Kenya's Government Policies on Income Generating Activities for People Living with HIV/AIDS in Nyakach and Nyando Sub-Counties, Kisumu County

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Abstract

Globally HIV/AIDS remains a major public health and socio-economic challenge particularly in poverty-striven regions. In Sub-Saharan Africa Countries HIV/AIDS, prevalence remains high In Kenya, the HIV/AIDS epidemic significantly affects the livelihoods of those living with the virus, affecting their health, food security, economic stability, and social structures. The pandemic has created challenges in accessing healthcare, food, and other essential resources, particularly for women and those in rural areas. The government of Kenya further understands that HIV/AIDS is not just a medical condition, but it also affects how people earn a living and support their families. In view of this, Kenya government has put in place many policies that protect people living with HIV/AIDS become more economically stable through income generating activities. This research paper interrogates those policies, which specifically encourage programmes that support people living with HIV/AIDS and manage IGAs, small businesses, cottage industries, farming and other forms of self-employment opportunities. Survey research design was used in Nyakach and Nyando sub-counties in Kisumu County, Kenya to collect both qualitative and quantitative data. The study findings are based on a population of 287 respondents drawn from Nyando and Nyakach sub-counties. The Information from the respondents mainly gathered using interview schedules, questionnaires, focus group discussions, document analysis and observation checklists. The study recommended that proper implantation of policy support People Living with HIV/AIDS and gender-sensitive management of IGAs. The findings from this study are importance to the policymakers, health workers, non-governmental organizations, religious leaders, and community mobilizers working to uplift the welfare of people affected by HIV/AIDS. The study recommended further training for IGAs members on government policies. This was achieved through analyzing policy of documents, which contain policy statements on income generating activities of people living with HIV/AIDS.

Keywords: Government Policy, HIV/AIDS, Income Generating Activities

Introduction

Human Immunodeficiency Virus (HIV) and acquired immunodeficiency syndrome (AIDS) remain major public health and development challenges, particularly in sub-Saharan Africa, where the epidemic continues to affect millions of people despite significant progress in prevention, treatment, and care. Beyond its health consequences, HIV/AIDS has profound socio-economic implications, including reduced labour productivity, declining household income, increased poverty, food insecurity, and weakened livelihoods among affected individuals and households. These impacts are particularly severe for people living with HIV/AIDS (PLWHAs), many of whom experience limited employment opportunities, increased healthcare expenditures, stigma, and social exclusion, thereby reducing their capacity to achieve sustainable livelihoods.

Recognising that HIV/AIDS is both a health and development challenge, governments and development partners have increasingly promoted income-generating activities (IGAs) as an important strategy for improving the socio-economic wellbeing of PLWHAs. Income-generating activities provide opportunities for self-employment, household income diversification, food security, and economic empowerment while reducing dependence on external assistance. Consequently, IGAs have become an integral component of HIV/AIDS interventions aimed at improving the quality of life of affected populations.

The implementation of IGAs is supported by various national and international policy frameworks that seek to strengthen economic resilience among vulnerable populations. These policies promote access to financial resources, entrepreneurship development, capacity building, social protection, and partnerships between government institutions, development agencies, community-based organisations, and people living with HIV/AIDS. Within Kenya, government efforts to address HIV/AIDS have progressively expanded beyond biomedical interventions to include livelihood support initiatives designed to mitigate the socio-economic effects of the epidemic.

Despite these policy commitments, the translation of policy into practice remains uneven. While numerous programmes have been established to support income-generating activities, questions remain regarding the extent to which government policies have effectively enhanced the livelihoods of PLWHAs at the community level. Differences in policy implementation, access to financial support, institutional coordination, training opportunities, and beneficiary participation continue to influence programme outcomes. Consequently, understanding how government policies are implemented and experienced by beneficiaries is essential for assessing their contribution to sustainable livelihoods.

Kisumu County continues to experience one of the highest HIV prevalence rates in Kenya and therefore provides an important context for examining the relationship between government policy and livelihood interventions. The county has benefited from numerous HIV/AIDS programmes implemented through government agencies, development partners, faith-based organisations, and community-based organisations. Nevertheless, persistent challenges associated with poverty, unemployment, and economic vulnerability suggest that the effectiveness of policy-driven income-generating initiatives requires further examination.

