delivering supportive services for MSM, especially those requiring discretion. We also summarise the ideal user journeys for both coaches and players, grounded in the actual experiences of participants in the pilot program. Finally, the guide provides reflections on adapting the intervention for diverse populations in different contexts to support ongoing learning and quality improvement.

Is this guide for me?

Are you a programme manager, healthcare provider, community leader, researcher or other stakeholder involved in the planning, execution or evaluation of programmes for MSM, LGBTQI+ people, or other key populations? ✓

Are you looking for a resource to help you design and implement an HIV prevention and healthcare intervention or other healthcare service, for people who might benefit from a peer-led approach? ✓

Are you looking to design a programme that is effective for and responsive to the needs of discreet users or a 'hidden' population group? ✓

Would you like to understand more about how we designed and implemented the Yim'Lo intervention and what we learned? ✓

If your answer to one or more of these questions is 'yes', we hope you find this to be a valuable resource.

1 Introduction

What is Yim'Lo?

The Yim'Lo Project is an empathy-driven HIV outreach and retention intervention designed for men who have sex with men (MSM).[1] It helps clinical service teams reach and serve MSM who are not effectively served by existing health services and those needing discretion. Yim'Lo has two main components: a peer coaching programme and a digital demand creation platform. In the peer coaching programme, adapted from the **Coach Mpilo programme**, MSM living with HIV are recruited and trained as coaches. Coaches reach out to and connect with other MSM (referred to as players) by meeting them where they are, in a non-judgemental and inclusive manner, and walking with them along their healthcare journey until they are ready to manage their own health independently. For people living with HIV (PLHIV), this journey includes treatment initiation and continuation, towards viral suppression. For HIV-negative participants, this journey focuses on developing a plan to stay negative, often including pre-exposure prophylaxis (PrEP) initiation and continuation.[2] Yim'Lo's digital demand creation platform, Healthy Men, enables MSM to access HIV- and health-related information, support and referrals to HIV-related services (including virtual or in-person peer coaches) in a discreet manner.

At its heart, Yim'Lo is about offering MSM access to discreet and reliable HIV-related information and support, as well as a relatable, empathetic, skilled and knowledgeable peer coach to help them navigate their healthcare journey.

Why focus on MSM?

Despite significant improvements in technologies for and access to HIV testing and treatment, HIV prevalence and incidence remain high in many areas of South Africa. Nationally, adult HIV prevalence is estimated at 18.8%, but among key populations like MSM, the rates are significantly higher. A recent study, for instance, reported 44.3% HIV prevalence among MSM in Johannesburg.[3] The likelihood of contracting HIV is 26 times greater for MSM compared to the general population.[4] Amplifying this risk, MSM are less likely to receive effective HIV services due to concerns related to stigma and the lack of tailored health services in a heteronormative health system.[5,6]

Because of their increased risk and their unmet needs for healthcare, MSM require specialised programmatic support. Even when tailored HIV services for MSM are available, it can be difficult for many people to access them due to fear of stigma and discrimination and the necessity to conform to local social and cultural norms that constrain people's ability to disclose their sexual behaviour, sexual orientation and gender identity.[7] This reduces the reach and impact of many MSM-focused prevention and treatment interventions, as some MSM may feel they have little option but to remain hidden.[8] These 'hidden' or discreet MSM (who may not self-identify as gay or be willing to disclose their same-sex sexual behaviour) are often left out of services, including those that explicitly aim to serve MSM or LGBTQI+ people.[9]

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The Yim'Lo pilot

To address barriers to HIV services among MSM in South Africa, particularly 'hidden' or discreet MSM, Population Services International (PSI) and Matchboxology carried out a formative research and design phase in 2021. The formative phase aimed to deeply understand existing evidence and lived realities of MSM in South Africa, including their experiences accessing healthcare services generally and HIV prevention and healthcare specifically to guide project design, implementation and evaluation. This phase included extensive literature reviews, stakeholder consultations, ethnographic immersions and a series of design processes. This led to the design of the MSM Coach intervention (adapted from the existing Coach Mpilo model) and the Healthy Men (previously Hook-Up) online service. These two approaches were prioritised for piloting and refinement through adaptive implementation.

With funding from the MSD Foundation, the Yim'Lo pilot study was then designed and carried out by PSI, Matchboxology, The Aurum Institute and Pivot Collective Consulting from March 2023 to June 2024. The pilot study aimed to understand and assess the effects of these two new complementary approaches on demand for HIV testing and counselling, HIV prevention services (including PrEP), STI services, and HIV treatment uptake and continuation among MSM in South Africa. It also gathered evidence on health seeking behaviours and HIV service delivery barriers and facilitators of diverse MSM to inform policy and guidelines for key populations in South Africa.

Conducted in eThekwini and uMgungundlovu in KwaZulu-Natal and Ekurhuleni in Gauteng, the pilot involved 11 trained coaches who provided support to 2,092 MSM aged 18-49, including both those who disclosed and did not disclose their sexual orientation or behaviour.[10] It included both the collection of routine monitoring data and a mixed methods evaluation focused on adaptive learning.

Monitoring data

Monitoring data on all men enrolled as players throughout the pilot period were collected from Aurum community sites (the neighbourhoods around the Aurum POP INN Clinics) in each location. Coaches captured basic demographic information about enrolled men (including age and MSM self-identification), dates of assistance provided, level of participation in the intervention, date of enrolment in HIV healthcare, time between HIV diagnosis or re-engagement in healthcare and enrolment, method of enrolment and treatment status in register forms completed after service delivery encounters. These were then captured by PSI data collectors. Coach-reported data were then verified using Aurum data tools, including patient files, registers and the RedCap system. Additionally, the study captured basic information about coaches, including age, occupation, time since HIV diagnosis, duration of HIV treatment and viral suppression status.

Monitoring data for Healthy Men services were collected from all online platforms used by the digital intervention (Google, Facebook, Instagram, and Grindr). These included engagement metrics, such as the number of boosts and interactions with advertisements, the number of users who clicked through to the website, the amount of time they spent on various sections on the website and the number of users who chose to be connected to a virtual coach. This data helped to describe the reach and impact of online adverts in promoting health interventions and services.

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Evaluation and learning

In addition to collecting routine monitoring data, The Yim'Lo Project engaged an evaluation and learning partner to gather deeper insights on the effects of the intervention. The learning partner (Pivot) was also responsible for providing expert guidance and support in evaluating and refining the project's strategies and approaches using an adaptive implementation approach.

The implementation guide reflects these insights, highlighting core components, practical advice for implementation and areas needing further adaptation based on the evaluation findings.

Key components of the process included:

Adaptation design workshop:

At the start of the evaluation, Pivot worked with Yim'Lo Project staff to refine and finalise the project's adaptive learning approach and co-create priority learning questions.

Participatory co-learning workshops:

Two participatory co-learning workshops with coaches also provided insights into their experiences and allowed the research team to train coaches in qualitative and peer research methods, building capacity within the implementation team for future evaluation and learning.

Mixed methods data collection:

Two rounds of intensive data collection were conducted at each site (in mid-2023 and mid-2024). Semi-structured interviews were conducted with coaches (n=11) and players (n=56) to explore their experiences of providing or receiving Yim'Lo services. In round 2, interviews were complemented by a socio-demographic questionnaire.

Social media data:

In the first round, real-time social media data were simultaneously collected, consolidating information from several platforms to monitor discussions about and with MSM.

Rapid analysis, sense-making and adaptation:

Following each data collection round, the research team conducted rapid analysis to produce preliminary insights, which were examined critically in participatory sense-making workshops with project team members (including coaches, health service providers, researchers and all project partners). The first workshop focused on identifying areas for programmatic improvement and change – and then designing new adaptations to address these challenges. The second workshop was focused on co-developing this implementation guide, capturing insights and learning from the pilot to help inform future implementation.

End notes

1. In our use of the term 'MSM' to define the focus population of this intervention, we are including all people who were assigned male at birth and have sexual intercourse with other people who were assigned male at birth. As will be explained in more detail below, the program is gender and sexual identity neutral in its delivery of services to those who need its support.

2. South African national guidelines recommend that people with a substantial risk of HIV infection, including MSM, should be provided with daily PrEP as part of a combined HIV prevention strategy.

3. The Aurum Institute, Anova Health Institute. South Africa Men's Health Monitoring Survey: A Biological and Behavioural Survey Among Men Who Have Sex with Men, South Africa 2019 (SAMHMS-II): Final Report. 2021. Johannesburg; The Aurum Institute. https://auruminstitute.org/images/Docs/SAMHMS_II_MSM_BBS_Full_Report.pdf

4. World Health Organization. Men who have sex with men. 2024. https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/men-who-have-sex-with-men

5. Mbeda C, Ogendo A, Lando R, et al. Healthcare-related stigma among men who have sex with men and transgender women in sub-Saharan Africa participating in HIV Prevention Trials Network (HPTN) 075 study. AIDS Care. 2020;32(8):1052-1060.

6. Ikhile IA, Mavhandu-Mudzusi AH. Catalyzing change: A framework for equitable health among MSM - insights from South Africa for developing nations. Sexuality, Gender & Policy. 2024.

7. Santos GM, Beck J, Wilson PA, et al. Homophobia as a barrier to HIV prevention service access for young men who have sex with men. J Acquir Immune Defic Syndr. 2013;63(5):e167-e170.

8. Chikovore J, Naidoo D. Risk from the frontlines of a hidden epidemic sexuality, masculinities and social pressures among men who have sex with men in South Africa: An overview. Gender and Behaviour. 2016 Dec 1;14(3):7609-23.

9. Veronese V, Clouse E, Wirtz AL, et al. "We are not gays... don't tell me those things": engaging 'hidden' men who have sex with men and transgender women in HIV prevention in Myanmar. BMC Public Health. 2019;19(1):63.

10. Importantly, coaches did not require participants to disclose their sexual behaviour or identity to receive services. All eligible men who wanted to receive support from the MSM coach were invited to participate.

11. de Villiers L, Thomas A, Jivan D, et al. Stigma and HIV service access among transfeminine and gender diverse women in South Africa – a narrative analysis of longitudinal qualitative data from the HPTN 071 (PopART) trial. BMC Public Health. 2020;20(1):1898.

