

HOPE

worldwide

KENYA



ANNUAL REPORT

2016

HOPE



worldwide

KENYA

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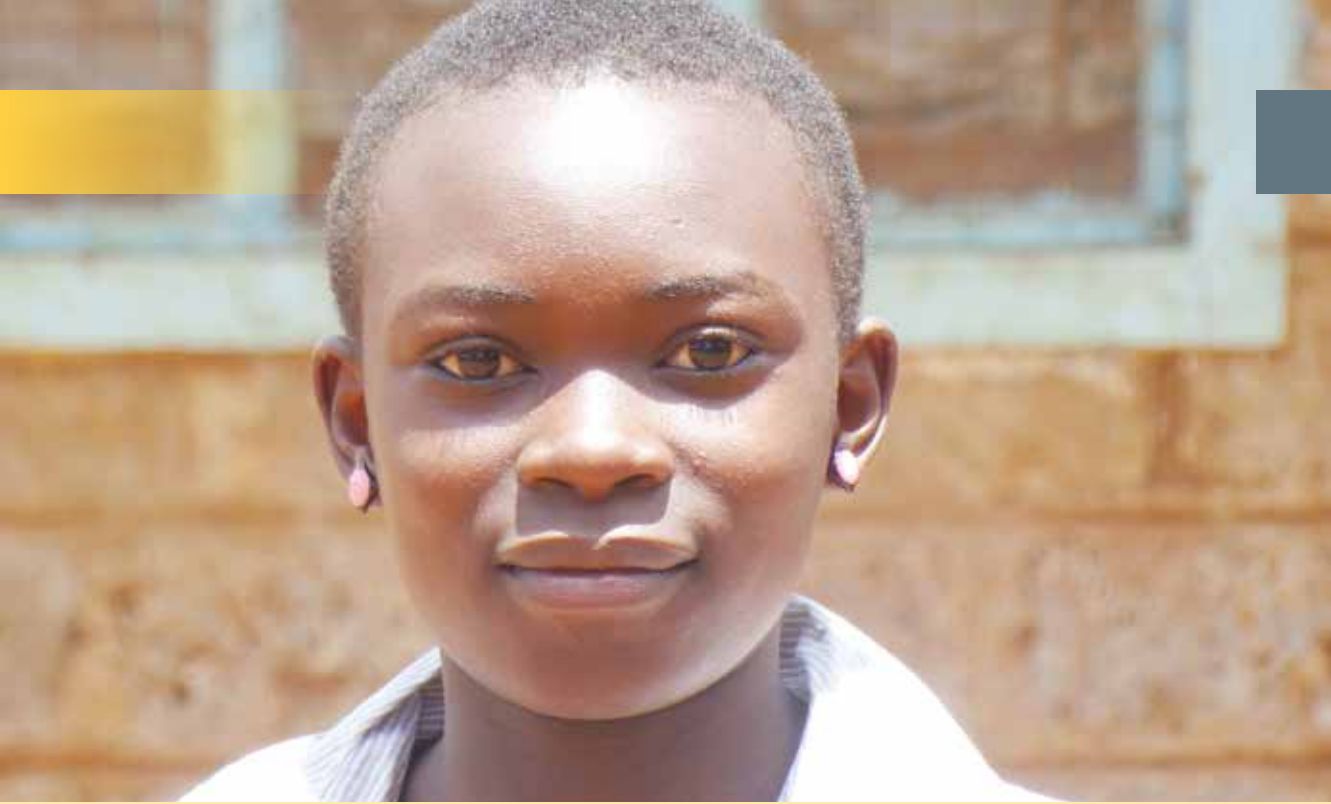


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Acronyms

AGYW	Adolescent Girls and Young Women
CHMT	County Health Management Team
CHVs	Community Health Volunteers
CDC	Centers for Disease Control and Prevention
CDF	Community Development Fund
DICES	Drop-in Service Centers
DREAMS	Determined, Resilient, Empowered, AIDS free, Mentored, and Safe
GBV	Gender Based Violence
HCBF	Healthy Choices for a Better Future
HYC	HOPE Youth Corps
KP	Key Populations
MHMC	My Health, My Choice
NACC	National AIDS Control Council
NHIF	National Hospital Insurance Fund
OVC	Orphaned and Vulnerable Children
PEPFAR	Presidential Emergency Plan for AIDS Relief
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PHDP	Positive Health Dignity and Prevention
PP	Priority Populations
SAB	Social Asset Building
SGBV	Sexual and Gender Based Violence
SRH&R	Sexual Reproductive and Health Rights
VSALs	Voluntary Savings and Loans Associations
WASH	Water, Sanitation and Hygiene



VISION

Empowered Healthy Communities

MISSION

HWWK is a faith based organization that exists to work 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 2016 Overview



As one of the stakeholders working to move Kenya towards the ambitious but achievable 90:90:90¹ global goal, HOPE *worldwide* Kenya (HWWK) has been responding to critical gaps in Kenya's fight against HIV/AIDS by implementing several HIV prevention programs and projects.

CDC funded projects served key and priority populations within Uasin Gishu County and in six informal settlements in Nairobi.

HWWK was one of the local partners implementing the first phase of the Presidential Emergency Plan for AIDS Relief (PEPFAR) DREAMS Project. The goal of this project is to help young girls and young women aged 10 to 24 years to develop into Determined, Resilient, Empowered, AIDS free, Mentored, and Safe women.

The Road towards an HIV free Society Project (funded by Global Fund) served general and key populations, pregnant mothers and People Living with HIV (PLHIV) in Nakuru, Machakos and Kajiado Counties with interventions aimed at reducing new HIV infections and AIDS related mortalities. There are also other funders who have enabled us to work with children, their families and their communities.

HWWK worked to strengthen health structures in the various communities where it worked by creating and deepening strategic partnerships with various stakeholders including peer organizations, government institutions, community members, and groups. This was done to strengthen the sustainability of interventions being implemented.

