

Strengthening Capacity of Trans Community Advocates in Kenya to Effectively Participate in Global Fund Country Processes



EATHAN
East Africa Trans Health & Advocacy Network



DATES: 4th and 5th June 2020

Location: Virtual, Nairobi

Activity: 2-day Dialogue Forum

Facilitators: Consultant/EATHAN representative/GATE representative.

Participants: 16

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ACRONYMS

AMREF	African Medical and Research Foundation
ART	Antiretroviral Therapy
CCM	Country Coordinating Mechanism
CRG-SI	Communities, Rights and Gender Strategic Initiative
COVID-19	Corona Virus
COE	Challenging Operating Environment
EATHAN	East Africa Trans Health and Advocacy Network
GATE	Global Action for Trans Equality
GBV	Gender Based Violence
GF	Global Fund
GNI	Gross National Income
HIV	Human Immunodeficiency Virus.
ICC	Inter Agency Coordinating Committee
IDUIT	Injecting Drug User Implementing Tool
IP	Intellectual Property
IPV	Intimate Partner Violence
KP	Key Populations
KCM	Kenya Coordinating Mechanism.
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LLIN	Long Lasting Insecticidal Net.
MAT	Methadone Assisted Treatment
MDR TB	Multi-drug Resistant Tuberculosis
MSM	Men who have sex with men
MSMIT	Men who have sex with Men Implementing Tool
MoU	Memorandum of Understanding
NACC	National AIDS Control Council
NOC	National Oversight Committee
PEPFAR	President's Emergency Fund for AIDS Relief
PR	Principal Recipient
PTSD	Post Traumatic Stress Disorder
PWID	People Who Inject Drugs
SWIT	Sex Workers Implementing Tool
SOGI	Sexual Orientation and Gender Identity
TB	Tuberculosis
TRANSIT	Transgender Implementing Tool
TWG	Technical Working Group
UHC	Universal Health Coverage
US	United States
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

Kenya, a lower-middle income country with a population of 48.6 million, is considered to be the regional economic hub for East and Central Africa. It is one of the Global Fund's 'high impact' countries with active signed grants of US\$384 million for the period January 2018 to June 2021. The grants are managed by three organizations: The National Treasury of Kenya, AMREF Health Africa and Kenya Red Cross Society and aim to reach 1.3 million people with antiretroviral therapy by 2021, and drastically expand interventions to find more missing cases of TB and distribute millions of mosquito nets for malaria prevention among other interventions. The country has approximately 1.6 million adults living with HIV. The prevalence among adults (15-49 years) is estimated at 5.9% (women, 6.5% and men, 4.7%). Tuberculosis is the 4th leading cause of mortality in Kenya. Kenya is also classified as a TB, TB/HIV and MDR-TB high burden country. The burden of TB is 558 /100,000 population of which 40% are missed. Malaria prevalence went from 11 percent in 2010 to 8 percent in 2015. The national size estimates for KPs are: 133,675 sex workers; 18,460 men who have sex with men; and 18,327 people who use drugs.

Kenya is currently implementing 6 Global Fund grants worth US\$384 million managed by 3 organizations i.e. The National Treasury of Kenya (state actors PR) and AMREF Health Africa and Kenya Red Cross Society (non-state actors PRs). The Kenya Coordinating Mechanism (KCM) is the oversight body of the Global Fund and is comprised of representatives from the government ministries, development partners, faith-based actors, civil society, persons living with and affected by the HIV, TB and Malaria and key-affected population. The current grants include catalytic funding worth US\$24.8 million to accelerate reduction of new HIV infections among adolescent girls and young women, to invest in programs that promote and protect human rights, for Key Population (KP) programming and finding missing people with TB. Funding request to the Global Fund is done through inclusive dialogue including engagement of affected communities and key affected population. In line with the Global Fund's Sustainability, Transition and Co-Financing Policy, Kenya has committed an additional US\$130 million to investments in these diseases.

Due to travel and gathering restrictions brought about by COVID-19, Kenyan Transgender Community held a dialogue session virtually through zoom to strengthen capacity of trans community advocates to effectively participate in the Global Fund Country Process. The dialogue was held on 4th and 5th June 2020 and was attended by 16 persons including leaders of the various trans community county level networks and invited speakers.

