# USAID Nuru Ya Mtoto Project Fiscal Year 2021 Annual Progress Report (October 1, 2020, to September 30, 2021)

Cooperative Agreement
No. 72061521CA00007


USAID FROM THE AMERICAN PEOPLE

PATH

**Submitted to:**
Jeniffer Wasianga
USAID Nuru Ya Mtoto Project AOR
US Agency for International Development/Kenya
c/o American Embassy
United Nations Avenue, Gigiri
PO Box 629, Village Market
Nairobi 00621
Kenya

PATH Kenya
ACS Plaza, 4th Floor
Lenana and Galana Road
PO Box 76634
Nairobi 00100
Kenya

www.path.org

Cover photo: PATH

December 30, 2021

# Contents

# List of tables

# List of figures

# Abbreviations

| | |
|---|---|
| AAC | Area Advisory Council |
| ADS-Nyanza | Anglican church of Kenya development services – Nyanza (ADS-Nyanza) |
| AGRISS | Agriculture Improvement Support Services |
| AGYW | Adolescent Girls and Young Women |
| AGYW_PREV | Percentage of AGYW that completed at least the DREAMS primary package of evidence-based services/interventions |
| AIDS | Acquired Immune Deficiency Syndrome |
| APR | Annual Progress Report |
| ART | Anti-Retroviral Therapy |
| ASDSP | Agricultural Sector Development Support Programme |
| BCN | Blue Cross Nyatike |
| CALHIV | Children and Adolescents Living with HIV |
| CBT | Community-Based Trainer |
| CDF | Constituency Development Fund |
| CHV | Community Health Volunteer |
| CMM | Contraceptive Method Mix |
| COP | Country Operational Plan |
| COVID-19 | Coronavirus Disease 2019 |
| CPARA | Case Plan Achievement Readiness Assessment |
| CPIMS | Child Protection Information Management System |
| CPP | Condom Promotion and Provision |
| CPV | Child Protection Volunteer |
| CSEA | Combined Socioeconomic Approach |
| DA | Data Assistant |
| DCS | Department of Children Services |
| DEVLINK | Development Knowledge Link |
| DOH | Department of Health |
| DQA | Data Quality Assurance |
| DREAMS | Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe |
| EBI | Evidence-Based Intervention |
| ECS | Emergency Cash Support |
| ET | Entrepreneurship Training |
| FCT | Financial Capability Training |

| | |
|---|---|
| FY | Fiscal Year |
| GBV | Gender-Based Violence |
| GEND_GBV | Number of people receiving GBV clinical care based on the minimum package |
| GoK | Government of Kenya |
| HEI | HIV-Exposed Infant |
| HES | Household Economic Strengthening |
| HH | Household |
| HIV | Human Immunodeficiency Virus |
| HTS | HIV Testing Services |
| IDF | Integrated Development Facility |
| IGA | Income-Generating Activity |
| IP | Implementing Partner |
| J2SR | Journey to Self-Reliance |
| KCDMS | Kenya Crop and Dairy Market Systems |
| KDDN | Kuria Disability Development Network |
| KHPQS | Kenya Health Partnerships for Quality Services |
| Ksh | Kenyan Shilling |
| LIP | Local Implementing Partner |
| LISP | Life Skills Promoters |
| LIVES | Listen, Inquire, Validate, Enhance safety and Support |
| LTFU | Lost To Follow-Up |
| MEL | Monitoring, Evaluation, and Learning |
| MOALF | Ministry of Agriculture, Livestock, and Fisheries |
| MOE | Ministry of Education |
| MOH | Ministry of Health |
| MOSGUP | Mercy Orphans Support Group Program |
| MSP | Male Sex Partner |
| MWENDO | Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children |
| NARIGP | National Agriculture and Rural Inclusive Growth Project |
| NEWI | Women's Initiative in Education |
| NHIF | National Hospital Insurance Fund |
| OCA | Organizational Capacity Assessment |
| OTZ | Operation Triple Zero |
| OVC | Orphans and Vulnerable Children |

| | |
|---|---|
| OVC_HIVSTAT | Percentage of OVC (<18 years old) with HIV status reported to implementing partner |
| OVC_ENROLL | Number of children and adolescents on ART in PEPFAR clinical settings whose households are offered enrollment in the OVC program PLUS the number of children and adolescents already in the OVC Program who are HIV+ and on ART. |
| OVC_OFFER | Number of HIV-positive children and adolescents on ART at a PEPFAR clinical setting whose households are enrolled in the OVC comprehensive program after having been offered enrollment |
| OVC_SERV | Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PLHIV | People Living with HIV |
| PMTCT | Prevention of Mother-To-Child Transmission |
| PP | Priority Population |
| PP_PREV | Number PPs reached with standardized, evidence-based intervention(s) required that are designed to promote adoption of HIV prevention behaviors and service uptake |
| PPE | Personal Protective Equipment |
| PrEP | Pre-Exposure Prophylaxis |
| PrEP_CURR | Number of individuals, inclusive of those newly enrolled, that received PrEP during reporting period |
| PrEP_NEW | Number of individuals newly enrolled on PrEP |
| Q | Quarter |
| QI | Quality Improvement |
| SAPR | Semi-Annual Progress Report |
| SASA! | Start, Awareness, Support, Action |
| SI | Secondary Intervention |
| SOP | Standard Operating Procedure |
| SILC | Savings and Internal Lending Communities |
| SSN | Social Safety Net |
| TX_CURR | Number of adults and children currently receiving ART |
| USAID | US Agency for International Development |
| VL | Viral Load |
| VSLA | Village Savings and Loan Association |

# Executive summary

### Background

USAID Nuru Ya Mtoto (NYM) is a US Agency for International Development (USAID) project that is funded by the US President's Emergency Plan for AIDS Relief (PEPFAR). USAID NYM is being implemented by a PATH Kenya–led consortium of Kenyan non-governmental organizations over a five-year period (March 18, 2021, through March 17, 2026). It is a service delivery project at the county level that provides HIV services to orphans and vulnerable children (OVC) in Homa Bay, Kisii, and Migori Counties and to adolescent girls and young women (AGYW) in Homa Bay and Migori Counties. The project is supporting the government of Kenya in attaining its goal of addressing the HIV and AIDS response by safeguarding the rights and welfare of children and adolescents impacted by HIV and AIDS.

This report covers project performance progress in fiscal year (FY) 2021. In the data tables inside the report, the following colors denote different levels of achievement.

| | |
|---|---|
| | Achieved more than 75% against Annual target |
| | Achieved more than 50% against Annual target |
| | Achieved less 50% against Annual target |

### Key achievements: Quantitative impact

### Sub-purpose 1: Increased availability and use of combination prevention services for priority and key populations

In FY21, USAID Nuru Ya Mtoto and the previous implementing partner (IP) Afya Ziwani enrolled—and started to provide services to—44,789 AGYW through local implementing partners (LIPs) working in 229 safe spaces across 48 wards in 12 sub-counties of Homa Bay and Migori Counties. Table 1 below shows details of annual performance on key indicators per the two semi-annual periods. About 97% of AGYW (41,736/43,096) received optimal layering of services but still need to complete the minimum time in the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) program to be graduated from the project.

Table 1. Summary of sub-purpose 1 project achievements in FY21.

| Indicator | FY21 target | SAPR1 (Afya Ziwani) | | SAPR2 (USAID NYM) | | Total achieved | |
|---|---|---|---|---|---|---|---|
| | | Achieved | % Achieved | Achieved | % Achieved | Achieved | % Against target |
| AGYW_PREV | 43,096 | 17,387 | 40.3% | 24,349 | 56.5% | 41,736 | 97% |
| PP_PREV | 31,360 | 28,584 | 91.1% | 11,722 | 37.4% | 40,306 | 129% |
| PrEP_NEW | 1,908 | 1,764 | 92.5% | 791 | 41.0% | 2,555 | 134% |
| PrEP_CURR | 2,670 | 1,765 | 66.1% | 537 | 20.0% | 2,302 | 86% |
| GEND_GBV | 2,271 | 1,431 | 63.0% | 998 | 44.0% | 2,429 | 107% |

*Abbreviations*: AGYW, adolescent girls and young women; AGYW_PREV, percentage of AGYW that completed at least the DREAMS primary package of evidence-based services/interventions; DREAMS, Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe; FY, fiscal year; GBV, gender-based violence; GEND_GBV, number of people receiving GBV clinical care based on the minimum package; NYM, Nuru Ya Mtoto; PP, priority population; PP_PREV, number of PPs reached with standardized, evidence-based intervention(s) required that are designed to promote adoption of HIV prevention behaviors and service uptake; PrEP, pre-exposure prophylaxis; PrEP_CURR, number of individuals, inclusive of those newly enrolled, that

received PrEP during reporting period; PrEP_NEW, number of individuals newly enrolled on PrEP; SAPR, semiannual progress report; USAID, US Agency for International Development.

The project supported AGYW to access PrEP services through referral to health facilities for both new and continuing clients. Performance in the PrEP_NEW (number of individuals newly enrolled on PrEP) indicator for AGYW was at 134% (2,555/1,908) of the USAID NYM annual target as of the end of the fiscal year.

In the whole of FY21, USAID Nuru Ya Mtoto applied the layering services uptake progress tool to guide provision of primary and secondary services to ensure AGYW receive the necessary multiple services. Working with county health departments and service delivery partners, the project supported HIV testing services uptake (via outreach and escorted referral by mentors) among AGYW 18 to 19 years of age and achieved 82% of the target.

In this reporting period, USAID NYM continued to ensure AGYW received behavioral interventions. At the end of the reporting period, the project had reached 129% (40,306/31,360) of the annual target. Additionally, 85% of AGYW (37,171/43,594) were notified of their HIV status; 42,538 received financial capability training, against a target of 30,803 (an achievement of 138%); and 7,433 benefited from combined socioeconomic approaches in quarter 4 (Q4), against the target of 6,289 (an achievement of 118%). Finally, 12,582 male sex partners and 78,723 AGYW and community members were reached using the SASA! (Start, Awareness, Support, Action) violence prevention curriculum, as of the end of the reporting period.

**Sub-purpose 3: Increased access to and demand for ahigh-quality health and social services for OVC and their families**

In this reporting period, USAID NYM and the previous implementing mechanism, Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children **(**MWENDO**),** implemented a family-centered, child-focused case management approach, which resulted in a total of 157,355 individuals (68,815 males and 88,540 females) served against the Country Operational Plan (COP) 2020 target of 124,343 by the end of FY21, reaching 127% of the target (Table 2). This included 81,308 people (117% of target) in Homa Bay, 26,027 (162% of target) in Kisii, and 50,020 (128% of target) in Migori.

Table 2. Summary of sub-purpose 3 project achievements as of FY21.

| Indicator | FY21 target | SAPR1 (MWENDO) | | SAPR2 (USAID Nuru Ya Mtoto) | |
|---|---|---|---|---|---|
| | | Achieved | % Against target | Achieved | % Against target |
| OVC_SERV | 124,343 | 110,233 | 89% | 157,355 | 127% |
| OVC_HIVSTAT | 62,799 | 96,299 | 153% | 94,804 | 151% |
| OVC_SERV_ACTIVE | 111,891 | Data not available | | 107,303 | 96% |
| OVC_SERV_GRADUATED | 12,452 | Data not available | | 3,337 | 27% |
| OVC_SERV [Preventive] | 41,004 | Data not available | | 30,711 | 75% |
| OVC_SERV [DREAMS] | 20,540 | Data not available | | 16,004 | 78% |

*Abbreviations*: DREAMS, Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe; FY, fiscal year; MWENDO, Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children; OVC, orphans and vulnerable children; OVC_HIVSTAT, number of OVC enrolled in OVC Comprehensive program with HIV status reported; OVC_SERV, number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV; SAPR, semiannual progress report; USAID, US Agency for International Development.

USAID NYM provided services across the Healthy, Safe, Stable, and Schooled domains through use of 2,095 case workers and through referrals and linkages. Among those served and active at the end of FY21 were 15,051 children and adolescents living with HIV (CALHIV)—7,040 males and 8,011

females—who were also supported in accessing viral load (VL) tests and results, achieving a suppression rate of 88%. The project rolled out the Jua Mtoto Wako Initiative and PMTCT and OVC programs integration to improve VL suppression and prevention of mother-to-child transmission (PMTCT), respectively. The project also sensitized program and LIP staff, as well as Ministry of Health and PEPFAR HIV care and treatment service delivery partners, on these initiatives.

**Key achievements: Qualitative impact**

The project partnered with county governments and co-created, co-implemented, and co-monitored the COP20 work plan for the 2nd half of the year with the Department of Health (DOH), Department of Children Services (DCS), Department of Education, Department of Social Protection and with private partners. The co-creation meetings engaged key county government staff, identified priority areas of needs among children and the findings used to inform the work plan development. Hence, the work plan was built on the achievement and lessons learned from the previous mechanism (MWENDO) and county government departmental priorities as well as project beneficiaries.

Entrenched synergies and resource leverage supported the project in reaching out to more OVC and their families (i.e., 1,400 caregivers supporting 1,646 OVC were linked to cash transfer for the elderly; 2,345 OVC were linked to OVC cash transfer; and 876 OVC in secondary school were supported with school bursaries). Partnerships with other US government partners [e.g., Kenya Crop and Dairy Market Systems (KCDMS)] provided additional support to the beneficiaries in the form of training and direct support based on case plan needs.