Although previous studies have examined income-generating activities among people living with HIV/AIDS, much of the existing literature has focused on programme implementation, economic

empowerment, or health outcomes. Limited attention has been given to how government policy influences the implementation of IGAs and the extent to which these policies contribute to improving the livelihoods of PLWHAs within specific county contexts. This study therefore addresses this gap by analysing the influence of government policy on income-generating activities among people living with HIV/AIDS in Kisumu County, Kenya. Specifically, the study examines how government policy supports the implementation of IGAs through financing mechanisms, capacity building, institutional partnerships, and policy implementation, and how these interventions contribute to improving the livelihoods of PLWHAs.

Global Commitment Towards HIV/AIDS Reduction

According to World Health Organization (WHO 2023), 88.4 million [71.3–112.8 million] people have been infected with the HIV virus and about 42.3 million [35.7–51.1 million] people have died of HIV. Globally, 39.9 million [36.1–44.6 million] people were living with HIV at the end of 2023. Global commitments declared several methods and interventions have proved highly effective in reducing the risk of, and protecting against, HIV infection, including male and female condoms, the use of antiretroviral medicines as pre-exposure prophylaxis (PrEP), voluntary male medical circumcision (VMMC), and behavior change interventions to reduce the spread of HIV.

Global commitments to reduce HIV/AIDS focus also on several key areas, including reducing new infections, improving access to treatment, and ending AIDS-related deaths, while also addressing the social and economic impacts on individuals and communities. These efforts involve strengthening healthcare systems, promoting human rights, and ensuring equitable access to resources and services (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2021).

Global commitments to reducing HIV/AIDS have a direct positive impact on the livelihoods of people living with HIV. By increasing access to treatment, prevention, and support services, these commitments help reduce illness, improve health, and enable people with HIV to live longer, healthier, and more productive lives. This, in turn, reduces the economic burden on individuals, families and communities and allows people living with HIV to participate fully in the income –generating activities.

According to UNGASS (2001) all nations should be committed towards eliminating HIV pandemic through setting targets for prevention, care, support and treatment for PLWHAs and impact alleviation strategies. Feedback on these commitments was assessed through Global Monitoring reports. It also recognized the need to study and address the impact of the epidemic on the livelihoods of people living with HIV/AIDS. This declaration emphasized the importance of international cooperation and the need for comprehensive responses including prevention, care, support, and treatment.

The UNAIDS (2012) Global Report highlights the impact of HIV/AIDS on the livelihoods of people living with the virus. It emphasizes the need for continued global efforts to address the epidemic, including increased access to treatment, care, and support services. The report also underscores the importance of reducing stigma and discrimination and addressing the social and economic factors that contribute to the spread of HIV. The Joint United Nations Programme on HIV/AIDS (UNAIDS, 2012) Global Report also came up with strategic goal to accelerate HIV prevention and reduce the impact of HIV/AIDS by creating an enabling policy environment, increasing access to HIV treatment and prevention, strengthening health systems, and increasing financial resources for the HIV response.

Another report of The Joint United Nations Programme on HIV/AIDS (UNAIDS) 2012 Global Report highlights the significant impact of HIV/AIDS on the livelihoods of people living with and affected by the virus. The report underscores the importance of addressing the socio-economic consequences of the epidemic, including poverty, loss of income, and decreased productivity.

The United States President's Emergency Plan for AIDS Relief (PEPFAR) has significantly impacted the livelihoods of people living with HIV/AIDS by providing access to life-saving antiretroviral treatment (ART), reducing new infections, and improving overall health outcomes. PEPFAR's focus on comprehensive HIV prevention, care, and treatment services, including ART and pre-exposure prophylaxis (PrEP), has enabled millions to live longer, healthier lives and has stretched health systems in affected countries. The United States President's Emergency Plan for AIDS Relief (PEPFAR) is the global health funding by the United States to address the global HIV/AIDS epidemic and help save the lives of those suffering from the disease. As of 2023, PEPFAR has saved over 25 million lives, primarily in sub-Saharan Africa.