We continued to provide educational support to Orphans and Vulnerable Children (OVC) in various

As we move into 2017 we aspire to do even more in the communities we serve to bring hope to those in need. We pray that as you read through the various 2016 activities and achievements, you will be inspired to partner with HWWK in creating '*Healthy Empowered Communities.*'

¹ UNAIDS Strategy 2016-2021: 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; 90% of all people receiving antiretroviral therapy will have viral suppression.

informal settlements in Nairobi and in the rural areas of Makueni County. OVC needs in the community remain high compared to the available resources. This is because of the high levels of poverty in the informal settlements/slum and rural areas where we work. However, HWWK continues to increase awareness and to mobilize resources to build capacity of the communities and to help meet the needs of OVC.

We ended the year having completed our 2016 -2019 Strategic Plan whose targets are based on four pillars: 1) Health and HIV Services; 2) Reduced water borne diseases through safe water, sanitation and hygiene; 3) Community Health and Related Structures that prioritize and respond to health needs of youth and children; and 4) Improved livelihoods for caregivers and youth. Our focus is in both urban and rural underserved communities. The new strategy aims to maximize impact in the communities that we serve while expanding HWWK's scope of work to facilitate more avenues to improve the health of those we serve.

In September this year HWWK was blessed to receive a 5-year grant (2016—2021) to serve key and priority populations (KP and PP) in Nairobi, Central and Eastern Regions of Kenya under the Presidents' Emergency Plan for AIDS Relief (PEPFAR) from Centers for Disease Control and Prevention. The program will also serve the KP and PP along the Northern Transport Corridor.

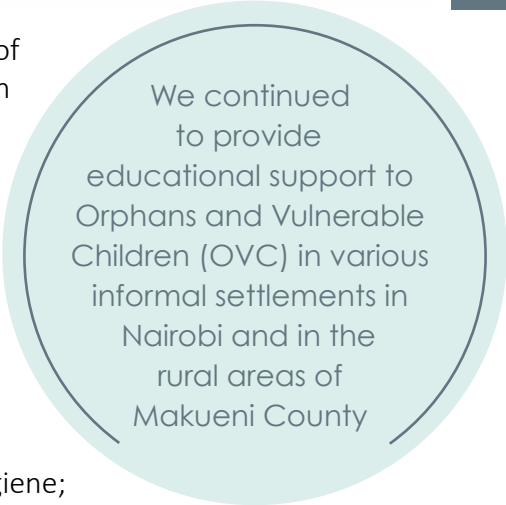
We sincerely appreciate all our staff, donors, contributors, stakeholders and partners for all their support and their solution oriented approaches to the work and the challenges we face. Our donors have provided technical support, mentoring and trainings, and we have all worked together for the greater good of the communities we serve .

As we move into 2017 we aspire to do even more in the communities we serve to bring hope to those in need. We pray that as you read through the various 2016 activities and achievements, you will be inspired to partner with HWWK in creating '*Healthy Empowered Communities*.'

Warmest Regards,



Malinda K. Wheeler
Executive Director



We continued to provide educational support to Orphans and Vulnerable Children (OVC) in various informal settlements in Nairobi and in the rural areas of Makueni County



We serve others because the scriptures call us to love and serve the poor and needy throughout the world as Jesus did. By demonstrating God's love through our work, others are able to regain their worth, realize their potential and experience life in all its fullness.

Brief History of HOPE worldwide Kenya

HOPE *worldwide* Kenya (HWWK) was registered in 1999, although prior to this, a team of Christians from 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 Rotarians for Fighting AIDS and Rotary Club of Nairobi East to help vulnerable children in Mukuru with provision of basic education and appropriate nutrition. Rotary Club of Nairobi East supported HWWK to build a Hall in Mukuru Kwa Ruben to serve the community.

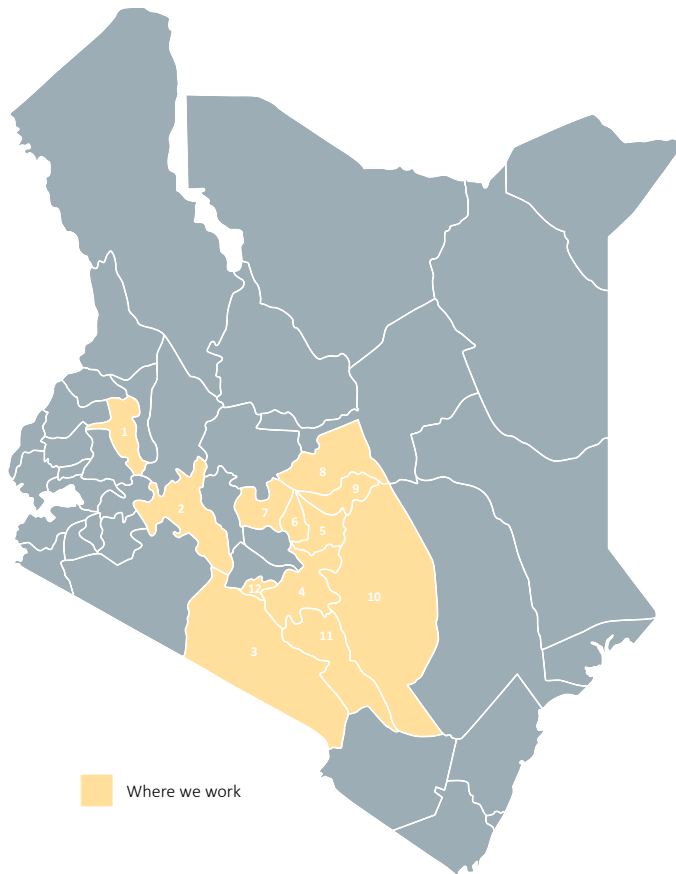
HWWK programs were officially launched on 23 February 2003 in Mukuru Informal Settlement by the then U.S. Ambassador Mr. Johnny Carson. Thus began our work with HIV prevention. HWWK has grown and provided support to thousands of vulnerable youth, orphans and vulnerable children (OVC), women, and key 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. HWWK has also complimented the Ministry of Health through mobilization of blood donors so as to meet the deficit of blood in the Blood Banks in hospitals in Kenya.

