

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Eastern and Southern Africa Region

Organizer: ATHENA

Date: 6 August 2020

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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 Survey Monkey:

<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 strategyteam@unaid.org

Would you accept for UNAIDS to make your report publicly available: Yes / No

SECTION 1: Information about the focus group (to be completed by host of Focus Group)

Organization leading discussion: ATHENA

Date of discussion: 6 August 2020

Theme to be discussed: HIV prevention for AGYW who are most left behind, most criminalized and most discriminated

Participants (types of organizations participating):

- Young women living with HIV
- Young women with disability
- Young women from LBTIQ communities
- Young women who identify as sex workers

Country, regional or global focus: Eastern and Southern African Region

Introducing the theme

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

The purpose of the dialogue was to advance the recognition, protection, and fulfilment of women's and girls' human rights, comprehensively and inclusively, as a fundamental component of the response to HIV and AIDS. Our focus and emphasis was to bring in the voices, perspectives, needs, priorities, and solutions of adolescent girls and young women in their diversity who are directly affected by HIV and who are too frequently the most left behind, most criminalised, most marginalised and most discriminated against. We worked to create a safe space for dialogue so that stakeholders who are not

always at decision-making tables or in positions of influence could share their aspirations for the global HIV response for the next 5 years.

SECTION 2: People-centered response to HIV – key emerging messages

Please enter the main messages coming out, up to 5 points maximum per section

REACHING THE PERSON	
<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> • Key Populations issues and how the policy environment does not support easy access to services for AGYW belonging in such. Unfriendly services to KP, and the hard to reach populations. • It has been very difficult to reach AGYW with disabilities due to barriers and myths surrounding disability. • Families with children living with HIV considered worthless, and young girls and women being pushed to marriage rather than schools, myths and misconceptions (culture, religions hindering progress to hold perpetrators accountable). • Young women engaged in sex work are facing stigma and discrimination because of their work and they are afraid to participate in some spaces and not seeking health services. • AGYW in rural areas continue to be left behind especially now where everything has gone digital as they do not have access to new technologies and gadgets.
<p>What concerns us?</p>	<ul style="list-style-type: none"> • People with disabilities are at risk, for instance the visually impaired and the deaf communities cannot really benefit from the most information shared through the media and these are the very same people who are also more prone to violence that would be left unnoticed or unattended, most programmers complain that they are expensive to work with especially when it comes to the materials they require braille and sign language. • Extreme patriarchal society behavior, religion and poverty suppressing the safety of young women. AGYW are faced with social norms which are seemingly hard to change including mindset, all these continue to hinder our access to SRHR services. • High level of discrimination and stigma towards persons living with HIV and this hinders their voices to be heard. When they disclose their HIV status they are accused of promiscuity and this is a threat to their mental health. • Most SRHR services are expensive and there are drug shortages. • Sex workers are facing violence from people and their clients. The current programs being designed are not suiting the needs of sex workers, particularly young women.
<p>What gives us hope?</p>	<ul style="list-style-type: none"> • Emancipation of women from the societies that have long suppressed our voices and basic needs. Seeing AGYW taking up spaces, peer to peer support, altogether becoming the bigger force of advocacy in addressing SRHR issues in our communities (cross cutting issues including economic independence) • Knowing our HIV status despite all the challenges • Having AGYW led groups and organizations.

	<ul style="list-style-type: none"> • Having a voice as women living with HIV and being able to represent other adolescent girls and young women living with HIV. • Inclusion of AGYW with disabilities in most spaces for example this dialogue
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Tug of war with religious and cultural leaders and the communities themselves a doorway to harmful social norms affecting young girls and women. (Influence) • Health workers with unethical approaches towards AGYW • Inadequate leadership, our leaders are not championing for us. (POLITICAL, RELIGIOUS, TRADITIONAL LEADERSHIP) • Lack of support from the advocacy spaces for young women including senior advocates (the missing sense sisterhood and mentorship) there's so much space for each and every one of us to impact) • Engaging men and boys, the counter partners to AGYW. (Male involvement) • Dictation on how to use funds, young women are not at the tables

