



NATIONAL EMPOWERMENT NETWORK OF PEOPLE LIVING WITH HIV/AIDS IN KENYA Abstracts Approved for the Maisha Conference, 7, 8, May 2015

Strategic Direction 1: Improving health outcomes and wellness of all people living with HIV.

Title: **Reclaiming sexual, reproductive health and rights Among Young people living with HIV (Y_PLHIV) in Kenya.**

Authors: **JA., Odindo¹**, Anam, F¹, Otwoma, JN¹

Organization(s): ¹*National Empowerment Network of people living with HIV/AIDS in Kenyan Kenya (NEPHAK).*

Issues: Sexual health risks such as unintended pregnancy and other sexually transmitted infections (STIs) remain a big problem to young people living with HIV (Y_PLHIV) in Kenya. The challenge is even greater among adolescents and youth aged 16 to 24 years. This is also the age group with high and growing incidences of HIV infections. Yet, health care workers are ill-equipped to deal with sexuality of young PLHIV

Description: The National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK) with support from the Global Network of PLHIV (GNP+) are implementing a 3-year sexual, reproductive health programme targeting adolescents aged 10 to 24 years PLHIV under the Access, Skills Knowledge (ASK) Programme. The Programme adopted a capacity building approach aimed at educating young PLHIV on sexual health risks and strategies of mitigating them through training of Peer Educators and Ambassadors of Hope to undertake community, home and school outreaches; providing education on sexual, reproductive health and rights, and referrals. An end of 2 year programme assessment in 2014 demonstrated that the 16 to 24 years project beneficiaries had internalized and were using available options to prevent and manage sexual health risks, including STIs and unwanted pregnancies, increased uptake of modern contraceptives.

Lessons learned: Integrating services and strengthening referral mechanisms ensures young PLHIV have adequate access to sexual and reproductive health and rights. Peer education and support is an important strategy in sustaining access to sexuality information and services among young PLHIV.

Next steps: NEPHAK will intensify advocacy for increased access to dual protection devices Y-PLHIV. The other approach is to broaden partnership to more effectively engage health workers and legal experts at community and facility levels.

Keywords:

1. Sexual Reproductive Health and Rights
2. Youth
3. Access, Skills Knowledge
4. Y_PLHIV

Country of research: Kenya

Related to PLHIV? Yes

Related to children? Yes

Ethical research declaration: Yes

Previously presented: This is first submission

Applied for scholarship? No

Strategic Direction 1: Improving health outcomes and wellness of all people living with HIV.

Title: **Leveraging the Lived Experience among people openly living with HIV to achieve Zero Stigma and Discrimination: Lessons from the PLHIV Stigma Index.**

Authors: **N.J. Otwoma**¹, F. Anam¹, J. Mukami¹, J. Wambui¹,

Organization(s): ¹National Empowerment Network of people living with HIV/AIDS in Kenyan Kenya (NEPHAK).

Issues: HIV-related stigma and discrimination continue to hinder the uptake of HIV prevention, care, treatment and support services. The Kenya AIDS Strategic Framework (KASF): 2014/2015 – 2018/2019 has committed to reducing self-reported stigma and discrimination related to HIV and AIDS by 50%. This can only happen if the country draws from the experiences and expertise of people openly living with HIV.

Description: Following the first National HIV Stigma Index Survey carried out in 2010, NEPHAK and partners embarked on targeted interventions aimed at empowering PLHIV to enable them accept their status and disclose to health care providers, partners and the public, including media outlets. Positive Health Dignity and Prevention (PHDP) approach with an in-built capacity building was used to respond to the Stigma Index Survey. The central pillar of NEPHAK's PHDP work on stigma was to support 30 PLHIV through their support groups to mentor newly diagnosed PLHIV to overcome self and societal stigma. NEPHAK is currently documenting lessons and emerging issues arising out of the mentorship by people openly living with HIV in 9 districts (now Counties) over a period of 4 years.

Lessons learned: PLHIV linked to PLHIV networks and support groups and who are under the mentorship of a person openly living with HIV are more likely to overcome self stigma and openly talk about their HIV status. PLHIV champions who openly talk about HIV are crucial in providing the visibility, voices and motivation to those newly diagnosed with HIV and supporting them to overcome self stigma.

Next steps: NEPHAK will continue to empower PLHIV and enable them draw on the lived experience and expertise on responding to stigma and discrimination. The network will partner with NACC to ensure the experiences of people openly living with HIV are used to inform stigma reduction approaches under KASF.

Keywords:

1. Stigma and Discrimination
2. Stigma Index
3. PHDP
4. Lived Experience

Country of research: Kenya

Related to PLHIV? Yes

Related to children? Yes

Ethical research declaration: Yes

Previously presented: This is first submission

Applied for scholarship? No

Strategic Direction 1: Improving health outcomes and wellness of all people living with HIV.

