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

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 withing 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.