# *TRAVERSING WOMXN*

*Exploring the sexual and reproductive health needs of lesbian and bisexual women, transgender men and women who have sex with women in Western Kenya*

Voices of Women in Western Kenya
VOWWEK

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For VOWWEK

## Acronyms and Abbreviations

| | |
|---|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral [drugs] |
| CBO | Community-Based Organisation |
| FGD | Focus Group Discussion |
| HIV | Human Immunodeficiency Virus |
| IDI | In-Depth Interview |
| KII | Key Informant Interview |
| LGBTQ | Lesbian, Gay, Bisexual, Transgender, Queer/Questioning |
| MARPS | Most-At-Risk Populations |
| MSM | Men who have Sex with Men |
| NACC | National AIDS Control Council |
| NASCOP | National AIDS & STI Control Programme |
| PEP | Post-Exposure Prophylaxis |
| PrEP | Pre-Exposure Prophylaxis |
| STI | Sexually Transmitted Infection |
| UHAI EASHRI | UHAI the East African Sexual Health and Rights Initiative |
| VCT | Voluntary counselling and testing |
| VOWWEK | Voices of Women of Western Kenya |
| Womxn | An inclusive and distinguishing version of ‘women’ that moves away from fixed gender binaries |
| WSW | Women who have Sex with Women |

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## Executive Summary

The lesbians, gays, bisexuals, transgender and queer (LGBTQ) community have been at the forefront of fighting the HIV epidemic. Studies done provide evidence that gay men, men who have sex with men (MSM), bisexual men and transgender women are considered most at risk of HIV infection, and therefore, have targeted programmes to curb the epidemic.

Lesbians, women who have sex with women and transgender men (L, WSW, T) are usually ignored when it comes to the fight against HIV/AIDS. There has not been enough research carried out to ascertain the prevalence of HIV transmission from lesbian and bisexual women, and women who have sex with women to their female intimate partners. The presumption of low or negligible transmission has led to silence, obscurity and stigma within the lesbian, gay, bisexual, transgender and queer community, for any lesbian and bisexual, transgender man or woman who has sex with other women, who come out as living positively. It has also been difficult to develop and implement HIV/AIDS programmes targeted towards L, B, WSW and transgender men, due to lack of data, tailored programmes, and/or the belief that L, WSW and transgender men are at low risk of contracting HIV/AIDS.

The overall goal was to gain a qualitative and quantitative understanding of the dynamics of the general health, intervention drivers, attitudes and access to preventative and responsive services on HIV/AIDS and STIs, amongst lesbian and bisexual women, women who have sex with women and transgender men in Kisumu, Nyando and Muhoroni Counties. The specific purpose of this study was to help Voices of women in Western Kenya (VOWWEK) understand and develop tailored programmes for lesbians and bisexual women, Trans men and women who have sex with women in these counties.

This baseline study used qualitative exploratory methods to enquire about the social context and perceptions of lesbian and bisexual women, transgender men, and women who have sex with women and including in-depth interviews, focus group discussions, and questionnaires for fifty (50) respondents from the three (3) Counties. All respondents were eighteen (18) years and above and signed a consent form. It included healthcare service providers and leaders of LBQT organisations in the three (3) Counties. The names used in this report have been changed and marked with an asterisk (*). Findings were analysed against desktop research, although articles on this issue had very limited availability.

There were various **findings** on:

- **Stigma and Discrimination**
  Although stigma and discrimination has reduced for those living with HIV as compared to ten (10) years ago, there continued to be self-stigma among the L, B, WSW and Trans Men as well as stigma from within the LGBTIQ community. Stigma and discrimination were the main reason why people did not disclose their statuses and were also not open with their peers. Cultural beliefs, religion and expectations from the society were also factors that hindered most respondents from indicating their sexuality, orientation or gender identity, as this would put them at risk of violence and discrimination, while accessing healthcare services. Respondents also expressed fear of having an intimate partner who was positive and also of accessing health services at a facility where they were known. At least one respondent reported a breach in confidentiality by a VCT worker who outed her at a club.