USAID NYM used project staff, LIP staff, and 2,015 community health volunteers (CHVs) to analyze, review, and update case plans that summarized priorities and provided the right mix of time-bound, evidence-based interventions (EBIs) and services to OVC and their families. Further, the project facilitated responsible exiting of OVC households (HHs) from the project through graduation. In addition, 63,709 OVC were supported with healthy services; 106,012 with safe services; and 44,199 with school services. Finally, 28,436 caregivers were provided with stable services, and 1,040 out-of-school OVC enrolled in vocational training, with 105 of those who finished their courses being provided with start-up kits.

The project conducted an Organizational Capacity Assessment (OCA) for 15 LIPs and selected 8 with strong organizational and technical capacity to continue providing services to the beneficiaries in COP21. However, for COP20, the OCA findings that identified strengths and gaps, were used to inform capacity-building efforts throughout the implementation period.

The project conducted a system-level data validation exercise in Q3 with the aim of confirming the existence of case workers and beneficiaries (both OVC and caregivers) handed over by the previous mechanism. This exercise enabled the project to target the right beneficiaries with the right mix of services through the case workers.

The project also oriented LIPs on implementation approaches and guidelines to enable adherence to set standards, project and donor goals, and objectives. The project shared implementation updates on the co-creation work plans with the county governments. In the same period, the project jointly conducted OVC and DREAMS supportive supervision and data quality assurance activities to identify data collection, reporting, and management gaps and solutions.

USAID Nuru Ya Mtoto worked closely with county health department structures and the following PEPFAR HIV care and treatment service delivery partners: the University of Maryland, Baltimore, in Kisii and Migori Counties; the Elizabeth Glaser Pediatric AIDS Foundation in Homa Bay County; and the Kenya AIDS Response Program in all faith-based facilities in the three counties. USAID Nuru Ya Mtoto also organized OVC clinical integration engagement meetings with these partners through the county health management teams/county AIDS and sexually transmitted infection coordinators. USAID and US Centers for Disease Control and Prevention OVC program representatives also joined the

meetings, in which USAID Nuru Ya Mtoto shared the OVC and DREAMS implementation approaches and strategies, and the USAID HIV care and treatment service delivery partners presented on key achievements, challenges, and opportunities under the previous mechanism to guide and inform the USAID Nuru Ya Mtoto work. Recommendations on next steps included aligning wards of operation to avoid overlap and detailed action points related to joint CALHIV enrollment improvements; line-listing mothers and HIV-exposed infants (HEIs) and HIV-positive pregnant adolescents, as well as those at risk among HIV-negative pregnant adolescents; and holding joint multidisciplinary team meetings and monthly reviews at the facility, subcounty, and county levels. USAID Nuru Ya Mtoto will continue to collaborate with USAID HIV care and treatment service delivery partners to accelerate enrollment of CALHIV and their eligible siblings, pregnant and breastfeeding adolescents, and mothers and HEIs and to implement PMTCT OVC integration and the Jua Mtoto Wako Initiative.

**Constraints and opportunities**

**Constraints**

The project has reported a VL access rate of 60%. This dismal performance is a result of inadequate VL testing reagents at the health facility level. This affected timely response to CALHIV needs, as VL results are the baseline assessments that inform relevant interventions. In Q3, COVID-19 pandemic safety regulations prevented large gatherings and greatly affected many field events, including meetings with case workers, OVC, and caregiver HHs. AGYW interventions operated at a slower pace because of the need to minimize numbers in EBI sessions. Nevertheless, USAID Nuru Ya Mtoto followed COVID-19 protocols—use of masks and social distancing and provision of water/soap and temporary safe spaces in schools and homes—to reach more AGYW. However, in Q4 most restrictions were lifted as the COVID-19 situation improved.

Additionally, stigma remained a challenge to responsiveness to enrollment, treatment, and OVC services. Some caregivers request that CHVs not visit their HHs at a particular time to avoid community profiling. Caregivers who have not fully disclosed their status to their children also discourage CHVs from visiting them at the HH level, challenging the intention and focus of OVC programming under the family-centered approach. In this regard, the project continues to mitigate the constraints through increased capacity-building, sensitization, and networking with other service providers, including clinical partners.

**Opportunities**

During the reporting period, USAID Nuru Ya Mtoto engaged county governments, coordinated by the DOH and DCS, in a co-creation process that resulted in an all-inclusive project work plan. Further, USAID Nuru Ya Mtoto established County Project Steering Committees that guided the co-implementation and co-monitoring of project activities and ensured resource leverage, synergy, and complementarity. Through these committees, USAID Nuru Ya Mtoto built the capacity of county governments in resource mobilization, investment in children, and completion of a child welfare and protection policy that will provide the platform for the development of joint costed county work plans in the third year of the project.

To ensure all eligible OVC were enrolled and served, USAID Nuru Ya Mtoto promoted stigma-and-discrimination prevention through community sensitization, health talks, and messaging that leveraged the available forums within the community structures.

The project intensified follow-up of CALHIV to ensure they are prioritized for VL tests. Periodic review meetings with care and treatment IPs also created a forum for discussing CALHIV needs and timely service provision. USAID NYM partnered with health facilities and line-listed all CALHIV with invalid VL for prioritization upon testing resumption. Further, the project placed a link desk person at health facilities to support VL management (i.e., tracking results, identifying when CALHIV are due for VL, and tracing CALHIV who missed VL due dates) and create a link between the community and facilities. The

project also has developed a standard operating procedure on VL management to guide project staff, LIP staff, and facility staff.

The three counties (Homa Bay, Kisii, and Migori) received VL reagents at the end of September 2021 but sample collection did not resume since the counties were advised to give room for testing labs to process the backlogs, as they were also awaiting sample collection tubes.

**Subsequent year's work plan**

In COP21, the project will continue using the case management approach as a model for prioritizing essential service provision to enrolled beneficiaries. The project approach will focus on three unique models: OVC Comprehensive, OVC Preventive, and DREAMS. For OVC Comprehensive, the project will accelerate line-listing and characterization of all CALHIV, HEIs and their mothers, and pregnant and breastfeeding HIV-positive and HIV-negative adolescents under 18 years of age at risk and prioritize them for enrollment. The project will conduct Case Plan Achievement Readiness Assessments with all eligible HHs and develop case plans to inform service provision. The project will support LIPs to fast-track valid VL access and obtain results to inform CALHIV interventions, as well as work with care and treatment partners and the Ministry of Health to implement Jua Mtoto Wako and OVC PMTCT integration initiatives.

In COP21, the project will conduct graduations of fully layered AGYW and enroll new vulnerable AGYW into the project. The project also will carry over 4,080 AGYW into COP21. Realizing that the target number of AGYW has changed to have more AGYW 9 to 14 years of age enrolled than the other cohorts, the project will work closely with the OVC component to screen and recruit eligible adolescents. The project already has identified over 8,000 eligible OVC for co-enrollment and will further work with the DCS and DOH in screening referred AGYW. In Migori, the project will expand to six new wards, hence, completing the geographic presence in all wards in the four sub-counties.

In COP21, the project will increase AGYW involvement and engagement in the running of DREAMS in the wards. In this regard, the project will engage the older cohort of AGYW 20 to 24 years of age as DREAMS mentors for those 9 to 14 years of age, train AGYW as EBI facilitators, identify and engage five ambassadors per ward, and incorporate AGYW ideas into the designing of safe space activities. The project will conduct a local market analysis to inform its economic-strengthening elements of vocational training, start-up support and internship/job placement, savings and business mentorship, and networking. The project will also partner with Essilor's Eye Rafiki to train ten AGYW in business and support them with start-up capital for opening eye clinics in their respective wards.

# Project overview

USAID Nuru Ya Mtoto (NYM) is a US Agency for International Development (USAID) project that is funded by the US President's Emergency Plan for AIDS Relief (PEPFAR). USAID NYM implements the Kenya Health Partnerships for Quality Services (KHPQS) DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) and orphans and vulnerable children (OVC) programs in Homa Bay, Kisii (OVC only), and Migori Counties (Figure 1 below). The project is being implemented by a PATH Kenya-led consortium of Kenyan non-governmental organizations over a five-year period (March 18, 2021, to March 17, 2026). In the first half of fiscal year (FY) 2021 (October 1 to March 17), the project counties were being supported by Afya Ziwani (PATH) and Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children (MWENDO), implemented by Catholic Relief Services. USAID NYM 's activities are aligned with the purpose of the KHPQS: increase use of high-quality, county-led health and social services in selected counties in Kenya. USAID Nuru Ya Mtoto is a service delivery project at the county level, providing HIV services to OVC and adolescent girls and young women (AGYW). KHPQS supports the government of Kenya (GoK) in attaining its goal of addressing the HIV and AIDS response and safeguarding the rights and welfare of children and adolescents impacted by HIV and AIDS.

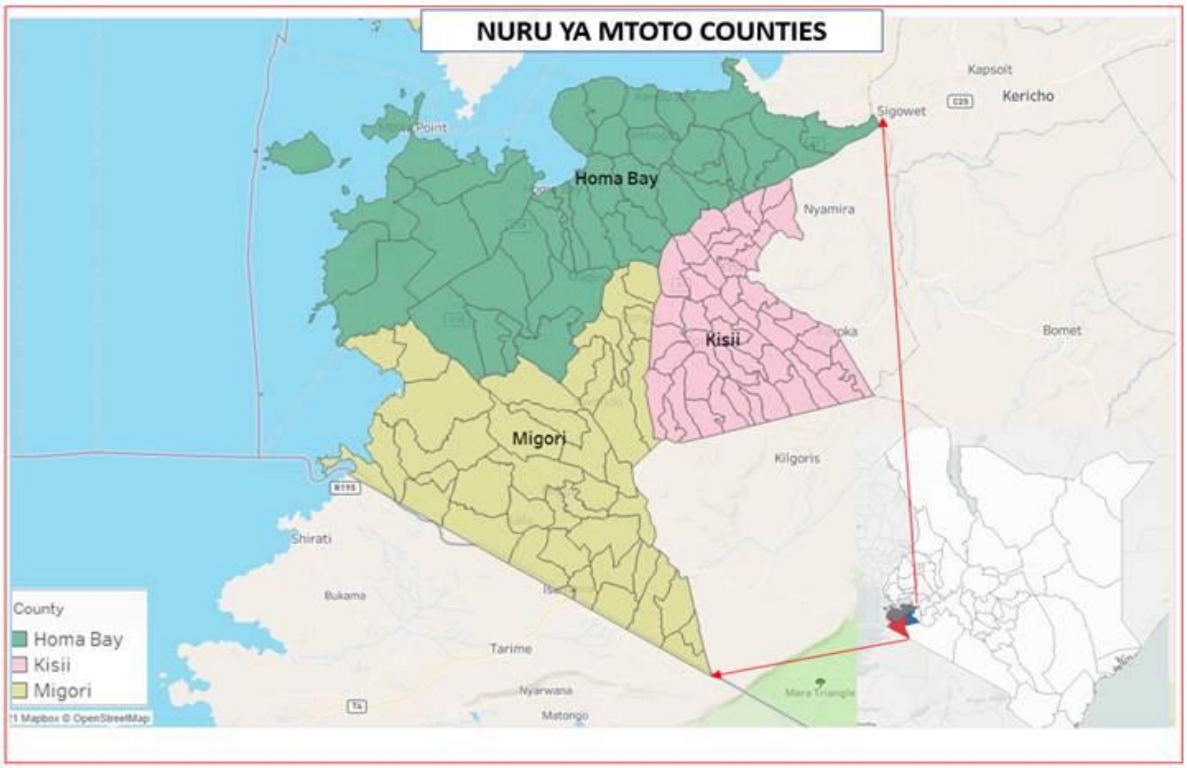



Figure 1. Counties in Kenya supported by USAID Nuru Ya Mtoto project.

USAID NYM contributes to attaining the Sustainable Development Goals, which seek to improve the health and overall well-being of men, women, children, and adolescents. The planned activities enhance the capacity of county health and social service systems and structures to provide care and support for people living with HIV (PLHIV), OVC and their families, women, children, and youth in a sustainable way. The strong partnerships thus created will reduce dependence on foreign assistance while supporting the Journey to Self-Reliance (J2SR).

The project is supporting AGYW 9 to 24 years of age in Homa Bay and Migori Counties through the DREAMS initiative based on the Kenya DREAMS layering table of interventions. For OVC 0 to 17 years of age, USAID Nuru Ya Mtoto is partnering with the county governments of Homa Bay, Kisii, and Migori to increase access to sustainable, high-quality health and social services for OVC and their families by (1) implementing an integrated case management approach to deliver a comprehensive package of evidence-based interventions (EBIs) and services; (2) strengthening integration of OVC/DREAMS programming; (3) targeting adolescents 9 to 14 years of age with EBI and HIV-prevention services; and (4) pivoting county strategies to reach OVC in high-burden hot spots. The project will increase targeted services for HIV-exposed, infected, and affected OVC; increase household (HH) economic stability to care for and protect OVC; and strengthen OVC-related community systems and structures.

