

HOPE

worldwide

KENYA



ANNUAL REPORT

2020



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HWWK beneficiaries presenting a skit against GBV during National World AIDS Day celebrations in Kajiado

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Acronyms

AEP	Adolescent Empowerment Program
AGYW	Adolescent Girls and Young Women
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
ATLO	Arms To Lean On
CASCO	County AIDS and STI Coordinator
CBO	Community Based Organization
CBT	Community Based Trainers
CCC	Comprehensive Care Center
CDC	Centers for Disease Control and Prevention
CHMT	County Health Management Team
CHV	Community Health Volunteer
CRS	Catholic Relief Services
CSC	Community Score Card
CSEA	Combination Social Economic Approaches
DCO	District Children's Officer
DICE	Drop-In Center
DOC	Department of Children's Services
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
FSW	Female Sex Workers
GBV	Gender Based Violence
GOK	Government of Kenya
HCBF	Healthy Choices for a Better Future
HEI	HIV Exposed Infant
HENNET	Health NGOs Network
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
HWWK	HOPE <i>worldwide</i> Kenya
IRDO	Impact Research & Development Organization
KELIN	Kenya Legal & Ethical Issues Network on HIV and AIDS

Acronyms

KEMSA	Kenya Medical Supplies Agency
KESWA	Kenya Sex Workers Alliance
KP	Key Populations
KPIF	Key Population Innovation Fund
LESDEP	Local Entrepreneurship Development & Education Project, East Africa, Ltd.
MHMC	My Health My Choice
MSM	Men who have Sex with Men
MSP	Male Sexual Partners
NASCOP	National AIDS and STI Control Program
NACC	National AIDS Control Council
NHIF	National Hospital Insurance Fund
NITA	National Industrial Training Authority
NSSF	National Social Security Fund
OGAC	Office of the United States Global AIDS Coordinator and Health Diplomacy
OVC	Orphans and Vulnerable Children
VL	Viral Load

Vision, Mission, Values and Core Competencies



CARE International in Kenya in partnership with HOPE worldwide Kenya distributed over 30 hand washing facilities to schools, chief's camp and community centers in the informal settlements in Nairobi.

Vision

Empowered Healthy Communities

Mission

HWWK is a local faith-based, non-governmental organization working with youth and children to improve their quality of life through responsive and innovative health programming among underserved communities in Kenya.

Core Competencies

- Community mobilization
- Community participation and engagement
- Community systems strengthening
- Community-based service delivery/interventions
- Partnership building

Values

- Rights-Based programming
- Accountability and transparency in all our actions to ensure credibility
- Openness to feedback, ideas and learning to ensure we are creative and innovative
- Quality, excellence and the continuous improvement of services to deliver high impact and cost- effective support for our stakeholders.
- Service to the poor and underserved to bring hope and change lives
- Stakeholder participation for community-based solutions



Year 2020 Overview

After the COVID-19 outbreak in China in December 2019, the first case of COVID-19 was confirmed in Kenya and reported by the Ministry of Health on the 12th March 2020. This completely changed the way we conducted business.

At HOPE *worldwide*, Kenya, the Senior Management Team (SMT) held frequent meetings to ensure employees' safety, secure livelihoods, and innovate to deliver quality services. In consultation with the SMT, the middle-level management keenly addressed all team concerns and anxiety due to the pandemic with regular follow-up phone calls to ensure mental well-being. The staff was quick to respond to the situation by providing coronavirus awareness and prevention sessions and reinforcing efforts by the government to observe curfew hours, hand washing, and sanitizing, along with good respiratory hygiene and social distancing.

We appreciate advice and guidance from our donors – Centers for Disease Control and Prevention and the Kenya Red Cross Society, in helping us navigate through the challenges to ensure continuous service delivery to our target populations. The teams devised small group and individual-level interventions, including short message services and social media to pass health information to the beneficiaries. Peer educators and outreach workers were sensitized on COVID 19 and were supported to cascade the information to their peers in the community.

The Key Populations HIV prevention, care, and treatment services to people living with HIV were adjusted to provide at least a three-month supply of antiretroviral drugs to ensure they had an adequate medicine supply between clinic visits.

The adverse effects of the COVID pandemic were observed in the informal settlements where we implement projects. Many caregivers lost their sources of livelihood, causing a strain on the families. We observed an increase in gender-based violence cases and forged partnerships with other civil society organizations and communities to address the causes and find solutions. We appreciate the COVID-19 response that Two Rivers Mall, Give Directly, Visa Oshwal Community, Shofco, Ujamaa, among others, gave in cash and in-kind to the communities we serve.

The indefinite closure of schools caused additional strain to families in keeping the youth occupied.

The DREAMS project working with adolescent girls and young women addressed this by providing digitalized messages to ensure that the girls were well informed and accessed the available services during the school break. Water points were donated to high schools and also placed in strategic common places within the community through a partnership with CARE International in Kenya.

We are very grateful to HOPE *worldwide* in Hong Kong for their generous donation of over 2,500 masks and personal protective equipment in COVID-19 Response.

HOPE *worldwide* Kenya inducted a new Board of Directors into office. The new Board brings a wealth of experience and expertise in various fields, including engineering, business, human resources, and development. We appreciate the new energy and willingness to serve and steer the organization to the next level.

We applaud the collaborative effort by the government, donors, partners, our employees, and volunteers who continued to work in the challenging times and circumstances to ensure timely delivery of services to the neediest in the communities around Nairobi, its environs and other parts of the country.

Warmest Regards,



Malinda Wheeler
Executive Director, HWWK.



A Word from the Board Chairman

In 2020, we witnessed the unprecedented widespread of the COVID-19 pandemic globally, disrupting the normal operating procedures of international and local health departments and causing adverse social-economic effects. The collective efforts by the Kenyan Government through partnerships with the private sector, civil society, and its citizens in mitigating its impact have shown the resilience of the human spirit.

The already vulnerable communities we serve had an additional burden to deal with as most lost their jobs and businesses, causing financial strain on the families. We appreciate our donors for quickly responding and allowing redirection of some funds to address the emergent situation to the procurement of PPEs for use by staff and community members. The tax relief by the government went to caution the employees who were able to support their families through the challenging time. We witnessed the formation of new partnerships with the government, other civil society organizations, the private sector, and individuals in COVID-19 response through the provision of PPEs, food items, and cash transfers to the affected households.

Despite the challenges, the pandemic also provided innovative technological solutions and approaches to

programming towards achieving the set project targets.

A new Board of Directors was inducted into office with a seamless transition. Working hand in hand with the management of HWWK, they guided COVID-19 response strategies to ensure employees and communities safety while continuing project implementation in all the ten counties, including Nairobi, Nakuru, Laikipia, Kitui, Nyeri, Kirinyaga, Tharaka-Nithi, Meru, Embu, and Kajiado. The COVID 19 cases reported within the organization were addressed professionally and quickly.

I take this opportunity to applaud the HWWK management, staff, and volunteers for their commitment, dedication, and willingness to put the vulnerable communities first, serving them in such challenging circumstances.

Warm Regards,

William Mwasi
Board Chairman, HWWK

Brief History of HOPE *worldwide* Kenya

HOPE *worldwide* Kenya (HWWK) was registered in 1999. Before this, a team of Christians from the Nairobi Christian Church, a member of the International Churches of Christ, would reach out to and serve the needy through benevolent activities. These voluntary activities attracted more people to participate, and before long, the vision translated to an established institution that would carry out the activities in a legal, coordinated, and professional manner. Initially, HWWK received financial assistance from HOPE *worldwide* in the US and from Rotarians for Fighting AIDS and the Rotary Club of Nairobi East to help vulnerable children in Mukuru by providing basic education and nutrition support.

HWWK programs were officially launched in the Mukuru Informal Settlement in February 2003 by the then US Ambassador, Mr. Johnny Carson. Thus began our work with HIV prevention. HWWK has grown and provided support to thousands of vulnerable youth, orphans and vulnerable children (OVC), women, and key and priority populations in different parts of the country. These beneficiaries have been reached through various programs, including HIV prevention, care and support/treatment, education subsidies, healthcare, nutrition, psychosocial support, shelter, vocational training, entrepreneurship training, support to access micro-finance,

initiation of businesses, and linkage to the job market.

The work of HWWK has been made possible through resources mobilized from various donors and agencies, including the US Government, the Global Fund, the Canadian government, The Coca-Cola Africa Foundation, Swedish International Development Agency, CARE Kenya, Shell Oil Products Africa, the Walmart Foundation, trusts, other charities, and individual donors.

HWWK has also collaborated with other stakeholders, including the Kenyan government, development partners, other NGOs, community-based organizations, faith-based organizations, corporations, and selected learning institutions. HWWK is a member of several national technical working groups and is a member of the Health NGO's Network (HENNET). We served as a Board Member of HENNET from 2016 to 2020 and are also Deputy Chair of the Volunteer Involving Organization (VIO) Society. Despite being a local NGO, HWWK maintains close collaborative ties with HOPE *worldwide* members in other countries, especially in Africa, the US, and Hong Kong.