- **HIV prevention, care and treatment for L, B, WSW, T**
  The lesbian and bisexual women, trans men, and women who have sex with women, who were respondents of this study were conflicted as to whether they were at risk of HIV infection or not. In particular, the respondents were unclear, if they could infect their female intimate partners or vice versa. Even where the respondents were aware of their HIV status and were taking care of themselves, they did not have prior, easily available information or even education on how to protect themselves and their female partners. The fact that there is little access to dental dams and other preventative tools was a challenge for the respondents, especially on how to protect the women they were in a relationship with.

- **Policy Reform**
  Most respondents cited lack of scientific proof that L, WSW, and T men are at risk of HIV infection, and pointed to this as a hindrance to their receiving better and comprehensive sexual reproductive health services, tailored for them and not for heterosexual women. National AIDS and STI Control Programme (NASCOP) and National AIDS Control Council (NACC) do not consider L, WSW, and T men as part of key populations. Inclusion, policy change, and tailored services can only be realised when the right data is collected. This information could be collected over time in a non-intrusive way and used to influence policy advocacy at county and national levels.

**Recommendations** from the study include:

1. **Lobbying and partnering** with research institutions to carry out research and gather data and information on HIV prevention and infections amongst the L, B, WSW and T men;
2. **Offering seminars and trainings** to L, B, WSW and T men on the effects of stigma;
3. **Providing training** for healthcare service providers**;**
4. **Engaging Government** agencies that deal with HIV/AIDS to include L, B, WSW and T men in their policy documents;
5. **Partnering with healthcare facilities** that provide sexual reproductive health service to L, WSW, B and T men to collect data;
6. **Developing and providing tailor-made information and IEC** materials on HIV and STIs to L, B, WSW, T men;
7. **Ensuring availability of a support system**;
8. **Providing Seminars on HIV/AIDS** prevention, modes of transmission, and use of PrEP and PEP to L, B, WSW, T men;
9. **Supporting research** and data collection on L, B, WSW and T men.

# Introduction

The lesbians, gays, bisexuals and transgender community have been on the forefront fighting the HIV epidemic. Studies done provide evidence that gay men, men who have sex with men, bisexual men and transgender women are considered most at risk of HIV infection, and therefore, have targeted programmes to curb the epidemic.

Lesbians, women who have sex with women and transgender men (L, WSW, T) are usually ignored when it comes to the fight against HIV/AIDS. There has not been enough research carried out to ascertain the prevalence of HIV transmission from lesbians and women who have sex with women to their female intimate partners. The presumption of low or negligible transmission has led to silence, obscurity and stigma within the lesbian, gay, bisexual and transgender community, for any lesbian, bisexual or woman who has sex with other women, and transgender man, who come out as living positively.

It has also been difficult to develop and implement HIV/AIDS programmes targeted towards L, B, WSW and transgender men, due to lack of data, tailored programmes and/or the belief that L, B, WSW and transgender men are at low risk of contracting HIV/AIDS.

The specific purpose of this study is to help Voices of women in Western Kenya (VOWWEK) understand and develop tailored programmes for lesbians, bisexual women, women who have sex with women and transgender men in Kisumu county. This needs assessment has engaged respondents through focus group discussions, key informant interviews and in-depth interviews, for both the LBT/WSW respondents and implementation partners who offer healthcare services in Kisumu County.

# Background and Context

Lesbian and bisexual women, transgender men and women who have sex with women have been overlooked and left behind in the fight against HIV, forcing them to access services in health facilities as heterosexual women (Logie, James, Tharao, Loufty, 2012). These women do not open up about their sexual reproductive health needs for fear of ridicule, victimisation and even stigma and discrimination. This limits the availability of statistics and data on L, B, WSW and trans men who are infected or affected by HIV.

