		INTERVENTIONS		
Gap	Intervention	Reason for gaps	Priority impactful interventions to close the gap	
Uptake in Prep, Adherence in prep medication	Campaign (Virtual spaces, outreaches) to enhance initiation and continuation of prep, provision of IEC Materials, tailor made information to suit, rural, semi-urban, peri urban, and urban settings, Use of prep champions	Inadequate information for prep, accessibility to healthcare facilities, default in hospital visits, due to poor perception of HIV risk	Tailor made information on prep information, procurement of prep commodities such as oral (daily and event driven prep)	
Punitive laws targeting the young KPs in access to health and human rights.	Civil education to the KPs, provision of legal aid, reviewing of policies, guidelines and laws relating KPs, increase access to justice	Cultural ideologies, religious beliefs on KP programming	Provision of safe houses for survivors, support of legal pro bono networks in KP programming, training of law enforcers on equal protection for everyone. Gender norms changing, support litigation to reform harmful laws	
Lack of social Protection	Creating enabling environments free of stigma and discrimination	Lack of safeguarding policies, harrasment by law enforcers,	Programs like cash transfers, connect KPs with health care and nutritious foods, promoting gender- responsive social protection systems, care systems and KP policies, to respond to gendered risks and needs	
InadequateMental Health support	GBV support services, such as post-violence counseling, clinical investigations, medical management,	Accesibility to health care facilities, health care providers not knowing how t handle various mental health conditions, lack of adequate information about mental health, societal ideology on mental health perception	Psychosocial support and mental health support, For adolescents living with HIV, peer support services, disclosure-related support and age-appropriate treatment literacy and comprehensive sexuality education.	
Lack of hormonal therapy for the trans-gender community	integration of and referrals to hormone therapy as part of HIV service package.	costly hormonal and testestorone treatment,	Support for inclusion of hormonal therapy for KP, advocacy with pharmaceutical companies to develop affordable treatment	
Support for GBV survivors	Address victimization and perpetration across levels in regards to psychoeducation, psychotherapy, skills development, gender transformative activities and community engagements.	Weak systems and offices that do not know how to respond to GBV cases, gaps in GBV messaging, gaps in reporting, responding and prosecution of GBV services,	raining on sexual consent, addressing gender norms and attitudes, and autonomy in decision making, GBV support services, such as post-violence counseling, supporting safe houses, transitional shelters that provide aftercare services to survivors. GBV support services, such as post-violence counseling, referral and linkages to post exposure prophylaxis (PEP), HIV and GBV prevention training for police, counselors/teachers	
		AYP CONSTITUENCY		
Intervention areas	**Gaps**	**Reasons for the gaps**	**Priority impactful interventions to close the gap**	
TB PREVENTION	Adolescents and young people have inadequate information about TB	Misinformation (deeply rooted in culture, beliefs, and values) Platforms are not tailored to AYP. Current interventions are through radio sports which are not popular with AYP Inadequate resources (Funds) allocated to TB-specific health promotion	Development of AYP-specific messages/by the affected communities. Delivery of the messages in AYP accessible platforms Training networks of AYPs on how to offer accurate info about TB Need to narrow down TB information and have specific info for AYP Training of AYP networks on TB and TPT	
	Suboptimal uptake of TB Preventive Therapy (TPT) among AYP	Pill burden among AYP living with HIV. Fear of side effects	PSS for AYP on AYPLHIV on care and other chronic conditions. Need for free baseline and routine tests eg creatinine and liver function tests.	