Objectives of the dialogue sessions were:

1. To identify effective ways of engaging trans community advocates in Global Fund country processes to ensure Global Fund and other related programs respond to the HIV and TB needs of trans community
2. To develop action plans to sustain Trans community-led efforts on engagement across HIV and TB
3. To foster national solidarity amongst transgender advocates within and across counties on HIV and TB.

The dialogue served as a safe space for trans community engagement. Participants shared their concerns around past lack of inclusion of trans community in the Global Fund related process (as it was a first time to more than half of them). They purposed to use such dialogue spaces to shape their agenda for the current country's application to the Global Fund. In order to ensure sustained engagement and an all-inclusive participation, participants were supported by a stipend that enabled them buy data bundles and anything else they needed to comfortably join and engage in the virtual meetings.

INTRODUCTION

a) HIV, Tuberculosis and Malaria in Kenya

Kenya is a lower-middle income country with an estimated population of 44,156,577 constituting 49.6% men and 50.4% women. 61% of the population comprises of young people below the age of 24. The country's per capita gross national income (GNI) is US\$1,340. Elimination of HIV and TB remain embedded in the Kenya development blueprint of Vision 2030. Kenya has a devolved governance system comprising of the National Government and 47 County Governments who are autonomous and responsible for managing health facilities and pharmacies, promotion and provision of healthcare services. These roles are coordinated through Interagency Coordination Committees (ICC). Counties have multi sector County HIV/TB Committees that provide guidance under the direction of the Health Departments.

Kenya has been a pacesetter in health innovations and has had great success in putting people on HIV treatment, hitting the 1 million mark in 2017, up from 98,000 in 2006. Community-based programming, bilateral and multi-sector partnerships and an active civil society movement has helped bolster the response to HIV, tuberculosis and malaria. Despite the progress, the country still faces challenges in the response to HIV, TB and malaria, and in building resilient and sustainable systems for health. It is one of the countries in the world faced with the double burden of HIV and TB. With 1.6 million people living with HIV in the country. As for TB, the country is one of the 30 high-burden countries that together account for more than 80 percent of the world's TB cases. Drug-resistant TB remains a big challenge in the country. Malaria remains a major cause of sickness and death, with more than 70 percent of the population at risk of the disease.

Today, Kenya's LGBTI movement faces unprecedented challenges and opportunities. On the one hand, increased regional hostility has made life more violent and precarious for LGBTI people in Kenya and those working tirelessly to defend their rights. On the other hand, drawing strength from regional and international networks, Kenya's LGBTI activists are making critical strides, improving the capacity of organizations and coalitions to engage the public and policymakers in campaigns for social change. But there is a long road ahead. Ultimately, activists must generate sufficient political will to bring about lasting security for LGBTI Kenyans, and this will no doubt require strategic, long-term partnerships with funders and activist allies from within Kenya and around the world. In Kenya now, there is an opportunity to reverse course, to resist pressure to succumb to the opportunistic political scapegoating of LGBTI people, to live up to the promise of Kenya's Constitution, and to respect global standards for justice and equality for all.

Kenya's disease responses face a triple transition challenge: replacing donor funding, closing the resource gap that would exist even with donor funding, and more efficiently delivering on program objectives. With several priority HIV, TB, and malaria interventions heavily supported by donor funding, concerted action is needed to increase government funding for the three diseases and to improve the efficiency of resource use. Meeting the replacement challenge and Kenya's overall health sector needs will require a combination of mobilizing new revenue for health and efficiency gains; neither alone will suffice. The Global Fund can leverage efforts to ensure the sustainability of its investments in Kenya by anchoring transition planning for the three diseases to Kenya's forthcoming Health Financing Strategy through 2030, which articulates an ambitious agenda for achieving universal health coverage through a social health insurance scheme.