USAID NYM's gender and transformative agenda approach includes working with the county Departments of Health (DOH), the Department of Children Services (DCS), the Department of Youth Affairs, and the Department of Gender and Social Services to mainstream and actualize the principles of equity and empowerment for and protection and inclusion of women and men, in line with USAID's 2020 Gender Equality and Female Empowerment Policy. In FY21, these efforts aimed at improving capacity of staff and volunteers to provide first-line support for survivors of violence by implementing activities according to what they learned through Listen, Inquire, Validate, Enhance safety and Support (LIVES) training. This increased the uptake of gender-based violence (GBV) services in partnerships with local implementing partners (LIPs), elected leaders, stakeholders, the private sector, and gatekeepers to improve gender equity and implement EBIs toward behavioral violence prevention, targeting boys, men, girls, women, and communities.

To enhance the capacity of LIPs, the USAID NYM project supported training for boards of management on resource mobilization, working relationships with their organizational staff, and the importance of adhering to policy guidelines. Following completion of these training, the project will support the boards in resource mobilization and develop a resource mobilization strategy.

# Detailed progress by sub-purpose and technical areas

## Sub-purpose 1: Increased availability and use of combination prevention services for priority and key populations

AGYW enjoy football at Sirori Simba safe space in Makerero ward, Kuria West. Photo: PATH

### 1.1 Overview

#### 1.1.1 High-priority population intervention: AGYW

In FY21, through implementation of the DREAMS comprehensive package of evidence-based services for AGYW, USAID NYM worked to prevent new HIV infections among vulnerable AGYW 9 to 24 years of age. The project implemented the DREAMS intervention in 48 wards (33 in Homa Bay and 15 in Migori). Working in partnership and cross-collaboration with counties and national governments, parents and guardians, and private-sector players, the project provided services to AGYW in designated safe spaces in the community and at health facilities. In this reporting period, the project looked for opportunities amid the challenges of COVID-19 restrictions and revised school calendars to ensure continued service provision, including collaborating with educational institutions to hold sessions in school, as appropriate, and providing COVID-19-prevention commodities (e.g., cloth face masks, soap and water, and sanitization stations).

#### 1.1.2 Layering AGYW with complete primary layering

Under indicator AGYW_PREV (percentage of AGYW that completed at least the DREAMS primary package of evidence-based services/interventions), layering in DREAMS is a key marker of AGYW empowerment to prevent HIV infections. It refers to the provision of multiple age appropriate EBIs as guided by the Kenya DREAMS layering table. USAID NYM put in place various strategies—including co-locating safe spaces at health facilities, supporting outreaches, training facilitators and mentors, prioritizing age-cohort primary services, and co-scheduling with AGYW that require primary services—to achieve optimal layering. As of the end of FY21, the project had achieved 93% layering, with the majority of active AGYW ready for graduation. In FY21, out of 44,789 active AGYW, 41,736 achieved optimal layering, as shown in Table 3 below. The highest achievement in layering occurred in the second half of FY21 (54%) compared to the first half (39%).

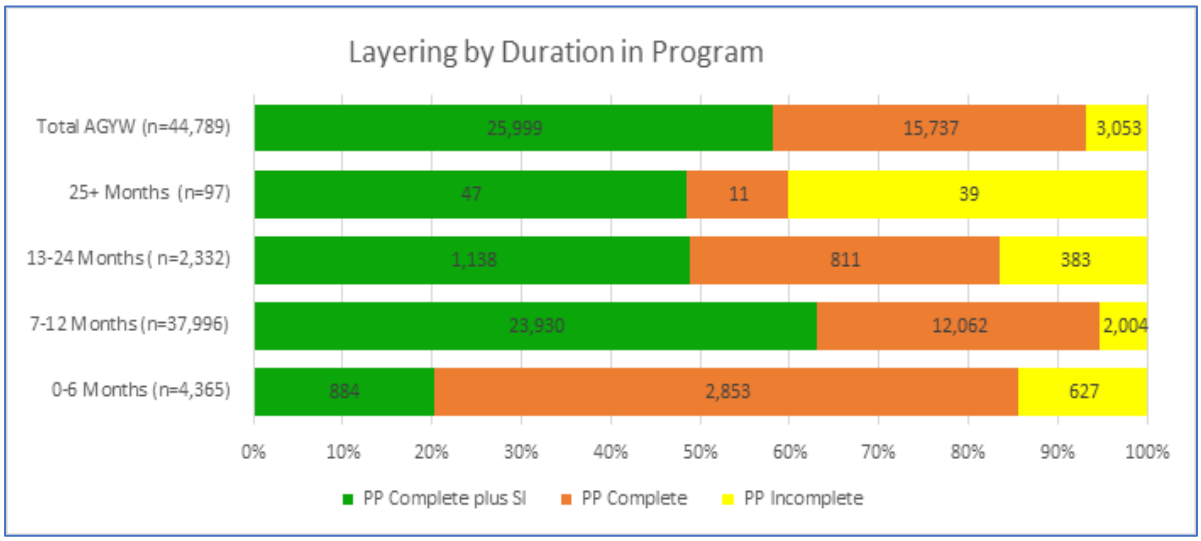
Table 3. Number of AGYW with complete primary layering, by age band (FY21).

| Age group (years) | SAPR1 Achievement | SAPR1 % Achieved | SAPR2 Achievement | SAPR2 % Achieved | Total AGYW layered Q1–Q4 | Total AGYW served Q1–Q4 | Q1-Q4 % Achievement |
|---|---|---|---|---|---|---|---|
| 9–14 | 1,784 | 30% | 3,677 | 63% | 5,461 | 5,871 | 93% |
| 15–17 | 7,715 | 58% | 5,052 | 38% | 12,767 | 13,340 | 96% |
| 18–19 | 5,199 | 47% | 5,101 | 46% | 10,300 | 11,169 | 92% |
| 20–24 | 2,639 | 19% | 10,132 | 74% | 12,771 | 13,758 | 93% |
| 25–29 | 50 | 8% | 387 | 59% | 437 | 651 | 67% |
| All ages | 17,387 | 39% | 24,349 | 54% | 41,736 | 44,789 | 93% |

Abbreviations: AGYW, adolescent girls and young women; FY, fiscal year; Q, quarter; SAPR, semiannual progress report.

As indicated above, the project accelerated layering of AGYW in quarter 4 (Q4) by focusing on delivering targeted services, including entrepreneurship training (ET), for AGYW 20 to 24 years of age, HIV testing services (HTS) for 18 to 19 years of age, and HIV screening for 9 to 14 years of age. These services were identified as either having low uptake as of Q3 or being crucial based on the revised layering table.

Figure 2. Absolute numbers of AGYW layering by duration in DREAMS program, as of September 30, 2021.




*Abbreviations*: AGYW, adolescent girls and young women; DREAMS, Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe; PP, primary package [note: this meaning of "PP" applicable to this figure only]; SI, secondary intervention.

In terms of duration in DREAMS (Figure 2), 85% of the project's active AGYW were retained in the project for up to 12 months at the time of reporting (37,996/44,789). AGYW in the project for more than 25 months numbered 97, out of whom 58 completed their primary and secondary services and were duly graduated. The project has been able to provide secondary services by need, hence, ensuring that AGYW are optimally served and empowered to prevent HIV on their own. Table 4 shows comprehensive county-based layering achievement by age cohort.

Table 4. Project progress in service layering for active AGYW, as of September 30, 2021.

| Age range | Primary package complete | Primary package complete plus SI | Primary package incomplete | AGYW total | Primary package layering |
|---|---|---|---|---|---|
| Homa Bay | | | | | |
| 10–14 | 1,367 | 837 | 57 | 2,261 | 97% |
| 15–17 | 2,262 | 3,063 | 238 | 5,563 | 96% |
| 18–19 | 1,326 | 3,106 | 319 | 4,751 | 93% |
| 20–24 | 1,426 | 4,429 | 421 | 6,276 | 93% |
| 25–29 | 38 | 190 | 80 | 308 | 74% |
| **Subtotal** | **6,419** | **11,625** | **1,115** | **19,159** | **94%** |
| Migori | | | | | |
| 10–14 | 2,330 | 927 | 353 | 3,610 | 90% |
| 15–17 | 3,243 | 4,199 | 335 | 7,777 | 96% |
| 18–19 | 1,619 | 4,249 | 550 | 6,418 | 91% |

| | | | | | |
|---|---|---|---|---|---|
| 20–24 | 2,080 | 4,836 | 566 | 7,482 | 92% |
| 25–29 | 46 | 163 | 134 | 343 | 61% |
| Subtotal | **9,318** | **14,374** | **1,938** | **25,630** | **92%** |
| Both counties | | | | | |
| 10–14 | 3,697 | 1,764 | 410 | 5,871 | 93% |
| 15–17 | 5,505 | 7,262 | 573 | 13,340 | 96% |
| 18–19 | 2,945 | 7,355 | 869 | 11,169 | 92% |
| 20–24 | 3,506 | 9,265 | 987 | 13,758 | 93% |
| 25–29 | 84 | 353 | 214 | 651 | 67% |
| **Grand total** | **15,737** | **25,999** | **3,053** | **44,789** | **93%** |

Abbreviations: AGYW, adolescent girls and young women; SI, secondary intervention.

### 1.1.3 Graduation

To further the layering efforts, the project conducted graduation for AGYW who had completed the DREAMS package of services. Graduates were provided with their required secondary interventions, including PrEP enrollment and economic support, and linkages to county and other partners for continued support and engagement.

## 1.2 Primary individual interventions

### 1.2.1 Social asset building

In this reporting period, USAID Nuru Ya Mtoto continued to mobilize AGYW to access the safe spaces to receive interventions for social asset building. The project worked to ensure AGYW attend safe spaces to build social networks and reduce social isolation, build socialization skills to protect themselves and gain social safety through their peers and mentors. To this end, the project provided AGYW time and space to play sports, interact with peers, community leaders and protective officers (e.g., chiefs), and learn to map the resources around them. As of the end of FY21, USAID NYM reached a total of 44,789 active AGYW, representing a 104% achievement against the target of 43,096. Table 5 below provides a breakdown of the numbers by county and age band.

Condom demonstration at Komolorume safe space in Central Sakwa ward, Awendo. Photo: PATH

Table 5. Number of adolescent girls and young women reached, by county and age band (FY21).

| County | SAPR achieved | | FY21 Q1–Q4 achieved | | Annual target | | Annual achievement | |
|---|---|---|---|---|---|---|---|---|
| | 9–17 years | 18–24 years | 9–17 years | 18–24 years | 9–17 years | 18–24 years | 9–17 years | 18–24 years |
| Homa Bay | 8,041 | 10,269 | 7,824 | 11,335 | 7,889 | 9,484 | 99% | 120% |
| Migori | 9,559 | 12,989 | 11,387 | 14,243 | 12,650 | 13,073 | 90% | 109% |
| **Total** | **17,600** | **23,258** | **19,211** | **25,578** | **20,539** | **22,557** | **94%** | **113%** |

*Abbreviations*: FY, fiscal year; Q, quarter; SAPR, semiannual progress report.

### 1.2.2 Behavioral EBIs

Under indicator PP_PREV (number of priority populations reached with standardized EBIs required that are designed to promote adoption of HIV prevention behaviors and service uptake), USAID Nuru Ya Mtoto reached AGYW 9 to 24 years of age with age appropriate, behavioral EBIs as part of the DREAMS package. The project implemented the interventions in small groups at the community safe spaces and at schools where appropriate, in collaboration with teachers. Working with trained and certified facilitators, the project mobilized AGYW and provided sessions with fidelity aiming to promote the adoption of HIV-prevention behaviors and service uptake. During the sessions and as age appropriate, AGYW are linked to biomedical services on demand. In COP20, USAID NYM also mainstreamed COVID-19 education in the sessions and observed all GoK COVID-19 protocols.

USAID NYM implemented the following standard curricula for HIV and violence prevention:

- Healthy Choices for a Better Future, which is provided to AGYW 9 to 14 years of age and takes a total of seven sessions to complete.
- My Health My Choice, which is provided to AGYW 15 to 17 years of age and has a total of four sessions.
- “Shuga”2, which is provided to AGYW 18 to 24 years of age, with completion being determined through attendance of five sessions.

A total of 40,306 AGYW were reached cumulatively with EBIs in FY21 which is 129% of the annual target (see Table 6 below). USAID NYM continued to integrate education on pre-exposure prophylaxis (PrEP), condoms, and contraceptives into EBI sessions (rather than have them as stand-alone interventions) for older AGYW cohorts (15 to 24 years) to reduce costs and maintain cost-efficient programming. This increased demand and uptake as the EBI sessions become a one-stop shop for prevention education and prevention services uptake.

In mid-June 2021, the government ordered special COVID-19 containment measures that included early start of curfew times and limited group meetings. This limited small-group sessions, especially as guardians restricted safe space attendance. These restrictions went on until July 31, 2021. The lifting of curfew restrictions allowed the project to reach more AGYW in unrestricted contexts. Further, PATH Kenya office purchased and distributed cloth masks to AGYW to facilitate their PP_PREV sessions uptake. Working with schools, the project also carried out sessions at both schools and community spaces, hence, reaching more AGYW. The partnership with schools to allow EBI sessions to be carried out at agreed-upon school hours (especially during afternoon breaks), prioritizing efforts on key primary interventions to ensure optimal layering, mapping AGYW missing services and planning uptake with them, and working with local administration to facilitate safe spaces attendance in the context of COVID 19 further enabled the project to register greater success. Table 6 summarizes the key results for AGYW enrolled in EBIs during the reporting period.

