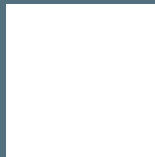


HOPE

worldwide

KENYA



ANNUAL REPORT

2017

CONTACT US:

HOPE *worldwide* Kenya
Ruaka-Gachie Road off Limuru Road,
near Gacharage High School



P.O. Box 11775-00100
Nairobi
Kenya



+254 - 20 - 3522 549
+254 - 20 - 3522 384



+254 - 725 - 990 993
+254 - 735 - 551 551



<http://www.hopewwkenya.org>
Email: hope@hopewwkenya.org

CONTENTS



ACRONYMS	2
VISION, MISSION, VALUES	4
YEAR 2017 OVERVIEW	5
A WORD FROM THE BOARD CHAIRMAN	7
BRIEF HISTORY OF HOPE WORLDWIDE KENYA	8
WHERE WE WORK - 2017 PROJECTS SUMMARY	9
2017 IMPACT AT A GLANCE	12
HEALTH AND HIV SERVICES	13
STRENGTHENING COMMUNITY HEALTH & RELATED STRUCTURES	21
PARTNERSHIP WITH COUNTY GOVERNMENTS	23
IMPROVED LIVELIHOODS	25
CHILDREN'S SERVICES	28
SUPPORTING VOLUNTEERISM	33
FINANCIAL SUMMARIES	34

ACRONYMS

AEP	Adolescent Empowerment program
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
CASCO	County AIDS and STI Coordinator
CCC	Comprehensive Care Center
CDC	Centers for Disease Control and Prevention
CHV	Community Health Volunteer
CSC	Community Score Card
DICE	Drop-In Center
GBV	Gender Based Violence
HCBF	Healthy Choices for a Better Future
HEI	HIV Exposed Infant
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
HWWK	HOPE <i>worldwide</i> Kenya
KP	Key Populations
MHMC	My Health My Choice
NHIF	National Hospital Insurance Fund
NSSF	National Social Security Fund
PAC	Program Advisory Committee
PEP	Post-Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHDP	Positive Health, Dignity and Prevention
PLHIV	People Living with HIV

PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
QIT	Quality Improvement Team
SAA	Social Analysis and Action
SASA	Start, Awareness, Support and Action
SCASCO	Sub County AIDs and STI Coordinator
SGBV	Sexual Gender Based Violence
VL	Viral Load
VSLA	Voluntary Savings and Loans Association
VMMC	Voluntary Medical Male Circumcision

VISION, MISSION, VALUES



Vision

Empowered Healthy Communities

Mission

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

Core Competencies

1. Community mobilization
2. Community participation and engagement
3. Community systems strengthening
4. Community based service delivery/ interventions
5. 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 2017 OVERVIEW



Though the year 2017 had unique challenges linked to Kenya's political climate, HOPE *worldwide* Kenya continued to press towards its goal of creating ***Empowered Healthy Communities***. After successfully receiving the handover of a key populations (KP) project in Eastern and Central regions from the University of Nairobi (UoN) in February 2017, HWWK embarked on providing quality HIV prevention and treatment services to key and priority populations in Nairobi, Eastern, and Central Regions of Kenya. In consultation with and guidance from the Centers for Disease Control and Prevention (CDC), the coverage area for this Nuru II Project was expanded to include the Northern Transport Corridor from Mombasa in the Coastal region to Uasin Gishu County in the Rift Valley region. Areas along the transport corridor are reached through a sub-agreement with North Star Alliance.

THOUGH THE YEAR 2017 HAD UNIQUE CHALLENGES LINKED TO KENYA'S POLITICAL CLIMATE, HOPE *worldwide* Kenya continued to press towards its goal of creating Empowered Healthy Communities.



New approaches in combating HIV were rolled out in the country in 2017. These included pre-exposure prophylaxis (PrEP) and Partner Notification Services (PNS) that aim to optimize identification of HIV positive clients who do not know their status. A differentiated care model for clients on HIV care and treatment to improve drug adherence and support retention was also incorporated into the HWWK HIV prevention project activities.

HWWK incorporated Continuous Quality Improvement (CQI) in all areas of implementation and participated in a CQI collaborative agreement with Center for Health Solution (CHS) who are implementing HIV care and treatment projects in Lower Eastern and Central Regions in Kenya. This collaborative agreement will be extended to year 2 of the Nuru II Project and expanded to cover other regions. Our teams will continue to use the Plan-Do-Study-Act

(PDSA) model to improve prevention and treatment outcomes for priority and key populations.

All our programs engage and include community members, law enforcers, religious leaders and health providers who help ensure the smooth running of program activities and enhance stakeholders' awareness of the right to health care for all. HWWK worked to

HWWK REMAINS COMMITTED TO IMPLEMENTING PROJECT INTERVENTIONS in a sustainable way, focused on creating lasting impact on the families we serve and creating independence rather than dependency. ”

build strong partnerships with county governments and other stakeholders in order to improve responsiveness of healthcare systems for key populations and to enhance health and social services to children and youth.

One highlight of the year was hosting a graduation for households in the Nilinde Project (funded by PLAN International/USAID) who attained economic resilience and are now able to sustainably care for their families without project support. HWWK remains committed to implementing project interventions in a sustainable way, focused on creating lasting impact on the families we serve and creating independence rather than dependency.

We sincerely thank all our partners for their unwavering support and we look forward to having even more impact as we walk together in the coming year.

Warm Regards,



Malinda Wheeler
Executive Director, HWWK

A WORD FROM THE BOARD CHAIRMAN



It has been an honor serving on the HOPE *worldwide* Kenya board in the year 2017. I am particularly inspired by the dedication and hard work of staff who gave essential services to the communities we serve, undeterred by challenges encountered throughout the year.

The board endeavored to evaluate and support progress of the organization against the 2016-2019 strategic plan objectives. Investments made in strengthening HWWK's governance, systems, human resource, resource mobilization, internal and external communication made the organization more effective, helping the team work more efficiently with better reach to our beneficiaries. The impact and results of this have been summarized in this annual report.

HWWK remains committed to helping Kenya achieve the ambitious 90-90-90¹ HIV treatment target by ensuring that we offer quality HIV prevention and treatment services at all sites, and making these services more accessible to the communities that we serve. We have also worked to build partnerships with government and other like-minded organizations with the aim of innovating and implementing solutions.