Key Terms and Concepts

Adaptive implementation:	Adaptive implementation is an approach to programme implementation, evaluation and learning that centres the importance of continual learning and ongoing change in services. In this approach, programme implementers and evaluators design frameworks for ongoing monitoring, evaluation and learning that enable continuous programme improvement through cycles of learning and adaptation.
Adaptation:	Change to the original intervention in order to optimise it, tailor it to new settings or adjust it to meet the needs and capacities of implementing teams.
ART (Antiretroviral Therapy):	ART is a category of medications taken to treat HIV. By preventing the virus from replicating, antiretroviral medicines help the immune system to recover and protect against further harm.
Coach:	As one of the crucial parts of the Yim'Lo Project, a coach is a trained peer who offers socio-emotional support to help MSM navigate HIV prevention and treatment services.
Intersectionality:	Intersectionality is an analytical framework that examines how various social and political identities - such as race, class, gender, sexual orientation and disability - intersect and interact to shape individuals' experiences of privilege or discrimination. It acknowledges that these overlapping identities can create compounded systems of disadvantage or oppression.
Living with HIV (LHIV):	Living with HIV is a term used to describe individuals who have HIV in their body. It emphasises the ongoing experience of managing the virus with treatment and living a full life, rather than defining a person solely by their HIV status (i.e. stating they are HIV positive).
Men who have sex with men (MSM):	The term "men who have sex with men" describes cisgender and transgender men who have sex with other men, regardless of whether or not they also have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as heterosexual but who have sex with other men. The abbreviation MSM should not be used, except in charts or graphs where brevity is required; an explanation must be added in a footnote. In publications it is recommended to use the term "gay men and other men who have sex with men". The term is inclusive of transgender women, though they are not men and would not identify with the term MSM.
Player:	In the Yim'Lo intervention, a player is an individual who actively participates in the peer coaching programme as the client of a coach.
PrEP (Pre-exposure prophylaxis):	PrEP is a medication that HIV-negative individuals can take to reduce their risk of contracting HIV when engaging in sexual activity with someone with HIV. In the programme, there were two types of PrEP available to players: daily PrEP (a pill that is taken orally at the same time every day, providing continuous protection against HIV) and event-driven PrEP (taken in a specific schedule before planned or anticipated sexual activity).
Transgender person:	A person whose gender identity or expression does not correspond to that typically associated with the sex to which they were assigned at birth. This term can include people who are transgender women or men, or who are non-binary.
User journeys:	User journeys serve as a user-centred perspective on the experience that a product or intervention is designed to deliver to individuals.
Viral suppression:	For most people who are on an effective course of ART and take their HIV treatment as prescribed, the viral load (or amount of virus in the blood) will decrease to an undetectable level, a phenomenon referred to as viral suppression.

Yim'Lo in Brief

MSM Coach

What is the MSM Coach model?

The MSM Coach model evolved from the foundational principles and success of the Coach Mpilo model, centred on peer-to-peer, empathy-based support for men. The model was adapted and expanded to better serve the needs of men who have sex with men, particularly those who require the most discretion and those who are not effectively reached through current services. The MSM Coach model incorporates a holistic approach to health and well-being, recognising the importance of addressing the social determinants of health and promoting positive emotional associations related to HIV healthcare. Coaches are trained not only to provide medical guidance but also to foster resilience and community support among MSM populations.

Why peer coaches?

An MSM Coach is essential because current HIV services often fail to adequately reach and support MSM, especially those who require discretion or are not openly identifying. Many MSM face significant barriers to accessing healthcare, including stigma, fear of disclosure and limited access to MSM-friendly health services. MSM coaches play a crucial role in overcoming these barriers by offering personalised, non-judgemental support that is responsive to the unique challenges and needs of MSM. By providing a safe and understanding environment, MSM coaches help bridge the gap in healthcare for MSM who might otherwise remain disconnected from critical health services. The model's holistic approach not only addresses the medical needs of MSM but also focuses on the social and emotional aspects of well-being, fostering resilience and strengthening community support.

How does it work?

Coaches recruit players through clinic referrals and outreach activities of the clinic staff. They also independently promote their services within their own designated communities. The primary objective of each coach is to foster a positive mindset and provide comprehensive support until their players achieve specific milestones, including undergoing HIV testing, initiating PrEP or ART, adhering to treatment for 6 months and achieving stability as determined by the coach. Coaches are instrumental in ensuring that players understand the importance and benefits of staying linked to healthcare and maintaining adherence. They offer a range of services, including HIV risk awareness, testing and disclosure support; health monitoring; distribution of condoms; linkage to MSM-friendly health facilities; ongoing adherence support; and community sensitization activities.

Healthy Men

What is Healthy Men?

Healthy Men is an online and social media campaign that discreetly connects MSM to HIV-related information and services. The campaign aims to increase awareness about the benefits of HIV treatment and its growing social acceptability. The service functions as a demand creation platform designed to further facilitate discreet access for MSM to HIV services. It provides educational information and practical pathways to healthcare but also recentres HIV as a health priority, offering MSM personal coaching and resources for self-screening and PrEP. The platform seeks to reduce barriers to healthcare and foster a supportive environment for HIV prevention and treatment.

Why a digital component?

The inclusion of a digital component in The Yim'Lo Project was deemed essential due to the unique challenges faced by MSM in accessing traditional healthcare services. MSM often encounter poor and discriminatory service in these settings, leading many to seek anonymity and discretion, which are more easily found online. Although fully virtual health services were not viable within the South African context, the internet's potential as a gateway to confidential and accessible health information remains valuable. The digital strategy was crucial in bridging the gap between these vulnerable individuals and the necessary health services, ensuring that they received the healthcare and support they needed in a safe and non-judgemental environment.

How does it work?

The digital component of the Yim'Lo Project works by using engaging and stigma-free advertisements, called 'hooks,' which are promoted on popular platforms like Google, Instagram, Facebook, Grindr and TikTok. Through social media links, users can access the heathymen.co.za website or connect with a 'virtual coach' via WhatsApp - an experienced individual who offers assistance in multiple languages. Participants are guided through the process of connecting with nearby clinics, accessing HIV self-testing, and receiving further support through Aurum-linked sites. If additional assistance is needed, they can access a toll-free anonymous hotline for confirmatory testing information. They also receive a coach's WhatsApp number for ongoing support, whether virtual or in-person. Finally, users can provide feedback on their experience through a simple rating system before exiting the application.

2 Key Programme Insights

Emergent themes

Across the formative and pilot phases, key insights emerged across four thematic areas that have shaped the project's approach throughout design, implementation and adaptation.

Our research highlighted the rich diversity and fluidity of gender and sexual identities, experiences and behaviours within the MSM population, suggesting that MSM should not be treated as a single category in intervention design and delivery. In interviews conducted during formative and pilot phases, many of the men interviewed expressed that they felt labels such as gay, queer and MSM constrained their identity, and they did not identify with such labels, creating challenges for effective service delivery. A one-size-fits-all approach to delivering HIV services for MSM is inadequate to reach all those in need of support.

Messages and services tailored to the needs of MSM who openly identify as participating in same-sex relationships are unlikely to be appropriate for or to reach non-identifying or non-disclosing MSM. Transgender women also need tailored services that recognise and respect their gender identity and need for gender-affirming services.[11]

We found that MSM's experiences are deeply influenced by intersecting factors such as race, class and age. Young MSM, for example, face heightened risks due to limited control over safe sex practices and economic pressures. These challenges are exacerbated by substance use, which adds another layer of risk and complexity to their health needs.

This work highlighted how rigid notions of masculinity shape MSM's health behaviours and access to services. Societal pressures to conform to traditional male roles often force MSM into silence about their sexual orientation and can deter them from seeking essential health services. The stigma tied to HIV further complicates matters, affecting their willingness to access healthcare and preventive treatments like PrEP.

A significant barrier identified is the fear of stigma and discrimination, which drives many MSM away from health services. To overcome this, our research suggests a need for multifaceted approaches that blend community engagement with innovative service delivery. Solutions like mobile health units, online resources and ensuring privacy can help bridge the gap, making it easier for MSM to access the healthcare they need while maintaining their dignity.

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Core components of the Yim'Lo approach

As Yim'Lo's MSM Coach model and Healthy Men are scaled and taken up by other implementers, it will be necessary to continue to adapt them in small and big ways to ensure they remain relevant, resonant and effective. We do not expect any future implementers to deliver the full intervention in exactly the same way it was delivered in the pilot. Instead, we want to share our key insights and learnings to help inform future programme design and delivery.

At the same time, through our collaborative learning thus far, the Yim'Lo team has identified a series of core components of the intervention that form the backbone of the Yim'Lo intervention. These core components are aspects of the intervention that we believe - based on program data, evidence and theory - are key determinants of the intervention's relevance, resonance and effectiveness. They include foundational values-based practices, strategies and commitments that we suggest must be consistently applied across contexts to achieve the desired outcomes for clients and partners in an ethical and effective manner.

Core components

Key Concept	Explanation
Centring lived experience	The MSM Coach programme is a true peer-based model. Coaches must have shared lived experience with their players that allows for their own experiences and stories to resonate with the players' stories. This shared lived experience may look different for different categories of players. For instance, players living with HIV benefit from support from coaches living with HIV; similarly, transgender women players benefit from support from transgender coaches.
Empathy	Understanding that many MSM navigate complicated and constrained lives as a result of stigma, discrimination and social exclusion, empathy must remain a core value across all elements of the Yim'Lo Project. In order for coaches to understand how to support players most effectively, they must have deep empathy for each of their players. Similarly, other programme staff must have empathy for the experiences and challenges of coaches.
Respectful, non-judgemental engagement	Dignity and respect for individuals must remain the foundation upon which the programme engages, recognising that both coaches and players are members of the community that Yim'Lo aims to serve in respectful and non-judgemental ways.
Informed consent to participate	All players and coaches must be provided with accurate information about the scope of their engagement with the intervention and must give their consent to participate. Players and coaches can withdraw from the project at any time.

Confidentiality

Players' and coaches' data must be kept fully confidential by all project team members, and information must be shared only on a need-to-know basis. Data tracking systems must be developed and implemented that ensure identifiable information is safeguarded throughout project implementation.

Discreet service delivery

Coaches and other service providers must ensure that players' need for privacy and discretion are recognised and upheld. As Yim'Lo serves players who may not be open about their gender or sexual identity or HIV status, it is essential that the programme offers discreet pathways to healthcare.

Identity-neutral services

Players do NOT need to self-identify as gay/queer and should not be required to disclose their gender or sexual identity to receive services. Coaches should be careful not to push players to self-define or reveal elements of their identity/behaviour that they are not ready to reveal. Coaches and other service providers should meet players where they are in their personal journeys in both their gender and sexual identity and expression.

Identity-neutral services

Coaches offer players support for their mental and emotional well-being, as well as their physical health. A key component of this, for many players, is support to navigate issues related to their sexual and gender identities and HIV status. This support, however, is not to be confused with psychological services from trained mental health professionals, which may be needed for some players.

At the same time, coaches should be offered support for their own mental and emotional well-being, recognising their shared lived experiences with their players, as well as the added mental load of holding the issues and stories of their players.

Fostering cycles of support

Core to the implementation of a true peer-based model, coaches and players should have opportunities to learn and grow from the programme to take on roles as peer supporters and peer/community leaders.

Coaches as bridges between players and community members

Coaches support players to advocate for their health needs directly and/or indirectly. This includes supporting players to access health services and treatment, and linking them to healthcare. This may also often involve coaches mediating between players and health service providers, especially where players may have concerns around stigma, discrimination or other forms of exclusion. At times this can also include support for disclosure to friends, romantic and/or sexual partners or family.

Coaches support players to independently manage their own health

A core component of the coach-player relationship is the support that coaches provide to enable players to independently manage their own health. Aligned with the role of a coach in sport, the role of a coach is not to 'play the game' for their players but rather to support them from the sidelines, enabling players to play their best game – to make decisions and take actions in their own lives that foster their own well-being.

Effective training and mentorship

Coaches must receive effective training and ongoing supportive mentorship and supportive supervision across several core components of their work. In addition to practical training on HIV prevention, treatment and healthcare (as well as any other health issues within their remit), core training components should include ethical principles and practices, setting and maintaining boundaries, effective and open communication, the management of trauma, navigating safety, and referral systems and services.