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

HWWK has also worked in close collaboration with other stakeholders that include the government of Kenya, development partners, other NGOs, community based organizations, faith-based organizations, corporations, trusts 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) and joined its board in 2016. HWWK is also Deputy Chair of the Volunteer Involving Organization (VIO) Society. Despite being a local NGO, HWWK continues to maintain close collaborative ties with HOPE *worldwide* members in other countries especially in Africa and in the U.S.

Where We Work



Where We Work	Project	Beneficiary Key
1. Uasin Gishu	Nuru II	Key Populations and Priority Populations
2. Nakuru		
3. Kajiado		
4. Machakos		
5. Embu		
6. Kirinyaga		
7. Nyeri		
8. Meru		
9. Tharaka Nithi		
10. Kitui		
11. Makueni	APHIAplus	Orphans and Vulnerable Children
	Nuru II	Key Populations and Priority Populations
12. Nairobi	Nilinde, JamQuest, Kenya Kids	Orphans and Vulnerable Children
	Adolescent Empowerment Project, DREAMS	Adolescents and Young Women

2016 Programs Summary

Project	Description	Funder
Shujaa	This project supported the scale-up of combination HIV/AIDS Prevention services for key and general populations using evidence-based, cost effective approaches in Kenya.	The United States Department of Health and Human Services - Centers for Disease Control and Prevention (CDC)
NURU- DREAMS	This project supported the scale-up of combination HIV/AIDS prevention services for Adolescent Girls and Young Women (AGYW) living in the informal settlements of Nairobi in the Republic of Kenya.	The United States Department of Health and Human Services - Centers for Disease Control and Prevention (CDC)
The Road Towards an HIV free society - Global Fund New Funding Model	This project implemented combination HIV prevention services targeting key populations and expectant mothers.	Global Fund Grant through Kenya Red Cross
APHIAplus Kamili OVC Programme	This project implemented interventions aimed at creating stable caring families and communities, and strong child welfare systems as best defenses against the effects of HIV/AIDS in the lives of children.	USAID through Jhpiego
Nilinde	This Project helped promote family focused support to OVC through implementing more sustainable activities. It addressed household economic vulnerability, empowered caregivers to make investments to improve the health and well-being of OVC, facilitated access to essential services, and strengthened community-level OVC monitoring and support systems.	USAID through Plan International
Kenya Kids	This project offered education support to OVC and sanitary towels to AGYW in Nairobi. The project also gave support to caregivers to start income generating activities to promote economic stability of vulnerable families.	Individual sponsors through an initiative by the Triangle Church of Christ in the U.S.
HOPE <i>worldwide</i> Canada	Donations from HOPE <i>worldwide</i> Canada supported OVC with school supplies and uniforms, early childhood development toys, reading materials, and sanitary towels.	HOPE <i>worldwide</i> Canada

Project	Description	Funder
Adolescent Empowerment Project	This project worked with school going and out of school male and female adolescents by providing Sexual Reproductive Health (SRH) services, Economic Strengthening, providing access to Information Communication and Technology (ICT), and promoting education uptake among 10-19 year olds.	CARE Kenya
JamQuest	This Project supported OVC in secondary schools with school fees and school uniforms.	JamQuest
Stephanie and Lawrence Flinn Jr. Charitable Trust	Donations from SLF supported OVC in secondary schools with school fees and school uniforms. They also supported blood donor mobilization activities as part of the HWWK Blood Safety Program.	Stephanie and Lawrence Flinn Jr. Charitable Trust
HOPE Youth Corps	Donations from HOPE Youth Corps provided building materials for OVC homes in addition to volunteers taking part in renovating OVC homes. They also donated food stuff, sanitary towels and beddings to OVCs and their families.	HOPE Youth Corps
Regional PsychoSocial Support Initiative (REPSSI)	Partnership with REPSSI continued through the year offering Open and Distance learning to enhance Psychosocial Support and quality care to children	Regional PsychoSocial Support Initiative (REPSSI)

2016 Achievements at a glance



13,621

Key populations received a comprehensive package of HIV prevention services which included behavioral, biomedical and structural interventions. Out of these, 238 tested HIV positive.



15,944

Orphans and vulnerable children served with educational support, health support and learning materials.



1,659

adolescents and young women received education support



2,177

pregnant women were identified and referred by community health workers to antenatal care;

1,621

of these pregnant women accessed skilled delivery at health care facilities.



8,715

Children and youth tested for HIV and received their results. Out of these, 42 tested HIV positive.



HIV positive children were provided with 1,556 kilograms of nutrition supplemented porridge to assist with adherence to medication. 610 malnourished children were also provided with this porridge.



Voluntary Savings and Loans Associations established with a membership of 450 caregivers. A total of 713 adolescents and young women received combination social economic approaches support that included training in financial literacy and entrepreneurship, support to develop business plans, providing business start up kits and training in vocational skills.

HIV Prevention Services

90-90-90

On the right track towards
the global target



Key Populations and Priority Populations

HWWK received a one year cost extension to implement the Shujaa Project - an HIV prevention project targeting key populations. The project's geographical coverage was reduced from four counties (West Pokot, Uasin

Gishu, Kajiado and Elgeyo Marakwet previously covered through 2015) to Uasin Gishu County only.

The Project was funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention (CDC). The goal of the project was to contribute to the reduction of new

HIV infections using comprehensive HIV prevention interventions that are evidence informed and/or meet minimum standards based on National Guidelines at multiple levels. These include biomedical, structural and behavioral interventions.

HWWK continued to work closely with the county governments, the County Health Management Teams (CHMTs), and with the Ministry of Health at the national level through the National AIDS and STI Control Programme (NAS COP), and the National AIDS Control Council (NACC). HWWK also partnered with other PEPFAR funded projects in the region including AMPATH who supported the provision of care and treatment at the key population Drop-in Service Centers (DICEs).

