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Impact of USAID Funding Freeze on Young People Living with and Affected by HIV in Kenya.

**Youth Survey Report
January-March 2025**



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Executive Summary

The recent freeze on USAID funds by the Trump administration poses a significant threat to HIV programs globally, with direct consequences on the lives of adolescents and young people (AYPs) living with and affected by HIV in Kenya. This abrupt funding halt has threatened access to critical services, including life-saving antiretroviral therapy (ART), mental health support, and community-based programs that reduce stigma and discrimination.

For young people living with HIV, this crisis could lead to increased challenges in maintaining treatment adherence, limited access to HIV-friendly healthcare services, and heightened psychological and social distress, leading to lost hope and drug abuse. Without consistent ART access and psychosocial support, there is a real danger of rising cases of advanced HIV, particularly among children and adolescents.

The withdrawal of funds risks reversing years of progress in fighting stigma and discrimination, creating an environment where young people may feel isolated, unsupported, and vulnerable to health complications. Y+ Kenya (the network of young people living with and affected by HIV and at risk of getting infected by HIV) led a youth survey between January and March 2025 to look into the challenges and how young people in their diversity have been affected.



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Survey Sample Size

The survey, distributed across our 15 youth-led member organizations in 18 counties (Nairobi, Busia, Kilifi, Mombasa, Nyeri, Homabay, Kisumu, Kajiado, Kiambu, Machakos, Meru, Migori, Muranga, Turkana, West Pokot, Kitui, Narok, and Nakuru), has collected the voices and experiences of 67 Kenyan Youth and is still open to collect and document more insights until April 2025.

Kisumu

Kilifi

KAJIADO NORTH COUNTY

Nairobi county

Makueni

Muranga

Nyeri

Kiambu

Homa Bay



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Survey Insights

The survey was keen to document both qualitative and quantitative data. Below are the results and key insights:

Chart 1.1

6. Are you aware of the USAID funding freeze?

67 responses

 Copy chart



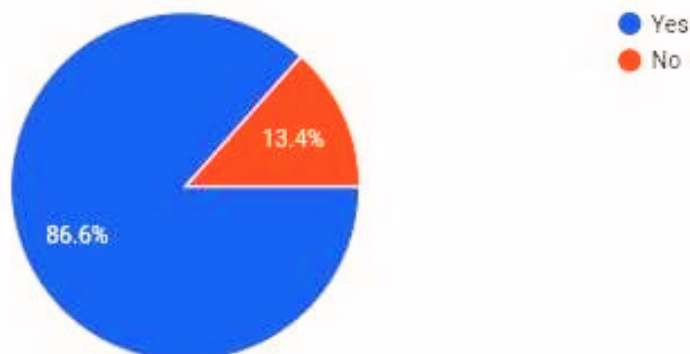
98% of the respondents who are young people living with HIV are aware of the funding freeze. This illustrates that the news spread like wildfire, reaching even grassroots communities.

Chart 1.2

7. Since the USAID funding freeze, have you noticed any changes in your ability to access HIV-related services?

67 responses

 Copy chart



86% of young people living with HIV in Kenya have noticed significant changes in their ability to access HIV related services.



- Young people are forced/coerced to register to the social health insurance fund before accessing any services even though it is just a refill of ART. Those without the Ksh 300-500 demanded upon registration forgo their appointments increasing the risk of drug defaulting.
- Adolescents below the age of 18yrs are asked to produce their parents or guardians identity documentation and SHIF number before accessing services and this poses challenges in accessing as parents are sometimes not open to share this information with their adolescent children.
- Psychosocial support groups have come to a sudden halt as peer educators and mentor mothers who were leading group therapy sessions in facilities as well as follow up on peers to encourage adherence have been terminated and their stipends suspended.

- Disruptions in viral load monitoring and CD4 testing. Many AYPLHIV are unable to get routine viral load and CD4 count tests due to shortages in reagents and reduced laboratory capacity.
- Without regular monitoring, clinicians struggle to detect treatment failure early, increasing the risk of Advanced HIV Disease (AHD).
- Stock-outs of essential HIV prevention and treatment commodities. Facilities are experiencing periodic shortages of condoms, PrEP, PEP, and opportunistic infection medications, leading to higher risks of HIV transmission and co-infections among AYPLHIV. Also PrEP is only being offered to pregnant and breastfeeding mothers.



