## **HIV IN EMERGENCY AND HUMANITARIAN SETTING**

MODULE	INTERVENTION	GAPS IDENTIFIED	ACTIVITIES TO ADDRESS THE GAPS IDENTIFIED
Prevention Package for	Condom, lubricant and NSP	Inadequate supply and availability of condoms	
(MSM/FSW/PWID/PWUD/TG) and their	programming for	and lubricants, NSP	Regular reporting and requesting, and uploading into the KHIS
	(MSM/FSW/PWID/PWUD/TG)	Inaccessibilty of condoms and lubricants, NSP	
		and interruption of specific services provided	Targeted condom distribution, including to non-traditional
		within differentiated models	outlets
		Stigma associated with condom use, discussion	Information and communication on safer sex and condom use,
		and distribution	at community level and on internet, or through safer social
			media/web-based condom promotion
			Inclusion of condoms and lubicants as a package during
			distribution of emergency humanitarian kits (Contraceptives,
			dignity pack, condoms, lubricants etc)
	Pre-exposure prophylaxis (PrEP)	Lack of awareness/knowledge gap	PrEP information and demand creation, including peer-based
	programming for		approaches, sensitization of service providers, comuunity
	MSM/FSW/PWID/PWUD/TG		volunteers among others
			Advocacy to enhance awareness and access
		Inconsistent supply chain of PrEP drugs	Strenthening the reporting system
			Fast track procurement process
			Integration of PrEP into other health service delivery
		Low uptake of PrEP	components
	Sexual and reproductive health	Inadequates in careening knowledge access to es	Strenghtening of community referral and address stigma and
	services, including sexually	Imadequence in screening,knowledge,access to ca	sentitization of CHV
	transmitted infections (STIs),		Sentitization of CHV
	hepatitis, post-violence care for	Assesment and mapping	
	MSM	Inconsistance refferal system	create a saver E-refferal system and linkage to care
	IVISIVI	inconsistance remeral system	create a saver E remeral system and initiage to care
	Removing human rights@related	Stigma due to legal, cultural and religious value	
	barriers to prevention for	systems, limited knowledge, language	
	MSM/FSW/PWID/PWUD/TG	barriers, emergecy responces not adequantly	
		consider human rights	Removing human rights related barriers to prevention for MSM
		Weaker Community Advisory Boards (CAB) and	
		other respondents	Refocus CABs and respondent interventions
		Increased human rights violations	Key stakeholders sensitizations
		Inadequate support on probono services	Remodeling of probono package of services
Elimination of Vertical Transmission of HIV,			
Syphilis and Hepatitis B		Low ANC attendance/uptake	Increased awareness for pregnant mothers and spouses
			Inceease numbers of community outreaches
			Strengthen community-facility referral by CHVs and community
			champions

			Incentives for antenatal care (ANC) attendance through <i>LINDA MAMA</i> initiave and NHIF support for families and refugees/asylum seekers  Integration of between HIV and reproductive, maternal, newborn, child and adolescent and PMTCT in mobile services health (RMNCAH)  Strengthen advocacy of key stakeholders like Imams, Religious
		Low knowledge on importance of ANC services	leaders among others
		Inadequate rapid test kits for HTS	Regular reporting on consumption and uploading into KHIS
		Cultural barriers	Community mobilization and empowerment,
			Reach through consistent mobile outreaches including cross
		High mobility due to nomadic lifestyle	border population
	revention of HIV incidences mong pregnant and	Inadequate rapid test kits for HTS	Regular reporting on consumption and uploading into KHIS
		Inadequate supply and availability of condoms and lubricants	Regular reporting and requesting, and uploading into the KHIS
			Promotion and distribution of female and male condoms and condom-compatible lubricants.
		Low literacy levels and skill on safer sex and	Information and communication on safer sex, sex negotiation skills and condom use.
		negotiations	
		Low uptake of PrEP	Integration of PrEP into ANC services
		Inadequate GBV interventions	GBV support services, such as post-violence counseling, referral and linkages to post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and longer-term counselling.
		Inadequate STI screening kits and treatment facil	Prevention, screening and testing of STIs.
			Integration of STI services at community level
		Low involvement and stigma among partners	Increased focus on meaningful partner testing and engagement
Pc	ost-natal infant prophylaxis	Longer distances to access health facility service	Integrated comprehensive mobile services
			Enhance quarterly multisectoral and commodity security meetings
		Stigma and discrimantion on provision on ARVs for infant prophylaxis	Empowerment of mentors mothers and expert mothers/peer champions
		Lack of awareness on hepatitis screening and treatment among HCP and community, including cross boarder persons and refugees	Capacity buidling through relevant structures
	arly infant diagnosis and follow- p HIV testing for exposed	Erratic commodity supply including for EID diagnosis kits	Regular reporting and requestiing and uploading in KHIS