On the other hand, the United States President's Emergency Plan for AIDS Relief (PEPFAR) initiatives, has contributed to tremendous efforts towards reducing HIV infection among 15-24-year-olds by 25 percent in the most affected countries by 2005, and globally by 2010 and Strengthening Health Systems to Support HIV/AIDS Prevention, Care and Treatment through funding. Follow-up meetings are held annually in New York. Some of the resolutions include youth's full involvement and participation in designing, planning, implementing, and evaluating programs. This is crucial to developing effective responses to the epidemic and empowerment of PLWHAs. These global commitments, funding and strategies for technical support are geared towards enabling member countries.

There has also been rapid expansion in AIDS financing from the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other bilateral and multilateral sources. Investments in the HIV response in low and middle-income countries rose nearly ten-fold from US$ 1.6 billion to US$ 15.9 billion between 2001 and 2009. In terms of increased funding, it is hoped that PLWHAs are equipped with skills and involved in IGAs that lead to empowerment, increased productivity and improved living standards in turn reduction in prevalence and new infections. PEPFAR has significantly impacted the lives of people living with HIV/AIDS by providing access to life-saving antiretroviral treatment, preventing new infections, and strengthening healthcare systems in many countries. PEPFAR's investments have led to a substantial reduction in AIDS-related deaths and new HIV infections, contributing to the progress towards controlling the global HIV/AIDS pandemics.

The first HIV /AIDS in was noticed the earliest documented case of HIV-1 infection comes from a blood sample taken in 1959 from a man in what is now Kinshasa, Democratic Republic of Congo. This individual, whose identity remained unknown, was considered to have been the oldest confirmed case of HIV-1. It is important to note that this was the first documented case, and it is possible that HIV existed earlier in humans, but without preserved samples. Commitments in Africa related to HIV/AIDS, specifically focusing on the impact on people living with HIV/AIDS (PLHIV), emphasize multispectral strategies, community involvement, and access to essential services like healthcare, education, and social protection. These strategies aim to reduce the impact of the epidemic on livelihoods by addressing vulnerabilities, promoting

human rights and ensuring access to treatment and care (United Nation General Assembly Special Session 2001).

HIV/AIDS in Africa has had a devastating impact on livelihoods, particularly in Southern and East Africa, where prevalence rates are highest. The epidemic has reversed development gains, deepened poverty, and strained social structures. Countries like Eswatini, Lesotho, and Botswana face severe challenges due to high adult HIV prevalence rates, exceeding 20% in some cases. The pandemic in Africa has also had a devastating impact on the livelihoods of individuals and households, particularly in rural areas. It has led to increased poverty, reduced agricultural production, loss of labor, and increased inequality. The epidemic has also strained public resources and hampered economic growth. It has affected the global human development of African countries through its devastating impact on health, and demographic indicators such as life expectancy at birth, healthcare assistance, and age and sex distribution, economic. It has also affected indicators like income, work force, economic growth, education and knowledge acquisition and other indicators like governance, gender equality and human rights (BMC Public health 9, Article: 53 2009).

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African's Countries commitments to combat HIV/AIDS in Africa aim to mitigate the disease's impact on livelihoods, focusing on national strategies, regional cooperation, and global action. These commitments address the epidemic's multifaceted effects on individuals, households, and economies, particularly in vulnerable populations. This was first declared by the United Nations General Assembly Declaration of Commitment on HIV/AIDS represents "a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat (HIV/AIDS) in a comprehensive manner." It was unanimously adopted and signed by the 189 Member States at the United Nations General Assembly Special Session on HIV/AIDS in June 2001. This Special Session marked the first time that the General Assembly gave its exclusive attention to the HIV/AIDS epidemic.

HIV/AIDS is affecting the global human development of African countries through its devastating impact on health and demographic indicators such as life expectancy at birth, healthcare assistance, age and sex distribution, economic indicators like income, work force, and economic growth, education and knowledge. HIV/AIDS contributes to increases in health expenditures in both the public and private sectors and may divert re- sources towards the higher levels of care needed for AIDS patients.

At the continental level, the engagement of African heads of state and government has been enabled through the 2006 Abuja Call for Accelerated Action towards Universal Access (UA) to HIV/AIDS, Tuberculosis and Malaria Services by 2009. In 2010, East African countries through Kampala African Union Assembly extended the target year for UA to 2015 and urged all countries to increase allocation of domestic resources. This has provided further impetus to efforts aimed at scaling up intervention against HIV/AIDS. In West Africa, adoption of the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems and built a regional consensus on the need to further integrate HIV service delivery within the context of health systems strengthening. UNAIDS (2010) report shows that in Africa, HIV/AIDS is a major public health

concern and cause of death in most parts of Africa. Africa has 15.2 percent of the world's population and Sub-Sahara has 70% of people living with HIV and 70 % of AIDS deaths (UNAIDs, 2011).