In 2017, HWWK brought on board three new projects whose aim is to reach children and youth-its primary beneficiaries. We are determined to continue strengthening our reach to these populations by implementing projects that increase their resilience, financial innovation and access to HIV prevention and treatment services.

I would like to convey my heartfelt gratitude to all our donors whose partnerships enable us to implement our work. Carrying forward the lessons learned in 2017, we look forward to a productive 2018 as we create empowered healthy communities.

Warm Regards,

George Irungu
Board Chairman, HWWK

¹ By 2020, 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, and 90% of all people receiving antiretroviral therapy will have viral suppression.

BRIEF HISTORY OF HOPE *WORLDWIDE* KENYA

HOPE *worldwide* Kenya (HWWK) was registered in 1999, although prior to this, a team of Christians from the Nairobi Christian Church, a member of the International Churches of Christ, would reach out to and serve the needy through benevolent activities. These voluntary activities attracted more people to participate and before long the vision translated to an established institution that would carry out the activities in a legal, coordinated and professional manner. Initially HWWK received financial assistance from 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 23rd 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, 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 - 2017 PROJECTS SUMMARY

Project	Description	Funder	Locations
NURU II - KP	This project seeks to increase access to sustainable, high quality, comprehensive health and structural interventions among key and priority populations in Nairobi, Central, Eastern Central, Eastern, North and South Rift regions of Kenya under PEPFAR with the ultimate goal of HIV prevention.	The United States Department of Health and Human Services - Centers for Disease Control and Prevention (CDC)	Uasin Gishu Machakos Embu Kirinyaga Nyeri Meru Tharaka Nithi Kitui Makueni Muranga *Northern Transport Corridor in Uasin Gishu, Nakuru, Machakos, Makueni, Kajiado and Mombasa through partnership with North Star Alliance.
Nuru II - DREAMS	This project supports the scale-up of combination HIV/AIDS prevention services for Adolescent Girls and Young Women (AGYW) between 10 – 24 years living in the informal settlements of Nairobi.	The United States Department of Health and Human Services - Centers for Disease and Prevention (CDC)	Mukuru Kwa Reuben Tassia Kiambiu Viwandani Eastleigh South Nairobi South Mathare
The Road Towards an HIV free society - Global Fund New Funding Model	This project implements combination HIV prevention services targeting key and priority populations.	Global Fund Grant through Kenya Red Cross	Kajiado Nakuru
APHIA^{plus} Kamili OVC Program	This project implemented interventions aimed at creating stable caring families and communities, and strong child welfare systems as the best defense against the effects of HIV/AIDS in the lives of children.	USAID through Jhpiego	Makueni

Project	Description	Funder	Locations
CASE-OVC Project	This program implements interventions aimed at increasing access to health, social services, improved livelihoods, caregiving, protection, and fostering transformational change by ensuring that systems and structures for child welfare are responsive, inclusive and accountable.	USAID through Christian Aid	Makueni
Nilinde Project	This project helps promote family focused support to OVC through implementing sustainable activities. It addresses household economic vulnerability by empowering caregivers to make investments that improve the health and well-being of OVC, facilitating access to essential services, and strengthening community-level OVC monitoring and support systems.	USAID through Plan International	Kayole Dandora Ruai Tassia
Bold Idea For Girls (BIG)	The Bold Idea for Girls project seeks to improve HIV protective behavior among girls aged 15-24 years and reduce barriers with the aim of improving health, social and economic outcomes among adolescents and young women.	Grand Challenges Canada	Mukuru Dandora Kayole
Bridge To Empower Girls In Nairobi (BEGIN) Project	This project provides teenage girls between 15- 19 years who are pregnant and/or nursing children between the ages 0-3 years living in Mukuru , Tassia and Kambiu informal settlements of Nairobi with knowledge and skills using a three-pronged approach that incorporates measurement of milestones in child development, supporting their mothers by equipping them with parenting skills and economic empowerment. The main goal is to promote their children’s brain and overall development.	Grand Challenges Canada	Mukuru, Tassia, Kiambiu

Project	Description	Funder	Locations
Kenya Kids	This project offers education support to OVC and sanitary towels to AGYW in Nairobi. The project also gives support to caregivers to start income generating activities thus promoting economic stability of vulnerable families.	Individual sponsors through an initiative by the Triangle Church of Christ in the U.S.	Kibera Kawangware
Adolescent Empowerment Project	AEP works with school going and out of school adolescents (both boys and girls) by providing information on Sexual Reproductive Health (SRH), Economic Citizenship, Information Communication and Technology (ICT), towards promoting education uptake by adolescent (10-19 year olds) in Mukuru Kwa Reuben and Viwandani wards. The interventions have been designed to improve education relevance, transform gender norms, provide essential life skills to make informed choices, decisions and advocate for gender equitable policies.	Patsy Collins Trust Fund Initiative through CARE International in Kenya	Mukuru
JamQuest	This project supports OVC in secondary schools with school fees and school uniforms.	JamQuest	Mukuru
Regional Psychosocial Support Initiative (REPSSI)	Continued partnership with REPSSI offering beneficiaries open and distance learning to enhance psychosocial support and quality care to children.	Regional Psycho Social Support Initiative (REPSSI)	Mukuru

2017 IMPACT AT A GLANCE



43,683 key populations were reached with a combination of essential HIV prevention and treatment services.



2,731 facility deliveries were reported from pregnant women who received referrals to various health facilities from Community Health Volunteers (CHVs). Out of these, **1,468** women delivered in health care facilities after having attended one to four antenatal clinic visits.



27,675 key populations were tested and received their results. Out of these, **789** tested HIV positive and 73% were linked to care.



15,472 orphans and vulnerable children were reached with various services aimed at reducing their vulnerability to poverty and HIV. Benefits included school fees subsidies, provision of school uniforms and shoes, food and nutrition supplements, health education through Kids Clubs and HIV testing, counseling and treatment.



11,099 adolescents and young women were tested and received their results. Out of these, **48** tested HIV positive and 88% were linked to care.



108 Voluntary Savings and Loans groups successfully ran their table banking and joint business ventures. The groups comprised of 2,540 caregivers caring for 4,751 OVCs who had **KES 5,026,076** savings/cash mobilized and circulating among group members.