The Funding Landscape in Kenya

Without external funding, Kenya's unmet funding need for HIV, TB and Malaria would total KES 84 billion annually over the next 3 years. In reality, the Global Fund, US Government and other donors invest KES 77 billion per year in the three diseases meeting 92% of that need. This represents a significant fiscal challenge as we aim to achieve UHC by 2022. For the 2018-2020 funding cycle, the Global Fund accounted for 18% of total external funding for HIV, TB and Malaria while majority (81%) came from US government. The HIV response attracts more than 80% of external funding and is predominantly funded by the US Government. The Global Fund is the leading partner for TB, the smallest of the three programs, the two donors play a more balanced role for malaria. However, the pilot for the UHC benefits package does not include HIV and TB. Donors mainly invest in treatment and prevention programs including commodities and programs for key and vulnerable populations. Most HIV money flows to ART, TB funding focuses on addressing MDR-TB and LLINs and IRS are the priority for malaria funding. Overall, there is very minimal focus on prevention activities for these three, and other, diseases by donors.

HIV prevention among key populations is significantly prioritized in the current Global Fund program with an allocation of about US\$35.9 million. The rationale for a focus on key populations is underscored by the elevated HIV prevalence among Kenya's key populations, estimated to be 29.3% among sex workers, 18.2% among men who have sex with men (MSM) and 18.3% among people who inject drugs (PWID). These levels are 3-5 times greater than the national average (5.6%).

Kenya has a devolved governance system comprising of the National Government and 47 County Governments who are autonomous and responsible for managing health facilities and pharmacies, promotion and provision of healthcare services. The National Government provides policy and strategic direction, technical assistance, standards, quality control, national referral services, and pharmacies and medicines control. Counties want to be more involved in the planning and budgeting for HIV, TB and Malaria activities but do not feel equipped with sufficient information to do so. Information asymmetry between the national and county levels continue to constrain counties' ability to sufficiently plan for any future assumption of responsibilities. There is uncertainty on which program components the national or county governments would be responsible for financing and which level of government and sector (public vs private) would implement activities in the context of devolution and declining donor funds. Off-budget funding may not be sufficiently visible to inform strategic planning and resource mobilization in the wake of dwindling donor funding.

Kenya Coordinating Mechanism (KCM) is composed of two (2) level committees, namely the National Oversight Committee (NOC) which provides the overall leadership for the Coordination of the Global Fund grants in Kenya and three (3) Interagency Coordinating Committees (ICCs) for each of the disease components (TB, Malaria and HIV) at the Technical Level. Civil Society including persons living with and affected by the 3 diseases and key affected populations form part of both committees. Kenya also aligns to the principle of dual track financing where we have both the state and non-state Principal Recipients (PR). Civil societies and affected communities, including key affected populations, receive funding from the non-state PR. In this current grant being implemented, focus is on implementation of key-population friendly services and strengthening new and existing national networks of key populations, enabling them to lead the design and delivery of their own programs. This is in line with the latest global normative guidance on implementing comprehensive HIV programs among key populations (the "MSMIT", "SWIT", "IDUIT" and "TRANSIT"), which emphasize the importance of fostering programs led by key populations themselves.

The Situation of Trans Persons in Kenya

Assessing the health needs and barriers to care of the trans population has been challenging due to the historical lack of data collection on sexual orientation and gender identity. While some health surveys have asked about sexual orientation, it has not been routine to collect and analyze data on sexual orientation and gender identity in many major health surveys, particularly nationally representative ones, meaning that much of the data available to date have been from smaller, nonrepresentative studies and convenience samples. Where data have been collected, they have mostly focused on same-sex couples using data systems that collect information on relationship status. In addition, where data is available for individuals, there is more information about lesbian, gay, and bisexual persons than transgender individuals. The three key populations identified in Kenya AIDS Strategic Framework 2014/15 – 2018/19 are female sex workers, men who have sex with men, and people who inject drugs. Despite the inclusion of transgender people as a key population by WHO and other global health actors, in Kenya, these populations were not identified. The current HIV strategy (being launched soon) identifies trans community as part of key affected communities and this should see programs designed to respond to the needs of trans community being resourced.

