



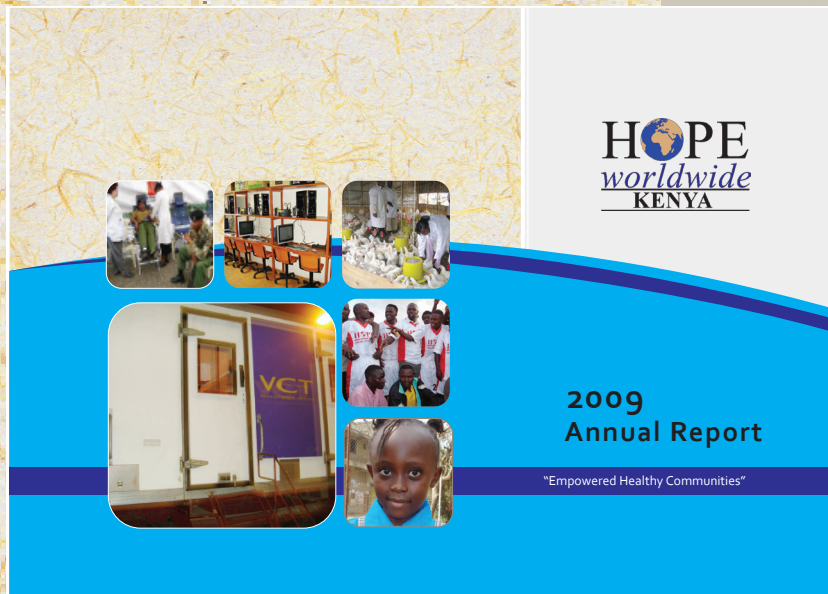
# 2009 Annual Report

"Empowered Healthy Communities"

## Acronyms

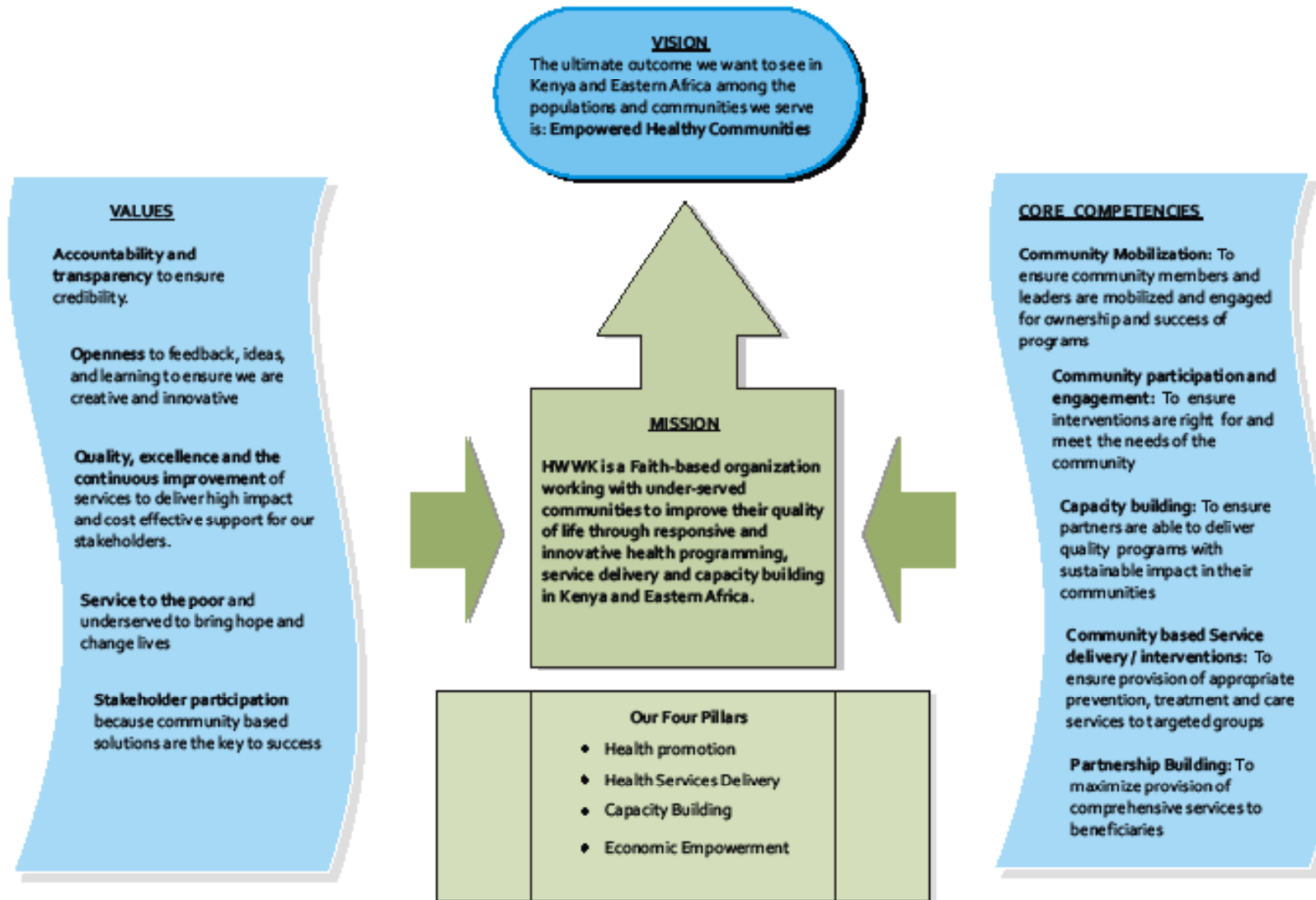
ART	Antiretroviral Treatment
BCC	Behaviour Change Communication
CBOs	Community Based Organisations
CSWs	Commercial Sex Workers
FSWs	Female Sex Workers
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
HWWK	HOPE <i>worldwide</i> Kenya
MARPS	Most-at-risk Populations
MOYOMARPS	Mobilizing Youths, MARPS and PLHIV for HIV Services
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
TACKLE	Tackling Child Labour through Education
TEARS	Theatre Enhancement Accelerated Researched Solution

