Innovative programmatic approaches to HIV prevention and care services for gay men, other men who have sex with men (MSM) and transgender persons using information and communication technology (ICT)

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Bambucha Media: Using Social Media to Build Social Capital and Health Seeking behaviour among Key Populations

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BAMBUCHA MEDIA: USING SOCIAL MEDIA TO BUILD SOCIAL CAPITAL AND HEALTH SEEKING BEHAVIOUR AMONG KEY POPULATIONS

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Abstract

Recent surveillance data by Tanzania AIDS Commission has shown HIV prevalence among Men who have Sex with Men (MSM), transgender persons (TG) and Sex workers (SWs) to be well above general population estimates. Vulnerability to HIV among the MSM, TG and SWs has been associated with lack of correct and comprehensive information, informed decision, social and internalised stigma, negative legal and policy environment and language barrier. This paper will describe how information communication technologies (ICTs) used by Tanzania Sisi Kwa Sisi Foundation (TSSF), has supported communication and access to the health services especially through outreach and referrals among the MSM, TG, and SWs in Tanzania.

Keywords: Outreach, Tanzania, TSSF, Social Media, HIV/AIDS, Referral & Advocacy

Background

Vulnerability to HIV infection among the MSM, TG and SWs is associated with lack of access to correct and comprehensive HIV prevention information and services. These populations face discrimination in every facet of life, including in healthcare settings and in access to essential services (Beyrer, 2014). In Tanzania these populations are at greater risk of acquiring HIV than the general population. Recent surveillance has consistently shown HIV prevalence among MSM, TG and SWs to be well above general population estimates. The Tanzania AIDS Commission reports show of the MSM tested 41% were HIV positive, 43.2% had not used any condom with their last casual sexual partner and only 49.1% used condoms with their regular sexual partners. (TACAIDS, 2013, p. 20). To further compound the issue, HIV and sexual health information in Swahili, the official and widely spoken language of Tanzania, is limited, let alone information and education materials for targeted materials for the MSM, TG and the SWs. Criminalisation, stigma, and discrimination also play a part in putting barriers to HIV and health service access. Information communication technologies (ICTs) offer distinct advantages to conventional methods in delivering HIV prevention education and legal counsel. Tanzania Sisi Kwa Sisi Foundation (TSSF) uses social media to reach MSM, sex workers (SWs) and trans persons across Tanzania.

Introduction

The Tanzania Sisi Kwa Sisi Foundation is a registered youth voluntary, non-partisan, non-governmental organisation (NGO) led by members of Tanzania's lesbian, gay, bisexual, transgender (LGBT) community, men who have sex with men, and sex workers. It operates as a national organisation, with projects that span the geographic scope of the Tanzania Mainland. TSSF's goal is to promote the dignity, safety, human

rights and fundamental freedom for all persons, without regard to gender, ideological, political and sexual orientations. The organisation is guided by the mission to pioneer new standards of hope, equity and involvement of their beneficiary populations. The vision is to have a society free of discrimination, preventable diseases, and where all economic, social, civil and, political rights are enjoyed by everyone.

In order to realise this vision TSSF has the following objectives:

- Create awareness on issues of human rights for young LGBT and their networks
- Fight the spread of HIV/AIDS, malaria, tuberculosis, cancer and other chronic and deadly diseases through Information Education, and Communication (IEC).
- Promote, lobby and advocate improving the status and conditions of the young LGBT persons in Tanzania.
- To create, raise and promote community awareness on issues on human rights, good governance, stigma and discrimination and their causes and effects within the context of sexual orientation and gender diversity.

TSSF's experience is validated by growing body of knowledge that identify benefits social media brings on board for HIV prevention, treatment and care for the MSM.

> *"…the growing popularity, decreasing digital divide, and multi-functionality of social networking sites, such as Facebook, make this an ideal time to develop innovative ways to use online social networking sites to scale HIV prevention interventions among high-risk groups* (Jaganath D. H., 2012)."