Title: PLHIV Support Groups Are Vital for Child Disclosure: Lessons from NEPHAK's *Sauti Skika* Initiative.

Authors: L.A. Wanjiku¹, Anam, F¹, J¹, Odindo, JA.¹, Otwoma, JN.¹,

Organization(s): ¹*Sauti Skika Initiative 'for and by Adolescents.'*

²*National Empowerment Network of people living with HIV/AIDS in Kenya (NEPHAK).*

Issues: Adolescents infected with HIV continue to face health risks, including those that arise from lack of HIV-treatment adherence. One reason for this is because parents or guardians fail to disclose to them their HIV positive status at an appropriate time. Child-disclosure requires knowledge, skills and experience that most parents of children infected with HIV do not have.

Description: NEPHAK with support of UNICEF in Kenya is implementing the *Sauti Skika* Initiative aimed at empowering children and adolescents infected with HIV to articulate their issues and needs. The initiative being implemented in Nairobi, Mombasa and Kisumu counties has brought together 56 parents and guardians and 62 adolescents infected with HIV. Follow up and in-depth analysis reveal that parents who belonged to PLHIV support groups were more likely to disclose to their children that they are infected with HIV than those who are not.

Lessons Learned: Parents who join PLHIV support groups are more likely to disclose to children that they are infected with HIV. Such parents are also likely to disclose this earlier compared to parents and guardians who are not members of any support groups.

Conclusion and Implications: PLHIV support groups are important in empowering parents with skills needed for disclosure of HIV status among children. HIV testing centres and facilities that test and treat children infected with HIV should be linked to PLHIV support groups.

Next Steps: NEPHAK will continue to strengthen the linkage between HIV testing and care facilities with PLHIV support groups. PLHIV support groups should be strengthened to support disclosure needed for sustained

Keywords:

1. Support Group
2. Disclosure
3. ALHIV
4. *Sauti Skika*

Country of research: Kenya

Related to PLHIV? Yes

Related to children? Yes

Ethical research declaration: Yes

Previously presented: This is first submission

Applied for scholarship? Yes

Strategic Direction 7: Increasing domestic financing for sustainable HIV Response.

Title: Strengthening PLHIV & Communities participation towards Sustained Financing for HIV and Health at devolved levels.

Authors: **FA., Anam**¹. Otwoma, JN.¹,

Organization(s): ¹National Empowerment Network of people living with HIV/AIDS in Kenyan Kenya (NEPHAK).

Background: The declining resources from key development partners in recent years has called for increased efforts by all players to engage in advocacy for increased domestic financing for HIV and health. NEPHAK has focused on strengthening PLHIV and community capacity in advocacy efforts towards increased and sustained financing for HIV and health financing at County level taking advantage of the opportunities brought about by devolution of governance and health. Our hypothesis is that empowerment of PLHIV and their communities to participate in county level processes like budget making, development of county by laws and other strategies enable them speak and advocate for their health needs, can reduce stigma, increase awareness on positive living and treatment as prevention among their peers, and inform development of appropriate services.

Methods: NEPHAK conducted an Advocacy skills workshop for PLHIV representatives from 20 counties to enhance participant's capacity to engage in collaborative advocacy initiatives at county level. 6 pilot counties were engaged in mentoring process to engage their county governments at different levels. NEPHAK convened County dialogue forums on HIV and Health Financing between PLHIV, stakeholders and county leaders. Additionally, sensitization meetings on topical issues on HIV and MCH were also conducted for members of County Health Committees and Members of County Assembly.

Results: There is a strengthened partnership within counties with an increase in the interest of PLHIV to participate in county decision making platforms such as budget making and accountability processes with some Counties having registered positive results in terms of budgetary allocations and leadership commitment to champion community led campaigns. In 2014, Nakuru County allocated 55million(1million/ward) towards HIV response and purchased Four (4) CD4 machines stationed at Molo, Bahati, Kuresoi and Rongai District hospitals. Makueni County Constituency Development Fund (CDF) allocated 2.4 million shillings for support to PLHIV treatment and provision of nutritional support.

Conclusion: There is an opportunity within devolution to have PLHIV engage directly with their county governments for increased and sustained resource allocation for health. To achieve this, PLHIV and their communities need capacity building and support to engage with the process.

Keywords:

1. Sustainable Financing
2. Domestic Resource Allocation
3. Devolution
4. Budget

Country of research: Kenya

Related to PLHIV? Yes

Related to children? Yes

Ethical research declaration: Yes

Previously presented: This is first submission

Applied for scholarship? No