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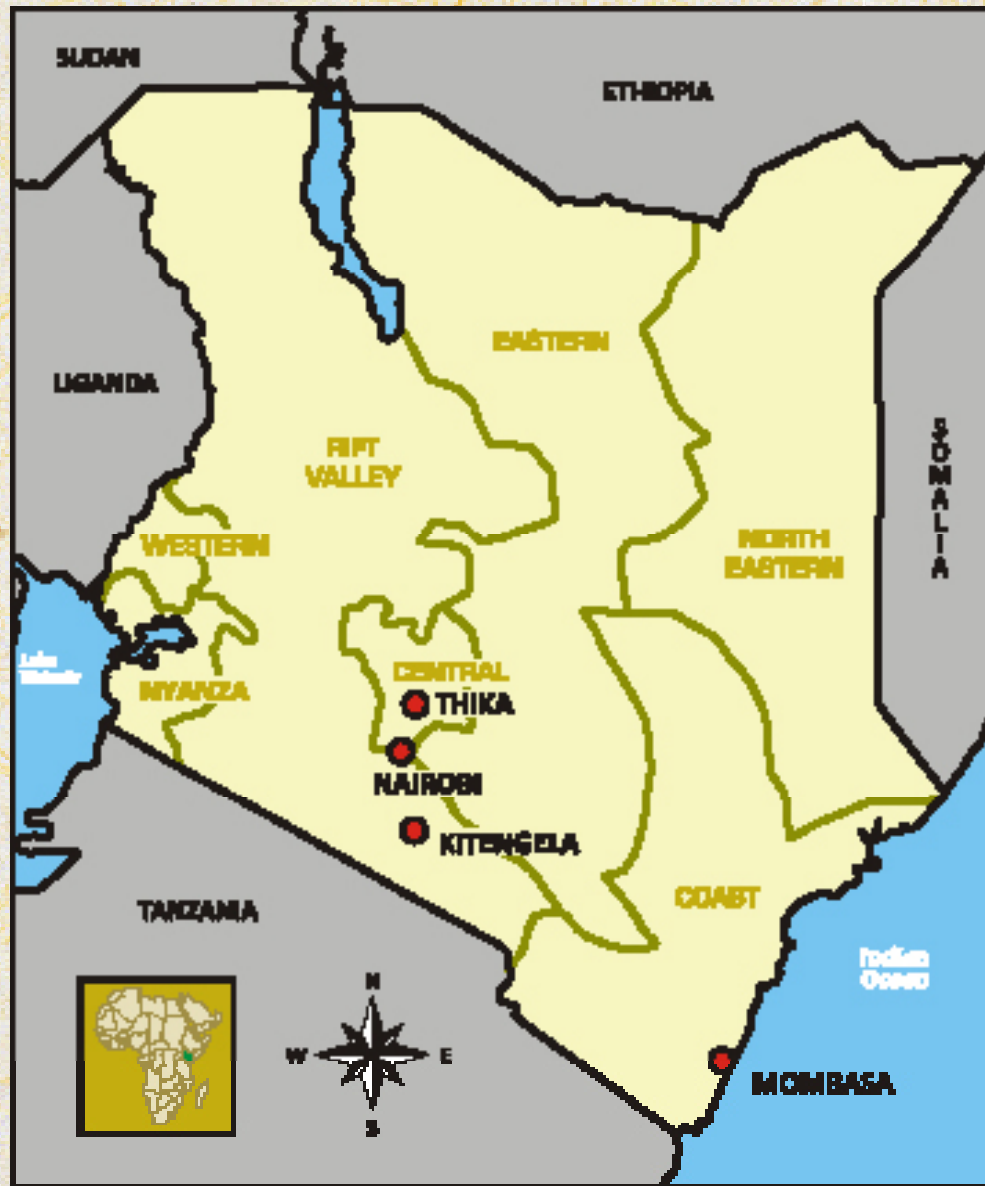
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# HOPE worldwide at a Glance





## Program Locations



Programs in 6 out of 8 provinces in the country

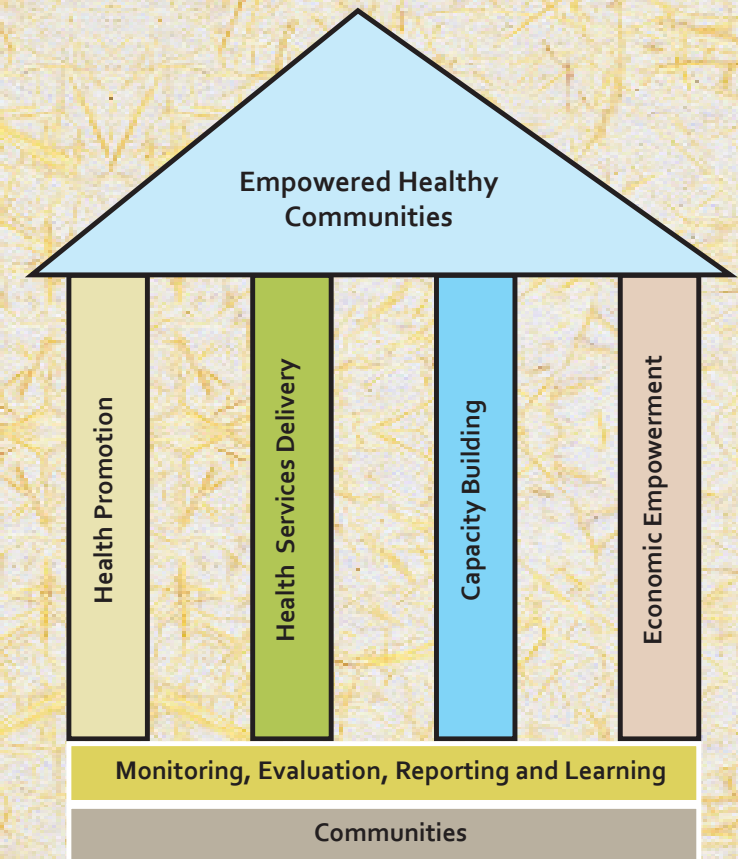
581,896 people's lives touched in 2009

## Centers of HOPE

HWWK defines a Center of HOPE as a community venue where a range of services and information are accessed and shared. These 'Centers' are the means through which the footprint of HWWK is left in the communities served. Community transformation is the goal.

Centers of HOPE focus on HOPE worldwide Kenya's areas of core competencies and:

- Provide a focal point for community development, transformation and empowerment, bringing together volunteers, donors, staff, and community beneficiaries.
- Provide a focal point where training and capacity building can occur for local development, as well as scaling up and replication of effective services.
- Provide a structured environment for volunteers to effectively contribute to the well-being of their community.
- Are a place of inspiration and creativity, where innovative, grassroots community-development is able to incubate and develop.





## From the Country Director

An organization is only as good as the staff and volunteers that work for and help to run it. HOPE worldwide Kenya is very blessed to have a great staff and volunteers that stick by us in good times and not so good times. 2009 has been a great year. Many lives have been touched by the work we do.

Sometimes the numbers we reach seem too good to be true - and maybe they are! As we move forward into the coming years our goal is to make sure we not only REACH people but have a tangible impact on their lives. In each community where we work, after we finish the work we were given to do we want to see that community become an "Empowered Healthy Community" and be much better when we leave than when we started.

We know that communities have the solutions to their own problems and often they just need the encouragement, support, direction, and empowerment to move ahead with 'home grown solutions'.

I want to thank all the HWWK staff, volunteers, beneficiaries, friends, donors, supporters, and our Board of Directors. ALL of you go the extra mile, work with your hearts as well as your heads and make a difference in the lives of the people you touch.

We look forward to many more years where we can continue with innovative and responsive services and where grassroots community development is able to incubate and develop.

