

2015 Annual Report



About HOPE *worldwide* Kenya

Our Vision:

'Empowered Healthy Communities'

Our Mission:

To work with underserved communities to improve their quality of life through responsive and innovative health programming, service delivery and capacity building in Kenya and Eastern Africa.

Our Four Pillars:

HWK works within these four pillars:

- HIV Related Services
- Community Systems Strengthening
- Economic Empowerment
- Children

Our Core Values:

- Accountability and transparency
- Openness to feedback, ideas, and learning
- 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 because community based solutions is the key to success

Our Competencies:

- Community Mobilization
- Community Participation and Engagement
- Community Systems Strengthening
- Partnership Building

HOPE *worldwide* Kenya (HWK) is local Non Governmental Organization (NGO) registered in 1999 under section 10 of the NGO Co-ordination act no. OP.218/051/9913/1253.

HWK has been at the forefront of the response to the HIV pandemic in Kenya since 2003. The organization has since grown rapidly in it's work with a special focus on the most vulnerable members of the society. In this light, HWK continues to work in direct service delivery and community systems strengthening with youth, children, general populations, people Living with HIV, and Key Populations.

Our funding comes from various sources that include US Presidential Emergency Plan for AIDS Relief (PEPFAR) through Center for Disease Control and Prevention (CDC), United States Agency for International Development (USAID) through local funders, and Global Fund through Kenya Red Cross Society. We were also funded by Global Fund through CARE International in Kenya, Swedish International Development Agency (SIDA), International Labor Organization (ILO), Wal-Mart Foundation, Shell Foundation, The Coca-Cola Africa Foundation (TCCF), Grand Challenges Canada (GCC), and various other donors.

HWK works with partner NGOs, the National AIDS Control Council, Government ministries and agencies, the private sector and the communities. Significant progress has been made to increase uptake of HIV prevention services especially for Most-At-Risk Populations (MARPs).

HWK continues to embrace innovative new solutions to service delivery and has adopted an integrated and comprehensive approach routed in community programs to provide high impact sustainable interventions.

HIV Related Services



Organizational strategic objectives under this Pillar:

- Increase community control over their health, and health determinants.
- Comprehensive response to HIV and AIDS targeting priority populations including Adolescent Girls (AGYW) and Young Women and People Living with HIV (PLHIV), children and key populations
- Increase capacity to integrate HIV and other health related responses.

'Empowered Healthy Communities'

PILLAR 1: HIV Related Services

Overview

The changing trends in HIV prevention call for interventions that contribute to the reduction of new HIV infections through comprehensive prevention interventions that are evidence-informed and/or meet the minimum standards required by providing services at multiple levels. HWK provides HIV prevention services to key populations, adolescents, young women, discordant couples, poor communities, and the general public. Combination prevention interventions which include behavioral, biomedical and structural are employed to reach these populations. The current programs cut across varied geographic areas where services are most needed in Nairobi, Makueni, Kajiado, Uasin Gichu, West Pokot, Elgeyo Marakwet and Nakuru Counties

Key partnerships have been established to ensure success of the interventions. HWK continued to work closely with the Sub County Health Management Teams (SCHMT), members of the SCHMT including the Sub County Medical officer of Health (SCMOH) and the Sub County AIDS and STIs Coordinators (SCASCO) to provide supportive supervision and commodities supply from Kenya Medical Supplies Authority (KEMSA). The programs also work in collaboration with other PEPFAR funded and Global fund partners and international and National implementing partners including AMPATH, and IRDO. The County governments have been receptive and allowed for continuation of our work within the counties. HWK has supported the annual HIV Testing Rapid Results Initiative (RRI) and the National AIDS and STIs Control program (NASCO) to finalize the adaptation of *Healthy Choices II*, an evidence informed behavioral HIV prevention intervention among the youth. The intervention is now called *My Health, My Choice* (MHMC). Community engagement and involvement is a long standing competency of HWK. This is done at the design, implementation and evaluation stages. HWK facilitates the formation of Program Advisory Committees (PAC) within the community. The PAC members comprise of representatives from program beneficiaries, community leaders, teachers, and local administration. Their input is incorporated into program plans.

The Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19, is the strategic guide for the country's response to HIV at both national and county levels and has shaped HWK programming.

There have been periodic site visits from the funding agencies and partners from Centers for Disease Control and Prevention and Kenya Red Cross Society. This has enabled constant quality assurance and improvement of interventions. Our projects have been selected as learning centers to host visitors from CDC Atlanta, Haiti and Tanzania, representatives from United Kingdom parliamentarians, and the ONE campaign.

Technical support was provided through continuous monitoring and evaluation.



Use of government structures such as 'chief barazas' provide an entry to the community which ensure program success.

PILLAR 1: HIV Related Services

HIV Prevention Interventions

HIV prevention programs supported the delivery of combination prevention HIV services where behavioral, biomedical and structural interventions were provided as a package.

The goal is to reduce the number of new HIV infections using comprehensive interventions that are evidence-informed and/or meet a minimum standard.

I. Behavioral Interventions

Behavioral interventions aim to teach and increase targeted positive behaviors and reduce or eliminate inappropriate or non-adaptive behaviors.

The behavioral interventions offered include peer education and outreach; risk assessment and reduction counseling; condom promotion, education and demonstration; screening and referral for alcohol and /or drug abuse cases; mapping and zoning of regions to strengthen mobilization for and provision of services to key populations; and identification, facilitation, and access to information about HIV prevention services.



The youth are reached with behavioral interventions through individual and small groups.

II. Bio-Medical Interventions

Biomedical Interventions use medical, clinical, and public health approaches designed to moderate biological and physiological factors to prevent HIV infection, reduce susceptibility to HIV and/or decrease HIV infectiousness.

The biomedical interventions offered include HIV Testing and Counseling, STI screening and treatment, TB screening using a National screening tool and referral for treatment, Family Planning and cervical cancer screening services, HIV care and treatment, emergency contraception, PEP and ART services, and referral for Voluntary Medical Male Circumcision. Linkage is also done to health facilities for other bio medical services and provision of family planning services.



Clients get tested for HIV and access medical services or are referred for treatment .

PILLAR 1: HIV Related Services

III. Structural Interventions

Structural interventions change the social or physical environment to enable changes in determinant of risk. It involves creating an enabling environment to accelerate better health seeking behavior, and behavior change to enhance prevention of new infections and promote positive living.

The structural interventions provided in 2015 include opportunities to expand choices beyond sex work, and to provide information, education and services to mitigate against gender based violence and stigma and discrimination. HIV positive clients were linked to care and received a comprehensive Positive Health, Dignity and Prevention Package (PHDP) formerly known as 'Positive Prevention'. It is built upon improving and maintaining the dignity of the individual living with HIV, supporting and enhancing that individual's physical, mental, emotional and sexual health; and creating an enabling environment that will reduce the likelihood of new HIV infections.



PLHIV support group meeting where community support through *Positive Health Dignity and Prevention* minimum package is provided.

In 2015, 55,054 clients were tested and counseled for HIV and received their test results. This represents 108% achievement for HTC.

PILLAR 1: HIV Related Services

I. In-School Youth

In order to reach the in-school youth, individuals are identified, trained, and mentored as *Healthy Choices for a Better Future* facilitators. A mapping exercise of schools is conducted to establish the number of schools in an area. In 2015, 91 facilitators were trained to reach 712 schools. A total of 60,757 adolescents were reached with *Healthy Choices For a Better Future* intervention; this intervention is also known as *My Health My Choice*.

Pairing HCBF facilitators based on complementing strengths help improve the quality of delivery of the sessions as well as bi-weekly meetings for the facilitators for experiential sharing, learning and team building.

97% of in-school youth who tested HIV positive were linked to HIV care and treatment services.

Potentially HIV exposed children received targeted HIV testing strategies in partnership with the Sub County and STIs coordinators (SCASCOS). In Nairobi, 4 busy health facilities that did not have onsite HTC providers or those that had inadequate number were identified. Data was analyzed to identify the areas with a higher proportion of clients testing HIV positive. People newly testing HIV positive and those in support groups were sensitized on the importance of testing their children. These strategies were effective in creating demand for pediatric HIV testing.

