

# KENYA COORDINATING MECHANISM

## *Constituency Feedback Meeting/Gc7 Dialogue Report*

**LNR /13/14/2023**

**Ministry of Education**

## Executive Summary

The Ministry of Education has worked closely with MOH on various programs over time. Some of these programs include:

- School Health Program
- HIV and AIDs Sensitization(NSDCC)
- NASCOP Programs
- Malaria control

The Ministry recognizes the Global Fund as a key partner and funder in these programs. In July 2020, the Global fund allocated Kshs. 35 million for COVID-19 sensitization through NACC dedicated to MOE. Since then, Global Fund has allocated funds used for sensitization of education Stakeholders on HIV, TB and related SRH.

KCM in collaboration with the Ministry of Education organized a Constituency Dialogue Meeting on 13<sup>th</sup> and 14<sup>th</sup> April 2023, at Lake Naivasha Resort to engage various stakeholders among them; officials from the Global Fund, line Ministries MoH, MoE, KNPA, KICD, NACC, Kenya Red Cross, NSDCC, KEPSHA, KEPSA, TSC among other stakeholders. This was with a view to sensitize them on the three diseases, i.e., TB, HIV and Malaria and come up with a roadmap within which the Global fund will facilitate activities relating to prevention, control, and management of these three diseases among our learners.

Assessment by the Global Fund on CCMs will be based; Constituency engagement is a key eligibility requirement for CCMs.

1. One of the strategic objectives of KCM is to engage constituencies and share Global Fund information transparently, equitably, and accurately.
2. The Global Fund allocated Kenya US\$392,989,068 / Matching fund USD 15 Million to continue supporting the response during the July 2024 to June 2027 implementation period.
3. GC7 Submission window 21<sup>st</sup> August,2023. The funding request development process is currently ongoing.
4. Transparent and inclusive country dialogue is a key requirement during the funding request development process.



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## Acronyms/abbreviations

TNT	The National Treasury
GF	The Global Fund
GC7	Global Funding Cycle 7
KASF II	Kenya AIDS Strategic Framework II
KCM	Kenya Coordinating Mechanism
USD	United States Dollar
CCM	Country Coordinating Mechanisms
AGYW	Adolescent Girls and Young Women
NMF3	New Funding Model 3
RSSH	Resilient and Sustainable Systems for Health
AYP	Adequate Yearly Progress
HMIS	Health Management Information System
DR-TB	Drug-resistant TB
EPA	The U.S. Environmental Protection Agency
COP 23	The 23rd session of the Conference of the Parties
MB	Multi-bacillary
<i>NAAT</i>	<i>Nucleic Acid Amplification Test</i>
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
UHC	Universal Health Coverage
HRG	Healthcare Resource Group
TB NSP	National Strategic Plan for Tuberculosis Control.

## 1.0 Introduction

The Global Fund assesses CCMs through 6 Eligibility requirements. Constituency engagement is a key eligibility requirement for CCMs. One of the strategic objectives of the KCM is to engage constituencies and share Global Fund information transparently, equitably and accurately. The Global Fund allocated Kenya US\$392,989,068 / Matching fund USD 15Million to continue supporting the response during the July 2024 to June 2027 implementation period GC7 Submission window 21st August, 2023. The funding request development process is currently ongoing. Transparent and inclusive country dialogue is a key requirement during the funding request development process.

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### 1.1 Objectives

The Constituency Feedback Meeting /GC7 Dialogue was an all-inclusive, open, multi-stakeholder process led by the CCM (Country Coordinating Mechanisms) and country-owned and driven. It was conducted from 12th April 2023 to 15th April 2023 at the Lake Naivasha Resort and gave all stakeholders a voice in the development and agreement of key priorities in the Education and Training sector. The main Purpose and Objectives of the meeting were to:

- Engage with Constituency Members and discuss the key priorities and strategic interventions to be included in the Global Fund Funding request application and COP 23 planning process.
- Discuss Achievements, Programmatic gaps, Areas of Improvement, and lessons learned to inform the GC7 and COP 23 planning process.
- Update Constituency Members on EPA Requirements and KCM Evolution Project.
- Update constituency members on the progress on implementation of GF and PEPFAR Grants
- Discuss 2022/2023 Constituency report / 2023/2024 Work plan/Budget.
- Review progress, challenges and opportunities to improve.



## **2.0 Activity report for 2022/2023 (annexed)**

### **3.0 Highlights of sessions covered during the meeting.**

#### **3.1 Stakeholder Expectations.**

- To learn more about how to work together, understand the benefits of global fund and how to address the three diseases i.e. HIV, TB and Malaria
- To have a discussion on funding requests
- To realize the core competencies of learners
- To have an interaction with MOE to realize mechanisms to be used to tackle learners when they are still young on aspects of HIV, TB, and Malaria.
- To identify areas of collaboration between MOE, MOH and other stakeholders present.

#### **3.2 KCM Updates/ KCM Evolution Project /Eligibility Performance Requirements**

##### **KCM Evolution Project**

- The KCM is participating in the Global Fund Evolution project with the purpose to:
- Better alignment with Country structures
- Focus on investment results.
- Strong governance to ensure health challenges are addressed.

### 3.3 Eligibility Performance Requirements

The Global Fund Secretariat screens all applicants for compliance with CCM eligibility requirements.

These are the six minimum criteria that all Country Coordinating Mechanisms must meet to be eligible for funding:

- A transparent and inclusive funding request development process
- Transparent and documented Principal Recipient selection process.
- Overseeing program implementation and having an oversight plan
- Document the representation of affected communities.
- Ensure representation of nongovernmental members through transparent and documented processes
- Approve and adopt the Code of Ethical Conduct for CCM members/Management of Conflict of interest.

### 3.4 Kenya's Allocation and Proposed Program Split

*Table 1: Kenya's Allocation and Proposed Program Split.*

<b>Disease component</b>	<b>Allocation (US\$)</b>	<b>Utilization Period</b>
HIV	252,843,015	1 July 2024 To 30 June 2027
Tuberculosis	61,567,466	
Malaria	78,578,587	

The 9% increase to TB is very welcome. The 10% and 7% reductions to malaria and HIV place us in a position to be jointly managed including through efficiencies, prioritization of HTM and RSSH investments, advocacy, and fundraising. 641620.

Through the KCM, the dialogue provides the opportunity to assess and propose the best use of funds to meet the national HTM targets and further build the strength and resilience of essential formal and community health systems.

### **3.5 Allocation Methodology**

The allocation amounts for all countries have been determined according to a methodology approved by the GF Board, primarily based on disease burden and income level. Kenya is classified as a lower middle income country.

The allocation agreed for each disease component can be used during the July 2024 to June 2027 utilization periods. Any remaining funds from NFM3 HIV, TB or malaria allocation, unused by the start of the GC7 utilization period, will not be additional to the new allocation amount.

### **3.6 Co-financing Requirement**

To encourage increasing domestic resource mobilization, 15% of Kenya's total Global Fund allocation will be accessible once Kenya has committed to certain co-financing requirements. Meeting these commitments is critical to unlocking the full Global Fund allocation, ensuring the stability of the supply chain, country ownership, and sustainability.

As per the FR Road Map the FR Core Team KCM and National Treasury Global Fund Unit will work jointly to ensure that the documentation for Co-financing is ready by 12th May, 2023. ( co-financing Commitment Letter, and evidence of realization of NFM 3 commitments, budget execution/expenditure )

### **3.7 PSEAH**

Protection from sexual exploitation, abuse and harassment (SEAH). The Code of Conduct for Recipients of Global Fund Resources sets forth prohibitions on SEAH. Requirements on reporting and expectations to have policies and measures in place to prevent and respond to sexual exploitation and abuse and sexual harassment.