One study found that "Facebook could provide a simple, easy to implement and adopt approach to prevent condom use decline for the short-term and that clinics providing sexual health services to youth might benefit from having a presence on Facebook (Bull, 2012)." Yet while "social networking for HIV prevention is an exciting area that combines HIV prevention/public health, engineering/technology (Young, 2012)" only about 12% of the population have access to the Internet with slightly under a million registered Facebook users by the end of 2012 (Internet World Stats, 2012). In recent years however, Internet enabled mobile phones have been on a rapid increase in Africa, including in Tanzania. According to Ihub – a technology company in East Africa, 79.39% of those who had access to Internet in Tanzania, in 2012, did so through their mobile phones (Mutuku, 2012).

Recognising the limits on face-to-face HIV and health outreach and awareness among MSM and transgender persons, TSSF undertook an Internet outreach program to reach those who may be unreachable due to stigma, discrimination, homophobia, and/or geography. Calling the program Bambucha Media, "Bambucha" in Swahili is similar to American English language slang for "cool", TSSF launched educational campaigns using the various sites that pre-existing members reported using for social and sexual networking, or "hooking up". As a community-based organisation with limited resources, TSSF's Bambucha Media includes health messaging and forum discussions to educate about HIV, alert users when lubrication stock replenished (or stocked out), facilitate online discussions and sharing (or to watch and learn passively), and provide direct peer counselling in private messages when needed and requested.

By providing networking opportunity for the MSM in Tanzania, TSSF has in the process created a non-traditional avenue to provide HIV/AIDS information and referral. In a country where sexuality remains a major taboo subject, TSSF uses social media tools, to communicate in general terms, about health services as opposed to

writing directly about HIV services at the first instance. Yet once communication lines have been opened, follow-up on specific and targeted HIV services are then provided.

Road blocks to care

In the few places where LGBTI-friendly health services are available, criminalisation and stigma and discrimination maintain low levels of service uptake. As the Tanzania Commission for AIDS in its 2013 strategy, titled Tanzania Third National Multi-sectoral Strategic Framework For HIV and AIDS (2013/14 – 2017/18) notes:

> *Stigma and discrimination against MSM remains high, posing a significant challenge to outreach and delivery of [LGBT] friendly health services. Given the criminalization of consensual adult homosexual intercourse, the multi-sectoral national response requires significant cooperation from all key stakeholders to ensure that MSM are reached with HIV and AIDS services.* (TACAIDS, 2013)

The Tanzanian penal code criminalises "canal knowledge against the order of nature." Indeed the Sexual offenses special provisions of 1998 (Tanzania: Act No. 4 of 1998, 1998), reviewed the penal code and added stiffer penalties for attempt and commission of these offences. The penalties for these offences now range from 10 years to life imprisonment

The presence of criminalisation, fuels social stigma, and crimes against LGBT persons in Tanzania by creating a hostile environment that is characterised by verbal and physical violence, torture and rape, assault, arbitrary arrest, and extortion (Human Rights Watch, 2013). This environment discourages LGBT persons from self-identifying when they seek health services or even avoid seeking these services all together. By going underground, sexual and gender minorities are deprived of critical health and legal information and the Tanzanian health system is kept unaware of their specific health service needs. It is in this environment that TSSF have brought on innovative tools for outreach, such as those offered by ICT.

Bambucha Media

Social media offers a unique opportunity for HIV/AIDS organisations and other health institutions to disseminate health information and even legal counsel quickly, easily, and anonymously. Recognising the advantages social media brings in reaching stigmatised individuals, TSSF's approach is to integrate with social media and dating services popular with LGBT people in Tanzania such as *Twitter, Whatsapp, Facebook, Instagram, Marafiki, Manjam,* and *adam4adam.* For those who may lack the means and access for social media and the Internet, TSSF sends bulk messages to mobile phones with health information.