The assumption that lesbians, women who have sex with women and trans men are not at risk of HIV or STI infection, hampers their timely access and ability to receive the requisite services and information. This in turn, increases their risk of infection and/or reinfection of STIs and HIV. There is not enough research done on L, B, WSW, and trans men that is determinate of their risk of HIV infection, however, during this research, the disclosure of risky sexual behaviours of the respondents indicated that they were at high risk of STI infection and even HIV. The stigma within the LGBT community on someone who comes out as living with HIV, makes most L, B, WSW and T not come out and disclose their status. Those who need sexual reproductive health services resort to going to health facilities where they are not known and which are furthest from their homes, for fear of being outed as a lesbian, woman who has sex with women, or a trans man, who is also living with HIV.

## Study Aims

The overall goal of this baseline survey is to gain a qualitative and quantitative understanding of the dynamics of the general health, intervention drivers, attitudes and access to preventative and responsive services on HIV/AIDS and STIs, amongst lesbian and bisexual women, women who have sex with women and transgender men in Kisumu, Nyando and Muhoroni Counties.

## Methodology

This baseline used qualitative exploratory methods to enquire about the social context and perceptions of lesbian and bisexual women, women who have sex with women and transgender men, including in-depth interviews, focus group discussions, and questionnaires. The interviews were expected to elicit individual perceptions regarding the factors that shape quality service provision and the decision-making processes regarding HIV and other health needs of LB women, WSW and trans men.

A total of fifty (50) questionnaires were distributed to respondents from Kisumu, Nyando and Muhoroni Counties. All respondents were eighteen (18) years and above and signed a consent form to fill out the questionnaires or be part of the focus group discussions. In-depth interviews were specifically sought with persons who were either living with HIV or were at risk, for additional information.

The baseline targeted lesbian and bisexual women, women who have sex with women and Transgender men, healthcare service providers and leaders of LBQT organisations in Kisumu County. The names used in this report have been changed and marked with an asterisk (*) to show that these are not the real names of the respondents. Findings were analysed against desktop research, although articles on this issue had very limited availability.

> *So discussing HIV with my partner, yes I do. At the moment I have three partners, two ladies and one man, and they are all HIV negative, the man has no problem with that because at least he can access condoms, but when it comes to my female partners it's tricky, and I had to convince one to go for PrEP the pre-exposure prophylaxis. Like getting the commodities and stuffs like that is a bit tricky when I am with my female partners, but at times I just struggle. Like I talk to doctors to give me condoms so that I cut it when using for oral sex, but it is not that effective. So the risk is there, that is why I told her to at least go for PrEP, but we did discuss HIV.* ***In-depth Interview***

# Findings

Based on the questions, group discussions, interviews and desk reviews the following are the findings from the study:

*In the past HIV was killing so many people because people took it as one who was bewitched "chira" but today there are drugs that people can use to prevent it.*
*FGD*

## Stigma and discrimination

Stigma and discrimination towards those infected with HIV was a major factor ten (10) years ago, the respondents noted that, this has changed, and more people are openly living with HIV. Families no longer shun their siblings when they get infected but instead seek treatment for them.

> *HIV ten years ago; you know I'm talking generally not just on LGBTQ, when one had it they would treat it as "chira" something that was not there and so they were dying like shit, that is back in 2008, that is ten years ago. Now people are well informed they have information about HIV on how they can take the drugs, how they can take care of themselves, and how they can protect themselves. And also, we have the pre-exposure [prophylaxis] that is PrEP. If you feel you are at risk when you engage with some who you do not know their status, you can take it for some days.* ***FGD***

However, self-stigma among the L, B, WSW and Trans Men as well as stigma from within the LGBTIQ community came out clearly during the focus group discussions. Stigma and discrimination is the main reason why people do not disclose their status and are also not open with their peers. Cultural beliefs, religion and expectations from the society were also factors that hindered most respondents from indicating their sexuality, orientation or gender identity, as this would put them at risk of violence and discrimination while accessing healthcare services.