Linkage to care for the children newly testing HIV positive within health Facilities was done through the HTC providers who walked the parents and their children to the Comprehensive Care Clinics (CCC) and facilitated their enrolment into care. In the community setting, HTC providers sought the consent of the parents to introduce them to a link person. Link persons are PLHIV who keep a directory of all health facilities with which HWWK has a partnership agreement. They are known at these facilities and are fast-tracked when they bring clients for services.

Snap-shot of EBIs

Healthy Choices for a Better Future I:

HCBF is an evidence-informed intervention (EBI) adapted in Kenya for implementation among in-school youth 10-14 years. It is an adaptation of *Making a Difference!* an abstinence-based approach to HIV/AIDS and teen pregnancy prevention which was evaluated and found effective. It is delivered in seven weekly sessions to a cohort of 16 (8 male and 8 female) participants. Participants attend all sessions and make-up sessions are made available. Each session is conducted by two (1 male and 1 female) trained facilitators.

My Health, My Choice (MHMC):

MHMC is an adaptation of the U.S. based *Making Proud Choices* Program, which was evaluated and found to decrease frequency of intercourse and increase condom use in sexually active youth. *MHMC* is delivered in four weekly sessions to a cohort of 16 participants (8 males and 8 females). Each session is two hours. Participants attend all sessions and make up sessions are made available. Each session is conducted by two (1 male and 1 female) trained facilitators.

The door to door approach reached a number of parents who had delivered at home and had thus not been tested at antenatal clinics.

PILLAR 1: HIV Related Services

II. Adolescent Girls and Young Women

Adolescent Girls and Young Women (AGYW) are among priority populations in HIV prevention. They are 3 times likely to be infected compared to their male counterparts. HWK provided HIV prevention and treatment services and social economic activities the AGYWs aged 10 – 24 years. This covered Mukuru kwa Ruben, Viwandani, Embakasi (Airport), Landi Mawe, Nairobi South and Eastleigh South wards in Nairobi County. Community mobilisers went from house to house to identify households with female youth aged 15—24 years and sensitized them on the availability of services. Their sexual partners and family members also receive HIV testing and Counseling services.

Snap-shot of EBIs

RESPECT - K

Respect-K is an individual-level EBI adapted in Kenya from *Respect*, a client centered risk reduction counseling intervention that was delivered in two sessions by clinicians at STI clinics in the US. *Respect* evaluation found that this intervention decreased high risk behaviors, increased condom use, and decreased STIs³. In Kenya, *Respect-K* is delivered either within HTC settings or STI clinics.

The focus on adolescent girls and young women was a scale up on an initiative to address sexually exploited girls through the One Child at a Time project (OCAT). Among the AGYW mobilized, 2,007 females were identified as being sexually exploited. Risk reduction counseling using the Respect-K protocol, condom education and distribution, access to family planning, HIV Testing and Counseling, STI screening and treatment, post rape care, and Post-Exposure Prophylaxis (PEP) were among the services provided. Education support was provided through payment of school fees/levies and monitoring of school performance. Older girls and young women were supported to identify vocational skills courses. The courses included hair dressing and beauty, dress making, catering and computer skills.

In a sample of 212 girls who had completed vocational training, 31% were employed in fields related to their trained skills, 11% were running their own businesses in related fields, 25 % were employed in fields unrelated to their training and 11% were running businesses unrelated to their field. 60 % of the girls were en-



Programs that enroll sexually exploited girls / young women in school or vocational training need to plan for child care to minimize absenteeism and drop-out.

PEPFAR launched the DREAMS Project which coincided with the World AIDS Day held at City stadium in Nairobi. The project will be implemented in Nairobi and Kisumu counties.

'Empowered Healthy Communities'

PILLAR 1: HIV Related Services

III. Key Populations

Thirty three percent (33%) of all new infections in the country are attributed to Key populations (Kenya AIDS Strategic Framework 2014/2015—2018/2019). The key populations served by HOPE worldwide Kenya in 2015 include, Female Sex Workers (FSWs) and Men having Sex with Men (MSMs). The geographic coverage extended from Uasin Gishu to Kajiado, West Pokot and Elgeyo Marakwet counties and Nakuru Counties.

