UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: Kenya

Organizer: County AIDS and STIs Coordinators (CASCOs)

Date of discussion: 24th 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 online 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:** 24th August 2020

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

**Participants (types of organizations participating):**
- County AIDS and STIs Coordinators (CASCOs)

**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
- New innovations such as, APNs; Self-testing – though getting a diagnosis for HIV is not possible; Targeted screening for testing; EID availability of commodities; Testing at initial ANC visit; Test and start; enhanced adherence counselling; differentiated care; community ART groups
- Availability of viral clinics that has led to increased cases of viral suppression

### Gaps and challenges
- Identification of children, KPs and adolescents
- Low male identification
- Occasional stock outs of testing kits
- Lack of enough HTS providers
- Weak legal support for HIV programmes
- Poor retention among the KPs, children and men
- High burden loads
- Low number of ART groups
- Poor adherence
- Clustering/zoning of counties leads to counties being left behind in the response
- Development Partners wanting to only work in areas that are densely populated thus leaving behind areas that are sparsely populated
- Conflicting policies for adolescent identification

### What was not done well
- Human Resources-Frequent change of care givers that leads to poor engagement between the patient and care giver
- Policies not customized to county needs
- Lack of support in KP services
- Closure of private facilities thus leading to low provision of services
- PWUD programs not optimal

### What should be done differently
- Strengthen stakeholder engagement-Involvement of all stakeholders
- Strengthen county ownership of HIV programs
- Customize policies and initiatives as per the county needs
- More resource allocation at county level
- Male engagement
- To have policy that is all inclusive and outlines how the private sector can be engaged
## STRUCTURES THAT RESPOND TO HIV

| What has worked well | • Support supervision  
|                      | • TA allocated to counties  
|                      | • Data reviews  
|                      | • Regular capacity building programmes  
| What did not work well | • Poor coordination-national and county HIV structures (duplication of efforts)  
|                      | • Diminishing resources allocated to activities  
|                      | • Weak follow up of activities  
|                      | • Stock out of medication  
|                      | • Poor timing of articulating activities  
|                      | • Clustering/zoning of counties that leads to some counties being left behind  
|                      | • Budget allocated for HIV not being used for HIV programmes  
| What needs to be done differently | • Streamline national and sub-national HIV coordination structures- have one national coordinating body that works seamlessly with county structures  
|                      | • Activities to be done in a timely manner  
|                      | • Resource allocation – counties to close the gap  
|                      | • Other ministries to support the AIDS control unit  
|                      | • Zoning of counties to be abolished  
|                      | • Private clinics to use guidelines and tools that are set up by government  

## CONTEXTUAL ENVIRONMENT

| What has worked well | • Development of county AIDS Strategic plan  
|                      | • Development of the county AIDS Strategic plan  
|                      | • Mid-term review of the CASP  
|                      | • Development of the EMTCT Business plan  
|                      | • Involvement of the faith-based organization and CBOs in the response to HIV which plays a great role in reduction of stigma and discrimination  
|                      | • Inclusion of HIV in MTEF process  
|                      | • Mainstreaming of HIV among all the department- Budgetary allocation  
|                      | • PBB – Program based budgeting.  
|                      | • Multi-sectoral involvement such as MoE and Children department in improving the uptake of HIV services and improved TX outcome  
|                      | • OVC support through social protection  
|                      | • HIV program mainstreamed in the Integrated County Development plan  

| Improving access of HIV services through the CSR of construction/infrastructure development companies. |
| Condom programing through to all sectors. |
| Response for HIV among AYP |
| HIV tribunal to resolve labour issues among the workers |
| Accessibility of integrated services for the people in the informal suburbs especially in urban centers e.g. Nairobi |
| CHC are operational with ToR, however, there has been inconsistencies of the meetings |
| A good working relationship with the administration |
| Beyond Zero facilitated outreach services especially during these covid 19 pandemic |
| HIPPORs platform was developed and made available to provide information on partner investments. |
| Political goodwill from the county leadership and establishing the HIV services as a unit |
| TWGs worked well |

| Gaps and challenges/what did not work well |
| Situation room has worked in some counties but did not work at all in other counties |
| Inconsistency of the CHC meetings |
| CASPs helped in mobilizing for resources however, access to the allocated funds has been a challenge |
| HIPORS for partners funding; most partners did not update their budgets into HIPROS. |
| Utilization of allocated funds for HIV has been a challenge due to the bureaucracy |
| Lack/inadequate funding leading to high donor dependency |
| Funding from national government to county government is inadequate to support HIV |

| What needs to be done differently |
| Working with partners to ensure that there’s accountability |
| Feedback mechanism to the leadership of the county to understand the need for PBB directed to the intended purpose |
| Direct funding to counties for implementation of the CASP. |
| Mitigate the high turnover of program managers to retain the institutional memory |
| Synergy in the national and county HIV coordination structures (merge the two national structures whilst maintaining their respective mandates)and stream line with county structures |
| Implement the ‘three ones’ principle with fidelity, like Rwanda. (One plan, one agency, one M&E Mechanism for the HIV response). |
| Develop and enact county laws supporting HIV Program management and ring-fencing HIV/other programs funding. |
| Strengthen multisectoral committees/ TWGs in the program. |
| CONTINUE | Strengthening of coordination and structures of HIV programming at national and county level  
Develop a well informed CASP that will inform programmes at national level |
| STOP | Developing documents that will not be put in use |
| START | Synergy in the national and county HIV coordination structures (merge the two national structures whilst maintaining their respective mandates/clarifying roles and responsibilities)and stream line with county structures  
Updating HEPCA 2007  
Working with counties in terms of implementation of activities by partners |