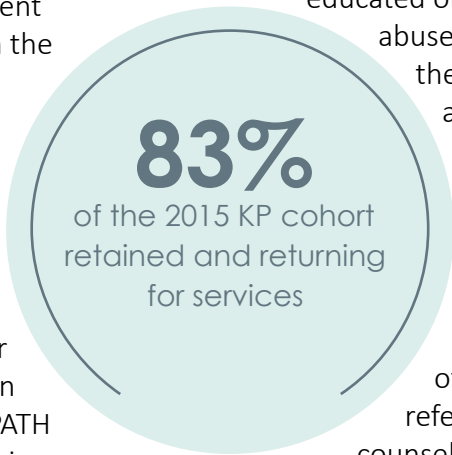
The project achieved a **108%** reach against the annual targets serving a total of **4,394** key populations out of the year's target of **4,045**. There was a significant decrease of HIV+ clients among key populations in Uasin Gishu County in the year 2016. Of those testing positive, **90%** were linked to HIV care and treatment services, Positive Health Dignity and Prevention (PHDP) interventions, and psychosocial support groups to provide empowerment and awareness on how to reduce their risk of reinfection and of transmitting the HIV virus.

There was significant retention of the 2015 cohort of HIV positive KPs with **83%** returning for services throughout 2016. This was occasioned by a strengthened outreach team which resulted in a high retention of peer educators with only **2** of them exiting from a group of **44**.

All of the 4,394 key populations were educated on alcohol and drug abuse and how it increases their vulnerability to HIV and other STIs, and each KP was screened and reached with alcohol and drug abuse interventions. Those found at risk of drug and alcohol abuse were offered counselling and referred for more specialized counseling and rehabilitation. Related to the high risk lifestyle there is a continued need for specialized counseling on alcohol and substance abuse among key populations.

Condom education, demonstrations and distribution was integrated among all services offered to key populations at the Drop-in Service Centers, during outreach sessions, and through condom outlets at key populations hotspots.

Key and priority populations (PP) are considerably more exposed to Sexual and Gender Based Violence (SGBV) than the general population, and this increases their risk of exposure to HIV. All KPs and PPs were therefore provided with education on Post Exposure Prophylaxis (PEP) as part of a





HOPE worldwide Kenya mobile unit

health education package provided to increase reporting and uptake of PEP services. Starting on PEP means taking antiretroviral medicines after being potentially exposed to HIV to prevent to prevent infection. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

Those who reported sexual abuse and reported within 72 hours were taken through counseling and put on PEP using National Guidelines. They were encouraged to report to the police. Police sensitization trainings on SGBV were also conducted.

KPs interested in pursuing alternative sources of livelihood were encouraged and supported to achieve this goal

through linkage to government agencies, banks, and other HWWK sister projects. Financial institutions provided training in financial literacy. During the reporting period a total of 245 KPs attended Behavior Change Group (BCG) sessions where they were engaged in table banking which encourages a savings culture and allows members to get small loans as capital for income generating activities.

Close out of all other Shujaa Project regions was completed successfully.

HWWK also implemented the fourth year of the Road Towards an HIV Free Society Project funded by Global Fund's New Funding Model through Kenya Red Cross.

The project served general and key populations, pregnant mothers, and people living with HIV in Nakuru, Kajiado and Machakos Counties using evidence based interventions aimed at reducing new HIV infections and AIDS related mortalities.

There was an increase of key populations seeking for health services in these areas and a total of **9,227** were reached with a minimum package of HIV prevention and care services.

1,954 People Living with HIV (PLHIV) in Nakuru County benefitted from home and community based care; **2,177** pregnant women were identified and referred by community health workers to antenatal care; **1,621** of these women accessed skilled delivery at health care facilities.

High levels of stigma were experienced in the first phase of the project where PLHIV were not comfortable disclosing their status and were not comfortable being visited in their homes by Community Health Volunteers (CHVs) for fear of being stigmatized by the community and family members. This trend has changed and beneficiaries are freely seeking for information on positive living from CHVs and also getting support to disclose their status to their family members. This increase in health seeking behavior has enhanced adherence to treatment.

Adolescent Girls and Young Women (AGYW)

HWWK continues to implement the DREAMS youth HIV prevention project in six wards in Nairobi County. This is a PEPFAR funded project and HWWK is funded through Centers for Disease Control and Prevention (CDC). The project targets adolescent girls and young women (AGYW) aged 10-24 years in informal settlements, and addresses the structural drivers that directly and indirectly increase girls' HIV risk, including poverty, gender inequality, sexual violence, and a lack of education. HWWK is currently implementing the project in Nairobi County in the Eastern part of Nairobi in Landi Mawe, Nairobi South, Tassia, Ruben, Viwandani, and Kiambu.

Beneficiary Voices

'I appreciate HWWK for caring about us. I never thought I would get such services for free. These services have helped me become more aware of the need to take charge of my health. I have been tested for HIV and screened for cervical cancer. I have also been taken through proper condom use and I can confidently say I am a champion now. I also thank my peer educator who has worked hard to make sure we get these services.' -

Beneficiary from the key populations program

5,382 AGYW were reached with *Respect –K* behavioral intervention. This is an intervention designed to support risk reduction behaviors by increasing the girls’ perception of her personal risks and by emphasizing incremental risk-reduction strategies.

6,891 AGYW tested for HIV and received their results reflecting an achievement of **111%** of the DREAMS annual target. Among these, **40** tested positive and **36** were linked to health facilities for care and treatment.

School-based HIV and violence prevention activities targeted adolescent girls and their male peers. **1,585** pupils were reached by two evidence-informed HIV prevention interventions — *Healthy Choices for a Better Future* (HCBF) and *My Health, My Choice* (MHMC).

1,659 AGYW who had recently dropped out of school or were at risk of dropping out received educational subsidies.

