

GF Cycle 7 vulnerable Constituency Dialogue 5th and 6th April 2023

INPUTS FROM THE FISHERFOLKS TYPOLOGY

1.0 HIV Program

Typology	Intervention Area	Gaps Identified	Activities to address the gaps
Fisherfolk	Condom and Lubricant Programming	<ul style="list-style-type: none"> -Knowledge gap on HIV prevention services among fisherfolk communities -Inadequate peer to peer educators among the fisherfolks -Low condom supply among fisherfolks -Low accessibility of Condoms -Inadequate knowledge of condom use -Lack of baseline data -Cultural and religious barriers 	<ul style="list-style-type: none"> -Capacity building of BMU health sub- committee members to reach their peers -Support state department of fisheries to offer technical support to BMUs in increasing access to HIV services -Formation of integrated health support group among the fisherfolk communities -Peer to peer engagement of fisherfolks to increase knowledge among the fisherfolks -Installation of condom dispensers in the landing sites for BMUs - Capacity build Health Sub Committee as Peer Educators to enable them to quantify condoms needs -Building the capacity of fishing community on Human Centred Approach in addressing new HIV infections -Development and distribution of IEC Materials among the fisherfolks -Conduct an IBBS among the fishing communities
	PrEP Programming	<ul style="list-style-type: none"> -Low uptake of PrEP -Low Knowledge on PrEP -Inadequate PrEP availability in the communities 	<ul style="list-style-type: none"> -Sensitize and Capacity the fisherfolks on PrEP to increase knowledge -Capacity building of peers to increase uptake of PrEP -Face-to-face and digital platforms for communities - combination strategies and new HIV prevention technologies such as HIV self-testing, PrEP, assisted partner notification services, Dapirvine ring, GBV screening, and contraception; create awareness on hepatitis b vaccine, STIs transmission and treatment, violence prevention and response mechanisms,

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		existing laws and reporting of gender-based violence
HIV prevention, Communication, information and demand creation	<ul style="list-style-type: none"> -Engaging in sexual risky behaviors -Myths and misconceptions -Low accessibility of information -Lack of multisectoral approach -Cultural and religious barriers -Mobility of fisherfolks -Poverty(Fish for sex) -Low access to healthcare services - Lack of vulnerable population size estimates 	<ul style="list-style-type: none"> -Sensitization of fisherfolks -Developing and distribution of IEC materials -Support state department of fisheries hold Bi-annual stakeholders forums with BMUs on HIV prevention -Peer to Peer Engagement-Targeted community outreaches at the BMU landing sites - PMTCT – facility delivery, retesting (as per the national guidelines), STI & HIV knowledge - Data generation for target populations - Conduct a modes of transmission assessment in collaboration with line organizations
Community Empowerment	<ul style="list-style-type: none"> -Poor infrastructure -Lack of involvement of fisherfolks in KVP TWG 	<ul style="list-style-type: none"> -Inclusion of fisherfolks in the Key and Vulnerable population TWG -Capacity building of BMUs leaders -Guidelines for a differentiated package of OVP (NAS COP?)
Removing the human rights barriers to prevention	<ul style="list-style-type: none"> -Discrimination of female fisherfolks -Child labor among the fisherfolks -Lack of awareness for law enforcement 	<ul style="list-style-type: none"> -Sensitization of BMU leaders on SGBV and discrimination -Sensitization of BMU leaders with law enforcers & local administrators on HIV prevention

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Typology	Intervention Area	Opportunities	Activities to scale up
Fisherfolk	Condom and Lubricant Programming	<ul style="list-style-type: none"> -Advocacy -Existence of line ministries i.e. Ministry of Agriculture, Livestock, Fisheries and Cooperatives 	<ul style="list-style-type: none"> - Capacity building of networks so that they can implement their own programs, do monitoring, and advocacy, do treatment literacy (for defaulter tracing) - Build capacities using HCD approaches to mitigate risks, improve livelihoods, improve retention of treatment - Introduce Workplace programs at the county via county public service -Support state department of fisheries to offer technical support to BMUs in increasing access to HIV services -Installation of condom dispensers in the landing sites for BMUs -Building the capacity of fishing community on Human Centred Approach in addressing new HIV infections -Development and distribution of IEC Materials among the fisherfolks -Conduct an IBBS among the fishing communities
	PrEP Programming		<ul style="list-style-type: none"> -Sensitize and Capacity the fisherfolks on PrEP to increase knowledge -Capacity building of peers to increase uptake of PrEP
	HIV prevention, Communication, information and demand creation		<ul style="list-style-type: none"> -Sensitization of fisherfolks -Developing and distribution of IEC materials -Support state department of fisheries hold Bi-annual stakeholders forums with BMUs on HIV prevention -Targeted community outreaches at the BMU landing sites

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			-Peer to Peer engagement
	Community Empowerment		-Inclusion of fisherfolks in the KVP TWG -Capacity building of BMUs leaders
	Removing the human rights barriers to prevention	-	-Sensitization of BMU leaders on SGBV and discrimination -Sensitization of BMU leaders with law enforcers & local administrators on HIV prevention