## HWWK Board of Directors

George Irungu - Board Chairman

Titus Syengo

Dan Shiyukah

Jimmy Kinyanjui

Nicasius Kamani

Malinda Wheeler - Executive Director

## Centers of HOPE - the Year at a Glance

PILLARS	Target Population	Nairobi		Mombasa		Makindu
<b>Health Promotion</b> HIV prevention messages, nutritional counselling, training of Peer Educators, HIV prevention outreaches, ART adherence, Blood Safety Messages, Prevention with Positives	Children	Nutritional Counselling	4,066	Nutritional Counseling	166	Nutritional Counseling
		Children reached with prevention messages	1,877	-	-	-
	Youth	Trained as Peer Educators	176	Trained as Peer Educators	102	Trained as Peer Educators
		MARPS reached with behaviour change messages	265	MARPS Reached with behaviour change messages	17	MARPS reached with behaviour change messages
		Indirectly reached with behaviour change messages	18,962	Indirectly reached with behaviour change messages	9,798	Indirectly reached with behaviour change messages
	Adults	PLHIV and family members reached with ART information	65	PLHIV and family members reached with ART information	32	PLHIV and family members reached with ART information
		Trained as Peer Educators	421	Trained as Peer Educators	159	Trained as Peer Educators
		Indirectly reached with behaviour change messages	18,101	Indirectly reached with behaviour change messages	10,641	Indirectly reached with behaviour change messages
		Night populations in high risk environment sensitized on HIV	159,721	-	-	-
		Units of blood by volunteer donors	12,321	Units of blood by volunteer donors	1,013	-
<b>Health Services Delivery</b> HIV Counselling and Testing, treatment of sexually transmitted infections, provision of Insecticide Treated Nets, food parcels, and supplements	Children	Nutrition support	1,961	-	-	Nutrition Support
		Shelter and care	2,737	-	-	-
		Protection services	624	-	-	-
		Psychosocial Support	867	-	-	-
	Youth	HIV Testing & Counseling	6,306	HIV Testing & Counseling	8,713	HIV Testing & Counseling
	Adults	HIV Testing & Counseling	50,452	HIV Testing & Counseling	12,082	HIV Testing & Counseling
		-	-	-	-	Treated for STI's
		-	-	-	-	Trained in Home Based
		-	-	-	-	Trained in OVC care
	<b>Economic Empowerment</b> Vocational Skills Training in Fashion & Design, Hair & Beauty Therapy, Computer Applications, Entrepreneurial Skills training, Support with Job Placement, support to initiate IGAs	Youth	Trained in Information Technology	363	Trained in Information Technology	115
Trained in Fashion and Design			34	Trained in Fashion and Design	43	-
Trained in Hair dressing and Beauty			47	-	-	-
Adults		-	-	-	-	-
		-	-	PLHIV trained in entrepreneurship and kitchen gardening	23	-
		Sex workers trained in alternative livelihood	167	-	-	-
<b>Capacity Building</b> Training & mentorship in organizational governance & management for quality service delivery, resource mobilization, and education support for children	Children	-	-	-	-	Trained in poultry prod
		-	-	-	-	-
	Community Based Organisations (CBOs)	Educational Support	1,287	Educational Support	65	-
		Community Based Organisations	14	-	-	Community Based Org
<b>TOTAL</b>		280,834	42,969			



2009

Area	Kitengela		Nakuru		Eldoret		TOTAL	
	5,698	Nutritional Counselling 383	-		Nutrition Counseling 120		Nutritional Counselling 10,433	
		-	-		-		Children reached with prevention messages 1,877	
Trainers	54	Trained as Peer Educators 96	Trained as Peer Educators 60		Trained as Peer Educators 74		Trained in Peer Education 562	
Behaviour	123	-	MARPS reached with behaviour change messages 13		MARPS reached with behaviour change messages 15		MARPS reached with behaviour change messages 433	
Behaviour	11,075	Indirectly reached with behaviour change messages 6,499	Indirectly reached with behaviour change messages 957		Reached with behaviour change messages 9,746		Reached with behaviour change messages 57,037	
Information	62	-	PLHIV and family members reached with ART information 58		PLHIV and family members reached with ART information 75		PLHIV and family members reached with ART messages 292	
Trainers	502	Trained as Peer Educators 182	Trained as Peer Educators 24		Trained as Peer Educators 138		Trained Peer Education 1,426	
Behaviour	115,768	Indirectly reached with behaviour change messages 16,813	Indirectly Reached with behavior change messages 918		Indirectly Reached with behaviour change messages 18,787		Indirectly reached with behaviour change messages 181,028	
		-	-		-		Night populations in high risk environment sensitized on HIV 159,721	
		-	Units of blood by volunteer donors 1,100		Units of blood by volunteer donors 2,977		Units of blood by volunteer donors 17,411	
	3,505	-	-		-		Nutrition Support 5,466	
		-	-		-		Shelter and care 2,737	
		-	-		-		Protection services 624	
		-	-		Psychosocial Support 67		Psychosocial Support 934	
	6,984	HIV Testing & Counseling 2,695	HIV Testing & Counseling 2,878		HIV Testing & Counseling 5,788		HIV Testing & Counseling 33,364	
	7,345	HIV Testing & Counseling 20,950	HIV Testing & Counseling 3,235		HIV Testing & Counseling 8,449		HIV Testing & Counseling 102,513	
	1,395	-	-		-		Treated for STI's 1,395	
Care	30	-	-		-		Trained in Home Based Care 30	
	90	-	-		-		Trained in OVC care 90	
		Trained in Information Technology 126	-		-		Trained in Information Technology 604	
		-	-		-		Trained in Fashion and Design 77	
		-	-		-		Trained in Hair dressing and Beauty 47	
		-	-		Trained in Agri-business 76		Trained in Agri-business 76	
		-	-		-		PLHIV trained in entrepreneurship and kitchen gardening 23	
		-	-		-		Sex workers trained in alternative livelihood 167	
Production	245	-	-		-		Trained in poultry production 245	
		-	-		Formed Savings and Credit group 60		Formed Savings and Credit group 60	
		Educational Support 342	-		Educational Support 1,497		Educational Support 3,191	
Organisations	4	Community Based organisations 4	-		Community Based Organisations 11		Community Based Organisations 33	
	152,880	48,090	9,243		47,880		581,896	

## Comprehensive HIV Prevention Program

Nairobi\* Makindu\* Eldoret\* Kitengela\* Mombasa\* Salgaa

### Introduction

The Comprehensive Prevention Program started off as a youth program targeting young people in the Mukuru Slums of Nairobi in 2004. It has now grown to a comprehensive and nationwide program that continues to reach youth, most at risk populations and underserved communities using various prevention strategies. The program design addresses the behavioural determinants of health to improve on interventions so as to improve the target population's health seeking behaviours.

The program uses the following strategies and approaches to achieve its overall goal of reducing incidences of new HIV infections in Kenya.

**Increasing Access to Counselling and Testing:** In the last four and a half years the program has provided HTC (HIV Counselling and Testing ) to over 162,000 people. This number was reached through Static Sites, community mobile VCT, workplace and door to door CT. In 2005 the program carried out a pilot doing night testing dubbed 'Moonlight' VCT. The concept was officially launched in Oct 2006. It is now recognized as a national strategy in HTC provision.

**Abstinence and Being Faithful (AB):** AB programs

This approach targets the current and next generation of leaders. These may be youth in or out of school, or young people in transition. The burden of HIV and AIDS and other reproductive health issues have a great impact on this population. The program is able to reach them through Peer Education, Participatory Educative Theatre, and outreaches.