Further, the report explains that Eastern and Southern Africa is home to more than half (52%) of all people living with HIV, as well as more than half of the children and women living with HIV (56%). This made the UN launch the Global Coalition on Women and AIDs in February 2004 to raise awareness of the mounting crisis among women and to develop prevention and treatment programmes tailored to women needs *(Africa Renewal,* October 2004). The main goal of the strategies was to accelerate HIV prevention and reduce the impact of HIV/AIDS by creating an enabling policy environment, increasing access to HIV treatment and prevention, strengthening health systems and increasing financial resources for the HIV response.

In conclusion, Africa commitments on HIV/AIDS recommended the use of male or female condoms consistently during penetrative sex. Get tested regularly for HIV and STIs. Use antiretroviral drugs for preexposure prophylaxis if recommended by a clinician. Use harm reduction services where available for people who inject and use nonprescribed drugs.

HIV/AIDS Prevalence in Kenya

In Kenya, the HIV/AIDS epidemic significantly affects the livelihoods of those living with the virus, affecting their health, food security, economic stability, and social structures. The pandemic has created challenges in accessing healthcare, food, and other essential resources, particularly for women and those in rural areas. There are 700,000 to 1 million HIV/AIDS orphans. Coupled with poor economic performance and widespread poverty with 56% of population living below the poverty line by the end of 2000, the epidemic has had its heavy toll on the economy. HIV/AIDS in Kenya significantly affects the livelihoods of individuals and the overall economy, leading to decreased labor force participation, reduced productivity, and increased poverty. The epidemic disproportionately affects those in their most productive years, affecting both the individual's ability to work and the household's economic stability.

The study found out that HIV/AIDS in Kenya has significantly affected the education sector, leading to reduced school enrollment, participation, and completion rates, particularly among children affected by the epidemic. This impact stems from various factors, including increased orphanhood, decreased household income, and the diversion of resources towards HIV/AIDS-related needs. This came up during focus group discussion; many respondents stated that some in Nyakach might close due to the spread of the pandemic. There are homes without parents.

The study also established that HIV/AIDS in Kenya has significantly impacts the livelihoods of individuals and families, leading to economic hardship, social disruption, and changes in family structures. The disease has reduced household income, increased healthcare costs, and affected agricultural productivity. Additionally, it can exacerbate existing gender inequalities and place a strain on social support systems is evidence in the registration of male and female.

According to Dr. Ruth Laibon-Masha, 2024 Chief Executive Officer (CEO) of the National Syndemic Diseases Control Council (NSDCC) presented sobering statistics, revealing Kenya's national HIV prevalence rate of 3.3% rises to 18.7% among people who inject drugs. Despite progress, 2023 saw 20,478 AIDS-related deaths, including 2,607 children aged 0-14. In year 2025, Kisumu County is still projected as

to have the highest HIV prevalence in Kenya, followed by Homa Bay, Migori, Siaya, and Busia. In 2023, Kisumu had a prevalence rate of 11.7%, with over 135,000 people living with HIV

The National AIDS Control Council of Kenya was established as a body corporate, under the State Corporations Act by Presidential Order in Legal Notice No. 170 of 1999. The council provides policy and a strategic framework for mobilizing, coordinating resources for prevention of HIV transmission, provision of care and support to the infected and affected people in Kenya.

Sectoral Mainstreaming of HIV/AIDS aims at integrating HIV prevention, treatment and socio-economic protection interventions in all areas of the public and private sectors, as well as civil society. This includes impact of HIV/AIDS on productivity and labour costs, companies, employees and their families. People with special needs include those with disabilities, unemployed and vulnerable young people.