713 AGYW received combination socio-economic approaches support. **185** of these girls received entrepreneurship/financial literacy training, **610** received vocational training skills, **76** received business start-up kits, **42** were linked to jobs after training, and **5** were linked to internships.



Strengthening Community Health & Related Structures



Quality Improvement team lead addresses Nilinde Project caregivers during a capacity building meeting

Behavior Change Groups

Key among community strengthening activities was the formation of Behavior Change Groups (BCGs) to support HIV prevention interventions among key populations. BCGs act as the epicenter for mobilizing key and priority populations for services. Each BCG holds monthly meetings coordinated by a peer leader who provides health education and reinforces prevention messages. A total of 20 key population groups continued activities in the year. 229 Social Asset Building (SAB) groups were formed for AGYW in which the girls worked on different projects like arts, sports and table banking. SAB groups enhance behavior change in AGYW.

Training of Peer Educators and Community Activists

HWWK selected peer educators from key and priority populations to offer peer education and peer outreach services within their communities. **180** peer educators were taken through a refresher training using the nationally approved peer education curriculum and were engaged to support in mobilization, health education and condom distribution to beneficiaries in their hotspots.

In order to attain sustainable change in community norms, HWWK trained **24** community members as **SASA** Community Activists in 6 informal settlement areas in Nairobi.

SASA stands for Start, Awareness, Support, Action and is an evidence-informed community-level intervention addressing GBV and its relation with HIV/AIDS. The community activists in partnership with project staff reached **4,279** community members with **SASA** messages.

Sensitization Trainings for Stakeholders on SGBV & Provision of Services

While there was a notable increase in the reporting of SGBV in Uasin Gishu County, many sex workers were still not comfortable reporting to the police for fear of discrimination. To address this concern, HWWK conducted **2** police sensitization meetings reaching **50** law enforcement personnel including police officers, community policing members and county guards. A total of **45** Peer educators, **26** bar owners, and **56** healthcare workers were also reached during SGBV sensitization meetings in the county.

In Nakuru County, a total of **21** SGBV cases were reported by beneficiaries. They were all referred to partner referral hospitals and to the police for further medical and legal action.

HWWK also involved community gate keepers including law enforcers in project implementation. However, more needs to be done to sensitize law enforcers on embracing Human Rights and giving support to key populations programing to ensure an HIV free country.

Other sensitization sessions were conducted for 47 key stakeholders including bar/hotel/brothel owners and/or managers, community gate keepers, pimps, and law enforcement personnel. Key areas of discussion involved facilitating provision of key populations' services which included creating an environment conducive for peer educators and program staff to provide health education in the community; supporting peer educators in mobilizing other key populations for services; and providing outlet points for condom distribution.



More needs to be done to sensitize law enforcers on embracing human rights and giving support to key populations programing to ensure an HIV free country.

Key Population Technical Working Groups

HWWK supported the formation and strengthening of Key Population Technical Working Groups in Uasin Gishu and Kajiado Counties. This was achieved in partnership with the County Health Medical Teams and other stakeholders.

Creation of Community Safe Spaces

HWWK in partnership with the communities that it serves created a total of 83 community Safe Spaces where Adolescent Girls and Young Women (AGYW) could meet their mentors and access HIV prevention services. These included schools, churches, mosques, health facilities, social halls, community playing fields, sites run by other NGOs/CBOs providing complementary services, vocational training centers, chief's camps and rescue centers. Ten (10) AGYW ambassadors were trained in partnership with the Nairobi County Government as peer educators and allocated to government health facilities to support the roll out of adolescent friendly services. Two primary schools provided a Safe Space for children to get HIV testing.

Children

HWWK worked closely with the Department of Children's Services and local community administration to ensure children received services from their county governments. Caregivers were sensitized on the importance of enrolling in the National Hospital Insurance Fund (NHIF).

Stakeholders meetings were done to sensitize participants on HWWK child



Primary Schools provided safe spaces for children to get HIV testing.

protection initiatives. Key partnerships were formed with Nyumba Kumi initiative leaders, community health volunteers (CHVs), community elders and government representatives including Chiefs, District Children's Officers, Volunteer Children's Officers, and Health and Education Department Officers.

This has enabled HWWK to develop good working relationships with the caregivers and community leaders in implementing children's projects. In addition, HWWK created partnerships with the Registration of Person's Offices at sub-county levels and gained support for efforts in ensuring OVC acquisition of birth certificates.

Monthly meetings were held with community health volunteers at ward levels to address reporting gaps and other issues related to OVC service delivery. CHVs were also oriented on access to quality OVC care and protection services.

Caregiver's sensitization meetings to promote child rights and child protection concerns were also held. Through these meetings 75 caregivers from Ruai and Kayole wards received sensitization on legal child protection practices.

HWWK will continue to hold more sensitization forums on child rights and on anti-stigma and discrimination as well as continue involving the sub-county children's officers in resolving issues and seeking justice for children.



Esther and her daughter in the shop that she opened using funds from a Nilinde care giver's voluntary savings and loans group

Currently, there are **21** Voluntary Savings and Loans Associations that are well-structured with a membership of **450** caregivers.

Economic Empowerment

Groups

Apart from sensitizing group members on health issues, Behavioral Change Groups (BCGs) also participate in other activities such as table banking. Table-banking is a group funding strategy where members of a particular group meet once every month, place their savings, loan repayments and other contributions on the table, then borrow immediately either as long term or short term loans. In **20** groups, members were able to take small loans to pay school fees and boost businesses through table banking. Nine (9) groups engaged in group projects such as poultry rearing, farming and soap making; and **3** groups accessed loans from Women's Enterprise Funds and Equity Bank.

Adolescent Girls and Young Women (AGYW)

AGYW were supported to acquire jobs and/or secure internships that included becoming attendants in hair salons, cyber cafes, beauty shops, interior design businesses and motor vehicle repair shops. Out of those who received vocational training and start-up kits, 34 opened shoe and clothes/tailoring businesses, 25 opened hair salons, 30 opened cosmetic and beauty stalls, 15 opened food kiosks, 14 started hawking plastics and beads, 10 opened water kiosks,

3 opened electrical shops and 1 made and sold detergents.

