**Annex 2**

**Typology: MSM**

| Module | Intervention | Indicator | Gaps |
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| HIV Prevention among MSMs | MSM Coverage | ● Country MSM estimates upper limit(KPSE2 2021)-61,650<br>● Active MSMs as at Dec 2022(KHIS)73,717(120% coverage)<br>● Young MSMs 34,390 | ● Need to update estimates for MSMs since the current upper limit is surpassed.<br>● Need to establish MSM estimates for sub-counties and young MSMs to have accurate coverage<br>● Poor reach for virtual MSMs<br>● Poor reach for MSMS in hard-to-reach areas<br>● Criminalization of LGBTQ leading to an unsafe environment for MSM access to services and service uptake<br>● Lack of prioritization for young MSM programming in the country - programming policy challenges and lack of interventional programming resources<br>● Need to review the current KP guidelines to reflect changes in 2022 WHO KP guidelines for MSM interventions<br>● Need to review and update MSM Peer Education training manual<br>● Scale up training of MSM Peer educators to expand reach for the unreached MSMS<br>● Scale-up of MSM-friendly services and stigma-free services across MSM Dices and MOH facilities |
| | Peer Education and Peer Outreach | ● Receiving Peer education 64,505(88% of active MSMs)<br>● | ● High peer ratios leading to poor quality peer education and MSM peer outreach.<br>● Need to allocate more resources for the recruitment of additional Peer educators to manage hanging cohorts and cohorts based on approved guidelines<br>● Lack of resources to train new peer educators to enhance quality peer outreach |

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| | | | • Lack of resources for monthly microplanning meetings for a peer outreach team to conduct outreach opportunity gap analysis for programming<br>• Lack of resources for Peer educators' supervision facilitation/logistics<br>• |
| | Condom Programing | • Receiving condoms 55553(75% of active MSMs)<br>• Receiving condoms as per need 29702(40.3% of active MSMs) | • Commodity stock-outs, erratic supply chain, and perennial low stocks as demonstrated by 40% MSMs receiving condoms as per need.<br>• Lack of registers for documentation of condom distribution to outlets and peers at service delivery<br>• Poor quality condoms leading to recalling and quarantine of condoms. This causes panic and loss of trust in the use of GoK-free condoms<br>• Lack of consistent communication from the commodity team on deliveries leading to poor condom planning with peers |
| | Lubricant programming | • Receiving lubricant 28796(39% of active MSMs)<br>• Receiving lubricants as per need 16222(22% of active MSMs)<br>• | • Commodity stock-outs, erratic supply chain, and perennial low stocks as demonstrated by 22% MSMs receiving lubricants as per need.<br>• Lack of registers for documentation of lubricant distribution to outlets and peers at service delivery<br>• Poor quality lubricants leading to loss of trust and poor uptake of lubricants<br>• Lack of consistent communication from the commodity team and TWG on deliveries leading to poor lubricant planning with peers |
| | STI services | • STI screening 37693(51% of active MSMs)<br>• STI positivity among MSMs-Q1 2022 2.39%,Q2 2022 2.28%,Q3 2022 2.71% Q4 2022 2.38% | • Inadequate clinical staff supporting MSM clinical services<br>• Inadequate clinical outreaches to scale up screening of STIs among MSMs<br>• Clinical staffs have inadequate skills in case management of Anorectal and oropharyngeal STIs |

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| | | | ● lack of resources to train clinical staff on STI case management - Anorectal and oropharyngeal STIs<br>● Lack of STI registers in the facilities for documentation<br>● Lack of resources to train HCWs on STI documentation and reporting leading to poor reports/low reports<br>● Lack of resources for IEC materials for STI health education<br>● Lack of proctoscopes in for anal examinations in MSM clinic and MOH facilities |
| | HIV Testing services | ● Receiving HIV testing Q4 2022 - 24484(35% of active HIV negative MSMs )<br>● HIV positivity Q4 2022 2.57% | ● Perennial stock outs of HIV testing kits including self-testing kits<br>● Lack of prioritization of MSM testing when the country experiences low stocks. Only PMTCT is prioritized<br>● Lack of adequate testing and clinical outreaches for HIV testing among MSMs<br>● Lack of resources to support facilitated HTS linkages |
| | Other ART-related prevention services- PrEP,PEP | ● Current on PrEP MSM as of December 2022 3,404(6% of active HIV negative MSMs) | ● Lack of resources for community PrEP demand creation and IEC material<br>● Inadequate resources to support PrEP champions and PrEP psycho-social support groups<br>● Inadequate resources for community PrEP initiations and refills<br>● Lack of RTKs for retesting leading to poor uptake of PrEP and Poor retention<br>● Slow roll out and scale up of Event-driven PrEP and Injectable PrEP<br>● Inadequate resources for sensitization and training on evident driven PrEP and Injectable PrEP<br>● Lack of training materials on injectable PrEP |
| HIV Treatment Care and support - | | ● estimated MSM_LHIV 11,259 | ● Inadequate adherence counselling support and staffing at MSM clinics |