Membership

TSSF is acutely aware how the need to hide for fear of violence and criminalisation not only drives the MSM underground where they cannot access services, but it also isolates them from meeting their peers. This not only limits their ability to form social capital, but denies them opportunity to know where to access services or even whether services targeting their sexual practice are available. The Social media strategy is focused on addressing this need for providing information on the available services as well as providing linkages to these services.

The outreach is however challenged by the need to navigate a social and political environment that may perceive growing organisational membership negatively as

"recruiting people into homosexuality" rather than enabling personal freedom and protection from S&D. An opposition MP in the Tanzanian Parliament even feels that the existing laws need to be made more stringent so that they can punish those who "*induce others to become gays or those who promote the behavior* (Muga, 2014)" Under the circumstances, TSSF has to craftily use the social media networking tools judiciously both to provide the much needed information, but also to avoid the much feared characterisation as an organisation that "recruits" people into homosexuality.

Confidentiality

To accommodate for different confidentiality needs, TSSF also displays its mobile phone numbers and email addresses on the social networking websites so that the MSM can send messages through the short message services (SMS) or emails. Through this channel, people who do not wish to participate openly on social media platforms can still receive information and make inquiries. This mixed approach has allowed TSSF to reach many different members using the form of communication that works for them (Table 1; Figure 1; Figure 2).

Table 1 – Social media tools and registered members reached

Social Media tool	Registered members	Means of Engagement and tracking participation
SMS	2000	SMS exchanges with a database of 2000 numbers
Facebook	500	Membership likes, comments and shares
Instagram	120	Likes and comments
Adam4Adam	80	Profile views and messages exchanged
Marafiki.com	50	Profile views and messages exchanged
Twitter	40	Re-tweets and favourites
Whatsapp	20	Message exchanges

Figure 1: Screenshot of the total number of TSSF online outreach page unique 'likes' between October and December 2013

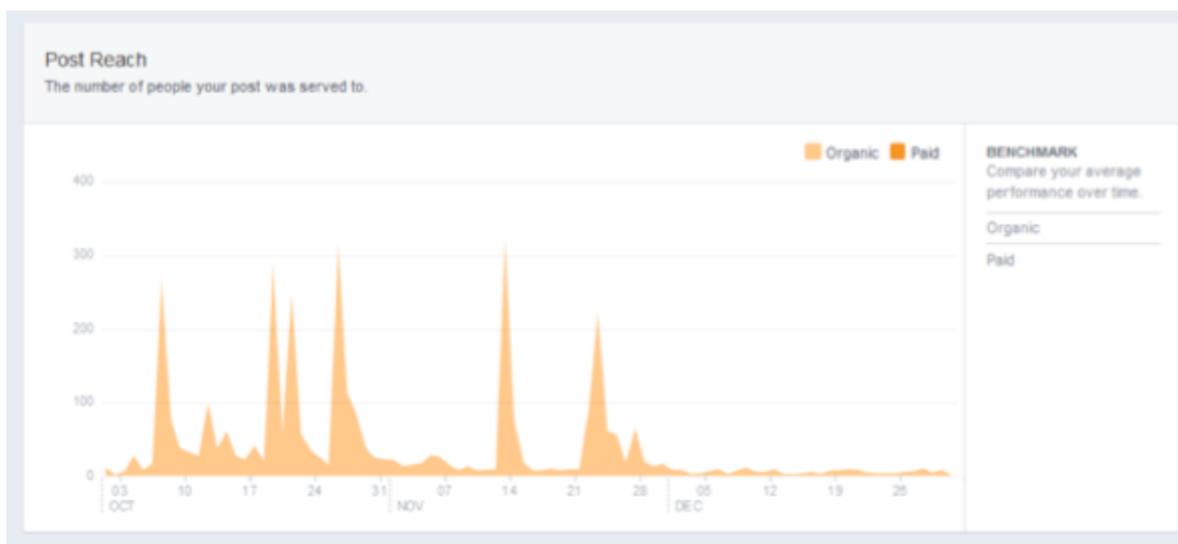**Post Reach**
The number of people your post was served to.