> *You know self-stigma comes in, like even me it affected me, but through support groups I got support from other members and I accepted myself. You know this perception of where did I get it, you are just guilty. Maybe someone is just looking at you like for instance, I can admire your dreads but you think that person is looking at me because they know I [am] HIV positive until I have to go to sessions with my fellow peers and they help me come out of that. And then I have realised that some people reasoning stupidly like I am not going to die alone, so they don't use protection not knowing that this person maybe has different strains of virus. At times, I tend to visit some support groups and tell them that some people were just born like that.* ***In-depth interview***

*You will just have to cheat on each other, just tell them that it can't work and breakup, hurt her but just move on. Or just find for them someone who is also HIV positive like them. Just use protection then.*
*FGD Kisumu*

The respondents also articulated the fear of the reality of having an infected partner, most respondents thought that it would be draining to have a partner that you feared engaging with sexually, and indicated that they would resort to breaking up with them, if they found out they were infected. Others thought it was important to stay with your partner after they had both talked about your statuses. However, when probed further they indicated that this would be applicable to other people and not to themselves or their partners.

*When you have stayed with someone for three years and sweet talked them and you guys went for VCT, there is no need for you to leave them when you find they are positive, because all those years, can just continue. At times, you may be the negative and this will lead you to start being the unfaithful one. You may feel like you have to dump her to get another. That's why many people don't go for VCT. For me, when you ask me to go for VCT and you are usually far, I may not go. But I have ever gone once when I was drunk. You see when I'm sober I may not go for VCT.* ***FGD Kisumu.***

Some respondents noted that it might not be a good idea to access healthcare services from a facility where someone who was personally known to you, was stationed. In as much as some respondents agreed that the organisations working with the LGBTIQ community should sensitise healthcare providers to give stigma-free services.

*You know it is always for security purposes. Okay, let's just be realistic. For example, si you know your friend does work there at Lumumba, and he knows you and sees you going for the drugs. So one day he may be itched to say that Glee* usually comes for drugs from here. When you guys may be bitter and stop the friendship, he may say, "go away no wonder you come picking drugs from here. We know you." This will have a pinch on you. So for me, it is advisable that if I suspect myself, I'd rather go far among the Kalenjins where they have no clue of who I am, go pick my drugs and come back, not where I am known, because in such a place I am not 100% safe. Anything can happen.* ***FGD Kisumu***

The respondents indicated the importance of mapping of centres for healthcare, treatment and prevention services, and of informing the community on which facilities were friendly and stigma-free. An interview with a key informant indicated that some work has been done to sensitise healthcare providers and provide tailored services for key populations. However, the key populations were gay men and MSM. The fact that they were receiving services without discrimination, made those facilities potentially a good environment for L, B, WSW and Trans men to also access services.

*Today we have quite a number of our healthcare providers who have been sensitised on how to work with the populations. So they will be able to see, and even if they fear like going to any other facilities, we have demarcated facilities that are able to take care of them. Like in Kisumu… we have all the other facilities that are providing services. I think they will be okay in terms of identifying themselves. We also have some of our government facilities like Kisumu County Hospital, Jaramogi Oginga Odinga Teaching and Referral Hospital, Muhoroni… quite a number of our facilities.* ***Key Informant Interview***

*I thought I needed to go to a public hospital and went to Migosi Health Center, the first time. They wanted more information about me, but I was not treated that bad, it was just okay with me. Then I also wanted to go to Russia, Jaramogi Oginga Odinga. I just wanted to go to public hospitals, they had not heard who I am. They just say be free and tell us anything that is when I told them this and this, of which I have not been treated bad…* ***FGD***

Some respondents indicated that as much as there was no stigma within some of the partners' facilities, there was still a fear of being outed while in public spaces. Some respondents, as indicated below, felt there was a need for those facilities to address this issue.