22,888 out of school youth were reached with HIV testing services. Out of these, **63** tested HIV positive and 98% were linked to care.



3,568 adolescents and young women benefited from education subsidies during the year. Benefits included payment of school fees, provision of school stationary and/or provision of school uniforms.



220 caregivers caring for **427** OVC graduated from the Nilinde Project after opening and sustaining successful, vibrant, profitable businesses and attaining economic stability.

HEALTH AND HIV SERVICES

Key and Priority Populations

Nuru II Project

HWWK implemented NURU II, an HIV prevention project in Nairobi, Eastern, Central, North and South Rift regions of Kenya, targeting key and priority populations. The Nuru II project's goal is to increase access to and availability of sustainable, high quality, comprehensive health and structural interventions among key and priority populations in Nairobi, Central, and Eastern Regions of the Republic of Kenya.

The Key Population (KP) interventions under Nuru II project targeted to reach sex workers (SWs), men who have sex with men (MSM), and people who inject drugs (PWID) are implemented from 17 KP friendly centers in 12 counties including Makueni, Kitui, Machakos, Meru, Embu, Nakuru, Uasin Gishu,

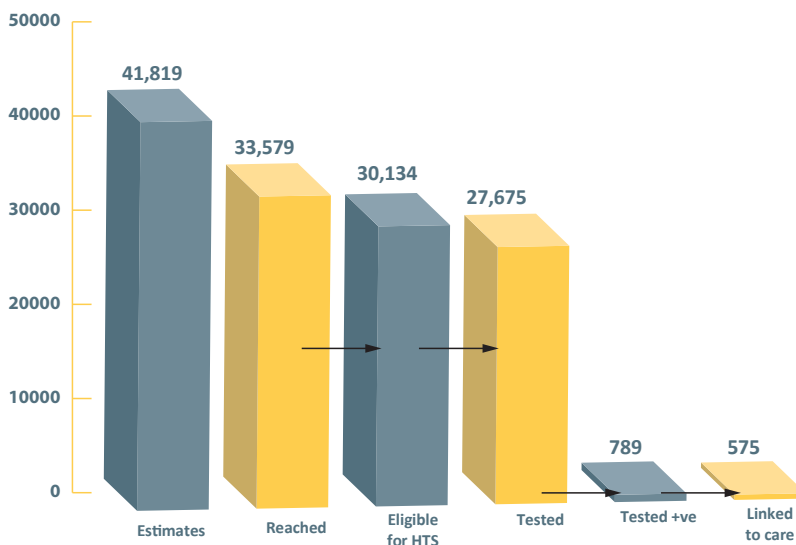
Tharaka Nithi, Kirinyaga, Kajiado, Muranga and Mombasa counties.

A total of **38,012** KPs were reached with a combination of essential HIV prevention and treatment services in the year 2017. This included **36,499** sex workers, **1,307** MSM and **206** PWID.

In order to increase knowledge and skills for HIV prevention among KPs using evidence informed interventions, **45,738** KPs were contacted and reached with health education. In addition, a total of **26,765** KPs were reached with RESPECT K which is an intervention integrated into HTS sessions and other clinical visits used to achieve risk assessment and risk reduction counseling for KPs.

A total of **27,675** key populations were tested for HIV and received their results. Out of these **789** were HIV positive.

Prevention Cascade Oct 2016 - Sept 2017



KPs with HIV positive results were counseled and offered a chance to be linked to their most preferred Comprehensive Care Center (CCC) including HWWK sites. The project observed a **73%** linkage rate against a National target of 90% mainly due to conducting night time testing in outreaches that were far from the

DICEs. Follow up and linkage of KPs who tested positive during these outreaches was a challenge because quite a number were unreachable. The following measures have been put in place to ensure HWWK achieves the National target of 90% linkage to treatment for all HIV positive clients:



Road Towards an HIV Free Society - GF-NFM Project

HWWK implemented the final year of the Road Towards an HIV Free Society Global Fund (GF) - NFM (New Funding Model (NFM) Project which aims to reduce new HIV infections by 75% and reduce AIDS related mortality by 25% by 2019. The project was implemented in Nakuru, Kajiado and Machakos Counties.

The project reached **5,671** KPs with a combination of essential HIV prevention and treatment services. **4,769** KPs were tested for HIV and received their results. Out of these, **41** were found to be HIV positive and were linked to care and treatment. The Sub County Health Management Team continued to offer support with provision of ART, support supervision, and CD4 and viral load monitoring. This collaboration has led to the smooth running of CCC services at the Wellness Centres.

22,888 out of school youth were reached in the year with HTS services, out of which **63** tested HIV positive and **62** were linked to care while one client was unreachable and therefore could not be linked. **25,177** youths were reached with standardized HIV prevention interventions during the activities. HTS services were carried out at Shuga² outreaches, church youth

activities, during the Maisha Football League, at local football competitions (sub-branch league), and at Naivasha Prison for a total of 159 outreaches for the period.

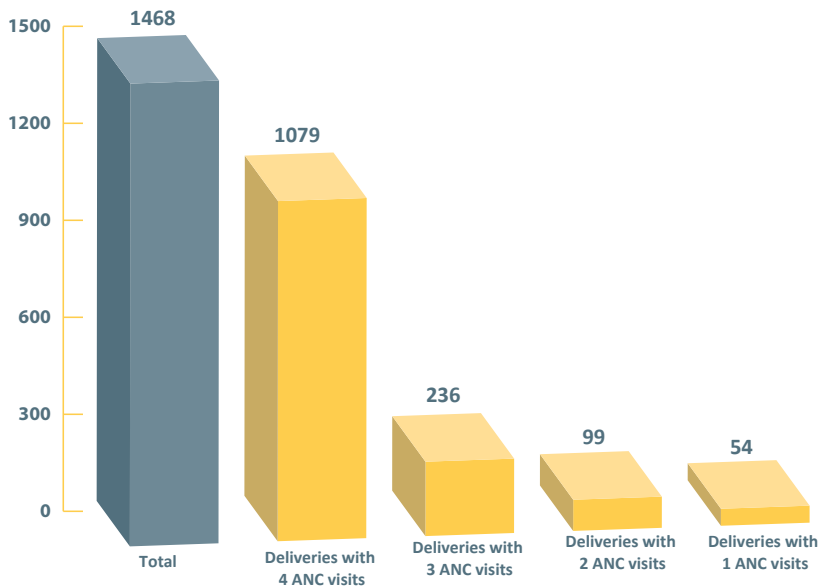
1,951 youths were reached with the Shuga Evidence Based Intervention (EBI). The Shuga sessions focused on reaching young people with key HIV prevention messages. It emerged that more needs to be done to address the issue of contraceptives as some of the girls reported to have been introduced to contraceptives by their parents / guardians and were not educated or informed on their pros and cons. There was also reported stigma associated with access to and purchase of contraceptives.