PRs/KCM PSEAH Focal Points, reporting, orientation, Code of Ethical Conduct Courses, PSEAH Risk assessment (KCM Ethics Officer and PRs to work jointly with KCM and FR Core team

## 4.0 NSP Strategic Objectives for HIV/TB/Malaria/HSS/CSS

### 4.1 Kenya AIDS Strategic Framework-KASF: Objectives and Priorities

The objectives of this Road Map are to provide guidance for:

Geographical and population prioritization of HIV prevention interventions to optimize reduction of new HIV infections

Scale-up and implementation of combination HIV prevention interventions

Monitoring and tracking of HIV prevention efforts

#### **The HIV Prevention Revolution Roadmap is translated and implemented in 5-year Strategic Plans**

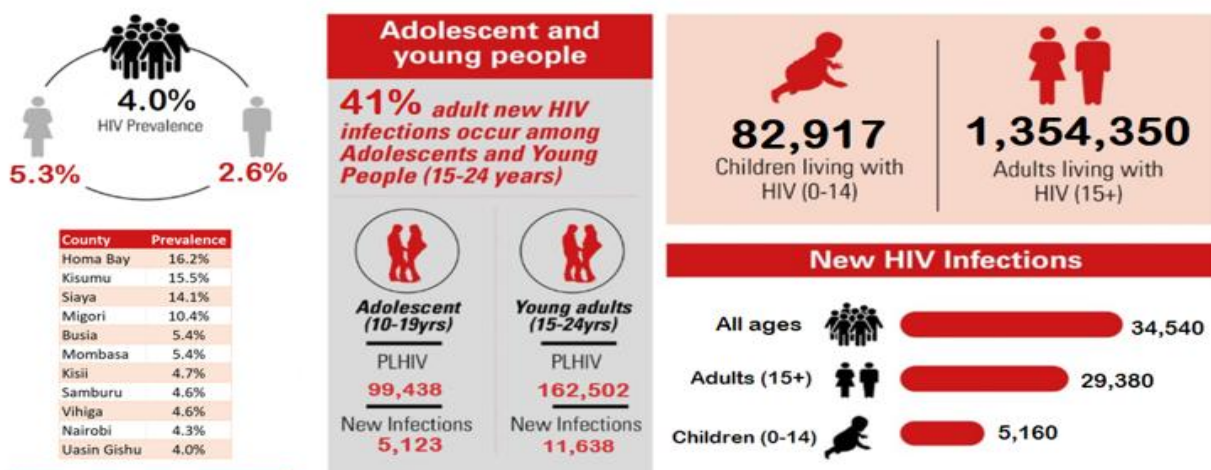
The Kenya AIDS Strategic Framework (KASF II) (2020/2021 - 2024/2025) provides guidance for implementing an evidence-based HIV response

KASF II is premised on the Constitution of Kenya (2010) that stipulates the right to highest attainable standard of health to all citizens

The county governments are the principal implementers of the KASF-operationalized through 47 County AIDS Implementation Plans in line with principles of devolved governance.

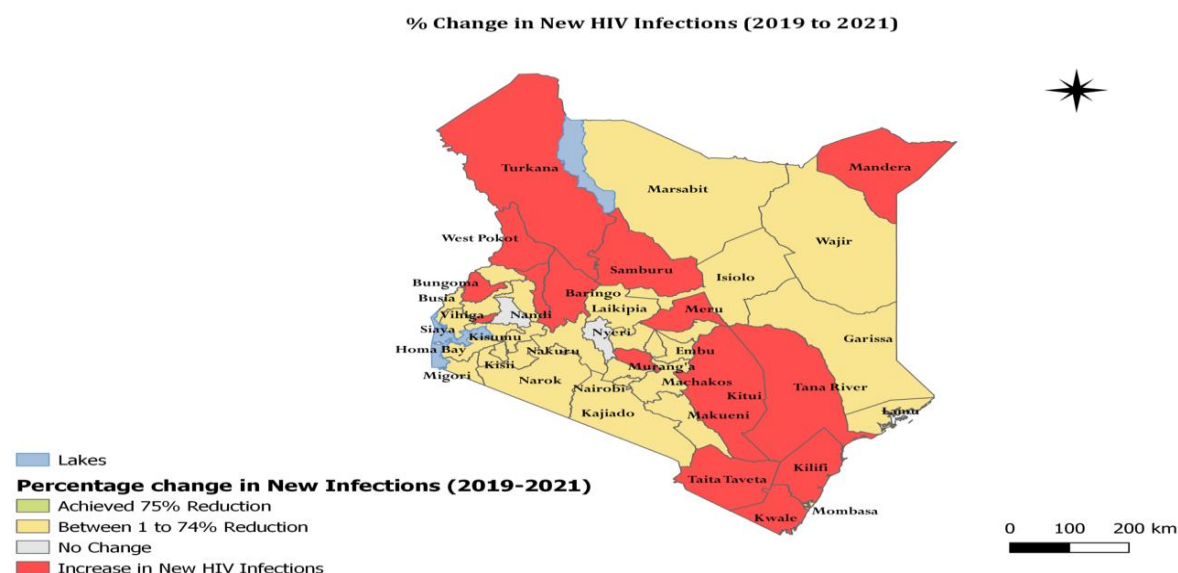
## 5.0 HIV in Kenya, 2022

Figure 1: HIV in Kenya, 2022



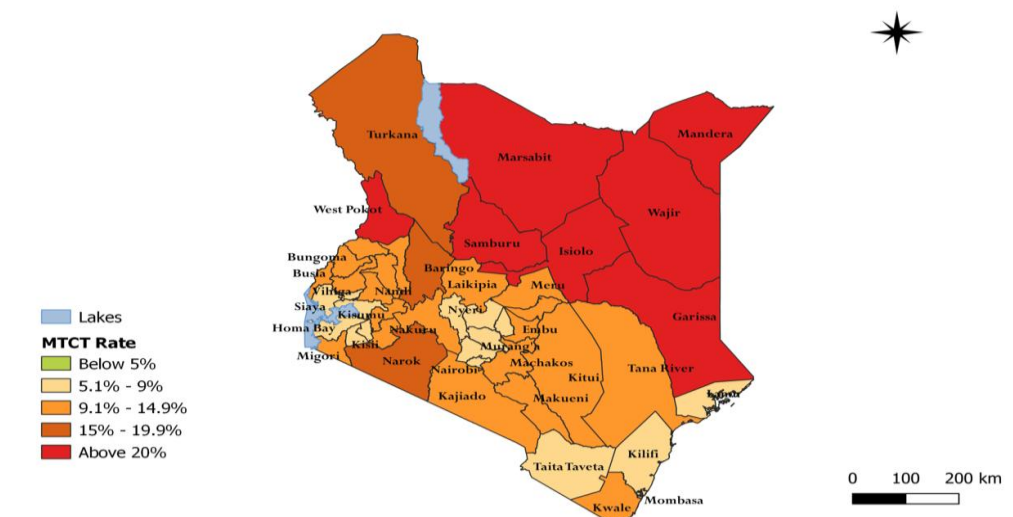
In 2021, no county achieved the KASF II target of reducing new HIV infections by 75%. Fifteen Counties account for 70% of new HIV infections

Figure 2: Percentage change in new infections (2019-2021)



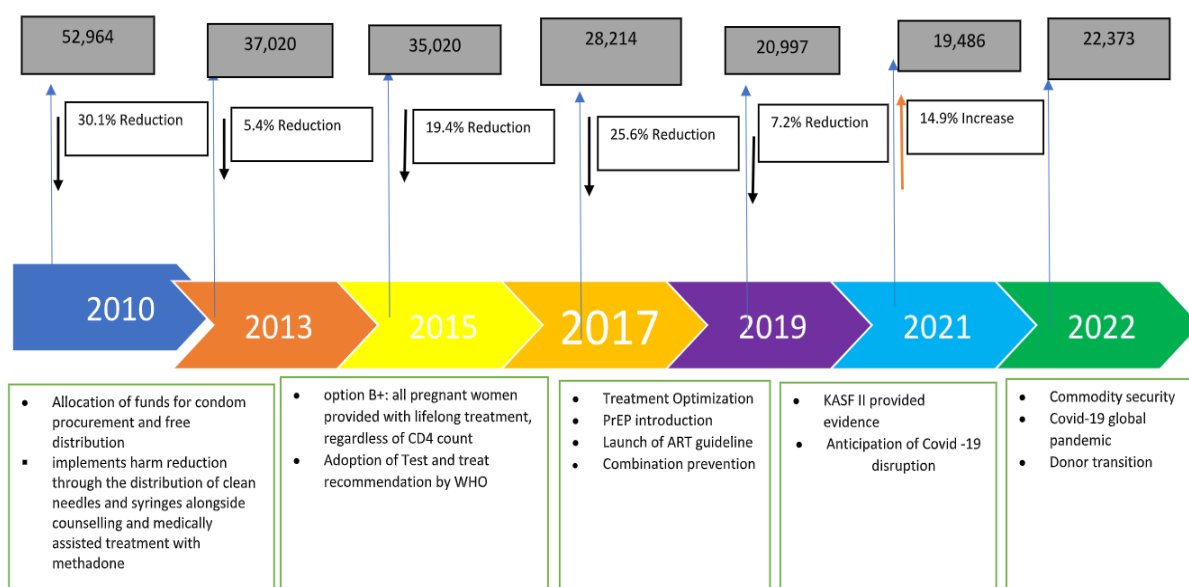
No county achieved less than 5% HIV transmission rates from mother to child. Some counties, including Mandera, Wajir, Marsabit, West Pokot, Isiolo, Garissa and Samburu reported rates of greater than 20%

Figure 3: MTCT Rate



Despite a 57.7% reduction in AIDs related deaths between 2010 and 2021, the country recorded a 15% increase in deaths among PLHIV in 2022.