Figure 2: Screenshot of total number of people who viewed group posts in the TSSF online outreach page from October 2013 to December 2013

Managing online content
TSSF has volunteer Information and Communications Officer who handles communications needs, including updating the various online and offline communications channels. TSSF's Director and other staff members are also tasked with capturing new information or events that require immediate response; and in doing so, initiate and sometimes participate in online discussions.

Topic Generation
Discussion topics are determined by monitoring important changes in the political, legal and social environment or gauging popular interests through paying close attention to our member's inquiries. Large-scale social events that concern the scope of TSSF's work (e.g., World AIDS Day, International Day Against Homophobia and Transphobia (IDAHOT), Transgender Day of Remembrance, Human Rights Day) might also prompt a discussion. Other times, it is a unique encounter with public officials, health officials and religious or cultural leaders that will encourage us to engage with our online and offline members. This way of engagement accomplishes many objectives by informing our members of current events and information, getting their feedback, and creating a place where they can talk freely about the topic and with each other. Recurring topics of conversation posted by our members include LGBT health, human rights, sexual health and reproductive rights, referral services, employment opportunities, security alerts, and social events.

Effectiveness & Sustainability
Social Media tools have proved to be very effective in disseminating information on health services in Tanzania as the Internet increasingly becomes accessible through mobile devices (Pfeiffer, 2014). Targeted social media websites such as *Marafiki, Manjam,* and *adam4adam* bring people with similar interests such as sexual orientation or gender identity. This makes it possible to provide outreach and referral information to MSM, TG & SWs. TSSF's experience has demonstrated that social media tools, serve to reach even the most isolated individuals, if they have access to the Internet because, people with similar interests tend to "flock" together (Jernigan, 2009). TSSF also engages in weekly analysis of their reach, tracking the performance of their outreach

messages, to find out why some messages outperform others in terms of views, feedback or onward sharing.

In a highly dynamic social media environment, sustainability for TSSF's approach requires ability to constantly adjust health information to this changing environment. The growing fusion between Internet and mobile phone technology has significantly scaled back barriers associated with running social media advocacy strategies. To ensure sustainability of this social media project, TSSF allocates associated costs across all the other projects under implementation. The justification for this cost allocation is that all projects have a communications component, which is effected through online and offline media. TSSF has also been pursuing a "co-branding" strategy, in partnership with mainstream human rights and donor organisations keen on communicating directly with the MSM, TG and SWs in Tanzania. The co-branding approach provides some income that goes into the Social media communications 'kitty', with the clear desire to making it sustainable in the long run.

Challenges

Given the precarious state of LGBT rights in Tanzania, TSSF is often faced with scepticism about its ability to exist while maintaining its mission and objectives. It becomes important to answer such questions, typically asked by potential members, institutional partners, or government, comprehensively to preserve confidence in its work.

The second challenge has to do with resources; particularly as it relates to attracting and retaining staff members. Managing the numerous social media interactions especially when members increasingly require prompt responses required a fulltime staff member. This has not been possible due to limited resources to hire persons with relevant communication skills.

Another challenge has to do with the language barrier. Since most people understand Swahili, it becomes necessary to translate most of the documents and discussion topics to Kiswahili. Yet it is not always possible to translate scientific and technical terms (e.g., anal warts, transgender) leading to some people who have yet to encounter these realities to be left out of the discussion forums or even at times to assume things not under discussion.