In 2017, HWWK enrolled and retained a total of **1,920** People Living with HIV (PLHIV) and had a retention/ maintenance of cohorts ranging from 85% to 97%. A total of 62 outreaches were conducted in six community units reaching to **1,741** PLHIV. The objective of the outreach sessions was to increase PLHIV knowledge on HIV and increase ART adherence and positive living.

2,731 women reported having their babies in health care facilities after being referred to them by community health care workers. Out of these **1,468** women delivered in health care facilities after having attended one to four Antenatal Clinics (ANC) as shown below:

² Shuga is an Evidence Based HIV prevention intervention that targets in- and out-of-school youth aged 15–24 years. It is a three part drama series which seeks to increase the risk perception of youth to HIV infection, increase uptake of HTC/VMMC services, increase knowledge on HIV prevention strategies including partner reduction and STIs screening and treatment.

Deliveries with ANC visits



The project continued to work with the Naivasha Sub-County Referral Hospital in the Prevention of Mother-to-Child Transmission (PMTCT) and with the Karagita and Kijani dispensary to make sure that all infants born to HIV-positive mothers were immediately linked to care so as to minimize the risk of vertical transmission of HIV.

Consequently, **74** children were monitored at HIV Exposed Infant (HEI) clinics and by CHVs during home visits. A total of **11** children who were being monitored completed 18 months on follow up and were exited / discharged from the project upon testing HIV negative.

Adolescents and Young Women (AGYW)

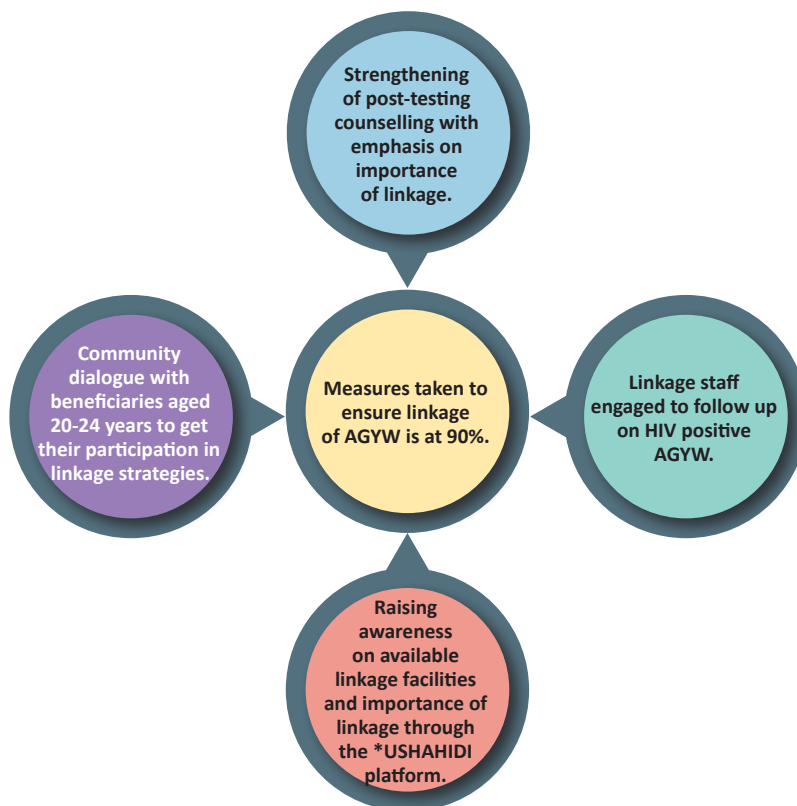
DREAMS Initiative

Using the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) initiative for AGYW in Nairobi, a total of **12,693** girls between 10 – 24 years were reached with a combination of essential HIV prevention and treatment services. **803** male partners of AGYW were also reached with counseling and testing services (HTS).

The specific DREAMS interventions are classified into four main categories including: interventions that empower

AGYW; mobilization of communities to support AGYW through community level interventions; strengthening the socio-economic status of families of AGYWs; and decreasing the risk of male sexual partners of AGYWs. The DREAMS initiative is a component of the Nuru II Project implemented in informal settlements of Nairobi namely, Kiambiu, Mukuru Kwa Reuben, Tassia, Viwandani, Eastleigh South and Nairobi South. In 2018, the initiative will be expanded to include Hospital Ward, Mabatini Ward, Utalii Ward and Mathare North Ward.

A total of **11,099** AGYWs were tested for HIV with **48** testing HIV positive. Of these **42** were successfully linked to a health facility and enrolled in care and treatment. The 6 girls who were not linked were all aged between 20-24 years and could not be traced because they moved out of the HWWK DREAMS implementation areas. The girls who were reached on phone opted to seek for treatment independently of HWWK. The following steps have been made to ensure that HWWK achieves the National target of 90% linkage:



* USHAHIDI is a program that aims to utilize digital tools for constant feedback and data collection to enable organizations working on HIV/AIDs prevention amongst young women and girls in East Africa to have more timely and relevant data.

AGYW have been supported to continually build their social assets by forming Social Asset Building (SAB) groups according to their age segments. The groups meet weekly at selected Safe Spaces. In the Safe Spaces, AGYW are able to build friendships, share experiences, connect, and learn

together. There are **385** SAB groups with a total of **8,401** AGYW. Some of the groups have initiated activities such as table banking, soccer teams, and dancing groups, among others which have worked to further keep the AGYW motivated and engaged in the project.