> *They blackmail me because of my identity. Because I can remember there was a day we were at club V* at night with just a friend, not even my partner, Primrose*. There was a woman working at VCT and she was just a peer educator, and being that she saw me there, I heard her discussing. Primrose* was the first one to hear then Primrose* told me. I pretended that I was not hearing and went on drinking my drink and she just went ahead telling those people my story. That is why I decided to stop going for HIV service there. I used to have my truvadas there and we shared our identity and sexuality.* ***FGD***

## HIV prevention, care and treatment for L, B, WSW, T

The lesbian and bisexual women, trans men, and women who have sex with women, who were respondents of this study were conflicted as to whether they were at risk of HIV infection or not. This is due to the fact that most L, B, WSW, T men who are living with HIV do not disclose their status, so this gives the impression that there are only a handful. Also, information on HIV transmission and STI infection amongst this population is scarce. An indication that membership organisations are not passing on this information to their members. The respondents were unclear, as indicated in the statement below, if they could infect their female partners or vice versa.

> "*I would say that most of us don't know how HIV is passed from one person to another as a lesbian person. So I also think that we also need to be educated, so that we know that despite whom you are with or what you guys are involved in together, the best thing to do is such and such. When you are exposed and you know the risk and the advantages, will also help you as a couple when you meet, so that you know what to discuss and which route to take. But if you don't know any of that then I think we will really have to go back to the scratch from knowing really what's there for us.* ***Respondent from Nyando in FGD***

A conversation about HIV is not something that comes easily between couples. This is compounded by the fact that it is seen as a non-issue for women who have sex with other women, due to misconceptions about HIV transmission. The fact that there is little access to dental dams and other preventative tools was a challenge for the respondents, especially on how to protect the women they were in a relationship with.

> *The reason why I have said no is not only for me, but because I have talked to some LBQ people. I normally go to such forums and most people have always responded that they do not speak with their partners because they have believed that a female and a female cannot get HIV. They believe that if I finger fuck this person, then I am safe. They believe that if I rub the clit or the pussy, I can't get the disease because for them the disease if only gotten between the males and female, only… the vagina and the penis.*

Even where the respondents were aware of their HIV status and were taking care of themselves, it was apparent from their responses that they did not have prior, easily available information or even education on how to protect themselves and their female partners. Those with better access to information were likely to have the information through the privilege of working with an HIV-focussed Non-Governmental Organisation. The statements below are a clear indication that information is needed on HIV transmission and STI infection amongst lesbians, women who have sex with women, and Trans men.

> *Let me give you a little bit of my story. I'm HIV positive, and I have a friend whose name I am not going to mention because you guys work together. She is very open about her status and she keeps giving me advice on what to do like giving my girlfriend some drugs to take which I was not aware that she was supposed to take. They asked if my partner knows about my status, I agreed that she is aware. They wondered if we just have sex and I said yes and every time she test[s], she is always negative. So I have never had a reason for… us[ing] those drugs.* ***IDI***

As noted above, public health facilities have been sensitised on serving key populations, and some respondents have accessed their services from there. It is also important, as one key informant indicated, to take the work further, and start collecting data on how many L, B, WSW, and T men access these services. This would help in future with targeted advocacy work.

> *That can actually be able to be done that's why I am saying that the organisations which are working with these populations need to create some interest and the moment they have some interest they are able to pick a few institutions that they will be able to work on, and be able even to conduct like an operational research to be able to pick up this information. So that would be the beginning, that we did something small with a few facilities and we asked them to ask these questions. Please kindly ensure that you always ask… these questions and ensure you identify these people, and out of the five facilities that we did, we have this number and this number are actually getting treatment. So with this we'll feel that something needs to be done…* ***KII***

## Policy Reforms

Throughout this data collection process, most respondents cited lack of scientific proof that L, WSW, and T men are at risk of HIV infection, and pointed to this as a hindrance to their receiving better and comprehensive sexual reproductive health services, tailored for them and not for heterosexual women. National AIDS and STI Control Programme (NASCOP) and National AIDS Control Council (NACC) do not consider L, WSW, and T men as part of key populations. Therefore, they have been out of HIV programming in the country. This clearly indicates that those who need friendly HIV services will only get them in facilities that have been sensitised for MSM and gay men, or facilities run by MSM or gay men. Unfortunately, they do not capture and document data as of L, WSW, and T men, and there is then no way to prove that service was delivered.

