# HIV DISCORDANT COUPLES

**GAP TABLES** 

INTERVENTION	AREA	GAPS IDENTIFIED	ACTIVITIES TO ADDRESS THE GAPS
Prevention		Inadequate data on discordant couples	<ul><li>□ Conduct DC Size estimates</li><li>□ Collect data from the support groups</li><li>□ Conduct community led size estimate mapping</li></ul>
		Inconsistent supply of condoms to meet the current need	<ul> <li>□ Build resilient community distribution points with adequate stocks of condoms and lubricants</li> <li>□ Promotion and distribution of condoms and condom-compatible lubricants.</li> <li>□ Targeted condom distribution, including to non-traditional outlets.</li> <li>□ Establish community support groups as condom distribution points.</li> </ul>

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		<ul> <li>Information and communication on safer sex and condom use, community level and/or social media/web-based condom promotion.</li> <li>Demand generation through peer outreach and other peer-based strategies, and social media/web-based strategies.</li> <li>Condom social marketing activities.</li> </ul>
HIV prevention communication, information and demand creation for OVP	Lack of accurate information about HIV discordance in the community	<ul> <li>Develop and produce &amp; distribute DC IEC materials</li> <li>Use Social media for IEC communication</li> <li>Hold community based outreaches targeting DC</li> <li>Door to door/one on one campaign for communities with high levels of stigma and discrimination</li> </ul>

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO ADDRESS THE GAPS
Prevention	Lack of DC specific psychosocial support groups	<ul> <li>Form/activate community DC PSSGs</li> <li>Train peers to conduct peer-to-peer counselling and mentorships to their peers</li> <li>Utilize DC PSSGs for community DSD, referral and linkage points</li> <li>Train DCs using Human Centered Design</li> </ul>
	Rampant stigma and discrimination in DC relationships	<ul> <li>Sensitize DC support groups on the dangers and consequences of S&amp;D</li> <li>Train and deploy community S&amp;D champions</li> </ul>
	Sub-optimal disclosure support for the newly tested	<ul> <li>Sensitize newly tested DCs on disclosure</li> <li>Link newly tested DCs to peers within the community</li> <li>Sensitize newly tested DCs on safe sex</li> </ul>

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INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO ADDRESS THE GAPS
		☐ IEC activities for young discordant couples focusing on uptake of prevention options
Sexual and reproductive health services, including STIs, hepatitis, post violence care for OVP	Lack of standardized sexual reproductive services for DC	<ul> <li>Screening of STIs, and linkages at community support group levels</li> <li>Open DC Community Drop in Centers (DIC's) for discordant couples</li> <li>Train DCs on safe conception and eMTCT</li> <li>Provide referrals and linkages for OIs</li> </ul>
	Lack of programming for the HIV negative partner in a discordant relationship	<ul> <li>Sensitize negative partners on the benefits of PrEP</li> <li>Sensitize negative partners on the benefits of U=U</li> <li>Conduct community outreaches targeting the negative partners</li> </ul>
	Rampant GBV (IPV) and emotional violence among the discordant couples	<ul> <li>Sensitize DCs on the dangers and consequences of GBV (IPV) and emotional violence</li> <li>Activate community DC Support groups to offer psychosocial support to the couples</li> <li>Conduct community mental health trainings</li> </ul>

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO ADDRESS THE GAPS
	Sub-optimal uptake of PrEP among discordant couples	<ul> <li>Integration of PrEP into other service delivery points other than the ccc</li> <li>Formation of PrEP clubs and identification of PreP champions to act as community led peer educators for the negative partners</li> <li>PrEP information and demand creation, including peer-based approaches.</li> <li>Train Community DC PrEP Champions</li> </ul>
	Lack of DC specific Treatment Literacy and Adherence support	<ul> <li>Conduct DC specific Treatment Literacy trainings</li> <li>Provide adherence support, especially peer-led adherence support.</li> </ul>
	Limited positive living within HIV DC relationships	<ul> <li>□ Train DCs on U=U</li> <li>□ Train DCS on PHDP</li> <li>□ Promote peer-to-peer DC learning</li> <li>□ Provide continuous counselling especially for newly tested DCs</li> </ul>

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Community empowerment	Inadequate knowledge and skills amongst DC especially among young DC and those in rural settings	<ul> <li>□ Community sensitization and mobilization on IGAs other skills depending on their identified needs</li> <li>□ Training on HIV, SRHR &amp; FP</li> <li>□ Strengthen the capacity of VP consortium</li> <li>□ Build the capacity of community led groups with the consortium</li> <li>□ Conduct community surveys to assess community needs for program design</li> <li>□ Enhance participation in Technical working groups at national and county decision making fora.</li> <li>□ Post-violence counseling and mental health services and counselling</li> </ul>

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO ADDRESS THE GAPS
Removing human rights related barriers to prevention for Discordant couples	Sub optimal justice for DC in IPV cases such as marital rape	<ul> <li>Anti-discrimination campaigns, access to justice and linkages to other services.</li> <li>Formal Documentation of violence and other human rights violations and reference for redress and support.</li> <li>Train peer para-legals for Legal support, human rights and legal literacy and integrated legal empowerment.</li> <li>Know your rights campaign</li> <li>Assessments of the gender-responsiveness of all prevention programing and activities, in order to change programing if needed.</li> <li>Participation in activities to sensitize/train law enforcement and health providers.</li> <li>Crisis prevention &amp; response</li> </ul>
	Lack of knowledge in IPV cases	<ul><li>☐ Know your rights campaign</li><li>☐ Sensitizing Duty bearers on HRGs</li></ul>

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Self-testing outside of KP and AGYW programs	Erratic supply of HIV test kits (DCs need to test biannually)	<ul> <li>Demand creation for self test kits among the DCs</li> <li>Follow up and linkages for confirmatory tests incase proved positive</li> </ul>
TB/HIV - Community care delivery	Limited knowledge about the co-existence of HIV & TB	<ul> <li>Advocacy and communication.</li> <li>Training TB survivors to become TB champions to support current TB patients</li> <li>Create a feedback system thru community led monitoring</li> <li>Community based interventions such as contact tracing Adherence counseling, treatment planning aimed at improving treatment outcome</li> <li>Carry out TB screening using the CAGE tool</li> <li>Supply of essential commodities and equipment to community service providers for community TB/HIV care</li> </ul>

# **OPPORTUNITY TABLE**

INTERVENTIONS	OPPORTUNITY	ACTIVITIES
HIV prevention communication, information and demand creation for OVP	Human Centered Design approach	<ul> <li>□ Train DCs on peer prevention programs using the HCD approach</li> <li>□ Hold multi-sector engagements for strengthening DCs networks and experiential learning across the counties</li> </ul>
Community System Strengthening	Building the capacity of umbrella Organizations	Strengthen Vulnerable Populations Consortium
Pre-exposure Prophylaxis (PrEP)	HIV prevention commodities	<ul> <li>□ Create demand for KAB-LA</li> <li>□ Integrated community delivery of KAB-LA for negative DC partner</li> <li>□ Create demand for Depavirine ring for AYP DCs</li> <li>□ Train PrEP champions</li> </ul>

# THANK YOU