Effective referral and support structures for coaches

Coaches can't operate as islands of support for MSM. They must be effectively integrated within an LGBTQI+ friendly system of health service provision that ensures effective healthcare provision, medication support and delivery of wraparound services (e.g., social workers and counsellors). They must also have access to effective and inclusive support to manage their own health and well-being.

Commitment to learning and adaptation

To ensure the programme continues to effectively serve the evolving needs of diverse people across shifting social contexts over time, a commitment to continuous and collaborative learning and adaptation is fundamental to effective programme delivery.

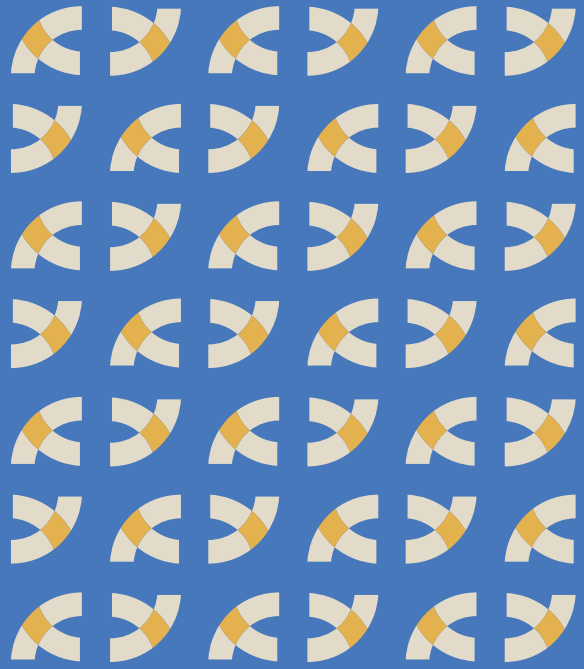
3 The Coach Experience

Who is an MSM coach?

Under the Yim'Lo peer support model, MSM living with HIV are trained as peer mentors called coaches. MSM coaches offer peer-led socio-emotional support to help other MSM in their communities navigate HIV prevention and treatment services. Coaches are trained not only to provide medical guidance but also to foster resilience and community support among MSM populations.

The MSM Coach model evolved from the foundational principles and success of the Coach Mpilo model, centred on peer-to-peer, empathy-based support for men. MSM coaches must be willing to openly share their stories, including both their HIV status and their sexual behaviour and identity, with the MSM players they support.

Coach Story 1

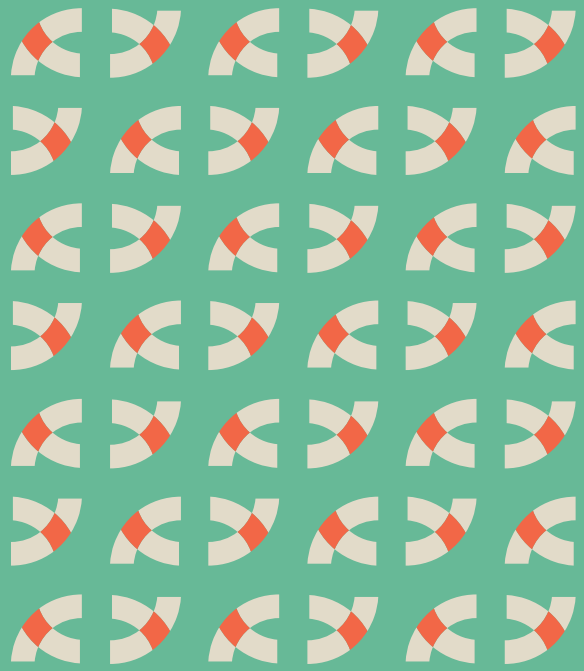


Coach Luvuyo is a middle-aged Zulu-speaking man who identifies as gay. As a young person growing up in a rural area, he tried to live 'as a straight person', but was deeply aware that he was different from other young men in his community. Despite his attempts to blend in, he experienced abuse from his family because his behaviour did not conform to their expectations, and he was eventually kicked out of his family home. School was particularly difficult as he was often teased for looking 'like a girl', and received threats of rape and abuse from other boys. He started engaging sexually and intimately with other men in his late school-going years. At this time, he did not yet understand the risks of HIV and STIs and how to protect himself. He believes that this lack of knowledge is why he contracted HIV in his early twenties.

Since Luvuyo was a young child, he'd always wanted to work in the health professions. After his diagnosis, he focused his attention on working in the HIV field, taking on various roles across both public health facilities and programmes run by non-governmental organisations over more than a decade. As a result of his existing connections in public health facilities, Luvuyo is one of the few coaches who has managed to assist his players to access HIV and other services through the public health clinics in their areas.

Although Coach Luvuyo relies on the queer-friendly Aurum clinic nearest his home to find and recruit some new players, he recruits most of his players through his existing social networks in his community and other areas assigned to him, speaking directly to groups of men he knows and working through them to identify men needing services, including those who are not open about their same-sex sexual behaviour. Luvuyo is very passionate about his role in his players' lives. He reflects that he sees them as his 'babies', and feels responsible for their well-being. This makes him a very trusted coach but also means it can be difficult for him to set boundaries.

Coach Story 2



Coach Buhle is a young gay man who lives in an urban township. He is currently the sole breadwinner in his home and is responsible for caring for both his mother and the child of his sister, who passed away in 2018. Buhle reflected that he never really had to 'come out' as gay because, he explained, 'I've been like this since I was young'. His mother and her family never treated him any differently, but the deep-seated homophobia in his community made him question a large part of himself growing up.

He started dating in grade eleven. Since then he has had about three relationships. While in a relationship with his latest partner, he tested positive for HIV at the same clinic where he now works. He contacted his partner right after receiving his results, who was supportive. He says, 'I was scared, but because I knew about HIV because my mom is living with HIV, it was easy for me to accept it...It's a new normal now'.

Before becoming a coach, Buhle worked as a club promoter, gaining a strong social media presence and following. This has served him well in his work as a coach. He is able to recruit a diverse group of younger players through social media platforms (including Instagram, Facebook and Grindr).

'As much as I'm a shy person', Buhle explains, 'I love working with people. I love helping people.'

Despite his comfort with the social media space, becoming a coach was a new and challenging experience for Buhle. He had to quickly learn a lot on the job. Reflecting on the training he received, he says he would've appreciated more rigorous and practical training about his roles as coach, including recruitment and retention of his players on both ART and PrEP. Although he hadn't worked in HIV before, he received his HIV Testing and Counselling certification through Aurum. This new training boosted his confidence and made it possible for him to deliver testing services to his players himself. He can then call the clinic when he needs to initiate a player on PrEP or ART.

Coach user journey

User journeys serve as a user-centred perspective on the experience that a product or intervention is designed to deliver to individuals. As part of the Yim'Lo design process, we co-created a series of user journeys to help guide the intervention implementation and serve as a touchpoint to track whether the intervention was delivering on its intended experience for clients. The user journeys were created and refined iteratively through a series of participatory workshops, as well as based on data collected from the two rounds of qualitative data collection.

In the coach user journey that follows, we describe the series of steps and interactions a coach goes through from initial awareness of the MSM Coach model, to effectively supporting players to achieve their personal health and wellness goals. For each stage, we introduce the intended user experience at this stage and insights from implementation.

> "When alone you think your story is the most painful. But I found at the workshop so many other painful things have happened to other people."
>
> Coach interview, KwaZulu-Natal, South Africa

> "I always wanted to help people, to teach them what I wasn't taught"
>
> Coach interview, Gauteng, South Africa

1 I'm excited

I hear about the MSM Coach model from a source that I trust, and I'm excited to know more. I want to make an impact in my community, and I can see this is a pathway toward that. I understand what it takes to be selected as a coach, and I feel like this is for me.

Recruitment involves clinic staff who identify MSM who meet the core criteria to become a coach, including current programme staff. Online ads and posters in the community and clinic also reach potential candidates. Key qualifications for coaches include living with HIV (and open to disclosing their status), being stable on treatment for at least 12 months and able to self-manage their health, being an MSM (and willing to disclose this) and comfort with sharing their own journey to build connection with players. Potential coaches must also have a passion to provide support to others.

2 I'll give this a try

I develop and submit my application and have my interview – they've selected me! I feel proud they want someone like me to be a leader – to support and coach others.

After the application closes, the coach receives a call for a panel interview. If successful, the coach is offered a job. Understanding that this is an opportunity to work with people who are facing some of the same challenges they have creates a deep feeling of relevance and resonance for many coaches up front. They decide to join the programme and are appointed to their new positions.

3 I'm ready to be a coach

I feel transformed and inspired by my training. I have a brotherhood now, and we're going to make an impact. I'm comfortable sharing my story. I can explain testing, PrEP and ART in ways that connect with MSM and address their needs. I feel confident to do this job.

The coach experience commences in earnest with training. Training should include recruitment strategies and how to set appropriate expectations for the player–coach relationship. Coaches are taught to meet players where they are and to help them understand how to manage their health (including ART or PrEP use) without using overly formal, clinical language. Training should fully equip coaches for their role with on-the-job skills.

The training is, importantly, a safe space for coaches to share their own stories, including their personal journeys of living with HIV and navigating their gender and sexual identities. It is also a space for them to build trust and a sense of connection to each other, ensuring they feel supported in their journeys. At this point the coach feels transformed and is excited to start the work.

4 I'm finding my footing

I'm working in the community, building relationships. My players appreciate me, and I feel respected in my community. I understand my role and how to work together with my clinic team. I feel valued by them; I have credibility. I know how to meet my recruitment, documentation and reporting goals. I feel safe, supported and respected.

At this stage, the coach will have built confidence, trust and respect in working in his community. He will have begun to slot in with his health facility and to understand the unique needs of his new players. The coach works closely with facility staff to identify new clients, drawing on the facility's recruitment strategies and his own unique approaches, which he has refined over time. He also develops his own strategies for supporting and retaining players. Effective management and support of coaches becomes very important at this point to ensure that their challenges are addressed.

5 I've got this

I work independently in my community – I can navigate challenges well. I know how to build new player networks. I'm fully accessible to MSM in my area: they know how to find me and I know how to find them. Recruitment is easy now. I fully understand the HIV clinical cascade and can support players through it.

By now, the coach has become comfortable with his role and is a core member of the health facility team. He is well-versed at recruitment and retention of players, drawing on the existing facility systems and his own uniquely refined approaches. The coach understands the distinct needs of different categories of players and has developed unique ways to support each of them. At this stage, coaches' effectiveness may be constrained by infrastructure/resource factors, such as lack of transport or effective health service structures. These will impact both the coaches' ability to support players and players' consistent treatment use and barriers to healthcare.

6 I've mastered this

My players are healthy, and I consistently meet my targets. When it's time, I know how to graduate my players as part of fully managing my caseload. When I need support or have ideas to improve intervention performance, I communicate effectively with programme partners. I lead other coaches by my example, and I can see that I'm recognised and appreciated for my work. I have a clear career path forward.

