

Typology	Module	What has worked	what has not worked	Recommendations
PWUD			Lack of economic empowerment opportunities for WWUD	Consider economic empowerment for WWUD
			Lack of nutritional support for pregnant and lactating WWUD and other WWUD	Conversations on economic empowerment and providing support for nutrition.
			Inconsistent support for hygiene kits and SRHR commodities	Prioritization and standardization of SRHR commodities for WWUD
			No support for children of WWUD	Linkage to children focused projects eg Dreams
			Lack of WWUD friendly days and spaces and child friendly spaces	
	HIV		Inconsistency in family planning commodities	Consistent family planning commodity availability
			Inconsistent support for health talks and SRHR empowerment for WWUD	Consistent support for SRHR health talks for WWUD
	Prevention	Prevention and HIV testing and management	Shortage of condoms	Condoms to be available
		Pre-exposure prophylaxis (PrEP) is available to all PWIDs	But Retention is too low due to pill burden	
		Referral and link to behavioral interventions, HIV testing, care and treatment and primary	No budget for care and treatment of skin infection related to injecting practice	Basic health care and first aid and treatment of skin of infections to be budget

		health care (PHC) services		
		Pre Exposure Prophylaxis (PEP) is available for those eligible	Insufficient supply of rapid HIV test kits leading to depending on the periphery private clinics to cushion with determine kits surplus for continued testing	To have enough KITS
		Needle and syringe are available as per the clients' needs	No consistence supplies of NSP, Shortage of NSP KIT1. Shortage of NSP Disposal boxes	Buffer stock of NSP and Disposal boxes to be available
		Peer Education	Peer educators Stipends are too low lead to low quality of services	increase stipends of peer educator for better quality services
		Overdose prevention and management for PWID	Administer of Naloxone at the Filed level, No guideline on Naloxone,	Naloxone to be available at the drug dens and peer educator to be trained on how to administer of Naloxone at the field there is need to have police guidance while administering of Naloxone
		Hotspot outreaches	There is no naloxone support for distribution and administration by first responders, for example peers, partners, family, NGOs/CBOs.	
			Lack of Information and education about preventing overdose and strategies for minimizing overdose risk e.g IEC materials	Develop of IEC materials
		IEC Materials	Shortage of friendly IEC material	Involve KPs in developing and distributing IEC material

			Prevention, screening, testing and treatment for hepatitis B and hepatitis C. Referrals to vaccination for hepatitis B.	To allocate resource for hepatitis B,C screening and treatment.
		Opioid substitution therapy and other medically assisted drug dependence treatment for PWID /Retention rate is too low	Congestion at the MAT Clinic resulting to poor service delivery by the service providers and Increased number of indiscipline cases despite close follow up and psychosocial support provided to clients	Decentralized MAT clinic
			Long waiting list for MAT induction	Decentralized MAT clinic
			No takeaway doze which lead defaulter rate	Review of SOP
			Lack of transport for clients from Watamu, Ngomeni and other sites that are far from the main clinic	Decentralized MAT clinic
			Inadequate of Buprenorphine	To have enough Buprenorphine
			Continued indiscipline and summary dismissal at mat clinics	Review and sensitization on SOP

			No programming for young PWID and PWUD	Provide support for young PWUD and PWUD programming
		Nutrition Programme		
	Human rights		No budget for legal advocacy reform	
			Contradiction of drug and health rights	
		Scaling up of community paralegal services	lack of support for the survivor of violence	Sensitization of communities to understand violence prevention and response mechanism.
		Working with pro bono lawyers	Minimal engagement with justice actors	Increase support for more paralegals per dice
		Legal aid clinic	Scale up of alternatives to arrest, prosecution and imprisonment	
		Know your right campaign	Non supportive county by-laws	
		Law enforcers judiciary sensitization	Minimal medial engagement	
		Health care workers sensitized on human rights	Lack of witness protection	
			Insufficient support for stigma and discrimination initiatives	More support for anti-stigma initiatives
			No support for family and social reintegration	Prioritize support for family and social reintegration

			Very few counsellors, no psychiatrist, mental health support is mostly for HIV	Increase resources for psychosocial support
	Treatment			
		Rapid ART initiation follows a confirmed HIV diagnosis for all people irrespective of age, sex or gender	Insufficient gene xpert machines	Provide resources
		HIV treatment uses WHO-recommended regimens	Lack of non-crowded isolation spaces for TB patients	
		HIV care includes management of advanced HIV		
	TB	Support is available to retain people across the treatment cascade including return to care		
		CD4 and viral load testing, and diagnosis of common		

		comorbidity and coinfections are available for management of		
	Mental Health	Trained staff on mental health	Lack of psychiatrists and psychologists	Make resources available for increased human resources
		Existence of mental health guidelines	Knowledge gap on mental health issues for PWUD	
			Knowledge gap on reporting and addressing violence for PWID	
			Minimal engagement of state and non-state actors for PWID	
			Lack of knowledge of medical ethics among service providers	
	RSSH	Involvement of communities in the DRM conversation	Insufficient capacity building and leadership development for PWUD	Increase support for the same
		ODSS trainings have begun	No community led monitoring for PWUD	
			No community led research	
			No social contracting for PWUD orgs	
		Introduction of EMR	No real time digitization of systems	Frequent sensitization and timely updating on emerging technologies

			No intimate partner support programs for WWUD and their partners	Innovating ways of involving WWUD and their partners
			National TB guidelines works in silos	TB guidelines need to be incorporated into our existing risk reduction strategies