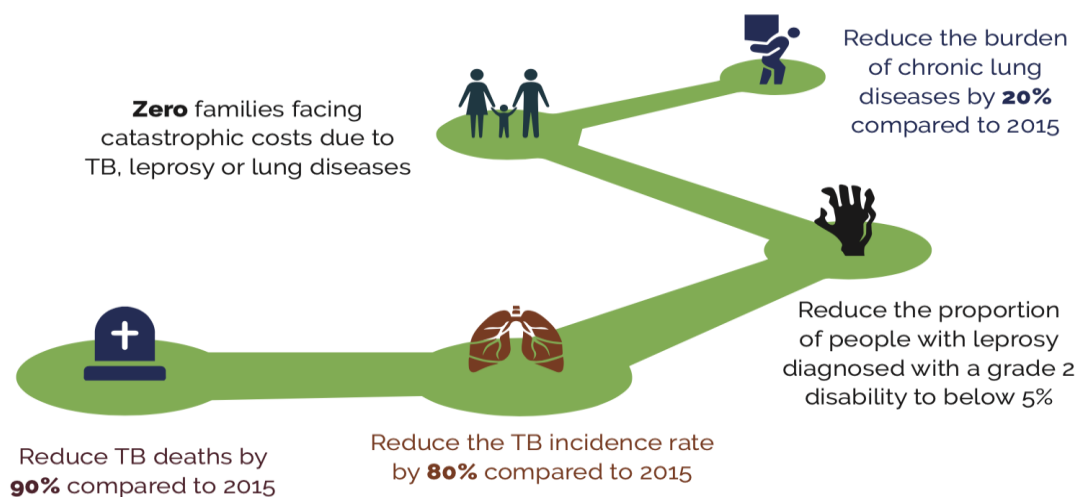
Figure 4: Change in HIV Infections Overtime



## 6.0 Kenya TB NSP

### 6.1 Impact Target 2030.

Figure 5: Impact Target 2030.



### 6.2 Priority Outcome Targets By 2028

- TB incidences decrease from 319 to 160 per 100,000 population.
- Reduce TB deaths from 81 to less than 40 per 100,000 population.
- Reduce families facing catastrophic due to TB and Leprosy
- Reduce the number of people diagnosed with MB Leprosy amongst new cases from 95% to <25% by 2028.
- Reduce the proportion of people with leprosy diagnosed with grade-2 disability from 14% to less than 5%.

#### Focus Areas:

Optimizing current TB interventions – i.e., expanding treatment sites, optimizing current services through quality improvement, implementing point-of-care TB record systems, and targeted preventive treatment.

Adoption of new technology - i.e., chest X-ray with AI and TB antigen screening tests, molecular WRDs/NAAT and increase availability and accessibility of newer, shorter regimens for TB treatment.

Leveraging UHC and community systems – i.e., community health worker programs, inclusion of TB prevention, screening, diagnosis, and treatment services in the Universal Health Coverage (UHC) benefit package and embracing primary healthcare networks.

Tailoring interventions to subnational epidemics - i.e., to strengthen systems for pandemic preparedness and develop county-specific operational frameworks for TB control.

Communities, human rights, and gender - Empowering communities to participate in TB control efforts, addressing social determinants of TB, and implementing gender-sensitive programming for TB.

Multisectoral engagement for effective TB control - Collaboration with non-health sectors, such as education and housing, to address social determinants of TB and improve health outcomes for communities at risk.

## **7.0 Malaria Programme**

To direct and coordinate efforts towards a malaria-free Kenya through Effective partnerships.

### **Future Strategic Directions**

- Adapt technology for implementation, data capture, surveys and utilization of data for decision-making.



## 7.1 Priorities Areas for Consideration

- Enhance the coverage and utilization of Malaria interventions.
- Commodity availability, quality, and access (Prevention and Treatment)
- Social Behaviour Change
- Community Case Management
- Mainstreaming HRG issues within malaria programming
- Diversify Malaria prevention measures.
- Larval Source Management; Indoor residual spraying and Vaccine scale-up.
- Quality of Care (outpatient and in-patient)
- Performance monitoring epidemiology and entomological parameters.
- Leverage of tech. platforms for collection, collation, visualization of data.
- Accelerate efforts in the implementation of the malaria elimination agenda.
- Domestic resource mobilization to sustain and expand coverage.
- Improve private sector partnerships.

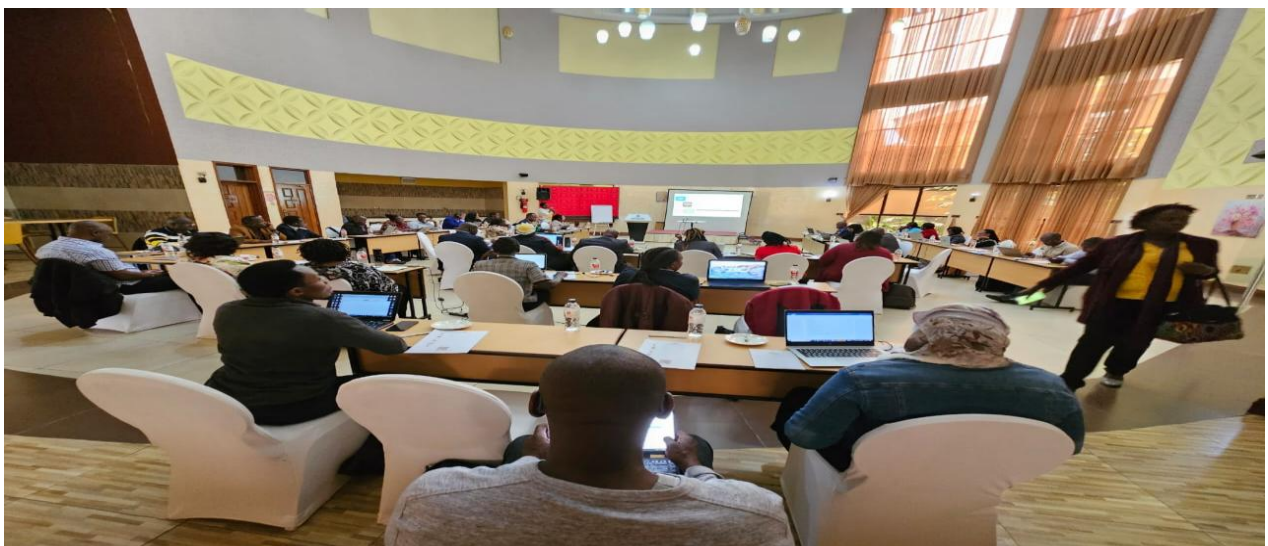
## 8.0 Discussion/key action points/recommendations

The Stakeholders present were divided into five groups according to their expertise and experience to discuss the gaps that exist and suggest key actions that could be undertaken.

*Figure 6: Groupwork.*







## **9.0 GC7 Constituency Priorities**

### **9.1 HIV and AIDS**

- Prevention AGYW /AYP & male sexual partners
- Treatment, care and support
- Prevention package for other vulnerable populations
- Prevention package for people who use drugs
- Elimination of vertical transmission of HIV, syphilis and hepatitis B
- Differentiated HIV Testing Services
- TB/HIV
- Reducing human rights-related barriers to HIV/TB services
- Prevention program stewardship

### **9.2 Tuberculosis**

- TB diagnosis, treatment, and care
- Drug-resistant (DR)-TB diagnosis, treatment and care
- TB/DR-TB Prevention
- Collaboration with other providers and sectors
- Key and vulnerable populations – TB/DR-TB
- TB/HIV
- Removing human rights and gender related barriers to TB services

### **9.3 Malaria Control**

- Vector control
- Case management
- Specific prevention interventions

### **9.4 Resilient and Sustainable Systems for Health (RSSH)**

Monitoring and Evaluation (M&E) systems Community systems strengthening RSSH modules can be included in any disease component or can be part of a standalone RSSH funding request/ grants

RSSH module “Health Management Information System (HMIS) and M&E” (can include both disease specific and/or cross-cutting activities

## 10.0 Lessons Learnt From Current Work With MoE.

MOE has worked closely with MOH on various programs over time. Among the Programs include:

- School Health Program
- HIV and AIDs Sensitization(NSDCC)
- NASCOP Programs
- Malaria control

In July 2020, on the Global fund allocated 35 million for COVID 19 sensitization through NACC dedicated to MOE

Since then, Global Fund has allocated funds used for sensitization of education Stakeholder on HIV, TB and related SRH

The following is statistical data for institutions and enrolment as at 2020.