	Adolescents and young people interrupting treatment	Incentivization of DR and DS TB patient. Inadequate information/misinformation	AYP-specific support groups among TB patients	
	Inadequate innovative ways of TB screening among AYP	Minimal AYP-led interventions	Scaling up AYP-led innovative ways of screening that will encourage screening among young people AYP to lead the expansion of the Kenya Innovation Challenge Fund For TB (KIC TB) intervention in school health	

TB TREATMENT AND CARE	Stigma among AYPs regarding TB	Information that exists that is based on misinformation about TB causes stigma	Development of AYP-specific messages Delivery of the messages in AYP accessible platforms Dissemination of the Stigma index survey results to the AYP AYP-specific interventions for the reduction of stigma	
TB SCREENING AND DIAGNOSIS	Poor health-seeking behavior (TB screening and treatment) among Adolescent boys and Young Men	Men's attitude towards TB Information for TB is generic and isn't contextual in most cases. For example, TB ina Tiba in a matatu presents a likelihood that it's not very serious.	Differentiated Service Delivery models and Integrated Outreaches that focus on both screening and health education on TB targeting adolescent boys and young men in areas where they are found. Men-friendly centers in health facilities. Development of IEC materials and communications package by AYP.	
		HIV		
Condom and lubricant programing	Commodity stock out- eg.condoms (Male and Female), lubricants.	Most of the condom and lubricants prioritization is to the KPs.Condoms and lubricants are mostly available within the health facilities.	Availability and acccessibility of condoms and lubricants within the different ayp and plhiv organizations.Map out AGYW organizations where condoms and lubricant distribution can be done	
HIV prevention communication, information and demand creation in school	Inadequate and incorrect information on HIV within the school set up,	Myths and misconception. Access of the information is limited, culture, religion,ignorance	Use of social media(tiktok,instagram,facebook) and the use of social media influncers	
Removing human rights related barriers to prevention				
Community Empowerment	Limited information on their health and human rights.	Inadequate community health outreaches and in reaches.	Mass community sensitization and campaigns on human and health rights.	
Sexual and reproductive health services, including sexually transmitted infections ,(STIs), hepatitis, post-violence care.	Limited Information on the existence of sexual reproductive health services	adolescent girls and young women in and out of school lack access to afford sanitary towels which leads to them engaging in transcational sex that predisposes them to teenage pregnancies,STI.AGYW do not know where to access SRH services without fear of discrimination,existence of policies and bill that limit access to service such as the Children Act	Creation of social protection programs that provides adolescent girls and young women with dignit kits,educates agyw on their rights and how to demand for them.Review of policies and Acts	
Mental Health Support	inadequate access to mental health support, information , services, linkages and referrals.	GBV survivors face stigma, trauma	Establishment of Mental Health Safe spaces for screening, shelter and therapeutic needs assessment.	
		VULNERBLE POPULATION		
Vulnerable population	**Intervention areas**	**Gaps**	**Reasons for the gaps**	
	Condom and lubricant programing Pre-exposure prophylaxis (PrEP) programing HIV prevention communication, information and demand creation Community empowerment Sexual and reproductive health services, including sexually transmitted infections (STIs), hepatitis, post-violence care. Removing human rights related barriers to prevention.			
Truckers		· Lack of sexual reproductive health education.	· Lack of financial resources/ capacity building among this cohort.	· Erecting strategic education poster/billboards/banner at identified target spots.
		· Insufficient condom dispenser at hotspot/ stopovers.	· Little intervention in engaging them on their sexual reproduction.	· Installation of sufficient condom dispensers and ensuring regular replenishments.

Fisherfolks		Negligence	Ignorance to dangers exchange of sex for fish which are usually unprotective.	· Create more HIV awareness to the communities through grassroot campaigns, involving opinion leaders form targeted areas.
		· Poverty/economic constraints.	Economic constraints among AYP who often fall victim to fisherfolking.	· Partnering with county and national government on young people lead economic empowerment targeting the vulnerable population i.e Fisherfolks
		· Stockout of condoms/HIV preventive commodities.	Insufficient HIV preventive commodities.	
		· Poor educational system for community to root out the retrogressive cultural practices encouraging the	· Retrogressive cultural practices that encourage fishfolking.	
Discordant Couples		· Lack of messaging around U=U.	· Lack of support for the discordant couples.	Creation of the support group for the discordant couples.
		· Insufficient VL commodities.	· Lengthy bureaucracy in distribution of VL commodities.	Cut off unnecessary lengthy procedure in the distribution of VL commodities.