AGYW Segment	Number of SAB groups	Number of AGYW
10-14 years in school	121	3,051
15-17 years in school	99	2,630
15-17 years out of school	33	539
15-17 years with children	8	147
18-24 years single without children	37	723
18-24 years single with children	47	700
18-24 years married	40	611
TOTAL	385	8,401

AGYW who reported having experienced Gender-Based Violence (GBV) were identified through the enrollment data and during social asset building sessions in Safe Spaces. Continuous sensitizations at Safe Spaces also helped to address social norms that propagated GBV. This led to improved reporting of GBV among AGYW and access to post GBV care. Eligible girls were reached with counseling, STI screening, PEP, and referred for other services as needed. Out of those sensitized, **727** AGYW received various post violence care services.

To improve parent-adolescent communication—especially on sexuality—the project conducted training on *Families Matters program 1 (FMP1)* for 18 facilitators. The facilitators identified AGYW’s aged 10-12 years whose parents were eligible for this intervention. Of all eligible parents **1,095** parents/caregivers completed the sessions.

HWWK provided cash transfers to **1,841** families as a part of DREAMS social protection interventions. A disbursement of KES 4,000 was done once every two months through the

M-PESA money transfer platform. During routine follow up of the beneficiaries, most families reported using the funds for payment of school fees and buying food. A total of **3,568** AGYW also benefited from education subsidies during the reporting period. Benefits included payment of school fees, provision of school stationary and/or provision of school uniforms.

Bold Idea for Girls (B.I.G.)

The Bold Idea for Girls project seeks to improve HIV protective behavior among girls aged 15-24 years and to reduce barriers with the aim of improving health, social and economic outcomes among adolescents and young women. Health services were provided to the enrolled participants through cost-matching from US-CDC funded projects, Plan International, Mercy Corps and also directly through Grand Challenges Canada (GCC) funds. Forty four Sister Walk meetings were held. The Sister Walks are facilitated by peer leaders using a life-skills guided curriculum which covers topics on gender based violence, HIV & AIDS, life skills, and leadership skills, among others. The following is a summary of services received by B.I.G. Project beneficiaries:

Number of AGYW	Services Received through B.I.G. Project
320	HIV Testing Services
303	RESPECT ³
170	Vocational skills training
117	Entrepreneurship training
13	Employment
249	TB screening services
23	Family planning services
34	Business Start-up kits



B.I.G. Principal Investigator Mr. Julius Nguku making a poster presentation at the International AIDS Society meeting in France. The presentation was on 'Sustaining HIV protective behavior for slum –dwelling Adolescent Girls and Young Women (AGYW) in Kenya: Does the HIV prevention program model matter?'

³ RESPECT is an individual level, client-focused, HIV prevention intervention, consisting of two brief interactive counseling sessions. The intervention is based on the Theory of Reasoned Action and Cognitive Theory.

Beneficiary's Testimonial



Gladys during her computer training at the Mukuru Center of HOPE

“The aspect of receiving some trainings to better my life is what drew my attention to the DREAMS Project. I have no regrets because I enrolled and received computer and entrepreneurship training. I received counseling and psychosocial support through the staff, mentors and other DREAMS girls. Their support has been critical in my turn around. I was also sensitized on the risks of HIV, having many sex partners, and the importance of HIV prevention. I am now a mentor, making a decent living and taking care

of my 4 year old daughter. She has completely changed my life and I want to work hard to take care of her. I would urge girls who find themselves in my situation not to give up. I have learnt that when you have your own money you are respected in the community and people find it hard to take advantage of you sexually. A girl in Mukuru can make it in life if she does not lose hope and if she believes in herself.” Gladys-DREAMS beneficiary.

STRENGTHENING COMMUNITY HEALTH & RELATED STRUCTURES

HIV and Gender Based Violence (GBV)

To create an enabling environment for behavior change, HWWK through the Nuru II Project held sessions to sensitize KPs on the risks and effects of sexual and physical abuse. Sex workers were educated on the steps to take if they were raped and the need for PEP. Many KPs experiencing SGBV were reluctant to report to the police for fear of being victimized. A total of **141** KPs reported having experiences of physical violence while **92** reported SGBV. Forums including sensitizations with the police were organized with various stakeholders to discuss ways of reducing and addressing GBV among KPs.

INTERVENTIONS BY THE DREAMS INITIATIVE TARGETED PEERS OF ADOLESCENT GIRLS AND THE WIDER COMMUNITY.

School-based HIV and violence prevention activities targeted adolescent girls and their male peers. Specifically, two evidence-informed HIV and Violence Prevention interventions were delivered—Healthy Choices for a Better Future (HCBF) and My Health, My Choice (MHMC). ”

Mobilizing Communities for the protection of Adolescent Girls and Young Women (AGYW)

Communities and community structures were mobilized to support HIV prevention efforts, and protect AGYW in their communities. Interventions by the DREAMS initiative targeted peers of adolescent girls and the wider community. School-based HIV and violence prevention activities targeted adolescent girls and their male peers. Specifically, two evidence-informed HIV and Violence Prevention interventions were delivered—Healthy Choices for a Better Future (HCBF) and My Health, My Choice (MHMC). HCBF sessions were conducted by 32 trained facilitators in schools to reach **1,492** AGYW between 10-14 years. MHMC intervention was used to reach AGYW's aged 13-17 years and their male peers and was delivered in out-of-school settings by trained facilitators. Of those enrolled **1,928** AGYW's completed the required five sessions.

Start, Awareness, Support, and Action (SASA), an evidence based community level intervention was used to create awareness on gender based violence and its relation to HIV/AIDS. The project trained 15 staff and 24 community members as SASA activists who then conducted activities in the various wards to reach **82,371** community members with SASA messages.

Community dialogue to reduce stigma faced by People Living with HIV (PLHIV)

The solution to eradicating HIV rests within communities. However, low levels of education, coupled with conservative attitudes contributes to persistent stigmatization and discrimination hindering already diagnosed PLHIVs from accessing treatment. In this regard, HWWK through the *Road Towards an HIV Free Society Project* participated in 15 community dialogue/ action forums in 6 community units in Nakuru County geared to sensitizing the participants on basic HIV knowledge and increasing acceptance of PLHIV.

THROUGH THE ADOLESCENT EMPOWERMENT PROGRAM (AEP),

47 community leaders from Mukuru were sensitized on the harmful effects of Female Genital Mutilation (FGM) and early marriages/pregnancy in the year 2017.