Another recent challenge has been the withdrawal of TSSF's registration due to the organisation's presence in online and social media. On the 4th of April 2014, TSSF's registration was withdrawn by the government and the reason given was that their social media program was perceived as advocating for homosexuality (Mpekuzi, 2014). This follows a Facebook post that TSSF had posted online as follows:

"je wewe in mwanaume anayejihushisha katika mapenzi ya jinsia moja? TSSF inakualika katika semina fupi, itakayofanyika kesho Ijumaa ….maada zitakazoongelewa ni: Magonjwa ya ngono yanayowaathiri kuchu; Namna ya kujilinda na magonjwa hayo, kujiepusha na magonjwa hayo na tiba …(Are you an MSM? TSSF would like to invite you for a short seminar tomorrow on Friday, ….the agenda will be about Sexually transmitted diseases, and how you can prevent or treat them…)"

The ensuing National debate however proved quite productive for even greater reach for TSSF's message. Because the news was broadcast over a prolonged period of time, through mainstream media, even those living deep into the country where the organisation would never have had resources to provide outreach heard of TSSF's work.

As a result, many people have been writing to TSSF seeking linkages to HIV and other health services.

Examples of ICT use by TSSF

The following snapshots of online discussions, in Swahili with English translations, demonstrate how communications with the MSM can be initiated in a conservative cultural context. The first presents information on an MSM friendly health clinic. At this clinic the MSM are advised to seek services regardless of their sexual practice because the clinicians are competent and friendly enough to engage with them. Just like the other cases below it, HIV/AIDS conversations are not discussed directly since such upfront engagement would be considered culturally unacceptable. However, such information is progressively introduced in the comments sections or at the point of health service uptake. It is noteworthy that even this rather laid back approach to outreach has been criticised as being too upfront for the Tanzanian audience (Muga, 2014).

Discussion 1: Facebook Outreach for Health Services

CLINIC CLINIC CLINIC CLINIC CLINIC
Hivi Unatambua kwamba Clinic yako ya Afya Bora Inafunguliwa hadi Juma Mosi na pia haiangalii wewe ni Bottom, Top, Versetile au Bisexual na pia unatambua kwamba unaweza hata kuja na mwenza wako kwaajili ya uchunguzi wa Kiafya zaidi??

Bado hujachelewa fanya hima uje uonane na wataalamu mahiri ambao wat.aweza kujibu maswali yako yote yanayohusiana na Ujinsi na Ujinsia wako au Afya ya Mkunduni.Pia unaweza kuwasiliana moja kwa moja wa wataalamu wetu kwa njia ya simu ya mkononi.

[Contact phone numbers removed]

Waweza ongea nao na kupanga mikakati ya kukutana.
Tafadhali tambua Afya Bora ndio Msingi Bora penda maisha jali Afya yako.

Translation

CLINIC CLINIC CLINIC CLINIC CLINIC
Do you realise that clinic for your health and wellbeing is always opened even on Saturdays and it does not discriminate whether you are Bottom, Top, Versetile or bisexual? And also do you realise that you can come even come with your partner for screening in order to remain Healthy??

But you are not yet late; make effort to come and meet vibrant professionals who will answer all your questions about sex and sexuality related to your health. You all contact us our experts through mobile phone numbers.

[Contact phone numbers removed]

you can talk to them and schedule when to meet with them. Please note that good health is the good foundation [for life]; love life, care about your health.

Discussion 2: Facebook Discussion the Experience of LGBT High School Students (120 views)

KUCHU/GAYS: Jamani hili swala mashule kuwa na sheria ya kuwafukuza shule wale wanaogundulika kuwa ni gays limeota mizizi sasa.

Jana mtoto wa jirani yangu alirudishwa nyumbani kutoka boarding school kwa kuwa alihisiwa anavitendo vya kishoga. kwavile baba wa mtoto yupo safarini mama wa mtoto aliniomba nimsindikize mpaka shuleni tukasikilize hayo mashtaka. tulipofika tuliambia kuwa yule mtoto alikuwa akihisiwa anavitendo vya ushoga na kinyume ya taratibu za shule ile.

Tulipopata maelezo ya awali toka kwa mwalimu nilimhoji Mwalimu Mkuu na Patron wa wanafunzi kwa kumuuliza ya kwamba waliwezaje kutambua kuwa huyo mtoto ni shoga, Patron wa shule alijibu kwa kuanza kusema ya kwamba wanafunzi wenzake ndio waliomripoti kuwa ni shoga/Kuchu.

