

Group work

Government of Kenya

Country Dialogue

Guiding questions to consider during the design process

1

**What are the current gaps for the HIV, TB and Malaria? (Prevention, treatment, structural – policies/guidelines?)
What is the problem?**

2

**What are the current opportunities that exist in the current implementation that we would like to scale up?
What good thing is working now and we want to reach more people?**

3

**What are priorities to address these gaps?
How do we solve this problem?**

4

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
TB Diagnosis, Treatment and Care	TB screening and diagnosis	Disruption in TB screening and diagnosis	Mobile outreaches in the communities to counter the disruptions.
		Lack of TB contingency plan during emergencies	Develop/Review the contingency plan for TB during emergencies
		Lack of enhanced coordination for TB screening and diagnosis during emergency	Have a multi-sectoral coordination group being assigned different roles
		Non-prioritization of the most vulnerable populations for TB during emergencies PWDs, Women and Children	Identify and prioritize the most vulnerable for support to access to TB services
		Stigma and Discrimination affecting TB screening and diagnosis	Awareness creation on Social and Behaviour Change

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
2.	TB treatment, care and support	Poor accessibility to TB treatment services due to disruption of health care system and environment	<ul style="list-style-type: none"> • Mobile outreaches in the communities to counter the disruptions.
		Treatment interruption	<ul style="list-style-type: none"> • Enhanced follow ups during emergency and humanitarian situations • Prepositioning for Emergency relief and commodities • Psychosocial support to TB patients
		Food insecurity	<ul style="list-style-type: none"> • Consideration for cash transfers • Capacity building on alternative source of livelihood eg Agribusiness

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
	TB treatment, care and support	Stigma and discrimination affecting TB treatment, care and support	<ul style="list-style-type: none">• Scale up sensitizations on stigma and discrimination• Use of stigma champions

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address
DR TB Diagnosis, Treatment and Care	DR –TB diagnosis and drug susceptibility testing	Limited diagnosis for DR TB Inadequate SBCC interventions	<ul style="list-style-type: none"> • Mobile clinics to • Use of innovative example the use • Design and prod SBCC materials
	DR-TB treatment care and support	Inadequate specialized care and support for DR-TB patients	<ul style="list-style-type: none"> • Set up emergency up for enhanced
		Treatment interruption	<ul style="list-style-type: none"> • Enhanced follow emergency and situations • Prepositioning for relief and comm
		Food insecurity	<ul style="list-style-type: none"> • Consideration fo • Capacity building source of livelih

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
TB DR-TB Prevention	Screening/testing for TB infection	Disruption of TB screening services and commodities	<ul style="list-style-type: none"> • Undertake mobile outreaches/clinics for screening/testing for TB infection • Use of technology for sample collections • Capacity CHVs to undertake rapid testing
		Cultural beliefs and practices	<ul style="list-style-type: none"> • Creation of awareness • SBCC
		Stigma and discrimination	<ul style="list-style-type: none"> • Scale up sensitizations on stigma and discrimination • Use of stigma champions

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
TB/DR-TB Prevention	Preventive treatment	Lack of mapping of hot spot areas and points of convergence	<ul style="list-style-type: none"> Undertake mapping of hot spot areas Use of technology to monitor and undertake surveillance of the preventive treatment
		Poor adherence of Preventive treatment	<ul style="list-style-type: none"> Enhanced adherence support Follow ups to treatment interrupters
TB/DR-TB prevention	Infection prevention and control (IPC)	Overcrowding in emergency set ups	<ul style="list-style-type: none"> Assess and address overcrowding in emergency set ups Use of PPEs
		Inadequate isolation set ups	<ul style="list-style-type: none"> Set up acceptable Community isolation sets ups
		Inadequate information and capacity	<ul style="list-style-type: none"> Continuous capacity building on IPCs and CMEs