In Kenya, there is higher prevalence rate among women than men, who are sexually active than women (KNBS, 2010). Initiatives through the President's Emergency Plan for AIDs Relief, (2003) to combat the HIV/AIDS epidemic led the U.S Government to invest in HIV in Kenya in partnership with health ministry strengthening efforts to underpin the President's Emergency Plan for AIDs Relief, ensuring it positively influences and aligns with Kenya's transition of devolved healthcare system. More support programs were launched by USAID, (2013) and NACC, (2011) which undertakes activities for prevention, care and support and treatment in every province and includes testing and counseling and the management of strategic information among other interventions. The facilitation raises funds for HIV programming through innovative solutions; sustainable ways to combat the AIDs epidemic, long-term, sustainable financing through the existing National Health Insurance Fund and increase government funding to meet the allocation 15% of the annual budget to health.

The Ministry of Finance created a HIV/AIDS Trust Fund, which receives contributions from partners and the private sector through initiatives such as airtime and airline levies. Levies on remittances like Action AIDs Kenya; the Bill & Melinda Gates Foundation; Dan Church AID (DCA); Danish International Development Agency (DANIDA); Ford Foundation; Hope for the African Child Initiative, Jamtland International Development Co-operation Agency (JIDCA); the National AIDs Control Council (NACC) and the Society of Women and AIDS in Kenya (SWAK). It was expected that these funds would reach the targeted PLWHAs. Ministry of Health (2016) provided a report on Kenya Aids Response Progress, which revealed that HIV epidemic in Kenya is a major cause of mortality. This has placed tremendous demands on the health system and the economy because epidemic has affected all sectors and entire society including children, youths, adults, women and men. Further, the country's response to this epidemic has also evolved over the years from a health sector led response to multi-sectoral one coordinated by one national authority, one strategic framework and on monitoring and Evaluation framework. In tandem with this report, the Kenya National Bureau of Statistics (KNBS, 2015) points out the response to the epidemic has been improving with increase in availability of reliable and comprehensive data, which has enabled the country to sharpen its focus on the key HIV transmission areas and populations in order to reduce new infections across the country.

In Kenya, HIV/AIDS significantly affects the livelihoods of individuals living with the virus, particularly through income-generating activities (IGAs). Studies have shown that HIV/AIDS can lead to reduced income, food insecurity, and difficulties in maintaining stable livelihoods. However, interventions like IGA

programs have demonstrated positive effects on health, financial stability, and community engagement for people living with HIV.

According to Kenya National Aids Council report in the Year, 2023, 1,377,784 Kenyans are living HIV, with 57 percent coming from 10 counties, namely, Kisumu **(**128,091), Nairobi (124,609**),** Homa Bay (120,600), Siaya (96,297), Migori (76,053), Nakuru (57,635), Mombasa (50,656), Kakamega (48,733), Kiambu (45,917) and Kisii (42,210). Possible causes of negative trend could be poor performance of IGAs hence, PLWHAs have low access to HIV treatment and prevention and inadequate financial resources for the HIV response. In year 2025, Kisumu County still projected to have the highest HIV prevalence in Kenya, followed by Homa Bay, Migori, Siaya, and Busia. In 2023, Kisumu had a prevalence rate of 11.7%, with over 135,000 people living with HIV. This gives rustication for the researcher to study the impact of income-generating activities on the livelihood of people living with HIV/AIDS

Similar findings were showed by the Kenya Aids Indicator Survey (2012) which indicated that HIV prevalence in Nyanza region rose by 0.2 0% over the past five years, despite an increase in the number of circumcised males in the region. These reports informed the decision by Commission for Revenue Allocations, (CRA, 2013) to tailored revenue allocation to counties with high HIV/AIDS. Increasing allocation of funds to Counties with high prevalence is to further efforts aimed at scaling up intervention against HIV/AIDS. Therefore, has been unprecedented political and financial commitment in the country towards the HIV response. This has led to scaling up of HIV/AIDS prevention, treatment and care interventions in all counties. To consolidate these gains, the Kisumu County will need to intensify efforts in HIV response by mobilizing resources, improving existing IGAs, optimizing the synergies between HIV and other health programmes and contributing to health system strengthening. Investments in the HIV response through micro-income business activities and equipping PLWHAs with skills for sustaining IGAs will be critical in Kisumu County.

Kisumu is ranked number one nationally in terms of PLWHAs at 128,091 and second with new infections in 2023(1210). Although, the government allocation towards HIV response had more than doubled under the KNASP III implementation period rising from USD 57.49 million in 2006/07 to USD 153 million in 2012/13. There remains a sustainability challenge for the response consequently, the dwindling resources available from development partners for HIV programming calls for smarter investments of every shilling where it will have the greatest impact and in a most efficient way (Ministry of health 2016).

