

## Community dialogue- TG Global Fund program implementation in Kenya 2021 – 2024

### Typology: TG

GAPS	RECOMMENDATIONS
Lack of integration testing environments to incubate the TG program in all GF counties	- Scheduling of new scale up programs in new counties
Delays to required infrastructure to adapt policy especially on trans and intersex issues	- Investing in infrastructure (technical, capital and human) and capacity development
Contradictory/restrictive legal and policy issues on legal and gender recognition and criminalization	- Deepen engagement in democracy work for the human rights program <ul style="list-style-type: none"> <li>✓ Deepening political education and inter-cultural learning</li> </ul>
<p>Service delivery models:</p> <ul style="list-style-type: none"> <li>- Difficulty in sustaining TG outreach programs</li> <li>- TG organizations bear the financial burden often due to under budgeted programs in GF grants</li> <li>- Services offered include condom and lubricant programming, DSD</li> <li>- Services ignored: harm reduction, VPR, legal address, stigma and discrimination reduction programs, SRH i.e. mental health, family planning, cancer screenings and treatment and HRT</li> <li>- Limitation to scale outreach services because of lack of integration testing environments</li> <li>- Limited human resources for health to adequately provide defined package of service i.e. Harm reduction, SRHR services and mental health interventions</li> <li>- Unmatched commodity needs</li> <li>- Unintentional emergency response</li> <li>- Limited IEC materials in DICES</li> <li>- Underfunded RSSH programs <ul style="list-style-type: none"> <li>✓ Underfunded on CLMA/CSS interventions</li> <li>✓ Private sector health partners engagement</li> <li>✓ Health financing strategies and planning</li> <li>✓ Health products management and pharmaceutical governance on HRT</li> <li>✓ Pre and in-service trainings for healthcare workers and community health workers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Deepening engagements and governance and accountability spaces with CSOs, judiciary, legislature, executive</li> <li>- Strengthen human rights documentation, analysis and violence response preparedness</li> <li>- Scale up outreach programs to centres of excellence for TG healthcare in GF implementing counties using hybrid model partnerships</li> <li>- Review imbalances in allocating targets and funding to TG networks and incorporate affirmative action in TG specific grantmaking calls</li> <li>- National health Strategy, policy, regulations, legal and governance reforms on guidelines and protocols; TG guidance, RH standards of care guidance with transgender people, and national TG guidance of persons deprived of liberty</li> <li>- Finalize data reporting tools across program areas including incorporation for intersex categories in defined package of service</li> </ul>

<p>Funding and program implementation modalities</p> <ul style="list-style-type: none"> <li>- Targets given to MSM led organizations</li> <li>- Mathematical modelling for funding splits disadvantaged overall overall funding splits for the program</li> <li>- Limited strategic partnerships with TG led organizations including formalization of partnership agreements with limited liability</li> <li>- Poor outreach strategies by SRs in leveraging community assets to support community engagement efforts</li> <li>- Weak and unclear bureaucratic communication lines between SRs and community partners</li> <li>- Limited human rights programs</li> </ul>	
<p>Data quality assurance issues</p> <ul style="list-style-type: none"> <li>- Unreported TG data in DHIS</li> <li>- Tools remain not updated across TG platforms</li> <li>- National TG indicators exclude monitoring SRH</li> <li>- Strengthening HIS with a focus on CRVS</li> </ul>	