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
Collaboration with other providers and sectors	Private provider engagement in TB/DR-TB Care	Weak coordination between private and public sector	<ul style="list-style-type: none"> Strengthen the coordination between private and public sector and cascade to the lowest levels Sensitization on the benefits of private/public engagements
	Community Based TB/DR-TB Care	Disjointed service provision to the beneficiaries in the community	<ul style="list-style-type: none"> Strengthening the one health approach and integration of services
		Weak community structures to handle emergencies	<ul style="list-style-type: none"> Community Systems strengthening
		Inadequate resources to handle TB and emergencies	<ul style="list-style-type: none"> Increase resource allocation during emergencies
		Lack of ownership and resource allocation for TB activities by the County	<ul style="list-style-type: none"> Setting up and re-inforcing TB funds for during emergencies Increased advocacy for TB

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
Collaboration with other providers and sectors	Collaboration with other programs/sectors	Weak coordination and reporting of the different sector working groups	<ul style="list-style-type: none"> Strengthen and centralize coordination and reporting between the different sector working groups
		Dependence of donor funding for coordination of the above sector working groups	<ul style="list-style-type: none"> National and County government to take up the coordination and not rely on donors Development of guidelines and legal frameworks to guide coordination and integration of various donors activities

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
Key and Vulnerable Populations (KVP)-TB/DR-TB	KVP-Children and Adolescents	There are more vulnerable during emergencies	<ul style="list-style-type: none"> • Prioritization for services and support • Targeted interventions • Awareness creation among/SBCC
		Overcrowding	<ul style="list-style-type: none"> • Assess and address overcrowding in emergency set ups • Use of PPEs
		Poor nutrition	<ul style="list-style-type: none"> • Focused Nutritional support
		Poor health seeking behaviour among Adolescents	<ul style="list-style-type: none"> • Demand creation • SBCC
		Poor adherence	<ul style="list-style-type: none"> • Psychosocial support • Youth friendly services • AYP programming during emergencies

Key and Vulnerable Populations	KVP-People in prisons/jails/detentions centres	Overcrowding	<ul style="list-style-type: none"> • Setting up of Temporary infrastructures • Enhance ADR during emergencies • Provision of PPEs and NFIs • Enforcement of the existing legal frameworks in prisons
	KVP-Mobile populations	Congestion at the reception centres	<ul style="list-style-type: none"> • Integrate the displaced with the Communities through temporary shelters
		Poor identification of those on treatment as they come in at the emergency centre	<ul style="list-style-type: none"> • Enhanced screening at the point of entry • Immediately identify those on treatment to continue with the medication • Contingency planning for the response • Capacity build the workers to be able to screen and identify the TB affected
		Lack of coordination and linkages between the health facilities in the refugee centres and the host community	<ul style="list-style-type: none"> • Strengthen coordination and setting up of TWGs on TB

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
	KVP-Mobile populations	Existing tension and difference between the refugees/displaced persons and the host community	<ul style="list-style-type: none">• Increase cooperation and treat all equally to minimize these differences• Engagement of resource persons, engagements and collaborations between the refugees and the host community

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
Key and Vulnerable Populations (KVP)-TB/DR-TB	KVP-Miners and Mining Communities	Inadequate data on miners and mining areas	<ul style="list-style-type: none"> • Develop data base of miners and mining areas • Mapping of mining areas • Strengthening policies and the legal frameworks for mining • Linking the mining sites to the Community health systems
	KVP-Urban poor/slum dwellers	Overcrowding	<ul style="list-style-type: none"> • Assess and address overcrowding in emergency set ups • Use of PPEs
		Poor access to TB services	
	KVP-Others	Lack of mapping and inadequate data of the other KVPs	<ul style="list-style-type: none"> • Mapping out of hotspots plans and provision of data
		Lack of contingency planning	<ul style="list-style-type: none"> • Develop contingency

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
TB/HIV	TB/HIV-collaborative interventions	Weak collaboration of the various stakeholders in TB /HIV and carrying out of activities	<ul style="list-style-type: none"> • Advocate for strengthening of collaborations for TB and HIV
	TB/HIV-Screening, testing and diagnosis	Separate programming during emergencies	<ul style="list-style-type: none"> • Advocate for integration of services and collaborations of implementing partners
		Erratic supply of TB/HIV commodities	<ul style="list-style-type: none"> • Advocate and support for local manufacturing • Mapping and contingency planning
	Treatment, Care and support	Separate programming during emergencies	<ul style="list-style-type: none"> • Advocate for integration of services and collaborations of implementing partners
		Erratic supply of TB/HIV commodities	<ul style="list-style-type: none"> • Advocate and support for local manufacturing