		Defaulters and home deliveries	Adequate resources for defaulter tracing
	4		Increase awareness for ANC attendance and hospital deliveries
			Increased support group meetings
		Inadequate testing platforms	Introdicing point-of -care and commodities
Treatment, Care and Support		Weaker Community ART distribution models	Need for adequate resources to facilitate community ART
	service delivery – adults (15 and		distribution
		Low knowledge on ART distribution models	Capacity building of community ART distributors
		High stigma associated with ARVs	Targeted ART distributions
		High mobility of clients on ART	Increased mobile ART clinics
		Inadequate resources, capacities and	Psychosocial support and mental health support.
		interventions for psychosocial and mental health	
		Inadequate treatment and adherence support in boarding schools	Capacity building for treatment supports/matrons in boarding schools
		boarding schools	30110013
	Nutritional package/support for	Missing in the current fumding/NFM3	Inclusion of nutritional support in the GC7 grant
	PLHIV and during emergency	INISSING III the current fulliding/NFIVIS	lineusion of natritional support in the GC7 grant
	refire and during emergency		
	Social protection through	Lack of mapping/estimates for	Mapping and data base for eligible client
	humanitarian support package	eligible/vulnerable clients	Interpoliting and data base for eligible client
	numamtarian support package	engible/vallierable chefts	Inclusion of humanitatrian support package in the GC7 grant
			inclusion of numanicatrian support package in the GC7 grant
	Treatment monitoring - viral load	Lack of commodities including reagents/cartridge	Canacity anhancement for point of care carriess
	and antiretroviral (ARV) toxicit	Lack of commodities including reagents/cartridge	capacity enhancement for point of care services
			Procurement of reagents/cartridges and equipment (including
			multi-disease devices and point-of-care devices) for viral load
			testing.
		Knowledge gap on treatment monitoring	Demand creation and treatment literacy (community level).
	Integrated management of	Inadequate commodities including drugs for	Referrals of people living with HIV, women, and adolescents to
	common co-infections and co-	common infections	HPV vaccine services, and screening, triage, and secondary
	morbidities (adults and children)		preventive treatment of HPV and cervical cancer; with a focus
			on AGYW.
			Routine screening and management of mental health, including
			sexual identity development, depression, anxiety, and trauma.
			Screening and management of hypertension, diabetes, and
			obesity in PLHIV of 40 years and older.
Reducing Human Rights@related Barriers to	Eliminating stigma and		Generate evidence to inform plan for emergency response
HIV/TB Services	discrimination in all settings	Inadequate Information to inform an effective	, J , sapa sa
•	]	response to stigma and discrimination within	
		emergency and humanitarian settings	
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			Development and implementation of national emergency plans
			that include adequate attention to needs of vulnerable
			communities in emergency and humanitarian settings
	1		Mapping out and capacity building for key stakeholders involve
			in emergency and humanitarian responses
	1		Engagement of community-based and community-led
			organizations/groups on HIV, TB and human rights in
			camps/group residence of refugees and internally displaced
			persons.
			Activities to prevent, address, monitor and report violence
			against (including but not limited to) to the most vulnerable in
			emergency and humanitarian settings
	]	Stigma due to legal, cultural and religious value	Removing human rights@related barriers toaccess to HIV care
		systems, limited knowledge, language	and treatment in emergency situations
		barriers,emergecy responces not adequantly	,
		consider human rights	
			Reconstitution and support for CABs and respondent
		other respondents	interventions
	†	Increased human rights violations	Key stakeholders sensitizations on HR and ethical standards
		lincreased numan rights violations	applicable in emergency and humanitarian settings
		Inadequate support on probono services	
			Remodeling of probono package of services, Sensitize
		Increased vulnerability and exposure to SGBV	community gate-keepers, law enforcers and uniformed officers
	Legal literacy ("Know Your	Ignorance on rights applicableduring emergency	Development and dissemination of communication materials on
	Rights")	situations	patient rights and other human rights.
			Development and dissemination of communication materials on
		Language barriers among communities in	patient rights and other human rights in languages applicable in
	]	humanitarian settings	humanitarian settings
		Ignorance on legal obligations applicable in	Avail probono legal support
		Kenya among refugees and asylum seekers	
	Ensuring non-discriminatory	Inadequate data on the extent and nature of	Monitor, document and respond to incidences of discrimination
	provision of health care	discrimination in health care provision in	in humanitarian settings
		emergency and humanitarian settings	
	1		Development of and capacity building on institutional policies
			and accountability mechanisms for emergency and
			humanitarian responders
	Ensuring rights-based law	Impunity in law enforcement paractices during	Cupport community led manitoring of human rights vialations
	rensuring rights-based law	Impunity in law enforcementparactices during	Support community-led monitoring of human rights violations
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	enforcement practices	emergency responses	by organizations providing emergency responses
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