Where We Work - 2020 Projects Summary

Project	Description	Funder	Locations
NURU II - KP	This Project seeks to increase access to sustainable, high quality, comprehensive health and structural interventions among key and priority populations in Nairobi, Central and Eastern regions of Kenya under PEPFAR with the ultimate goal of HIV prevention.	The United States Department of Health and Human Services - Centers for Disease Control and Prevention (CDC)	Embu, Kirinyaga, Tharaka Nithi
KPIF	To provide innovative and effective HIV prevention, care and treatment services to Key Populations (KP) under Nuru II - KP.	The United States Department of Health and Human Services - Centers for Disease Control and Prevention (CDC) through Impact Research and Development Organization (IRDO)	Embu, Kirinyaga, Tharaka Nithi
Nuru II - DREAMS	This Project supports the scale-up of combination HIV/AIDS prevention services for Adolescent Girls and Young Women (AGYW) living in the informal settlements of Nairobi.	The United States Department of Health and Human Services - Centers for Disease and Prevention (CDC)	Eastleigh South (Kiambiu), Embakasi (Tassia), Hospital, Land Mawe (Mukuru Kayaba), Mabatini, Mathare North, Nairobi South, Reuben (Mukuru Kwa Reuben), Utalii, Viwandani
The Road Towards an HIV free society - Global Fund New Funding Model	This Project implements combination HIV prevention services targeting key and priority populations.	Global Fund Grant through Kenya Red Cross Society	Kajiado, Nakuru, Laikipia, Nyeri

Project	Description	Funder	Locations
MWENDO	This Project focuses on addressing the social determinants of health to improve the well-being of children orphaned and made vulnerable by HIV /AIDS through: Health and social services for OVC; Household strengthening; Strengthening child welfare and protection structures and systems	USAID through Catholic Relief Services (CRS)	Kayole, Dandora, Umoja, Tassia, Embakassi, Kariobangi, Mukuru, Komarock, Savannah
Kenya Kids	This Project offers educational support to OVC. The Project may also support caregivers to start income-generating activities, thus promoting the economic stability of vulnerable families.	Individual sponsors through an initiative by the Triangle Church of Christ in the US.	Kibera, Kawangware, Also other areas when OVC are identified.
Adolescent Empowerment Project	This Project works with school-going and out-of-school male and female adolescents by providing Sexual Reproductive Health (SRH) services, economic strengthening, access to Information Communication and Technology (ICT), and promoting education uptake among 10-19-year-old.	Patsy Collins Trust Fund Initiative (PCTFI) through CARE International in Kenya	Mukuru
JamQuest	This Project supports OVC in secondary schools with school fees and school uniforms.	JamQuest	Mukuru
Kenya Youth Employment and Opportunities Project (KYEOP)	KYEOP aims at increasing employment and earning opportunities for youth between 18-29 years through various skills training and entrepreneurship support.	World Bank through National Industrial Training Authority (NITA)	Nairobi, Kitui, Nakuru

2020 Achievements at A Glance

Key Populations (KP)

26,714 KPs (23,008 FSW and 3,706 MSM) reached with a minimum package of services in Embu, Kirinyaga, Tharaka Nithi, Nakuru, Machakos, Nyeri, and Kajiado Counties in Kenya.

23,764 KPs (20,360 FSW and 3,404 MSM) tested for HIV, cumulatively 1,328 PLHIV linked to care and treatment. 1,041 PLHIV received VL results. 1,008 (96%) clients virally suppressed. 13 clients switched to second line.

26,714 KPs screened for STIs, and 541 (2%) were diagnosed and treated.

1,448 clients screened for cervical cancer; 11 identified with abnormal cells and were referred for follow up and treatment

3,302 KPs (3,169 FSWs & 133 MSMs) experienced different forms of GBV

Youth

28,294 Adolescent Girls and Young Women (AGYW) reached through DREAMS

21,704 AGYW served through age-appropriate combination prevention strategies in 8 informal settlements within ten wards in Nairobi County.

15,822 AGYW received all four essential services, 81% AGYW between 10-14 years old, 73% of the active 15-19 years old, and 66% of the 20-24 years old AGYW.

24 FSWs and MSM groups supported and linked to alternative livelihood through table banking and Income Generating Activities

2 KP groups linked to funding support for entrepreneurship and 2 KP-led organizations supported in proposal writing.

One MSM safe space set up in Embu Town in partnership with Arms To Lean On (ATLO).



20,672 AGYW

met weekly in Safe Spaces* and received evidence-informed HIV prevention behavioral interventions, HIV testing services (HTS), and linkage to biomedical services.

15,142 AGYW tested for HIV. 9 AGYW tested HIV positive and linked to care and treatment. 76 were enrolled with a known positive HIV status and confirmed already enrolled in care and treatment.

Youth

14,481 AGYW (15-24 years) educated on family planning, 334 received a contraceptive method.

4,269 AGYW received educational support with 100% support to AGYW living with disability and AGYW heading families.

7,018 AGYW screened for PrEP, and 475 identified as eligible and received PrEP.

1,595 AGYW experienced various forms of violence; 284 experienced sexual violence, 1,311 physical violence and all received trauma counseling.

3,120 AGYW received vocational skills training and 3,806 AGYW entrepreneurship training.

1,680 male partners of the AGYW were tested for HIV

196 DREAMS mentors worked with an average of 105 AGYW per mentor.

23 AGYW absorbed as mentors and/or facilitators in the HWWK DREAMS

Evidence-Based Interventions*1:

Healthy Choices for a Better Future (HCBF)

9,755 adolescent girls and **6,035** boys completed HCBF sessions. 100% retention rate for HCBF, as schools and other learning institutions, supported this intervention.

My Health, My Choice (MHMC)

7,100 AGYW and **3,974** male peers completed the required four sessions.

Project.

24 adolescents (14 female and 10 male) held technology transfer training in Mukuru, ICT Hub.

674 (152 In-School (IS) adolescent girls and 158 IS adolescent boys and 192 Out-of-School (OS) boys and 172 OS adolescent girls) received financial literacy, Adolescent Savings & Loans Association, Selection Planning and Management (SPM) and ASRH, adolescent fora.

95 youth (18 – 28 years) enrolled in the Kenya Youth Employment and Opportunities Project with 76% transition to internship.

Community Mobilization and Norms Change

58 facilitators trained in Men as Partners (MAP) methodologies.

SASA!

17,529 (10,843 through SASA! and 6,686 through MAP) community members were reached.

FMP I & II:



4,831 parents reached - 104% achievement. (2,043 parents of AGYW aged 10-14 years received FMP I, 2,788 parents of AGYW aged 15-19 years received FMP II)

Orphans and Vulnerable Children



21,228 (9 801 M, 10 424 F) OVC served; 1,407 (700 M, 707 F) Children Living with HIV, 100% linkage to care and 86% viral suppression.

16,955 (76%) children received support through education support i.e. school fees, levies, uniforms, and sanitary pads for the girls.

2,048 (1,040 M, 1,008 F) under five years fully immunized.

3,853 households served.

74 VSLA groups comprising of 1,206 (137 M, 1,069 F) caregivers taking care of 3,321(1,385 M 1,936 F) OVC. The groups have cumulative savings of KES 876,230, Loan funds of KES 961,950, and Social fund of KES 382,200.

578 HHs taking care of **1,550 (750M, 800F)** OVC were identified and enrolled in an annual NHIF subscription of KES 6,000.

645 households benefited from MWENDO emergency fund (KES 8,000) for COVID - 19 response.

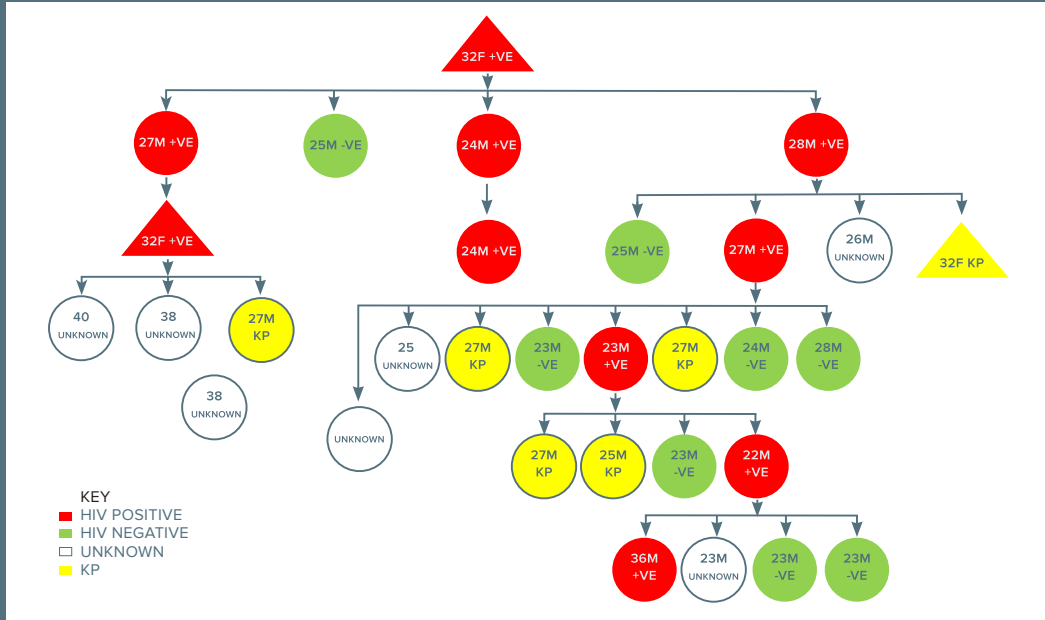
HCBF is used to reach AGYW aged 10 to 14 years and their male peers through trained facilitators from the community.