Snap-shot of EBIs

Sister to Sister

This intervention is aimed at increasing Sex Workers (SWs) perceived vulnerability while increasing their condom / safer sex negotiation skills for HIV prevention.

The key populations programming is anchored in the peer outreach model as described by NASCOP. The Peer Educators are the pillar and are key in identification, mobilization, recruitment, follow-up, health education and distribution of relevant materials for HIV prevention. The ratio of peer educators to peers is maintained at no more than 1:60. Peer leaders who are drawn from the peer educators were identified and trained to supervise the activities. This is a role that was previously assigned to an outreach worker.

Mapping of hotspots is first conducted to establish the number of key populations within a geographic area in partnership with SCASCOS and key informants for accuracy. An additional KP friendly Drop in Center (DICE) / wellness center was introduced and increased the number to 6 centers in order to reach more key populations with integrated HIV related services. Mobile units were used to compliment and reach the hard to reach hotspots. Involvement of KPs and site advisory committees in decision making enhanced project ownership and contributed to reducing HIV related stigma.

The KP services offered include HIV counseling and testing (HTC), STI screening and treatment, Family Planning, treatment of opportunistic infections, TB screening and referral for treatment, Post Exposure Prophylaxis (PEP), ART and care services, cervical cancer screening, condom education and distribution, counseling on safe behavior, referral and tracking of referrals, training on alternative livelihoods, and support and awareness on gender based violence.



Friendly services offered at Drop-in Centers

The Wellness Center in Nakuru West Sub-County operated as a satellite site to a government facility to offer antiretroviral therapy.

PILLAR 1: HIV Related Services

IV. People Living with HIV and Discordant Couples

Comprehensive care and support package of services are provided to clients who test HIV positive through referral and linkage to care.

Trained facilitators who are also HIV positive act as the link persons. They are engaged to offer support to the first time testers and those who are HIV+ and follow up to ensure the clients access the health services they need.

HIV positive clients among the key populations at risk are regularly screened for STIs and treated. CD4 testing is done after every six months and used as a basis to establish eligibility for initiating ART. Psychosocial counseling, nutritional assessment and advice, screening for TB, family planning and other reproductive health services are provided as a minimum package of services.

Support groups of PLHIVs has been seen to be effective in providing education on adherence and other key messages. A cohort register is maintained to track clients revisits and progress over time. Defaulter tracing and follow up is done by counselors and clinical staff at the Drop-in service Centers.

Discordant couples are educated on ways to protect themselves through the use of condoms. The HIV negative spouse is encouraged to accompany their spouse for treatment and support them to ensure drug adherence. Both parties are encouraged to belong to a support group.



A County Health Management Team sensitization forum in Machakos County. Muranga and Machakos counties are new additional entrants for the Global Fund new funding model project through the principal recipient, Kenya Red Cross Society.

Economic Empowerment



Organizational strategic objectives under this Pillar:

- Improve the economic status of target through quality market driven social economic activities to program participants.

'Empowered Healthy Communities'

PILLAR 3: Economic Empowerment

Overview

Economic empowerment is critical to ensuring effective sustainability strategies and empowering the communities not to have an unrealistic expectation of programs. With most of the program beneficiaries being from poor and marginalized communities, the economic empowerment component is integrated as one of the structural interventions to improve the standards of living for these communities.

The HWK Center in Mukuru kwa Ruben informal settlement continued to offer vocational skills training in hairdressing, fashion and design, computer application skills, and entrepreneurial skills training. Partnerships have been established with neighboring colleges to meet the increasing demand at subsidized rates and offer alternative courses such as catering. Social economic activities are provided to AGYWs between 10-24 years old as there are higher rates of infection among socially disadvantaged groups especially young women. This in turn reduces the economic and power imbalances which in turn influence the extent to which individuals are able to assert choices about sexual behavior.