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- ART refills are being reduced from 3 or 6 months to just 1 month, forcing AYPLHIV to visit facilities more frequently—increasing transport costs and appointment fatigue.
- Closure or scaling down of Youth-Friendly Centers. Many youth-friendly centers that previously provided integrated HIV and SRHR services have shut down with actual examples in Coast General Hospital in Mombasa Na Kisumu Level 5 hospital in Kisumu county due to lack of funding, forcing AYPLHIV to seek care in general outpatient units where stigma and discrimination are prevalent.
- Cases of anxiety, depression, and suicidal ideation are rising among AYPLHIV, as they struggle with treatment fatigue, stigma, and uncertainty about continued access to care.



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Table 1.1

8. If yes which HIV services have you faced challenges in accessing

67 responses

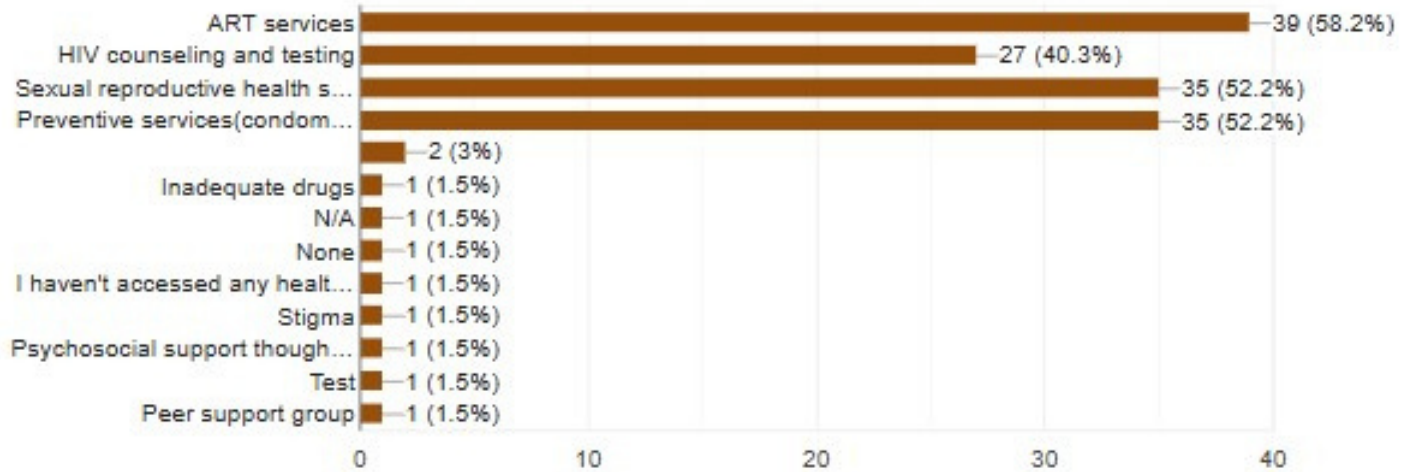


Table 1.2

9.Has the funding freeze affected your ability to adhere to your HIV medication? If so, how? (e.g. stock-outs, inability to travel to clinics, lack of psychosocial support).

64 responses

- Inability to access medication,lack of drugs and psychological support
- Stock out of medicine where now we are being given of two weeks alone
- Psychologically, we are unaware of the next steps
- I'm stressed for my next refill on march 10th,whether I'll get the ARVs or not ❤️
- Lack of psychosocial.
- Inability to attain psychosocial support
- Yes stock outs esp for baby prophylaxis
- Inability to travel to clinics and lack of PSS
- Lack of psychological support



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AYPLHIV also reports increased **stigma and discrimination** after the announcement of the funding freeze. Below are some responses showing the state of stigma and discrimination against young people living with HIV due to the funding freeze:

10. Have you experienced or observed an increase in HIV-related stigma and discrimination within your community, school, or workplace since this funding freeze? Please share any specific incidents or trends you have noticed.

64 responses

Discrimination against kp in general facilities

Yes, people are trolling those living with HIV through social media

Since the community are aware of the assumed gender, some community members have started igniting others that msm should also be done away with

Yes, stigma has really increased as the rest of the crowd is awaiting to see what plhivs will do in circumstances where the art will completely stop

I have observed harmful narratives and misinformation spreading on social media, with comments implying that HIV-positive individuals are a threat to others or that they are doomed to die due to funding cuts. These stigmatizing remarks fuel fear, discrimination, and isolation, making it harder for young people living with HIV to seek support or openly discuss their status.