At this stage, the coach is more confident in his ability to support his players through the ups and downs of their journeys towards health and well-being. He is well-recognised for his efforts and his knowledge. With the right structures of support, the coach can be trusted to work independently and responsibly and is able to communicate clearly his needs with clinic management staff. The coach has developed unique problem-solving skills in his job and applies himself in service of the players' needs while still knowing and understanding his boundaries.

Core components of the Coach model

Component	Description
Coach recruitment	
Potential coach needs minimum requirements for role	Coaches should have experience of playing a supportive role to others, who like them are part of the LGBTQI+ community or LHIV. Minimum requirements are that a coach needs to have lived experience of living with HIV or using PrEP (depending on the role they're appointed for) and of being a man who has sex with other men.
Coach training	
A transformational and emotional moment for coaches to share	Through storytelling, coaches have the chance to share their personal experience as MSM living with HIV, being trans or using PrEP to feel a deep sense of shared lived experience with a peer cohort. This helps to remove barriers, clear stigma and create a new norm of empowerment.
Coaches are supported during training	As many coaches may have experienced trauma, it is important for coaches not to become re-traumatized in sharing their story. This is carefully attended to by trainers who are skilled in trauma-informed facilitation.
Coaches are trained to set and uphold boundaries	During coach training, participants are supported to consider and learn about boundary-setting with players and about the ways in which boundaries can be tested in their line of work. Coaches sign a code of conduct to remind them of their responsibilities and boundaries with players.
Coaches gain an understanding of key concepts in HIV prevention and healthcare	Coaches receive competency-based training in core aspects of health seeking behaviour and clinical healthcare necessary to achieve viral suppression and prevent onward transmission. Training topics include psychosocial support for HIV prevention, HIV self-testing, and PrEP initiation and support.
Coaches receive training on their day-to-day responsibilities	All aspects of the job requirements are explained during the training, including sexual and reproductive health, which includes understanding of STIs and especially HIV prevention and treatment; strategies to organise and mobilise other men into the programme; and approaches to recruiting, testing and supporting players on treatment, PrEP or ART.
Player recruitment	
Recruitment through personal networks & hotspots	Coaches use their own in-person and virtual social networks to post and disseminate information about HIV prevention and treatment in order to recruit players, often at identified 'hot spots' in their communities.
Facility-linked recruitment	Coaches recruit players with the support of facility recruitment strategies. In Yim'Lo, these included community outreach strategies, such as knowledge and information sessions with MSM, and a social network-based test-and-treat outreach strategy.

Component	Description
Player enrolment	
Coaches initiate contact with players	Coaches initiate contact with prospective players through outreach, at the clinic or through the virtual platforms via mobile phone.
Coaches obtain players' consent	During the first coach-player interaction, coaches invite players to receive coaching and obtain their informed consent. At the following 2-3 interactions, coaches offer support to players and confirm continued consent to be a player in the programme.
Coaches create a social contract with players	During the initial 1-3 interactions, coaches explain the importance of respect for boundaries and communicate their own boundaries while proactively supporting players to consider and communicate their own boundaries. Coaches set a clear expectation that part of the programme is for the player to become independent after 3-6 months of coach support.
Player health service and emotional support	
Coach-player emotional connection	Coaches emphasise emotional connection during initial interactions, working to build trust and convey their understanding of and empathy with the players' personal stories.
Coaches share their personal stories	At a time that is most appropriate in the coach-player relationship, coaches share their stories as MSM living with HIV.
Coaches offer ART and PrEP information and initiation support	Health facilities are the primary source of health information, but coaches help to ground the health information they gain through facilities, making it real in players' own lives to ensure full understanding of the implications of ART or PrEP use and to help players navigate healthcare for their own health in their everyday lives.
Coaches track players' healthcare needs	Coaches track each of their players' due dates for clinical healthcare, based on their serostatus profile. For players living with HIV, this may include supporting their viral load testing and treatment access. For HIV-negative players, coaches may offer support with consistent reminders regarding PrEP, other HIV prevention tools and HIV testing.
Coaches coordinate with clinic staff to support players	Coaches coordinate with clinic staff to track and ensure coverage of each individual player's clinical and mental health needs. They work closely with the clinic case manager, clinicians and social workers.
Reporting on player data	Coaches generate data on players' health seeking behaviours, serostatus and/or viral load and report to the clinic.

Component	Description
Coaches provide players with social support	Beyond support for health seeking behaviours, coaches act in supportive roles for players' emotional, social and family lives.
Coaches re-affirm the terms of player engagement	Coaches regularly check in with players to ensure that they are still happy with the relationship and must be attuned to non-verbal communication.
Player 'graduation'	A contingency plan is to be set upfront for player graduation from coach services for both ART and PrEP clients. This must be agreed to by both coach and player.

Coach support and management

Component	Description
Coaches check in regularly about their own and each other's well-being	Coaches are supported by project staff to regularly reflect on their well-being and/or the well-being of their peer coaches through debriefs and check-ins. Coaches are connected to others in their training cohort and encouraged to support each other.
Coaches receive clinical support	Coaches receive support from their clinical colleagues and their site coordinators to maintain their own health and to remain virally suppressed.
Coaches receive social support in their communities	Yim'Lo partners, coordinators, and managers support coaches to share their story in their community and within their family so that their work and efforts are known and supported/respected in their immediate social environment, and that any concerns are navigated carefully.
Coaches receive support for personal safety	Coaches receive support to maintain and protect their personal safety as they conduct their duties.
Coaches receive psychosocial support	All coaches are offered the opportunity to receive regular support from a mental health professional as needed.
Coaches receive regular supportive supervision	Regular reporting and management of coaches are important to track coaches' successes and struggles, often best administered at the facility where coaches are based. This helps coaches to communicate and track their success and need for support and ensures effective management to track coach performance.

Component	Description
Coach-facility relationship	Coaches need to have strong and clear relationships with site coordinators, health service providers and other support staff in the health facility to fulfil their roles effectively and be supported.
Coaches receive devices, data and material support	Coaches should be provided internet-enabled smartphones to conduct online outreach and to interact with and respond to prospective and current players. Coaches are provided data plans to cover their expenses conducting outreach and engagement with players. Coaches are also provided with resources/subsidies to cover transport costs and incidentals required for conducting community-based outreach and support activities.

Learning, adaptation and change - Coach experience

The role of a coach in the programme is framed fundamentally around an understanding of dignity, respect and empathy. Although the programme was designed to support players in navigating their health and well-being, it quickly became clear that coaches themselves were in need of additional support. Despite the programme's explicit focus on HIV prevention and healthcare, coach involvement with players rapidly expanded well beyond this focus to include many other forms of practical and psychosocial support. Having built strong connections based on empathy and shared experience, coaches found it challenging to set boundaries around their support, and often got involved in helping players to navigate diverse challenges within their lives. This meant that many coaches juggled heavy workloads alongside holding the weight of players' difficult stories and trauma, which could trigger coaches' own past traumas. This highlighted the need for important adaptations, including additional training and further psychosocial support structures for coaches.

The complex needs and challenges of players often compelled coaches to offer forms of support that extended well beyond their official scope of work, including providing financial and food support to players in need, delivering medication directly to players' homes and meeting players at night or over weekends. Coaches found it difficult to establish and maintain boundaries with players, often prioritising their players' needs over their own well-being. To respond to these challenges, the programme implemented practical adaptations such as additional transport funds to enable coaches to reach players and facilitate medication drop-offs, as well as additional training to help coaches navigate boundary-setting. Despite these added subsidies and follow-on training, coaches continued to struggle with setting boundaries for their support to players.

The deeply embedded relationships they had developed with players also meant that player 'graduation', the intended end point of coach support, was elusive in many coach-player relationships. This is an area where future programmers may well need to adapt and improve to ensure that coaches can continue to provide support to players in need without affecting their own well-being or risking burnout.

> "There are some people who believe [HIV] is a killer so I want to be an example that I'm still here and living with HIV and that there is nothing that has changed. I'm still that person from before."
>
> Coach interview,
> KwaZulu-Natal, South Africa

4 The Player Experience

Who is a player?

In the Yim'Lo Project, a player is the person who receives services and support from a coach. MSM players eligible for the programme include adult men and transgender women who would benefit from the services of an MSM coach to help navigate their health and well-being, focusing in particular on HIV prevention, treatment and healthcare. For programmatic purposes, we define MSM as cisgender and transgender men who have sex with other men, regardless of whether or not they also have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as heterosexual but who have sex with other men. Importantly, players do not need to disclose their sexual behaviour or identity to receive services. Their HIV status may also be unknown, negative or positive. For players living with HIV, they may be newly diagnosed, not yet initiated on treatment or lost to healthcare (so-called treatment 'defaulters'). Players who are not living with HIV may be in need of support for initiation or continuation of PrEP as well as other preventive measures. The intervention aims to tailor services to meet the diverse needs of these different kinds of MSM clients.

Coaches support players on their personal journeys to navigating their health and well-being. Players living with HIV are offered peer support that enables them to lead a healthy and safe life with HIV. Players not living with HIV receive support to help them stay negative and negotiate safe sex options, including PrEP, condom use and other preventive measures. For many players, the support they need and receive from coaches also involves assistance with navigating their gender and sexual identities and behaviours, and dealing with experiences of stigma, discrimination and exclusion.

In the below section, we present two distinct player user journeys, one for players living with HIV and the other for HIV-negative players. However, in practice, coaches adapt the service they offer across many different categories of players.

> "I think that it does have an impact because you just know who to speak to or to talk to. Rather, should you go through something, at least you know there's someone who is gonna understand what I'm going through because you know men, it's mostly men who do not want to open up, you know, so especially, to other men as well because of the stigma."
>
> Player interview, eThekwini

Player Story 1

Parallel lives

Michael is a middle-aged Zimbabwean man living in an urban setting in South Africa. He is married to two wives with whom he has had six children and is also attracted to men. Recounting the story of his childhood, Michael reports that his first sexual encounter was an extremely violent one, as he was molested by a 14-year-old male relative when he was 12 years old. He blames this assault for his sexual attraction to men, which he thinks may not have emerged if it weren't for this early experience. Despite feelings of attraction to men, Michael married his first wife when he was 19 years old, informed by the conventions of his religious tradition. His second marriage was, in his understanding, in part motivated by a desire to reassert his manhood, despite feelings of desire towards other men.

For better work opportunities, Michael migrated to South Africa when he was a young man, leaving his wives and children behind. This move has afforded him the freedom to explore his sexual attraction to men more openly. In South Africa, he explains, he exclusively has relationships and sex with men. Michael believes that many men have same-sex desires, suggesting 'probably 90% of married men are attracted to other men rather than women'.

Michael does not know specifically when or how he contracted HIV. However, when a mental crisis triggered memories of past sexual violations, he began to suspect that he may have acquired it as a result of the assault. His coach has been a core support for him through his struggles with his past trauma and in navigating his dual identity. His physical and mental health have improved, and he is now successfully navigating ART with the support of his coach. Nonetheless, he is still not ready to disclose his HIV status or sexual behaviour to his wives and family, and he avoids going home to visit his family in Zimbabwe. This is something he is still trying to work through with his coach.