		· Inadequate access to preventive methods i.e PreP, virginal ring.		Develop a health mobile app where discordant couples can get the prevention services at their comfort.
Street families		Limited outreach to the street families.	Stigma and dsicrimination against street families when seeking for health services	intensification of AYP lead outreach programs for the street families.
		Sidelining when it comes to HIV services.		Establishing of street based organization that specification look into the street families issue including screening, testing
		Iliteracy.		
		Many unreported rape cases		
AYP CONSTITUENCY				
Intervention areas	**Gaps**	**Reasons for the gaps**	**Priority impactful interventions to close the gap**	
	Late ANC visits	Unfriendly Healthcare providers, fear of stigma and discrimination, community reception	Community support and education strategies by the AGYWs, AGYW as mentor methors, scale up involvement of community gatekeepers on the triple threate, community led /AYP led intervention on triple threate	
	Knowledge gap	Unfriendly healthcare providers, fear of stigma and discrimination, bombardment of incomprehensive information.	Community support forums for AGYW, including young women living with HIV in PMTCT advocacy	
	Lack of disclosure	Fear of rejection, stigma, fear of IPV	Provision of peer to peer enhanced counselling	

	GBV	Power imbalance; being chased away from home leading to lack of access of medication for the child and the mother	Safe houses for the survivors, capacity building for the AGYWs, conducting support groups for survivors, engaging men in the elimination and prevention of GBV.	
	Untrained midwives	Culture, religion and traditions	Training midwives on PMTCT, conducting follow ups on referrals and linkage.	
PMTCT	Lack of inclusion in the ANC visits on partner testing		Conduct outreaches that target male partners	
	Affordability of the HIV self test kits		Strengthened advocacy to lobby for affordable prices	
	Lack of confidence in the self test kits	Margin of error	Creating demand, Disseminating the correct information and proper directions on the use	
Differentiated HIV testing services	Inadequate HIV testing commodities	Stockouts of commodities, commodity insecurity	Strengthened advocacy	
Treatment, care and support	Increased treatment interruption	Lack of nutritional and psychosocial support, fear of disclosure, pill burden/treatment fatigue, stockouts of ARVs, long distances to the facilities	Conducting treatment literacy with and by young people, Sensitizing young people on ushauri platform, conducting adherence support groups at the community level, differentiated service deliveries, intergration of mental health services in the CCC, follow ups	
PREP	Literacy for the discordant couples			
	Testing and follow up for the mother and child			
PMTCT			Youth led organization providing DSD for the young mothers, community to implement PMTCT services at the community, psychosocial support groups for the young mothers by the young mentor mothers, provision of prevention services during ANC and PNC	
Differentiated HIV testing services	lack of pre and post counselling, IPV	hesitation to do a confirmatory test	hotline numbers for a positive test of need of guidance	
CLM	No existing data set on the current AYP CLM implementation progress	Lack of a clear learning cascade	Develop AYP-responsive/sensitive CLM tools and indicators. Technical support for the CLM tools and indicator development County-specific dialogues to assess CLM perfromance	
	Minimal involvement of AYP in CLM implementation	Limited resouces for AYP Engagement	Inclusion of AYP as Peer monitors and super users in the 47 counties	
CLAR	Limited data on Mental health needs among AYPs)	Current funding does not allow for small grant implementation for youth-led organisations	Community-led situational analyses on mental health among young people.	
	Lack of AYP specific grant implementation practices	Complex funding mechanisms and systems	Flexible commuity research grant to address emerging needs among AYPs	
	Lack of AYP Human Centred response and interventions	Lack of clear understanding of specific AYP needs to ensure implementation of programs that address the needs of young people	Conduct a national needs assessment for the Identification of AYP needs through Human-Centred Design approach.	
