

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Kenya

Organizer: Kenya AIDS NGO Consortium (KANCO)

Date of discussion: 20th August 2020

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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

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
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- ...

Section one: People centered response to HIV – key emerging issues

REACHING THE PEOPLE	
What has worked well	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • 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 than 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
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STRUCTURES THAT RESPOND TO HIV	
What has worked well	<ul style="list-style-type: none"> • Multisectoral approach through NACC structures • Data on HIV and TB – to further improve and be more segmented • Strategic frameworks
Gaps and challenges	<ul style="list-style-type: none"> • CSOs working in silos • A lot of segmentation at service delivery • Segmentation in PMTCT programmes • Inability to access HIV data under family planning programmes • There is a big divide between NASCOP and NACC • National TB programme in the country has been left behind in HIV programmes • Getting the World Bank and WHO has been a challenge to address issues within the UN Joint Team on HIV/AIDS

What was not done well	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Giving messaging across board on HIV – to move to grassroot media that would be best place to pass messaging at grassroot level
START	<ul style="list-style-type: none"> • 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