<p>THE STRUCTURES THAT RESPOND TO HIV</p>	
How do we see the current situation?	<ul style="list-style-type: none"> • Rural villages have been left out of the structures as they can't access information through radio, television and newspapers. • The responsibility of CSE has been given to parents by society and this role has not been taken up well by parents. AGYW now look to peers. • Most hospital facilities are now closed due to COVID – 19 and it is difficult for AGYW to get their SRHR services and HIV medication. • There is a lack of HIV prevention commodities for example condoms • There are language barriers as AGYW in the rural areas do not speak English.
What concerns us?	<ul style="list-style-type: none"> • Teachers do not give full and adequate CSE as they tend to be shy and leave out some information relating to prevention of pregnancy and so forth. • Packaging of some HIV medications such as TruVada and PREP is not attractive to the eye, so AGYW tend to shy away from using it publicly as it attracts stigma. The packaging should be made more attractive. • Healthcare workers are unfriendly to AGYW and the AGYW cannot express their SRH problems freely or access services.

	<ul style="list-style-type: none"> • Lockdown restrictions in most countries and AGYW with HIV find it difficult to get their medication as they have to either have a permit or show their medication bottles in public transport as proof that they are going to a clinic.
<p>What gives us hope?</p>	<ul style="list-style-type: none"> • Seeing vibrant and energetic AGYW who are always eager and ready to learn more. • Seeing young women who dedicate their time, efforts, funds to help AGYW in their communities. • Noticing that the voices and efforts of AGYW are being recognized and heard by relevant high-level stakeholders at national, regional and global level. • Information has now become accessible for AGYW in their diversities (i.e. braille form, sign language interpretation). • AGYW disclosing and sharing their experiences and stories with others and the world in order to inform the UNAIDS strategy
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> • Lack of knowledge in the society on the importance of SRHR and HIV information and services for AGYW • Negativity and stigma from society. • Organizations find it difficult to help AGYW in their communities due to lack of funds, resources and skills. • Need specific policies to govern HIV prevention methods • AGYW cannot relate to services, medication written in English as they say it's not for them if their native language is not English. • Culture treats SRHR as a taboo and as something to not be entertained and this threatens the rights of sex workers and LGBTIQ persons

CONTEXTUAL ENVIRONMENT

<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> • The current situation is not looking good since its lockdown. Challenging in the sense that it is forcing people to disclose their status since they are forced to go the facilities to refill where they have to issue their appointment books showing they are on ART to guards at the gate. • LGBTIQ are currently blamed for the pandemic and they have been experiencing attacks and rapes since they are now stuck at home with family members that are not too supportive. • AGYW with disabilities are more affected since there is lack of movement. There are high chances of conducting COVID since they can't even understand the guidelines for protection. Also privacy is sabotaged since they now have to send some helper for medication assistance. Confidentiality greatly sabotaged in terms of any status. • The pandemic has made it close to impossible for young girls to get access for primary health care services tailored for them. Everything is at a standstill as issues around the pandemic are strongly being dealt with. • COVID-19 has brought the issues are GBV+Femicide to the limelight. There has always been there but now everyone has finally realized that there are issues that need dealing with.
<p>What concerns us?</p>	<ul style="list-style-type: none"> • It is stigma and discrimination (thinking disabled don't have feeling, our health, safety, economic situations, freedom, and privacy e.g. (violence), our rights as women in all their diversity. Law enforcement, increased teenage pregnancies. • Sexual violence against LGBTIQ that remains very alarming. They are forced to remain silent because majority cannot report rape or any other rape case as the law, particularly in Africa condemns same sex conduct. • Togetherness and willingness within ourselves, are we are supporting each other? • Places of information are closed because of the pandemic. • Mental health related issues
<p>What gives us hope?</p>	<ul style="list-style-type: none"> • ATHENA is also giving us hope by creating safe spaces online for conversations that include AGYW in their diversities .e.g. with disability, LGBTIQ, HIV+ .

	<ul style="list-style-type: none"> • The world (UNAIDS) realizing the importance of our voices to contribute to the future and funders showing interest in hearing what we want to say. • Supporting each other is key and knowing that the society realizes the importance of everyone in speaking out on issues that are affecting us on our own safe spaces • Activists have made it possible for those living with disabilities and with HIV to be embraced in their communities.
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> • LACK of FUNDING for implementation of the beautiful ideas, aspirations and interventions. We can't do much without financial strength. • Discrimination still prevailing in the societies that we just can't do certain things because we are women. • Lack of policies to support the AGYW goals. E.g. lack of laws and policies supporting LGBTIQ and others that re there for auditing purposes not the job it was created for. • Lack of Integration for HIV and SRHR in public health facilities to reduce harmful social outcomes resulting from stigma and discrimination. • Social distancing has made it hard to take care of one another and be there for one another physically