Additionally, reduced funding has weakened awareness campaigns, leaving gaps in education and reinforcing negative stereotypes. Without strong advocacy and sustained engagement, stigma in schools, workplaces, and even healthcare settings may worsen, leading to barriers in access to treatment, mental health support, and social inclusion for young people living with HIV.

YES. People living with HIV are now facing alot of stigma in the community as a result of the USAID funding freeze. People now saying "watu wa ukimwi watamwagika tu kwa barabara kama kuku hakuna dawa. Watakufa wote waishe." So disheartening.

Stigma has been there within our community and the current freeze has empowered ignorant people to attacks us on social media either verbally etc .

People are now putting words into our ears by saying now that there is stockout of Arvs people are going to die and those hiding their status will be known.

On social media and in the community

People lack knowledge on HIV related issues hence making those who are HIV positive feel like they are a curse

Yes at my work place people are so eager and curious to keenly watch on those who will emerge from the virus due to their observance of their weight



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From the sample responses above, it is clear that stigma and discrimination against people living with HIV and key populations is on the rise.

A summary of the key responses include:

- Reduced awareness campaigns leading to increased misinformation. The drastic reduction in community-based HIV awareness campaigns has left a critical gap in accurate information about HIV prevention, treatment, and U=U (Undetectable = Untransmittable).
 - Without these educational efforts, harmful stereotypes, myths, and misinformation about HIV are on the rise, fueling stigma and discrimination against AYPLHIV in schools, workplaces, and healthcare settings.
 - The rise of harmful social media narratives is increasing isolation. Misinformation and fear-mongering on social media have led to heightened stigma, with some narratives falsely claiming that AYPLHIV are a danger to others or that HIV treatment is no longer effective.
- Many AYPLHIV are now isolating themselves due to fear of being outed, judged, or discriminated against, worsening mental health struggles such as anxiety, depression, and self-stigma.
 - Fear of increased AHD cases and HIV-related deaths. With reduced access to ART adherence support, there is a growing fear that people living with HIV who previously achieved viral suppression will develop Advanced HIV Disease (AHD) and face life-threatening complications.
 - The absence of psychosocial support groups and peer networks means that many young people lack guidance on adherence, increasing the risk of treatment failure and disease progression.



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- Misinformation about ART availability is fueling panic and despair. While NASCOP has reassured the public that ART is available, community rumors persist about impending drug shortages and stockouts.
- Some individuals in the community have gone as far as spreading fear-based narratives, telling AYPLHIV that they will soon die due to the funding freeze, further discouraging them from accessing care and adhering to treatment.
- Increased fear of disclosure and discrimination in schools and workplaces. With reduced legal and psychosocial support, more young people living with HIV fear disclosing their status due to the risk of discrimination in schools, employment, and social spaces.



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Adolescents and young people living with HIV further gave responses on the state of their mental health and self-care following the funding freeze.

Below are some of their documented feedback:

11. What impact, if any, has this situation had on your mental health and emotional well-being?
(Please describe any increased stress, anxiety, or feelings of isolation you may have experienced).

61 responses

Anxiety not knowing when this madness will stop and we get back to our normal routine.
Feeling of self isolation due to how the General public, the community and neighbors have taken this situation and how they are talking about it negatively.

Stress and anxiety

I was mostly stressed when I heard there was no enough drugs at the facility that makes people get a TCA for only a month

I'd say anxiety and panic attack is stressing me out due to what if eventually the freeze becomes permanent how will we go about our lives

People don't want to interact with hiv people

Just worried about my health. Maybe the supply of our medication might be disrupted in the near future n cause major threat to us

im very anxious and afraid that my treatment regimen will become inconsistent.

Stigma

Yes am stressed each and every day am living in fear because I don't know if we will have our medicine and services for free

Low self esteem

Increased stress and anxiety. Sometimes suicidal feeling ❤️

Increased levels of anxiety as a result if the uncertainties as I fear that my government may not be able to willing to buy ARVs for the cutizens that need it



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The responses from young people living with HIV (AYPLHIV) reveal a deeply concerning mental health crisis fueled by uncertainty, stigma, financial instability, and disrupted healthcare access.

Below are the five key mental health challenges they face following the funding freeze:

Widespread anxiety and psychological distress

- Fear of ART stockouts has caused severe anxiety, with some AYPLHIV rationing medication (breaking pills in half) to extend their supply.
- Young people panic about their long-term health, worried that if treatment is disrupted, they could develop Advanced HIV Disease (AHD) or face life-threatening complications.
- The uncertainty about government commitment to sustain ART provision has led to increased hopelessness, panic attacks, and emotional breakdowns.