### **Total Enrollment Summary**

*Table 2: Total Enrollment Summary.*

	Institution type	No. of Learners
Primary	Private	1,003,786
	Public	4,127,955
Secondary	Private	21,241
	Public	3,752,908
JSS	Private	6,762

### **Number of Institutions Summary**

*Table 3: Number of Institutions Summary*

Primary	Private	19,124
	Public	24,140
	Total	43,264
JSS	Private	1,961

	Public	20,069
	Total	22,030
Secondary	Private	3,578
	Public	9,416
	Total	12,994

### **Special Needs Education**

- No. of Primary schools: 3,083
- No. of Primary School learners: 146,313
- No of Secondary Schools 37
- Current Nemis enrolment 6359

### **Adult Education Teachers**

- Part time 3000
- Full time 641
- Volunteers 569
- Total 4,210

*Table 4: Summary of Pre-primary Enrolments*

PUBLIC PRE-PRIMARY SCHOOLS			
No. of PPI Pupils	Male	Female	Total
	615,560	617,006	1,232,566
No. of PPII Pupils	417,316	408,670	825,986
No. of Teachers	5,270	38,604	43,874
No. of Public Pre-Primary Schools			29,586
PRIVATE PRE-PRIMARY SCHOOLS			
No. of PPI Pupils	Male	Female	Total
	24,397	161,425	185,822
No. of PPII Pupils	175,507	174,234	349,741
No. of Teachers	4,569	19,828	24,397

## 11.0 NACC and MOE Collaboration

Table 5: Progress Update on NACC and MOE collaboration

### Progress to date

ACTION POINT	RESPON SIBLE	STATUS
Link Education Management Information System with the HIV situation Room Review and recommend proposed HIV/SRH indicators (including service) into the EMIS ii) Review and recommend proposed HIV indicators to be included in the situation room	NACC, MOE	Done(NEMIS has indicator on pregnancy, linkages and referrals  NEMIS indicators linked to the AYP dashboard (indicator on school transition and enrollment)
Strengthen meaningful involvement of young people in the HIV response	NACC	Capacity building of 47 Maisha Youth County Chapters on Advocacy for the HIV response. Youth chapters linked with County and Sub- County Directors of Education and are reaching learners in schools and universities and the communities (In FY 2021/22 over 250,000 young people reached)
Approve formation of a TWG to develop guidelines to facilitate provision of health services to learners, develop a minimum package of services to learners and undertake linkage by Geo mapping of schools and existing health facilities	NASCOP, MOE	A guide for supporting learners living with HIV developed. For Educational Institutions. Ongoing sensitization for 620 matrons, school nurses and chaplains to be completed on end of February 2023 Schools linked with nearby health facilities to ensure continuity of care and promote ART adherence.



ACTION POINT	RESPONSIBLE	STATUS
Develop a training curriculum for HIV and sexual violence for teachers and students as part of the ongoing curriculum reform	NACC, MOE, TSC, KICD, TVET	<p>Done with support of NACC GF Grant.</p> <ol style="list-style-type: none"> <li>1. Curriculum for learners on HIV developed as part of CBC curriculum review. Content approved by KICD and has been integrated into CBC upto Grade 7</li> <li>2. Teacher curriculum on HIV, SRH and Human Sexuality Education developed- awaiting approval by KICD</li> <li>3. TVET Curriculum on HIV, SRH and GBV developed for learners developed for level 3,4,5 and 6. 11, 891 technical trainers</li> <li>4. Infection Prevention and Control preparedness for school reopening</li> </ol> <p>✓ Curriculum on COVID -19 teacher preparedness finalised and training materials developed. HIV and SRH content incorporated</p> <p>✓ 10,980 teachers sensitized</p> <p>✓ 20 TV programmes produced and started airing on KICD TV channel (EDU TV) from June 2021</p> <p>✓ Over 23,000 IEC materials produced and distribution in learning institutions</p> <ol style="list-style-type: none"> <li>5. 680 Teacher Service Commission KENEPOTE and Beacon Teachers sensitized on HIV,SRH and GBV</li> <li>6. PTA representatives from the 47 counties sensitized on HIV, SRH and GBV</li> <li>7. 1500 County Directors of Education, Quality Assurance Officers and TSC County Directors sensitized on the HIV,SRH AND GBV</li> </ol>

## 12.0 First GF Engagement With MOE

The Global fund allocated Kshs 35million through the National Aids Control Council(NACC) in July 2020. The Global Fund joined other stakeholders in supporting the creation of a safe environment for learners during COVID 19 crisis. Guiding and counselling teachers were trained on basic counselling skills and health protocols Sensitization was done Covid 19 protocols and HIV Prevention Training was conducted both virtually and physically. Implemented in conjunction with NACC, MoH, MOE, KICD, TSC.

### Lessons Learnt

Correct and accurate Knowledge on care and Support for young people infected and affected with HIV, AIDS and TB is lacking among many caregivers. There is inadequate Information on available ARVs, proper storage and adherence to



schedules and timelines especially among caregivers. Education sector is too wide. GF only managed to reach a very small section yet demand for the services is so big. All education stakeholders need more knowledge on TB, HIV Prevention and Malaria control.

Though the learner is our main target, we need to reach the entire school community with information

- Teachers
- Parents,
- School care givers-Matrons, nurses, watchmen, other school workers
- Chaplains

Education Sector Needs support from Health Sector stakeholders for proper management of health of learners

Early screening and diagnosis is key to health Management

Counselling services for learners is important

Non health Stakeholders such as the Police, judiciary, Children services and NGOs(eg those providing shelter) among others are important in managing GBV cases affecting our learners

### 13.0 COP 23 Constituency Priorities

### 14.0 Constituency Work plan 2022/2024

### 15.0 Conclusion

KENYA COORDINATING MECHANISM ...Constituency Report 2022/2023				
S. No	Planned Activity	Achievements	Challenges Noted	Suggestions for Improvement/Remarks
1				
2				
3				
4				
5				
10				

KENYA COORDINATING MECHANISM ..... CONSTITUENCY WORKPLAN AND BUDGET 2023/2024								
S.No	Activity	Expected Result	Budget	Responsible	TIME FRAME			
					July-Sept	October to Dec	Jan-March	April to June
1								
2								
3								
4								
5								

## 16.0 Learners below 18

LEARNERS BELOW 18			
Module	Intervention	Gaps identified	Priorities to address the gaps
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	HIV prevention communication, information, and demand creation for AGYW in high HIV incidence settings	Gap in Knowledge about HIV	Life skills; IEC materials on myths and misconceptions, existing technologies such as self-test kits
		Weak family value systems-Parenting	1. Sensitization campaigns on the importance of family unit
		Poor dissemination of policies	Dissemination and monitoring of policies
		Outdated for HIV Policy for the Education sector (2013)	1. Development of TB screening and Management in schools' policy 2. Review HIV Policy 3. Fast track development of school health policy
	HIV prevention communication, information, and demand creation for male sexual partners of AGYW in high HIV incidence settings		
	Comprehensive sexuality education for AGYW and		

	adolescent boys and young men (ABYM)		
	Removing human rights related barriers to prevention for AGYW in high HIV incidence settings	Stigma related to HIV	<b>Advocacy:</b> Life skills education-Creating awareness, Multisectoral advocacy (develop a stakeholder engagement plan); Psychosocial support
	Social protection interventions for AGYW in high HIV incidence settings	lack of support by the community towards HIV (poor support system in the community)	Volunteer childrens officer; Linkage of CHVs to schools for education; parental/community empowerment and engagement to provide psychosocial support systems; peer counselling
		Insufficient supply of sanitary pads/Poverty	1. Supplement government effort for sanitary pads and dignity packs 2. Enhance enterprenual skills within the existng CBC/ESD
Differentiated HIV Testing Services	Community-based testing for AGYW and their male sexual partners programs	HIV Testing gap/lack of confidentiality when dealing with the infected and affected learners	Dialogues with parents to encourage testing for the learners; Dissemination of the data protection security act to ensure confidentiality of learners information.
Treatment, Care and Support	HIV treatment and differentiated service delivery – adults (15 and above)	Adherence to drug regimen-Incosistency in taking of drugs	1. Training teachers/caregivers in charge of learners’ drugs to be adherence buddies. Standard guideline on how to handle sick learners (Lack of capacity within the institution) 2. development of a literacy treatment toolkit

		Nutritional challenges	Bora afya campaigns
Human Rights	Sexual exploitation of learners below 18 years (sexual harassment)	Empower learners in terms of lifeskills and their rights; Sensitization of parents, chiefs, nyumba kumi; Multisectoral approach; provision of dignity packs; Empower the community, parents and teachers to respond to cases including the sexual offences act; National campaign around sexual exploitation	Human Rights
<b>TB</b>			
TB Diagnosis, Treatment and Care	TB screening and diagnosis	1. Ignorance of TB status  2. Lack of general information about TB(Treatment and Management)	1. School visits by voluntary care givers 2. Development of information Education communication Materials on TB 3. Capacity building of School community on TB
		3. Stigma	