MHMC is used to reach AGYW aged 13 to 17 years and their male peers through a team of trained facilitators in out-of-school settings.

SASA is a community based intervention aimed at changing community norms that hinder young women and girls from achieving their highest potential and creating a more enabling environment. Facilitators are drawn from the communities where the girls live

FM I & II: This intervention targets parents and caregivers of 10-14 year olds, and 15- 19 year olds to improve parent-adolescent communication, especially on sexuality.

Health and HIV Services



Assisted Partner Notification tree

KEY AND PRIORITY POPULATIONS

NURU II PROJECT

2020 marked HWWK’s fourth year of implementing the NURU II Project - an HIV Prevention Project funded by the US President’s Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC). The Project works with Key Populations (KP) and Adolescent Girls and Young Women (AGYW).

Nuru II Key Populations (KPs) program was implemented in Embu, Kirinyaga and Tharaka Nithi Counties in Kenya. Service delivery models were re-designed due to the Corona Virus (COVID-19) pandemic. The program staff ensured that the few group-level activities implemented adhered strictly to MOH COVID-19 safety guidelines, including hand hygiene, wearing of facemasks, and social distancing.

The Project incorporated innovative strategies and lessons learned during implementation, which led to continued improvement in topline indicators, including case findings, retention, and overall reach for the beneficiary populations.

In the reporting period, 9,625 KPs (8,644 FSW and 981 MSM) were reached with a minimum package of services representing a 74% achievement against the annual target. In contrast, the FSW targets were overachieved at 114%. The MSM targets were underachieved due to over-targeting, which was five times beyond the program estimates. Partners of sex workers including 9,078 other priority populations were also served. Cumulatively, 34,329 clients have been reached with HTS services and 423

newly identified HIV positive, which was 141% of the annual target with a 1.3 % yield.

An MSM Safe Space was set up in Embu Town in Partnership with ATLO to improve accessibility to HIV prevention services. Since its official launch on 12th August 2020, the Safe Space has received an average of 8 clients walking in daily to access various services, including the collection of condoms.

Key Population Innovation funds (KPIF) were utilized to scale up the Social Network Strategy (SNS), support transition to the use and reporting

on Kenya Electronic Medical Records (EMR), and provided organization capacity development for six KP-led organizations. This included three FSW and MSM-led organizations.

To improve the reach of the MSM community in the upper Eastern and Central regions, HWWK formally engaged two MSM-led organizations through a Memorandum of Understanding (MOU). The partnership helped to increase the number of MSM receiving HIV prevention services in the Project. The grassroots organizations have also benefited from Organizational Capacity Development (OCD), continuing into the next financial year.

HIV Counseling and Testing for KPs

During the reporting period, 8,429 KPs (7,536 FSW and 893 MSM) were tested for HIV and taken through HIV risk-reduction counseling. In addition, 9,078 priority populations and partners of key populations were tested and received their results. Of those tested,

126 KPS and 288 GP were identified as HIV-positive. Positivity was low among re-testing KPs at 0.2%. HTS services are offered as an entry point for service, and clients are linked to other services based on need and risk factors.

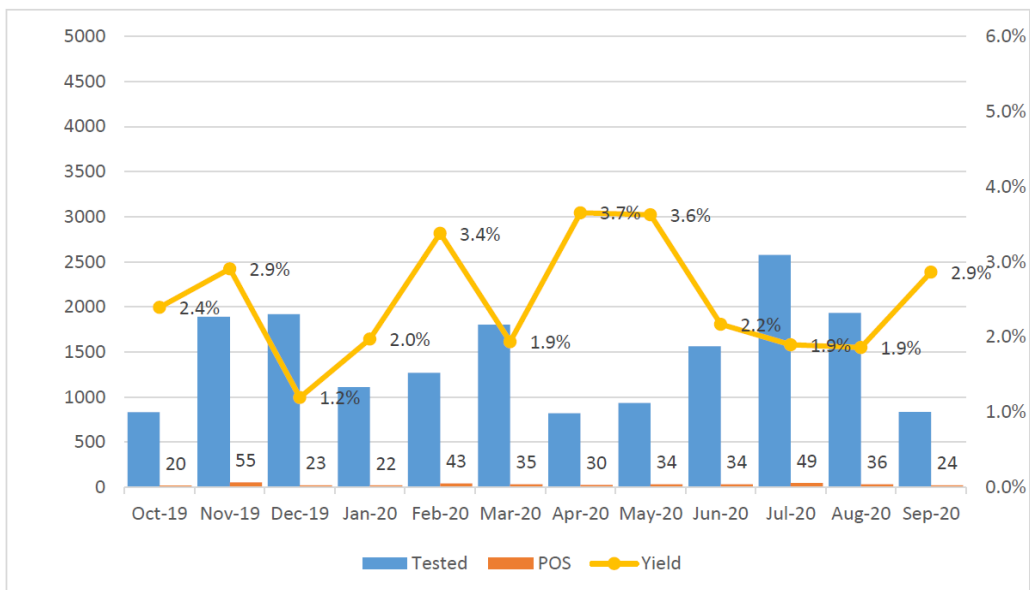


Figure 1: Monthly Trends in HIV Testing and HIV+ Identification among KP

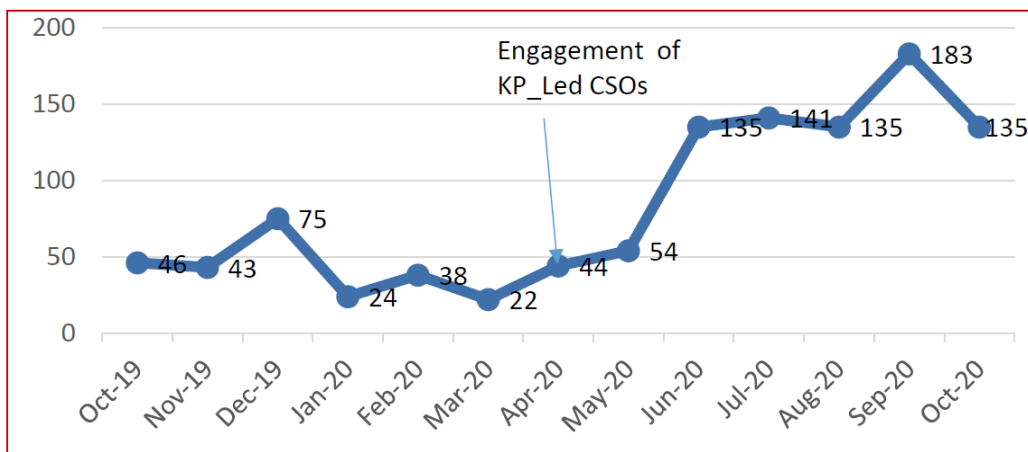


Figure 2: Monthly Reach of New MSM in FY04

Social Network Strategy

Social Network Strategy and Index testing was scaled up in the year to improve case finding and mobilization of hard-to-reach populations, including MSM and young female sex workers. There were 423 individuals newly identified and 403 (94%) linked to care and treatment. Linkage and retention were improved by using a bulk MSM

platform (mHOPE), where regular reminders were sent to the beneficiaries. The retention rate for the year at KP-friendly centers was 91%. 99% of HIV-positive individuals accessing care and treatment at the KP-friendly centers were successfully transitioned to Dolutegravir, with 93% having attained viral suppression.

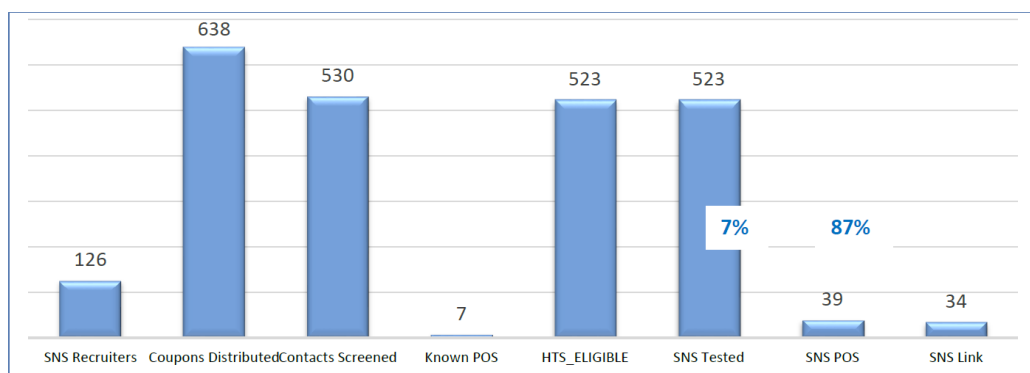


Figure 3: SNS cascade: Recruiters were identified from among newly identified HIV positive clients, high viremia clients, and high-risk negative clients

SUCCESS STORY

Improved Service Uptake among KPs through Violence Response in Embu County

KPs from hotspots with high violence cases had stopped accessing HIV prevention services. During community dialogue forums, the KPs identified key issues that hinder service uptake, including cases of unaddressed violence, the need to sensitize police and introduce some empowerment activities. In response to these concerns, the Embu Violence Response Team improved structures related to reporting and follow-up of GBV cases, including working with the police and the judiciary.