> *What we want as people from Awasi that we identify ourselves just the same way those from MSMs and FSWs have identified themselves, so that we cannot be discriminated*

*on as they have been doing. We are many here in Awasi but we are hiding because we are afraid of being discriminated on and denied or chased from here. So with the voice of VOWWEK, we want you to go and say that there people in Awasi who have decided to be like so, that we can get the services that MSMs and FSWs get that is one of our greatest plea that we want and we have confidence when we speak because we have been discriminated and treated like less humans. Why should we be discriminated on while we are just like other human beings. So if it is good we people from Muhoroni are speaking out loud like the way a woman's voice should. Whichever the place you will take us we shall speak of our identity without fear so that we can receive the same services the MSMs and FSWs do receive.* ***FGD***

The respondents indicated the importance of being included at the decision-making table to ensure inclusivity of L, WSW, and T men in HIV service delivery.

*We don't have transgender men on these tables. Do we think we have transgender men seated on these tables where decision-making are being done? It would help push the recognition of transgender men and women and key HIV and STI policies and documents.* ***FGD***

*I think one, the strategy that will ensure that the LBQ women are included, is for the LBQT people to claim these spaces… to participate in these forums if its NASCOP agenda, then it's important for the LBQ women to also be part of the agenda or even be pushed to be part of this strategy or also participating on even the county budgeting process and also participating in the county health like having a forum with the county health managing team because that is where it begins. We have to begin at county level as Kisumu and that means engaging or involving the county health management team that will then inform NASCOP and then we can also claim these spaces when they are saying ok key populations are here and we say also LBQ women are here and we think this is a programme that we also need to benefit from and explore as LBQ women in Kisumu. FGD I*

LBQ organisations were encouraged to take the lead on gathering enough evidence to present at decision-making tables that influence policy change. A key informant encouraged LBQ organisations to interest researchers in what could be a lucrative and unique research project, where there was little data and information available. A partnership with government on such research could be fostered, and funding found, if the research issues were interesting. The respondents encouraged continuous conversations, more strategies, data collection and a push for policy change to ensure that in future, L, WSW, and T men are included in county and national HIV/STI policies.

*Most of the time you will actually find like researchers. So to me I would really say that the organisations working with this population needs to have some relationships with researchers and tell them there is a potential. Researchers are just people who are out, we want to look for evidences, where can I find the evidence that I'll be able to inform the world and if for sure somebody will be able to sell this idea to the researchers because the government on its own, I would like to tell you that the government on its own does not do much on the research. But you will find that an external researcher in collaboration with the government works in to do something and then the government will say let me support you in doing this because it will be able to support my people but you now the government on its own being able to in terms of even getting funding to be able to do that particular research is a bit of a challenge so the end of the day we*

*need to work with research institutions and be able to sell their idea that we have a potential here for a research to be actually be done. Can somebody consider because this is an area that has not been explored and researchers are always looking for every area that have not been explored and if they can be able to come up with something which would be able to be an eye opener to the world, they would hit it.* ***KII***

Inclusion, policy change, and tailored services can only be realised when the right data is collected. A key informant encouraged LBQ organisations to start working from the ground going up, by encouraging the L, B, WSW, and T men to disclose their identities and sexuality to providers who have been sensitised. This information would then be collected over time in a non-intrusive way and used to influence policy advocacy at county and national levels.