Nikawauliza tena "Je wao kama watoa maamuzi waliwahi kumkuta akifanya vitendo hivyo walivyo muadhibu navyo?" walinijibu Hapana ila waliegamia kwenye kauli za wanafunzi.

Swali la mwisho nikawauliza "Je walimpa Mtuhumiwa fursa ya kumsikiliza ama kumkanya?"….
Tafadhali unaweza kututumia kupitia email yetu ya Tanzania Sisi Kwa Sisi Foundation tanzaniasisikwasisi@yahoo.com

Translation

NI Kuchu / GAYS : Friends this question of expelling students found to be gay has taken root in our schools

Yesterday my neighbor's son was sent home from boarding School after being suspected of homosexual acts. As the father of the child had been travelling the mother asked me escort the student back to school to be told of the charges. When we arrived we were told that the child had been suspected of homosexual acts and is contrary to the school rules.

Initial details from the head teacher I interviewed and the school patron of how they recognised the student was gay, the school Patron responded by starting to say that it was his fellow students who reported him of being gay/kuchu.

I asked them again, "since they are the decision makers had found the student doing the acts for which they were punishing him? " No they said, but they were relying on information from the other students.

The last question I asked is "whether they had given the student an opportunity to defend himself or even admonish him? " ....(read more)

Please send us your observations through our Tanzania Sisi Kwa Sisi Foundation email tanzaniasisikwasisi@yahoo.com

Discussion 3: Questions & Answers (Q & A) session on Facebook peer education (503 views)

> *JE! UNA MASWALI YENYE UTATA KATIKA MAISHA YAKO YANAYOHUSU HALI YAKO YA KUWA GAY, LESBIAN, BISEXUAL, TRANSGENDER & INTERSEX??*
>
> *Tafadhali tunaomba mtuandikie Maswali yanayowatatiza katika Maisha juu ya hali yako ya kuwa Gay, Transgender,Bisexual, Lesbian and Intersex tutakujibu na kukupa maelezo kwa Kina.*

Translation

> *DO YOU HAVE ANY CONTENTIOUS QUESTIONS REGARDING YOUR BEING GAY, LESBIAN, BISEXUAL, OR TRANSGENDER AND INTERSEX??*
>
> *Please we are requesting you to write to us any question that you may have regarding your being Gay, Transgender, Bisexual, Lesbian or intersex and we shall give you detailed responses.*

Discussion 4: Call to Report Human Rights abuses & Outreach (629 views)

> *UDHALILISHAJI UDHALILISHAJI UDHALILISHAJI*
> *Ndugu jamaa na marafiki na wapenzi wetu wote tukiwa kama wadau wa kusimamia haki za kila mwanadamu Tumehudhunishwa na Wimbo wa mpendwa wetu na Rafiki yetu MATONYA alioutoa hivi karibuni unaojulikana kwa jina la "Agwelina" unaopinga Usagaji .*
>
> *Tunatambua kweli haya ni maisha ya ndani ya kila mtu ambayo kwa namna moja ama nyingine ndivyo anavyofurahia maisha. Tumesikitishwa na ujumbe kwenye wimbo huu kwani umezungumzia upande mmoja wa shilingi tu yaani mabaya ya wasagaji.Kwani hawa hawana mazuri yanayofaa kuimbwa??*
>
> *Tafadhali ukiwa kama mdau, mshirika, rafiki ndugu pinga udhalilishaji huu kwa kuunga hii kapmeni na kutonunua wala kusikiliza nyimbo wala cd za matonya.*
>
> *Na hii iwefundisho kwa watu wengine na wenye tabia za kuzungumza mabaya na kupotosha ukweli kuhusu homosexuality tunatambua kila mtu anahaki ya kuishi vile anavyotaka na anavyojisikia imefika mwisho sasa kudharaulika na kunyanyasika kwa vile tu ya jinsi na ujinsia wetu*
>
> *Tafadhali tunaomba usambaze ujumbe huu kwa wadau wote na members wote na wa like the post.*