In 2015 about 2,245 youth and caregivers were trained in their preferred vocational courses. Economic empowerment opportunities to expand choices beyond sex work were provided to sex workers interested in pursuing alternative sources of livelihood. Projects partnered with financial institutions such as K-Rep bank and Family bank, to provide training on financial literacy.

Orphaned and vulnerable children care-giver groups and PLHIV undergo livelihood training to venture into agricultural and animal husbandry as a means of ensuring food security as well as for commercial purposes.

They receive tips on how to identify viable economic activities and on simple record keeping techniques. The projects are assessed regularly to measure success and address challenges.



A HWK staff handing over goats to a beneficiary during a household strengthening distribution exercise

PILLAR 3: Economic Empowerment

'Knowledge is Power'

Monica is a care giver from Nguuni Orphans and Vulnerable Children's group; she comes from Kisingo village in Makindu location and lives with her three children and one orphan living positively with HIV who lost his mother due to HIV related illnesses. The four OVCs were enrolled in the children's program supported through funding from USAID-APHIAplus Kamili through AMREF Health, since the year 2011. They have benefited from several services amongst them school fees support, psychosocial support and provision of renovation materials to the household.



Monica in her cereal shop in Kisingo Village in Makindu, Makueni County

In 2014, Monica's vulnerability assessment analysis score on household economic strengthening was 53 percent. From the analysis it was noted that she had previously run a green grocer and kept clean records of her earnings. Also, she demonstrated good customer experience and management hence qualified to be provided with cereals to stock her shop. HWK supported her with the cereals which included four and half bags of maize, 2 bags of beans and 1 bag of peas. In 2015, the business experienced tremendous growth with her stock level at 30 bags of different varieties of cereals. Monica has expanded her business by selling charcoal along with the cereals as well as the green grocer. She has reported making a profit of KES 1,000 daily on a normal day and KES 2,800 on a booming market day.

Monica is now supporting herself and her family with food, upkeep and other living expenses. In this quarter, she has managed to pay secondary school fees for her child. She thanks HOPE worldwide Kenya and the APHIAplus kamili project for the support accorded her. She now feels she is able to stand for the family and make sure her children get the right education.

Children



Organizational strategic objectives under this Pillar:

- Improve access to healthcare
- Improve access to education
- Improve psychosocial wellbeing
- Improve shelter and care
- Increase access to legal and social protection
- Strengthen economic status for OVC households

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PILLAR 4: Children

Overview

HOPE *worldwide* Kenya has continued to deliver services to the Orphans and Vulnerable Children (OVC) based on the best practices and lessons learned from past experiences.

In 2015, the children's programs focused their efforts on ensuring that effective and efficient sustainability strategies were put in place by economically empowering OVC households.

Children's programs are implemented in Kibwezi, Makindu, Nzau, Makueni, Kathonweni and Mukaa sub-counties in Makueni County and in Nairobi.

Public Private partnerships were established to provide care and support to children in line with the Kenya Government minimum service standard for quality improvement for Orphans and Vulnerable children. To provide quality services, community health volunteers who are elected at group level are trained in OVC care and support, child protection, life skills, and psychosocial support and act as the focal persons and provide linkage with the organization and the community.

Children are supported through provision of essential services including healthcare, food and nutrition, shelter and care, psychosocial support, education protection, and legal services.



Caregivers attending child rights forums to be equipped with skills on how to prevent child abuse and neglect.

Over 7,000 Children were reached with essential services out of which 2,918 boys and 2,899 girls received direct primary support while 840 boys and 2,021 girls received direct supplementary support, while 15 children received scholarships for higher education and the older children received vocational skills training.

Children are registered into Kids Clubs where health programs are integrated. Sessions on health education, hygiene promotion and sanitation are provided. This has contributed to a reduction in incidences of infectious diseases such as diarrhea, flu and typhoid. The program also provides health packs which include a bar of soap and in some cases a one year supply of sanitary towels & underpants to support teenage girls in attaining required hygiene standards. Care givers & OVCs were also tested for HIV and received counseling. Those with positive results were referred for treatment and provided with psychosocial support.