In December 2019, a sex worker through the Violence Response team at the Embu DICE received treatment and was supported to report the case

to the police. She received support from the legal team and received counseling. Through this effort, the perpetrator was arrested and agreed to settle the matter out of court by paying for medical expenses and for punitive damages.

The successful conclusion of this matter has given sex workers in Embu Town the motivation to access HIV prevention services from the Project and report violence and other human rights violations to the DICE. In a recent outreach at a hotspot once considered hostile, 28 FSW accessed services after the sex worker shared the success of addressing violence against her.

Summary of Key Achievements for Nuru II Key Population Program



8,429 KPs were tested for HIV and taken through HIV risk-reduction counseling. **9,078** partners of sex workers and other priority populations were also tested for HIV. Of those tested 405 were positive and 95% were linked to care and treatment at health facilities.



Social Network Strategy (SNS) was used to improve case finding where **423** individuals were newly identified and 94% linked to care and treatment.



9,625 KPs were contacted and screened for STIs. 301 KPs were diagnosed and treated for various STIs, with FSWs forming the majority of those identified.



1,602 sex workers received family planning services including education on modern family planning methods.



4,280,960 condoms were distributed to KPs and their clients.



All **8,429 KPs** and **9,078** priority populations who accessed HIV testing services were reached with Respect-K, an Evidence Based Intervention integrated into KP clinical visits that is used for risk assessment and risk reduction counseling.



Of the **522** clients enrolled for care and treatment at the KP-friendly centres, **373** had viral load results received within the reporting period. Among those with viral load results **94%** were virally suppressed.

The Road Towards an HIV free society - Global Fund New Funding Model

HWWK is sub-granted by Kenya Red Cross Society under Global Fund's HIV/AIDS Program. Through this Project, HWWK provided KP services to an additional 17,089 KPs (14,364 FSW and 2,725 MSM). The Project aims to promote universal access to comprehensive HIV prevention treatment and care by reducing new HIV infections by 75% and reducing HIV-related mortality by 25%. HWWK provided HIV services through Wellness Centers, also referred to as Drop-In Centers (DICES), and conducted structured outreaches at KP hotspots in Machakos, Kajiado, Nyeri, Laikipia, and Nakuru Counties.

The Project provided health care services to the KPs, focusing on combination approaches to HIV prevention that address biomedical, behavioral, and structural risks. The Project offered preventive and curative services to KPs through targeted mobilization to the DICES.

To comply with COVID-19 guidelines, the Project had to restructure the implementation strategies by increasing the number of outreaches targeting smaller groups of beneficiaries of 30-40 clients. At DICE level, Peer Educators (PEs) within the DICE coverage were

allocated beneficiaries to mobilize to the DICE per day through a well-guided duty roster, ensuring clients were staggered throughout the day.

To address stigma and discrimination that hinder the smooth implementation of KP programming, the Project held a series of advocacy sessions with 108 law enforcers and 90 health care workers geared to increase their knowledge on providing KP-friendly services.

The Project also focused on strengthening partnerships with host counties through regular review meetings, support supervision by county officials, and participation in Technical Working Groups. Additionally, the Project supported and participated in county and National-led World AIDS Day commemoration.

However, as the country dealt with the COVID-19 pandemic, the Project experienced implementation challenges such as disruption of services following the closure of the Nakuru DICE for 14 days due to a staff member testing positive for COVID-19, low turnout during outreach activities, and relocation of clients primarily in Nyeri and Laikipia counties. All of these challenges affected target achievement.

Comprehensive Prevention Programs for FSW

By the end of FY3, 14,364 FSWs were reached with a comprehensive care package. 12,824 sex workers were tested, and 70 were HIV positive. 67 FSWs were successfully linked to care and treatment. Three clients had difficulty accepting their status and received ongoing counseling.

Three major strategies were used to increase access to services among FSWs:

- Mobilization to the DICE – the peer educators mobilized the peers in their cohorts to access services at the DICE. This was either done through referral or accompanying the client to the DICE.
- Outreach – The Project conducted 85 outreaches in hard-to-reach hotspots where peer educators mobilized their peers to access the services at the selected hotspots.
- Co-located outreaches - services were provided in collaboration with government health facilities.

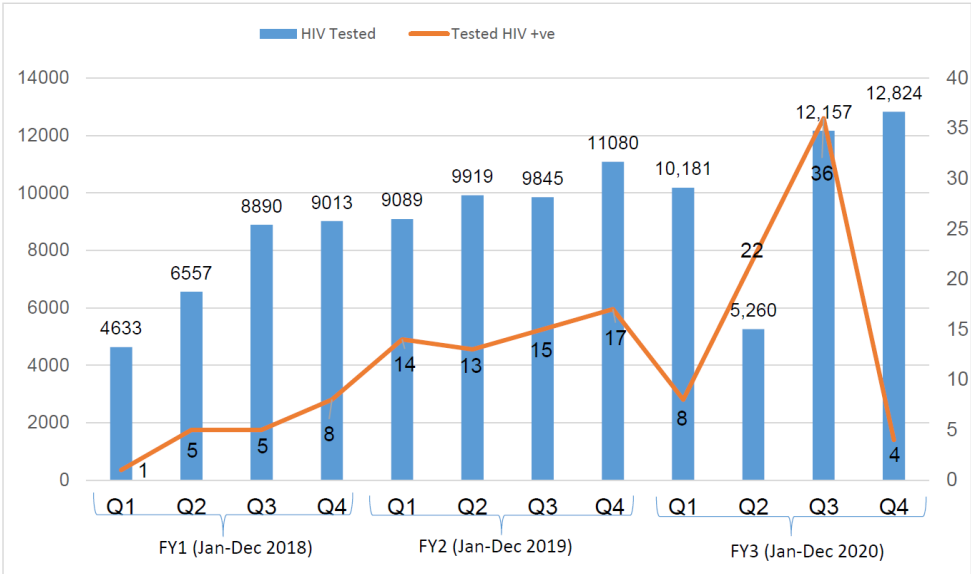


Figure 4: FSW HTS Uptake

Comprehensive Prevention Programs for MSM

The Project reached 2,725 MSM with a comprehensive care package. 2,511 MSM were tested for HIV, and a total of 23 positive cases were identified, with 22 (95%) of those identified successfully linked to comprehensive care and treatment. HIV care and treatment services are provided at the DICES in line with the National Guidelines. Clients who are willing are linked at the DICES

and started on treatment immediately. Those who opt to be linked to other Comprehensive Care Centers (CCC) are escorted by an HTS counselor or the social worker to the facility of choice. Cumulatively 85 MSM were linked to ART, and all are receiving the TLD regimen. Of these, 68 were eligible for VL, and 67 had achieved viral suppression.

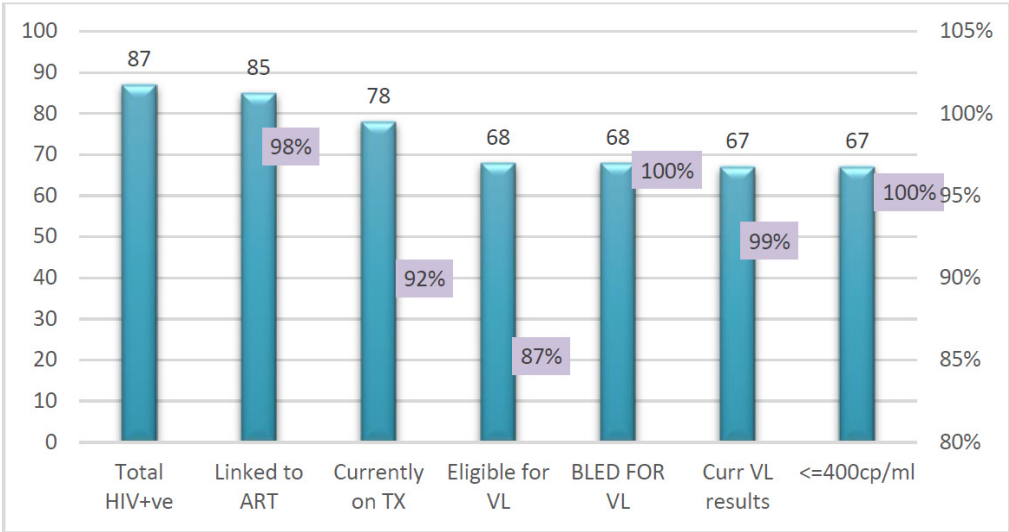


Figure 5: MSM treatment Cascade HTS Uptake

Summary of Key Achievements for The Road Towards an HIV Free Society



17,089 KPs (14,364 FSW, 2,725 MSM) were reached and provided with a comprehensive care package.