EMERGING PATTERNS:

- Despite coming from different countries we face similar issues: The problem is no longer reaching to the hard to reach but the environment and several factors hinder access to these young women.
- Access to Correct Information, Protective Policies, Myths and Misconceptions tied to traditions and religions and the overall stigma (both individual and community based stigma).
- AGYW need integrated SRHR and HIV information and services-from delivery of CSE in schools and communities, to accessing the services they need integration
- There is an urgent need to support AGYW in doing advocacy on policy reforms to favor improved access to SRHR services for example safe and legal abortion, access to HIV testing, age of consent to accessing services, decriminalization of sex work and LGBTIQ
- AGYW are diverse and there is a growing trend of further marginalization of those in rural areas and there is double marginalization if they are sex workers, living with HIV, with disability or from LGBTIQ
- COVID 19 is an important occurrence that should be used to strengthen the HIV response in future –organizations at all levels, governments, UN Agencies need to have substantive emergency preparedness plans so as to ensure disruption in supply chain and access to services is minimized in the event of such pandemics

- AGYW have been involved in advocacy and feel empowered however main challenge is on accessing resources both financial and technical to support their work especially at community level

SECTION 3: RECOMMENDATIONS World Café

Please enter the main messages coming out, up to 5 points maximum per section

What are the key recommendations back to UNAIDS in terms of the strategy specifically?	
CONTINUE	<ul style="list-style-type: none"> • UNAIDS availing consultation and dialogue opportunities for young women to speak up on their concerns and even ensuring it captures the thoughts, reflections and concerns of the AGYW and enable them be part of its new strategy development • The public health sector is experiencing tremendous growth with the ministry of health engaging young professionals. Need to continue advocating for recognition of young professionals • Funding the AGYW led organisations at all levels-community, regional, global • Strengthening the integration of services across the HIV and SRHR landscape • Supporting identification of gaps in offering health services to key population by presenting evidences that indeed shows that AGYW and LBTIQ are at risk of HIV. • UNAIDS continue to ensure governments contribute to the response on HIV.
STOP	<ul style="list-style-type: none"> • Neglecting SRHR and HIV since the needs of young people are not on hold. Despite the pandemics faced, we have to be ready to support their pressing needs. • Blanket approach in addressing different AGYW issues. • Stop making the HIV response to focus mainly and only on AGYW, the response should also be for their male counterparts and partners. • Tokenism approach when involving AGYW and racial discrimination where a certain race have a bigger representation in spaces • Lack of team work- Need to ensure collaborations with other UN agencies to address inequalities that are existing and integration of programs
START	<ul style="list-style-type: none"> • UNAIDS and other organizations to provide equal opportunities to addressing the needs of women since they are not only health related. And payments for women doing similar work all around the region must be equal and recognizing young professionals • A security tree to be developed to protect the LBTIQ and strengthen the contingency plan to mitigate risks as sex workers during the pandemic

	<ul style="list-style-type: none"> • Start addressing inequalities that exist between AGYW and males, closing the communication gaps, start the dialogue on condom use and SRH services among AGYW and their male counterparts. • Ensure that programmes are multi-faceted .The economy, education and health must be in sync • Create an inclusive environment for AGYW with disabilities according to their needs i.e. IEC in braille and sign language. • Funding and support of AGYW led organizations
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<ul style="list-style-type: none"> • Make sure that policies drafted for young people are drafted by young people. Put young people in the centre of decision making processes. Policies should reflect real needs of the AGYW by ensuring continuous consultations with the AGYW to understand their specific needs • Work closely with young women and girl led organisations at all levels working on AGYW interventions and giving the AGYW spaces to raise their voices and concerns and ensure sustainable funding • Ensure they push the governments to place gender sensitive laws, policies and encourage all procedures to be crafted to advance the rule of law and the rights to equal treatment enshrined in legal policies • Push towards ensuring economic strengthening sessions to improve standards of living of the AGYW to enable them maintain livelihood

Please share with us any references you think would be useful for the Strategy Development, such as examples of case studies that illustrate the challenges or recommendations you outlined in the discussion report.

Please also share a list of names and email addresses of participants who would wish to continue to be informed of the Strategy development process. Note names and contacts will not be shared publicly or with any third party.

You can send us additional documents via e-mail strategyteam@unaid.org

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