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Inadequate innovative ways of TB screening among AYP Minimal AYP-led interventions TB (KIC TB) intervention in school health		Adolescents and young people have inadequate information about TB Suboptimal uptake of TB Preventive Therapy (TPT) among AYP	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 Pill burden among AYP living with HIV. Fear of side effects Incentivization of DR and DS TB patient.	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 PSS for AYP on AYPLHIV on care and other chronic conditions. Need for free baseline and routine tests eg creatinine and liver function tests. AYP-specific support groups among TB patients Scaling up AYP-led innovative ways of screening that will encourage screening among young people	
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			Development of AYP-specific messages	
			Delivery of the messages in AYP accessible platforms	
	Stigma among AYPs regarding TB	Information that exists that is based on misinformation	Dissemination of the Stigma index survey results to the AYP	
		about TB causes stigma	AYP-specific interventions for the reduction of stigma	
TB TREATMENT AND CARE				
		Men's attitude towards TB	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.	
TB SCREENING AND DIAGNOSIS	Poor health-seeking behavior (TB screening and treatment) among	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.	Development of IEC materials and communications package by AYP.	
	Adolescent boys and Young Men	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	on			
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/b anner 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.

In a con		I		
Fisherfolks		Negligence	Ignorance to dangers exchange of sex for fish which are usually	· Create more
			unprotective.	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
		St. L. & St. L. Williams	1. 16 1. 1.111.	
		Stockout of condoms/HIV preventive commodities. Poor educational system for community to root out the	Insufficient HIV preventive commodities. Retrogressive cultural practices that encourage fishfolking.	
		retrogressive cultural practices encouraging the	near og. essere cultural practices that encourage hishlolking.	
Bissoudest Country			Lady of command familiar discounts.	Constitute (C.)
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,		Develop a health
		virginal ring.		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	intensification of
			services	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,
		Iliteracy.		testing
		Many unreported rape cases		
	AY	P CONSTITUENCY		
Intervention areas	Gaps		Priority impactful interventions to close the gap	
	•	- ·		
men remain a reas			•	l
mer vention areas			Community support and education strategies by the AGYWs, AGYW as	
		Unfriendly Healthcare providers, fear of stigma and		
	Late ANC visits	Unfriendly Healthcare providers, fear of stigma and discrimination, community reception	mentor methors, scale up involvement of community gatekeepers on the	
	Late ANC visits	discrimination, community reception		
	Late ANC visits	discrimination, community reception Unfriendly healthcare providers, fear of stigma and	mentor methors, scale up involvement of community gatekeepers on the triple threate, community led /AYP led intervention on triple threate	
		discrimination, community reception Unfriendly healthcare providers, fear of stigma and discrimination, bombardment of incomprehensive	mentor methors, scale up involvement of community gatekeepers on the triple threate, community led /AYP led intervention on triple threate Community support forums for AGYW, including young women living	
	Late ANC visits Knowledge gap Lack of disclosure	discrimination, community reception Unfriendly healthcare providers, fear of stigma and	mentor methors, scale up involvement of community gatekeepers on the triple threate, community led /AYP led intervention on triple threate	