Translation

> *ABUSE ABUSE ABUSE*
> *Brothers, family and friends and all of our partners; As stakeholders in the Human rights fraternity, we have been sadenned by the song sung by our beloved friend Tonya known by the name of " Agwelina " which seeks to fight homosexuality.*

We know that this is about the private life of an individual. We are saddened because this song only talks about one side of the coin – the bad about gays. Is it that gays have nothing good that can be sung about? ?

Please if you are a stakeholder, partner, friend, or brother protest this and join the campaign of not listening to this song or buying any music CDs by matonya.

Please help to spread this message and also 'like' the post.

Discussion 5: Peer Education through a Posting on Facebook (501 likes)

SHUHUDA USHUHUDA USHUHUDA USHUHUDA
Du jamani hivi vilainishi kumbe vinasaidia hata kuondoa mapele sehemu zangu za siri,tazama nilikuwa na rashezi katika sehemu ya mkundu nilijaribu kutumia dawa mbalimbali mara nilipoanza kutumia nimeshangaa vimeisha na ngozi ya mkunduni imekuwa nyororo hatari. Nadhani sasa tumepata mkombozi kwani sasa ufumbuzi umepatikana.

Jamani huo ulikuwa ushuhuda wa mdau wetu aliyekuwa Mkoani Morogoro aliyetumia Vilainishi na vikamsaidia.

Wewe unasubiri nini???? Kamata Kilainishi Twenzetu!!!

Translation

TESTIMONY TESTIMONY TESTIMONY TESTIMONY
Du! So lubricants can help to remove rashes in my private parts, I had rashes and I tried using various medications I was surprised when I started using lubricants the rushes in the anus region are over and it has been very smooth. I think now we've found the solution for this.

That was the testimony from one of our member from the Morogoro region, for whom lubricants changed his life

Advocacy Tagline: What you waiting for???? Grab your lubricants my friends!!

Social media/capital

From the foregoing, there are a number of lessons TSSF have learnt over time and can share with our partners in the region. One is that social media is an effective social capital building tool and critical in addressing health service and human rights needs of the LGBT community in the region. Social capital here refers to the building of *"networks with shared norms, values and understandings that facilitate co-operation within or among groups* (World Bank, 2011)." Given the high social stigma, risk of violence and even rejection by family, most LGBT persons strive to reach out to each other anonymously. Increasingly, social media addresses this need, not just because people can join through the forums, using aliases or hidden identities, but also because of its ability to aggregate many more people together like them. This is especially important in increasing snowballing effect of health services linkages, increasing social capital among the MSM

networks and increasing personal efficacy in their HIV prevention, treatment and care needs.

Furthermore, social media tools provide an opportunity to create a system of referrals to MSM-friendly and LGBT knowledgeable HIV service providers. The scarcity of such service providers is most notable in rural areas where essential services are geographically far, even for the general population. An online referral system is thus cost effective and an important way to ensure that LGBT persons who invest in traveling to these locations receive access to qualified services. To date social media has enabled TSSF to refer about 50 people from different parts of the country to HTC services, psycho-social support and supportive medical consultations.

The online forum provides people with space to be and affirm themselves. As one member described it, "It is our home." As such, it becomes a space for individual and collective empowerment, where members do not have to pretend to be anyone other than themselves. Often, the online social forum becomes a stepping stone for LGBT members to gain the self-confidence and self-acceptance that then lead them to "come out" in real life.

Secondly, social media can proved a broader outreach opportunity for programs working with MSM. HIV and health programs that use "traditional" peer support programmes could see a benefit in complementing with online peer outreach and support. Historically, peer support has included a person or persons meeting face-to-face in spaces where LGBT people meet and as referrals through LGBT social network gatekeepers. This method is still valid and should be used in addition to, and as a complement of, online outreach programs. The difference between the two methods, however, is timing.