Player Story 2

Rainbow flags in the wind

Ntando is a middle-aged queer identifying, non-binary person. As a child, Ntando always knew they were 'different from other boys', something their mother accepted and supported. When their mother passed away suddenly, however, they were kicked out of the family home by their disapproving aunt. They moved from their comfortable family home to live in an informal settlement with friends. Reflecting on this transition, they explained, 'I went from a kid who had everything to a kid who has to make sure that each day passes with at least a full stomach'.

Navigating life as an openly gender fluid person has presented significant challenges for Ntando, but they've learned to navigate these over time. Although they feel comfortable to dress femininely in their own community, they explain that they cannot take that chance in other communities because physical abuse and violence is often enacted against people like them. Ntando's love life has been filled with relationships where both partners have struggled to stay faithful, but they express a desire to meet someone they can trust.

Ntando is on ART treatment with the support of an MSM coach. They appreciate the queer-positive health support from their coach and the Aurum health facility, something they have not received in previous encounters with the health system. They feel safe and included in a safe circle of healthcare.

PLHIV user journey

1 I'm curious

I hear about MSM Coach from a source that I trust, and I feel curious to know more. It sounds like something that might work for me. I feel safe to reach out or share my information so that a coach can reach out to me.

A potential player hears about MSM Coach in his community from a friend or source they trust and is curious to find out more. The initial linkage to MSM Coach for a player living with HIV may be through referral from his healthcare provider or clinic. Newly diagnosed individuals may be referred immediately following their testing encounter.

2 I'll give this a try

My coach seems trustworthy, and discreet. I enjoy talking with him, and even though I'm still cautious, I'm also feeling hope that there might be a positive future for me here. My coach links me to a non-judgemental clinic, and I go for viral load testing and/or to receive services.

At this stage, players start to gain an understanding of the programme and to build trust in their new coaches. The player starts to feel more hopeful and open to engaging in HIV healthcare. The player is referred to a clinic (or accompanied if needed), where bloods will be drawn, and players are then offered needed medication.

3 I feel informed and supported

I feel like I belong to a community. In my coach, I have a friend who understands and supports me. I'm beginning to share my story and the barriers I face to protecting my health and well-being. I understand how to start maintaining my health, and I'm willing to commit to my treatment, with my coach's support.

Players start to feel a stronger sense of connection to their coach and feel less alone in their journey. At this stage, many players start to take their medication themselves and then learn the behaviours needed to stay healthy. Most players at this stage still need coach support to stay committed to treatment.

4 I've got an anchor and hope

I'm building new knowledge and skills to stay healthy through interactions with my coach and my providers. I'm feeling better about myself. I've got my swagger back, I'm regularly taking treatment, and I know I'm protecting my health and the health of my partner(s). I'm beginning to face and overcome my barriers. I see a positive way forward.

Players start to build new knowledge and skills through interaction with their coaches. Players start to build confidence in their health journey. They are encouraged to reach out to others in their social network for support, building a stronger community of care around them. This may involve disclosing to partners and family members or friends, sometimes with the support of their coach.

5 I can shape the life I choose

I know what I need to do: I'm in control of my life, my health and my HIV status. I've achieved viral suppression, and I feel resilient - I know I can deal with challenges that come up because I'm my own friend and my strength comes from within. Living with HIV is no longer a big deal. I still rely on my coach, but I need him a lot less.

Players start to become more independent in taking responsibility for their life, health and HIV journey. They are virally suppressed and stay consistent on medications. They visit their healthcare provider for follow-up visits as often as needed. They feel supported in their personal life through their broader social network, including people who know their status, and need less constant support from coach.

6 I've got support if I need it

I'm standing on my own, but I've still got someone who can pick me up if I fall down. My Coach is there if I need him. I'm role modelling and sharing my story to help others, so that they can also have hope.

At this point players reach a point of "graduation" from coach service. They have been virally suppressed for some time. They have a deep understanding of their responsibility to their own well-being and can offer support to others. Players can reach out to their coach when they need advice but no longer need coach support. Ideally, players are now ready to step into a supportive role for others in their community, building on what they learned from their coach.

Player Story

3

I have a second home

Anele is a married man in his forties who lives with his wife of many years and his children. At the same time, he openly acknowledges that he is also sleeping with other men. He keeps a room in a separate property where he takes male partners he has 'picked up' at a shebeen or clubs in the area late at night.

Describing his sexual behaviour, Anele reflects that he is just a man who likes to 'do men and women' because 'some of the things, you know, they just happen... Just like a woman, I get attracted to everyone.'

Anele is HIV negative and is on daily PrEP support from coach. He trusts his coach a lot and his coach has also helped him to unpack being more comfortable with his same-sex behaviour because just like him, his coach used to identify as a straight man who slept with men secretly. He makes a point of clarifying that he is always a top (penetrative partner) and his male partners are bottoms (receptive partners) in their sexual relations. He explains that he tries to use condoms with his male partners but admits that this is not always possible.

Player Story

4

Occasional risks

NJ is a young, straight identifying man. He has been in a committed relationship with his female partner for four years. They met when they were still in school and have been in a relationship for many years now. Although NJ admits to having had periods where he engaged with multiple sexual partners, he informs us that he's now committed to stability and exclusivity with his partner.

In the past, NJ briefly explored a relationship with a male partner he met at a club. Although the relationship was short-lived, he reflects that he does not regret the experience. His family remains unaware of his past relationships with men, though he occasionally hears suggestive jokes that hint at their suspicions. NJ is generally unconcerned by their speculations.

NJ's support network includes his family and his coach, providing a solid foundation for his well-being. His coach is one of the only people he has spoken to openly about his same-sex relationships. He receives PrEP medication from Aurum and also visits a public clinic for HIV and STI testing. Currently, NJ is using event-driven PrEP, a strategy he finds effective and has no plans to discontinue. His coach helps him plan for how he will protect himself during periods of increased risk.

HIV-negative player user journeys

1 I'm curious

I hear about MSM Coach from a source that I trust, and I feel curious to know more. It sounds like something that might work for me. I feel safe to reach out or share my information so that a coach can reach out to me.

Players can receive information about the Coach programme from various sources, including referrals (from peers, friends, partners, from coaches directly, healthcare providers etc.), coaches' social media platforms, informative sheets and cards, or through the health facility recruitment drives and strategies.

2 I'll give this a try

My coach seems trustworthy and discreet. I enjoy talking with him, and even though I'm still cautious, I'm also feeling hope that there might be a positive future for me here. My coach links me to a non-judgemental clinic or offers me testing at home, and I get tested. My coach and my provider help me understand what's next to stay safe.

The player builds initial trust with their new coach. Unless the player is referred directly through a testing event or after a test with a provider, the coach will facilitate HIV testing for the player. They will either test with their coach (if the coach is trained to facilitate testing) or will be referred to a health facility to go through standard HIV testing and counselling. After receiving their negative test results, they will be referred to a facility clinician to initiate them on PrEP. Players are supported to start PrEP and/or other HIV prevention methods.

3 I feel informed and supported

I feel like I belong to a community. In my coach, I have a friend who understands and supports me to make the choices that are right for me. I'm beginning to share my story and the barriers I face to protecting my health and well-being. I understand the importance of HIV testing and PrEP (event-driven or daily). I'm willing to commit to my health.

After testing and PrEP initiation, the coach and player journeys begin in earnest. In the early days, the players' coaches check in with them regularly to see how they're doing, follow up on their PrEP use, and support them socially and emotionally. For many PrEP players, their coaches deliver PrEP directly to their home or place of work.

4 I've got an anchor and hope

I'm building new knowledge and skills to stay healthy, with support from my coach and providers. I'm using my method of choice to prevent HIV. I continue to test regularly and I know my status. I'm feeling better about myself - I can engage in safe sex without fear, I've got my swagger back and I know I'm protected. I'm also beginning to face and overcome my barriers.

Players start to build new knowledge and skills to stay healthy, including how to prevent HIV. Players have consistent communication with the coach (more regularly by phone but also through in-person visits). Many players begin to invite their coach into a deeper understanding of many aspects of their personal lives (not just their health issues), as they slowly develop trust between each other. Players understand HIV prevention and can choose measures to stay protected with support from the coach.

5 I can shape the life I choose

I'm confident. I know what I need to do: I'm in control of my life and my health. I consistently test and use my method of choice to prevent HIV. I feel resilient - I can deal with challenges that come up. I'm role modelling and sharing my story to help others. I see a positive way forward for myself and I want others to have this same hope. I still rely on my coach, but I need him a lot less.

Players build a sense of confidence in their ability to manage their own health, gaining greater self-efficacy and realising they now need to rely on their coach less. They take their PrEP as prescribed without reminders from their coach and attend the clinic for follow-ups on their own. They feel in control of their own life, as much as is possible living in contexts of constraints. Players feel confident, resilient and hopeful about their own health journey.

6 I've got support if I need it

I'm standing on my own, but I've still got someone who can pick me up if I fall down. My coach is there if I need him.

At this point players reach a point of so-called 'graduation' from the coach service. They know they can stay HIV-free for life and consistently follow the steps necessary to protect themselves. They have a deep understanding of their responsibility to their own well-being and can offer support to others. Players can reach out to their coach when they need advice but no longer need coach support. Ideally, players are now ready to step into a supportive role for others in their community, building on what they learned from their coach.

Core components of player experience

Intervention Component	Description
Player recruitment and onboarding	
Players receive outreach messages	Players receive outreach messages via the online platform (Healthy Men), clinical staff or directly from coaches.
Players decide if they want to learn more	Players are asked if they would like to be contacted by a coach to receive more information on MSM Coach. Coaches never contact players who have not agreed to be contacted.
Players receive sufficient information for informed consent	Players are provided with detailed information about the intervention and are given the opportunity to consent to participate (or not). Players are proactively informed by coaches that they can withdraw at any time and are reminded of this should any tensions come up.
Players share their preferences for future interactions	Players inform coaches regarding how they would like to interact going forward, including timing and location(s) desired by the player, and agree with coaches on what is most appropriate.
Players learn about coaches' similar life experience	Players learn about coaches' personal story at a time that is appropriate for their newfound relationship. Learning this information helps players to feel less alone and fosters a deeper sense of connection.
Players learn about the 'new HIV story'	Players are informed about the 'new HIV story'—that it is possible to live a full and healthy life with HIV and to prevent transmission through consistent medication use—through the lived experience of the coaches themselves and through coaches' explanation of the science of HIV prevention and treatment.
Players understand the coach-player relationship	Coaches describe up front to players the boundaries of the coach-player relationship, including what kinds of interactions to expect. Together, the player and coach establish clear expectations and boundaries, based on the needs and desires of players and coaches.