**Condoms and Other Preventions (OP):** High transmission areas and most at risk populations including commercial sex workers, truckers, bar owners and attendants, people living with HIV and other general populations are targeted using various interventions. Men as Partners (MAP) trainings focus on increasing male involvement in HIV prevention. Workplace Programs are initiated to reach people where they work. Prevention with positives (PwP) includes supporting people living with HIV (PLHIV) to access health services and embrace health seeking behaviours, support disclosure, and enhance prevention.



Marching to make a difference

## Developing Sporting Talent in Mukuru Slums Through Safe and Healthy Fun

Recreation in the informal settlements of Nairobi, more likely than not involves drinking of alcohol, taking drugs, or engaging in risky sexual behaviour.

Young people who choose to join the volley ball, basket ball, taekwondo, football, or any other sporting teams that meet at the Mukuru Youth Resource Center are easier to reach with behaviour change communication (BCC) messages and are less likely to be involved in life threatening activities in the village.

Scouts from the Kenyan First Division League have shown interest in recruiting members from the Mukuru Football Team.



Mukuru Football Team

## Mukuru Youth Oasis of Hope Group (MYOH)

MYOH is a group of 30 young people between 14 to 25 years old. The group is made of young people who were involved in crime in the larger Mukuru Slums. Most of them were also abusing drugs and involved in risky sexual behaviour. They have seen many of their friends die from mob justice or the bullet of a policeman's gun. They were marked men and hated by the community. Following increased insecurity within the Mukuru Slums the HWWK team in Mukuru agreed to actively reach out to this group. HOPE worldwide facilitated psychosocial support for the group, and facilitated community forums with the village elders and local administration. MYOH were trained as peer educators and are able to reach their peers with reproductive health and behaviour change messages. They were also trained in entrepreneurship which equips them with skills to start and manage their own income generating activities, and received training on leadership skills.

The group has started garbage collection in Mukuru and has been allocated a piece of land by the local administration where they have constructed a store and office. The store is used to select recyclable material which they sell. Today these young people are accepted members of the community and have become role models for other youth in the village.

HWWK hopes to continue mentoring the group and linking the members to other employment opportunities.



Ruka Juu Youth Group

### Highlights

- Youths counseled and tested for HIV 32,539
- Adults counseled and tested for HIV 41,799
- Youth and adults treated for sexually transmitted infections 1,395
- Youths trained as Peer Educators 486
- Adults trained as Peer Educators 420
- Youth trained in Income Generating Activities 32
- Youths reached with BCC messages 57,036
- Adults reached with BCC messages 57,564

## Industrial Centers of HOPE (ICOH) Program

Nairobi \* Mombasa\* Kitengela \*Thika

### Introduction

In October 2007, HOPE worldwide Kenya (HWWK) obtained a three- year funding from Wal-Mart Foundation to implement the Industrial Centers of HOPE (ICOH) program. The overriding goal of the program is to improve the welfare of factory workers, especially those working in Wal-Mart supplying factories, and to improve the standard of living for the workers dependants. Together the partners, namely Wal-Mart, HOPE worldwide Kenya, and the factories, have been contributing to 5 out of the 8 global millennium development goals — eradicating extreme poverty, promoting gender equality, combating HIV/AIDS, promoting environmental sustainability, and global partnership for development.

As per the World Bank Development Indicators Kenya's economic growth was only 2.2 in the current financial year. The issue of poverty is compounded by HIV/AIDS. The unique nature of the Wal-Mart funded program has enabled the 'triple-crisis' of HIV/AIDS, poverty, and unemployment to be addressed at the same time among the target populations.

### *The program is being implemented under three Strategic Objectives:*

1. Improve the capacity of management and staff in factories to implement HIV/ AIDS programs at their workplaces
2. Improve the entrepreneurial and vocational aptitude of communities around the factories targeting mostly workers' families
3. Equip and educate youth and adults in the communities with HIV prevention and life-skills, and improve care and support for children orphaned and / or vulnerable.

The program has been implemented in four sites: Nairobi, Mombasa, Kitengela and Thika. HIV/AIDS and wellness programs were initiated in 16 factories (4 in each of the sites). Centers of HOPE facilitate community outreach activities, vocational and entrepreneurial skills training, and educational support for children.



## Vocational Skills

In order to increase the employability of the people graduating from the vocational skills training, HOPE worldwide improved the caliber of all the courses offered by upgrading and adding to the contents of the syllabus.

The Dressmaking and Tailoring Course was upgraded to "Fashion and Design"; Hair Dressing was upgraded to include aspects of Beauty Therapy; and Computer Applications Skills were upgraded to Information Technology and to include Web-design, Graphic design and Computer Maintenance. Notably, the entire class of 24 Hair Dressing and Beauty Therapy students that graduated this year either started their own businesses or got jobs in local hair dressing salons. Strategic Industries offered support to the hair dressing and beauty therapy course through donation of hair dressing equipment. Some of the partnering factories offered jobs to the Fashion and Design students. These include Kenya Knit Ltd and Ashton Apparels Ltd which together offered employment to 26 of the graduates.



Computer Lab for IT training in Thika

### "The program has given me a life line".

Richard is 28 years old, the second child in a family of six. His parents do not have steady jobs, as they are immigrants from Tanzania. When the Centre of HOPE Mikindani opened its doors to the community, Richard and his younger brother enrolled for Vocational Skills Training. His brother Jonathan undertook Computer Application Skills, and Richard took Fashion and Design. When Richard finished his course in 6 months, he was the best among the Fashion and Design students. Recently, Richard and a friend managed to get capital to set up their own tailoring business. Through earnings from the business, he is now earning an average monthly salary of about KES 10,000 (USD 133), which he uses to support himself and his siblings. Richard says: "The program has given me a life line".



Richard in his tailoring shop in Mikindani, Mombasa.



## Highlights

- Counseled and tested for HIV 11,717
- Youth trained in vocational and entrepreneurial skills 1,021
- Youth trained as Peer Educators 517
- New children in Kids Clubs 867

## Mobilizing Youths, MARPS and PLHIV for HIV Services Program (MOYOMARPS)

Nairobi \* Mombasa\* Makindu \*Nakuru \* Eldoret

### Introduction

In July 2009, HOPE worldwide Kenya (HWWK) obtained a two- year funding from Global Fund through CARE-Kenya to implement the MOYOMARPS program. The overall goal is to increase HIV prevention among the most at risk populations (MARPS). The program is being implemented along the Mombasa– Nairobi –Eldoret Transport Corridor in Mombasa, Makindu, Nairobi, Nakuru and Eldoret.

The two Strategic Objectives of the program are:

1. To Increase Access to HIV counselling and testing services.
2. To Increase the uptake of HIV Prevention Services.

The MOYOMARPS Program seeks to increase HIV prevention among youths and MARPS through four Service Delivery Areas:

1. HIV Counselling and Testing with the goal to increase HIV Counselling and Testing uptake among MARPS and Youths.
2. PLHIV sensitization meetings. PLHIV and their family members are brought together to discuss/address ART adherence issues and the importance of family support in ART adherence.
3. MARPS Outreaches. These are sensitization workshops targeting MARPS to increase HCT uptake and to encourage behaviour change among the groups through increasing awareness, education, and psychosocial support.
4. Peer Education Trainings. MARPS are trained on Peer Education so they can reach their peers with life skills and HIV related behaviour change messages.