*It's a catch 22 because when you go to access care, you don't go to access care because someone doesn't have an information, you are coming to access care because you are a lesbian or a bisexual woman or a trans man and that data, if we would have that data, then it would inform a lot [of] policy. So yes, even if you are just going for HIV test, because HIV care doesn't just start from HIV positive even when you are going for testing, it's good to go undisclosed but what happens when you go undisclosed; when you go for testing as a HIV woman or as a lesbian and you are like I want to get tested with my partner they'll first look at you and ask who's your partner? This is my girlfriend and they will just write female-female they will not write couple because there is an option for writing couples in the data management records tools but they won't write a couple they will just write female and female.*

*My parting short, this is a very deep conversation because it has never been done before like LBQ discussion on HIV can now be tackled which we have for long been assuming. We have only been talking about human rights but never on HIV and then we can also collect data of LBQ who are positive because people are assuming that LBQs are having lower risk. So we can come out and collect this data without names and then we can tell them you see, these are examples. People are assuming that lesbians are at low risk and that is why they are not investing on them. You see the government is investing on gays and MSMs because everyone in the world knows these people are at a higher risk so they will bring money. But if you tell someone that now I'm focusing on LBQ they will say these ones are not a priority because they are at a lower risk. But with data, they will see that this is surely not true.*

# Conclusion and Recommendations

The small strides being made to include L, B, WSW and T men in MSM and gay men facilities offering sexual reproductive health services should be acknowledged. However, much needs to be done to ensure that the right services are offered, and that the data of those receiving the services are captured for programming purposes.

The fight against HIV cannot be won amongst L, B, WSW and T men when the population is ignored and assumed not to be at risk, and yet they engage in sexual activities, whether with their long-time partners or random partners.

The lack of information and limited research on health seeking behaviours of lesbian and bisexual women, trans men and women who have sex with women is an important hurdle that cannot be ignored, if we are striving to end the pandemic amongst LGBTQ community.

It is not only in Kenya that this happens, it is a worldwide phenomenon. Breaking these barriers in Kenya will undoubtable have a ripple effect in other countries.

## Recommendations for LBQ Organisations

1. **Lobby and partner** with research institutions to carry out research to gather data and information on HIV prevention and infections amongst the L, B, WSW and T men;
2. **Offer seminars and trainings** to the L, B, WSW and T men on the effects of stigma towards an individual who is infected or affected by HIV. This will provide a conducive environment for those infected or affected to come out, and get the needed and necessary support;
3. **Provide training for healthcare service providers**, this is important as they will know how to handle L, B, WSW and T men as some T men might be undergoing transition and they might face stigma. There is need to also map out and maintain a database of all friendly healthcare facilities to ensure easy referrals;
4. **Engage Government** agencies that deals with HIV/AIDS in advocacy to include L, B, WSW and T men in their policy documents. This will give visibility and facilitate access to prevention and treatment;
5. **Partner with healthcare facilities** that provide sexual reproductive health service to L, WSW, B and T men to collect data on service update to enable Comprehensive service delivery and scale up of the existing services.

> *My request is that all that I have said should reach the government. First I want us to be known so that it doesn't appear like we are stealing and do things in fear. We want recognition. Secondly, is that when I go to the hospital, I may not be called a woman but a lesbian and I'll be satisfied with that. Thirdly, the issue with drugs, if there is a set place for lesbians that will be cool because I can now go knowing that here I belong and hence no embarrassment.*
> *In-depth Interview Kisumu*

## Recommendations for HIV Service Providers

6. **Develop and provide tailor made information and IEC** materials on HIV and STI to lesbian, bisexual women, women who have sex with women and transgender men, this will improve their knowledge on modes of transmission and dangers of engaging in unsafe sexual activities;
7. **Ensure availability of a support system,** those who are on medication will find a place to support each other and share their experiences and challenges if any, this can be in form of support groups;
8. **Provide Seminars on HIV/Aids** prevention, modes of transmission, use of PrEP and PEP for the lesbian, bisexual women, women who have sex with women and Transgender men.

## Recommendations for Donors and Partners

9. **Support research** and data collection on L, B, WSW and T men to understand the risks involved in engaging in risky sexual behaviour and to ascertain their levels of risk of HIV and STI infection.

> *...if you look at even our reporting tools we are not able to capture this particular information but when you talk to service providers they will actually be able to tell you that for sure we don't capture this but I came across one. The same way you are doing an interview here, you could be able to also sample some of our service providers and some of our facilities. You can sample facilities all over and be able to able to have questions for them... **KII***