	Human Rights Barriers for AYPs in accessing health services	Rigid and stringent Policies - SRHR, Health Education	Conduct a human rights barriers assessment to inform policy reforms through advocacy	
	Lack of AYP program impact assessment	There has been consistent funding for programs that no longer meet the needs of the young people. Assessing the programs will enable us reviwe and provide evidence support to restrategise and restructure programs	AYP-Led Assessments of Behaviour Change among AYP after the BCC implementation (Siter-sister, Family Matters, Shuga)	
	Lack of comprehensive youth friendly services	Prioritization of available resources to other general interventions	Advocacy to sustain/scale-up access to existing youth-friendly services (Machakos YFS, Nairobi YFS) among key and vulnerable populations.	
Community engagement, Linkages and Coordination	Information gaps on services provided by AYP organizations	Lack of resources for the maping and compiling of AYP services provided	Mapping of community-led and community-based AYP organizations and networks and their service packages	
	Lack of enough domestic funding and lack of proper utilization of funds	Lack of accountability , stockouts , access to services struggles	Sensitization of AYP-led organization on social mobilazation, UHC, DRM, SDGs	
	Limited involvement of AYP in service planning and delivery	Peer educators work to support AYPs accessing services at facilities , however the lack of support from the facility staff and incharges creates a not so holistic working space for them	Conduct meetings at both county and national levels to advocate for the inclusion of AYP in facility management boards to improveon the voice of AYP in UHC and health services Converstions	
	Limited coordination and collaboration	Lack of support forAYP engagements at county and national levels	Stengthening and inclusion of AYP champions in the 47 counties - County review and catch up meetings - National forums and meetings for champions	
	Limited capacities of AYP organizations to competitevely apply and implement ayp initiatives and interventions	Weak organizational systems and structures of AYP organizations	Conduct Organizational capacity assessments for AYP-Led organization to document their organizational capacity gaps Train the mapped AYP Led organiztaions of ODSS Conduct mentorship to the AYP-led organizations trained in ODSS	
	Lack of comprehensive systems and structures for AYP-led organizations	Limited/Lack of deliberate TA and support for AYP-led organization on systems strenthening	Technical support for and by AYP Led organiztions for the development of strategy, governance and policy documents for AYP organizations undergoing ODSS, such as human resource policies, resource mobilization strategies, and social dialogue strategies, etc.	

Capacity building and leadership development	Lack of AYP specific CSS grants	Limited AYP specific grants to support CSS to support AYP organiztions	Allocation of CSS specific grants to AYP organizations to increase their capacity in health service delivery, social mobilization, community-led monitoring, community-led research and advocacy, understanding labor rights and social dialogue, etc.
		The exsiting requirements constatly leave youth led organizations out. Aspects like years of existense or amounts of money handled by an organization limit us. Building capacities while providing actual resources even if in small bits will enable actual actualization of the mentorship given to AYP.	Re-evaluation of the RF eligibility criteria specific to AYP programs - KCM
	Lack of peer-learning engagement support	Limited resources to facilitate peer-to-peer interactions and learnings	Conduct national forum for AYP experience sharing on CSS implementation - sharing of best practices and documentation of success stories
			Support AYPs to participate in IAS, ICASA, UNION conference and other key national-or regional-level or global peer-learning initiatives.
Community-led advocacy and monitoring of domestic resource mobilization		Lack of comprehensive and quality health care services for AYP including stock outs of commodities, lack of adequate domestic finance to support the 3 diseases	Capacity building trainings and strategis to develop and implement advocacy campaigns for domestic resource mobilization for the three diseases and UHC and priorities for AYP interventions
	Limited DRM resouces Lack of accountability structures	Lack of proper utilization of allocated funds	-Trainings for support and strengthening of AYP Led organiztaions mechanisms and systems that monitor health budget, health financing allocation decisions and health expenditures. -Creation/strengthening of financial management systems for AYP project or program implementation units for management of Global Fund investments.
Social contracting	Eractic supply of essential commodities for AYPs	Long and complex procurement processes Lack of complimentary/alternative procurement channels for commodities	Trainings to Strengthen institutional capacity of CSOs to engage with government and social contracting processes for tendering, planning, budgeting, managing and monitoring of implementation.
			Involvement of AYPs in the distribution of commodities to their peers