Intervention Component	Description
Player engagement	
Players receive sexual healthcare support	Players receive support for their sexual healthcare needs. This includes: tracking each of their players' due dates for clinical healthcare, providing health information and referrals.
Players receive psychosocial support	Players receive support to assist them with resolving their individual mental health/psychosocial needs by having the opportunity to share what they are experiencing and feeling with empathetic coaches. Players who require more intensive support are referred to a social worker or mental healthcare provider.
Players receive information about HIV prevention	Players receive appropriate information to support them in preventing onward transmission if living with HIV or to stay HIV-free if HIV-negative.
Players are supported to be aware of their clinical healthcare needs	Players living with HIV are informed about HIV treatment and supported to have their vitals checked regularly to support them on the viral suppression journey.
Player linkage to healthcare	
Players are tested by coaches or at a facility and linked to either ART or PrEP services	Testing can happen through coach HIV testing and counselling or through the local facility. Blood samples are taken. Depending on whether they test HIV positive or negative, players are given the option to start ART or PrEP.
Player medication initiation	PLHIV initiate ART, following procedures at their health facility. HIV-negative players are offered ED-PrEP or daily PrEP. Coaches offer regular (often daily) support to ensure that medication initiation is smooth, and that any issues or questions are addressed.
Ongoing support	
PLHIV: After first month of ART treatment players are offered further ART medication	Once frequency of coach-player interactions have reduced, the player knows that the coach is there for the player. Coaches continue offering regular support for players on their LHIV journey, checking in from time to time to see if they need further support to continue regular ART use.
Player not LHIV: After first month of PrEP use (in case of daily PrEP,) player offered a continuation of their medication	Coach continues offering regular support for players to keep them protected from HIV by checking in on their PrEP medication usage, as well as offering other preventive measures, including condoms and lube.

Intervention Component	Description
Player graduation	
Player is ready to 'graduate'	Once frequency of coach-player interactions have reduced, the player knows that the coach is there for the player. Coach has made the player aware of the graduation journey and that the player will have to step into a space of self-dependency.
Player LHIV: (Facility and pharmacy hand-over for ART support)	Coach facilitates the hand-over of the player to the facility for their continued health services support as well as ART medication support.
Players on PrEP: Coach starts graduation process	After 3-6 months of consistent support, players begin to manage their own health and well-being, including receiving their medication through their local facility.
Players can self-manage their healthcare	Players at this stage know their role in their own health journey and can reach out to their coach with questions, but they no longer need their coach for medication support.
Players know that their coaches are still there if they need them	Once frequency of coach-player interactions have reduced, the player knows that the coach is there for the player, but coach stops regular check-ins and agency lies on the side of the player.

Learning, adaptation and change - Player experience

A key emergent insight of the pilot has been the importance of coach support for PrEP users, as well as players living with HIV. Initially, the MSM Coach model was designed to offer support to players living with HIV. However, it quickly became clear that players who tested HIV-negative also needed the support of a coach to initiate and stay on PrEP, as well as to navigate other issues they were facing. Supporting players on ART and those on PrEP requires different approaches. Effectively recruiting and retaining PrEP players, particularly those on daily PrEP, proved challenging. Players often struggled with taking medication as a preventive measure rather than for a condition they had. Thus, the programme rapidly adapted to develop a package of coach support for PrEP users.

Over time, we've found that training PrEP-specific coaches is more effective, as these coaches can better relate to and understand the unique needs of PrEP players, providing targeted support that enhances adherence to PrEP regimens. In the last phase of the pilot intervention, the programme team therefore recruited and trained new PrEP-specific coaches. Unlike other MSM coaches, these coaches were current PrEP users (rather than PLHIV). They were trained to provide more focused support to PrEP users specifically.

Another key insight of the pilot programme has been the recognition of how wide and diverse the MSM player population is. Within the umbrella category of MSM are diverse openly disclosing and hidden/discreet individuals with diverse and fluid gender and sexual identities, as well as intersectional vulnerabilities. Recognising and addressing the varied needs of these subgroups is critical. Players who are not open about their sexual behaviour or identity require a carefully planned service offering which ensures their need for discretion is recognised and catered to throughout the intervention.

This necessitates coaches being responsive to player needs and preferences in when and how they engage with players. For instance, some discreet PrEP users relied on their coaches to collect their medication from clinics and deliver it to them at their place of work, to avoid any risks of someone in their household or community learning that they were accessing this service.

Another important area for adaptation that emerged through the pilot was the need to design a service for transgender women. Although the intervention was initially designed for men, coaches successfully recruited and enrolled a number of transgender women. We learned that the transgender women in our programme often required specific psychosocial support and referrals to help them navigate their gender identity. Toward the end of the pilot period, these insights led to the creation of a new transgender-specific coach position. The first transgender coach was recruited at the end of the pilot phase. More implementation learning is required to more deeply explore how to adapt and optimise the intervention specifically for transgender women.

In addition to having diverse gender and sexual identities, most of the players enrolled in the pilot programme were also experiencing one or more other intersectional vulnerabilities (including poverty and unemployment, drug or alcohol use, transactional sex, mental health issues, houselessness or migration). Coaches adapted their supportive services in real time to respond to the diverse and shifting needs of their players. In sense-making and adaptation workshops, we mapped the many divergent needs of these different groups of players, identifying many areas where the service offering needed to change or new elements needed to be added to meet the needs of different players. Future interventions should pay closer attention to where and how the programme must adapt to best deliver services to these diverse populations.

Tailoring support to meet players where they are helps ensure that each participant receives appropriate and effective assistance to move them towards self-efficacy and independence. Throughout the pilot study, concerns also arose about how and when players should exit the programme, or 'graduate' from receiving coach support. At the beginning of the pilot, there was no clear point of graduation discussed with players, leaving them unprepared for the transition. This lack of guidelines also left coaches uncertain about when a player was ready to take responsibility for their own health journey. For PLHIV, the notional (bio)marker of readiness for graduation was sustained viral suppression. However, there is no such easy biomarker for PrEP players, who often move in and out of 'seasons' of greater or lesser risk as their life and relationships change. As a result, we found that coaches rapidly became overwhelmed with the number of PrEP-supported players. For both categories of players, we learned that continuous conversations between players and coaches are essential to remind them that the ultimate goal is to become self-reliant in managing their health journey. Through sense-making and adaptation, the programme team explored new strategies for establishing and communicating clear graduation criteria and timelines for both PLHIV and players without HIV to more effectively support players' journeys towards independence. By addressing these challenges and making necessary adaptations, the programme can provide more effective and more sustainable support to a large and diverse group of players.

> "I think coaches are very important because you need someone to go back to, you know. Even though you think everything is fine now, you don't know in future what you might encounter and who you gonna go back to. You need to go back to your coach."

Player interview, eThekwini

> "What I realised in this life is that with HIV, you need to have someone to walk this journey with until you die. You might think, you know it and understand it then you find some days are hard and you need someone to talk to, who understands your file as well."

Player interview, Ekurhuleni

5 Delivering a digital service for MSM

Why deliver a digital component?

The Healthy Men digital component of Yim'Lo was developed to address the unique challenges faced by MSM in accessing HIV prevention and treatment services. In South Africa, traditional media campaigns have been instrumental in raising awareness about HIV, yet they have often fallen short in changing deeper-seated behaviours and attitudes, particularly around stigma. This stigma continues to be a significant barrier, especially for marginalised groups like MSM, who may be reluctant to seek out essential HIV-related services. Social media platforms present a unique opportunity to overcome these barriers by providing a discreet and engaging space for MSM to access vital health information and services. Research shows that MSM frequently use social media for socialising and partner-seeking, making it an ideal platform for targeted interventions.

To overcome these barriers, Healthy Men leverages mobile health technology (mHealth) to provide a safe and discreet space where MSM can interact with health information and connect with service providers without fear of discrimination or exposure. Recognising the growing role of social media in public health, Healthy Men strategically uses these platforms to engage MSM where they are most active online. The Healthy Men digital component leverages these platforms not only for information dissemination but also for data collection and real-time disease surveillance. This approach allows for a more nuanced and responsive engagement with MSM, addressing their specific needs and concerns in a safe and supportive environment.

Social media content pillars

The Healthy Men campaign's social media strategy was built around four key content pillars designed to engage, inform and support MSM communities while ensuring discretion and sensitivity.

1

Educational Content:

Focused on sharing informative posts about HIV transmission, testing, prevention and treatment options. Included statistics, facts and content that debunked myths to destigmatize HIV and emphasised the importance of regular testing for early detection and prevention.

2

Personal Stories and Testimonials:

Featured real-life stories from MSM who had benefited from the Healthy Men services. Highlighted success stories that demonstrated the positive impact of early diagnosis and treatment, offering a relatable and inspiring narrative.

3

Health and Wellness Tips:

Provided practical advice on maintaining sexual health, including the use of PrEP and condoms, and addressed emotional well-being, particularly for MSM who might have been 'hidden' or facing challenges related to HIV healthcare.

4

Calls to Action:

Actively encouraged users to connect with a virtual coach, access HIV self-testing kits and seek out PrEP and emotional well-being services, ensuring that the campaign offered clear and actionable steps for engagement.

Given the sensitive nature of the content, traditional advertising platforms like Google and Facebook presented challenges, as these platforms do not allow targeting based on sexual preference due to their anti-discrimination policies. Despite these restrictions, strategic audience creation allowed the campaign to reach the intended users, evidenced by increased engagement and follower growth on social media. See appendix 1 for more detailed analysis on the dynamics of different platforms.

The recommended posting schedule has included 2-3 posts per week on Facebook and Instagram, daily Instagram stories and 2-3 monthly Instagram Reels. Throughout all content, a focus is maintained on discretion, sensitivity and inclusivity to create a welcoming and supportive online environment for MSM seeking HIV-related healthcare services. Collaborating with influencers further amplified these messages to reach the intended audience effectively.

Given the risks associated with online interactions, such as blackmail and identity exposure, the Healthy Men initiative also emphasised strong security measures and advocates for a blended approach that combines both online and offline strategies to maximise the intervention's effectiveness.

Implementing virtual coach

In addition to engagements on social media platforms such as Facebook and Instagram, the design team also deployed a new communication tool (created by Comet Clips in SA) designed for use on WhatsApp. The tool uses multimedia to take the user on an interactive journey. The user, by responding to questions in one way or another, is led through a decision tree that provides them with new, relevant information, directs them to a website for more detailed information, or links them to a live coach via WhatsApp chat.

Initially, the idea was that the digital component would feed into in-person coach engagements in the focus geographies. However, we noticed that the number of click throughs to a coach was much lower than expected, and in some peri-urban and rural areas there was no interaction at all. The ads were simply not reaching the target audience.

We had to broaden the net, as it were, and decided to take a national advertising approach in order to increase the opportunity of connecting with hidden MSM. By going national we were also able to expand the social media platforms available to us which now included Google Ads, Instagram and Grindr. In order to be able to streamline the service to anyone, anywhere, all ads now link users to only one coach. Known as 'Virtual Coach Mpilo', who is a real person (not a chatbot) who was trained specifically to interact with individuals based on text or voice use.

The virtual coach is able to provide any information required and, should a user need a physical interaction, he is able to refer them to a physical coach or a facility nearest to them. The virtual coach has access to a database of MSM-friendly clinics nationwide as well as a range of support groups and psychosocial services.

A virtual player journey

In addition to social media messages, users who engage with Healthy Men are offered the opportunity to connect with a virtual coach. Although not designed to deliver the same kind of full player user journey as is the case with the in-person coach programme, users who engage with Healthy Men are able to connect with a coach online who can offer them information and support. Because the majority of virtual user journeys are much shorter and less intense than in-person player journeys, the user journey presented below only includes three stages.

Virtual user journey

1 I'm curious

I learn about Healthy Men from a source that I trust, on a platform I like and where I feel safe. The content I see piques my interest - I feel safe enough to keep clicking through.