PILLAR 4: Children

The program not only provides essential services to orphans and vulnerable children but also care to HIV positive caregivers by providing Home Based Care (HBC). There are 1,000 caregivers living positively who are targeted within the program.

Support groups for PLHIVs have been useful in providing an environment where the members can freely share and address their challenges. Psychosocial needs are addressed through experience sharing, Positive Health Dignity and Prevention (PHDP) education which includes ART adherence, disclosure, prevention of re-infection, nutrition, stigma reduction, and prevention of opportunistic infections.

Clinical and nursing care is also provided through facilitating medical and transport expenses. The members of the support groups also came together to renovate dilapidated houses to ensure proper shelter for the PLHIVs and their family members.

The groups are supported and empowered to start sustainable projects to avoid dependency and high expectations from the donor funded projects. The members received training in entrepreneurship and how to run their income generating projects in crop & animal husbandry, retail and whole sale businesses, and proposal writing,

Access to child care and early childhood development services for children below 5 years has been shown to play a critical role in the protection and development of children in badly affected communities.

Kids Clubs activities are conducted by trained facilitators, staff and community health volunteers. There is focus on mentorship to strengthen relationships among the children. There are regular forums for experience sharing between mentors and the children to address the challenges as well as measure the successes.

Mentorship provides the children with skills and abilities for adaptive and positive behavior that enables them to deal effectively with the demands and challenges of everyday life.



A counselor attending to OVC clients, accompanied by their guardian during a HIV Testing and Counseling exercise

Volunteer Spotlight

HOPE worldwide Kenya is a member of the Volunteer Involving Organization (VIO) Society which is a non-profit national network of organizations that work in development through volunteering.

In October 2015, The VIO Society in partnership with the Ministry for Labor, Social Security and Services held a CEO's breakfast meeting to deliberate on matters concerning volunteerism in the county. Volunteerism is recognized as a contribution to the realization of the Global Sustainable Development Goals and Kenya's vision 2030.

Currently volunteer contribution to national development is not recognized and is unstructured. The developed National Volunteer Policy will provide a legal framework to support volunteerism in Kenya.



Tabitha Muia, deputy chairperson VIO Society, during a CEO's breakfast meeting on volunteerism

The International Volunteer Day is celebrated on 5th December.

In 2015 the national celebrations were held in Makueni County and the VIO Society joined the community in Makueni in a tree planting and growing exercise. The event was hosted by the Governor of Makueni Prof. Kivutha Kibwana.

We celebrate our volunteers and recognize their contribution to the success of our work. They are the care givers, the facilitators, and the mobilisers. They provide linkage to care in referral cases and we are proud

On 23rd February 2015, HOPE worldwide Kenya joined the volunteer community in the final validation forum for the National Volunteer Policy that will govern the volunteerism sector in Kenya. The forum was organized by the Ministry of Labor Social Security and Services.

The recognition of volunteerism in national development is significant. This recognition of volunteerism will encourage a volunteerism culture and inculcate a responsibility in each of us to make the change we want to see.

To access The National Volunteer Policy.

Visit <http://www.labour.go.ke>



National Volunteer Policy Validation workshop held on 23rd February

HOPE Youth Corps

The HOPE Youth Corps are groups of teens, college students and young adults between 15 – 25 years with hearts to serve the poor and spread the love of Christ as they serve in needy situations and communities. The program has been active for the past 20 years and is coordinated by HOPE worldwide Limited in Philadelphia, USA. The HYC provides opportunities for students from all different backgrounds to serve in the U.S. or in a developing country. They seek to imitate pure religion by engaging youth in international service to the poor and needy.

'Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world.' (James 1:27 NIV)

The other goal of the HYC is to promote leadership and growth, character development, and worldwide unity. Among the many benefits students receive from their participation in the HYC are spiritual growth, lifelong friendships and memories, a heightened sense of purpose, greater self-confidence and independence, and a better understanding of the modern world.