The online program can respond and dispatch with instant information, collective and dynamic social support that responds to their particular needs, and references and referrals to where users can find in-stock HIV prevention supplies like condoms and lubricants. This instantaneous information exchange can happen anywhere the user normally access the Internet. Physical space peer support, as compared to the virtual/online space, requires planned meeting times or spaces, and appointments can be missed or spaces rendered unsafe.

Though the physical space peer educator can directly address the concerns and questions of a person they are with, the online space gives users the freedom to search for and ask questions and address concerns. This freedom of information has proven beneficial for TSSF member retention and maintaining levels of interest in the Bambucha Media program. Furthermore, the anonymity of social media enables a more accurate estimation of the magnitude a particular problem. It becomes possible to triangulate health problems that people typically keep secret and then reach out to them with information and even encouragement.

In the last few months Nigeria and Uganda have adopted extremely regressive anti-LGBTI rights legislations that further criminalise homosexual conduct and for the first time criminalising promotion and the organising of LGBTI rights groups. These regional policies are having an impact in Tanzania. There is a debate now in the Tanzanian parliament on further criminalising "induce others to become gays or those who promote the behavior (Muga, 2014)." Our response to this issue is still the same as when there is a hotly debated subject in public domain particularly the press.

TSSF experience has been that, pulling out from commenting on this or any other contentious issues generally lead to the debate dying down – in other words we do not "add fuel to the fire." During situations such as these we would often pull out the social media campaigns, as well as boycott and urge our partners, friends and stakeholders in

the Human rights fraternity to boycott News outlets that advance contentious issues – especially if they do so to increase hostility against the LGBT people.

Conclusion

TSSF's experience shows that it is possible to engage a considerable number of target audiences through social media and other ICT tools. When working with criminalised and often socially stigmatized populations innovative outreach services can determine success or failure of a particular service or program. TSSF has been able to create, raise and promote community awareness on issues on HIV and other health services, human rights, good governance, stigma and discrimination, even in the context of a socially conservative culture.

Even when the social media engagement led to national debate and eventual withdrawal of TSSF's registration certificate, their presence in social media still continued to serve its purpose of providing information and linkage to services. Indeed the very discussion online scaled up the reach of these tools since people who had not heard about TSSF and services, began to actively search for TSSF on the Internet.

Programs looking forward to working with the LGBT community under similar social context, particularly in many African countries can find in this approach an effect tool for outreach, peer education and community mobilisation.

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Biographical Statements

Collins M. Kahema is the Information and Communication officer at Tanzania Sisi Kwa Sisi Foundation. He is an actor and is in the main cast of DW Swahili's radio series called Noa Bongo for the past three seasons. Collins dreams of better world of young lesbian, gay, bisexual, transgender, and sex workers are well informed and educated of various issues pertaining to their life through ICT.

John Kashiha is the Program Director of the Tanzania Sisi Kwa Sisi Foundation, a lesbian, gay, bisexual, transgender, intersex (LGBTI) and sex worker organisation, based in Dar es Salaam. Kashiha is a young researcher, social worker, programmer, activist and human rights defender. His research and advocacy over the last six years has enabled him to gain experiences in LGBTI sexuality, human rights and health and HIV/AIDS programming. A graduate of Cooperative and Finance Management, Kashiha received a M.A. in Community Development in 2012.

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Michael R. Mhando is a Capacity Building Officer at Tanzania Sisi Kwa Sisi Foundation. He is a Teacher and Accountants. He has been working on the Key Population Issues over three years here in Tanzania, He is the one who Initiate the program called Create a space for Young LGBT where by the learn and overcome the stigma and Discrimination through their talents and He has also initiated the program called Peer to Peer Support Group through the Social Media space. He has earned his BAC in 2010 at Tanzania Institute of Accountancy and has been a Secondary School Teacher for 4 years.