

MODULE	INTERVENTION	ACTIVITIES	INDICATORS	GAP
<b>PREVENTION</b>				
<b>HIV/AIDS</b>				
Prevention Package for Sex Workers	Condom and Lubricant Programming -		<p>197,096 Number of Sex Workers Reached.</p> <p>KHIS 94% REPORTING RATE PER COUNTRY</p> <p>FSW - 178,008</p> <p>YFSW s-43,532</p> <p>240,270- Upper Limit Fsw, 2021- KPSE-2 Estimates</p> <p>KHIS STI screening Dec 2022 -129,712 ( 73% of active FSW)</p> <p>14,021 (11% OF HIV NEGATIVE FSW CURRENTLY ON PREP)</p> <p>POSITIVITY</p>	<ul style="list-style-type: none"> <li>- Stock-out of Commodities(Condoms,Lubricants)</li> <li>- Criminalization of sex work</li> <li>- Stigma and Discrimination</li> <li>- Cultural/Religious Fundamentalists especially in the new counties ASAL e.g Garissa and Wajir</li> <li>- Lack of latest Size Estimates limits Sex Workers access to resources</li> <li>- Lack of Age Segregated Data for Sex Workers.</li> <li>- Outdated Prevalence Data.</li> <li>- High Peer-Ratios affecting quality</li> </ul>
	Pre-Exposure Prophylaxis (PrEP) Programming			

			Q4-2.97 (50879 TESTED 1511 WERE POSITIVE)	<p>Peer Education and Outreach Model</p> <ul style="list-style-type: none"> <li>- Outdated peer educators manual.</li> <li>- KP guidelines revision</li> </ul>
Prevention Package for Sex Workers who Use Drugs	<p>Harm reduction interventions for sex workers who use drug</p> <p>Strengthen referrals and linkages for sex workers who use drugs</p>			<ul style="list-style-type: none"> <li>- Criminalization of Sex Work.</li> <li>- Lack of need related services in health facilities.</li> <li>- Programming challenges due to intersectionality between sex work and drug use.</li> <li>- Lack of resources for mental health.</li> </ul>

Prevention of AGYW and Young Sex Workers	Social Protection interventions for Sex Workers			
Elimination of vertical transmission of HIV, syphilis and hepatitis B	<p>Integrated testing of pregnant female sex workers for HIV, syphilis and hepatitis B</p> <p>Prevention of incident HIV among pregnant and breastfeeding female sex workers</p> <p>Postnatal infant prophylaxis</p>		<p>HEPATITIS B SCREENING- 22,784 (12.8% of active FSW) 0 diagnosed HBV 0 Vaccinated.</p> <p>HCV Screening FSW 13,576, diagnosed 9 treated 6</p>	<ul style="list-style-type: none"> <li>- Lack of integration of Maternal Neonatal Child Health( MNCH) in FSW friendly clinics</li> <li>- low coverage of sensitization of MOH healthcare workers on FWS friendly services and FSW stigma free services.</li> <li>- Lack of FSW mentor mothers supporting</li> </ul>

				<p>followup of expectant and breastfeeding FSW</p> <ul style="list-style-type: none"> <li>- Poor coverage of HBV and HCV screening and testing across MOH facilities and DIC.</li> <li>- Poor coverage of HBV vaccination across FSW friendly clinics.</li> <li>- Poor supply of condoms as demonstrated by low numbers of FSW receiving condoms as per need.</li> <li>- Lack of HPV vaccination integration in FSW DICEs for prevention of CervicalCancer and Anal cancers among FSWs</li> </ul>
Differentiated HIV Testing Services	Retention support for pregnant and breastfeeding female sex workers (facility and community)	Facility-Based Testing		<ul style="list-style-type: none"> <li>● Commodity security challenges</li> </ul>

	Community-Based Testing			with testing kits including self testing kits and Duos
	Self-Testing			<ul style="list-style-type: none"><li>● Lack of adequate resources for SRs to conduct adequate quality outreaches focused on HIV testing and prevention services</li><li>● Lack of resources to support facilitated HTS linkage among FSWs</li><li>● Lack of feedback for self testing done by FSWs leading to poor access of prevention services</li><li>● Lack of targeted resources to facilitate critical outreaches for virtual space FSWs</li></ul>

				<p>whose population is increasing</p> <ul style="list-style-type: none"> <li>● Lack of resources affecting community ART initiation, community PrEP refills, Community phlebotomy for viral loads</li> <li>● Lack of adequate commodities for STI treatment</li> </ul>
Treatment, care and support	HIV prevention communication, information and demand creation		<p>FSW LIVING WITH HIV ESTIMATES- 60831</p> <p>FSW KNOWN POSITIVE ACTIVE -19481</p> <p>CURRENTLY ON ART - 16429</p> <p>CURRENT VL RESULTS - 4633 OF WHICH 4425 (96% HAVE ACHIEVED VIRAL SUPPRESSION)</p>	<ul style="list-style-type: none"> <li>● Lack of integration of NCDs and comprehensive services for aging FSWs</li> <li>● Lack of Proper clinical support and psychotherapy for FSWs affected with mental</li> <li>● Minimal of integration of advanced HIV disease</li> </ul>