		4. Lack of guidelines for screening in schools	1. Develop, print disseminate and monitor guidelines for screening in schools
		5. Myths and Misconceptions about TB	1. Create awareness/ sensitization on TB in Schools
		6. Minimal dissemination of Evidence based information	institutionalize dissemination for wider coverage
		7. Missing of DR/DS TB cases	1. Entry and termly screening during admission 2.
<b>MALARIA</b>			
		1. Inadequate protective kits	1. provision of protective kits in schools
Vector Control	Social and behavior change (SBC)	2. Self-medication	1. Sensitization on the need to get doctors prescription before medication 2. Sensitization on the utilization of Edu-afya Programme 3. Make Edu-Afya accessible to all learners.
		3. Knowledge gap	1. Capacity building 2. Life skills education/ guidance and counselling. 3. Awareness creation 4. Enhance collaboration btn MOH and Moe 5. Action research

		4. Environmental hazards	1. Deal with env. Hazards i.e clearing bushes, spraying, draining of stagnant water. 2. Anti- malaria campaigns
		5. Ignorance/myths/cults and Misconceptions on malaria infection	1. involve all stakeholders in training and fight against malaria 2. Pastoral programmes to create awareness.
		6. new malaria variants	1. Disseminate timely information on malaria variants.

## 17.0 Learners: tertiary institutions

Typology	Groups	Module	Intervention	Gaps What is the problem along the three diseases TB, HIV and Malaria?	What can we do to address these problems?
<b>Learners:</b> <b>tertiary institutions</b> Rapporteur: Wanami	<ul style="list-style-type: none"> <li>• TTC</li> <li>• University</li> <li>• TVET</li> <li>• Adult Education</li> </ul>	Prevention Package for prisoners and other enclosed settings	Condom and lubricant programing for prisoners and other enclosed settings	<ul style="list-style-type: none"> <li>• Inadequate provision of condoms due to inadequate funding</li> <li>• Structures for sensitization are not clear.</li> <li>• Inadequate linkages with local health facilities</li> <li>• Inadequate youth friendly health facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Budgetary allocation to be enhanced.</li> <li>• Capacity building of the students' union and lecturers' unions</li> <li>• Use of ICT systems to create awareness.</li> <li>• Use of cultural events to sensitize the students and the university fraternity.</li> </ul>

				<ul style="list-style-type: none"> <li>No focal points on condom distribution</li> </ul>	<ul style="list-style-type: none"> <li>An organized communication and sensitization system</li> <li>Networking programmes between learners and the local health facilities to promote youth friendly services.</li> <li>Installation of modern condom ATMs</li> </ul>
			Pre-exposure prophylaxis (PrEP) programing for and other enclosed settings	<ul style="list-style-type: none"> <li>Inadequate information on PrEP among the learners</li> <li>Inadequate linkages to HIV/STI prevention, testing, treatment, care and clinical monitoring, other primary health care (PHC) services.</li> </ul>	<ul style="list-style-type: none"> <li>Capacity building of the students' union and lecturers' unions</li> <li>Networking programmes between learners and the local health facilities to promote youth friendly services</li> </ul>
		Prevention Package for Other Vulnerable Populations (OVP)	Condom and lubricant programing for OVP	<ul style="list-style-type: none"> <li>Shortages of condoms due to inadequate funding</li> <li>Available linkages with local health facilities are not outlined</li> <li>Youth friendly health facilities are limited</li> <li>No clear structures for focal points on condom distribution</li> <li>Peer outreach and other peer-based strategies are not well defined</li> <li>Inadequate information on safer sex and condom use,</li> </ul>	<ul style="list-style-type: none"> <li>Budgetary allocation to be enhanced</li> <li>Capacity building of the students' union and lecturers unions</li> <li>Use of ICT systems to create awareness</li> <li>Use of cultural events to sensitize the students and the university fraternity</li> <li>An organized communication and sensitization system</li> <li>Networking programmes between learners and the</li> </ul>



				community level and/or social media/web-based condom promotion	<p>local health facilities to promote youth friendly services</p> <ul style="list-style-type: none"> <li>• Installation of modern condom ATMs</li> <li>• Information and communication on safer sex and condom use, community level and/or social media/web-based condom promotion</li> </ul>
			Sexual and reproductive health services, including STIs, hepatitis, post violence care for OVP	<ul style="list-style-type: none"> <li>• Inadequate information on Sexual and reproductive health services including STIs, hepatitis, post violence care for OVP</li> <li>• Health facilities lack youth friendly and services</li> <li>• Inadequate information on screening of Hepatitis, STIs, cancer and HPV</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity building on sexual and reproductive health services</li> <li>• Promotion of youth friendly services in health facilities</li> <li>• Lack of accessibility on screening of Hepatitis, STIs, cancer and HPV</li> </ul>
		Treatment, Care and Support	HIV treatment and differentiated service delivery – adults (15 and above)	<ul style="list-style-type: none"> <li>• Non-adherence to treatment Stigma</li> <li>• The don't care attitude among them mature learners</li> <li>• Inadequate orientation on current of health practices</li> <li>• Inadequate treatment commodities</li> </ul>	<ul style="list-style-type: none"> <li>• Intensive Counselling services and information to the infected and affected</li> <li>• Regular in-service training for the medical practitioners</li> <li>• Enhancing budgetary allocation to procure more commodities</li> </ul>

		TB/HIV	TB/HIV - Screening, testing and diagnosis	<ul style="list-style-type: none"> <li>• Uptake of HIV/TB screening and testing is low</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals to Health facilities</li> </ul>
			TB/HIV - Community care delivery	<ul style="list-style-type: none"> <li>• Awareness on TB/HIV policy in health facilities in tertiary institution is limited</li> <li>• Limited advocacy and communication programs in tertiary institutions</li> <li>• Inadequate training and supportive supervision for TB and HIV service providers, such as ex-TB patients, people living with HIV.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to capacity building in tertiary health institutions and workers</li> <li>• An elaborate system of advocacy and communication be established like newsletters, toll number, pamphlets and leaflets</li> <li>• Health personnel be trained on emerging supportive supervision for TB and HIV service providers, such as ex-TB patients, people living with HIV</li> </ul>
		Reducing Human Rights related Barriers to HIV/TB Services	Eliminating stigma and discrimination in all setting	<ul style="list-style-type: none"> <li>• stigma and discrimination of tertiary institution community on HIV/TB</li> <li>• Development &amp; implementation of sector-wide zero tolerance policies on stigma and discrimination. • Training and institutional support for educators and administrators.</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitization on stigma and discrimination on HIV/TB</li> <li>• Need to develop and implement sector-wide zero tolerance policies on stigma and discrimination. Training and institutional</li> </ul>

		TB Diagnosis, Treatment and Care	TB screening and diagnosis	<ul style="list-style-type: none"> <li>• Inadequate awareness on TB symptoms</li> <li>• Non adherence to TB treatment</li> <li>• Inadequate training to health workers based in tertiary institution on TB</li> <li>• Referral structure in the health facilities is not elaborate</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of awareness campaigns in tertiary institutions</li> <li>• Provision of information on effect of drugs and management</li> <li>• Counselling and support for these patients on need to adhere to TB drugs</li> <li>• Sensitize health workers based in tertiary institution on TB</li> <li>• Sample referral structure or network be established</li> </ul>
			TB treatment, care and support	<ul style="list-style-type: none"> <li>• Inadequate sensitization of Clinician and Laboratory staff to monitor tests, treatment and responses.</li> <li>• Programs to improve patients' access and adherence to treatment are not well outlined</li> <li>• Continued linkage to care at the end of treatment is not defined</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitization of the Clinician and Laboratory staff to monitor tests, treatment and responses.</li> <li>• Need for Psychosocial counselling and nutritional assessment</li> <li>• Clear linkages to continuing care at the end of treatment.</li> </ul>
		Collaboration with Other Providers and Sectors	Collaboration with other programs/sectors	<ul style="list-style-type: none"> <li>• No clear collaboration mechanism</li> <li>• Inadequate information on management of co-morbidities including TB/Diabetes, TB/COVID-19, and TB/Mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance linkages and referral systems across services and sectors</li> <li>• Training/capacity building of health care workers in the Tertiary community</li> </ul>