## ART Adherence

Involving family members of PLHIV in sensitization meetings has increased HIV status disclosure.

In Makindu 15 PLHIV were able to disclose their status to their family members during such meetings. They now feel more supported and worry less about other family members finding out about their HIV status.



Learning about ART adherence

## Correct and Consistence Condom Use

A Sex Worker had this to say after attending a Peer Education training in Mlolongo: " I have always been ignorant about HIV/AIDS. I've been having at least 3 men per night and only use condoms

with the ones who insist. I never knew the kind of risk I was putting myself in. I am now fully aware and will never have unprotected sex again. I will first go for an HIV test, reduce the number of my sexual partners, and use condoms consistently since I am now confident on how to use them. I will now take charge of my life! Thanks to HOPE worldwide."



A female participant conducting a male condom demonstration during the MARPS sensitization event at Mlolongo.



Balcony gardening beginning in a bag

## Highlights (program operational for 5 months)

- Counseled and tested for HIV 1,025
- PLHIV and their family members reached with ART adherence messages 292
- MARPS trained as Peer Educators 46
- PLHIV trained on balcony gardening and entrepreneurship 23
- MARPS reached with BCC messages 433

## New Partnership Initiative – Scaling-up HIV/AIDS Prevention (NPI-SHAP)

Kajiado\* Loitoktok\* Limuru\* Mai Mahiu\* Narok\* Kisii

### Introduction

The New Partners Initiative – Scaling-up HIV/AIDS Prevention is a consortium implementing a comprehensive HIV prevention project targeting most-at-risk and hard-to-reach populations in underserved areas in Central, Rift Valley and Nairobi Provinces in Kenya. The geographical areas are linearly inclined to the Great Northern Road stretching from Namanga through Kajiado, Nairobi, Limuru, Mai Mahiu, Narok, and Kisii to Migori.

NPI-SHAP is a three-year project funded by the United States Government through Centers for Disease Control and Prevention (CDC). The Prime Partner for this project is the National Organization for Peer Educators (NOPE), with HOPE worldwide Kenya and I Choose Life (ICL) as strategic partners.

The NPI-SHAP project has three main objectives:

1. Expand information and prevention services for increased positive behaviour change
2. Expand HIV Counselling and Testing Services, and
3. Increase community access to HIV/AIDS prevention, treatment, and care and support services.

The targeted beneficiaries are in hard to reach areas and include youth; students and staff in institutions of higher learning; most-at-risk populations including sex workers, truckers, bar hostesses, and other night populations; formal and non-formal work places; and people living with HIV. The project also builds the capacity of community and faith based organizations, and health service providers to provide friendly and respectful services to the target populations.

In the partnership HOPE worldwide Kenya is responsible for reaching most at risk populations with prevention services and providing counselling and testing services to all targeted beneficiaries. HWWK is also responsible for promoting HIV prevention among people living with HIV/AIDS and coordinating referrals to health facilities.



### Time We Tried Something Different

The passing of HIV prevention messages including messages to help reduce stigma to groups of people has traditionally been done through community outreaches. In Limuru these outreaches had become so familiar that only a handful of people would show up to any given outreach activity. It was obvious - something different was needed to reach the people! Borrowing from the road shows done by Radio Stations as part of their outreach ideas, the program began using the road show idea. The road show involves using a truck to conduct mobile outreach sessions, and makes the outreach more engaging and interesting.



HIV Prevention Roadshow Event



A condom demonstration can be done anywhere

### Counselling and Testing Revives Life

Nakhauka (not her real name) believed she was HIV positive after her husband confessed being HIV positive on his death bed. A tea farm worker with three grown-up children, Nakhauka had lived "positively" for almost two years since her husband died. She had not bought any new clothes during this period because, after all, she was dying. She didn't see the need to do anything meaningful with her life except investing in her children so that when she died they could be left comfortable.

Saturday 27th June 2009 was a turning point for Nakhauka. She tested negative after two consecutive HIV tests, on two consecutive days, after insisting to be tested once again in the presence of her son, who had all along suspected that the mom was not okay. She burst into singing and dancing disclosing the cause of her husband's death for the first time to her neighbours and to her children.

Nakhauka has since started 'living again' and making long-term plans for her personal life.



Protect your Partner

### Highlights

- Counseled and tested for HIV 22,144
- Health workers trained on provision of MARPS friendly services 146
- PLHIV linked to psychosocial support, legal, and economic support 689
- People referred for health services 15,485
- Most-at-risk populations reached with prevention messages 16,531

## Improving Sex Education for Sex workers (IPESS)

Nairobi \* Nyeri

### Introduction

This program is supported by USAID through APHIA II Nairobi and Central. Improving sex education for sex workers was a stretch for a faith based organization. It required a reorientation of the staff, most of whom were not familiar with the 'Club' scene whether it be by day or by night. It was difficult to think of launching an HIV prevention program targeting sex workers. But one year down the line, HWWK can proudly (but humbly) boast of increasing expertise in reaching this at risk population with HIV prevention support and services. The faith based component has given the staff an increased level of compassion for those who are trying their best to make a living in strained economic times. It's always important to seek first to understand the community we set out to serve and learn from them what they need and how we can serve them best.

With Kenya AIDS Indicator Survey reporting that most new HIV infections occur among the married population, the task has been to identify the drivers of the epidemic. Sex workers, both male and female, were identified as major contributors to the infection cycle. The IPESS staff are aware of the hot spots where transactional sex takes place, knows by name the sex workers and gate keepers, and have provided hope to them. In both Nairobi and Central Provinces programmatic zones have been created, hotspots identified, and peer support groups formed by sexworkers themselves. The peer support groups of Female Sex Workers (FSWs) elected their leaders who have been trained on HIV behaviour change communication using peer led approaches.

Some of the 450 FSWs trained as peer educators participate in conducting night outreaches where they share information on HIV prevention including correct condom use. They target other sex workers and their potential clients. They meet regularly and hold each other accountable on behaviour change. They provide information that is used to plan service delivery such as voluntary testing and counselling for HIV, STI treatment, and management of opportunistic infections.

Lucy, one of the HWWK volunteers who is living positively with HIV has been instrumental in helping sex workers address stigma among themselves. Her anti-stigma campaigns combined with a peer led approach has resulted in increased demand for HIV prevention services among sex workers including condom use, HCT, and initiation of alternative income generating activities. There is hope!



## Female Sex Workers Enlisted in Fight Against HIV

The picture on the right was taken by FSWs who were graduating as Peer Educators during the Celebration of World AIDS Day in 2009.

They have since organised for door-to-door HIV testing which was very successful. Some have reduced their number of sex partners and earn a little allowance as peer educators. They also mount, fill, and monitor condom dispensers placed at their places of work.



Together we can make a difference



Community Partnership to increase HIV awareness



### An Ex-Sex Worker Giving Hope to Her Peers.

For 39 year old Aisha, a self professed sex worker in Nyeri Town, hope and dignity were not in her vocabulary. She was forced into a child marriage at the tender age of 15 years. Her much older 'husband' physically abused her and she had two children by him. At 21 years she mustered the courage to move out of the relationship . She took her children and joined friends in a hair salon. The friends introduced her to sex work where she made KES 100 per 'shot'.