Gender integration has been shown to improve and sustain HIV programming outcomes. Systematic gender integration has not been widely employed in KP programming. In Kenya, information about the HIV, TB and Malaria related needs of transgender people is minimal because in the past transgender people have not been recognized as a Key Population, however Kenya is making progress toward improving trans programming, including closing gaps in data through a baseline survey and closer collaboration between trans-led organizations and the Ministry of Health. Transgender-led organizations are advocating for trans visibility in national policy and guidelines and empowering trans people to understand and act upon their rights. Moving forward, specific efforts to include transgender people as a KP in the national HIV strategy is likely to make the most lasting difference in their access to tailored HIV services. Violence prevention and response are also vitally needed. Finally, gender transformative programming for trans people could play a role in larger efforts to promote gender equality and end stigma and discrimination.

The trans community is receiving support to engage in Global Fund processes including through the Technical Assistance (TA) support from GATE. Efforts are being made to encourage program plans and budgets that seek to increase demand for - and access to - services for transgender people including plans and budgets that are responsive to sections on gap analysis and plans for community systems strengthening related to Sexual Orientation and Gender Identity (SOGI). Transgender community is represented in the Kenya Coordinating Mechanism through the 2 key population seats. They are also represented in the Global Fund writing team and included in the current Kenyan HIV Strategic Framework, yet to be launched.

Project Background

GATE - Global Action for Trans Equality is an international organization working on gender identity, gender expression and bodily diversity issues. It was founded and registered in 2009 in New York, USA. GATE's programmatic work is organized around four areas: Depathologization and legal reforms, transgender issues in the international HIV response, Movement building and Development and United Nations. Through the support of a Communities, Rights and Gender grant GATE is leading a global project on strengthen peer-based and community led networks of transgender populations. The aim is to build capacity and support regional and country-based constituencies to more effectively engage in and contribute to the development, implementation and oversight of Global Fund grants.

EATHAN - East Africa Trans Health and Advocacy Network is a network of trans diverse activists and organizations in East Africa. We have 24-member activist representatives and organizations based in Burundi, Kenya, Rwanda, Tanzania and Uganda. Our mission is to equip and enable East African trans diverse individuals and institutions, to organize and advocate for the improvement of their health, the recognition of their gender, and the protection of their human rights; utilizing informed research and documentation, particularly on health and HIV, and by enhancing their livelihoods through capacity strengthening and empowerment. We work under 3 main pillars of Research, Advocacy and Capacity Enhancement and Movement Building.

PROJECT GOAL

The goal of this project is to improve understanding and ensure meaningful engagement of transgender persons in Global Fund activities at the national level; strengthen capacity of national transgender organizations and build peer-to-peer knowledge sharing; encourage evidence-based programmatic interventions and policies based on needs of the transgender community; and inform funding transition preserving investments made in strengthening transgender communities.

The project is also intended to focus on strengthening local capacity; especially in support of transgender people in their regional and country-based constituencies to more effectively engage in, and contribute to, the development, implementation and oversight of Global Fund supported programs.

OBJECTIVES

1. To hold a dialogue on effective ways of engaging trans community advocates in Global Fund country processes to ensure Global Fund and other related programs respond to the HIV and TB needs of the trans community;
2. To develop action plans to sustain trans community-led efforts on engagement across HIV and TB;
3. To foster national solidarity amongst transgender advocates within and across counties on HIV and TB.

METHODOLOGY

Initially plans were put in place to hold a face-to-face meeting but, due to the COVID-19 outbreak, we instead held a 2-day virtual community dialogue. Participants joined through Zoom video. A stipend was provided to enable participants engage on both days.

The dialogue took place in English and although some participants diverted to Swahili, they were able to understand the English Language.

We had presentations and dialogue and even though most participants had not engaged in Global Fund related conversations, the sessions were very participatory with most participants actively engaging. We did not hold any group work but made it a safe space to engage by using simplified language that everyone could understand.

To deliver the workshop we used National Reports and Global Fund resources.

Part of the resolution was to build a stronger trans community network through fostering national solidarity amongst transgender advocates.