15,335 KPs were tested for HIV and taken through HIV risk reduction counselling. Out of these 93 tested HIV positive and 89 (95%) were linked to care and treatment. There was a significant reduction in positive results compared to the previous financial year.



17,089 KPs were screened for Tuberculosis. **3** were diagnosed and placed on treatment.

Beneficiary Testimonial

“ Hadassah* has been a client at HOPE worldwide Kenya Gilgil wellness Centre since 28th September 2016, and she was under care and treatment

at Gilgil Sub-County Hospital. In January 2020, she felt that taking pills was such a burden and she had had enough of the ART and decided to take a drug holiday.

“I was not ready to continue with medication. I felt my life had no meaning, and all I wanted was to die. As bitterness built up, I vowed to be vengeful and be a serial killer by infecting as many as I could. It was just a matter of months, and I lost weight drastically. Friends and neighbors noticed, and they started asking questions about my health. Regular clients stopped contacting me; this depressed me further. I was at the end of the road when I heard a soft knock on my door one afternoon. I ignored it, but the knock persisted. On opening the door, 2 HOPE worldwide Kenya staff (nurse and social worker) reached out and hugged me. They found me sickly and wasted, but their warmth made me feel cared for. After a long conversation, I was convinced that all was not lost.”

A social worker ensured Hadassah attended weekly adherence counseling sessions, got weekly ART refills and weekly home visits. After six months, her viral load was undetectable. Continuous adherence counseling sessions, nutritional support, and being in a HWWK support group enabled her to realize that she

was not alone. Her yearly viral load has been undetectable. She is now a stable client and able to get her meds for three months at a time.

“HOPE worldwide Kenya has made me see that there is more to life. They have empowered me about HIV and other infections. Correct and consistent condom use education has been part of my visits at the HOPE worldwide Kenya DICE. I am now living a positive life by taking my drugs on time, attending my scheduled appointments and participating in support groups, and consistently using condoms to protect myself and others,” concluded a jovial Hadassah.

*Not her real name

Adolescent Girls and Young Women (AGYW)

DREAMS PROJECT



DREAMS girl receiving one year supply of Sanitary Towels

HWWK continued to implement the DREAMS Project under Nuru II. DREAMS is an acronym for Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe lives. The Project targets 9 – 24-year-old adolescent girls and young

women and their male sexual partners with a comprehensive package of HIV services in 10 wards in 6 sub-counties in Nairobi County. The goal of this Project is to contribute to the reduction of new HIV infections among AGYW.

The services for AGYW are provided in four categories as outlined in the DREAMS comprehensive package of services. These services included:

- Services that directly empower AGYW
- Services that mobilize communities to support and protect AGYW
- Services that strengthen AGYW's families
- Services that target AGYW male sexual partners to decrease the risk of acquiring HIV

Cumulatively, 28,294 AGYW have been enrolled since DREAMS' inception in October 2015. 7,220 AGYW exited over time due to various reasons, including permanent relocation, opting out of the program, not being able to be traced, and a parent or spousal request. A total of 21,476 girls are active participants. Out of these, 15,822 (75%) received all the services offered.

Girls engaged in the Project are allocated mentors who are responsible for mobilization, facilitating sessions during the Social Asset Building (SAB) group meetings, and reporting. In 2020,

196 mentors worked with an average of 105 AGYW per mentor. The 20,672 AGYW met weekly in the Safe Spaces and received evidence-informed HIV prevention behavioral interventions, HTS, and linkage to medical services as needed. However, due to COVID-19 restrictions, AGYW could not meet physically at Safe Spaces for most quarters 3 and 4. Instead, girls were reached through a bulk SMS (Short Message Services) platform to communicate key messages and held virtual SAB sessions conducted by mentors and project staff.

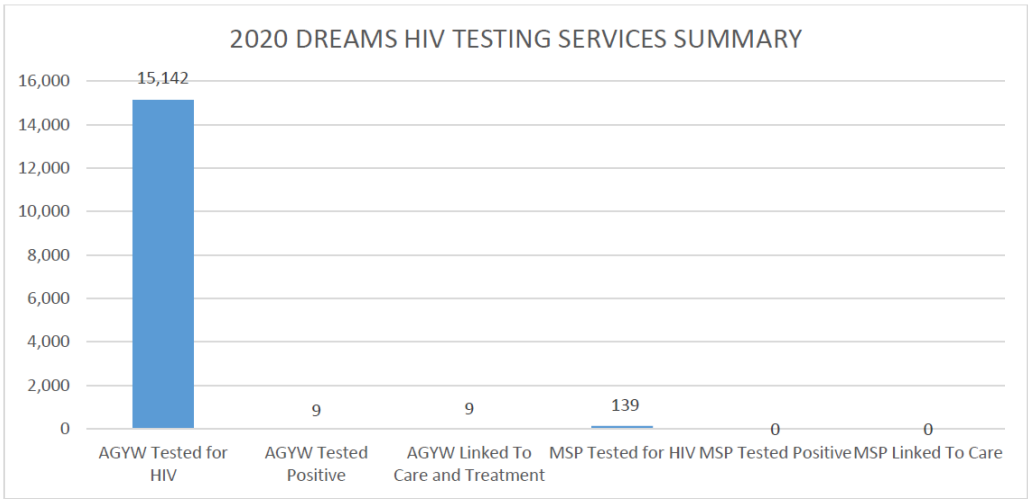


Figure 6: Adolescent girls and young women and their male sexual partners HTS Uptake

Characterization of AGYW Male Sexual Partner (MSP)

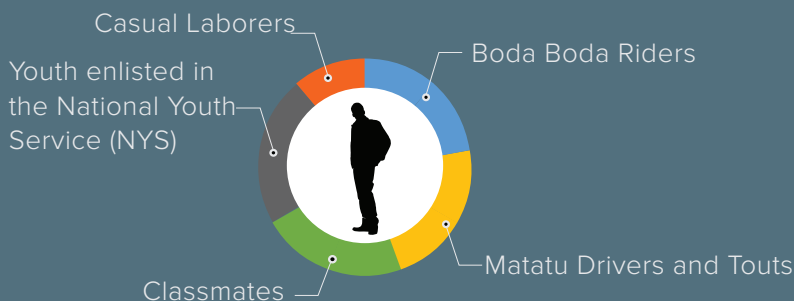


Figure 7: Characterization of AGYW Male Sexual Partners (MSP)

Summary of Key HIV Prevention and Treatment Achievements for Nuru II DREAMS Program



15,142 AGYW were tested for HIV and taken through HIV risk reduction counseling. Out of these 9 tested HIV positive and all were linked to care.



54,142 male and **383 female condoms** were distributed to 1,485 AGYW. All were out-of-school girls above 17 years.



14,481 AGYW aged 15-24 years received family planning education and 334 received a contraceptive method.



1,595 AGYW reported having experienced various forms of violence. Of these, 284 had experienced sexual violence, while 1,311 experienced physical violence. All the 1,595 AGYW received at least one post GBV care service.



7,018 AGYW were screened for PrEP, and 475 (7%) were identified as being eligible to access the service. All 475 were newly enrolled and received PrEP.



4,269 (101%) AGYW received a variety of educational support. Support included school fees, uniforms, scholastic materials, and dignity pads. AGYW who had a disability and AGYW heading families received 100% support for school fees and school supplies.



58 facilitators were trained in Men as Partners (MAP) methodologies, which are Evidence-Based Interventions and continued to work with 26 SASA! activists trained in the previous year. 17,529 community members were reached (10,843 through SASA! and 6,686 through MAP).



2,043 parents of AGYW aged 10-14 years attended Family Matters Program I sessions, 2,788 parents of AGYW aged 15-19 years were reached with Family Matters Program II to improve parent-adolescent communication especially on sexuality.



3,120 AGYW received vocational skills training. Cumulatively, 21,850 AGYW completed Financial Capability Training while 3,608 AGYW completed Entrepreneurship Training. 23 AGYW who demonstrated exemplary capacity were absorbed as mentors and/or facilitators in the project.



7,100 AGYW aged 13-17 years and their 3,974 male peers completed their required 4 sessions of My Health, My Choice. There was a 100% completion rate of all those enrolled.

9,755 AGYW aged 10-14 years and 6,035 adolescent boys completed 7 sessions of Healthy Choices for a Better Future (HCBF) – a school based HIV and Violence prevention intervention. There was a 100% retention rate as all girls enrolled completed the sessions.

Beneficiary Testimonial

Relentless Passion

Ann Masharita was amongst the first mentors to be engaged at HOPE worldwide Kenya (HWWK) DREAMS Program in Mathare Ward. Ann is 30 years old residing in Mathare slums. Local authorities recognized her passion for community work and service to humanity and referred her to the HWWK office in Mathare. She narrates the story of her journey as a mentor.

"I am a single mother, and I have firsthand experience of both the good and bad of slum life. Life in the slums is challenging. I am a survivor of gender-based violence triggered by the social and financial pressures and strains of fending for my child. When I joined the DREAMS project, I enrolled for mentorship training and emerged the best in the class. I chose to mentor Adolescent Girls and Young Women (AGYW) aged 10-17 and 18-24 years of single mothers. As a single mother, I knew I had something to offer from my own experience," she confidently said.