Today she is a volunteer peer educator in IPESS. She is the chairlady of Zingatia Women (sex workers) Support Group. She also does daily rounds in the clubs/ bars passing HIV behaviour change messages. Aisha is a source of inspiration for many sex workers.

### Highlights

- Counseled and tested for HIV 17,192
- Female Sex Workers (FSW) received treatment for sexually transmitted Infections 318
- Stakeholders (bar managers, lead sex workers, representatives of bar hostesses, police officers) trained on HIV prevention 295
- FSWs trained on alternative livelihood skills 94
- FSWs trained as Peer Educators 450
- FSWs Peer Support Groups formed 12
- Night populations in high risk environment sensitized on HIV prevention and correct condom use 143,566

Aisha, in yellow, conducting a correct condom use session during a bar outreach in Nyeri

## APHIA II Eastern, Workplace Program

Embu\* Meru\* Isiolo\* Timau

### Introduction

This program works to create awareness on HIV & AIDS and other reproductive health issues in workplaces as well as implement workplace programs with full monitoring support. It is coordinated by 5 Field Coordinators and 1 Program Officer.

#### *The program is currently working with the following groups:*

- Workers in Tea Factories and Flower Farms - Embu, Meru & Timau
- Warders and Inmates in Meru & Embu Prison
- Students and lecturers in Tertiary Institutions - Embu & Meru
- Commercial Sex Workers - Isiolo & Meru
- Informal worksites - Embu, Isiolo, & Timau

#### *Objectives of the Workplace Program:*

- Training of staff as peer educators, conducting management sensitizations and community outreaches to provide information on HIV & AIDS and other Reproductive Health (RH) issues
- To develop, review, and disseminate comprehensive and integrated HIV/AIDS workplace policies in the workplaces
- Rehabilitation and enhancing re-admission to school for teen sex workers as well as linking them with OVC programs for other needs
- Promote safer sex practices including proper condom use among older sex workers, while linking them with alternative livelihood opportunities after entrepreneurial, vocational, or income generating activity training
- Provision of HIV Counselling and Testing
- Education and referral on Prevention of Mother to Child Transmission, Tuberculosis, Malaria, and Reproductive Health / Family Planning including treatment of sexually transmitted infections
- Psycho social support for People Living With HIV through on site counselling or referral to nearest health facility



## Integration Embraced

HWWK's Workplace Program in Eastern has integrated other programs with its workplace efforts. This has enabled workplace Peer Educators and their communities to benefit from services that the program alone could not provide. For example during the Kigari Open Day the students and the community were provided with family planning / reproductive health services, CT services, and health education through the Peer Educators, Community Health Workers and Regional Blood Transfusion Services in Embu. The above integration has been used in most community outreaches and has contributed to the success of the program.



Counselling and Testing Services through a night outreach

## From the Night Streets to Planet Beauty.

Isiolo is a town well known for sex work due to the military base. The streets of Isiolo have been a familiar territory for 28 year old Agnes who has been a Sex Worker in the town for the last four years. Through the APHIA II Eastern Program that targets Sex Workers in Isiolo, Agnes was reached by the trained sex workers during one of their peer outreach sessions.

This is her story: "I have been in this street for quite some time and have come to realize that I was risking my life with every exposure and there was no one to guide me. Now I am infected with HIV and am living positively. I came to learn about my status after attending a health talk session which my friends were conducting about the importance of VCT. That talk led me to take a test in a nearby health facility. When I got to know I was positive, I felt devastated and didn't know what to do or where to turn. Thanks to my trained friends who encouraged me to accept my status and start afresh. The streets have become a 'no go' zone for me, for fear of re-infection. I decided to start plaiting hair outside my house as a new way of earning money. I am also taking my ARVs and attend our support group meetings and will not let my status put me down."



Agnes plaiting a client's hair outside her house

2009



Promoting health in the workplace

## Highlights

- Peer Educators trained in workplaces 444
- People reached through workplace peer educator sessions and out reaches 106,933

## Blood Safety

Nairobi\* Mombasa\* Kisumu\* Nakuru\* Eldoret\* Embu

### Introduction

In April 2005 HWWK entered into an agreement with the Kenya National Blood Transfusion Services (KNBTS) where HWWK was mandated to take primary responsibility for recruiting blood donors through mobile outreach sessions in Nairobi and other regions across the country.

Through funding from the Centers for Disease Control and Prevention (CDC), KNBTS provided funding to HWWK for the Blood Safety Program and also provided technical support during all blood drives.

In 2009 HWWK was able to implement blood donor recruitment activities in Nairobi, Mombasa, Kisumu, Nakuru, Eldoret, and Embu. These are regions where there is a Blood Bank run by the Ministry of Health.

The strategies used in blood donor mobilization include mobilization of donors from Faith Based Organizations, Community Based Organizations, an annual celebrity event, and blood donations by the general public at mobile donor sites. A total of 17,411 units of blood were collected between January and December 2009.

To date HWWK in collaboration with KNBTS has collected a total of 71,554 units of blood. 6,606 of this number were repeat donors. Of the others who offered to donate blood 3,866 were deferred from donation due to different medical reasons.



### Community Groups Advance Blood Donor Recruitment Work

There has been an appreciable level of program ownership by partnering community groups through whom HWWK has worked. Notable among these groups now conducting blood donor mobilization events with little HWWK support are: Theater Enhancement Accelerated Researched Solutions (TEARS Group) in Nakuru, Embu Youth AIDS Advocates (EYAA) in Embu, Jicho 4 Theater Group, and Abstinence In Motion (AIM) in Nairobi. The groups have received capacity building through HWWK'S Organizational Capacity Development (OCD) approach, and have also received training on Blood Safety and Program Service Delivery (PSD).



George Irungu, HWWK Board Chairman giving blood

### How Blood Donation Saved My Life

Since 2000 to date Liz Kamotho's story continues to transform people's attitude towards blood donation: "September 2000, is a month I will never forget - I was expecting my second born son. One day I was walking down the stair case in my house and accidentally slipped and fell. I visited a neighbourhood clinic for a check-up but the doctor assured me that all was well without realizing that I had sustained internal injuries and was bleeding. Later, I developed severe headaches. As I was getting ready to return to the hospital for a further checkup with my husband, I fainted and became unconscious.

On arrival to the hospital, the doctor noticed I was very pale. I had lost a lot of blood as a result of the internal injuries. On admission to the hospital my Hemoglobin (HB) level was 2. Hemoglobin is the component of red blood cells that carries oxygen to the body. A normal level in women is around 12-15 gm/dl. Because my level was so low I was taken to theatre immediately for surgery and also to save my baby's life. I urgently needed a blood transfusion of blood group B Negative. There was no matching blood in the hospital at the time. An announcement was made on a local television station and received a positive response.

I left the hospital two months later with a HB of about 9. I'm grateful to God and all the people who donated blood that saved my life. I salute people who voluntarily donate blood for people they will never meet. It's because of such people that I am alive today.