				<p>management in FSW DiCEs</p> <ul style="list-style-type: none"><li>● Poor coverage and prioritization of FSWs for Viral load testing across all testing labs making it difficult to track U=U</li><li>● Low coverage of FSW_LWHIV Peer navigators in follow up of fellow peers on treatment and case management</li><li>● Low coverage of adherence counsellors supporting adherence across FSW DiCEs</li><li>● Lack of clinical support and clinical skills among HCWs working in FSW dices on Anal health management</li></ul>
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TB/HIV	<p>TB/HIV - Collaborative interventions</p> <p>TB/HIV - Screening, testing and diagnosis</p> <p>TB/HIV - Treatment and care</p> <p>TB/HIV – Prevention</p> <p>TB/HIV - Community care delivery</p> <p>TB/HIV - Key populations</p>		<p>HIV</p> <p>50,879 (32% FSW TESTED)</p> <p>107,648 ( NOT TESTED)</p>	<ul style="list-style-type: none"> <li>• Lack of prioritization of community TB outreaches for FSWs led by FSW TB peer navigators</li> <li>• Lack of resources to support referrals and linkage of TB suspects and clients to facilities and for DOTS</li> <li>• Commodity security issues affecting TB lab commodities leading to stalled services and TB testing</li> </ul>
Reducing human rights-related barriers to HIV/TB services	<p>Eliminating stigma and discrimination in all settings</p> <p>Legal literacy (“Know Your Rights”)</p> <p>Ensuring nondiscriminatory provision of healthcare</p>		<p>FSW 15184 -khis as at dec 2022</p> <p>10364 (68%) ADDRESSED</p>	<p>ADDRESSED</p> <p>32% NOT ADDRESSED</p> <p>Existence of punitive laws (National and By-laws)</p> <p>Minimal engagement of state and non-state actors. (Media; Law Enforcers; Judiciary)</p>



	<p>Increasing access to justice</p> <p>Ensuring rights-based law enforcement practices</p> <p>Improving laws, regulations and policies relating to HIV and HIV/TB</p> <p>Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity</p> <p>Community mobilization and advocacy for human rights</p> <p>Removing human rights, social and cultural related barriers to prevention</p>			<p>Low Violence reporting and addressing rates.</p> <p>Lack of referral pathways for violence survivors</p> <p>Lack of baseline stigma index for the Sex workers</p> <p>Lack of minimal structures to reach the virtual</p> <p>Lack of security and safety plans and SOPs for FSW programs</p> <p>Minimal integration of Structural services within mainstream public facilities and services for FSW (NPS; MoH; Judiciary)</p> <p>Lack of guidelines and SOPs for supporting migrant FSW</p>
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				<p>Lack of statutory documents for migrant FSW</p> <p>Lack of debriefs for the advocacy and paralegal dealing with violence issues</p> <p>Minimal understanding of referral pathways for survivors of Violence</p> <p>Lack of follow up structures and mechanisms on VPR.</p>
<b>TB</b>				
TB diagnosis, treatment, and care	<p>TB screening and diagnosis</p> <p>TB treatment, care and support</p>			
Collaboration with other providers and sector	<p>Collaboration with other programs/sectors</p> <p>Private provider engagement in TB/DR-TB care</p>			

<p>Key and vulnerable populations – TB/DR-TB</p>	<p>KVP - Mobile population (migrants/ refugees /IDPs) KVP - Urban poor/slum dwellers</p>			
<p>TB/HIV</p>	<p>TB/HIV - Collaborative interventions TB/HIV - Screening, testing and diagnosis TB/HIV - Treatment and care TB/HIV – Prevention TB/HIV - Community care delivery TB/HIV - Key populations</p>			
<p>Removing human rights and gender related barriers to TB services</p>	<p>Eliminating TB-related stigma and discrimination Ensuring people-centered and rights-based TB services at health facilities Ensuring people-centered and rights-based law enforcement practices Legal literacy (“Know-Your Rights”) Increasing access to justice Monitoring and reforming policies, regulations and laws</p>			

	Reducing TB-related gender discrimination, harmful gender norms and violence Community mobilization and advocacy, including support to TB survivor-led groups			
<b>Malaria</b>				
Vector control	Insecticide treated nets (ITNs) - mass campaign: universal, continuous community based sensitization. Social and behavior change (SBC) Removing human rights and gender-related barriers to vector control programs			
Case management	Social and behavior change (SBC) Removing human rights and gender-related barriers to case management. Facility-based treatment			

	<p>Integrated community case management.</p> <p>Intensified activities for elimination</p> <p>Epidemic preparedness</p>			
Specific prevention interventions	<p>Intermittent preventive treatment (IPT) - in pregnancy among sex workers</p> <p>Social and behavior change (SBC).</p> <p>Removing human rights and gender-related barriers to specific prevention interventions.</p>			
RSSH				
Monitoring and Evaluation (M&E) systems.	<p>Routine reporting</p> <p>Surveillance for HIV, tuberculosis, malaria and priority epidemic-prone diseases and events</p> <p>Surveys and data quality</p> <p>Analyses, evaluations, reviews and data use</p> <p>Operational research</p>			Intersectionality within FSW

Community systems strengthening	<p>Community empowerment</p> <p>Community driven research</p>			
Human resources for Health (HRH) and Quality of Care	<p>Sexual and reproductive health services, including sexually transmitted infections (STI's), contraceptives services and cervical cancer screening and management hepatitis, post-violence care</p> <p>HRH planning, management and governance including for CHW Education and production of new health workers (New Sex Workers CHW)</p>			