Ann has done exemplary well in behavior change communication among her mentees in Social Asset Building (SAB) groups weekly meetings, where the AGYW learn different life skills. Since 2018 to date, her mentees are recognized as having exhibited a notable change in behavior. Previously, some of her mentees were deviant, raising concern

from local authorities, teachers, and parents. The group had a reputation for missing school and going to disco clubs instead. They were uncontrollable. It took a while for them to change, but it gradually happened. Currently, her mentees are among the first to access all of the services provided for AGYW.

She has also been the liaison person, linking the AGYW to partners, including Family Health Options Kenya (FHOK) and Mathare Social Justice Centre (MSJC), for reproductive health services and re-usable dignity packs respectively.

The AGYW easily relates and opens up to her. Her efforts have been recognized by the DREAMS program team and the local authorities and partners. We celebrate her as a true heroine and behavior change ambassador.

Kenya Youth Empowerment And Opportunities Project (KYEOP)



Tony Otieno, a KYEOP trainee, displays skills from food production training in Nairobi County

KYEOP is a World Bank-funded Project implemented through the National Industrial Training Authority (NITA). It aims to increase employment and earning opportunities for youth between the ages of 18-29 years through various skills and entrepreneurship training. HWWK provides 2-months of job-specific skills training, a 3-months internship, and 6-months of employment in partnership with government vocational training centers.

HWWK began implementing the Project at Cycle 2 and has continued to implement Cycle 3 since 2019. In

February 2020, 106 trainees from Nairobi, Kitui, and Nakuru Counties under Cycle 4 were allocated to HWWK; despite the disruption caused by the COVID-19 pandemic, the Project transitioned 70 trainees to internships after completing training. The trades provided include fashion and design, hairdressing and beauty, and food and beverage. Concurrently the Project linked Cycle 3 trainees to 3 months of employment.

Summary of Key Achievements for Kenya Youth Employment and Opportunities Project (KYEOP)



106 trainees were allocated to HOPE *worldwide* Kenya for training.



70 trainees successfully transitioned to internship.

Out of the **93** trainees allocated to HWWK under Cycle 3, **56** trainees were successfully linked to employment.

Strengthening Community Health & Related Structures



HOPE worldwide Kenya Staff and community outreach workers from Embu County display face masks received from HOPE worldwide Hong Kong

Child Protection and Legal Support

HWWK, through social workers and CHVs trained by the Department of Child Services, sensitized 296 caregivers on child protection, trends of emerging child abuse cases, and HIV prevention. This was done to help provide improved services and information at the household level to caregivers and their children to enable them to know

their rights and where to report cases of children's rights violations.

At the ward level, the CHVs continued to work with Local Area Advisory Councils (LAACs) and local administration to strengthen child protection systems in order to ensure the safety of all children under their jurisdiction.

Community Safe Spaces for AGYW

In order to build social assets for the AGYW, Social Asset Building (SAB) groups continued to meet according to their age-specific segments. These SAB groups met weekly at their designated Safe Spaces to interact, share, learn together, and bond. A total of 20,672 AGYW met weekly in these Safe Spaces. The Safe Spaces are located in schools, places of worship, community halls,

and at Chiefs' camps. These spaces are made to provide an environment of physical and emotional safety for the AGYW. SAB groups have provided the AGYW opportunities to work on various projects within their groups. The projects included dance, modeling, soccer teams, singing, table banking, cooking, and theatre groups.

HIV and Gender-Based Violence (GBV)

AGYW who experienced gender-based violence were identified at Social Asset Building (SAB) sessions at Safe Spaces by their mentors and during service delivery. A total of 1,595 AGYW reported having experienced various forms of violence; 284 had experienced sexual violence, while 1,311 had experienced physical violence.

Key populations are exposed to various forms of violence from law enforcement agencies, their clients, and other partners. GBV education sessions were held with both the potential victims and/or perpetrators of gender-based violence to sensitize the participants

on the risks and effects of sexual and physical abuse. Sex workers were educated on the appropriate response to sexual gender-based violence. A total of 2,815 KPs reported having experienced different forms of GBV, including physical, sexual, and other forms of violence.

There was an improvement in the reporting of GBV cases among KP and in response to the cases reported. This was a result of the formation of Violence Response Teams in each county and the use of a hotline at every DICE.

Table 1: Distribution of GBV incidences reported by KPs

KP	Physical	Sexual	Other	Total
FSW	582	15	2,103	2,700
MSM	28	7	80	115
Total	610	22	2,183	2,815

Other forms of violence include emotional, illegal arrests, and discrimination

Partnership Building



Builders Warehouse opened a new store in Nairobi and partnered with HWWK to provide food parcels to vulnerable communities in Kawangare informal settlement in response to COVID -19.

Government, Civil Society, and Private Sector Engagement:

Government health facilities, County Public Health Office (DPHN), civil society, and the private sector were engaged in delivering services to the AGYW and children. The partnerships supported the Project in many ways. The services provided included education subsidies and learning materials, vocational skills training at a subsidized cost, sexual and reproductive health services such as family planning, menstrual hygiene packs and antenatal care, COVID-19 materials such as face masks, nutrition support, cash disbursement, IEC materials, and National Hospital

Insurance Fund enrolment.

The KP project worked in partnership with the County Health Management Teams (CHMT). They worked to improve service provision for KPs at County health facilities by training healthcare workers on the provision of KP-friendly services, setting up satellite DICEs at five selected County health facilities, supporting the training of paralegal officers among KPs, and initiating the formation of county-level violence response teams in all counties, among others. In addition, children's projects

engaged caseworkers, caregivers, and community religious leaders through participating in meetings and consulting on the best approaches to ensure the best outcomes.

HWWK has continued partnering with various stakeholders and development partners to link and refer caregivers and other beneficiaries in the MWENDO, DREAMS, Global Fund, and Adolescent Empowerment Projects for the services not offered by the Project. Some of

the partnerships established include Give Directly International, World Food Programme, various Churches, Centre for Rights Education and Awareness (CREAW), Shining Hope for Communities (SHOFCO), Kenya Association of the Intellectually Handicapped (KAIH), Kenya Red Cross Society, Ujamaa Africa, Two Rivers Mall, Visa Oshwal Community, Rock enterprises, financial institutions and various well-wishers across the project sites.

Support for County-Level KP Technical Working Groups (TWGs):

HWWK participated in quarterly KP TWG meetings that took place in various quarters and took the lead in the formation of KP TWGs in all counties of coverage if they were not already in place. The process involved the sensitization of County Health

Management Teams (CHMTs) on KP programming, developing the Terms of References for the TWGs at the county level, and providing the resources required to facilitate this forum.

Increased Integration Efforts:

In partnership with the county governments of Embu, Kirinyaga, and Tharaka Nithi, through their Departments of Social Services, KP groups were registered, and KPs living with HIV were provided with food packages.

The three counties' departments of health were also supplied with

commodities, including family planning and Personal Protective Equipment (PPE). Integration of KP services into government health care systems has also greatly enhanced stigma reduction and increased partnership, ownership, and sustainability. This made the roll-out of KP satellite sites in the operating counties easier.

Partnerships with funding Agencies and Sub Granting Organizations

HWWK participated and benefited from regular virtual forums hosted by CDC Kenya, Kenya Red Cross Society, Catholic Relief Services, and Care International in Kenya for progress

reviews. The funding agencies approved some redirection of funds towards COVID-19 responses to provide hand washing facilities and other PPEs.

Improved Livelihoods



Members of Young Shiners Group from Mukuru Mennonite primary school enjoy a bumper harvest of maize from their school project

KPs Alternative Livelihoods Activities

Sex workers are encouraged to identify and pursue alternative sources of livelihood, which allows them to reduce dependency on sex work as the only source of income. Alternate sources of income empower sex workers to negotiate for consistent condom use and reduce the number of clients, which reduces the risk of HIV infections. The Project supported the formation of 24 groups engaged in table banking who have more than KES 1.4 million

in savings. Other income-generating activities include poultry-rearing, soap-making and selling, and bead making, among others.

Two groups were linked to the Women's Enterprise Fund and Solution SACCO, where groups benefited from loan facilities to support their entrepreneurship. 2 KP-led organizations, ATLO MSM and Trying to Eradicate Poverty (TEP) CBO, were also supported in proposal writing.

Combination Social Economic Approaches (CSEA)

HWWK, through the DREAMS Project, employed multiple complementary CSEA in the year. They included

training AGYW in financial literacy and entrepreneurship, vocational skills, and linking AGYW to internship and

job opportunities. In total, 3,120 AGYW were supported to join vocational skills training against a target of 4,866. Cumulatively, 21,850 AGYW completed Financial Capability Training while 3,608 completed Entrepreneurship Training.

salons, cyber cafes, beauty shops, interior design, and motor vehicle repair shops. Notably, 23 AGYW who demonstrated exemplary capacity were absorbed as mentors and/or facilitators in the Project.

