UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: Kenya

Organizer: Kenya AIDS NGO Consortium (KANCO)

Date of discussion: 20th 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](https://www.surveymonkey.com/r/3HC9Q6M)

If you are not able to enter it online you can send us a copy via e-mail [strategy@unaids.org](mailto: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:** 20th August 2020

**Theme to be discussed: Kenya progress with Fast track targets**

**Participants (types of organizations participating):**

- NGOs on Human rights and HIV
- NGOs on Health

**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 | • Prevalence programme  
|                      | • Targeting efforts for testing  
|                      | • Awareness on information translation  
|                      | • Constituency segmentation  
|                      | • Normalization of HIV – people can talk about it  
|                      | • Increased coverage – more people are identified and put on treatment  
|                      | • Awareness in urban centers has worked well but rural and ASAL areas have been left behind  
|                      | • Programming on prevention  
|                      | • Stigma at community level in urban centers  
|                      | • HIV programming – a lot of people feel safe  
|                      | • Focus on adolescent girls and young women – though not much investments  
|                      | • Embracing the idea of UHC has worked well especially government  
|                      | • Defining interventions around HIV and making them targeted |
| Gaps and challenges  | • There is no adequate CSE for the adolescents and young people  
|                      | • Self-testing since there is no counselling involved  
|                      | • A lot of women not taking children for refills due to transport challenges  
|                      | • Lack of enough investment especially in SPC |
| What was not done well | • PMTCT  
|                      | • Viral suppression of adolescent and children  
|                      | • Integration of HIV to other areas  
|                      | • Care and retention at facility level  
|                      | • Mental health issues among the AYPs  
|                      | • SGBV  
|                      | • Stigma and discrimination in counties  
|                      | • Community intervention programmes  
|                      | • Behavior change communication – could be the reason why AGYW are highly affected |
| What needs to be done differently | • Need to reach out to AYP and pregnant mothers with HIV to reduce MTCT cases  
|                      | • HIV and hygiene need to be looked at  
|                      | • To have psychosocial support for people aging with HIV  
|                      | • To invest deeply in community led interventions to reduce cases of people missing out on treatment  
|                      | • To focus on why interventions amongst the youth are not working as expected  
|                      | • To do more on stigma and discrimination  
|                      | • More to be done on access to health  
|                      | • To improve in integrating HIV to other areas  
|                      | • To look at causes of GBV and what can be done to improve the situation |
- Need to identify good innovations that will enable to locate the remaining percentage that is not on treatment
- Advocacy needs to be done to have government’s total involvement rather that siloed
- To have HIV being the driver of GBV rather than vice-versa
- To explore on how innovation and technology can be used to tackle the problems being grappled with within the response
- To think on implementing prevention outcomes
- To also focus more on the rural and ASAL areas since they have been left behind in the response
- Addressing issues on food security among women to prevent transactional sex from taking place
- Media engagement with local media stations and provide information on HIV such as PREP and other preventive measures
- To see how best to programme for young key populations
- Need to address the fact that a lot of young women are engaging in transactional sex within the urban centers
- To focus on men and young boys
- To see how people do not suffer from information fatigue – lesson learnt from Covid 19
- Invest in mental health
- To bolster the idea of HIV competence to make sure it is not left blindly
- To look within various constituents to determine who have been left behind
- Sustainable funding – to look at how to work towards the sustainability of the response since it is majorly donor funded
- To ensure community funding is not left behind
- To see how activities such as PREP programmes can strengthen health systems
- To see how to mitigate HIV programmes around emergency situations
- When redesigning the programme on HIV, to make them have wholistic interventions to address all matters around drivers of HIV

### STRUCTURES THAT RESPOND TO HIV

<table>
<thead>
<tr>
<th>What has worked well</th>
<th>Multisectoral approach through NACC structures</th>
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<tbody>
<tr>
<td></td>
<td>Data on HIV and TB – to further improve and be more segmented</td>
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<td>Strategic frameworks</td>
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<td>Gaps and challenges</td>
<td>CSOs working in silos</td>
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<td>A lot of segmentation at service delivery</td>
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<td>Segmentation in PMTCT programmes</td>
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<td></td>
<td>Inability to access HIV data under family planning programmes</td>
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<td>There is a big divide between NASCOP and NACC</td>
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<td></td>
<td>National TB programme in the country has been left behind in HIV programmes</td>
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<td></td>
<td>Getting the World Bank and WHO has been a challenge to address issues within the UN Joint Team on HIV/AIDS</td>
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</tbody>
</table>
| What was not done well | • Having same technical working groups from both NACC and NASCOP  
| | • CSOs walking into meetings without having consultations amongst each other |
| What needs to be done differently | • To have transparent engagement – there is favoritism towards certain CSOs  
| | • To ensure communities are engaging well at county level  
| | • Ensure counties and national government are engaging well  
| | • CSOs to be empowered to present their ideas in structures such as PEPFAR and GF processes  
| | • To see how good growing pool of people can sit in PEPFAR and GF structures rather than having the same people constantly seating such platforms  
| | • Need to address representation at county level since implementors are lacking  
| | • To see how to have structures at county level that could feed backwards  
| | • TB to be integrated into the HIV response  
| | • To have a multisectoral approach where non biomedical implementors are brought on board to give contribution in the response  
| | • To see how TB caucus and HIV caucus can work together  
| | • To reengineer the structure to work for everyone including TB, AYPs e.t.c.  
| | • To address the issue of human rights  
| | • CSOs to have a consultative process and address issues that can be aired at global level rather than working in silos  
| | • To have people who understand government procedures to put for accountability |

### CONTEXTUAL ENVIRONMENT

| Gaps and challenges | • Politicians not abiding by the health regulations on Covid 19  
| | • Money not reaching at grassroot level  
| | • PMTCT nurses and doctors strike that affect the gains made in the response  
| | • Professional bodies and past wrangles that end up affecting the response  
| | • There is a divide in addressing AYP issues brought about by different institutions working in silos |
| What needs to be done differently | • Covid 19 – to address issues of rights-based approach  
| | • To see how to overcome doctors strike to ensure gains made are not affected  
| | • To see how to handle professional body wrangles |
## RECOMMENDATIONS

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

| CONTINUE | • Targeted programming especially hard to reach communities  
| • Investment in R&E products  
| • Support national structures for continued better coordination  
| • Investing in AYP interventions  
| • Looking at how FBOs can support in the response since majority of population is religious  
| • Community engagement – to have response be informed by evidence  
| • Provision of coordination and leadership by UNAIDS  
| • UNAIDS being the voice of the vulnerable population at the UN Joint Team on HIV/AIDS  
| • Support in advocacy |

| STOP | • Giving messaging across board on HIV – to move to grassroot media that would be best place to pass messaging at grassroot level |

| START | • Having strategies for hard to reach communities such as AYPs, AGYW e.t.c. would be desirable  
| • Data is mostly quantitative. To start creating qualitative data from various constituencies  
| • Translating the global position of human rights approach to local context  
| • Getting back to community support groups to address stigma and discrimination – UNAIDS to support in resource mobilization |