Community gate keepers sensitized on issues affecting adolescents

Through the Adolescent Empowerment Program (AEP), **47** community leaders from Mukuru were sensitized on the harmful effects of Female Genital Mutilation (FGM) and early marriages/ pregnancy in the year 2017. In attendance were church leaders, opinion leaders, village chairpersons, the volunteer children's officers and community health volunteers.

Both Community Score Card (CSC) and Social Analysis and Action (SAA) sessions brought together community service providers (teachers, health care providers, children service providers), community service users (adolescent boys and girls parents) and community leaders to identify challenges faced by adolescents in accessing SRH information and services, quality education and economic empowerment. The two intervention methodologies were critical in facilitating partnerships to jointly analyze issues underlying service delivery and find a common and shared way of addressing those issues.

PARTNERSHIP WITH COUNTY GOVERNMENTS



From left: Dr Muriu- Nyeri County Director of Health Services, Malinda Wheeler- HWWK Executive Director and Fatmah Abdulhakim -HWWK KP Project Regional Coordinator pose for a photo during the 2017 Nyeri DICE handover.

HWWK sought to build strong partnerships with county governments and other stakeholders in order to improve responsiveness of healthcare systems to key and priority populations. The following are highlights from different counties in this regard:

- In Upper Eastern counties of Meru, Embu and Tharaka Nithi, county governments have continued to facilitate Ministry of Health staff in getting experience in KP programming by seconding their staff to the KP DICEs. This included 2 clinical officers, 4 nurses and 1 data assistant.
- County AIDS and STI coordinators (CASCOs) have participated in the Continuous Quality Improvement (CQI) process to help in identifying CQI projects and in supporting the implementation of improved care.
- Mapping exercises in the county were conducted in partnership with the CASCOs and sub-county AIDs and STI Coordinators (SCASCOs) in their regions.

- County structures provided various commodities and supplies including Rapid Test Kits, family planning supplies, STI Kits, and needles and syringes in the year. Where supplies were low the CASCOS and SCASCOS worked closely with the project to avoid any stock outs.
- HWWK also supported KP focal persons from Machakos and Makueni in attending the National KP Technical Working Groups (TWG). This has helped in the implementation of recommendations at the national TWG and the successful formation of county KP TWGs in both counties.
- The Ministry of Health provided support supervision and capacity building for the HWWK DREAMS team. HWWK has also been participating in the Nairobi County Adolescent Technical Working Group. The Nairobi City County Education Department supported HWWK by authorizing its work in various schools and providing Safe Spaces for AGYW meetings and also to deliver HCBF.
- Quality Improvement Teams (QIT) and Program Advisory Committees (PAC) contribute largely in project implementation by creating linkages with other stakeholders to enhance services to OVC. In the Nilinde Project, the QIT worked with respective County Governments to mobilize school fees bursaries for OVC from the Constituency Development Fund (CDF).

THROUGH THE ADOLESCENT EMPOWERMENT PROGRAM (AEP),

47 community leaders from Mukuru were sensitized on the harmful effects of Female Genital Mutilation (FGM) and early marriages/pregnancy in the year 2017.



IMPROVED LIVELIHOODS

KPs Alternative Livelihoods Activities

Activities pursued by KPs to promote alternative livelihoods included table banking, linkage to vocational skills training, and linkage to financial institutions for training and access to business start-up loans. KPs were encouraged to identify and pursue alternative sources of livelihoods to improve income and reduce vulnerability. **14** KP groups conducted table banking where members could borrow small loans to pay school fees or boost businesses. **42** KP groups, in addition to table banking engaged in group projects such as poultry rearing, farming, soap making, door mat making, and running small shops.

Combination Social Economic Approaches

HWWK employed multiple complementary Combination Social Economic Approaches (CSEA) through the DREAMS initiative in the year. **1,019** girls received vocational training. Out of these, 364 girls received business start-up kits, 150 girls were linked to jobs and 70 girls were linked to internships. HWWK aims to strengthen public, private partnerships to improve access to employment and work placement in 2018.

Voluntary Savings and Loans Associations (VSLA)

VSLAs are savings and loans groups where caregivers take part in table banking. In 2017, there were a total of 108 VSLA groups in the Nilinde Project which comprised of 2,540 caregivers caring for 4,751 OVCs. The groups had KES 5,026,076 savings/cash mobilized and circulating among group members. Through mentorship and trainings provided at group level on entrepreneurship and financial management, 60% of the groups were legally registered with the government. This resulted in more formal and stable ways of saving with financial institutions and better access to financing opportunities.

Distribution of Productive Assets

2,031 highly vulnerable caregivers received productive assets and relevant training according to the productive assets they had chosen. Those that chose agricultural productive assets such as goats, chickens and rabbits were trained by sub-county livestock officers from the Ministry of Agriculture on livestock management. The rest of the caregivers were trained on entrepreneurship and small business management, financial literacy, agri-business, integrated gardens and post-harvest management.

SUCCESS STORY

NILINDE PROJECT GIVES CAREGIVERS HOPE FOR THE FUTURE



Christine Syombua, a 30 year old mother of one, is a beaming green grocer based in dusty Kamulu Town, Ruai Sub-County. Her semi-permanent shop is strategically placed near the road where passengers and drivers in public service vehicles pass by to purchase her well displayed fruits and vegetables. She narrates her story:

“I joined HOPE *worldwide* Kenya’s Nilinde Project in 2016 where together with other caregivers we formed a Voluntary Savings and Loans Association (VSLA). Through this group we saved KES 50 every month and began table banking. Later that year, I borrowed KES

1, 500 from the group and used it as capital to start my green grocer stall. I started by selling bananas, oranges and tomatoes on a small counter.”

**I JOINED HOPE
WORLDWIDE KENYA’S
NILINDE PROJECT IN 2016**
where together with other
caregivers we formed a
Voluntary Savings and Loans
Association (VSLA). ”



Christine (left) showcases one of the chickens she has for sale to a customer.

Christine's business grew and by the end of 2017 she had put up a poultry house and bought one cockerel and one hen. She then began rearing chickens and selling them at a profit.