Table 6. Number of AGYW who received behavioral interventions, by county (FY21).

| County | SAPR1 Achieved | SAPR1 % Achieved | SAPR2 Achieved | SAPR2 % Achieved | FY21 Q1–Q4 | Target | % Achieved FY21 |
|---|---|---|---|---|---|---|---|
| Homa Bay | 13,382 | 100% | 4,574 | 34% | 16,817 | 13,355 | 126% |
| Migori | 15,202 | 84% | 8,913 | 50% | 23,489 | 18,005 | 130% |
| **Total** | **28,584** | **91%** | **13,487** | **43%** | **40,306** | **31,360** | **129%** |

*Abbreviations*: AGYW, adolescent girls and young women; FY, fiscal year; Q, quarter; SAPR, semiannual progress report.

### 1.2.3 HIV screening and HTS

Through small-group interventions, the project created demand for and facilitated linkage to HTS by supporting outreaches and in-reaches at health facilities. The project worked closely with health facilities, ensuring planning for commodities and health providers. Commodity challenges were addressed with sub-county health management teams. During the reporting period, the project conducted HIV screening for the younger cohort (9 to 14 years of age) to determine those eligible for testing. Of the 4,829 targeted for testing in this cohort, per COP20, USAID NYM reached 85%: 941 adolescents were tested, while 2,384 (Homa Bay, 766; Migori, 1,618) were screened for HIV and determined not to need an HIV test. Screening was done using the OVC HIV risk assessment tool and the DREAMS enrollment tool. In the coming quarter, USAID NYM will ensure screening for those who were missed out in this reporting period. Table 7 provides HIV testing data by age band and county.

An AGYW enrolled in DREAMS receiving HTS in Mariwa Health Centre in South Sakwa ward, Migori. Photo: PATH

Table 7. Number of AGYW tested for HIV, by age band and county (FY21).

| County | 9–14 years | 15–17 years | 18–19 years | 20–24 years | Total |
|---|---|---|---|---|---|
| Homa Bay | 360 | 5,264 | 4,526 | 5,748 | 15,898 |
| Migori | 581 | 7,456 | 6,207 | 7,029 | 21,273 |
| **Total achieved** | **941** | **12,720** | **10,733** | **12,777** | **37,171** |
| **FY21 targets** | **4,829** | **16,208** | **13,018** | **9,539** | **43,594** |
| **% Achieved** | **19%** | **78%** | **82%** | **134%** | **85%** |

*Abbreviations*: AGYW, adolescent girls and young women; FY, fiscal year.

### 1.2.4 Financial capability training

All AGYW enrolled in DREAMS received financial capability training (FCT) as a primary intervention to build their financial literacy skills to enable them to generate and use money wisely. FCT builds the confidence of AGYW and encourages them to make, save and retain money. In the long run, this may be a powerful skill for preventing their dependence on sex partners for money and economic support. For the cohort of AGYW 20 to 24 years of age, FCT is a crucial entry point to ET and thus was an early focus. Because FCT is a primary intervention, and in efforts to ensure optimal layering of AGYW, USAID NYM took advantage of the availability of AGYW after the COVID-19 protocols review to reach as many as possible with this intervention. As of the reporting period, the project reached 42,538 against a target

of 30,803 (Migori, 24,520 against a target of 13,362; Homa Bay, 18,018 against a target of 17,441) as table 8 below shows.

Table 8. Number of AGYW who received FCT, by age band and county (FY21, Q1–Q4).

| County | 9–14 | 15–17 | 18–19 | 20–24 | Total | Target | % |
|---|---|---|---|---|---|---|---|
| Homa Bay | 2,172 | 5,365 | 4,575 | 5,906 | 18,018 | 17,441 | 103% |
| Migori | 3375 | 7,659 | 6,263 | 7,223 | 24,520 | 13,362 | 184% |
| **Total** | **5,547** | **13,024** | **10,838** | **13,129** | **42,538** | **30,318** | **140%** |

*Abbreviations*: AGYW, adolescent girls and young women; FCT, financial capability training; FY, fiscal year; Q, quarter.

### 1.2.5 Entrepreneurship Training (ET)

Following on FCT, USAID NYM also implements entrepreneurship training (ET) as a primary service to young women 20 to 24 years of age and as a secondary service for the cohort of AGYW 18 to 19 years of age. Using the DREAMS entrepreneurship trainers' curriculum, USAID NYM focused on increasing the reach among AGYW 20 to 24 years of age to achieve optimal layering for this cohort, prepare them for graduation with the necessary skills and knowledge, and disburse business start-up and business boost finances to ensure they are ready for entrepreneurship ventures (Table 9). These efforts led to an overachievement in the cohort 20 to 24 years of age, as there was a disproportionate COP targeting to the layering expectations. In COP20, ET was elevated to become a primary service, and with the focus on layering, USAID NYM made the decision to channel more resources to this cohort. In the end, this contributed to optimal layering of AGYW 20 to 24 years of age.

Table 9. Number of AGYW who received ET, by county (FY21 Q1–Q4).

| County | 18–19 target | 18–19 reach | % | 20–24 target | 20–24 reach | % |
|---|---|---|---|---|---|---|
| Migori | 1,669 | 1,495 | 90% | 1,281 | 6,962 | 543% |
| Homa Bay | 1,065 | 759 | 71% | 1,103 | 5,714 | 518% |
| **Total** | **2,734** | **2,254** | **82%** | **2,384** | **12,676** | **531%** |

*Abbreviations*: AGYW, adolescent girls and young women; ET, entrepreneurship training; FY, fiscal year; Q, quarter.

### 1.2.6 Contraceptive method mix, condom promotion and provision, and PrEP education

In FY21, USAID NYM continued to support interventions to increase knowledge, develop positive attitudes, and create demand for essential HIV-prevention services among AGYW. The biomedical services include PrEP, condoms, and contraceptives. Working closely with the DOH at the sub-county level, the project identified link health facilities from which AGYW accessed commodities and competent services from trained health care providers. As a strategy, the project stopped the stand-alone session approach to educating AGYW on each of the strategies but continued to increasingly integrate the same in other services, including group-based behavioral sessions, HTS, social asset–building sessions, and mentorship. This integration has increased reach, besides facilitating demand for and access to the services. These sessions serve as the mobilization point for provision of the services and screening for referrals as appropriate. Table 10 indicates the project's achievement reach by age cohort and county for FY21.

Table 10. Number of AGYW who received CMM, CPP, and PrEP education, by county (FY21).

| Intervention / county | 15–17 years | | | 18–19 years | | | 20–24 years | | |
|---|---|---|---|---|---|---|---|---|---|
| | Target | Reach | % | Target | Reach | % | Target | Reach | % |
| **CPP** | | | | | | | | | |
| Homa Bay | 5,124 | 5,352 | 104% | 3,550 | 4,602 | 130% | 3,089 | 5,846 | 189% |
| Migori | 6,221 | 7,687 | 124% | 5,563 | 6,339 | 114% | 3,588 | 7,337 | 204% |
| **Subtotal** | **11,345** | **13,039** | **115%** | **9,113** | **10,941** | **120%** | **6,677** | **13,183** | **197%** |
| **CMM** | | | | | | | | | |
| Homa Bay | 7,320 | 5,353 | 73% | 5,071 | 4,600 | 91% | 4,413 | 5,844 | 132% |
| Migori | 8,888 | 7,687 | 86% | 7,947 | 6,340 | 80% | 5,126 | 7,343 | 143% |
| **Subtotal** | **16,208** | **13,040** | **80%** | **13,018** | **10,940** | **84%** | **9,539** | **13,187** | **138%** |
| **PrEP education** | | | | | | | | | |
| Homa Bay | 7,320 | 5,347 | 73% | 5,071 | 4,599 | 91% | 4,413 | 5,847 | 132% |
| Migori | 8,888 | 7,689 | 87% | 7,947 | 6,338 | 80% | 5,126 | 7,338 | 143% |
| **Subtotal** | **16,208** | **13,036** | **80%** | **13,018** | **10,937** | **84%** | **9,539** | **13,185** | **138%** |

Abbreviations: AGYW, adolescent girls and young women; CMM, contraceptive method mix; CPP, condom promotion and provision; FY, fiscal year; PrEP, pre-exposure prophylaxis.

Since contraceptive method mix, condom promotion and provision, and PrEP education are primary services for AGYW 15 to 24 years of age, the project focused on ensuring more AGYW received education on all three services. However, for young age cohort, school setting hampered the provision of some of the services (e.g., contraception and PrEP), while those 20 to 24 years of age readily took up the sessions in their community settings and account for much of the commodity demand.

## 1.3 Secondary individual interventions

### 1.3.1 Pre-Exposure Prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) is a key HIV prevention strategy that has the potential of empowering AGYW to take charge of their protection from HIV infection. USAID Nuru Ya Mtoto worked in the reporting period to improve the knowledge and attitudes of AGYW through ongoing PrEP education and conducted PrEP eligibility screening using the Rapid Assessment Screening Tool of the Kenya Ministry of Health (MOH). Eligible AGYW were initiated on PrEP and follow-on was conducted in collaboration with link health facilities and the guidance of the DOH. The project achieved 101% reach in Homa Bay and 86% in Migori, as shown in Table 11. In Migori, local contextual challenges in Kuria East and Kuria West sub-counties (e.g., cultural gender expectations that limit women's access to services, school attendance, and cross-border emigration) limited reach. From a gender perspective, the project is focusing on increasing male involvement and building a cadre of male champions and role models on gender equity to create a conducive environment for the uptake of PrEP. USAID NYM is also increasing health care provider sensitization with the DOH on youth-friendly service provision and general PrEP knowledge.

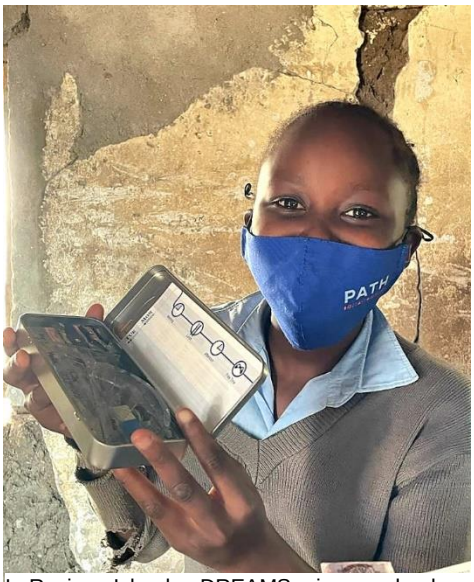
Table 11. Number of individuals newly enrolled in PrEP, by county (FY21).

| County | SAPR1 Achieved | SAPR1 % Achieved | SAPR2 Achieved | SAPR2 % Achieved | FY21 Q1–Q4 | Annual target | FY21 % Achievement |
|---|---|---|---|---|---|---|---|
| Homa Bay | 1,098 | 77% | 337 | 24% | 1,435 | 1,423 | 101% |
| Migori | 667 | 51% | 453 | 35% | 1120 | 1,308 | 86% |
| **Totals** | **1,765** | 65% | **790** | 29% | **2,555** | **2,731** | 94% |

*Abbreviations*: FY, fiscal year; PrEP, pre-exposure prophylaxis; Q, quarter; SAPR, semiannual progress report.

### 1.3.2 Education support

In FY21, USAID NYM worked closely with the Ministry of Education (MOE) to support (re)enrollment, retention, continuation, and completion of schooling for AGYW. Realizing the significance in AGYW's achieving lifelong positive health outcomes if they complete at least a high school education, the project provided girls with the resources and commodities needed to support them throughout their education. To this end, the project supported mentorship sessions for school going AGYW, in partnership with DCS and MOE, to encourage and motivate girls to continue schooling. The project also provided dignity packs and learners' packages and supported payment of school fees and school levies. The learners' packages were especially for 9 to 14 years of age preparing for end-of-term exams and the Kenya Certificate of Primary Education. The learners' packages included geometrical sets and exercise books that are crucial for preparing and taking the examinations. Table 12 below shows the education support provided to AGYW, by age and county.



In Rusinga Island, a DREAMS primary school candidate displays her needed learners pack received from NYM. Photo: PATH

School fees were paid for 2,032 vulnerable AGYW to continue secondary education. Additionally, 34 AGYW received support from Homa Bay County for school fees as part of the efforts on collaboration and co-implementation initiated by the project. The project observed that there are disparities around the normal expectation of school levels vis-à-vis age, with girls 15 and 16 years of age in primary school and young women 18 to 22 years of age in secondary schools. This is partly due to re-enrollment after pregnancy, late enrollment due to lack of fees, and general challenges in academic abilities.

Table 12. Number of individuals provided with education subsidy, by county (FY21).

| County / cohort | Target | Achievement | % |
|---|---|---|---|
| **Homa Bay** | | | |
| 9–14 | 339 | 494 | 146% |
| 15–17 | 3,097 | 2,357 | 76% |
| 18–19 | 355 | 1,386 | 390% |
| 20–24 | 309 | 862 | 279% |
| **Subtotal** | **4,100** | **5,099** | **124%** |
| **Migori** | | | |
| 9-14 | 564 | 523 | 93% |
| 15–17 | 4,888 | 3,774 | 77% |
| 18–19 | 556 | 1,778 | 320% |
| 20–24 | 359 | 636 | 177% |
| **Subtotal** | **6,367** | **6,711** | **105%** |
| **Grand Total** | **10,467** | **11,810** | **113%** |

*Abbreviation*: FY, fiscal year.