"I'm grateful to God and all the people who donated blood that saved my life"



Esther Wahome performing during the annual Celebrity Event in Nairobi

### Highlights

- Units of blood collected from volunteer donors 17,411
- Repeat blood donors 6,606
- Donors deferred from blood donation due to medical reasons 3,866

## Orphans and Vulnerable Children (OVC)

Nairobi\* Kiambu\* Kibwezi

### Introduction

The overall goal of this program is to improve the well-being and protection of orphans and vulnerable children (OVC) in Kenya by building the capacity of families and communities to cope and to respond to the needs within their households and communities.

Several donors funded the OVC program in 2009.

These include Academy for Educational Development's (AED) Capable Partners Program; APHIA II Eastern through AMREF; The Coca Cola Africa Foundation; Stephanie and Larry Flynn Jr. Trust Fund, and Shell Foundation.

### The objectives of the OVC program are to:

1. Increase comprehensive and integrated care and support for OVC
2. Increase the capacity of affected families to care for and support OVC
3. Increase the capacity of key community stakeholders such as schools, faith based organizations, and civic and youth groups to identify and support OVC.

Due to limited finances, the program was run mainly by community volunteers with support from HWWK staff who contributed part of their time as they worked in other programs. Despite challenges, the work continued in Mukuru, Mathare, Huruma, Dandora, and Makadara in Nairobi, as well as in Kiambu in Central Province, and Makindu and Kibwezi in Eastern Province.

In 2009, there was increased focus on helping families caring for orphans and other vulnerable children to improve their incomes. This is in line with HWWK's mission of building the capacity of families and communities to improve their quality of life.



## Terminus Support Group:

### *It can be done!*

Testing HIV positive can mean fear of loneliness and isolation. And this is how 30 caregivers in Dandora were feeling since 2007. They were met in early 2008 by HWWK staff who encouraged them to form a support group. Through the support group, the members met weekly and encouraged each other and were trained in entrepreneurship skills. Filled with a new sense of purpose, they wanted to start businesses so that they could better provide for their children. They started selling groundnuts and providing catering services. Later in 2008, with HWWK support they applied for and received for a small PEPFAR grant and started a poultry project. In 2009 they supported their 95 children including paying secondary fees for 15 of them.

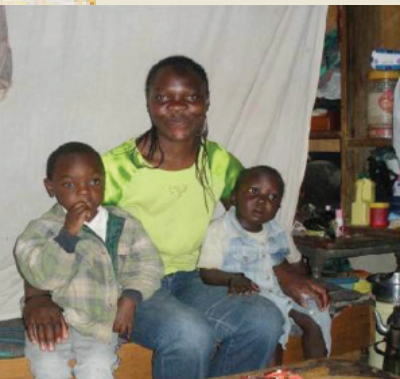


Terminus Support Group Poultry Project

## Personal Story: Hope is so vital

In 2007, sixteen year old Christabel walked into the HOPE worldwide office in Dandora, Nairobi. She was desperate. Her mom, the only surviving parent was HIV+ and bed-ridden. Christabel was on the verge of dropping out of school. HWWK staff intervened and encouraged her mother to join a support group for people living with HIV.

With funding from USAID through Academy for Educational Development, the family was enrolled into the program and Christabel and her two siblings started receiving support. Unfortunately, their mom died two month's later, leaving Christabel who was in form three to care for her siblings. A community care team member was assigned to conduct regular home visits as Christabel continued with school. She completed Form 4 in 2008 and requested to enroll in vocational training to get a diploma in hair dressing and beauty. Her tutors were impressed with her performance and in 2009 after completing her training, she was hired as a part-time trainer. With this income and what she gets from her own hair dressing business, she pays house rent and meets the needs of her siblings. Christabel says:



"To me, HIV means — Hope is so Vital".

2009



## Highlights

- Nutritional Counseling 4,066
- Psychosocial Support 16,311
- Education Support 2,118
- Medical Care 5,466
- Shelter and Care 2,737
- Protection Services 624
- Family economic empowerment 809

## Tackling Child Labor through Education (TACKLE)

### Siaya

#### Introduction

In 2009, HOPE worldwide Kenya made a debut in Nyanza Province. Nyanza Province is one of the poorest regions in Kenya despite endowment with natural resources such as land and water. Particular districts in the region such as Siaya District are known for 'exporting' cheap child labour to other towns. It is in response to this problem that a unique program tailored to meet the needs of the community and its children was launched. The program resonates with HWWK's mission of improving quality of life through responsive and innovative health programming.

TACKLE is an acronym for a child labor prevention program titled 'Tackling Child Labor through Education', and is funded by the European Commission (EC) through the International Labour Organization-International Program on Elimination of Child Labour (ILO/IPEC). This type of program is also implemented in six other countries in Africa — Zambia, Sudan, Madagascar, **Sierra Leone, Mali, and Angola.**

HWWK's TACKLE Program aims at combating child labour through reducing poverty and hunger. The community is supported to grow staple foods such as maize, millet, and other highly nutritious crops such as grain amaranth through provision of certified seeds, fertilizers, and technical support. 30% of the harvest is given to community schools for supporting a lunch program.

Children from very poor families are provided with school uniforms, and girls are provided with sanitary pads. Children have been withdrawn from exploitative work and supported through psychosocial counselling. Through child help desks a child abuse monitoring structure is in place, and six Child Rights Clubs have been formed that increase child participation.

For sustainability, vocational skills have been integrated with agribusiness and horticulture, apiculture, and aquaculture projects. These will be managed through a proposed community Cooperative Society to facilitate a social security institution.

Growth in school population due to school feeding program

	Feb 2009	Sept 2009	Total	% Change in population
Girls	343	358	701	4 %
Boys	362	381	743	6 %
Total	705	739	1,444	10 % Change in population



### School Feeding Program Eliminates the Worst Forms of Child Labour

Uhuyi Primary School was the most improved school in Uranga Division in all education indicators - enrollment, retention, school attendance, and performance in the last term of 2009. This is attributed to the school feeding program that started in July 2009.

As a result of this program parents and community leaders have brought back children working in child labor in Uganda and helped them get back in school.

Students, teachers and parents have greater hope for a better tomorrow.



Food for sharing

### Poverty and Hunger are Largely a Result of Individual and Social System Weaknesses

The TACKLE program is celebrating the hope brought into the household of Mr. Joseph Oduor, now very proficient in bee keeping. Mr. Oduor was a youth who abused alcohol, was irresponsible, and did not take care of his family. However, he had great mobilization skills. He was trained as an apiarist (bee keeper) and now provides technical support to the community IGA of honey production. Apiculture, horticulture in greenhouses, and fish farming are projects that will provide sustainability of child support through a Cooperative Society. Joseph is now a youth mentor and a responsible father & husband.