		T	Cofe house footh and the second to be did to footh a CVAN-
			Safe houses for the survivors, capacity building for the AGYWs,
	any.	Power imbalance; being chased away from home leading to	conducting support groups for survivors, engaging men in the elimination
	GBV	lack of access of medication for the child and the mother	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
			Creating demand, Disseminating the correct information and proper
	Lack of confidence in the self test kits	Margin of error	directions on the use
Differentiated HIV testing services	Inadequate HIV testing commodities	Stockouts of commodities, commodity insecurity	Strengthened advocacy
			Conducting treatment literacy with and by young people, Sensitizing
		Lack of nutritional and psychosocial support, fear of	young people on ushauri platform, conducting adherence support groups
		disclosure, pill burden/treatment fatigue, stockouts of ARVs,	at the community level, differentiated service deliveries, intergration of
reatment, care and support	Increased treatment interruption	long distances to the facilities	mental health services in the CCC, follow ups
REP	Literacy for the discordant couples		, ,
	Testing and follow up for the mother and child		
			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
мтст			of prevention services during ANC and PNC
ifferentiated 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
	, , , , , , , , , , , , , , , , , , ,		Develop AYP-responsive/sensitive CLM tools and indicators.
		Lack of a clear learning cascade	Technical support for the CLM tools and indicator development
CLM	No. 1 to 1	Lack of a clear learning cascade	County-specific dialogues to assess CLM perfromance
	No existing data set on the current AYP CLM implementation progress	Limited annual for AVD Forester	
	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
	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.
			Flexible commuity research grant to address emerging needs among
	Lack of AYP specific grant implementation practices	Complex funding mechanisms and systems	AYPs
		Lack of clear understanding of specific AYP needs to ensure	
		implementation of programs that address the needs of young	Conduct a national needs assessment for the Identification of AYP
	Lack of AYP Human Centred response and interventions	people	needs through Human-Centred Design approach.
CLAR			Conduct a human rights barriers assessment to inform policy reforms
	Human Rights Barriers for AYPs in accessing health services	Rigid and stringent Policies - SRHR, Health Education	through advocacy
		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	AYP-Led Assessments of Behaviour Change among AYP after the BCC
	Lack of AYP program impact assessment	and restructure programs	implementation (Siter-sister, Family Matters, Shuga)
			Advances to custoin/scale up access to eviating county friendly and
	Look of comprehensive youth fries the session	Dejoritization of available recourses to the second in a second	Advocacy to sustain/scale-up access to existing youth-friendly services (Machakos YFS, Nairobi YFS) among key and vulnerable populations.
	Lack of comprehensive youth friendly services	Prioritization of available resources to other general interventions	
	Information gaps on convices provided by AVD expenientions	Lack of resources for the maping and compiling of AYP services	Mapping of community-led and community-based AYP organizations and
	Information gaps on services provided by AYP organizations	provided	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
Community engagement, Linkages and Coordination		Peer educators work to support AYPs accessing services at	Conduct meetings at both county and national levels to advocate for the
		facilities , however the lack of support from the facility staff and	inclusion of AYP in facility management boards to improveon the voice of AYP
	Limited involvement of AYP in service planning and delivery	incharges creates a not so holistic working space for them	in UHC and health services Converstions
			Stengthening and inclusion of AYP champions in the 47 counties
	essent and essent and all the see		- County review and catch up meetings
	Limited coordination and collaboration	Lack of support for AYP engagements at county and national levels	- National forums and meetings for champions
			Conduct Organizational capacity assessments for AYP-Led
			organization to document their organizational capacity gaps
	Limited capacities of AYP organizations to competitevely apply and		Train the mapped AYP Led organiztaions of ODSS
	implement ayp initiatives and interventions	Weak organizational systems and structures of AYP organizations	Conduct mentorship to the AYP-led organizations trained in ODSS
			Technical support for and by AYP Led organizations for the development
			of strategy, governance and policy documents for AYP organizations
	Lack of comprehensive systems and structures for AYP-led organizations	Limited/Lack of deliberate TA and support for AYP-led organization on systems strenthening	

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-
		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
Community-led advocacy and monitoring of domestic resource mobilization	Limited DRM resouces		-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
	Lack of accountability structures	Lack of proper utilization of allocated funds	implementation units for management of Global Fund investments. Trainings to Strengthen institutional capacity of CSOs to engage with
		Long and complex procurement processes Lack of complimentary/alternative procurement channels for	ranings to Steriginen institutional capacity of CSS to engage with government and social contracting processes for tendering, planning, budgeting, managing and monitoring of implementation.
Social contracting	Eractic supply of essential commodities for AYPs	commodities	Involvement of AYPs in the distribution of commodities to their peers