Increased isolation and loss of psychosocial support

- Many AYPLHIV feel abandoned due to the sudden halt of psychosocial support groups and the termination of peer educators and mentor mothers.
- The stigma from healthcare providers, family, and the general public has made young people withdraw from social interactions, leading to loneliness and a decline in mental well-being.
- The collapse of peer networks that once provided encouragement, treatment adherence reminders, and emotional support has made many feel they have no one to talk to.



Financial stress and job loss

- Many young people who worked in HIV programs (as peer educators, outreach workers, or program assistants) have lost their jobs, leading to severe financial instability.
- Those affected are now struggling to afford basic needs, transport to clinics, and even healthcare services, intensifying stress and uncertainty.
- Fear of future mandatory out-of-pocket costs for HIV treatment has caused frustration, anger, and helplessness.

Increased stigma and discrimination

- Negative social media narratives and misinformation have exacerbated stigma, making AYPLHIV more fearful of disclosing their status.
- Integration of CCC (HIV care centers) into general outpatient departments (OPDs) has heightened concerns **about stigma and unintended disclosure, leading to increased stress and reluctance to seek care.**
- **Some AYPLHIV reported verbal abuse and discrimination from community members celebrating the funding freeze, worsening their mental and emotional exhaustion.**

Hopelessness and suicidal ideation

- Some young people reported having suicidal thoughts, feeling that they are out of options due to uncertainty about continued HIV treatment and job insecurity.
- Fear of not being able to support a future family, particularly among young women who worry about mother-to-child transmission due to ART stockouts, has led to despair.
- The lack of clear communication from authorities has worsened the feeling of being left to suffer in silence.



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Young people were asked whether they **have heard incidences of defaulting youth or experienced health complications due to the increased barriers in accessing health services.**

Some of the documented themes from the responses are:

12. Do you know of any young people who have defaulted on their treatment or experienced health complications due to barriers in accessing services since the freeze? Please provide details on how these challenges are manifesting in your community.

56 responses

In my facility at kapenguria county and referral hospital, I received alot of calls from AYPs asking if services are available and if I am present at the facility, while I was at home as a result of stop work oder, a good number managed to come for their refill but a few, defaulted just because I and other peer educators weren't present at the facility.

Yes. my friend was like why take meds and eventually we will all die once the supply is cut.

Noo

Yes they worry that they might not be getting the ARV's

Test

Most young people are afraid of accessing HIV services in public health sector

Yes, last week a young person was given wrong medication at the pharmacy since the pharmacist isn't conversant with our medication, the long qeue at the pharmacy made some young people very uncomfortable and some had to come back the following day very early in the morning

The youths were getting services from MAAYGO or were being linked to MoH for HITS

I had a young man who heard about the freeze from the news and when it was time for his TCA he did not show up and had defaulted for over a week i reached out and he said he thought that trump had stopped medication and there wasn't any to be dispensed. I had to explain what was going on. So its a challenge.

No, But I see over four heading to defaulting

There are a number of young people who have defaulted their treatment which makes most young people start using drugs and involve themselves in gang groups and start robbing people using their hard weapons.



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The following is the summary of the responses pertaining the rate defaulting due to the funding freeze:

- **Social disruptions and risky behaviors**

With fewer peer educators and community support structures in place, some youth are turning to drugs, joining gangs, or seeking alternative treatments like herbal remedies. There is also a reported increase in teenage pregnancies and new infections.

- **Service delivery gaps and misinformation**

The absence of trained healthcare providers, incorrect medication dispensation, and rumors about treatment unavailability have further discouraged young people from seeking care, leading some to take "drug holidays" or abandon treatment altogether.

- **Increased treatment default and health deterioration**

Many young people are missing their clinic appointments, stopping their medication leading to declining health, opportunistic infections, and in some cases, even loss of hope in continuing treatment and potentially increase in rates of Advanced HIV Disease among young people.

- **Financial and logistical barriers**

The freeze has made it difficult for youth to access treatment due to a lack of transport, closure of services, and financial strain, with some prioritizing food over medication. This is because peer mentors and mentor mothers were receiving a stipend from PEPFAR programs and they now do not have any source of income.