			TB/HIV - Collaborative interventions	<ul style="list-style-type: none"> <li>• Inadequate information on collaborative TB/HIV activities</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness creation and counselling</li> </ul>
			TB/HIV - Treatment and care	<ul style="list-style-type: none"> <li>• Patient support and follow-up system during treatment for both TB and HIV is not elaborate</li> <li>• Clients not adhering to their treatment</li> <li>• Inadequate information</li> <li>• Poor Design of the buildings that fail to meet the required standards like small windows</li> <li>• Clients failing to put on masks at a personal level</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of patient support and follow-up during treatment for both TB and HIV through Community Health Workers</li> <li>• Provision of support including adherence and other psychosocial, nutritional support as needed</li> <li>• Follow-up and support for people taking preventive therapy</li> <li>• Implementation of administrative, environmental, and personal infection prevention and control measures in TB/HIV settings.</li> </ul>
			TB/HIV - Community care delivery	<ul style="list-style-type: none"> <li>• Undiagnosed TB cases within the community that can be transmitted to the learners</li> </ul>	<ul style="list-style-type: none"> <li>• Establish community-based interventions and outreach services for people with TB and/or HIV, such as contact tracing, specimen collection, treatment support and prevention</li> </ul>

		Removing Human Rights and Gender-related Barriers to TB Services	Eliminating TB-related stigma and discrimination	<ul style="list-style-type: none"> <li>• Stigma and discrimination on TB patients</li> <li>• Support systems to TB patients not defined</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate Programs to reduce all forms of internalized stigma among TB-affected communities.</li> <li>• Peer mobilization and support developed for and by people with TB and affected communities, aimed at promoting well-being and human rights</li> </ul>
		Removing Human Rights and Gender-related Barriers to TB Services	Legal literacy (“Know-Your Rights”)	<ul style="list-style-type: none"> <li>• Awareness on the existing laws that address the various forms of discrimination are not enforced</li> <li>• Unclear linkages with community-led monitoring (CLM) to legal counselling and support</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitization on the learners on their rights</li> <li>• Establish a legal mechanism to link with community-led monitoring (CLM) to legal counselling and support</li> </ul>
		Vector control	Insecticide treated nets (ITNs) - mass campaign: universal	<ul style="list-style-type: none"> <li>• Inadequate information, education and communication materials related to mass campaigns targeting tertiary institutions</li> <li>• Inadequate information on vector control</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of communication, education and information materials related to mass campaigns and equitable access.</li> <li>• Activities to engage communities in vector control campaigns</li> </ul>

			Insecticide treated nets (ITNs) - continuous distribution: communitybased	<ul style="list-style-type: none"> <li>Negative attitude on the use of nets</li> </ul>	<ul style="list-style-type: none"> <li>Communication/behavior change activities</li> </ul>
			Indoor residual spraying (IRS)	<ul style="list-style-type: none"> <li>Inadequate information on the importance of indoor residual spraying</li> <li>Low response rate to epidemics in some areas</li> <li>Uncoordinated waste management</li> <li>Unregulated vector chemical control within the country</li> <li>Inadequate information on vector control</li> </ul>	<ul style="list-style-type: none"> <li>Communication, information and education materials related to IRS campaigns.</li> <li>IRS for epidemic response.</li> <li>Environmental compliance and waste management</li> <li>Use of chemical larvicides and adulticides that reduce disease transmission by shortening or interrupting the lifespan of vectors.</li> <li>Activities to empower and engage communities in vector control</li> </ul>
			Social and behavior change (SBC)	<ul style="list-style-type: none"> <li>Inadequate advocacy materials on behavior change</li> </ul>	<ul style="list-style-type: none"> <li>Preparation of advocacy materials/kits (for CBOs and NGOs) in consultation with Ministry of Health</li> <li>Initiate social behavior change activities aimed at tackling potential human rights and gender-related</li> </ul>

					barriers to vector control at the household level.
		Case Management	Epidemic preparedness	<ul style="list-style-type: none"> <li>Inadequate surveillance system in tertiary institutions</li> </ul>	<ul style="list-style-type: none"> <li>Enhancement of Surveillance system strengthening for acute febrile illness at institutional level</li> </ul>

## 18.0 Teachers

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities	Gap	What can we do to address these problems?
Prevention Package for Other Vulnerable Populations (OVP)	Capacity building using KENEPOTE teachers	-Adherence support, including peer-led adherence support	<ul style="list-style-type: none"> <li>- Lack of proper information</li> <li>- Inadequate dispensing equipment</li> <li>- Lack of immune boosters for KENEPOTE teachers</li> <li>-lack of collaboration between private and public-school teachers</li> </ul>	<ul style="list-style-type: none"> <li>-Need for more distribution logistics</li> <li>-Organizing for capacity building for MOE, TSC, KISE, KENEPOTE and BEACON teachers</li> <li>- provide immune boosters for teachers living with HIV-KENEPOTE.</li> <li>-need for stakeholder meetings</li> </ul>

Prevention Package for Other Vulnerable Populations (OVP)	HIV prevention communication, information and demand creation for OVP	<ul style="list-style-type: none"> <li>• Development of Information, Education and Communication (IEC) materials with age-appropriate information</li> <li>-Venue-based outreach.</li> </ul>	Lack of digital literacy	<ul style="list-style-type: none"> <li>-Create more digital platform with age-appropriate information</li> <li>-Capacity building for ICT Skill development</li> <li>-Using the existing leader platform using KESHA, KEP SHA, KUPPET</li> <li>Using platforms like drama festival, sports, music festival and clubs</li> </ul>
Prevention Package for Other Vulnerable Populations (OVP)	Community empowerment for OVP	<ul style="list-style-type: none"> <li>-Public participation forum</li> <li>School open days</li> <li>BoM and PTA meetings</li> <li>- Strengthening and supporting vulnerable populations to organize themselves.</li> <li>Guideline from NASCOP</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate knowledge on emerging issues, health and social wellbeing</li> <li>-Inadequate counselling intervention</li> <li>- Inadequate interaction with the guideline</li> <li>- inadequate rescue centers</li> </ul>	<ul style="list-style-type: none"> <li>Need for public participation and equip human resource with knowledge</li> <li>- Need for more training for teachers with counseling skills.</li> <li>- Train TOT on HIV</li> <li>- Provide more rescue centers</li> </ul>



		<ul style="list-style-type: none"> <li>-Tailor made community-based treatment literacy tool kit</li> <li>- Providing safe spaces</li> </ul>		
Prevention Package for Other Vulnerable Populations (OVP)	Sexual and reproductive health services, including STIs, hepatitis, post violence care for OVP	<ul style="list-style-type: none"> <li>- Screening, referral and taking the JABs</li> </ul>	<ul style="list-style-type: none"> <li>-Inadequate information on sexual and reproductive health.</li> <li>-lack of consistency in prevention, testing, screening and treatment in SRH</li> </ul>	<ul style="list-style-type: none"> <li>- Need for sensitization to teachers on Reproductive health.</li> <li>-training of teachers on public relations</li> <li>- continuity of sensitization on public</li> <li>- testing for hepatitis, routine checkups. Cancer screening and HPV</li> </ul>
Prevention Package for Other Vulnerable Populations (OVP)	Organizational Development System Strengthening (ODSS)	Organizational capacity building within education sector	inadequate coordination and collaboration	Need for Multi-sectoral collaboration and coordination in capacity building
	Removing human rights related barriers to	-Legal support, human rights and legal literacy and integrated legal empowerment.	<ul style="list-style-type: none"> <li>-inadequate legal literacy</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-need for advocacy on HIV guideline, human rights violation</li> <li>-Create awareness to KENEPOTE, BEACON and COUNSELLING teachers on Human rights and GBV.</li> </ul>

	prevention for OVP	-Assessments of the gender-responsiveness of all prevention programming and activities, in order to change programming if needed.		- Create awareness to teachers on new strategies to be applied in response to School Gender Based Violence (SGBV)
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Condom and lubricant programming for AGYW in high HIV incidence settings	<ul style="list-style-type: none"> <li>- Information and communication on safer sex and condom use, community level and internet, or social media/webbased condom promotion.</li> </ul>	<ul style="list-style-type: none"> <li>- Inadequate consistency on information and dissemination</li> <li>- myth and misconception</li> </ul>	<ul style="list-style-type: none"> <li>- enhance on safe sex and condom use</li> <li>- Create awareness to teachers on safer sex and condom use.</li> <li>- innovative strategies</li> <li>- need of peer outreach</li> </ul>
Prevention Package for Adolescent Girls and Young Women	Comprehensive sexuality education for	-girls club and youth clubs	Inadequate appropriate materials	<p>revive health clubs, talking walls, more IEC materials</p> <p>-Develop panels on developing messaging.</p>