SYNOPSIS OF THE PROCESS & FINDINGS

Participants

We had a total of 16 participants drawn from networks of trans communities across the country, a representative of the host organizations EATHAN and GATE, invited speakers from KELIN, the organization that led Kenya's Legal Environment Assessment process and a key population representative in the Country Coordinating Mechanism.

Activities

Session 1: Introduction and climate Setting.

Objective:

To get to know the participants and understand their expectations

Participants introduced themselves with their names, organizations and expectations. Some of the expectations included:

- Knowledge of the Global Fund Business Model and what programs the institution supports;
- How Trans Community can engage in the Global Fund processes at country, regional and global levels;
- How Trans Community can get resources from the Global Fund for their work at community level;
- How trans community engage in decision-making in Global Fund processes at the country level.

Session 2: Situational Analysis: Update on Human Rights Baseline Survey

Objective:

The previous HIV strategic plan did not include the trans community. We have a new one (yet to be launched) that has mentioned the trans community. For the Global Fund application purposes, the writing team will use a survey on Human Rights that was conducted by the Global Fund to identify gaps and priorities for the trans community.

The Global Fund conducted a baseline survey on the legal environment to have a better understanding on the fiscal space for human rights programming. The presenter focused on issues in the report that directly affect the trans community.

The trans community in Kenya were engaged in the process of the legal environment baseline survey through focus group discussions and individual interviews.

Some of the gaps identified by the survey were:

- Isolation of trans community;
- Stigma and discrimination;
- Lack of recognition including omission in the HIV National Strategic framework;
- Lack of trans-friendly services;
- Being forced to go to MSM and SW clinics because they are less stigmatizing;
- Shaming of trans people when accessing care;
- Violation of rights to privacy;
- National Health Insurance not easily available for trans community-related services.

Recommendations from the baseline were:

- Global Fund to fund programs that address stigma and discrimination;
- Training of law makers;
- Legal literacy for transgender community;
- Know your rights trainings that are led by the trans communities;
- Expansion of peer educator programs.

The baseline report, though being used currently, can still be improved. Arrangements are being made for the transgender community to have a close look at it and give more recommendations on what is missing and advise on what works.

Session 3: Understanding the Global Fund Business Model and opportunities for the Trans Community

Objective:

To strengthen participants' understanding of the Global Fund including its purpose, governance, Secretariat, CCM, PRs and key policies for gender equality and human rights and opportunities for Trans Community.

Participants were given information about the Global Fund and the functions at the national, regional and global level. They learned about governance, functions of the Secretariat, Community, Rights and Gender Strategic Initiative (CRG-SI), Country Coordinating Mechanism (CCM), Principal Recipients (PRs) and some of the key policies and guidelines for gender equality and human rights and opportunities for the trans community to engage.

Participants also learned of the Global Fund's role in promoting access to healthcare for most affected communities. The Global Fund has funded programs that address stigma, discrimination and criminalization and other barriers that prevent key and vulnerable populations from accessing HIV, tuberculosis and malaria services. The Global Fund partners at country and regional levels tailor services to the needs of these populations as well as invest in programs that address underlying causes of discrimination. Affected populations are involved in design, implementation and monitoring of those services as well as in policy decisions that affect them.

Participants asked if the Global Fund can fund trans-specific health needs such as Hormonal Replacement Therapy (HRT) and they were told that Global Fund would easily recommend trans-specific commodities and services so long as they reduce vulnerability to HIV, TB and/or malaria. Global Fund investment is informed by the National Strategic Plan of the countries. There is a need to understand how to influence the National Strategic Plan and how these asks can address the vulnerabilities of trans community in relation to HIV, TB and Malaria.

Session 4: Understanding Global Fund Country Processes and opportunities for trans community

Objective:

Understanding Global Fund Country Processes and opportunities for the trans community.

Participants were told about the Country Coordinating Mechanism (CCM). In Kenya it is called the Kenya Coordinating Mechanism (KCM). KCM's mandate is to attract funds from the Global Fund for the HIV and AIDS, TB and Malaria programs and to coordinate, monitor, evaluate and support the implementation of the Global Fund grants. It is responsible for ensuring that the Global Fund proposal is country owned and implementation is country driven.