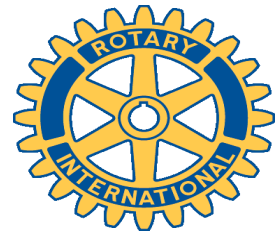
Annually, HOPE worldwide Kenya (HWWK) provides opportunities for local and international volunteers to serve a community in Kenya. The volunteers are recruited in partnership with HOPE worldwide Ltd. in Philadelphia USA and The Nairobi Christian Church, which is a part of the International Churches of Christ. In 2015, the HOPE Youth Corps was held from 13th to 24th July. The team consisted of twelve international volunteers who were joined by eight local volunteers from the campus ministry of Nairobi Christian Church. They engaged in various activities including morning devotionals, playing and spending time with children, preparing teaching aids for the pupils at the Nairobi Christian Academy, and a visit to the informal settlement of Mukuru.

The visit to Mukuru informal settlement was one of the highlights because Mukuru is home to beneficiaries of a high school program sponsored by 'Jam Quest'. Jam Quest is a not for profit organization in the US that facilitates basketball tournaments that raise funds to support needy children by providing secondary school fees. Jam Quest has been supporting Kenyan children since 2008. Nick Shoff, the founder of Jam Quest was among the HYC volunteers and the trip provided the opportunity for him to meet the children that he and his friends have been supporting since he was in class 8. This was the first time he met the youth he had been helping to sponsor.



2015 HOPE Youth Corps Team. A mix of both local and international Volunteers.

Resource Mobilization

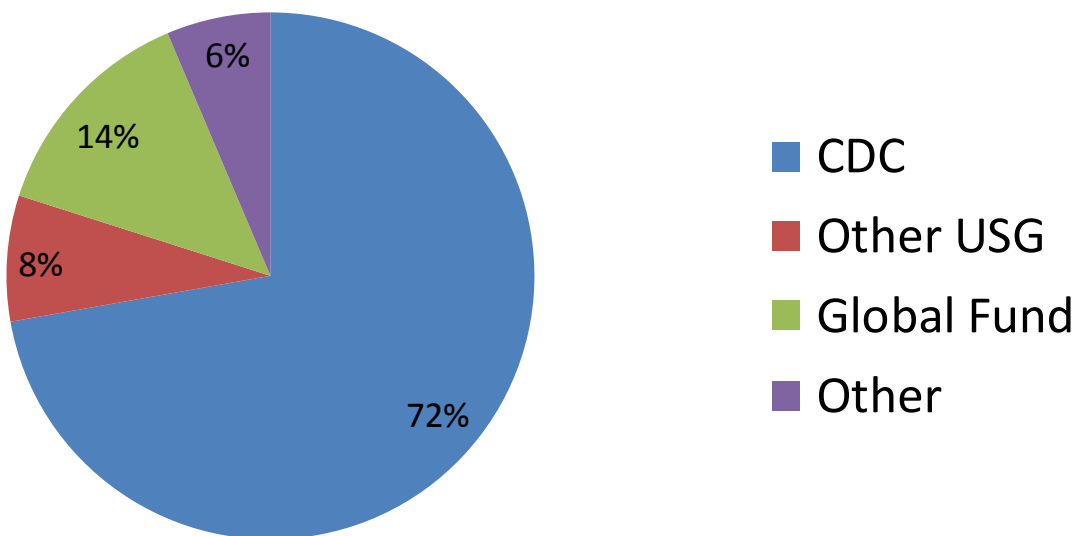


Financial Report

In 2015, HWWK received funding from the following donors agencies and partners

Pillar	Funding Agency/Private Partner
HIV Related Services	PEPFAR through Centers for Disease Control and Prevention (CDC) Global Fund Rd 7 through CARE International in Kenya Global Fund Rd 10 through Kenya Red Cross Society Grand Challenges Canada—Canadian Government
Community Systems Strengthening	The Coca-Cola Africa Foundation Shell Oil Products Africa (SOPA)
Economic Empowerment	HIV Free Generation Ploughed back capital from proceeds from on going vocational skills training and entrepreneurship training
Children	APHIAplus Kamili The Coca-Cola Africa Foundation Shell Oil Products Africa JamQuest ,among other individual donors and well wishers Triangle Church of Christ Regional Psychosocial Support Initiative (REPSI)

HWK 2015 Propotion of funding by agency



Financial Report

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