"When I began this business, the profit was inadequate for rent and other expenses. I have now grown my stock of fruits and vegetables. I sell a chicken for KES 600 to 1,000. I get a daily profit of KES 200 to 500 from this business. I also benefitted from the Nilinde Project asset transfer from which I got 6 chicks in 2017. The chicks are still growing and having added to my stock of chickens, I anticipate a good profit from them when they are fully mature," narrated Christine.

Christine also benefits from other services from the Nilinde Project as she explains below:

"In 2017, I was among the caregivers who were supported to register and pay for the National Hospital Insurance Fund (NHIF). I cannot explain the importance of this health insurance as it helps my family and I get much needed subsidized medical treatment. My child also receives school fees support and school uniforms from the Nilinde Project. I am very grateful for the assistance that I have received from HOPE *worldwide* Kenya and the Nilinde Project. My hope for the future has been restored," quipped a jovial Christine.

CHILDREN'S SERVICES

Nilinde and CASE OVC Projects

In 2017 HWWK concluded the APHIA*plus* Kamili Project and continued to offer services in Eastern to Orphans and Vulnerable Children and their families through the CASE-OVC project in partnership with Christian Aid, and in Nairobi through the Nilinde Project in partnership with Plan International.

4,350 OVC and caregivers were reached through APHIA*plus* Kamili and CASE OVC projects. OVC services included health, nutrition, education support and household economic strengthening.

11,056 OVC were reached through the Nilinde Project in 2017. Out of all OVC reached **7,209** OVC know their HIV status. Caregivers were sensitized on the importance of acquiring NHIF, NSSF and birth certificates with the aim of providing child protection to OVC.

There was provision of after school care programs, homework support programs, academic support programs, structured Kids Clubs, career support programs, and linkages with other educational support resources and services. Early childhood development programs and support for successful completion of final high school examinations were also facilitated. **739** OVC in primary and secondary schools received school fees worth **KES 16,322,105**. Additionally, **611** girls each received a one year pack of sanitary pads. This has improved school attendance and retention among Nilinde Project beneficiaries.

HWWK held a graduation ceremony for **220** caregivers caring for **427** OVC. These beneficiaries went through economic strengthening facilitated by the Nilinde Project and were able to open and sustain successful, vibrant and profitable businesses. The graduates who have now exited the project gave moving testimonials on how the Nilinde Project gave them entrepreneurial skills, school fees support, psycho-social support, and critical linkages to resources that they could harness to become economically stable and support their families' needs.

HWWK HELD A GRADUATION CEREMONY FOR 220 CAREGIVERS CARING FOR 427 OVC.

These beneficiaries went through economic strengthening facilitated by the Nilinde Project and were able to open and sustain successful, vibrant and profitable businesses.



Caregivers celebrate their achievements during the Nilinde Project graduation ceremony.

Adolescent Empowerment Program (AEP)

HWWK has partnered with Patsy Collins Trust Fund Initiative (PCTFI) through CARE International in Kenya to implement the Adolescent Empowerment Program which is an education project that reached adolescents in 25 schools and 9 out of school groups in Mukuru informal settlement in the year 2017.

AEP aims to ensure that adolescent boys and girls from chronically livelihood insecure households in Mukuru informal settlements are empowered to fully exploit their potential, take advantage of opportunities, and fulfill their aspirations.

The project used training manuals on Sexual Reproductive Health and Financial Literacy developed by the Kenya Institute of Curriculum Development (KICD) and CARE Kenya to facilitate trainings geared toward adolescent empowerment. **44** teachers from **24** schools and **27** facilitators were trained using these manuals to reach adolescents with Sexual Reproductive Health and Economic Citizenship Empowerment education.

219 adolescents were trained on savings and loans, financial education, sexual reproductive health, and business selection planning and management; **71** adolescents and **14** teachers participated in the global money week activities whose theme was “Learn, Save, Earn”.



Lunga Lunga SDA School students in Mukuru participated in the Global Money Week in March 2017 where they championed for an independent adolescent friendly bank account

Challenges raised by adolescents during AEP adolescent SRH forums included poor youth friendly health services at government hospitals in Mukuru, lack of parental advice on SRH, negative peer pressure, abortion, early pregnancy, early sexual debut, and bullying and harassment from older youth in the community.

Adolescents also proposed solutions that included provision of counseling and guidance services for adolescents by government or other organizations, adolescent friendly offices at police stations and other venues for reporting sexually abusive partners, more education on SRH rights, and provision of youth friendly services at government hospitals.

Bridge to Empower Girls in Nairobi (BEGIN) Project

This project provides teenage girls who are pregnant and/or nursing

children between the ages of 0-3 years living in Mukuru Slum of Nairobi with knowledge and skills using a three-pronged approach that incorporates the scientific (measurement of development milestones using the ages and stages tool), social (through sister walks), and economic interventions (vocational and entrepreneurship skills training). The main goal is to promote their children's brains and overall development.

109 parenting workshops were held in 2017 while **83** girls received vocational training. **207** girls and their babies benefited from Uni-mix porridge flour - an enriched flour with all the nutrients required to provide a balanced meal and improve the health of both pregnant girls and their babies.

Child Sponsorship Projects



JamQuest

20 children received school fees support through the JamQuest Project. Over the last 8 years, JamQuest has sponsored children in Kenya with school fees, helping them to get an education, pursue their dreams and have hope for the future. The JamQuest Team last year hosted an exciting art event at Radford University which is located in Radford City, Virginia. The event dubbed 'heART to heART' aimed to raise funds to educate more needy children in Kenya.

Apart from raising much needed funds, the team also created and sent beautiful gifts, letters and cards for the sponsored children. It was a joy for the children to receive these Christmas gifts! In the year 2017, 5 candidates from JamQuest did their Kenya Certificate of Secondary School Education. Out of these, 4 scored a grade of B, meeting the threshold for university admission. All this would not have been possible without the generosity, inspiration, and love of the JamQuest sponsors.