(AGYW) and Male Sexual Partners in High HIV Incidence Settings	AGYW and adolescent boys and young men (ABYM)			<p>-Create awareness to teachers to cascade information to (AGYW)</p> <p>Clear language in age-appropriate education materials</p>
Prevention package for Adolescent girls and Young Women	Give age-appropriate information	sensitize girls on age-appropriate information	<ul style="list-style-type: none"> <li>- Inadequate information</li> <li>- Early teenage pregnancy</li> </ul>	<p>- need for girl clubs, youth clubs</p> <p>-talking walls</p> <p>-Train BEACON, COUNSELLING, KENEPOTE teachers on School Based Gender Based violence</p> <p>-Enhance sexual offence policy tailor made for education Center.</p> <p>-develop murals and IEC materials</p> <p>-use clear appropriate and simple language</p>
Prevention package for Adolescent girls and Young Women	Pre-exposure prophylaxis (PrEP) programing for	-create awareness to KENEPOTE teachers and	-inadequate information on adherence	<p>Sensitization/campaign by adherence counselors</p> <p>-introduction of buddy system and peer system</p>

	AGYW in high HIV incidence settings	BEACON teacher and counselors  -develop policies and have adherence counselors	-inadequate information by caregivers-	-there is need to sensitize the boy/girl on issues of digital kits
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV I	Social protection interventions for AGYW in high HIV incidence settings	Community-based training (parents, community leaders, and others on importance of keeping girls in school), community or school-based parenting programs  -Training of teachers and school staff in supporting	<ul style="list-style-type: none"> <li>- Inadequate information and exposure</li> <li>- Inadequate awareness</li> <li>- lack role modeling</li> </ul>	<ul style="list-style-type: none"> <li>- there is need for sensitization of parents on their responsibilities</li> <li>- sensitize teachers</li> <li>- girls need to be sensitized on policies and on teenage pregnancies</li> <li>- Need to review parenting guideline</li> <li>- friendly clinics</li> <li>- employ and empower more peer support counselors</li> </ul>

		<p>adolescents in schools.</p> <p>-Catch up program for AGYW who want to return to school and reintegration services for pregnant and parenting girls.</p>		
<b>TB</b>	TB/HIV Collaborative intervention	Setting up and strengthening a coordinating body for collaborative HIV/TB activities at all levels	<ul style="list-style-type: none"> <li>- Inadequate knowledge</li> </ul>	<ul style="list-style-type: none"> <li>- Increase capacity for school community</li> <li>-</li> </ul>
	TB/HIV – Screening, testing and diagnosis	-Create awareness for the school community- Kenepote, Counselling,	<ul style="list-style-type: none"> <li>- Inadequate knowledge and awareness on screening, testing and diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>- Enhance capacity to the school community- teachers and learners.</li> <li>- Develop and disseminate IEC materials</li> </ul>

		Beacon teachers, PTA, BOM		
	TB/HIV – Treatment and care	TB/HIV – Treatment and care	<ul style="list-style-type: none"> <li>- Stigma</li> <li>- Myths and misconception about TB</li> </ul>	<ul style="list-style-type: none"> <li>- Capacity building for school community-KENEPOTE, COUNSELLING teachers.</li> <li>- Care should be centered to a facility</li> </ul>
		Provision of support including adherence and other psychosocial nutritional support	<ul style="list-style-type: none"> <li>- Inadequate adherence on treatment, psychosocial and nutritional support</li> </ul>	<ul style="list-style-type: none"> <li>- Early diagnosis and screening</li> <li>- Create awareness on adherence to school community-KENEPOTE, COUNSELLING and BEACON Teachers</li> <li>- Provision of immune boosters and supplements</li> <li>- Upscaling school feeding programs</li> <li>-</li> </ul>
	Community care delivery	Policy guidance implementation and scale up	<ul style="list-style-type: none"> <li>- Inadequate knowledge</li> </ul>	<ul style="list-style-type: none"> <li>- Interacting with the existing guidelines</li> </ul>
	Reducing Human rights related barriers to HIV/TB	Eliminating stigma and discrimination in all settings	<ul style="list-style-type: none"> <li>- Increased stigma in across learning institutions due to lack of knowledge and non-disclosure</li> </ul>	<ul style="list-style-type: none"> <li>- Role out the stigma indexes</li> <li>- Enhanced capacity building to school community on elimination of stigma and discrimination-Teachers</li> </ul>

				<ul style="list-style-type: none"> <li>- Capacity building on Human rights to Beacon Teachers.</li> <li>- Document success stories and case studies</li> <li>- Review and update workplace policies to be in line with KASF11</li> <li>-</li> </ul>
		Workplace setting	-	<ul style="list-style-type: none"> <li>- Enhanced reporting mechanisms and procedures in case of stigma, discrimination and other rights violations</li> <li>- Enhance legal literacy at the work place on human rights</li> </ul>
		Education setting	<ul style="list-style-type: none"> <li>- Inadequate information on legal literacy</li> </ul>	<ul style="list-style-type: none"> <li>- Having updated policy guidelines</li> <li>- Enhanced training and institutional support for educators and administrators</li> <li>- Interact with the HIV Prevention Act</li> </ul>
		Increasing access to Justice	<ul style="list-style-type: none"> <li>-Inadequate information on legal literacy</li> <li>-Use of inappropriate language amongst school community</li> </ul>	<ul style="list-style-type: none"> <li>- Enhanced capacity building and enhanced legal literacy through the various legal frameworks in place</li> <li>- Create awareness to BEACON teachers on justice and human right</li> </ul>

MALARIA				
Vector treatment	Insecticide treated nets – continuous distribution school based	Communication/behavior change activities	<ul style="list-style-type: none"> <li>- Inadequate knowledge on vector control. -Non adherence to malarial treatment.</li> <li>– Lack of using treated mosquito nets.</li> <li>- Myths and misconception on vector treatment</li> </ul>	<ul style="list-style-type: none"> <li>- -clearing of bushes      -Drainage of stagnant waters and spraying using insecticides      - Capacity building- on behavior change Continuous and consistent use treated mosquito nets to teachers.</li> <li>- Enhance life skills to teachers and learners.</li> <li>- Train teachers on malaria infection, signs and symptoms      -Timely screening of school going kids for malaria.      -Following up treatment up to completion</li> </ul>
			-	-



## 19.0 The Parents

Typology	Groups	Module	Intervention	Gaps What is the problem along the three diseases TB, HIV and Malaria?	What can we do to address these problems?
<b>Parents</b>	<ul style="list-style-type: none"> <li>KICD parental empowerment and engagement</li> <li>KESHA</li> <li>KESPSHA</li> <li>PTA</li> </ul> <p>Adult Education</p>	Prevention Package for Sex Workers, their Clients and Other Sexual Partners	Community empowerment for sex workers	<ul style="list-style-type: none"> <li>Inadequate engagement.</li> <li>Capacity building.</li> <li>Media involvement.</li> <li>Inadequate Information education and communication materials.</li> <li>Inadequate awareness &amp; Information (Knowledge gap).</li> </ul>	<p>Rollout capacity development.</p> <p>Sensitization of parents in learning institution forums.</p> <p>Capacity building adult instructors and parents to be trained as TOTs in addressing the need for awareness.</p> <p>Inclusion &amp; empowerment of local leaders.</p> <p>Use of digital media.</p> <p>Use of local media station.</p> <p>Develop and disseminate of IEC materials.</p>

		Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Community empowerment for PUD	<ul style="list-style-type: none"> <li>• Inadequate support groups.</li> <li>• Inadequate knowledge of the PUDs existing in our communities.</li> </ul>	<p>Inclusion of theme-based activities like drama, poems, sports to support the agenda of awareness/capacity development.</p> <p>Organizing open days where such discussion of awareness can be discussed more openly.</p> <p>Monitoring and evaluation of the progress of the victims who may latter reform form the usage of drugs</p>
			Sexual and reproductive health services, including STIs, hepatitis, post-violence care for PUD	Medical screening	<p>Using the parental meetings and barazas to exercise the medical screening.</p> <p>Parents need capacity building/sensitization on</p>

					medical screening especially during the sporting days, talent days, school health clubs.
		Prevention Package for Other Vulnerable Populations (OVP)	Community empowerment for OVP	Inadequate knowledge and information	
		Prevention Program Stewardship	Prevention program stewardship	Inadequate involvement of parents in program stewardship.	Identify community champions who can train others.
		Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B	Integrated testing of pregnant women for HIV, syphilis and hepatitis B	<p>Inadequate awareness of the parents to encourage their children &amp; themselves to go for screening.</p> <p>Inadequate disclosure of HIV/TB status.</p>	<p>Parents to be sensitized on the importance of medical screening.</p> <p>Parents have a role to ensure consistency on medical clinics to their children.</p>