### 1.3.3 Combined socioeconomic approaches

In FY21, USAID NYM supported 9,942 AGYW through combined socioeconomic approaches to enhance their resilience (Table 13). Of these, 1,961 AGYW were supported with business start-up kits. These were based on business plans developed by the AGYW and assisted by the ward coordinators and project team for completeness. Employment linkages and entrepreneurship support were provided

to 2,199 and 4,981 AGYW, respectively. In addition, vocational training plays a key role in providing skill sets that the AGYW need for both wage employment and self-employment. In the reporting period, 173 AGYW were supported through vocational training to learn different trades. To enhance access to capital, 26 AGYW were linked with microfinancing institutions, and 361 AGYW who received the start-up capital support from USAID Nuru Ya Mtoto were linked to saving groups, while another 170 used mobile platforms to save. In Homa Bay and Migori Counties, the program supported 1,143 AGYW through business mentorship sessions conducted by women business achievers identified within the respective wards, some of whom were graduates of the same programs.

Table 13. Number of individuals provided with CSEA, by county (FY21).

| CSEA service disaggregated | Homa Bay | Migori | Total |
|---|---|---|---|
| Economic Strengthening – Business Start-Up Kit | 869 | 1,092 | 1,961 |
| Economic Strengthening – Employment | 769 | 1,430 | 2,199 |
| Economic Strengthening - Entrepreneurship Support | 2,505 | 2,476 | 4,981 |
| Economic Strengthening – Internship | 11 | 1 | 12 |
| Economic Strengthening – Microfinance | 0 | 26 | 26 |
| Economic Strengthening – Other | 381 | 209 | 590 |
| Economic Strengthening –Vocational Training | 81 | 92 | 173 |
| **Total** | **4,616** | **5,326** | **9,942** |

*Abbreviations*: CSEA, combined socioeconomic approaches; FY, fiscal year.

## 1.4 Contextual interventions

### 1.4.1 Reducing risk in male sex partners (MSPs)

In FY21, USAID NYM continued to involve and reach out to MSPs of AGYW, as characterized through group discussions with enrolled AGYW. The project seeks to ensure that MSPs access highly effective HIV-prevention services, including HTS and HIV treatment initiation, voluntary medical male circumcision, and condom uptake. Through ward-level outreaches to MSPs in their hot spots, the project also sought to improve men's attitudes toward gender equity and reduce GBV. USAID NYM mainstreams the SASA! (Start, Awareness, Support, Action) intervention for violence prevention and works with men to be champions of women's empowerment. In partnership with men's associations (e.g., *boda boda* support groups, beach management units, sand harvesting associations, etc.), the project schedules monthly MSP outreaches, during which the project also supports the DOH in providing services at the MSPs' convenience.

At Lwanda Nyamasare Beach in Kasgunga ward of Mbita, a USAID NYM mentor demonstrates condom use to male fisherfolk. Photo: PATH

In FY21, USAID NYM conducted outreach sessions for MSPs, reaching 12,582 typical partners of AGYW (Table 14). The outreaches linked MSPs to HTS and male circumcision. As part of GBV-prevention strategies, the project also included violence-prevention sessions from SASA! during the MSP outreaches.

Table 14. Number of MSPs reached with HIV prevention and testing services, by county (FY21).

| County | FY21Q1 | FY21Q2 | FY21Q3 | FY21Q4 | Total |
|---|---|---|---|---|---|
| Homa Bay | 828 | 2,383 | 1,762 | 3,417 | 8,390 |
| Migori | 213 | 2,506 | 668 | 805 | 4,192 |
| **Total** | 1,041 | 4,889 | 2,430 | 4,222 | 12,582 |

*Abbreviations*: FY, fiscal year; MSP, male sex partner.

### 1.4.2 Mobilizing communities for gender norms change

In FY21, using SASA! interventions for HIV and violence prevention, USAID NYM continued to work with AGYW, MSPs, parents and guardians, and community gatekeepers to increase knowledge and improve attitudes that lead to reduced GBV. AGYW benefitted from the sessions, as they gained the know-how and awareness of what violence entails and strategies for its prevention, while the community members gained awareness on how to identify and rectify contexts that keep AGYW unsafe and likely lead to violence. In FY21/Q4, the project reached 19,884 beneficiaries through SASA!, thus reaching a cumulative 78,723 community members and AGYW (Table 15).

Table 15. Number of AGYW and community members reached with SASA! by county (FY21).

| County | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | Total |
|---|---|---|---|---|---|
| Homa Bay | 7,973 | 8,687 | 8,203 | 9,683 | 34,546 |
| Migori | 8,822 | 19,008 | 6,146 | 10,201 | 44,177 |
| **Total** | **16,795** | **27,695** | **14,349** | **19,884** | **78,723** |

*Abbreviations*: AGYW, adolescent girls and young women; FY, fiscal year; SASA!, Start, Awareness, Support, Action.

## 1.5 OVC/DREAMS co-enrollment

In FY21, 17% of all enrolled AGYW 9 to 17 years of age were from OVC HHs, with 43% of those 9 to 14 years of age being OVC co-enrolled in DREAMS, and 5% of those 15 to 17 years of age also coming from USAID NYM OVC HHs, as table 16 shows. USAID NYM will continue to co-enroll by line-listing eligible AGYW from OVC HHs. Among those co-enrolled in OVC programming, 90% have completed primary layering as of the end of FY21 (97% for 9 to 14 years and 61% for 15 to 17 years).

Table 16. OVC co-enrollment in DREAMS, by county and age cohort (FY21).

| County | 9–14 years | 15–17 years | Total |
|---|---|---|---|
| Number of eligible OVC co-enrolled in DREAMS | | | |
| Homa Bay | 1,731 | 346 | 2,077 |
| Migori | 810 | 320 | 1,130 |
| **Total** | **2,541** | **666** | **3,207** |
| **Enrolled in cohort** | 5,871 | 13,340 | 19,211 |
| **% Achieved** | **43%** | **5%** | **17%** |
| Number co-enrolled OVC completing DREAMS primary package | | | |
| Homa Bay | 1,697 | 186 | 1,883 |
| Migori | 776 | 223 | 999 |
| **Total** | **2,473** | **409** | **2,882** |
| **Enrolled in cohort** | 2,541 | 666 | 3,207 |
| **% Achieved** | **97%** | **61%** | **90%** |

*Abbreviations*: DREAMS, Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe; FY, fiscal year; OVC, orphans and vulnerable children.

# Sub-purpose 3: Increased access to and demand for high-quality health and social services for OVC and their families

## 3.1 Increased targeted services for HIV-exposed, HIV-infected, and HIV-affected OVC and increased access to comprehensive services for HIV-impacted OVC

### 3.1.1 Overview

In FY21, USAID Nuru Ya Mtoto co-created and co-implemented with Homa Bay, Migori and Kisii county governments to increase access to sustainable, high-quality health and social services for OVC and their families by (1) implementing an integrated case management approach to deliver a comprehensive package of evidence-based OVC services; (2) strengthening integration of OVC DREAMS programming; (3) targeting adolescents 9 to 14 years of age with evidence-based HIV-prevention services; and (4) pivoting county strategies to reach OVC in high-burden hot spots. The project increased targeted services for HIV-exposed, infected, and affected OVC; increased HH economic stability to care for and protect OVC; and strengthened OVC-related community systems and structures. USAID NYM adopted the COP20 programming guidance and strategies and continued using the case management approach to provide prioritized age-appropriate services to OVC and their HHs for improved well-being. Hence, OVC were provided with age-appropriate comprehensive and preventive service packages based on their needs, as described in the COP20 service package.

The project continued with innovations to ensure compliance with COVID-19 restrictions issued by the MOH and ensure provision of high-quality social and health services to enrolled beneficiaries. This included virtual HH monitoring, use of digital platforms to send critical health messages for reminding HHs with children and adolescents living with HIV (CALHIV) to take drugs on time and mobilizing them for integrated services, small-group meetings, and partnership with the MOH to provide masks and promote vaccination.

As at APR21, USAID NYM had served a total of 157,355 OVC against a COP20 target of 124,346. From the total served, 110,640 were OVC Comprehensive (107,303 active OVC and 3,337 graduated OVC from 36,249 HHs). For OVC Preventive, 30,711 adolescents 9 to 14 years of age were taken through the parenting for lifelong health (Sinovuyo) EBI. A total of 16,004 OVC were also co-enrolled in the DREAMS intervention. Table 17 below shows the number of OVC served in each county by the end of Q4, by sex and intervention.

Table 17. OVC reached, by gender and county (FY21).

| County | COP20 targets | OVC Comprehensive | | | OVC Preventive | | | DREAMS | Total OVC Served | | | % Achieved |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | F | Total | M | F | Total | F | M | F | Total | |
| Homa Bay | 69,289 | 32,980 | 33,565 | 66,545 | 4,307 | 4,709 | 9,016 | 5,747 | 37,287 | 44,021 | 81,308 | 117% |
| Kisii | 16,110 | 8,497 | 9,005 | 17,502 | 4,028 | 4,497 | 8,525 | - | 12,525 | 13,502 | 26,027 | 162% |
| Migori | 38,947 | 12,990 | 13,603 | 26,593 | 6,013 | 7,157 | 13,170 | 10,257 | 19,003 | 31,017 | 50,020 | 128% |
| **Total** | **124,346** | **54,467** | **56,173** | **110,640** | **14,348** | **16,363** | **30,711** | **16,004** | **68,815** | **88,540** | **157,355** | **127%** |

*Abbreviations*: DREAMS, Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe; FY, fiscal year. OVC, orphans and vulnerable children.

The project responded to the existing actions documented within OVC case plans, suppression plans, and HH visit notes to offer OVC services across the four domains of Healthy, Safe, Stable, and Schooled. As a result, the number of OVC served were 81,308 (117%) in Homa Bay; 26,027 (162%) in Kisii; and 50,020 (128%) in Migori. The project conducted system-level validation with an aim of establishing the existence of case workers upon which they were engaged in providing services and monitoring the OVC HHs.

In FY21, there were 9,078 total exits out of which 3,337 graduated and 5,741 OVC exited the project without graduation for the following reasons: (a) 1,085 aged out; (b) 1,829 relocated; (c) 380 left at will/dropped out; and (d) 110 died. There were 2,337 children who were ineligible for enrollment in the program and were let go (see Table 18).

Table 18. Number of orphans and vulnerable children who graduated or exited the project (FY21).

| County | Total exits | Graduated | Exited without graduation | | | | | Ineligible |
|---|---|---|---|---|---|---|---|---|
| | | | Received no service in each of the past 2 quarters (LTFU) | Died | Relocated | Aged out | Total | |
| Homa Bay | 5,524 | 1,618 | 280 | 62 | 1,126 | 581 | 2,049 | 1,857 |
| Kisii | 1,679 | 1,008 | 100 | 19 | 191 | 168 | 478 | 193 |
| Migori | 1,875 | 711 | - | 29 | 512 | 336 | 877 | 287 |
| Total | 9,078 | 3,337 | 380 | 110 | 1,829 | 1,085 | 3,404 | 2,337 |

*Abbreviations*: FY, fiscal year; LTFU, lost to follow-up; PEPFAR, President's Emergency Plan for AIDS Relief.

### 3.1.2 Access to comprehensive services by 100% of OVC with known risks of HIV and violence

*3.1.2.1 Case Plan Achievement Readiness Assessments (CPARAs)*

USAID NYM continued implementing case management as a cornerstone to high-quality service delivery. Using both in-person and remote interactions, the project conducted CPARAs for 36,249 OVC HHs. The CPARA results were used to guide the HHs on case plan development to establish their needs, which informed service provision and categorized them into different pathways to case plan achievement. All 36,249 HHs were supported in developing a case plan that guided prioritization of services, both direct from the project or referrals. This data will also serve as a baseline for the project on HH vulnerability status, as shown in Table 19 below.

Table 19. Case Plan Achievement and Readiness Assessment (CPARA).

| County | Not ready for graduation (score 0–7) | | On path to graduation/medium (score 8–13) | | On path to graduation/low (score 14–16) | | Ready to graduate (score 17) | | Grand total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | HH | OVC | HH | OVC | HH | OVC | HH | OVC | HH | OVC |
| Homa Bay | 2,469 | 6,495 | 14,738 | 39,553 | 3,675 | 9,255 | 162 | 369 | 21,044 | 55,672 |
| Kisii | 219 | 721 | 4,295 | 12,481 | 1,371 | 3,461 | 104 | 267 | 5,989 | 16,930 |
| Migori | 572 | 1,366 | 7,291 | 19,493 | 1,303 | 3,110 | 50 | 107 | 9,216 | 24,076 |
| **Total** | **3,260** | **8,582** | **26,324** | **71,527** | **6,349** | **15,826** | **316** | **743** | **36,249** | **96,678** |

*Abbreviations*: HH, household; OVC, orphans and vulnerable children.

Of the 36,249 HHs assessed, a total of 3,260 HHs (9%) were categorized as not ready for graduation (0–7 benchmarks) and were mainly targeted with social assistance interventions. Hence, 526 caregivers were linked to government cash transfer, and 1,002 HHs received USAID Nuru Ya Mtoto emergency funds to enable them to meet basic family needs, such as food. In addition, 1,346 CALHIV were provided with transport to health facilities to access treatment, 6,789 adolescent girls were provided

with sanitary towels, 7,641 OVC were supported with school fees and 2,134 with uniforms, and 1,031 OVC were assisted in enrolling in the National Hospital Insurance Fund.