2 I'll give this a try

I'm learning about HIV prevention and treatment, and I'm stunned - I want to protect myself and my partner(s), and I feel ready to reach out to take the next step. I get the option to choose my next move, either:

→ **Pathway 1 (information only):**
I'm happy with the information I've received and don't need any further support.

→ **Pathway 2 (virtual coach):**
I decide to speak with a virtual coach. He seems trustworthy and discreet. I enjoy talking with him. My virtual coach links me to a non-judgemental clinic, and I go get tested and receive services once I know my serostatus. Depending on my location, I am either linked to an in-person coach or return to my virtual coach.

3 I feel informed and supported

Pathway 1 (information only):
I access the platform when I need more information. I know that a virtual coach is available if I need additional support.

Pathway 2 (virtual coach):
I feel like I belong to a community. In my virtual coach, I have a friend who understands and supports me. I'm beginning to share my story and the barriers I face to protecting my health and well-being. I understand how to start maintaining my health, and I'm willing to commit to my health.

The virtual journey begins with a user encountering an advertisement on Grindr, Instagram or another platform. It prompts them to answer initial questions about HIV prevention and their sexual practices.

Based on their responses, online users are directed either:

(1) to the Healthy Men website or
(2) to a virtual coach via WhatsApp.

For many virtual players, this engagement is short-lived, often lasting just a day, as it focuses mainly on delivering immediate knowledge and support. This virtual interaction primarily aims to provide essential information and address queries about health needs, HIV services and exploring sexual identity.

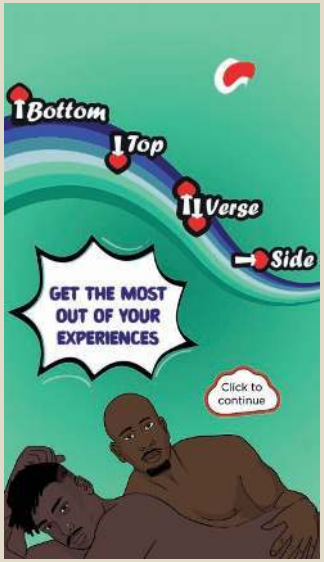
The transition from a virtual to an in-person journey occurs when players need to confirm their HIV status or seek treatment. If a virtual player is uncertain about their HIV status, the virtual coach refers them to a clinic for testing and treatment. Depending on the player's location, this referral could be to a designated programme clinic or a local clinic if they are outside the programme's catchment area. At the clinic, the clinician conducts the necessary testing and, based on the results, initiates treatment. Players who test positive for HIV will start ART, while those who test negative may begin PrEP, with the regimen tailored to their specific risk factors and needs. Importantly, once treatment is initiated, the player is then connected to an in-person coach in their geographical area to provide ongoing support and continuity of healthcare throughout their treatment journey.

For players who continue with the virtual programme, the coaching process remains online, with the virtual coach offering ongoing support. This includes follow-up on HIV service needs, medication adherence and emotional well-being. While the virtual journey provides initial guidance and information, it often leads to a more thorough in-person experience for those requiring further testing and treatment. The in-person component ensures that players receive comprehensive healthcare and support, bridging the gap between virtual information and practical, hands-on healthcare.

Learning, adaptation and change: From ‘Hook-up’ to ‘Healthy Men’

One major area of learning for the digital programme over time has been about how to craft messaging and content to engage and interest MSM, without sending the wrong message. Initially, the online intervention, branded as ‘Hook-up’, used provocative language and prompts to draw in users, for instance through asking them to select their preferred ‘hottie’ from a series of images of shirtless men.

Early Hook-up adverts and platform images



While the ads generated significant interest and performed well in terms of initial engagement metrics, we learned quickly that such sensationalism was in fact counterproductive. The approach led some users to perceive the platform as a dating or ‘hook-up’ site rather than a health resource, causing the virtual and in-person coaches (who also used the ads for recruiting their clients) to experience many inappropriate advances. This made their role more challenging and posed potential risks. It also led to an influx of inappropriate messages through the social media platforms and, eventually, the suspension of the Facebook page due to multiple reports.

Based on insights from the first round of data collection and collaborative sense-making, the virtual intervention was redesigned in late 2023 and rebranded as ‘Healthy Men’ to focus on health-specific ads and information. Following the rebranding, the campaign shifted to creating more educational and supportive content, utilising a variety of advertisements and clips strategically crafted to engage MSM communities and promote HIV-related services. These visuals, which were accompanied by more informational captions, were designed to capture attention, convey key health messages and encourage discreet participation in the campaign.

Healthy Men social media posts

Strength is not just measured in muscle, but in resilience and courage. Living with HIV doesn't define you; it showcases your remarkable strength and determination to overcome. Your journey is a testament to the power of resilience, and each day is an opportunity to rewrite the narrative of your life. You are not alone, and your strength inspires others. Embrace your journey, celebrate your victories, and remember that your worth is immeasurable.

Did you know that you can access our HIV, well-being and social services via WhatsApp? The service is private and confidential which means your details are never shared with anyone. Whatever is said, stays between you and our coach. WhatsApp 066 095 6776 to get started.

Protect your partner, protect your family, protect your future. Know Your Status.

Order your HIV self test kit - https://www.healthymen.co.za/hiv-kit

HIV stigma is rooted in a fear of HIV. Many of our ideas about HIV come from the HIV images that first appeared in the early 1980s. There are still misconceptions about how HIV is transmitted and what it means to live with HIV today.

The lack of information and awareness combined with outdated beliefs lead people to fear getting HIV. Additionally, many people think of HIV as a disease that only certain groups get. This leads to negative value judgements about people who are living with HIV.

Our insights through the evolution of the digital campaigns have highlighted the importance of carefully curating content and ensuring effective community management. This shift demonstrates the critical role that branding and content play in guiding audience perception and interaction. Through changing messaging, the campaign was able to focus more effectively on its health-related objectives without being misconstrued, significantly changing user interactions. Instead of inquiries about dating, the campaign began receiving messages seeking information on HIV self-testing, PrEP and other health services. The experience also underscores the necessity and value of using social media as a tool not just for advertising but for building trust and providing a reliable source of health information, tailored to the needs of MSM.

From user interactions, we also learned that those virtual users who chose to follow the pathway to connect with a virtual coach often engaged briefly and intensively to seek immediate answers about health risks and HIV. Compared to in-person players, virtual coaches reported that virtual players often opened up about their experiences and issues very quickly and would then engage in an intensive and open series of exchanges over the course of a single day or a few days. Feedback from users suggests that virtual players build trust with virtual coaches more quickly due to anonymity and privacy controls.

Despite the rapid connection and trust-building, it was difficult for virtual coaches to sustain the involvement of virtual players beyond this intensive period of engagement. Also, although it was imagined that virtual coaches could serve as an effective referral system to in-person coaches for those who needed or wanted more intensive support, we found that very few players actually transitioned to in-person coaching. Another practical challenge has been the use of fake accounts and difficulties in linking online identities to real-world personas, which complicates tracking and retention strategies.

Overall, we found that the virtual platform effectively engages users in initial learning and knowledge exchange and is an important potential avenue to health information and support for MSM, including those requiring the most discreet services. Ongoing challenges include finding ways to sustain user involvement, ensuring effective transitions to in-person support and managing user tracking and retention. Addressing these issues requires improved strategies for maintaining engagement and ensuring follow-up support. Future improvements should focus on enhancing user feedback integration, training for virtual coaches and exploring new technologies to improve engagement and support.

6

Implementing Yim'Lo in context

Implementing Yim'Lo in context

As elements of the Yim'Lo intervention are taken up and implemented in diverse contexts in future, it will be essential to consider a number of important factors that may shape the way future implementers adapt and refine the intervention to suit the populations that are being targeted. In the below section we outline potential considerations for future adaptation, focusing in particular on the need for sensitivity to diverse identities. By fostering an inclusive and sensitive environment, interventions like Yim'Lo can build trust, encourage sustained engagement and improve programme outcomes.

Understanding and adapting to the local context is also critical. This includes considering how cultural and social beliefs might influence the programme's implementation and identifying local resources that can support the intervention. By aligning the intervention with local needs and conditions, Yim'Lo can be more effectively tailored to the communities it serves.

Gender and sexual identities

The Yim'Lo intervention must prioritise awareness and sensitivity toward the diverse gender and sexual identities within the MSM community. Urban participants often express a wide range of gender and sexual identities, while rural participants tend to align with traditional male gender identities. Recognising that gender identity extends beyond binary categories to include non-binary, genderqueer and transgender identities is essential. The aim of Yim'Lo is to be gender and sexual identity neutral, while focusing on the biological/behavioural needs of all different kinds of men who have sex with men. Ther term "MSM" is inclusive of transgender women, though they are not men and would not identify with the term MSM.

As described above, an emergent adaptation from Yim'Lo was to also include transgender women (persons assigned male sex at birth and who have a feminine gender identity) to be included as both coaches and players in the programme. Transgender women also form part of the key population programming for HIV research and service provision globally, and similarly have received a lot of support in the South African context. It would be important to consider how the intervention should be adapted and redesigned to more effectively serve transgender women in future.

Sexual identity within the MSM population also varies, encompassing gay, bisexual, fluid, straight and non-disclosed orientations. Acknowledging this diversity is crucial for tailoring interventions to address the specific health and social challenges faced by different subgroups. By embracing this diversity, the Yim'Lo intervention can create safe spaces where individuals feel validated and supported, enhancing health promotion efforts and fostering greater community acceptance. Sensitivity to these identities also promotes equitable access to healthcare and reduces stigma, leading to improved health outcomes for MSM individuals. Respectful and inclusive approaches ensure the intervention is accessible, relevant and fosters trust within the MSM community.

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Understanding intersecting identities

Implementing the Yim'Lo intervention also requires attention to how intersecting identities (such as HIV status, gender, sexual orientation and race) can amplify both experiences of stigma and discrimination and risks, significantly impacting health outcomes. MSM individuals living with HIV often face compounded stigma, which creates barriers to accessing healthcare and results in poorer health outcomes. Exclusions are amplified for people who also engage in sex work, have drug dependencies, have other chronic health conditions or are otherwise at risk of social exclusion or marginalisation. Additionally, intersecting identities influence social determinants of health, like economic stability and access to supportive networks.

Effective service delivery programmes must adopt an inclusive approach that respects and addresses these diverse identities to effectively meet the health needs of MSM individuals. Taking an intersectional lens requires designing programmes that respond to participants' multiple and overlapping identities and categories of risk or vulnerability, rather than focus only on one particular identity or category. This will promote equity, dignity and better engagement in health services.

Fostering an enabling environment for effective service delivery

In addition to sensitivity to context and strong systems to train and support coaches, the success of the Yim'Lo model, or future interventions that build upon elements of its design, depends on the presence of a number of other systems that create the enabling environment for effective coach-player relationships. These include strong clinical frameworks, psychosocial support and comprehensive systems for monitoring, evaluation and learning.