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
	TB/HIV-Prevention	Inadequate contact tracing and follow up	<ul style="list-style-type: none"> Strengthen community health systems
		Erratic supply of TB/HIV Commodities Poor forecasting	<ul style="list-style-type: none"> Contingency planning for the commodities
		-Inadequate TB/HIV testing at the community is poor	<ul style="list-style-type: none"> Re-focus on priorities and adopt community centred approaches
	TB/HIV-Community Care delivery	Lack of differentiation of clients based on their needs	<ul style="list-style-type: none"> Adopt differentiated service delivery
		Demotivation among Community Health Volunteers	<ul style="list-style-type: none"> Ensure the promises for stipends for CHVs are meant

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
	TB/HIV-Key and high risk populations	Lack of Updated data on TB prevalence survey from the 2016 survey (https://www.chskenya.org/wp-content/uploads/2018/04/Final-TB-Prevalence-Survey-Report.pdf)	<ul style="list-style-type: none"> • Updated data on HIV/TB • TWGs and review meetings
		Lack of TB/HIV planning for the other populations	<ul style="list-style-type: none"> • Contingency Planning
			<ul style="list-style-type: none"> • Integration and Coordination for HIV/TB services
REMOVING HR AND GENDER	ELIMINATING TB RELATING STIGMA	INADEQUATE AWARENESS ON TB -CULTURAL AND RELIGIOUS BELIEVES	<ul style="list-style-type: none"> • STRENGTHEN , ADVOCACY AND SOCIAL MOBOLIZATION • STRENGTHENING LEGAL IMPLEMENTAION

Intervention	Gaps identified	Activities to address the gaps
<p>TRAINING PEOPLE –CENTRED AND RIGHTS –BASED TB SERVICES AT HEALTH FACILITIES</p>	<p>-INADEQUATE ENGAGEMENT OF COMMUNITY RESOURCES PERSONS</p> <p>-INADEQUATE INFORMATION ON TB AND HUMAN RIGHTS ACROSS</p> <ul style="list-style-type: none"> - POOR COORDINATION AND COLLABORATION NETWORKS ON HR AND TB - POOR LINKAGE OF EXISTING LEGAL AND THE COMMUNITY <p>-POOR REPORTING AND DATA ON HR VIOLATION</p>	<ul style="list-style-type: none"> • ACTIVE ENGAGEMENT OF COMMUNITY RESOURCE PERSONS /COMMUNITY OWNED • STRENGTHENING COMMUNITY HEALTH UNITS • COORDINATION AND COLLABORATION NETWORKS ON HR AND TB • STRENGTHEN LINKAGES BETWEEN THE COMMUNITY AND THE LEGAL FRAMEWORK • STRENGTHEN ON DATA REPORTING COORDINATION INCLUDING PROVISION OF SAFE SPACES
<p>LEGAL LITERACY (KNOW YOUR RIGHTS)</p>	<p>-INADEQUATE TB RIGHTS CHAMPIONS</p> <p>-INADEQUATE IEC /SBCC ON TB</p> <p>-INCREASED VIOLATION ON HR DURING EMERGENCIES</p>	<ul style="list-style-type: none"> • TRAINING AND SENSITIZE MORE TO TRAINERS /CHAMPIONS ON HR • SENSITIZE THE COMMUNITY ON THEIR RIGHTS ON TB PATIENTS
<p>INCREASING ACCESS TO JUSTICE</p>	<p>-INADEQUATE TRAINED PARALEGALS IN THE COMMUNITIES</p>	<ul style="list-style-type: none"> • TRAINING MORE PARALEGALS
<p>COMMUNITY MOBILIZATION AND CAPACITY , INCLUDING SUPPORT FOR TB SURVIVORS –LED GROUPS</p>	<p>-INADEQUATE FUNDING FOR SBCC INTERVENTIONS AT THE COMMUNITY LEVEL</p>	<ul style="list-style-type: none"> • CONDUCTING COMMUNITY KNOWLEDGE ATTITUDE PRACTICES SURVEY ON TB • STRENGTHENING SBCC • PACKAGING COMMUNITY LED AND