A total of 32,673 HHs (90%) were categorized as on the path to graduation, with 26,324 (72%) being "on the path to graduation/medium" (8–13 benchmarks) and 6,349 (18%) being "on the path to graduation/low" (14–16 benchmarks). Caregivers in HHs categorized as medium and low were targeted with intervention to promote income growth and protection: 1,621 were supported with income-generating activities; 25,187 were linked to village savings and lending associations, trained on business skills, and linked to formal financial services support groups; and 812 were enrolled in parenting skills classes. Caregivers in the 6,349 HHs that were categorized as on path to graduation low were referred and linked to formal financial institutions and to producer and value chains groups.

The project categorized 316 (1%) HHs as ready to graduate. For these HHs, the project will be conducting three months of pre- and post-graduation monitoring to make the final determination. Actual graduation for those HHs will be conducted in FY22 Q1.

*3.1.2.2 Services by domain*

OVC continued to receive services under various domains, according to their case plans. Table 20 tabulates achievements under the domains of Healthy, Safe, Stable, and Schooled.

Table 20. Orphans and vulnerable children served, by domain (FY21).

| Core services | Male | | Female | | Total by age group | | Total by core services |
|---|---|---|---|---|---|---|---|
| | 0–17 years | 18+ years | 0–17 years | 18+ years | 0–17 years | 18+ years | |
| Healthy | 28,360 | 2,944 | 29,570 | 2,835 | 57,930 | 5,779 | 63,709 |
| Safe | 46,847 | 5,277 | 48,809 | 5,079 | 95,656 | 10,356 | 106,012 |
| Schooled | 17,350 | 1,687 | 22,831 | 2,331 | 40,181 | 4,018 | 44,199 |
| Stable | 122 | 135 | 125 | 138 | 247 | 273 | 520 |

The project used 2,095 case workers to conduct monitoring visits and link the HHs to available services. The services under the Healthy domain aimed at promoting the achievement of the 95-95-95[1] HIV care-and-treatment cascade among CALHIV and provide basic HIV knowledge among HIV-negative adolescents and caregivers to boost their capacity on engaging in positive behaviors that would aid in HIV prevention. Within the reporting period, a total of 63,709 OVC (31,304 M; 32,405 F) were reached with age-appropriate services under the Healthy domain. Among those, 29,233 (14,278 M; 14,955 F) over 10 years of age received HIV-prevention education through case worker routine visits, 26,045 (12,767 M; 13,278 F) of all ages received health and nutrition messages, and 113 (47 M; 66 F) adolescents were referred for and received HIV tests. These services were provided through case worker routine monitoring visits, referrals, and linkages and then recorded in service tracking forms. To promote integration of services for OVC and for prevention of mother-to-child transmission (PMTCT) of HIV, the project identified 56 pregnant adolescents living with HIV and linked them to PMTCT services, while case workers identified 158 (77 M; 81 F) HIV-exposed infants (HEIs) whose caregivers were not accessing services and escorted them for early infant diagnosis to nearby project-identified health facilities.

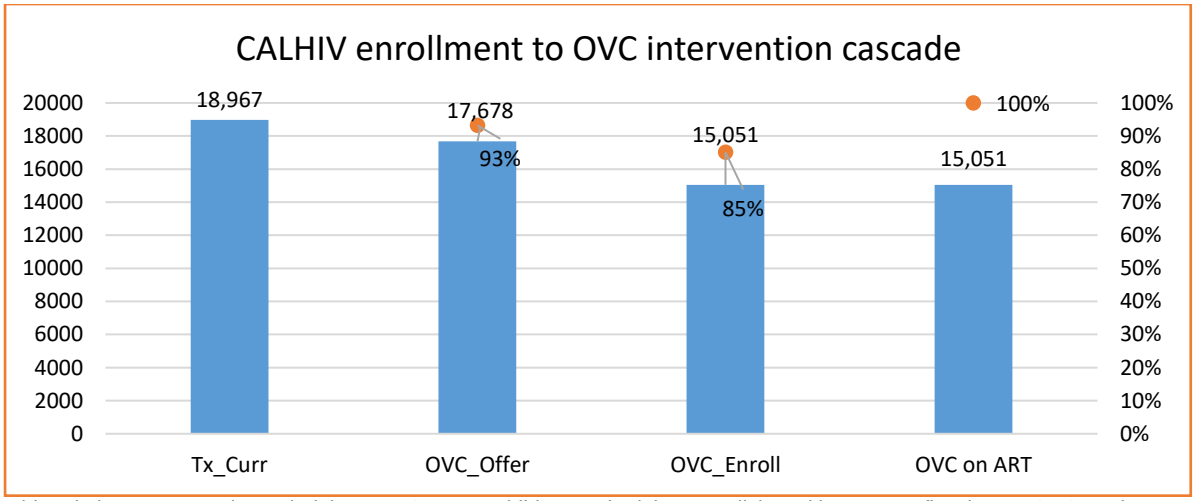
Activities and results under the other domains are detailed later in this sub-purpose section.

[1] The 95-95-95 targets of the Joint United Nations Programme on HIV/AIDS, with the goal to end AIDS by 2030, are as follows: **95**% of people living with HIV knowing their HIV status; **95**% of people who know their status on treatment; and **95**% of people on treatment with suppressed viral loads.

### 3.1.3 Enrollment in the project by 90% of CALHIV, exposed children, and children of PLHIV and adolescents most at risk

The project continued to identify CALHIV and HEI enrollment gaps through collection of facility line lists and characterization of those line-listed to establish their eligibility for enrollment into USAID NYM. This continued throughout the year, and enrollment of CALHIV recording high viral load (VL) results was prioritized. In this reporting period, the project line listed CALHIV from 619 health facilities. Of the CALHIV line-listed, 17,678 were offered enrollment; of these, 15,051 (85%) were enrolled into the project and provided with appropriate services (see Figure 3). A total of 546 CALHIV were line-listed toward the end of September 2021 and will be characterized and those eligible will be enrolled into the project and provided with services in Q1 of FY22.

Figure 3. CALHIV enrollment to OVC intervention cascade FY21.




*Abbreviations*: ART, antiretroviral therapy; CALHIV, children and adolescents living with HIV; FY, fiscal year; OVC, orphans and vulnerable children; OVC_Offer, Number of children and adolescents on ART in PEPFAR clinical settings whose households are offered enrollment in the OVC program PLUS the number of children and adolescents already in the OVC Program who are HIV+ and on ART; OVC_Enroll, Number of HIV-positive children and adolescents on ART at a PEPFAR clinical setting whose households are enrolled in the OVC comprehensive program after having been offered enrollment TX_CURR, number of adults and children currently receiving ART.

USAID NYM will continue working closely with care and treatment partners, the MOH, and health facilities to identify, line-list, enroll, assess, and provide services to CALHIV. Further, the project will work with expert PLHIV as champions to support and encourage enrollment among caregivers who have previously declined enrolling their dependents. With 18,967 children and adolescents 0 to 19 years of age currently on treatment, the project has achieved 15,051 (79%) enrollment and will continue to work closely with facility and clinical implementing partners (IPs) toward attaining 95% in FY22.

### 3.1.4 HIV screening and testing of 100% of eligible children

During FY21, the project identified OVC who were eligible for HIV risk screening. The screening tools were printed and provided to case workers to provide the service and share data for those who received the service for entry and analysis. This ensured that the HIV status of OVC (under 18 years of age) enrolled in the OVC Comprehensive program is ascertained. Approximately 15% of the OVC under 18 years of age are HIV positive and on antiretroviral therapy (ART), 80% are negative, and 4% are not at risk of getting infected and therefore do not require a test. The HIV status of about 2% of OVC is not known. Table 21 below shows the HIV status data, by sex.

Table 21. HIV status of OVC (<18 years of age) enrolled in the OVC Comprehensive program, by sex.

| County | Active OVC (<18yrs) | | HIV negative | | Test not required | | HIV status not known | | HEI (subset of HIV status not known) | | HIV positive | | Of those positive, number on ART | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| Homa Bay | 29,069 | 29,866 | 23,800 | 23,961 | 1,163 | 1,313 | 415 | 392 | 353 | 322 | 3,691 | 4,200 | 3,691 | 4,200 |
| Kisii | 8,034 | 8,509 | 6,595 | 6,791 | 29 | 47 | 325 | 376 | 323 | 373 | 1,085 | 1,295 | 1,085 | 1,295 |
| Migori | 11,973 | 12,634 | 9,156 | 9,364 | 463 | 633 | 59 | 66 | 59 | 66 | 2,295 | 2,571 | 2,295 | 2,571 |
| Total | 49,076 | 51,009 | 39,551 | 40,116 | 1,655 | 1,993 | 799 | 834 | 735 | 761 | 7,071 | 8,066 | 7,071 | 8,066 |

*Abbreviations*: ART, antiretroviral therapy; HEI, HIV-exposed infant; OVC, orphans and vulnerable children.

To achieve the 95-95-95 targets, the project will conduct HIV risk screening among all at-risk adolescents and escort those eligible for HTS. The project will also monitor all HEIs to complete their early infant diagnosis and update their HIV status in the Child Protection Information Management System (CPIMS). HEIs comprise about 92% of OVC with unknown HIV status. Characterization was done to ascertain the exert age and status of these infants, and not all of them were eligible for a final HIV antibody test at 18 months and over. Finally, the project will collaborate with the MOH and clinical IPs to conduct index testing within OVC sub-populations to identify any new CALHIV/PLHIV and refer them for treatment.

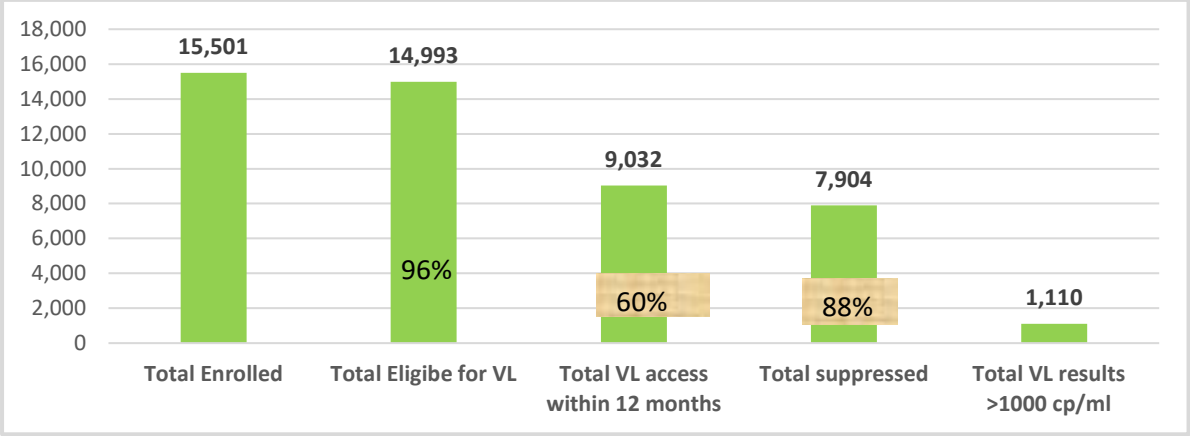
### 3.1.5 Third 95% goal: VL access and suppression

#### *3.1.5.1 Testing access and VL cascade*

The objectives of clinical and laboratory monitoring during ART are to identify and treat intercurrent illnesses, assess and manage adverse drug reactions, and evaluate response to treatment. During the reporting period, USAID Nuru Ya Mtoto continued to work closely with health facilities within its coverage area, focusing on tracking the well-being of the pediatric and adolescent patients seeking care. This involved collecting and updating VL results to inform case planning and provide appropriate services.

Out of the 15,051 (7,040 M; 8,011 F) CALHIV enrolled in USAID Nuru Ya Mtoto, 14,993 (99.6%) were eligible for VL tests (the 0.4% ineligible being those enrolled in care for less than three months and defaulters traced back to care). A total of 15,011 (99%) accessed at least one VL test, with 9,032 (60%) of those recording a VL test taken within a one-year period and a suppression rate of 88%. A total of 5,431 CALHIV had invalid VL (last routine VL beyond 12 months). The project has put in place strategies to address this issue as discussed later. Figure 4 illustrates the VL cascade for CALHIV.

Figure 4. FY21 VL cascade for children and adolescents living with HIV.




*Abbreviations*: cp, copies; ml, milliliter; VL, viral load.

USAID NYM- implementing counties have faced a national shortage of VL reagents for the last three quarters of the FY, thus, CALHIV have not had access to timely and recommended VL tests. A verification exercise was conducted by the project to verify quality of VL tests and results data and 82% (4,476/5,431) of missed testing intervals were because no samples were collected from the CALHIV due to a lack of VL reagents. The project and the facility went further to line-list all affected CALHIV so that they could be prioritized for sample collection upon resumption of VL testing. The project is working toward ensuring that all CALHIV have access to timely VL in Q1/Q2 of COP21. The project will also orient LIP staff on the advanced case management model Jua Mtoto Wako,[2] an initiative to accelerate viral suppression among CALHIV and conduct follow-up of CALHIV that record high VL.