Community members learning about Bee Keeping



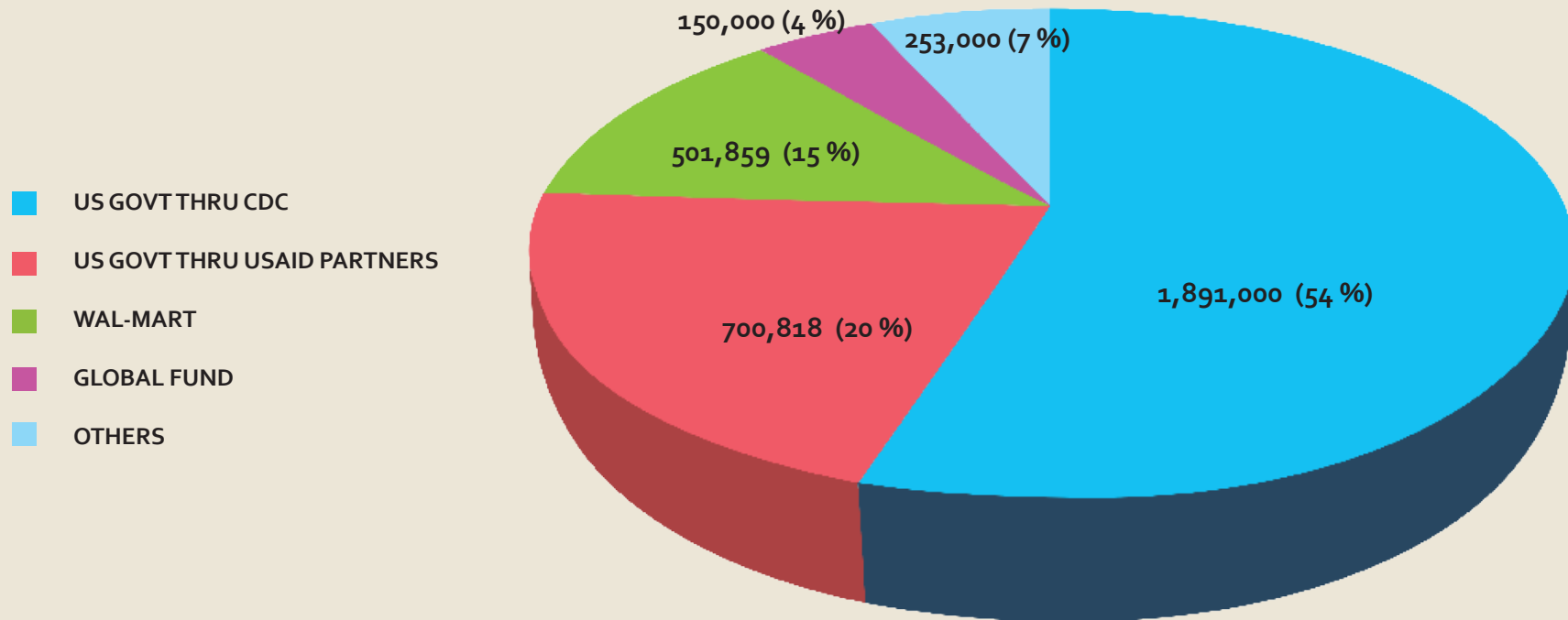
### There is hope!

#### Highlights

- Children receiving a meal at school every day 790
- Girls provided with a one year supply of sanitary pads 60
- Children provided with full school uniforms 502
- Parents trained who initiated a savings & credit scheme. They have raised \$350 yet they live on less than \$1 per day 60

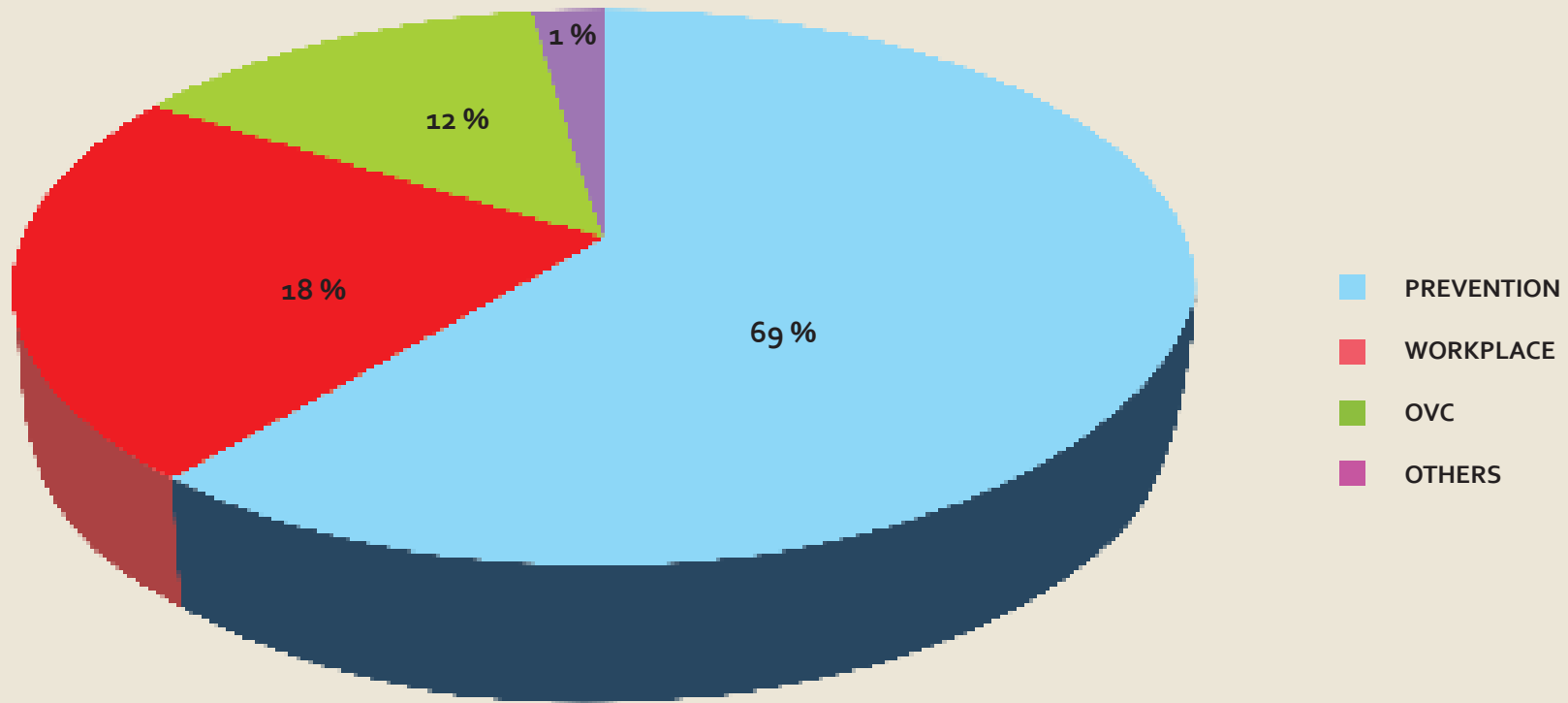


2009 Funding in US Dollars



Total: USD \$ 3,496,677

### Funding by Function



Donor & Partner Logos

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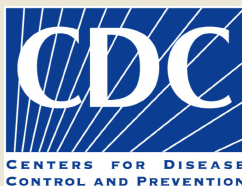
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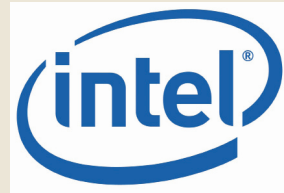


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