



Differentiated Service Delivery for Key Populations

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DSD Models for Transgender People

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



Trans* programming in Kenya in a snapshot

- Transgender programming started around 2007
- Upcoming different Trans* groups helped further shape Trans* work.
- Formulation of the National .Transgender .Advocacy .Network (N.T.A.N)



Transgender programming in Kenya in a snapshot

- June 2019, M.o.H through the National Aids Control Council and National Aids and STI Control programme, included Trans* population into the Kenya Aids Strategic Framework (KASF). Inclusion of transgender individuals as Key Population led to the recognition in clinical forms which saw an increase in the uptake of services.
- The formulation of the Key Population transgender guidelines have been key in the implementation process in the majority of the KP program work done.
- Meaningful and close collaboration with different stakeholders such as through NASCOP, the M.O.H and Key Population consortium, and various partner organizations have been instrumental in implementing Transgender Key Population activities.

Key focus areas of work

- **Structural interventions**

- Addressing violence, stigma, exclusion and discrimination
- Policy reforms
- Socio-economic barriers
- Institutional strengthening

- **Trans* Healthcare**

- Information
- Access to competent trans* affirming healthcare including mental & psychiatric health
- Integration of services with private and M.O.H facilities
- Institutionalizing a Trans* H.I.V intervention framework

Service delivery points

- **Drop In Centers**
 - Currently only MSM,FSW DICs are available
 - Majority of services are based on a referral mechanism

- **M.O.H & Private Facilities**
 - Currently the preferred method for accessing HIV/STI, SRH services
 - Majority of services are based on a referral mechanism or self initiated

Community Perspectives on service delivery

- Access to services

- H.I.V / STI services are not cognizant of Intersex, Transgender & gender diverse persons in design
- Lack of prioritizing gender affirming services leads to low uptake of HIV care and treatment
- Stigma and discrimination
- Cultural barriers to H.I.V prevention, treatment, care and support
- Peer educators are critical to care and treatment
- Sexual and gender minority exposed facilities are more friendly to access

- Quality of services

- Service providers focus on infection and not other intersecting issues

Community Perspectives on service delivery

- Lack of appropriate Trans*-health information and stigma hampers a holistic experience with H.I.V care and treatment
- More service efforts are targeted towards transgender women, leaving out accompanying services important to transgender men and A.F.A.B non-binary individuals with less knowledge available on their specific vulnerabilities
- **Access to commodities**
 - Self stigma in accessing and using commodities
 - Lack of sufficient commodities such as self testing kits, lubricants, condoms or the availability of protective commodities for transgender men and transmasculine individuals

Lived Experiences & Access to healthcare

Intersecting issues:

- Majority of Trans* persons are homeless and of young age
- Few are able to sustain formal education to tertiary level
- Lack of affordable gender affirming therapies
- Name-change processes are expensive and tedious to attain
- Economical disadvantages
- Sex work, lack of social-power balance and GBV
- Mental health services are expensive and aren't Trans* friendly
- Preferred uptake of gender affirming treatments in favor of HIV/STI services
- Structures aren't friendly to trans* individuals in seeking legal redress
- Covid-19 related progress regression

Thank You