*3.1.5.2 Interventions for high VL*

The project intensified follow-up among OVC with previous and current high VL records. A total of 1,636 OVC with high VL results were visited to establish reasons for high VL and develop suppression plans (see Table 22). Of these, 1,133 were referred and are receiving enhanced adherence counseling, 759 (368 M; 391 F) were enrolled in special support groups for high VL follow-up, 451 (236 M; 215 F) were discussed in facility multi-disciplinary meetings, and 786 (392 M; 394 F) were placed on directly observed therapy by caseworkers. Additionally, 10 (5 M; 5 F) CALHIV were optimized to the current standardized regimen, as per the revised pediatric ART optimization guidelines. The case workers supported case plan revision to address high VL among 1,567 OVC. In collaboration with the care and treatment partners, a total of 725 OVC (361 M; 364 F) underwent repeat VL tests to establish efficacy of the interventions being implemented, and of these, 241 (109 M;132 F) achieved viral suppression. Those who still had a high VL were monitored to confirm treatment failure and probably switched to second-line treatment as per the optimization guidelines. The case workers continued to provide directly observed therapy to CALHIV to ensure they adhere well to the new regimen. A total of 836 OVC were linked to treatment buddies for support in achieving viral suppression.

[2] Jua Mtoto Wako ('know your child') is an initiative to address issues of non-suppression for CALHIV individually through performing detailed root cause analysis for non-suppression and developing a suppression plan to prioritize service provision to address the identified reasons for non-suppression. The strategy adopts a multidisciplinary approach involving all stakeholders (i.e., the health facility staff, case managers at local IP level, case workers, community health volunteers, peer educators, mentor mothers for PMTCT, and other private players).

Table 22. Number of OVC reached with interventions for high VL in the reporting period (Q3/Q4).

| Indicators/Interventions | County | | | Project |
|---|---|---|---|---|
| | Homa Bay | Migori | Kisii | Total |
| Low (400–999 cp/ml) and high (>1000 cp/ml) VL (unsuppressed) | 872 | 533 | 231 | 1,636 |
| Visited at home | 872 | 490 | 231 | 1,636 |
| Provided with enhanced adherence counseling | 433 | 469 | 231 | 1,133 |
| Enrolled to special support group for high VL follow-up | 602 | 157 | 0 | 759 |
| Case discussed in facility multidisciplinary meeting | 192 | 178 | 81 | 451 |
| On directly observed therapy | 129 | 426 | 231 | 786 |
| Assigned treatment buddy | 427 | 409 | 0 | 836 |
| Case plan revised to address high VL | 943 | 393 | 231 | 1,567 |
| Case conferencing done at local implementing partner | 44 | 149 | 8 | 201 |
| Repeat VL test conducted | 725 | 0 | 0 | 725 |
| VL <400 cp/ml after repeat VL test | 241 | 0 | 0 | 241 |

*Abbreviations*: OVC, orphans and vulnerable children; Q, quarter; VL, viral load.

### 3.1.6 Disclosure coverage

Nondisclosure of HIV status remains one of the major contributors to non-adherence among CALHIV and PLHIV, as per the suppression plans developed. Through case workers, the project continued to monitor progress of CALHIV health indicators and address socio-economic factors affecting suppression. Through case worker monitoring visits conducted within the reporting period (FY21), a total of 1,922 CALHIV (1,123 M; 799 F) had achieved complete disclosure, and 2,657 (1,275 M: 1,382 F) had achieved partial disclosure, as shown in table 23.

Table 23. Disclosure coverage of children and adolescents living with HIV.

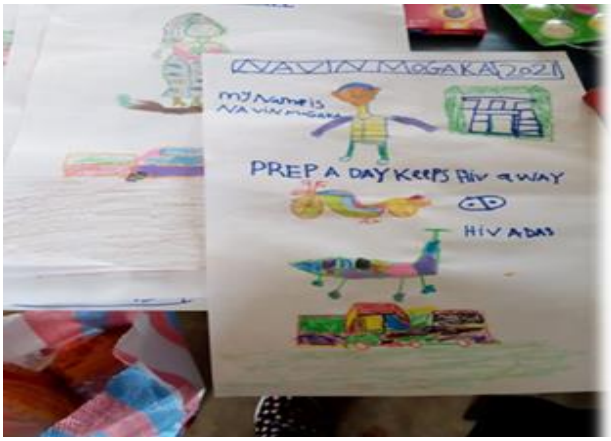
| County | Complete disclosure | | Partial disclosure | |
|---|---|---|---|---|
| | M | F | M | F |
| Homa Bay | 79 | 105 | 377 | 396 |
| Kisii | 262 | 346 | 234 | 264 |
| Migori | 458 | 672 | 664 | 722 |
| **TOTAL** | **799** | **1,123** | **1,275** | **1,382** |

Some of the reasons for non-disclosure include stigma by caregivers who do not want family and children to know their status. The project is working with adherence counselors to counsel and support caregivers in the disclosure process, particularly elderly caregivers who are not aware of the importance of disclosure. The project has conducted individual caregiver education, with additional support from facility adherence counselors. In the next reporting period, caregiver HIV literacy sessions will be conducted to educate and empower caregivers on the need for HIV status disclosure. Further, the

project will continue to build the capacity of its case workers to effectively support CALHIV HHs in this and/or refer them for disclosure support in health facilities.

### 3.1.7 Operation Triple Zero (OTZ) and support groups

Operation Triple Zero (OTZ) activities are meant to empower adolescents and young PLHIV to take control of their health choices and decisions and receive peer support in committing to the treatment goal to achieve “triple zero”: zero missed appointments, zero missed drugs/medications, and zero VL. In FY21, a total of 3,505 CALHIV participated in 111 OTZ sessions. The meetings aimed at achieving triple zero and reducing HIV impact among adolescents living with HIV, including addressing stigma and non-adherence. These clubs provide adolescents with platforms where they share challenges, experiences, and the roles that they have in common without being judged, blamed, stigmatized, or isolated. Through this, they realize that they are not alone in their situation and are empowered to strengthen adherence, gain self-confidence, make friends, and seek psychosocial support services.



Illustrations of drawings made during art therapy in OTZ sessions. Photo: PATH

The facility adherence counselors used art therapy, among other techniques, at sessions to help CALHIV explore self-expression to enable them to find new ways of gaining personal insight and develop new coping skills. In Kisii County, the OTZ meetings involved child therapy sessions that used art therapy to enable young members to express their feelings and learn through drawing.

### 3.1.8 Health and nutrition for children under 5

The project continued to monitor the nutritional status of children under 5 years of age through case workers who check immunization status in the mother/baby booklet during routine visits. Among 12,251 OVC under 5 years of age, 7,788 (3,949 M; 3,839 F) were monitored and found to have completed the immunization schedule and 8,538 (4,330 M; 4,208 F) were nutritionally assessed, of which 2,533 (1,158 M; 1,375 F) were linked for appropriate nutritional services, including deworming, nutrition supplements, and counseling. The USAID NYM project continued to do HH follow-up (sending reminders and escorting referrals to the facility) to ensure all children under 5 years of age receive their scheduled immunizations. Among those linked were 7 OVC who were found to be malnourished and who were monitored to achieve desired growth milestones. A total of 21,689 caregivers for 45,891 OVC from PLHIV HHs were reached with nutrition education and counseling messages through HH visits by the case workers. Through discussions, the OVC and caregivers demonstrated knowledge and skills on use of a variety of locally available foods that are easy to access for a balanced diet. They also demonstrated proper food preparation, use, and storage. Further, the case workers provided caregivers with information on proper nutrition, which involved providing the OVC with properly balanced meals using the readily available foods in season.

### 3.1.9 Strengthening of bi-directional referrals for family-centered differentiated care for OVC

The project continued to embrace referral as a tool toward enhancing service provision among beneficiaries by leveraging available resources within the counties. The project reached 3,972 OVC with services under the Healthy domain through referral for care and treatment of illness, and OVC with disabilities were referred for appropriate services and growth monitoring. Among them were 310 OVC

(160 M; 150 F) living with other chronic health conditions (including epilepsy) who were referred for health services. The project also identified 2,551 CALHIV (1,280 M; 1,271 F) whose appointments were due within the quarter and helped them access treatment through escorted referrals.

A total of 446 OVC (214 M; 232 F) found to be sick during HH visits were referred and treated for minor ailments, such as malaria and colds. A total of 276 children living with disability (139 M; 137 F) were referred for appropriate services within the quarter to enhance their well-being. Under the schooled domain, 330 OVC (182 M; 148 F) were referred for and received education support, including bursaries and scholastic materials. The project will strengthen its collaboration with partners and stakeholders, update existing referral directories, and enhance case worker knowledge to reach more OVC with services through referrals.

### 3.1.10 Support to OVC in school enrollment, attendance, and progression

To improve access to education services, the project continued to partner with the MOE to ensure enrollment, attendance, and 100% transition of OVC to the next class/level. Caregivers were sensitized during HH visits by OVC case workers and case managers on the importance of supporting their children's education. USAID NYM supported the enrollment of 97,022 OVC in school: of those, 12,673 were enrolled in early childhood development; 68,548 in primary school; and 15,801 in secondary school.

The project anchored its response to OVC needs on case management processes through implementation of developed case plans. The project targeted girls and boys from highly vulnerable HHs with direct services to promote school retention. This involved paying the school fees for 488 OVC in secondary school, providing 636 OVC with school uniforms, providing 2,674 adolescent girls with sanitary towels, and effectively monitoring school attendance via case workers during routine visits. The project supported 132 out-of-school OVC (15 to 17 years of age) who were unable to go back to school due to diverse reasons, such as being too old for the intended grade/class. Out of these 132 adolescents, the project enrolled 112 in vocational training/apprenticeship, and 20 were supported with business start-up kits to generate income and earn a livelihood.

### 3.1.11 90% of enrolled OVC with legal documents (birth certificates)

In the Safe domain, the project continued to support OVC to access legal documents thus improving access to birth certificates from 56% in the semi-annual progress report to 71% by APR in Homa Bay, from 42% to 55% in Kisii and from 45% to 56% in Migori. Table 24 below shows the status per county by end of the FY. The project further supported 106,012 OVC with child rights and protection messages and linked reported abuse cases to the DCS for appropriate action.

Table 24. Birth registration status per county.

| County | Yes birth certificate | | No birth certificate | | Total | | % w/ birth certificate |
|---|---|---|---|---|---|---|---|
| | F | M | F | M | F | M | |
| Homa Bay | 23,290 | 22,707 | 9,437 | 9,493 | **32,727** | **32,200** | **71%** |
| Kisii | 4,902 | 4,680 | 4,103 | 3,817 | **9,005** | **8,497** | **55%** |
| Migori | 7,677 | 7,332 | 5,926 | 5,658 | **13,603** | **12,990** | **56%** |
| **Total** | **35,869** | **34,719** | **19,466** | **18,968** | **55,335** | **53,687** | **65%** |

### 3.1.12 Support for Kenya-driven actions to prevent HIV and violence against children (OVC Preventive service activities)

The project continued to implement OVC Preventive activities, an HIV- and violence-prevention strategy by PEPFAR targeting adolescents 9 to 14 years of age, with the main aim of supporting them in prevention of violence and HIV. This targeted boys and girls who are not enrolled in the OVC program but live within the community. USAID NYM continued to use the Sinovuyo-approved curriculum to reach out to these teens to create awareness on HIV and violence prevention. During the reporting period, a total of 30,711 adolescents (14,348 M; 16,363 F) received HIV preventive messages in schools and at the community level using the Sinovuyo curriculum. This is a 75% achievement against the COP target (30,711/41,004).

The project will continue to use developed OVC Preventive standard operating procedures, OVC Preventive registers, and a database for tracking and reporting the OVC Preventive services. USAID NYM also will assess HIV risk and refer eligible adolescents enrolled in OVC prevention to access services as follows: HIV risk screening and referrals of eligible boys and girls for HTS, sexual violence and GBV screening and referral of cases for emergency care and legal support, substance abuse, peer-to-peer mentorship, and other support programs.

The DCS, in collaboration with USAID NYM, sensitized the child protection volunteers (CPVs) on case management and referrals. The aim of the sensitization was to improve the standard of service delivery by CPVs, promote effective and efficient case management and record preservation, and provide fundamental information, such as basic information on the Children's Act 2001, National Standards for Children's Officers, functions of the DCS, and the National Volunteerism Policy 2016. In addition, the DCS, supported by USAID NYM, disseminated the Violence Against Children survey, National Response Plan, and "*Spot it, Stop it"* campaign to some sub-counties in the three counties, reaching out to 328 sub-county Area Advisory Council (AAC) members (Kisii, 60; Homa Bay, 30; Migori, 238). Additionally, 100 community health volunteers (CHVs) were sensitized on child protection policies.

## 3.2 Increased economic stability of HHs to care for and protect OVC

Poverty has been identified as one of the compounding factors of the high HIV prevalence, increasing the vulnerability of OVC and their HHs. USAID NYM, therefore, employed HH economic strengthening as a strategy for promoting HH resilience. During this reporting period, the project provided a suite of interventions that address HHs needs, leading to OVC HHs with improved and stable livelihoods to care for and protect OVC and move them up the case management graduation pathways.

