

DISCORDANT COUPLES

TB & MALARIA GAP TABLES

DCs - TB GAP TABLE

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO CLOSE THE GAP
KVP – Others	Most TB services do not take into consideration DC concerns especially since TB affects not the individual but the family.	Support to DC Led Organizations and representatives of these communities to ensure their engagement in the design, delivery and monitoring and evaluation of TB services.
KVP – Others	There are many presumptive DC TB cases in the community.	DC Led Organizations to be involved in active TB case finding among their Peers
KVP – Others	Lack of innovative ways to link DCs to health facilities	DC Led Organizations to provide mobile outreach services and linkages to local health facilities
KVP – Others	Community TB care and prevention in DC families is very limited	DC Led Organizations to provide Community-based TB care and prevention among peer families
KVP – Others	Limited Treatment Literacy on TB among DCs tailored to their needs and situation	DC Led Organizations to provide supportive activities to improve access and adherence to treatment including DAT, psychosocial and nutritional and other social protection support

DCs - TB GAP TABLE

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO CLOSE THE GAP
TB/HIV - Treatment and care	Self-stigma among PLHIVs in DC relationships is rampant	DC Led Organizations to support the provision of patient support and follow-up during treatment for both TB and HIV
TB/HIV - Treatment and care	Treatment Literacy on TB/HIV among DCs tailored to their needs is limited	DC Led Organizations to provide supportive activities to improve access and adherence to treatment
TB/HIV - Prevention	Limited IEC materials on TB/HIV prevention tailored for DCs	Develop and design IEC materials on TB/HIV prevention tailored for discordant couples Initiate support groups for discordant couples to enhance TB/HIV prevention messages
TB/HIV - Prevention	Sub-optimal follow-up and support for DCs taking preventive therapy including TPT and PREP	DC Led Organizations to provide follow-up and support for people taking preventive therapy to improve health outcomes
TB/HIV - Community care delivery	Limited linkages between DC ex-TB patients and facilities	Train DC ex-TB patients and PLHIV to provide integrated supportive supervision for TB, HIV SPs

DCs - TB GAP TABLE

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO CLOSE THE GAP
TB/HIV - Community care delivery	Lack of DC TB community led interventions tailored to their needs	DC Led Organizations to be involved in community-led interventions/approaches aimed at improving quality of collaborative TB/HIV services
TB/HIV - Community care delivery	Lack of DC community led interventions tailored to their needs	DC Led Organizations to lead community-led interventions and outreach services for people with TB and/or HIV, such as contact tracing, treatment support and prevention
TB/HIV – Key and Vulnerable Populations	Limited active TB case finding among DC PLHIVs	DC Led Organizations involved in active case finding of TB among DC PLHIVs, HIV testing and counseling in TB patients among the DCs
TB/HIV – Key and Vulnerable Populations	Limited DC TB specific Treatment Literacy	DC Led Organizations to be involved in community-based TB care and prevention. Design and distribute IEC TB literacy materials tailored to DCS
TB/HIV – Key and Vulnerable Populations	Lack of DC TB community led interventions tailored to their needs	DC Led Organizations to lead provision of TB preventive therapy among couples

DCs - TB GAP TABLE

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO CLOSE THE GAP
TB/HIV – Key and Vulnerable Populations	Inactive community DC Support Groups	DC Led Support Groups to provide appropriate linkages with social services to DCs
TB/HIV – Key and Vulnerable Populations	Lack of active community DC Support Groups	DC Led Support Groups to provide treatment support like adherence counselling and linkages to nutritional support
Eliminating TB-related stigma and discrimination	Inactive community DC Support Groups	DC Led Organizations to lead programs to reduce all forms of internalized and enacted stigma among TB-affected DC communities
Eliminating TB-related stigma and discrimination	Enacted community TB related stigma and discrimination to DCs couples Lack of DC Networks interaction with community leaders	DC Led Organizations to have engagement with religious and community leaders and celebrities.
Eliminating TB-related stigma and discrimination	Rampant stigma and discrimination(including self-stigma) amongst DCs	DC Led Networks to lead Peer mobilization and support developed for and by people with DCs with TB to promote well-being and human rights.