Research Methodology

Study Area

The research was conducted in Nyakach and Nyando sub –counties in Kisumu County that falls within Nyanza region and has a high prevalence of people living with HIV/AIDS this is according to National Aids Control Council 2023 report. Based on data, Kisumu is ranked number one nationally in terms of people living with HIV/AIDS(PLWHAs) at 128,091 and second with new infections in 2023(1210). The county has some income-generating activities, which are supported by different NGOs, religious organizations, government and community-based organizations. The study outcome showed that these income –generating activities were initiated by the local community members.

Target Population

The target population represents the broader category from which a sample was drawn and usually defined by shared characteristics such as demographic features, geographic location, or other attributes relevant to the research problem Ana Akman (2025).

In addition, Earl Babbie (2020) describes a population as the complete aggregation of elements about which the researcher seeks to make inferences. These perspectives emphasize that a clearly defined target population is essential for ensuring the validity and reliability of research findings, as it guides the selection of an appropriate sample and supports meaningful generalization of results..." The target population for the study were all beneficiaries participating in IGA projects, benefiting from Nyakach and Nyando sub – counties.

The target population for this study were PLWHAs in Nyakach and Nyando sub–counties, according to national census of the year 2019, had approximately 60,721 (KNBS, 2019). The number of IGAs run by PLWHAs in the two counties is ten (10). Comprising of 3,150 members, including program officers/coordinators, community leaders and social workers.

Sampling Procedure and Sample Size

Sampling procedures and sample size determination are crucial aspects of research, involving the selection of a subset of individuals from a larger population to gather data and draw conclusions about the whole. The sample size refers to the number of observations or Respondents included in the study. The sampling procedure outlines (Shona Mc Combes, 2023).

This study applied purposive and stratified random sampling procedures. The research applied purposive sampling techniques to select three IGAs out of ten (10) IGAs in Nyakach and Nyando sub- counties of Kisumu County. Purposive sample technique was used to save money and time by allowing the researcher to gather the same answers from a sample that has the same characteristics received from the bigger population.

Data collection and Analysis

The researcher analyzed the qualitative data from the Interview schedule, on participant observation and FGDs by categorizing all the items, transcription before coding and classifying them according to their themes in tandem with the study Objectives. The quantitative data drawn from the questionnaires were coded and analyzed. The data were analyzed using Statistical package for social sciences version 28 and summarized using descriptive statistics.

Ethical Considerations

The researcher got the consent from Respondents before taking part in interacting with the research instruments. Obtaining consent involves informing the subject of his/her rights. This includes the purpose of the study, approaches to be undertaken, possible risks and advantages of participation, anticipated duration of the study, the scope of privacy of personal identification, and demographic data (Bryman, 2016). Respect for the dignity and secrecy of research Respondents was prioritized being that the target respondents are HIV/AIDS positive. The researcher also made the data anonymous, uphold confidentiality

and reduce any biasness. Anonymity was ensured, and Respondents did not provide their names or any other personal particulars. To protect the subjects' interests and future well-being, their identities were protected. No individual was coerced into taking part in the study; the participation of subjects in the study was voluntary

Findings

The Kenyan government recognizes that HIV/AIDS is not just a health issue but also a socio-economic challenge. As a result, policies have been developed to support economic empowerment through income-generating activities (IGAs). These policies aim to reduce poverty, improve livelihoods, and enhance treatment adherence among people living with HIV/AIDS (PLWHAs).

National HIV/AIDS Policy Frameworks

Integration of Economic Empowerment in HIV Policies

Most national HIV/AIDS strategies in Kenya incorporate economic strengthening as a key pillar. Policies emphasize supporting PLWHAs to become economically independent, reducing vulnerability caused by poverty and Linking HIV programs with livelihood initiatives (Wafula et.al 2024). For example, global and national HIV strategies recommend integration of microcredit, training, and community-based economic activities as part of HIV care and support programs.

Workplace and Anti-Discrimination Policies

The government has developed policies to ensure PLWHAs can participate productively in economic activities without discrimination. The Kenya Workplace Policy on HIV/AIDS (2025) promotes: non-discrimination in employment, equal access to job opportunities and Protection of workers' rights and productivity. This creates an enabling environment for PLWHAs to engage in IGAs and formal employment.