2.0 TB Program

Typology	Intervention Area	Gaps Identified	Activities to address the gaps
Fisherfolk	TB/HIV collaborative intervention	-Knowledge gap on TB/HIV prevention services among fisherfolk communities -Low source of livelihood for the fisherfolk communities	-Capacity build all 394 BMU members on TB/HIV prevention -Utilize a human centred design (HCD) approach in addressing existing gaps through implementation of integrated TB/HIV services -Provide technical assistance to 394 BMUs for TB/HIV activities at all levels. -Strengthen the capacity of Community structures to promote uptake of HIV/TB services -Link the fisherfolk communities with the Ministry of trade to facilitate access to microfinancing opportunities -Build capacities for fisherfolks in entrepreneurial skills in financial literacy, and business development to create investable and sustainable businesses in skills-shortage industries

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		<ul style="list-style-type: none"> -Promote access to savings and loans, insurance, and micro-credit for income-generating activities or micro-enterprise
Community care delivery among fisherfolk communities	<ul style="list-style-type: none"> Sub-optimal screening, testing, care and treatment of TB/HIV among the fisherfolk communities -Poor health seeking among males 	<ul style="list-style-type: none"> -Support active community case finding among the fisherfolks -Psychosocial support for newly diagnosed TB clients -Community TB care and prevention -Training and supervision of Community TB workers -Building the capacity of male fisherfolk champions to promote uptake of TB services -Mobile outreaches along the fish landing sites
Eliminating TB-related stigma and discrimination	<ul style="list-style-type: none"> - Knowledge gap among; community gate keepers, opinion leaders and fisherfolk peer educators - Inadequate nutrition among fisherfolk diagnosed with TB leading -Myths and misconceptions on TB among the Fisherfolk 	<ul style="list-style-type: none"> -Engagement with religious and community leaders and celebrities. -Peer mobilization and support developed for and by people with TB and affected communities, aimed at promoting well-being and human rights. -Targeted provision of nutritional supplements for fisherfolk diagnosed with TB -Conduct community health promotion outreaches targeting the nutrition aspect -Sensitize peer educators to follow up on treatment adherence
Ensuring people-centered and rights-based TB services among the fisher folk	<ul style="list-style-type: none"> -Lack of fisherfolk representation within the facility health management team in respective counties 	<ul style="list-style-type: none"> -Periodic and ongoing community-led and -based monitoring, including “mystery shoppers”, suggestion boxes, and exit surveys through engaging with County Governments.

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		<ul style="list-style-type: none"> -Establish, strengthen, and support health committees led by members of the community and health facility leadership.
Increasing access to justice	<ul style="list-style-type: none"> -Treatment interruption when reprimanded -Knowledge gap on the justice and legal structures 	<ul style="list-style-type: none"> -Support state department of fisheries hold Bi-annual stakeholders forums with BMUs on HIV prevention -Strengthen multi-sectoral engagement to ensure continuity of services among the fisherfolk communities
Monitoring and reforming policies, regulations and laws	<ul style="list-style-type: none"> -Lack of blue sector economy engagement during development of TB policies 	<ul style="list-style-type: none"> -Engagement with county government, parliamentarians and ministers of justice and blue economy, interior, corrections, finance, industry, labor, education, immigration, housing, health and trade, and religious and traditional leaders, among others, including community led engagement.
Reducing TB-related gender discrimination, harmful gender norms and violence	<ul style="list-style-type: none"> - Low male engagement on gender discrimination, harmful gender norms and violence 	<ul style="list-style-type: none"> -Empowering BMU women's groups to raise awareness of TB-related rights and monitor violations. - Creating champions among fisherfolk leaders to promote elimination of gender-based violence and harmful gender norms and traditional practices. - Monitoring of TB-related violations against women and young people
Community mobilization and advocacy, including support to TB survivor-led groups	<ul style="list-style-type: none"> - Lack of advocacy for survivor led TB interventions among "omena" fisherfolks living in crowded settings 	<ul style="list-style-type: none"> -Patient group mobilization and building capacity/supporting community-led advocacy efforts. -Community consultations to develop a community-centered approach to treatment and support implementation. -Building the TB community network, including women's TB networks and support groups.

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3.0 CSS

Typology	Intervention Area	Gaps Identified	Activities to address the gaps
Fisherfolk	CSS	-Low source of livelihood for the fisherfolk communities	<ul style="list-style-type: none"> -Link the fisherfolk communities with the Ministry of trade to facilitate access to microfinancing opportunities -Build capacities for fisherfolks in entrepreneurial skills in financial literacy, and business development to create investable and sustainable businesses in skills-shortage industries -Promote access to savings and loans, insurance, and micro-credit for income-generating activities or micro-enterprise

4.0 Malaria

Typology	Intervention Area	Gaps Identified	Activities to address the gaps
Fisherfolk	Social and behavior change (SBC)	<ul style="list-style-type: none"> -Misuse of ITNs as equipment for fishing -Inadequate coverage in distribution of ITNs and other preventive gears for night fisherfolks 	<ul style="list-style-type: none"> -Mobilization of fisherfolk and their families to access malaria vaccination -Community and BMUs sensitization on correct utilization of ITNs -Engagement of the fisherfolk as a priority group during distribution of ITNs
	Insecticide treated nets (ITNs) - mass campaign: universal	-High burden of Malaria among fisherfolks involved in night fishing	-Targeted/emergency response among the fisherfolk communities
	Integrated community case management (iCCM)	<ul style="list-style-type: none"> -Knowledge gap on Malaria case management resulting to myths and misconceptions -Delayed diagnosis of malaria among the fisherfolk 	<ul style="list-style-type: none"> Increase sensitization through outreach events on community case management among the fisherfolk communities -Linkage of peer educators to the County health department to facilitate access to malaria commodities

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			-Capacity build peer educators on carrying out rapid malaria tests among fisherfolks living on islands
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