UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: Kenya

Organizer: Key Populations Consortium of Kenya (KP Consortium)

Date of discussion: 19th 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: 19th August 2020

Theme to be discussed: Kenya progress with Fast track targets

Participants (types of organizations participating):

- MSM Networks
- Sex workers networks
- People who use drugs

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

<table>
<thead>
<tr>
<th>What has worked well</th>
<th>Gaps and challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Existence of CBOs has pushed for the existence of KP programmes</td>
<td>• Donors not supporting quarterly testing services</td>
</tr>
<tr>
<td>• Clinical outreach</td>
<td>• STI procurement – most CBOs lack funds to procure to support programmes</td>
</tr>
<tr>
<td>• Guideline for test and treat</td>
<td>• Government not integrating CSOs</td>
</tr>
<tr>
<td>• Ministry of Health through NACOP, drugs have been received</td>
<td>• Unavailability of Septrin from government facilities. This forces communities to go over the counter that may be expensive for them</td>
</tr>
<tr>
<td>• Community organizing component</td>
<td>• Lack of funding to support advocacy and community empowerment programmes</td>
</tr>
<tr>
<td>• Methadone clinics</td>
<td>• Sustainable programmes lack in methadone clinics</td>
</tr>
<tr>
<td>• Working with community networks</td>
<td>• No clear follow up of clients in ART</td>
</tr>
<tr>
<td></td>
<td>• Lack of capacity building of peer led intervention</td>
</tr>
<tr>
<td></td>
<td>• Sex workers lacking space to work due to the pandemic</td>
</tr>
<tr>
<td></td>
<td>• Lack of documentation of KP interventions in the country</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What was not done well</th>
<th>What needs to be done differently</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SNS/APNS</td>
<td>• To have beneficiaries lead their own programmes e.g. sex workers, PWUDs</td>
</tr>
<tr>
<td>• Induction is not going well with methadone clinics</td>
<td>• Mental health, maternal health and NCDs to be included in sex workers programmes</td>
</tr>
</tbody>
</table>

### STRUCTURES THAT RESPOND TO HIV

<table>
<thead>
<tr>
<th>What has worked well</th>
<th>Gaps and challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The different KP networks have worked well together</td>
<td>• Lack of coordination of data from KP networks</td>
</tr>
<tr>
<td>• Technical working groups at national and county level have worked well for KPss</td>
<td>• KPs not engaged in PEPFAR processes</td>
</tr>
<tr>
<td>• Kenya doing well in harm reduction programmes for PWUDs</td>
<td></td>
</tr>
</tbody>
</table>
### What was not done well
- PWUDs programmes aren’t being run by the beneficiaries
- Intimidation by PRs/donors/government
- KPs not well informed on PEPFAR processes

### What needs to be done differently
- CBOs to be implementing their own programmes
- UNAIDS to support KPs in times of intimidation by government/implementing partners especially during GF application processes
- To know the role of UNAIDS in supporting communities to know how to engage
- KPs to package their information properly to be relayed well amongst their constituents
- To be properly engaged in PEPFAR processes

### CONTEXTUAL ENVIRONMENT

<table>
<thead>
<tr>
<th>Gaps and challenges</th>
<th>Viral load quarterly testing has been stopped due to Covid 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was not done well</td>
<td>Funding from donors not addressing the need of KPs to its entirety. Most of it goes to biomedical interventions</td>
</tr>
<tr>
<td>What needs to be done differently</td>
<td>To think of financial literacy for KPs to support themselves during pandemics such as Covid 19</td>
</tr>
<tr>
<td></td>
<td>To link KPs with social protection institutions</td>
</tr>
<tr>
<td></td>
<td>To support KPs with income generating activities and Saccos</td>
</tr>
</tbody>
</table>

### RECOMMENDATIONS

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

<table>
<thead>
<tr>
<th>CONTINUE</th>
<th>Community support in amplifying community issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To have more community engagements with government</td>
</tr>
<tr>
<td>STOP</td>
<td>Making assumptions of what community needs</td>
</tr>
<tr>
<td>START</td>
<td>Recognizing networks are strong and need support to improve on implementing good practices</td>
</tr>
<tr>
<td></td>
<td>Harvest on community knowledge since communities know what affects them</td>
</tr>
<tr>
<td></td>
<td>Supporting data and innovation</td>
</tr>
<tr>
<td></td>
<td>UNAIDS to go to the grassroots and have a feel of what is happening on the ground</td>
</tr>
<tr>
<td></td>
<td>Invest in a comprehensive package of harm reduction and HIV services that are community led</td>
</tr>
<tr>
<td></td>
<td>To frame a protocol between UNAIDS and communities to improve community situation on the ground</td>
</tr>
</tbody>
</table>