DCs - TB GAP TABLE

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO CLOSE THE GAP
Eliminating TB-related stigma and discrimination	Rampant stigma and discrimination(including self-stigma) amongst DCs	DC Led to be involved in On-going CLM of service quality, including stigma, discrimination, and other rights-violations.
Legal literacy (“Know-Your Rights”)	Lack of DC specific legal support	DC Led Networks to include human rights and legal literacy as part of the DC TB champion/peer educator trainings
Legal literacy (“Know-Your Rights”)	Lack of DC specific legal support	DC Leadership to contribute to the development and dissemination of communication materials on patient rights and other human rights materials
Reducing TB-related gender discrimination, harmful gender norms and violence	Rampant TB related Stigma and Discrimination and GBV (IPV) among DCs	DC Led Network to Sensitization and engagement of community, religious and opinion leaders on gender-based violence, harmful gender norms and traditional practices.
Reducing TB-related gender discrimination	Rampant TB-related gender discrimination among DCs	DC Led Network to hold Community consultations to identify specific gender-related barriers to accessing HIV/TB services

DCs - TB CAP TABLE

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO CLOSE THE GAP
Reducing TB-related gender discrimination	<p>Limited capacity among DC women groups</p> <p>Limited capacity among DC led networks to analyze gender related tb discrimination and provide the relevant support</p>	<p>DC Led Network to empower DC women’s groups to raise awareness of TB-related rights and monitor violations</p> <p>DC Led Network to be empowered to raise awareness of TB-related gender rights and monitor violations</p>
Reducing TB-related gender discrimination	Rampant TB-related gender discrimination among DC families	DC Led Network to support monitoring of TB-related violations against women and young people and DC families
Community mobilization and advocacy, including support to DC TB survivor-led groups	Limited support to DC TB survivor-led groups	DC Networks to be involved in Community-led monitoring of service delivery quality, including stigma, discrimination, confidentiality and privacy and informed consent.
Community mobilization and advocacy, including support to DC TB survivor-led groups	Limited support to DC TB survivor-led groups	DC Networks to be involved in Community consultations to develop a community-centered approach to treatment and to support its implementation.

DCs MALARIA GAP TABLES

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO CLOSE THE GAP
Insecticide treated nets (ITNs) - mass campaign: universal	Lack of support for DC malaria affected families	DC Networks to support efforts to address potential HR and gender-related barriers to vector control access at the household level.
Insecticide treated nets (ITNs) - mass campaign:	No DC-led involvement in the malaria mass campaigns including BCC and IEC	DC Networks to be involved in the design and distribution of IEC materials related to mass campaigns and equitable access
Insecticide treated nets (ITNs) - continuous distribution: ANC	Lack of support for DC pregnant mothers	DC Networks to support Communication / behavior change activities, including focus on health seeking decision-making
Indoor residual spraying (IRS)	Lack of support for DC malaria affected families	DC Networks to support and distribute IEC materials related to IRS campaigns.
Indoor residual spraying (IRS)	Lack of support for DC malaria affected families	DC Networks to be involved in the sensitizations of waste management
Removing HR and gender-related barriers to VC programs	High human rights and gender-related discrimination among DCs	DC Networks to support-led monitoring of access to vector control.

DCs MALARIA GAP TABLES

INTERVENTION AREA	GAPS IDENTIFIED	ACTIVITIES TO CLOSE THE GAP
Integrated community case management	Limited DC referrals to facilities	DC Networks to engage in activities to strengthen referral / counter-referral, including facilitated referral / counter-referral.
Intensified activities for elimination	Limited DC referrals to facilities	DCs to be involved in searching for cases in the community through active measures and appropriate treatment for all infections.
Social and behavior change (SBC)	Lack of DC involvement in community malaria activities	DC Networks to be involved in multimedia campaigns, i.e community radio shows
Social and behavior change (SBC)	Lack of DC involvement in community malaria activities	DC Leadership to be involved in sensitization meetings for opinion leaders at community and village level.
Intermittent preventive treatment (IPT) - in pregnancy	Lack of DC involvement in ANC activities	DC Support Groups to be involved in specific delivery of IPTp through DCs in the community (cIPTp).

**THANK
YOU**