UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: Kenya

Organizer: Network of People Living with HIV in Kenya (NEPHAK)

Date of discussion: 18th August 2020
UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Please use the template to organize your feedback from the session. Please keep responses succinct and as clear as possible to ensure our synthesis is a reflection of the focus groups hosted.

You can enter your report directly into a form on SurveyMonkey: https://www.surveymonkey.com/r/3HC9Q6M

If you are not able to enter it on line you can send us a copy via e-mail strategy@unaids.org

Would you accept for UNAIDS to make your report publicly available: Yes

Section one: Information about the focus group (to be completed by host of Focus Group)

Organization leading discussion: UNAIDS Kenya Office

Date of discussion: 18th August 2020

Theme to be discussed: Kenya progress with Fast track targets

Participants (types of organizations participating):

- Women Living with HIV
- Adolescent and Young People Living with HIV
- PLHIV constituencies

Country, regional or global focus: Country focus

Introducing the theme

Please enter the main characteristics of the theme being explored in 5 sentences (please share the presentation if possible by email)

- Challenges with implementation of current strategy – fast track targets
- What needs to be prioritized in the next 5 years?
- What are the barriers that COVID 19 has introduced in the response
- ...

...
Section one: People centered response to HIV - key emerging issues

### REACHING THE PEOPLE

| What has worked well | • Reaching adolescent girls and young women  
|                      | • Discrimination amongst girls  
|                      | • Getting HIV out of isolation  
|                      | • Test and treat  
|                      | • PHDP  
|                      | • Prevention through community engagement  
|                      | • Investing in young people  
|                      | • Treatment and transitioning to optimal treatment |

| Gaps and challenges | • TB, hepatitis, cancer have been left out in the getting HIV out of isolation campaign  
|                     | • Lack of funds within communities  
|                     | • Combo did not include PHDP  
|                     | • Prevention in general population has been low |

| What was not done well | • APNS  
|                       | • Gender inequalities – challenge of SGBV victims not being able to access PEP and P3 forms  
|                       | • Community 30% intervention |

| What needs to be done differently | • Community 30% intervention to improve  
|                                   | • Investment in country has improved but more needs to be done  
|                                   | • 50/50 social protection for PLHIV needs to improve – to also support WLHIV in their upkeep  
|                                   | • Sensitization on HIV tribunal needs to be rolled out |

### STRUCTURES THAT RESPOND TO HIV

| Gaps and challenges | • AYP left behind in diagnosis  
|                     | • People aging with HIV left behind  
|                     | • Counties not taking part in decision making of major activities/events  
|                     | • Lack of national bodies working in synergy  
|                     | • Multisectoral approach not structured and communities aren’t involved  
|                     | • Lack of accountability mechanism  
|                     | • Lack of unity among communities due to vested interests  
|                     | • NACC implementing instead of coordinating |

| What was not done well | • Response being largely medical  
|                        | • Decisions being made by national bodies without community involvement |

| What needs to be done differently | • HIV response has been largely feminized. Need to defeminize and make it more inclusive  
|                                   | • To have programmes for people aging with HIV  
|                                   | • Put emphasis on coordination for communities and unite  
|                                   | • Communities to be brought in the decision-making tables |
## CONTEXTUAL ENVIRONMENT

| What has worked well | • UNAIDS availing and mobilizing funds for communities  
| | • UNAIDS mobilization of communities and speaking in one voice  
| | • Setting targets and making countries work towards targets  
| | • Making HIV a UN agenda  
| | • UNAIDS putting communities at the center of the response |

| Gaps and challenges | • PLHIV cannot be able to access viral load testing due to the pandemic  
| | • Land and properties - Women being disinherited once they become widows  
| | • PEPFAR being purely biomedical and ignoring community intervention and only working with government structures |

| What was not done well | • Prioritizing some communities over at certain intervals  
| | • UNAIDS to stop siding with government especially on issues that are of great importance to communities  
| | • Covid 19 being prioritized over HIV and TB |

| What needs to be done differently | • To expand HIV viral suppression to include more  
| | • To invest in HIV beyond treatment  
| | • To have cash transfers  
| | • To focus on pediatric and childhood HIV beyond PMTCT  
| | • Retention of those on the ground as peer counsellors  
| | • Right to formulation of symptoms was addressed a long time ago. To start addressing the root causes of the symptoms |

## RECOMMENDATIONS

### What are the key recommendations back to UNAIDS in terms of the strategy specifically?

| CONTINUE | • Making HIV as part of the UN agenda  
| | • Emphasizing on the role of communities in the response  
| | • Mobilizing funds for communities  
| | • Focusing more on communities  
| | • Bringing communities together and speaking with one voice  
| | • Setting targets and making countries work towards the set targets |

| STOP | • UNAIDS prioritizing some communities over others  
| | • UNAIDS siding with government especially on issues that are of great importance to communities  
| | • Prioritizing Covid 19 over HIV and TB |

| START | • To assist countries to develop interventions under the DHIS to capture community interventions  
| | • To document what communities are doing and be used as a tool for funding  
| | • Dialogue needs to take place to ensure UNAIDS is playing a non-partial role. |