Formation of Voluntary Savings and Loan Associations (VSLAs)

HWWK supported OVC caregivers in a range of entrepreneurial activities including the formation of Voluntary Savings & Loans (VSALs). 674 caregivers caring for 2,704 children were sensitized on ways to consistently save money through these saving and loan schemes and through merry-go-rounds in their already formed economic empowerment groups. Currently, there are **21** Voluntary Savings and Loans Associations that are well-structured with a membership of **450** caregivers. The group members were trained on business skills, financial literacy and entrepreneurship skills.

Table-banking is a group funding strategy where members of a particular group meet once every month, place their savings, loan repayments and other contributions on the table, then borrow immediately either as long term or short term loans.



Esther and her daughter in 2010 attending to her start up shop



Esther and her daughter in 2016

Success Story

150 shillings was enough to revive my business

Esther Muthoni Kinuthia was a victim of the post-election violence that rocked the Country in 2007. She and her family fled Mathare surviving only with their lives and the clothes on their backs.

“After relocating to Dandora, life was very tough having to start over from scratch with two small children. My husband would leave me with ksh 150 daily for food and a few basic needs for the children. When a friend suggested that I start a small business outside my gate I decided to give it a try,” narrated Esther.

Armed with capital of only Ksh 150, Esther bought sweets, a few pastries and airtime. She put up a makeshift table outside her gate and started to revive her business.

“The challenges were numerous, but I was determined to make it. I really thank HOPE worldwide Kenya who enrolled me and my children into the Nilinde Project. It was here*

that I came to learn about the Voluntary Savings and Loaning Associations and I enrolled in one. I found the table banking particularly helpful in growing my business. I was able to fully stock my shop and later bought a fridge to stock sodas. Together with my husband, we requested our landlord to turn the room we were residing in into a full shop. He agreed and now, as you can see, we have space for customers to sit and eat snacks and sodas which has served to increase traffic to my shop.

When I began, I only got a profit of ksh 30 to Ksh 50 a day. Now, I get at least ksh 400 profit daily. I also recently turned my kiosk into an MPESA service outlet and I am looking forward to growing my business even more this year,” said a vibrant Esther.

**The Nilinde Project helps promote family focused support to OVC through implementing more sustainable activities. It addresses household economic vulnerability, empowers caregivers to make investments to improve the health and well-being of OVC, facilitates access to essential services, and strengthens community-level OVC monitoring and support systems.*

Working with HOPE worldwide programs all over the world, HYC participants serve lower-income communities through various outreach efforts and community maintenance programs. The participants come from diverse backgrounds from around the world.



Volunteers SpotLight

Triangle Church of Christ, Youth & Family Ministry and Nairobi Christian Church

Volunteers from the Triangle Church of Christ made 3 trips to Kenya this year. They partnered with HOPE *worldwide* Kenya and the Nairobi Christian Church to serve children, families, and young women.

During March to June, 65 volunteers came to serve, with an exciting mix of elders, youth and teenagers. The volunteers participated in early childhood activities with over 60 children under 5 years from neighboring informal schools in Mukuru Kwa Ruben. They read with the children, colored with them, played games, counted, sang songs and shared a meal.

The volunteers brought both cash and in-kind donations which included quality materials to be used by young women in tailoring and dress making class, as well as school supplies for the younger children.

The cash donations provided a year's worth of sanitary towels to 450

adolescent girls and young women in the informal settlements where we work.

44 children were sponsored to access education and health care; and 16 caregivers were sponsored to start income generating projects to support their families.

HOPE Youth Corps

HOPE Youth Corps (HYC) was established in 1994 by HOPE *worldwide* and is a faith-based, service-learning program originally designed for high school and college students.

Working with HOPE *worldwide* programs all over the world, HYC participants serve lower-income communities through various outreach efforts and community maintenance programs. The participants come from diverse backgrounds from around the world.

In July 2016, 20 international volunteers along with 8 local campus student volunteers served a rural community in Makindu, and children at Kenyatta National Hospital Cancer Ward and Pediatric units.



HYC members pose for a photo after spending time with children at Kenyatta National Hospital



Children in Mukuru enjoy story time with members of the Triangle Church of Christ



HYC members laying bricks during a brick making exercise

In Makindu, the volunteers participated in making bricks and constructing 3 houses for 3 needy families with orphaned and vulnerable children. The families were identified by the community who participated in the process and cooked food for the volunteers. The volunteers also constructed a goat shed and a bed, and planted kale, spinach and tomatoes in sacks that should provide a year’s supply of vegetables for the families.

At the Kenyatta National Hospital the volunteers cleaned storage lockers, seats, sinks, windows and walls and spent time with the children. The children enjoyed play time, singing, drawing, and painting, among other activities with the volunteers. The volunteers donated play items to the children, and some health supplies to the hospital.

We are very grateful for all your help. The children experience a lot of pain and whenever they see us in uniform they associate our attire with injections which inflict pain, so we are happy when other people come over. It means the world to them.

- Eliza, Kenyatta Hospital Senior Nurse

“We are very grateful for all your help. The children experience a lot of pain and whenever they see us in uniform they associate our attire with injections which inflict pain, so we are happy when other people come over. It means the world to them,” said Eliza the senior nurse.

To the volunteers who sacrifice and save to come to Kenya to walk beside us – we thank you and we salute you.

Children's Services



Needs of Orphaned and Vulnerable Children (OVC) remain high in Nairobi's informal settlements with many children living in child headed homes unable to complete school and earning a meager living to meet their basic needs. HWWK ran projects aimed at reducing the economic vulnerability of these children as well as empowering caregivers to make investments and choices that improved the health and well-being of children under their care.

Through support received from HOPE *worldwide* Canada, HWWK provided educational support to **75** Orphans and Vulnerable Children in Dandora, Ruai and Embakasi informal settlements in Nairobi County.

