

# UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

**Country:** Kenya

**Organizer:** Key Populations Consortium of Kenya (KP Consortium)

**Date of discussion:** 19<sup>th</sup> 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@unaid.org](mailto:strategy@unaid.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: 19<sup>th</sup> 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

<b>REACHING THE PEOPLE</b>	
<b>What has worked well</b>	<ul style="list-style-type: none"> <li>• Existence of CBOs has pushed for the existence of KP programmes</li> <li>• Clinical outreach</li> <li>• Guideline for test and treat</li> <li>• Ministry of Health through NACOP, drugs have been received</li> <li>• Community organizing component</li> <li>• Methadone clinics</li> <li>• Working with community networks</li> </ul>
<b>Gaps and challenges</b>	<ul style="list-style-type: none"> <li>• Donors not supporting quarterly testing services</li> <li>• STI procurement – most CBOs lack funds to procure to support programmes</li> <li>• Government not integrating CSOs</li> <li>• Unavailability of Septrin from government facilities. This forces communities to go over the counter that may be expensive for them</li> <li>• Lack of funding to support advocacy and community empowerment programmes</li> <li>• Sustainable programmes lack in methadone clinics</li> <li>• No clear follow up of clients in ART</li> <li>• Lack of capacity building of peer led intervention</li> <li>• Sex workers lacking space to work due to the pandemic</li> <li>• Lack of documentation of KP interventions in the country</li> </ul>
<b>What was not done well</b>	<ul style="list-style-type: none"> <li>• SNS/APNS</li> <li>• Induction is not going well with methadone clinics</li> </ul>
<b>What needs to be done differently</b>	<ul style="list-style-type: none"> <li>• To have beneficiaries lead their own programmes e.g. sex workers, PWUDs</li> <li>• Mental health, maternal health and NCDs to be included in sex workers programmes</li> <li>• Scale up intervention to support GBV in communities</li> <li>• To have more supportive supervision towards female sex workers</li> <li>• To increase technical capacity for CBOs to be able to air out their views in donor outreach</li> <li>• To get support in documenting KP interventions in the country</li> <li>• Communities to be engaged before, during and after making meaningful decisions in all spaces</li> </ul>

<b>STRUCTURES THAT RESPOND TO HIV</b>	
<b>What has worked well</b>	<ul style="list-style-type: none"> <li>• The different KP networks have worked well together</li> <li>• Technical working groups at national and county level have worked well for KPs</li> <li>• Kenya doing well in harm reduction programmes for PWUDs</li> </ul>
<b>Gaps and challenges</b>	<ul style="list-style-type: none"> <li>• Lack of coordination of data from KP networks</li> <li>• KPs not engaged in PEPFAR processes</li> </ul>

	<ul style="list-style-type: none"> <li>• PWUDs programmes aren't being run by the beneficiaries</li> <li>• Intimidation by PRs/donors/government</li> </ul>
<b>What was not done well</b>	<ul style="list-style-type: none"> <li>• KPs not well informed on PEPFAR processes</li> </ul>
<b>What needs to be done differently</b>	<ul style="list-style-type: none"> <li>• CBOs to be implementing their own programmes</li> <li>• UNAIDS to support KPs in times of intimidation by government/implementing partners especially during GF application processes</li> <li>• To know the role of UNAIDS in supporting communities to know how to engage</li> <li>• KPs to package their information properly to be relayed well amongst their constituents</li> <li>• To be properly engaged in PEPFAR processes</li> </ul>

<b>CONTEXTUAL ENVIRONMENT</b>	
<b>Gaps and challenges</b>	<ul style="list-style-type: none"> <li>• Viral load quarterly testing has been stopped due to Covid 19</li> </ul>
<b>What was not done well</b>	<ul style="list-style-type: none"> <li>• Funding from donors not addressing the need of KPs to its entirety. Most of it goes to biomedical interventions</li> </ul>
<b>What needs to be done differently</b>	<ul style="list-style-type: none"> <li>• To think of financial literacy for KPs to support themselves during pandemics such as Covid 19</li> <li>• To link KPs with social protection institutions</li> <li>• To support KPs with income generating activities and Saccos</li> </ul>

**RECOMMENDATIONS**

<b>What are the key recommendations back to UNAIDS in terms of the strategy specifically?</b>	
<b>CONTINUE</b>	<ul style="list-style-type: none"> <li>• Community support in amplifying community issues</li> <li>• To have more community engagements with government</li> </ul>
<b>STOP</b>	<ul style="list-style-type: none"> <li>• Making assumptions of what community needs</li> </ul>
<b>START</b>	<ul style="list-style-type: none"> <li>• Recognizing networks are strong and need support to improve on implementing good practices</li> <li>• Harvest on community knowledge since communities know what affects them</li> <li>• Supporting data and innovation</li> <li>• UNAIDS to go to the grassroots and have a feel of what is happening on the ground</li> <li>• Invest in a comprehensive package of harm reduction and HIV services that are community led</li> <li>• To frame a protocol between UNAIDS and communities to improve community situation on the ground</li> </ul>