The KCM is composed of two (2) level committees, namely the National Oversight Committee (NOC) which provides the overall leadership for the Coordination of the Global Fund grants in Kenya and three (3) Interagency Coordinating Committees (ICCs) for each of the disease components (TB, Malaria and HIV and AIDS) at the Technical Level. The National Oversight Committee is represented by state, non-state actors, academia and development partners. Key Populations occupy 2 voting seats at the KCM.

The key population representative in the KCM said that the different key population groups representatives are elected in the KCM on a rotation basis and at the moment we have MSM and Sex workers and after end of their term we could have different key populations represented, including the transgender community. The participants were given tips on how to assert their positions and get engaged in these processes through their current representatives.

Apart from providing oversight, other key mandates of the KCM are PR selecting, developing and submitting request for funding to the Global Fund. The transgender community will engage in both processes through their representatives and others like the PLHIV and youth representatives. Transgender organizations can apply to be sub-recipients of the Global Fund once the grant implementation begins.

Session 5: Priorities for the Current Kenyan Funding Request to the Global Fund

Objective:

To have an understanding of what transgender-specific priorities are in place in the Kenya's funding request to Global Fund.

Participants were taken through Kenya's funding application to the Global Fund priority table, specifically on areas that affected transgender community. For the first time in Kenya, the trans community's priorities and program focus have been included in the funding application to the Global Fund.

The priorities include:

HIV

- Finalization of national guidelines for HIV and STI programming with transgender people in Kenya;
- Sensitization of county officials and implementing organization on programming with transgender people;
- Design and implementation of interventions with transgender people in participation with and led by transgender people;
- Provide comprehensive services during the clinic visit including hormone therapy and other transgender-friendly services;
- Prioritize mental health interventions with the transgender community;
- Focus on additional services like screening and treatment of anal warts, HBV vaccine etc. (according to guidelines);
- Develop varied service delivery models for transgender people in counties;
- Establish MoUs and referral pathways for effective service delivery at county level, including allocation of extra resources to support referrals for essential services, e.g. lab testing, X-Rays etc.

Human Rights

- Coordinated effort led by national and county advocacy committee to implement the advocacy strategy;
- Institutionalization of legal and judicial support for Key populations by strengthening programs at the learning institutions and colleges for police judges, probation officers and magistrates, e.g. Inclusion of KP curriculum into pre-service police training curriculum;
- Regular proactive sensitization of perpetrators and facilitators through the county and national advocacy committee;
- Advocacy with senior police officers so that there is policy level direction;
- Strengthen community led crisis management systems and resource them well to effectively prevent and respond to violence cases;
- Economic empowerment and livelihood support programs for all key population based on need;
- Support for legal (involvement of NLAS, court users committee, pro-bono lawyers) and other support services like social protection and access to justice;
- Sensitization of Health Care Workers on issues of stigma and discrimination towards KPs;
- Strengthen documentation and reporting of rights violation through routine documentation using a harmonized national tool and through surveys/studies;
- Awareness of type of violence, rights among KP community (know your rights, legal aid clinics);
- Training of peer educators on violence prevention and response including para legal training as per national guidance;
- Sensitization and addressing TB related stigma and discrimination specially within the community;
- Ensure PEP, STI services post GBV is available and provided;
- Address also issues of IPV/ GBV among KPs and their intimate partners;
- Advocacy for revision of laws/ policies that hinder service provision to KPs e.g. with the Judiciary; establishment of special courts; discussion on decriminalizing drugs for personal use;
- Scale up of human rights programming in all counties where there are programs;
- Addressing mental health and violence (mental health due to violence or violence due to poor mental health) together specially issues of PTSD/ depression;
- Sensitization of judicial service commission/ law school;
- Certification of government-trained community paralegals;
- Documentation of best practices;
- Support and strengthen criminal justice diversion programs and encourage non-custodial sentences for PWUDs;
- Sensitization of media on KP reporting;
- Sensitization of religious leaders on KP issues.