		Differentiated HIV Testing Services	Facility-based testing for key population (KP) programs	<p>Inadequate youth friendly testing and counselling services for out school youth and adult learners.</p> <p>Lack of information among the youth and adult.</p> <p>Lack of disclosure.</p>	Advocate for use of youth friendly service centers in the learning centers.
		Treatment, Care and Support	Treatment monitoring - drug resistance	<p>Inadequate care givers personnel</p> <p>Inadequate supply of ARV.</p> <p>Non adherence to drug regime.</p> <p>Poverty.</p> <p>Stigma and Discrimination</p> <p>Inadequate skills among parents</p> <p>inadequate monitoring and evaluation.</p> <p>Self-testing kits.</p>	<p>Training of more medical personnel</p> <p>Provision of ARV Medication.</p> <p>Creation of awareness on the need for proper medication.</p>

		TB/HIV	TB/HIV - Collaborative interventions	<ul style="list-style-type: none"> <li>• Inadequate awareness of TB/HIV.</li> <li>• Accessibility to medical facilities.</li> <li>• Lack of early diagnosis and treatment.</li> <li>• Insecurity and long distances to medical facilities.</li> <li>• Poor nutrition.</li> <li>• Inadequate advocacy and commination of the HIV/TB and</li> <li>• Inadequate policies provision of HIV &amp; TB.</li> </ul>	<p>Construction of more medical facilities.</p> <p>Training the more community health workers.</p> <p>Introduction of nutrition classes to basic education levels to understand the importance of nutrition at early levels.</p> <p>Formulation of policies and regulations towards control of HIV&amp;TB.</p>
		Reducing Human Rights-related Barriers to HIV/TB Services	Eliminating stigma and discrimination in all settings	<p>Inadequate legal and policy provision.</p> <p>Discrimination and stigma.</p> <p>Inadequate personnel to offer paralegal services.</p>	<p>Provision of free legal and paralegal services sponsored by government or NGOs .</p> <p>Community empowerment on the knowledge on transmission to avoid</p>

					unnecessary discrimination.
		TB Diagnosis, Treatment and Care	TB screening and diagnosis	Inadequate IC materials. Inadequate use of media in awareness campaign. Inadequate campaign and advocate.	Use of the media to spread the news on the importance and the advantages of Early TB screening and diagnosis.  Print media services to be provided to share more knowledge of the disease.
		Collaboration with Other Providers and Sectors	Private provider engagement in TB/DR-TB care	Inadequate guidelines on the engagement between parents and other service providers on HIV /TB caregivers. Sensitization of parents and teacher.	Formulation of policies and guidelines that encourage better engagements and collaboration in the fight against HIV /TB.  Government support in encouraging such collaborations with the private sector. Introduction of tax exception to those who participate.

		Vector Control	Insecticide treated nets (ITNs) - continuous distribution: ANC	<ul style="list-style-type: none"> <li>• Inadequate availability of treated nets.</li> <li>• Inadequate information and malaria and control.</li> <li>• Inappropriate usage of treated nets.</li> <li>• Inadequate advocacy.</li> <li>• Inadequate vector control.</li> <li>• Inadequate Use of indigenous knowledge in biological control of vectors.</li> <li>• Inadequate community health workers.</li> <li>• Non adherence of drugs.</li> </ul>	<p>Government provision of more treated nets to the community.</p> <p>Community empowerment of knowledge of malaria control by the community health workers.</p> <p>Community training on how to use the treated nets to control the spread of malaria. This will control the poor usage of the mosquito nets witnessed in our communities where they use such nets to do fishing and in the bathrooms.</p> <p>Community barazas to conduct health trainings on some factors like the importance of completing medical drugs.</p>
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## 20.0 School caregivers (matrons, nurses, school workers)

Typology	Groups	Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities	Gaps What is the problem along the three diseases TB, HIV and Malaria?	What can we do to address these problems?
<b>School caregivers (matrons, nurses, school workers)</b> Rapporteurs: Susan, Fridah	<ul style="list-style-type: none"> <li>Quality Nairobi County</li> <li>Amref</li> <li>Finance</li> <li>Policy</li> <li>Field Services</li> <li>Chief Economist</li> <li>Admin</li> </ul> Nemis	Treatment, Care and Support	HIV treatment and differentiated service delivery – adults (15 and above)	<b>Differentiated adherence and treatment support.</b> SMS reminders, telephone and online platforms for triage.  For adolescents living with HIV, peer support services, disclosure-related support and age- and	The care givers do not have the correct information in regard to HIV Treatment, care and prevention.  Most of the caregivers do not have proper knowledge to differentiate the different types of	There is need for capacity building to equip them with proper knowledge on how to handle themselves and the learners who are on medication.  Supportive activities to improve access and adherence to treatment; psychosocial support through life skill



				<p>developmentally appropriate treatment literacy and comprehensive sexuality education.</p> <p>Supervision and mentorship.</p>	<p>medication for learners to avoid stigmatizing them</p> <p>Proper follow up of learners for treatment, care and support</p>	<p>training and guidance and counselling services.</p> <p>Nutritional support during treatment needed (Additional funding to cover for supportive diet for learners with TB/HIV)</p>
<p><b>School caregivers- Drivers, security, bursar, cateress, matron, groundsman</b></p> <p><b>alangat@nsdcc.go.ke</b></p>				<p><b>Stigma and discrimination reduction</b></p> <p>Palliative care for PLHIV: e.g., therapeutic feeding to clinically malnourished PLHIV.</p>	<p>Stigma and discrimination among those living with HIV</p> <p>The caregivers do not have knowledge in regard to</p>	

				<p>GBV support services, such as post-violence counseling, clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling.</p>	<p>treatment and care</p> <p>Psychocial support</p>	
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				<p>STIs services: Screening, testing, treatment.</p> <p>Psychosocial support and mental health support.</p> <p>Nutrition Education.</p>		
			Integrated management of common co-infections and co-morbidities (adults and children)	Routine screening and management of mental health, including sexual identity development, depression, anxiety, and trauma.	There is no routine screening of mental health (depression, anxiety & trauma) including body changes during adolescents	<p>Update MOE HIV policy to include TB and Malaria.</p> <p><b>Policies/guidelines with the current global practices/policies.</b></p>
		Elimination of Vertical Transmission of HIV,	Integrated testing of pregnant women for	Activities related to integrated testing for HIV, syphilis and hepatitis B		

		Syphilis and Hepatitis B	HIV, syphilis and hepatitis B	<p>among pregnant women and linkages to treatment. For example:</p> <ul style="list-style-type: none"> <li>• Staffing, training, tools, job aids to provide integrated testing services.</li> <li>• Linkage to rapid initiation of HIV, syphilis and hepatitis B treatments.</li> <li>• Activities related to quality improvement, mentoring, combined with in-service training where appropriate.</li> </ul>		
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				<ul style="list-style-type: none"> <li>• Virtual interventions, educational programs and campaigns, peer mentorship and navigation, community mobilization and empowerment, incentives for antenatal care (ANC) attendance.</li> <li>• Commodities for testing services, including dual HIV/syphilis test kits and Hepatitis B testing for</li> </ul>		
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				pregnant women.		
		TB/HIV	TB/HIV - Collaborative interventions	<ul style="list-style-type: none"> <li>• Setting up and strengthening a coordinating body for collaborative TB/HIV activities at all levels.</li> </ul>		
			TB/HIV - Screening, testing and diagnosis	<ul style="list-style-type: none"> <li>• Screening PLHIV for active TB including using X-rays/digital X-rays (with or without CAD, C-reactive protein [CRP]).</li> </ul>		
			TB/HIV - Treatment and care	Patient support and follow-up during treatment for both TB and HIV.	Lack of awareness on treatment and care of TB management.	Sensitisation  Orientation

				Supportive activities to improve access and adherence to treatment including digital adherence technologies; psychosocial and nutritional support during treatment as needed.	Lack of alignment of the between the school policy/guidelines with MOH guidelines  Weak coordination between TB management and the Education	Update MOE health related Policies/guidelines with the current global practices/policies.
		Vector Control	Insecticide treated nets (ITNs) - continuous distribution: school based	ITNs school-based distribution-specific training (or training for distribution integrated with another malaria activity, e.g., Intermittent Preventive	Most learners do not use ITNs in schools.	Distribute mosquito nets to boarding schools  Sensitize caregivers on importance of using ITNs

				Treatment for Schoolchildren, IPTsc), should be included in this module or under the module “Specific Prevention Interventions” and the intervention “IPTsc”.		
			Indoor residual spraying (IRS)	Environmental compliance and waste management.	Inadequate knowledge on dangers of Malaria	<p>Awareness on the Malaria cycle.</p> <p>Regular fumigation &amp; external spraying of the dormitories,</p> <p>Support schools in waste management and control.</p>



		Case Management				
		Specific Prevention Interventions (SPI)	Mass drug administration		Lack of medical facilities and qualified personnel to give proper diagnosis.	Mapping schools to the nearest medical facilities/dispensaries  Provision of mobile clinics specifically for schools.