The USAID funded Nilinde Project has been in operation since July 2016 and supports OVC in Dandora, Kayole, Ruai, Embakasi, Imara Daima, Komarock, Kware, Mowlem, Pipeline, Savannah and



Utawala in Nairobi County. The Nilinde Project helps promote family focused support to OVC through implementing more sustainable activities. It addresses household economic vulnerability, empowers caregivers to make investments to improve the health and well-being of OVC, facilitates access to essential services, and strengthens community-level OVC monitoring and support systems. Under this project

230 OVC received secondary school support; **205** girls received a one year supply of sanitary pads (from an in-kind contribution); **2,305** OVC were tested for HIV and received their results — out of these 2 tested positive. **4,260** OVC were reached with shelter and care services; and **610** malnourished OVCs received a nutritious porridge flour to supplement their diet.

6,757 children received psychosocial support during home visits done by community health volunteers and during Kids Clubs activities. Information on positive parenting practices, non violent discipline, child development, nutrition, psychological support and how to access social services was provided to parents and caregivers.

Through funding from APHIAplus Kamili Project funded by USAID, HWWK worked in Makueni County to strengthen families, communities, and child welfare systems in order to reduce the effects of HIV/AIDS on the lives of children being served.

Key threats to OVC programming in the County include chronic poverty, high unemployment rates, iron deficiency anemia, high rates of infection of HIV, and food insecurity exacerbated by weather-related shock. The larger Makueni County is facing the effects of successive crop failures compounded by a list of socio-economic adversities. HWWK and its partners worked on a coordinated response to the food crisis, with the hope that the government is committed to revitalize agriculture to attain food security in the area.

Through this project **6,700** children received direct primary and supplementary support. Ninety six (96) households were provided with 1 Sasso bird each — these households also had a rooster. Sasso birds are a hearty breed of chicken that breeds well in the more semi-arid regions of Kenya and is more productive than the local bird. Through collaboration with the Ministry of Agriculture and Livestock, **40** OVC guardians received support on how to improve food security. **390** HIV positive OVC were provided with **1,556** kilograms of nutrition enhanced flour to supplement their diet so that they would not default on their medication due to lack of food.

A total of **133** households were supported with galla goats as part of household economic strengthening. These goats tolerate heat and drought and produce a more nutritious milk and mature more quickly than other goats. They also fetch three times the price of local breeds at the market.

The HOPE Youth Corps (HYC) from the U.S.A. joined in a community effort to make bricks in support of renovating two households belonging to 2 OVC caregivers, benefiting 11 members in total. In the 2 day event, the HYC participated in the brick making and

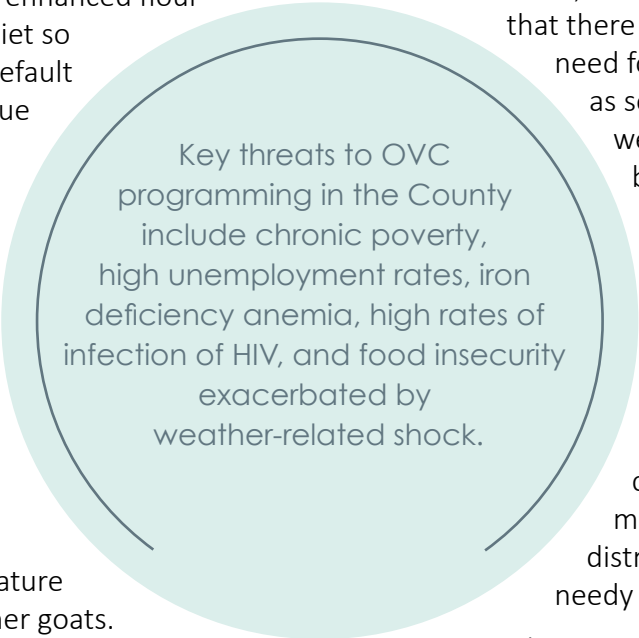
provided meals while the community assisted by bringing firewood and cooking. Together the team made 1,300 bricks.

The HYC also assisted in making a multi-story kitchen garden that would aid one family to grow kales, cowpeas and tomatoes.

In the year, **34 OVC** houses were renovated. The children now have adequate space for studies and boys and girls are sleeping separately giving them the privacy they need. Through home visits, it was identified that there was also

need for beddings as some children were found to be sleeping on the floor which was exposing them to diseases. In support of the cause, **285** mattresses were distributed to the needy OVC.

During OVC group meetings, caregivers were sensitized on the need to ensure that the OVC in their households have reliable access to preventive, promotive, curative and rehabilitative health services. Sessions on Water, Sanitation and Hygiene (WASH) were provided to **6,111** OVC, and to 52 caregivers. Along with this sensitization, the participants



Key threats to OVC programming in the County include chronic poverty, high unemployment rates, iron deficiency anemia, high rates of infection of HIV, and food insecurity exacerbated by weather-related shock.

received soap and were encouraged on good hand washing practices to reduce incidences of infectious diseases such as diarrhea, flu and typhoid. **432** OVC were referred for further health management and treatment in government hospitals, health centers and dispensaries.

The overall goal in these efforts was maintaining healthier lifestyles.

During the year a total of **199** OVC were supported with secondary school fees while **15** others were supported through the Community Development Fund (CDF), county bursary schemes, and well-wishers.

Out of the **15**, **1** girl was enrolled to Machakos Girls under a '*Wings to Fly*' scholarship—this is funding through the Equity Group Foundation and is for academically gifted yet economically and socially marginalized young Kenyans; **2** girls and **3** boys were supported under the County Scholarship Fund; and 1 boy was sponsored by Kibwezi Township Primary School Alumni to join Starehe Boys Center.

This is a school that accepts children that are among the most gifted and talented in the country. It has been ranked among the best and top performing schools in Kenya.


After visiting some of the schools where our children attend it was noted that there was a huge need for school uniforms hence **1,000** OVC were supported with school uniforms.