RSSH

- Strengthen KP community led organizations through capacity building (focus also on Trans led organizations, network of PWUD, MAT networks) specially on institutional strengthening and leadership skills;
- Providing grants to KP led organizations to implement KP programs;
- Inclusion of KP leadership in all county and national decision-making bodies like COE/TWGs/ research protocols;
- Capacity building of KP organizations to address multiple disease programs so as to access resources for programs beyond HIV;
- Capacity strengthening for planning, monitoring and evaluation of programs;
- Community engagement and active participation in advocacy and enabling environment.

Participants agreed that those were true reflections of the needs of trans community and were made aware that not all that is prioritized gets submitted with the final draft of the fund application. The consultant will, however, work with the transgender community to ensure that the most essential priorities are not dropped off through continuous engagement with the writing team in partnership with other stakeholders such as members of the key population consortium.

Session 5: Action Plan and Way Forward

Objective:

To plan for engagement in Global Fund processes at country level.

There are plans to ensure that the trans community engage in the funding request process right through to grant making. Representatives of trans community should engage in the grant making process because at that point discussions on budget allocations for various activities are discussed in detail.

The key population consortium will work together with the consultant to ensure that the transgender community is involved in the various virtual meetings that are happening to develop the Global Fund application. Various meetings are happening on the different modules of the proposal and links will be sent to WhatsApp group to enable those that are able to join to do so.

We will work with emerging transgender networks to ensure institutional strengthening and formation of coalitions to enable them access resources as sub-recipients or sub-sub-recipients of the Global Fund.

Plans are in place to secure resources, through the Global Fund for community-led monitoring. This will be done through partnership with other civil society, key population and affected community actors.

There were concerns that most trans community organizations apply to be sub-recipients of the Global Fund, but they don't succeed, as they are told that they don't have capacity. We went through the capacity assessment tool used by the Principal Recipients to enable participants to prepare better in terms of institutional strengthening.

Participants also said that most of the focus on transgender issues happens in the capital city and it would be good to support those in rural areas to receive services and strengthen their institutions for them to provide services.

The transgender community will work together to identify a KCM representative as a replacement once the current KP representatives' terms come to an end.

The training was done virtually. This was due to the restrictions that were brought about as a result of the COVID-19 epidemic. Participants attended all the sessions and stayed engaged throughout, which was a positive result and evidence that the dialogue session was a much-needed process.

Although we did not have pre- and post-dialogue evaluation, discussions from the participants at the end of day two was evidence that they learnt a lot from the dialogue sessions that will enable them to engage more meaningful with the process at country level.

Participants were provided with a small stipend to enable them procure internet bundles to engage meaningfully in the dialogue sessions. The stipend enabled them to have enough resources to secure a much more stable internet connection.

We had previously planned a two-day face-to-face meeting, which we had to change to a virtual session because of COVID-19. It is also difficult to keep people online for more than 4 hours, so we did not allocate as much time for the sessions, compromising the quality of engagement

CONCLUSIONS AND RECOMMENDATIONS

- The dialogue sessions were able to identify effective ways of engaging trans community advocates in Global Fund country processes;
- With the knowledge gained from the dialogue sessions, participants felt more confident to engage in Global Fund processes specifically during this time of funding request;
- There is need to support engagement of the trans community in the fund request, grant making and implementation process to ensure that Global Fund grants in Kenya are transgender responsive;
- Most of the community-based transgender organizations will benefit from institutional capacity building to enable them access Global Fund resources to implement their programs;
- The immediate plan is to support engagement in Kenya's funding request to the Global Fund. The medium-term plan is to strengthen institutional capacities of community-based transgender networks and organizations to be able to attract resources for their work. The long-term plan is to build strong coalitions of transgender organizations to strengthen and better coordinate advocacy and services delivery work;
- Participants will use the knowledge gained in the dialogue session to better engage in Global Fund and other related processes;
- Capacity strengthening of community organizations and networks has unique advantages in its close connections with communities, its ability to communicate through people's own culture and language and to articulate the needs of communities, and its ability to mobilize the many resources that community members can bring to the processes of policy making and decision-making and to service delivery;
- Participants agreed to have a learning and sharing platform where peer-to-peer discussions on what works and what needs improvement will be discussed.