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Recommendations

Young people proceeded to share their recommendations to the Kenyan government and key stakeholders in the wake of the emerging effects of the USAID funding freeze. They include:

13. In your opinion, what urgent actions should be taken by the Kenyan government, NGOs, or international stakeholders to mitigate the effects of this funding crisis on young people living with and affected by HIV?

62 responses

The government should allocate funds for the procurement of the medications and should stop depending of foreign aid for such critical matters.

Create an emergency fund kit to cushion the critical services especially ART services and preventive services

The Kenyan government should prioritize HIV related programs in its national budget to ensure there is sustained financing for prevention and treatment for young people living with HIV.

Dialogue and consideration should be upfront and the best interest of it's own people

We have to maintain the 95 95 95 goal as a country and we know we are working towards ending AIDs in children by 2030, this can only happen when we have good structures to manage our health . With the freeze , there is going to be a very big gap .

Young people are concerned about their health, medical provisions and psychosocial support

No none so far

No comment please

Please have mercy and consider us who are taking the drugs , Only drugs because they may start selling them and they will be expensive ,a person like me it will be hard to access them monthly and for that lose interest with life and I know it's not me alone 🥹🥹🥹🥹🥹 have mercy and feel pitty for us please I beg you whoever is reading please.

Let fight for towards triple zero



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13. In your opinion, what urgent actions should be taken by the Kenyan government, NGOs, or international stakeholders to mitigate the effects of this funding crisis on young people living with and affected by HIV?

62 responses

Start a contingency plan on where else they can procure the drugs and necessary supplies so as to curb the ongoing crisis.

continue supporting people with HIV

I, individually know what is at stake here n so do the government and others, just try your best so us we don't have to suffer because of lacking medications

The Kenyan government must increase national budget allocations for HIV programs, ensuring sustainability beyond international funding. Allocate funds specifically for adolescent and young people (AYP)-focused HIV prevention, treatment, and mental health support.

Expand youth-friendly health services and integrate HIV programs into existing reproductive health, mental health, and social protection services to reach more young people. NGOs and CSOs should empower youth-led and PLHIV-led organisations by directly funding and supporting their grassroots efforts.

Encourage the Kenyan government and global stakeholders to explore blended financing approaches that ensure program continuity.

Strengthen anti-stigma campaigns and ensure policies protect young people from discrimination in healthcare and employment

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Let fight for towards triple zero

Call to action

1. Immediate domestic resource allocation for ARVs and HIV programs.

The Kenyan government must urgently set aside emergency domestic funding to ensure uninterrupted access to ARVs and other essential HIV-related services. A contingency plan should also be developed to procure alternative supplies in case of future funding disruptions

2. Establishment of a sustainable HIV health fund.

The government should create a national HIV sustainability fund that guarantees long-term financing for prevention, treatment, and care, reducing reliance on donors like PEPFAR and the Global Fund.

3. Prioritization of HIV programs into national and county budgets.

HIV programs should be mainstreamed into Kenya's national and county budgets to ensure predictable and sustained financing for prevention, treatment, and psychosocial support, especially for adolescents and young people living with HIV.

4. Local production of ARVs and other vital HIV commodities.

Kenya should invest in the local production of ARVs and other essential HIV-related medicines to reduce dependency on international donors and supply chains.

5. Improving health system efficiency and reducing bureaucratic barriers.

"Even as we talk about integration, some facilities cannot get the files from CCCs (because the CCC is managed by partners who cannot be traced)." The government must strengthen health data management systems to ensure seamless service delivery, especially in facilities where HIV care is integrated into general health services.

6. "Communities stopped leading! We need a fresh start without depending on donors, but how long will it take?"

Greater involvement of communities in decision-making, service delivery, and resource allocation will ensure HIV programs remain responsive to local needs. Direct funding to community groups will enhance service delivery and advocacy.

7. The government should strengthen anti-stigma campaigns and ensure policies protect young people and marginalized groups from discrimination in healthcare, education, and employment.

"Enforce stronger anti-discrimination policies in healthcare, education, and workplaces to protect HIV-positive individuals."

8. Diversification of HIV financing sources.

The government should explore alternative financing mechanisms such as public-private partnerships, blended financing models, and contributions from African regional bodies to sustain HIV programs.

Kenya must actively engage in global health diplomacy to renegotiate and sustain international funding for HIV programs while also advocating for regional solutions.

"Even as we talk about integration, some facilities cannot get the files from CCCs (because the CCC is managed by partners who cannot be traced)."



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