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| including differentiated service delivery | | • MSMs Known positive active 4,348(39% identification coverage)<br>• MSM currently on ART 3,657(84% of active MSM_LHIV)<br>• MSM viral load uptake 30.7%(1,123 MSMs with current viral load results out of 3657 current on ART)<br>• MSM viral suppression 99%(1116 out of 1123) | • Inadequate resources for defaulter tracing and LTFU tracing especially physical tracing<br>• Lack of MSM peer navigators in MSM clinics to support U=U and tracing of defaulters<br>• Lack of U=U sensitization and training resources<br>• Inadequate resources for MSM_LHIV PSSGs<br>• Lack of resources to support community ART initiation and community ART distribution<br>• Stock outs on viral load reagents thus delay in sharing VLs reports through the VLs systems<br>• Lack of prioritizing VL testing for MSM during low stock periods. Only done for PMTCT<br>• |
| NCDs,and Mental Health | | • | • Slow roll out of implementation of the KVP Mental health guidance at service delivery<br>• No resources to train HCWs and Peer champions on Mental Health support for MSMs. Trainings done are only for PWIDs<br>• Lack of resources for printing and dissemination of mental health IEC materials developed in 2022<br>• Non-availability of screening tools for mental health conditions at MSM DicEs/clinics and MOH facilities with the exclusion of PHQ-9<br>• Lack of adequate specialized staff to support mental health management - Clinical psychologists and clinical/nurse Psychiatrists<br>• Lack of proper pathways for mental health referrals and linkages<br>• Sub-optimal NCD screening in MSM clinics |

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| | | | • Lack of medical supplies, devices, and equipment that facilitate quality NCD screening and management<br>• Lack of laboratory support in MSM clinics for monitoring NCD clinical management<br>• Lack of resources for training HCWs in MSN+M clinics on updated NCD management guidelines/protocols |
| Elimination of hepatitis B and C | | • Q4 2022 HBV Screening 5448 of active MSMs (7.4%)<br>  ○ HBV diagnosis 0<br>  ○ HBV vaccination 3<br>• Q4 2022 HCV screening 4579 of active MSM (6.2%)<br>• Diagnosed 0 | • Lack of adequate Hepatitis B and C screening Kits<br>• Inadequate Hepatitis B vaccines - what is available is prioritized for HCWs and PWIDs<br>• Erratic supply of hepatitis commodities<br>• Inadequate capacity of MOH clinics and MSM clinics to conduct Hep B and Hep C PCR testing and Hep C viral load testing<br>• |
| Anal Health | | • | • lack of policy for vaccination of MSMs against Human papillomavirus which causes anal cancer<br>• lack of resources for sensitizations and training on anal health including anal cancers and management |
| TB | | • | • Inadequate involvement of MSMs in TB community outreaches targeting MSMs<br>• Lack of MSMs TB champions to support health education and demand creation among MSMs on TB |
| Malaria | | • | • Lack of KP consideration in Prevention/Case Mgt/ Vector Control/Malaria<br>• Lack of malaria commodities in MSM DICEs |
| Human Rights | | • MSMs experiencing violence Q4 2022 -3814 (5.2% of active MSMs)<br>• MSMs receiving violence support Q4 2022 2714 (71% of those experiencing violence) | • Gap knowledge on matters of violence by the MSM community. Need annual refresher training on violence prevention and response<br>• Lack of violence prevention and response assessments undertaken for the MSM program. The assessment will inform and guide the programs as to all indicators of violence |

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| | | | ● Lack of stakeholder mapping and engagement by the MSM program to support them in VPR<br>● Lack of stigma and discrimination sensitization for the MSM community; HCW and other stakeholders<br>● Lack of follow-up structures and mechanisms for GBV survivors in the MSM program<br>● Unavailability of trained personnel to handle Violence incidents (Paralegals; Advocacy Officers; Pro Bono lawyers) within the sub-recipient.<br>● The lack of resources therein to engage pro bono lawyers; paralegals and advocacy officers who are key in following up matters<br>● Weak violence prevention and response teams due to a lack of resources to support their activities<br>● Minimal allocation of structural intervention resources by the principal recipient<br>● Lack of state and non-state stakeholders to reduce violence, stigma, and discrimination toward the MSM<br>● Lack of frequent advocacy review meetings of the MSM programs<br>● Minimal engagement of the national and county programs due to a lack of resources<br>● Inadequate staff to handle advocacy and violence matters<br>● Existence of punitive laws and county by-laws that hinder service provision for the MSM community<br>● Lack of emergency, safety, and security preparedness plans within the MSM program<br>● Lack of referral pathways for violence prevention and response<br>● Unavailability of funds to undertake biannual advocacy meetings with legislators<br>● Inconsistency on engaging county and national advocacy subcommittees |

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