*see the roadmap in ANNEX I

REFERENCES

<https://www.theglobalfund.org/en/funding-model/applying/>

<https://www.theglobalfund.org/en/key-populations/>

ANNEXES

ANNEX I: Engagement Roadmap

Activity	J	J	A	S	O	N	D
Engagement in Funding Application Process	X	X	X				
Engagement in Grant Making				X	X	X	
Engagement in Implementation Planning							X
Institutional Strengthening for implementation					X	X	X
Discussions on representation in the KCM							X
Forming coalitions of trans community.					X	X	X

ANNEX II: Timetable

Dialogue to Strengthen Capacity of Trans Community Advocates in Kenya to Effectively Participate in Global Fund Country Processes.

4th and 5th June 2020

Dialogue Objectives:

1. To dialogue on effective ways of engaging trans community advocates in Global Fund country processes to ensure Global Fund and other related programs respond to the HIV and TB needs of trans community
2. To develop action plans to sustain Trans community-led efforts on engagement across HIV and TB
3. To foster national solidarity amongst trans gender advocates within and across counties on HIV and TB.

Workshop Outputs:

1. Dialogue report;
2. An Action Plan for trans community on related country processes the Global Fund 2020 -2022 Cycle and other processes.
3. Immediate, medium and long-term commitments from workshop for the next steps to advance transgender responsive Global Fund grants.
4. Further direction to be decided by workshop participants.

DAY 1

Time	Session
10:00 – 10:30	<p>Introduction and setting expectations.</p> <p><i>Participants will introduce themselves on chat. The 15 minutes will be a summary of the TA process and an introduction to GATE and EATHAN.</i></p>
10:30 – 11:30	<p>Update on HIV and TB programming for Trans Community in Kenya.</p> <p>National HIV and STI Control Program (15mins)</p> <p>Update on Global Fund’s Human Rights Baseline Survey (15mins)</p> <p>CCM representation of Key Affected Communities (15mins)</p> <p><i>The session will provide an update on current HIV and TB programming targeting the Trans Community. We will also discuss the gaps identified by the Global Fund’s Human Rights baseline survey. We will get a simple update from CCM representative of key populations in the CCM.</i></p> <p>Questions and answer session (15mins)</p>
11:30 – 11:40	
11:40 – 12:40	<p>Global Fund 101</p> <p>Understanding the Global Fund Business Model and opportunities for the Trans Community (20 minutes)</p>

	<p>Understanding Global Fund Country Processes and opportunities for trans community (20 Minutes)</p> <p><i>Objective: To strengthen participants' understanding of the Global Fund at the global and National level, including its purpose, governance, Secretariat, CCM, PRs and key policies for gender equality and human rights and opportunities for Trans Community.</i></p> <p>Questions and Answer Session (20 minutes)</p>
12:40 – 13:00	End of day discussions

DAY 2

Time	Session
10:00 – 10:15	Welcome and recap of Day 1.
10:15 – 11:00	<p>Priorities for the Current Funding</p> <p>HIV and TB Priority Table Analysis (15 Minutes)</p> <p>Global Fund Application Roadmap. (10 Minutes)</p> <p><i>Participants will be taken through the HIV and TB priority tables for the 2020 – 2022 funding application to the Global Fund to ensure that issues affecting the Trans Community are well reflected. We will also discuss the Funding Request Roadmap and how to engage.</i></p> <p>Questions and Answers (20 minutes)</p>
11:00 – 11:45	<p>Action Plan</p> <p>Planning for engagement in Funding Request (15 minutes)</p> <p>Planning for engagement in implementation and monitoring (20 minutes)</p> <p><i>We will discuss what we need for engagement in Funding Request. Writing and What we need to be able to implement as sub-recipients.</i></p> <p>Questions and Answer (10 minutes)</p>
11:45 – 12:00	
12:00 – 12:30	<p>Action Plan continued</p> <p><i>Participants engage to develop a roadmap in engaging in the Global Fund process from Fund request writing, to implementation and Monitoring</i></p>
12:30 – 12:45	End of day discussions
12:45 – 13:00	CLOSING