Kenya Kids

46 children received school fees support and school uniforms through the Kenya Kids Project. Kenya Kids is an Orphans and Vulnerable Children (OVC) project which was started in 2007 through an initiative of the Triangle Church of Christ in the U.S. The project serves children by supporting and strengthening families. In the year 2017, six candidates from the Kenya Kids project did their Kenya Certificate of Primary Education

(KCPE) exams and managed to perform well with three scoring above 350, and three above 250 marks out of 500. The graduates each received a certificate of achievement and an inspirational book to encourage them to keep working towards a better future. Hewitt Omondi (seen in the picture on the left) was the best performing candidate scoring 373 marks out of 500 marks. He also received a certificate for being the best performing Kenya Kids candidate.

SUPPORTING VOLUNTEERISM

HWWK staff volunteer to mark Good Deeds Day



HOPE *worldwide* Kenya joined other organizations in marking the **Good Deeds Day**. This is an international day set aside for doing and celebrating good deeds.

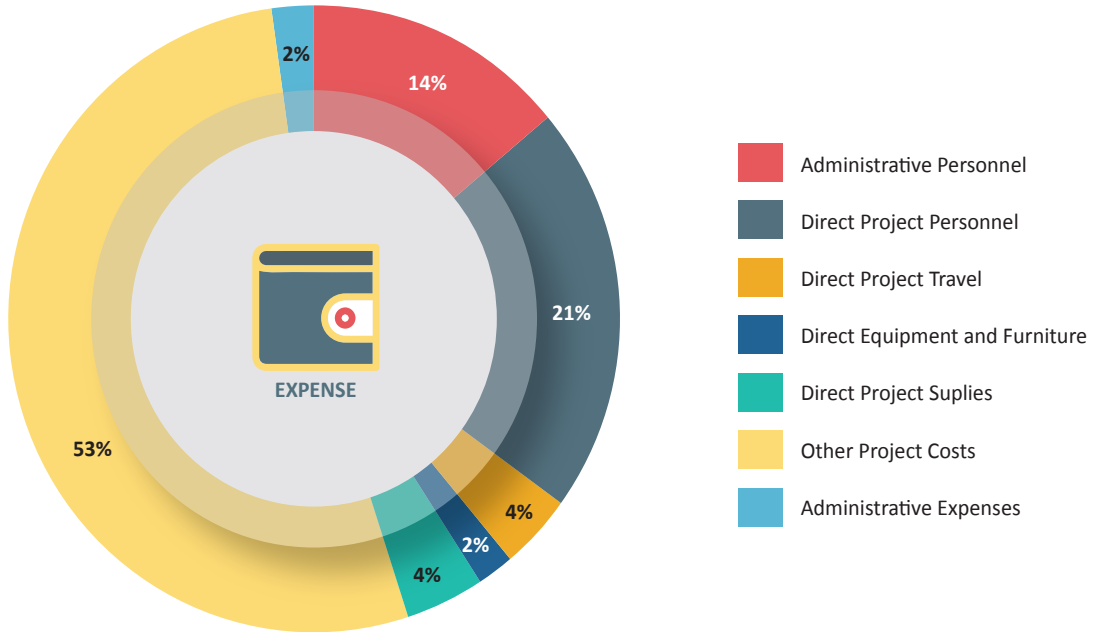
All over the world, hundreds of thousands choose to volunteer and help others, putting into practice the simple idea that every single person can do something good, be it large or small, to improve the lives of others and positively change the world. The movement began in 2007. In 2017, the **Good Deeds Day** movement's global management entered into an agreement with the Volunteer Involving Organizations Society to engage in

several volunteer activities in Kenya. This culminated in a mega Good Deeds event on Sunday 2nd April 2017 in the Capital City, at KICC Court Yard Grounds, Nairobi. This was the first of its kind in Africa.

To mark the day, staff came together to contribute food and clothes to distribute to needy families in the communities where we work. Staff contributed food that was distributed to feed four families for one month. HWWK also participated in the Good Deeds Day celebrations that were held at KICC in Nairobi. Our Good Deed was to raise awareness about HIV prevention to all participants who visited the HWWK exhibition tent.

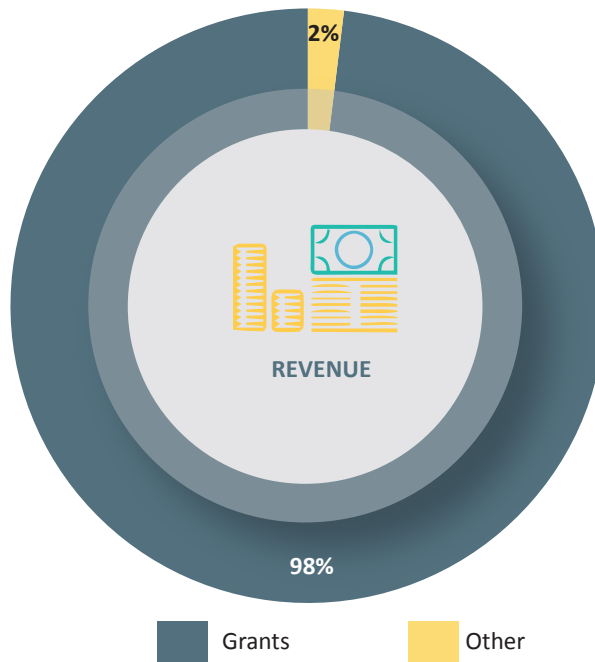
FINANCIAL SUMMARIES

HWWK 2017 Expense Summary



HWWK 2017 Expenses Summary	Amount in KES
Direct Project Personnel	98,257,038
Direct Project Travel	18,151,023
Direct Equipment and Furniture	6,598,605
Direct Project Supplies	20,194,555
Other Project Costs	247,408,677
Administrative Expenses	9,606,381
Administrative Personnel	65,504,692
TOTAL	465,720,970

HWWK 2017 Revenue Summary



FUNDERS

- Centers for Disease Control and Prevention (CDC)
- Global Fund through Kenya Red Cross
- Aphiaplus Kamili through JHPIEGO
- Nilinde through Plan International Kenya
- Patsy Collins Trust Fund Initiative (PCTFI) through CARE International in Kenya
- Christian Aid
- International Churches Of Christ (ICOC) - Youth & Family
- Regional Psychosocial Support Initiative (REPPSI)
- Kenya Kids Fund
- JamQuest
- Grand Challenges Canada



Nilinde caregiver displays her income generating activity during the Nilinde Project graduation

HOPE
worldwide
KENYA

**ANNUAL
REPORT**
2017