Discussion of Government Policies on People Living with HIV/AIDS

At the heart of government policy lies a shift in perspective: the realization that for a family to truly thrive, they need more than a temporary safety net, they need the tools to build their own floor. By placing skills development and entrepreneurship at the center of income-generating activities, these initiatives move away from the cold mechanics of "aid" and toward the dignity of self-reliance. This approach acknowledges that a person's potential isn't unlocked just by giving them resources, but by honoring their ability to learn, adapt, and lead. Whether it is mastering a new vocational trade, adopting modern farming techniques, or learning the nuances of business management, this training turns a spark of effort into a sustainable flame.

This focus on financial literacy and enterprise growth is about more than just balancing a ledger; it is about building confidence. For families navigating the immense weight of HIV, the ability to understand market trends or manage a budget provides a rare and precious sense of control over an uncertain future. When entrepreneurship and marketing skills become the cornerstone of these programs, they do more than generate profit – they build resilience. They allow a parent to look at the marketplace not as a barrier, but as an opportunity to provide for their children's education and health with their own two hands.

True empowerment happens when these economic goals are woven into the very fabric of community health and social care. By integrating business training into the programs where people already seek support and healing, we recognize that a person's financial health is inseparable from their physical and emotional well-being. This holistic approach sees the human being behind the statistics, understanding that a steady income is often the best medicine for a family's spirit. Ultimately, these policies reflect a belief that every individual, regardless of the challenges they face, deserves the chance to turn their hard work into a stable, dignified, and hopeful life.

Policy on Access to Credit and Financial Services

The evolution of government policy toward financial inclusion is, at its core, a commitment to restoring the economic breath of those who have been marginalized. For people living with HIV and AIDS, the barriers to progress are often not for lack of will, but for lack of a doorway. By championing policies that support microfinance institutions and the grassroots strength of table banking, governments are effectively opening those doors. These initiatives recognize that a small, well-timed loan or a safe place to build a savings pot is more than just a financial transaction; it is a vote of confidence in a person's future. It allows an individual to move from the anxiety of day-to-day survival to the steady, quiet dignity of planning for next month and next year.

The true impact of these policies is felt most deeply through the promotion of community banking and savings schemes, where the power of the collective cushions the vulnerability of the individual. In these spaces, financial services are stripped of their intimidating complexity and brought into the heart of the neighborhood. When a person is included in the national financial system, they are no longer an invisible statistic; they become a recognized participant in the economy. This shift does more than just provide the capital needed to start a poultry project or expand a small roadside kiosk; it erodes the stigma of the condition by replacing it with the identity of an entrepreneur and a provider.

Ultimately, reducing financial exclusion is about stitching people back into the fabric of their communities. These policies understand that economic health is a vital pillar of physical health. When a household has reliable access to credit, the sudden cost of a clinic visit or the seasonal price of nutritious food no longer threatens to collapse their entire world. By fostering an environment where loans and savings are accessible, government frameworks empower people to build businesses that do more than generate income – they generate hope, resilience, and a lasting sense of belonging in the world they help build.

Support for Vulnerable Groups

Special focus is given to women living with HIV/AIDS, youth and vulnerable households. Policies encourage targeted financial empowerment programs, recognizing that economic vulnerability increases HIV risk and limits livelihood opportunities.

Devolution and County-Level Policies (Kenya)

Following the 2010 Constitution, health and social services were devolved to county governments. This allows counties to design localized IGA programs such as implementation of community-based economic empowerment projects and partnerships with NGOs and community groups. County governments often support IGAs such as farming, poultry keeping, and small-scale trade tailored to local conditions.

Social Protection and Poverty Reduction Policies

The Government has implemented broader social protection policies that indirectly support IGAs such as cash transfer programs, food security initiatives and subsidized healthcare (e.g., ART access). These policies reduce financial strain, enabling PLWHAs to invest in income-generating activities. Evidence shows that IGAs supported by such policies improve income, nutrition, and access to treatment.

