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Assessment of PEPFAR Funding Reduction on the Quality of HIV Services at Sex Workers Outreach Program Clinics, Nairobi County, Kenya

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Abstract

The sustainability of HIV service delivery in Kenya remains heavily reliant on donor funding, particularly from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). However, recent reductions in PEPFAR support have jeopardized the continuity and quality of HIV care, especially among key populations served at Sex Workers Outreach Program (SWOP) clinics in Nairobi County.

This study assessed the implications of PEPFAR funding reduction on the quality of HIV services in SWOP clinics, focusing on healthcare worker performance, patient health outcomes, supply of health commodities, and prevention service delivery. A descriptive cross-sectional design using a mixed-methods approach was adopted, integrating quantitative data collected through structured questionnaires from 394 clients and 28 healthcare providers, and qualitative data gathered from key informant interviews. Quantitative data were analyzed using SPSS version 28 for descriptive and inferential statistics, including chi-square and logistic regression tests, while qualitative data were thematically analyzed using ATLAS.ti.

The findings revealed that the reduction in PEPFAR funding significantly affected the quality of HIV services, with 62% of respondents reporting frequent stockouts of essential commodities and 58% citing reduced access to prevention services such as condoms, lubricants, and PrEP. Additionally, 45% of healthcare workers reported decreased motivation and increased workload following staffing and remuneration constraints. Statistical analysis indicated significant associations between funding reduction and service quality indicators ($p < 0.05$), with negative trends observed in client satisfaction, treatment adherence, and viral suppression.

These results demonstrate that reduced donor support disrupts key elements of HIV service delivery, including human resources, commodity security, and patient outcomes. The study concludes that sustained donor funding cuts threaten Kenya's progress toward HIV epidemic control and calls for enhanced domestic resource mobilization, integration of HIV services into primary healthcare, and the establishment of robust public-private partnerships to ensure service continuity. It further recommends strengthening health supply chains, expanding SHA coverage for HIV services, and institutionalizing community-led monitoring and health worker capacity-building initiatives to enhance sustainability and resilience within Kenya's HIV response programs.

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