Clinic readiness and non-stigmatising services

Clinic readiness requires both physical resources and personnel prepared to offer inclusive healthcare. Coaches should be integrated into multidisciplinary teams within clinics to enhance holistic healthcare and support. Effective support structures within clinics must include training healthcare providers in MSM-specific needs and delivering culturally competent, non-stigmatising healthcare to foster trust and encourage engagement. Providing non-stigmatising services is crucial for creating safe, welcoming environments, which encourage regular attendance and adherence to health interventions, thereby optimising outcomes.

E-pharmacy

Integrating e-pharmacy services or other alternative medication delivery strategies into the Yim'Lo model is essential for seamless healthcare, enabling easy transition from online platforms to healthcare facilities and ensuring timely access to medications like PrEP and ART. This integration also alleviates the burden on coaches to manage players' health independently.

Site coordination

A strong site coordinator is crucial for the success of the Yim'Lo intervention. As a central figure, they oversee operations and foster cohesive relationships among stakeholders, including coaches, healthcare providers and community members. Additionally, the site coordinator provides ongoing support and guidance to coaches, ensuring they have the necessary resources and assistance to over-come challenges and maintain high-quality service delivery. This role enhances coordination and efficiency, ensuring the intervention effectively meets the needs of MSM individuals.

Psychosocial support

Psychosocial support for coaches and players is vital. Coaches need ongoing training and counselling to manage their own emotional challenges and provide effective support to MSM individuals. Players also benefit from counselling to cope with stigma and personal issues related to their sexual and gender identities, promoting their overall well-being.

Transport for coaches

Reliable transport is crucial for coaches who travel long distances in rural areas and access healthcare facilities. Efficient transportation enhances coaches' ability to reach players, facilitate healthcare linkages, and conduct follow-ups, strengthening trust and support in the intervention.

Monitoring, evaluation and learning

Robust monitoring, evaluation, and learning (MEL) systems are key to assessing the Yim'Lo intervention's impact. Clear MEL frameworks enable continuous feedback, strategy adaptation and evidence-based decision-making, ensuring that the program meets the needs of MSM individuals and addresses health disparities effectively.

Tips for success

The successful implementation and adaptation of MSM Coach and Healthy Men requires an open and iterative process that focuses on continuous, collaborative learning for quality improvement and responsiveness to the shifting needs and priorities of people the intervention aims to support. We recommend that future programme development and implementation should aim to make the following commitments:

Collaborate and Communicate:

Engage with all stakeholders, including community members, team members, coaches and project partners to foster open and equitable collaboration, co-learning and mutual support. Ensure diverse forms of lived and learned expertise are recognised and centred.

Monitor Progress:

Build systems and processes that allow you to regularly review your progress against the project plan and make adjustments as needed to stay on track. Pay particular attention to the possibility of unintended consequences and unforeseen circumstances, committing to learn and change based on emergent insights.

Adapt and Adjust:

Be flexible and ready to adapt the intervention based on feedback and changing circumstances. Have systems in place to engage with emergent insights, design necessary changes and implement them efficiently.

Seek Support and Guidance:

The collaborative team of partners that implemented the Yim'Lo pilot are all committed to ensuring that our learning is shared and that the intervention is adapted and scaled. Stakeholders who are interested in adopting some or all components of the Yim'Lo intervention are encouraged to reach out to the Yim'Lo Principal Investigator and core team members for information, support and guidance as they consider and plan for the implementation of some or all of the Yim'Lo model in their own contexts. For further assistance or clarification, please contact:

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Other resources

For additional resources, please visit
www.coachmpilo.co.za/msm

MSM Coach training facilitation guide

1

MSM Coach recruitment sample advert (for ART and PrEP)

2

Coach register for new players

3

My health goals sheet

4

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Appendix 1:
Using social media to support MSM

The digital ethnography of the Yim'Lo intervention, specifically the Healthy Men initiative, involved an extensive review of social media platforms like Twitter, Instagram, Facebook, TikTok and Reddit, as well as LGBTQI+ websites such as Grindr and MambaOnline. This study aimed to understand online behaviours, interactions and discussions among men who have sex with men (MSM) related to HIV prevention, testing and health issues. Key hashtags were identified to explore and analyse MSM health discourse, providing insights into community perceptions and engagement patterns relevant to the intervention's goals.

On Twitter, discussions on MSM-related topics, health information and LGBTQI+ community experiences were prevalent, although some content was weaponized against MSM. TikTok was noted for its educational content, especially on mental health, consent and sexual identity politics, making it a strategic platform for influencer engagement. Facebook's diverse user base and groups facilitated health information dissemination and community support, though hidden MSM-specific groups were not found. Grindr, primarily for dating, also served as a hub for sexual health information and discussions on consent and prevention, supporting discreet MSM users.

Reddit enabled anonymous advice-seeking and discussions on sexual identity and behaviours, creating a supportive environment for hidden MSM. Instagram, used by influencers and NGOs, effectively raised awareness about MSM and HIV issues through visually impactful posts and partnerships with influencers. MambaOnline, while not a standalone social media platform, offered educational content and news for the LGBTQI+ community, presenting a strategic opportunity for Yim'Lo to collaborate and cross-post content.

Implementers can adopt a similar approach by leveraging these platforms to understand and engage with MSM communities. Identifying key hashtags and discussion topics, partnering with influencers and ensuring anonymity and support in online interactions are essential strategies to effectively reach and support hidden MSM populations. This ethnographic study aimed to understand the online behaviours, interactions and discussions among MSM pertaining to HIV prevention, testing and related health issues. During the initial landscaping phase, the research team identified key hashtags used within these digital spaces, including #GetPrEPped, #alphabetgang, #RSAmen, #GetTested, #HIV, #EndAids, #PositivelyAlive, #menwhohavesexwithmen, and #MonkeypoxVirus. These hashtags served as entry points to explore and analyse the discourse surrounding MSM health, providing insights into community perceptions, challenges and engagement patterns relevant to the intervention's objectives. What follows is a brief overview of the ethnographic immersions:

X (formerly Twitter)

X (formerly Twitter) serves as a prominent platform where both MSM and non-MSM engage in discussions related to MSM-related topics, making it widely used among various individuals and non-governmental organisations focused on LGBTQI+ issues. The content shared ranges from health-related information specific to MSM, including awareness about discrimination and physical violence experienced by the LGBTQI+ community, to discussions within the LGBTQI+ community facilitated by online and technological means. Tweets that attract significant engagement often revolve around questions regarding sexual behaviour and identity. However, there is also a concerning trend where some LGBTQI+ content on Twitter is either weaponized or intended to incite violence against MSM, highlighting the complex dynamics of online discourse within this community.

TikTok

TikTok serves as a popular platform for education and knowledge sharing, attracting a diverse range of users who operate as individuals or representatives of organisations, often establishing credibility as influencers. Medical experts also have a significant presence, disseminating health information to engaged followers. Notably, TikTok features content creators from within the hidden MSM community. Unique to this platform is a focus on mental health information for the LGBTQI+ community, alongside discussions covering consent, blood donations and sexual identity politics. Users interact with programmatic and health promotional videos, though misinformation can also gain substantial traction, underscoring the importance of verifying and establishing credibility as a trusted source of information. Users frequently engage with content from individual influencers, often following them across platforms, suggesting TikTok could be a strategic channel for Yim'Lo to explore influencer and micro-influencer strategies for engagement.

Facebook

Because we initially recruited hidden MSM for our immersive research via Facebook adverts, we knew that was the platform to start with. Facebook remains a diverse platform utilised by users across various profiles and demographics, engaging in both public and private groups where anonymity is often an option. Geographically focused groups enable targeted messaging, though groups specifically for hidden MSM were not identified. Within MSM-focused groups, which explicitly cater to the gay community, discussions predominantly centre on advice-seeking across all aspects of life, not solely sexual interactions. Location-specific groups facilitate efforts to meet others in-person, with cross-platform content shared to attract followers from platforms like MambaOnline. Facebook hosts active groups for gay-identifying users, some allowing anonymous engagement, fostering habits among users to seek health information and advice. While sexually explicit content exists, it is rare, and the platform predominantly serves as a hub for users seeking diverse life-related discussions and information.

Grindr

Grindr serves as a platform for a diverse array of LGBTQI+ community members, supporting profiles that disclose key characteristics such as HIV status, interests in engagement with others, preferred positions, gender identification and personality types like Bear or Geek. Primarily used for dating and seeking sexual partners, Grindr also features awareness-raising content on STIs, PrEP, ARVs and the use of drugs like poppers to enhance sexual experiences. Discussions on consent, sexual violence prevention and support resources for survivors are prevalent, alongside comprehensive sexual health information including HIV prevention, testing and treatment options. Grindr offers options for discretion, supporting hidden or discreet-identifying MSM users who may engage without sharing photos. Notably, the platform curates its own content rather than relying on external organisations or partners for information dissemination.

Reddit

Reddit operates as a topic-driven platform where user participation centres around specific interests or issues. Users engage within main threads but can also create their own 'subreddit' under a parent post to discuss related subtopics and receive feedback. Anonymity is common, though some users disclose aspects of their identity to provide context for their questions or advice-seeking, such as age and sexual orientation. The platform predominantly facilitates the exchange of advice, particularly on navigating sexual identity and behaviours, with posts often receiving supportive feedback. Dedicated pages like 'Too Afraid to Ask' enable anonymous advice-seeking, addressing questions about sexual identity and preferences. This highlights a strong desire among users, including hidden MSM, to find support and information to navigate life within the LGBTQI+ community. Reddit provides a clear space for hidden MSM to gather privately and seek positive support, offering significant potential for reaching this demographic with relevant information and resources.

Instagram

Instagram is widely utilised by influencers, local celebrities and international NGOs, where posts by celebrities often generate higher engagement and discussion, potentially due to their open comment policies compared to regular users. The platform is actively used for awareness-raising on issues related to MSM and HIV, leveraging the visual nature of Instagram to convey impactful messages. Cultivating a substantial following on Instagram proves effective for ensuring that promoted content garners engagement. Alternatively, a strategic approach involves partnering with like-minded influencers, including micro and nano influencers, to amplify Yim'Lo's pre-created content. By leveraging the credibility and existing followings of influencers connected to MSM and hidden MSM communities, Yim'Lo can effectively reach and engage its target audience.

MambaOnline

MambaOnline serves as a vital platform for individuals, particularly hidden MSM, who engage with informative content and seek partners. Although not a standalone social media platform, MambaOnline maintains visible profiles on Twitter and Facebook, where users connect with their content across different platforms. It provides educational information and news relevant to the LGBTQI+ community, addressing health issues, discrimination and emerging insights such as the availability of home-tests. Given its credibility and active engagement within the MSM community, including hidden MSM, MambaOnline presents a strategic opportunity for Yim'Lo to initiate social media efforts by fostering relationships and encouraging cross-posting collaborations.

WhatsApp

The design team discovered a new communication tool (created by Comet-Clips in SA) designed for use on WhatsApp. The communication tool uses multimedia to take the user on an interactive journey. The user, by responding to questions in one way or another, is led through a decision tree that provides relevant information, directs users to a website for more detailed information, or links them to a live virtual coach via WhatsApp chat. There are never more than five options in a journey, making it a fast and effective way of conveying a message. More importantly we can measure the actions of the user as they move along the decision tree, so we can tell how many people participated, how far they got along the journey, how many went to the website and how many clicked through to a coach.

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