Partnerships and Multi-Sectoral Approaches

Government policy frameworks promote collaboration with NGOs and community-based organizations, international donors (e.g., UNAIDS, USAID) and private sector actors. These partnerships help fund and implement IGA programs, ensuring sustainability and wider reach. This work is rarely a solo effort, as modern policy frameworks actively lean on a multi-sectoral approach. By building bridges between government agencies, international donors like UNAIDS and USAID, and the private sector, the reach of these programs is greatly expanded. These partnerships provide the essential funding and expertise needed to keep programs running for the long haul, ensuring that support doesn't disappear when a single budget cycle ends. It is a collaborative ecosystem where the strengths of different organizations are woven together to create a more resilient safety net for the most vulnerable.

Challenges in Policy Implementation

Despite strong policy frameworks, several gaps exist. Financial constraints, poor infrastructure, and limited skills are major barriers to successful IGAs. These programs are hampered by limited funding and a heavy over-reliance on external donors, which can make long-term planning difficult. Many participants still struggle with a lack of formal training and poor access to the markets where they need to sell their goods. Beyond the economic hurdles, the persistent shadow of stigma and discrimination remains a powerful barrier, often discouraging the very people who need these programs most from stepping forward. When coupled with weak systems for monitoring progress and a lack of basic infrastructure, these challenges remind us that while the policy framework is a vital map, the journey toward true economic independence for everyone still requires overcoming significant, everyday obstacles.

Conclusion

The findings indicate a gap between the objectives of government policy and the extent to which those policies are known and experienced by people living with HIV/AIDS at the community level. The HIV/AIDS Prevention and Control Act provides a policy and legal framework for protecting people living with HIV/AIDS from discrimination and ensuring their access to essential services without prejudice based on their HIV status. The policy environment therefore provides an important foundation for the participation of PLHIV in social and economic activities.

However, the findings suggest that the existence of a policy framework does not necessarily translate into awareness among its intended beneficiaries. Only 16.4% of respondents reported awareness of the HIV/AIDS and Anti-Discrimination Policy. Respondents associated the limited awareness with the sensitivity surrounding HIV status and the reluctance of some individuals, particularly men, to openly discuss their status. This finding points to an implementation challenge: although policy provides protection

against discrimination, limited awareness and the persistence of stigma may constrain the extent to which PLHIV can recognise and exercise the protections provided by the policy.

A similar distinction emerges from the economic and cooperative policy framework. Government policy seeks to promote equitable wealth distribution, employment creation, savings mobilisation and access to essential services, while cooperative development policy provides a framework for strengthening cooperatives through policy guidance, legal frameworks and capacity building. The policy environment also recognises access to affordable financial services and inputs as important for strengthening cooperative economic activities. However, the existence of these provisions does not, by itself, demonstrate that PLHIV participating in IGAs are able to access the opportunities envisaged by the policies. The study's assessment of policy awareness is therefore important because it shifts attention from the existence of policy instruments to their accessibility to the people they are intended to benefit.

The same issue is evident in relation to local governance. The policy framework emphasises decentralisation, public participation, accountability, transparency and effective resource management, all of which can contribute to an enabling environment for IGAs. In practice, however, the contribution of such policies to livelihood improvement depends on whether local structures effectively communicate available opportunities, facilitate access to resources and remain accountable to community members. Thus, the implementation of local governance policies should be assessed not only by the existence of decentralised structures but also by their accessibility and responsiveness to PLHIV engaged in IGAs.

Group registration and legal-compliance policies similarly illustrate the distinction between policy requirements and implementation. The policy framework provides procedures through which community groups and self-help groups can obtain legal recognition and operate within established governance requirements. The study established that IGAs in Nyakach and Nyando were commonly organised through self-help groups and were subject to registration and compliance requirements. While such requirements can provide an institutional basis for organised economic activity, the thesis also identifies concerns regarding documentation, access to registration processes, transparency and the potential exclusion of marginalised groups. These concerns demonstrate that having a formal policy framework is only one component of effective implementation; the procedures established by policy must also be accessible to the groups expected to use them.

Overall, the findings suggest that the principal issue is not necessarily the absence of government policy but the extent to which policy provisions reach and benefit their intended population. The policy frameworks reviewed in the study provide mechanisms for protection from discrimination, economic participation, cooperative development, local governance and group organisation. Nevertheless, limited policy awareness and implementation challenges identified in the study indicate that the intended benefits of these frameworks may not be fully realised at community level. Strengthening the connection between policy formulation and implementation therefore requires greater attention to how policies are communicated, accessed and operationalised among PLHIV participating in income-generating activities.

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