The types of jobs and internships secured include attendants in hair

A summary of combined socio-economic approaches is provided in the table below:

Types of CSEA Support	10-14 years	15-17 years	18-24 years	25-29 years	Total
Financial Capability	6,298	5,808	9,013	731	21,850
Entrepreneurship	17	167	3,251	173	3,608
Vocational training	0	205	1,794	54	2,793
Linked to employment	0	7	341	89	437

Table 2: Summary of Combination Socio-Economic Approaches (CSEA) provided

Voluntary Savings and Loans Associations (VSLAs)

VSLAs are voluntary savings and loans association groups where caregivers take part in table banking. In 2020, 1,206 caregivers caring for 3,321 OVC were members of 74 VSLA groups. The total membership is from the MWENDO project. This ensures that the caregivers are able to save, take loans, and therefore be empowered economically and socially. The 74 groups have cumulative savings of KES 876,230, loan funds of KES 961,950, and social funds of KES 382,200. The caregivers have active loans of KES 893,700 shared among 1,623 caregivers. The loans acquired assist them in boosting businesses and responding to

other basic needs such as food items and education. In addition, 5 groups of Community Health Volunteers (CHVs) with 94 total members and 1 Community-Based Trainers (CBTs) group with 21 members also participated in VSLA activities.

The organization trained 22 CBTs on the VSLA model. The training was conducted for five days and covered meeting procedures, loans, and savings funds. The CBTs, in turn, mobilized, trained, formed, and continued monitoring the groups.

Children's Services



Beatrice Muthoni holding her niece after full recovery from COVID – 19. She received food support for her family.

MWENDO Project

HWWK began implementing the MWENDO Project in October 2019. MWENDO is an acronym standing for Making Well-informed Efforts to Nurture Disadvantaged OVC, and is funded by USAID through Catholic Relief Services. The Project is supporting OVCs in 23 wards within Embakasi and Kasarani sub-counties in Nairobi County. This Project promotes family-focused support to OVC through implementing

sustainable activities. It addresses the household economic vulnerability by empowering caregivers to make investments that improve the health and well-being of OVC, facilitating access to essential services, and strengthening community-level OVC monitoring and support systems. In 2020, a total of 21,228 OVC were served with age-appropriate essential services. Among the OVC served were 1,407 Children

and Adolescents Living with HIV/AIDS (CALHIV).

The categories of services offered include health and nutrition, linkage to care and treatment, and adherence to antiretroviral therapy (ART). Also, the Project provided psychosocial support to households, supported the empowerment of group savings and loan associations, cash transfers, food subsidies, and contributed towards the educational achievement for OVC by keeping them in school through the

payment of school fees. The Project, through the support of Community Health Volunteers (CHVs) and Link Desk Persons (LDPs) performed Prototype Risk Screening (PRS) among children with unknown HIV status where a total of 970 OVC with unknown status were assessed. This exercise resulted in 100% OVC with known HIV status, which is a hallmark in supporting global health efforts towards achieving the first 95% of known status.

Summary of Key Achievements for MWENDO Project



21,228 OVC were served with age appropriate essential services. Among the OVC served were 1,407 Children and Adolescents Living with HIV/AIDS (CALHIV).



263 CALHIV were helped with transport to enable them to access timely care and treatment in their various health facilities. Further, **1,612 CALHIVs** and their caregivers were supported with transport through escorted referrals.



The project identified and paid school fees for **224 OVC** for their growth and development. Additionally, the project also identified and enrolled **4 OVC** in vocational skills training institutions.



3,953 – among them **458 CALHIV** – highly vulnerable adolescent girls were given a six-month sanitary pack and 2 panties each. And 3 highly vulnerable CALHIV accessed timely medication through purchase of prescription-only medicine that they could not afford due to high cost and lack of resources.



578 of the most vulnerable households were identified and enrolled into the National Health Insurance Fund (NHIF).



Through the support of the Department of Children Services, the project conducted sensitization sessions with **296 CHVs** in the areas of child protection and HIV/AIDS.



5,865 adolescents were sensitized on child rights, how to identify child abuse cases, as well as HIV/AIDS prevention during monthly support group sessions.



74 VSLA groups were formed with **1,206** caregivers as members who are responsible for **3,321 OVC** in the project. The caregivers have cumulative savings of KES 876,230.



A **48** member Quality Improvement Team was established. As a result, **2,701** households were linked to different partners for both material and financial support.

Adolescent Empowerment Program (AEP)

HWWK is implementing a 5-year project (2015-2020) funded by the Patsy Collins Trust Fund Initiative through Care International in Kenya. The Project aims that by 2020, adolescents from Mukuru Slums get empowered to exploit their potential and take advantage of opportunities and fulfill their aspirations.

The target of the Project was to reach 2,250 adolescents (1,403 girls and 847 boys) in Mukuru Kwa Ruben with information on Sexual Reproductive Health (SRH), Economic Citizenship Empowerment, and Information Communication and Technology (ICT). AEP implementation is through in-school and out-of-school group meetings. For this reason, the abrupt closure of schools and group meeting restrictions on 16th March 2020 by the government due to the COVID-19 pandemic greatly affected the implementation of the Project. Government restrictions halted the implementation of all program interventions in 2020. The project

activities that were conducted despite the restrictions include project outcome documentation, COVID-19 prevention education, end-line survey, and Project closeout.

Two community stakeholders meetings were conducted in 2020. The first meeting was conducted in February 2020 with service providers, service users, and community leaders to identify, own and address issues within their community. In the AEP project, the issues identified included those hindering adolescents from accessing quality education and sexual reproductive health information and services. The second meeting was held in October 2020 with teachers implementing the Project in Mukuru schools and facilitators. The teachers met to receive project updates as well as advice on the end-line evaluation survey. Teachers and facilitators are the Project's key implementors as they conduct sessions with the adolescents.

Summary of Key Achievements from Adolescent Empowerment Project



2 community stakeholders' meetings were conducted



2,000 fabric masks were distributed to the schools implementing the AEP project (19 schools). Each school also received a hand washing station as well as **192** sanitary towels.



2 hand-washing stations were donated to the local Chiefs' offices in the Ruben and Lunga Lunga wards.



310 -in-School adolescents and **364** Out-of-School adolescents were trained on financial literacy, Adolescents' Savings and Loans, Selection Planning and Management, and Adolescent Sexual Reproductive Health.



4 adolescents were identified as adolescent mentors. These are adolescents who have been through the program and are sharing what they have learnt with their peers.

Child Sponsorship

JamQuest Project

JamQuest is a child sponsorship project that provides high school education support to needy children in Kenya. Nick Shoff, JamQuest Executive Director, founded the Project in 2008 while in junior high school in the US as part of a school project.

In 2020, JamQuest supported 25 high school students. Three students completed their high school in the previous year, 2019, and 1 qualified for 2020 university admission at Maseno University to pursue a degree in Business Administration.

The school program was disrupted in March after two months of study due to the onset of the COVID-19 pandemic. Most of the children reside in informal settlements in Mukuru, and this was a

challenging year for most households due to the closure of businesses and loss of jobs. HOPE *worldwide* Kenya partnered with GiveDirectly - a US-based organization in New York, operating in East Africa that helps families and individuals living in extreme poverty by making unconditional cash transfers. Other partners like Visa Oshwal Community and Two Rivers Mall donated food items that went a long way to help feed many vulnerable families.

The schools resumed in October 2020, and only the children in their final year of primary and high school continued classes to prepare for the national examination to be conducted in March 2021.

Summary of Key achievements for JamQuest Project



25 students received high school fees support in 2020.



3 students completed high school in the previous year 2019 and **1** qualified for 2020 university admission at Maseno University to pursue a degree in Business Administration.

Kenya Kids Project

Kenya Kids is an Orphans and Vulnerable Children (OVC) Sponsorship Project started in 2007 through an initiative of the Triangle Church of Christ. The Project serves children by supporting and strengthening their families. 2020 was the year of many challenges to the Project. Many of these challenges resulted from the COVID-19 pandemic, which adversely affected the country's economy, thus affecting

households that were already in dire financial situations.

Despite all of these challenges, the Project still made good progress with its key objective to positively impact the lives of orphans and vulnerable households. With the help of volunteers, the Project provided vulnerable households with some necessities and education support.



Nicholas, Willis and Riana have received school fees, uniform, food and rent support from the Kenya Kids Project.

Summary of Key Achievements for Kenya Kids Project



6 children received full school uniforms and scholastic materials.



3 households received support in the form of rent payment.



1 beneficiary in campus received a full scholarship for her university education.



7 households were provided with food parcels.



19 households were linked to and benefited from the GiveDirectly COVID-19 Fund. The households received a monthly cash transfer of KES 4,000 for three months.

2 households received food and rent support from well-wishers.



74 OVC were given school fees support. **25** were in primary, **43** in secondary, and 6 were pursuing higher education.

Supporting Volunteerism



HOPE worldwide Kenya's Executive Director, Ms. Malinda Wheeler presents COVID -19 Response Award to Kevin Odwar, from Balozi wa Amani Community Initiative.