During the year the program staff and CHVs continued to sensitize OVC and caregivers on

Child Rights. HWWK in collaboration with APHIAplus

Kamili conducted 6 Child Rights Forums aimed at equipping care givers with skills on how to prevent child abuse and neglect.

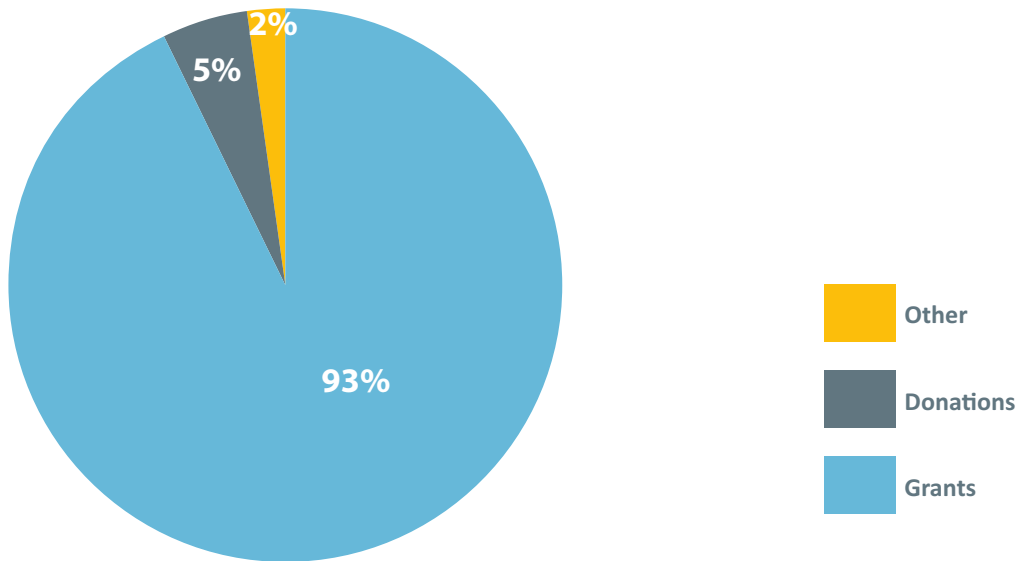
Through collaboration with the Children's Department, Child Rights sensitization forums were organized for **200** OVC caregivers. The District Children's Officers visited the groups and facilitated during sessions.



County government engagement is important for achieving effective implementation of OVC Programs.

Financial Summaries

HWWK 2016 REVENUE

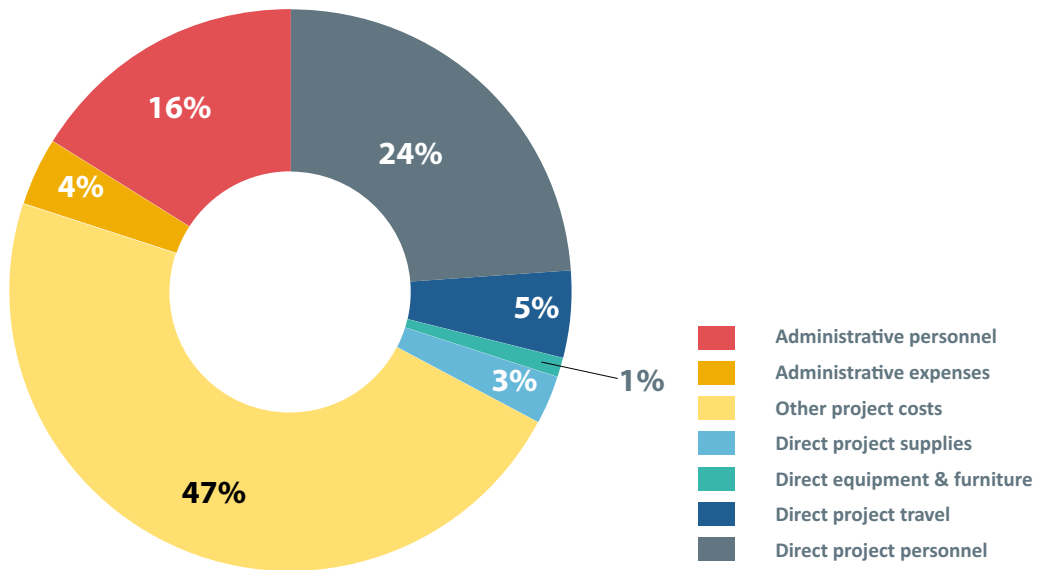


HWWK Revenue 2016		
Income	Amount (KSH)	Percentage %
Grants	255,000,896.80	93%
Donations	13,429,994.00	5%
Other	5,503,334.46	2%
TOTAL	273,934,225.26	100%

FUNDERS

- Centers for Disease Control and Prevention (CDC)
- Global Fund through Kenya Red Cross
- JHPIEGO –APHIAplus
- Plan International- Nilinde
- International Churches of Christ (ICOC) - Youth & Family
- HOPE Youth Corps
- Regional Psychosocial Support Initiative (REPPSI)
- Kenya Kids Fund
- JamQuest
- Stephanie and Lawrence Flinn Jr. Charitable Trust
- CARE Kenya- Adolescent Empowerment Program
- HOPE *worldwide* Canada

HWWK 2016 EXPENSES



HWWK 2016 Expenses Summary	KES	Percentage
Direct Project Personnel	64,660,007	24%
Direct Project Travel	14,009,095	5%
Direct Equipment and Furniture	1,946,381	1%
Direct Project Supplies	8,608,778	3%
Other Project Costs	123,754,442	47%
Administrative Expenses	10,423,354	4%
Administrative Personnel	43,106,672	16%
Total	266,508,730	100%



We sincerely appreciate all our staff, donors, contributors, stakeholders and partners for all their support and solution oriented approaches to our work.



Merchandise created by project beneficiaries to create alternative economic livelihoods

HOPE
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KENYA

ANNUAL REPORT

2016