Group work – gaps and priority activities

Module	Intervention	Gaps identified	Activities to address the gaps
	LEGAL LITERACY (KNOW YOUR RIGHTS)	<ul style="list-style-type: none"> -INADEQUATE TB RIGHTS CHAMPIONS -INADEQUATE IEC /SBCC ON TB -INCREASED VIOLATION ONHR DURING EMERGENCIES 	<ul style="list-style-type: none"> • TRAINING AND SENSITIZE MORE TOT /CHAMPIONS ON HR • SENSITIZE THE COMMUNITY ON THEIR RIGHTS ON TB PATIENTS
	INCREASING ACESS TO JUSTICE	-INADEQUATE TARINED PARALEGALS IN THE COMMUNITIES	<ul style="list-style-type: none"> • TRAINING MORE PARALEGALS
	COMMUNITY MOBILIZATION AND ADVACACY , INCLUDING SUPPORT TO TB SURVIVORS –LED GROUPS	-INADEQUATEFUNDING FOR SBCC INTERVENTIONS AT THE COMMUNITY LEVEL	<ul style="list-style-type: none"> • CONDUCTING COMMUNITY KNOWELEDGE ATIITUDE PRACTICES SURVEY ON TB • STRENGTHENING SBCC • PACKAGING COMMUNITY LED AND CENTRED INFORMATION

POLICY REGULATION	ON TB IN EMERGENCIES AND HUMANITARIAN	LEGISLATION OF POLICIES AND FRAME TB IN EMERGENCIES AND HUMANITA <ul style="list-style-type: none"> SUPPORT CASCADATING OF THE POL LEGISLATIONS TO THE LOWEST LEVEL
INTEGRATION /COORDINATION ACROSS CASE PROGRAMS AND AT THE SERVICE EVERY LEVEL	Coordination and integration happens at higher levels but not at lowest levels	<ul style="list-style-type: none"> Strengthen coordination across secto integration of services to the lowest l
	Limited and inadequate resources for coordination of services –mainly donor dependent	<ul style="list-style-type: none"> Advocate for Resource allocation and for coordination to the lowest levels
	-Lack of contingency plans for TB during emergencies	<ul style="list-style-type: none"> Develop an integrated TB contingency during emergencies
community led monitoring	<ul style="list-style-type: none"> -Weak community systems to respond for TB during emergencies -Weak community information systems to capture data and link TB linkage cases -poor support community workforce and system -inadequate on community led data ownership 	<ul style="list-style-type: none"> Strengthen community health system to TB in emergencies Increased support to the lowesed con workforce and system Stregngthen community led data for d

Group work – gaps and priority activities

	Intervention	Gaps identified	Activities to address the gaps
Health financing systems	Health financing strategies and planning	<ul style="list-style-type: none"> -ineffective coordination between the government and county development partners -lack of legal frame works on TB/HV financing -overreliance of donar funding - 	<ul style="list-style-type: none"> • effective coordination between the government and county development partners • Fomulation and development of legal frame works on TB/HV financing • Strengthening locally sustainable interventions

Group work – opportunities and priority activities

	Intervention	Opportunities identified	Activities to scale up
		Existence of community strategy guidelines	<ul style="list-style-type: none"> • Strengthening community strategy interventions • Strengthening community units at community level.
		Coordination and integration mechanism	<ul style="list-style-type: none"> • Increase integration on coordination and collaboration across sector and cascade them to lower level levels for emergency • Contingency planning
		Health promotion and disease control interventions	<ul style="list-style-type: none"> • Increased SBCC interventions at community level • Development of key message as per target groups
		Policy guidelines and legal frameworks	<ul style="list-style-type: none"> • Operationalization of the policies and frameworks • Supporting cascading of the policy guidelines and frameworks