Volunteer of the Year Awards

The Volunteer Involving Organization (VIO) Society has hosted Volunteer Awards since 2005. As a member of the VIO society, HOPE worldwide Kenya joined in the celebrations recognizing volunteers' contribution to COVID – 19 response in line with the VIO 2020 Theme, "Together We Can Through Volunteering." Hon. Kivutha Kibwana, the Makueni County Governor and Volunteerism Goodwill Ambassador, graced the event held on 16th October 2020, at Four Points by Marriott Hotel, Hurlingham, Nairobi. The event was made possible through collaboration with the Ministry of

Labour and Social Protection, the State Department for Social Protection, the VIO Society, and Good Deeds Day (GDD). The Awards were presented to the Ministry of Health represented by Dr. Mwangi Mwangangi, the Deputy Cabinet Secretary, Mombasa County Governor, Hon. Ali Hassan Joho, The United Nations Development Program, Leaders of Civil Society Organisations including The Kenya Red Cross Society, Visa Oshwal Community, Mngaro Mtaani, Institution, and individuals. The awardees went out of their way to reach out and respond to vulnerable communities in rural areas and within

the informal urban settlements, helping them to cope with the adverse effects of the Corona Virus Pandemic. The Volunteer Awards are in line with the provisions of the National Volunteerism Policy. The policy highlights the importance of

acknowledging, appreciating, and awarding exemplary voluntary initiatives carried out by individuals, groups, and institutions. Such actions are motivated by selflessness and are done out of a free will and without compulsion.

COVID-19 Mask donation from HOPE worldwide Hong Kong

HOPE worldwide Hong Kong expressed their love and generosity through the kind donation of masks and funds to procure sanitizers and other Personal Protective Equipment (PPE) to reduce the impact of COVID – 19 at our workplace and within the communities we serve. The 2,500 masks received on 2nd June and 10th July 2020 were

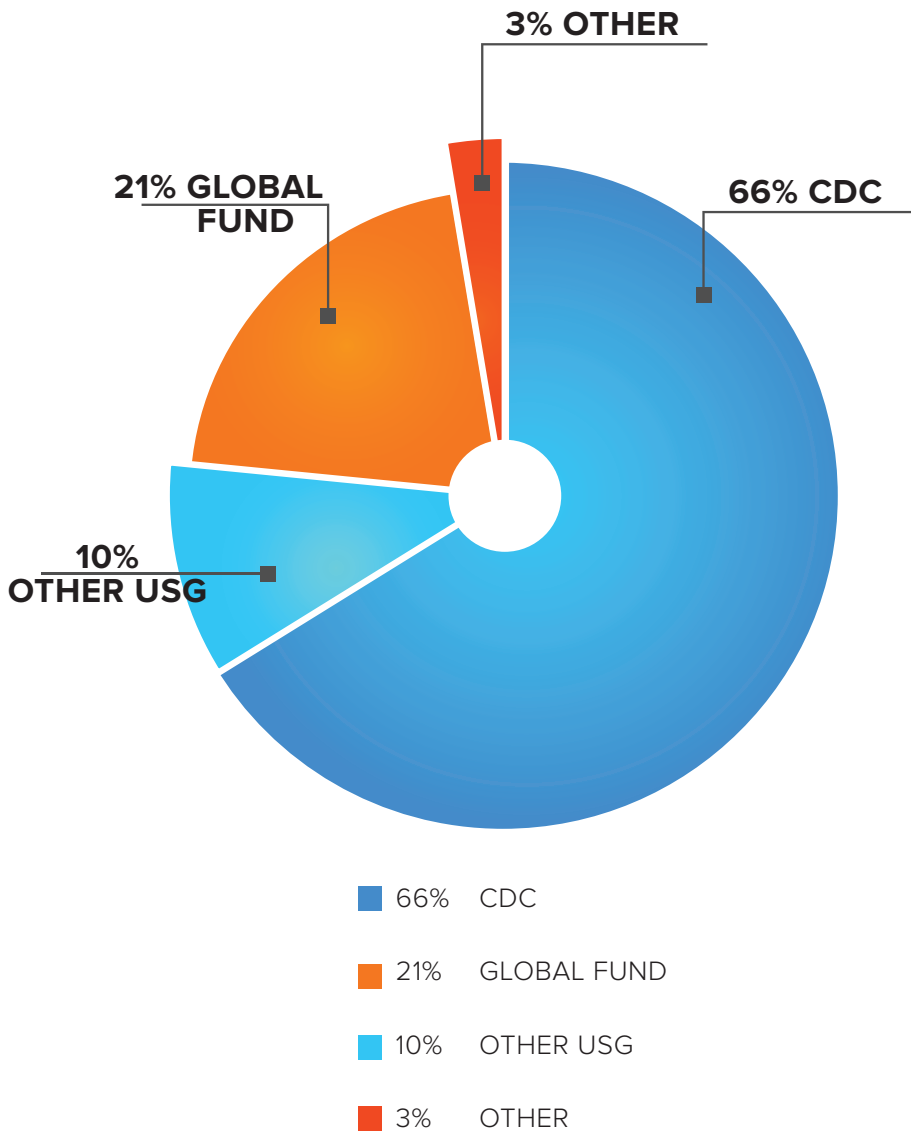
distributed to employees and community health volunteers in 18 project sites across 10 Counties in Kenya. Our safety was improved as we continued to deliver services to vulnerable communities and protect them as well. We are deeply grateful for the kind gesture.



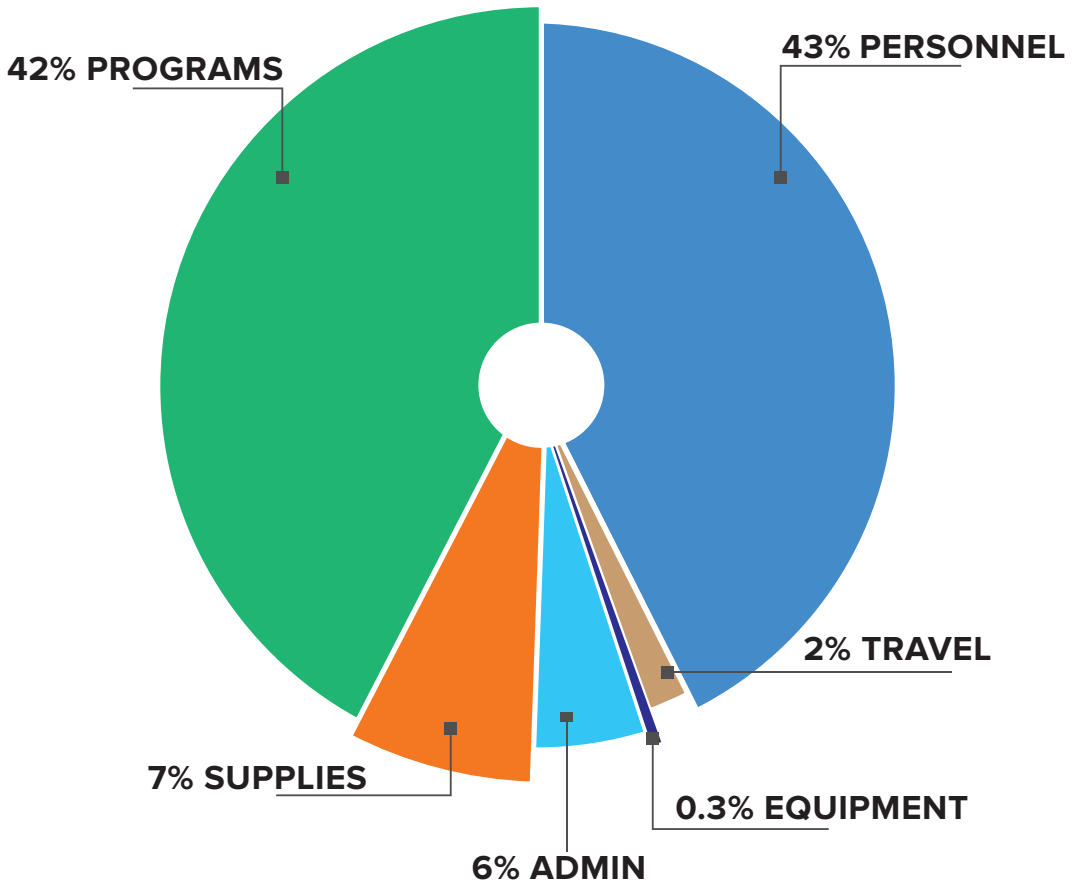
HOPE worldwide Kenya employees express gratitude for the masks donation from HOPE worldwide Hong Kong

Financial Summaries

HWWK 2020 Revenue Summary



HWWK 2020 Expenses



- 43% PERSONNEL
- 42% PROGRAMS
- 7% SUPPLIES
- 6% ADMIN
- 2% TRAVEL
- 0.3% EQUIPMENT

EXPENSE	Kes	US\$
Personnel	157,866,654	1,578,667
Travel	7,218,555	137,103
Equipment	1,565,976	15,660
Administration Expenses	20,576,595	205,766
Supplies	25,817,762	258,178
Program Costs	157,413,210	1,574,132
Total	370,458,751	3,704,588



One of HOPE *worldwide* Kenya's Program Managers receiving a health talk and COVID-19 test at the head office