UNAIDS STRATEGY REVIEW:

Focus Group Synthesis template

Country: Kenya

Organizer: County AIDS and STIs Coordinators (CASCOs)

Date of discussion: 24th 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@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.

	• Universal UCI- Unique client identifier EMR to support HIV client-level follow up.

RECOMMENDATIONS

What are the key recommendations back to UNAIDS in terms of the strategy specifically?	
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