Following CPARA 4, conducted in COP19, through which 29,174 HHs were assessed, 3,127 HHs (11%) were not ready for graduation (scored between 0–7) and thus ranked as highly vulnerable, while 19,495 (67%) were categorized as "medium" on path to graduation and 5,106 (18%) as "low." These results together with the developed case plans informed the project interventions in this reporting period. CPARA 5 was done in Q4 of COP20 and indicated some movement of HHs up the graduation pathway, with 9% (3,260) of 36,249 HHs assessed as not ready to graduate and thus highly vulnerable, 72% (26,324 HHs) as "medium" on path to graduation, and 17.5% (6,349 HHs) as "low" on path to graduation. Just under 1% (316 HHs) were ready to graduate and thus are being monitored, with the goal of being fully graduated in Q1 of COP21.

### 3.2.1: Support highly vulnerable HHs in stabilizing consumption

#### *3.2.1.1 Social safety nets*

The project targeted the highly vulnerable HHs (those that scored 0–7 initially in CPARA4 and later CPARA5) with interventions that would result in stabilizing their consumption, rebuilding capacity to pay for basic necessities and bringing the HHs back to the cash economy. These interventions included linking 1,105 HHs to government social safety nets (targeting OVC, the elderly, and persons with

disabilities) to receive cash transfers of Ksh.2,000 per month and enrolling 1,002 HHs with 3,156 OVC in USAID NYM emergency cash transfer. The government cash transfers, and USAID NYM emergency cash transfers were spent to purchase HH food and medication, facilitate transport for clinic appointments, and establish HH businesses. These funds therefore contributed to ART adherence, reduction of the VL of the OVC, and HH capacity-building toward paying for basic necessities (see Table 25).

Table 25. Progress on social protection/safety nets (FY21).

| County | # of HH | # of OVC in the HH | USAID NYM ECS | NHIF | | GoK cash transfer | | | Others |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Direct | Indirect | OVC CT | Elderly | Disability | CDF, bursaries, SSN |
| Homa Bay | 21,044 | 55,672 | 517 | 348 | 169 | 105 | 284 | 30 | 129 |
| Kisii | 5,989 | 16,930 | 133 | - | - | 225 | 319 | 5 | 18 |
| Migori | 9,216 | 24,076 | 352 | 55 | 62 | 115 | 19 | 3 | - |
| **Total** | **36,249** | **96,678** | **1,002** | **403** | **231** | **445** | **622** | **38** | **147** |

*Abbreviations*: CDF, Constituency Development Fund; ECS, emergency cash support; FY, fiscal year; GoK, government of Kenya; HH, household; NHIF, National Hospital Insurance Fund; NYM, Nuru Ya Mtoto; OVC, orphans and vulnerable children; SSN, social safety net; USAID, US Agency for International Development.

The HHs that stabilized consumption were linked to saving groups, especially those that established income-generating activities. USAID NYM also supported the assessment of 24 OVC (22 M; 2 F) with disabilities in Kisii by working together with the Department of Social Services, Association for the Physically Disabled of Kenya, caregivers, and Kisii County Referral Hospital. This process is fundamental for identification of and linkage to social support for disability services.

*3.2.1.2 USAID NYM emergency cash transfer*

USAID NYM oriented caregivers to the fact that emergency funds are a one-time support mechanism for immediate consumption needs, but that they can also be used incrementally, depending on the need, to initiate income-generating activities to start building investments. Emergency funds not only help HHs to address immediate needs (especially access to food and health services) but also propel them to initiate income-generating activities. Emergency funds can also help HHs to join savings groups at a shorter turnaround time, hence, improving access to loans. Table 26 below shows the number of caregivers enrolled, amount disbursed and the total number of OVC benefiting from the same.

Joel Onsarigo Onchangu is 61 years of age and hails from Sae village in Tabaka ward. He received Ksh.9,000 from USAID NYM emergency cash support in August 2021. Joel purchased two bags of dry maize to address food security and also establish a cereals business. In addition, he purchased ten local breed chicken at Ksh.3000 as productive assets. Joel is optimistic that the ten birds will provide eggs for home consumption and chickens for sale. He takes care of six OVC, one of whom is a female living with HIV.

Table 26. Status of caregivers supported with emergency cash transfers (FY21).

| County | # of caregivers identified to benefit from NYM Emergency Fund | | # of caregivers enrolled in NYM Emergency Fund | | Total amount disbursed (KSh) | Total # of OVC benefiting from NYM Emergency Fund | |
|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | | Male | Female |
| Homa Bay | 208 | 2,351 | 57 | 460 | 3,028,000 | 839 | 929 |
| Kisii | 71 | 220 | 11 | 122 | 1,110,000 | 248 | 328 |
| Migori | 336 | 1,026 | 37 | 315 | 2,112,000 | 386 | 426 |
| **Total** | **615** | **3,597** | **105** | **897** | **6,250,000** | **1,473** | **1,683** |

*Abbreviations*: FY, fiscal year; NYM, Nuru Ya Mtoto; OVC, orphans and vulnerable children.

**Transfer of productive assets to highly vulnerable HHs**

In this reporting period, 507 OVC caregivers (supporting 948 OVC) in Homa Bay County were monitored on productive assets provided through the previous mechanism, MWENDO. The assets included livestock, kitchen gardens, poly bag rolls, tree seedlings, and simple chaff cutter machines. These assets strengthened HH incomes, as well as improving food and nutrition security. The monitoring showed significant progress towards stable HHs able to care for OVC.

**Provide targeted technical business skills training to all HHs**

USAID NYM engaged staff and volunteers from the previous mechanism (MWENDO) to retain skills and experience for sustainability. This included eleven household economic strengthening (HES) officers and 113 community-based trainers (CBTs). This cadre had been trained on a set of skills to establish and manage income-generating projects/businesses as well as group saving methodology. The HES officers continued to support the 113 CBTs to provide the skills to caregivers and strengthen the saving groups. During this reporting period, the CBTs continued to roll out group saving methodology training and establishing income-generating activities by targeting growth of HH business and savings with education, a concept aimed at empowering caregivers to prioritize children's needs and establish a culture of savings among the OVC HHs. In total, the CBTs facilitated 1,621 saving groups for caregivers in the three counties. The saving groups reached a total of 25,187 caregivers (2,708 M; 22,479 F) who care for 50,366 OVC (23,354 M; 27,012 F).

The project also collaborated with the Ministry of Trade and Department of Social Services to sensitize the 113 CBTs on record-keeping and group and credit management. The CBTs cascaded these training to 1,621 active saving groups.

**Support HHs with moderate and low vulnerability to start or expand savings**

A total of 113 CBTs continued to mobilize caregivers into savings groups and sensitize them on saving methodology, business literacy, and credit management. Through the saving groups, the caregivers developed a saving culture and easily accessed credit to handle HH emergencies and expand their businesses. The project prioritized 24,601 HHs that were categorized as moderate and low vulnerability in CPARA4 for linkage with saving groups, microfinance institutions, and producer organizations to expand their savings.

The saving groups provided an opportunity for HHs to combine their resources and support each other to meet the needs in all the four domains: Healthy, Safe, Stable, and Schooled. Through the saving groups, 25,187 OVC caregivers cumulatively saved Ksh.**107,756,500.** As a result, the caregivers have been able to meet their HH needs in various domains as follows: 7,644 OVC HHs paid school fee/levies;

1,031 paid for the National Hospital Insurance Fund subscription; and 646 paid for medical needs (see Table 27 below).

Table 27. Progress of VSLAs, per county (FY21).

| County | # of VSLA | # of active VSLA groups | # of caregivers in active VSLA groups | | Total savings (KSh) | Total loans (KSh) | # of OVC benefiting | |
|---|---|---|---|---|---|---|---|---|
| | | | M | F | | | M | F |
| Homa Bay | 976 | 963 | 1,872 | 14,842 | 51,933,467 | 65,955,176 | 13,414 | 16,265 |
| Kisii | 224 | 197 | 415 | 2,317 | 9,432,525 | 5,231,906 | 2,931 | 3,127 |
| Migori | 461 | 461 | 421 | 5,320 | 46,390,508 | 50,668,502 | 7,009 | 7,620 |
| **Total** | **1,661** | **1,621** | **2,708** | **22,479** | **107,756,500** | **121,855,584** | **23,354** | **27,012** |

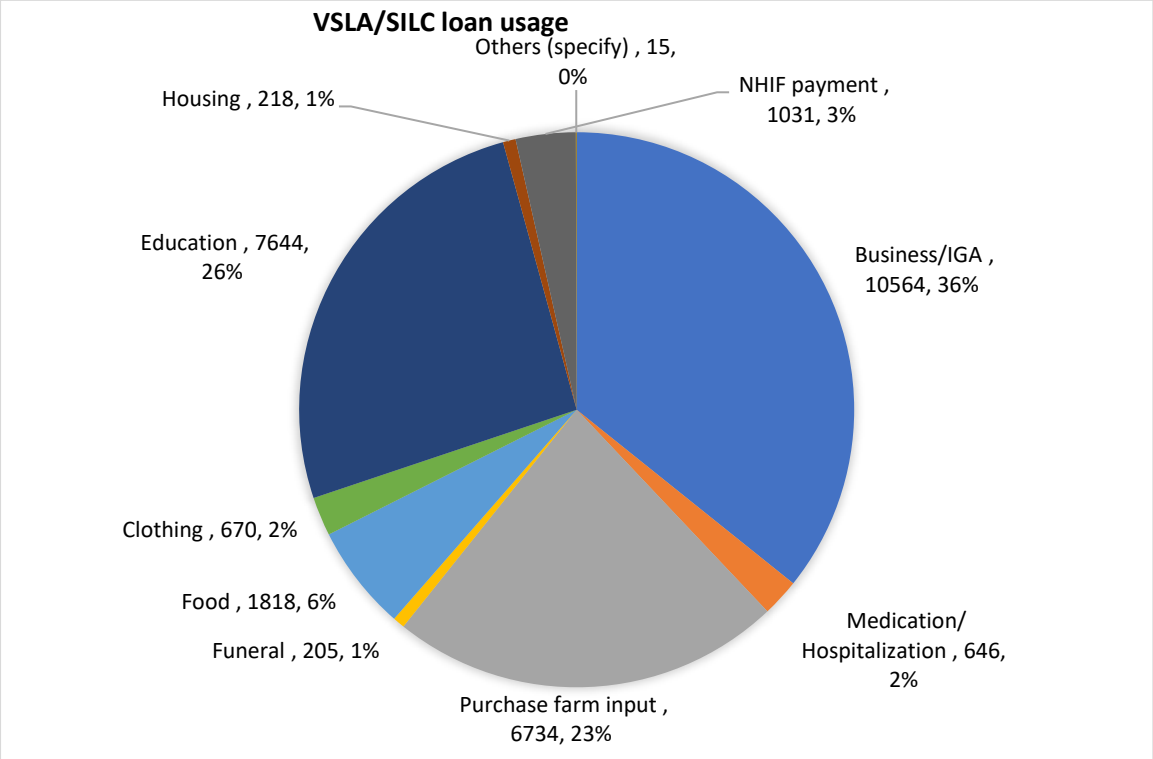
*Abbreviations*: FY, fiscal year; KSh, Kenyan shilling; OVC, orphans and vulnerable children; VSLA, Village Savings and Loan Association.

The saving groups are not only for HH economic strengthening but also play a major role in psychosocial support and thus result in reduction of HIV stigma in the community. In one example in Kisii, the Ibeno Dispensary saving group was formed when the CALHIV suppression rate was at 67%. As of September 2021, the suppression rate increased to 92%. Through the saving groups in the facility, there is close monitoring of clinic appointments, peer adherence counseling, and reduced stigma, resulting in improved adherence. Caregivers have continued to embrace the savings and loan methodology, which is enabling them to address key HH financial needs and to engage in interventions that improve income.

During this reporting period, a total of 29,545 loans worth Ksh.**121,855,584** were taken out, with the distribution as shown in figure 5 below. The majority of loans were taken to improve incomes through establishing or improving businesses (36%), invest in agricultural production (23%), and to pay for educational expenses (26%).

Mama Modesta of Ibeno Dispensary saving group sharing during a supportive supervision visit how the group has contributed to stigma reduction. Photo: PATH

Figure 5. Caregivers loan usage during FY 21.




*Abbreviations*: IGA, income-generating activity; NHIF, National Hospital Insurance Fund; SILC, Savings and Internal Lending; VSLA, Village Savings and Loan Association.

### 3.3 Saving groups share-out

In the reporting period, a total of 1,621 saving groups of 25,187 caregivers shared out a total of Ksh.107,756,500. The share-out enabled the HHs to receive lump sum amounts to cover the costs detailed above in figure 5. The transactions from the share-out and all procedures are done openly before a general assembly, which instills caregiver confidence and trust in the process.

The HHs that were "low" on path to graduation were linked to larger networks of economic-strengthening initiatives. The 4,314 caregivers in 366 saving groups in higher cycles were linked to formal financial institutions, where they deposited their savings, accessed financial literacy training and credit, as shown in table 28 below.

Table 28. Number of saving groups and caregivers linked to formal financial services (FY21).

| County | # SILC/VSLA groups linked | # of caregivers benefiting | | # of OVC benefiting | |
|---|---|---|---|---|---|
| | | M | F | M | F |
| Homa Bay | 162 | 326 | 1,104 | 1,650 | 2,302 |
| Kisii | 197 | 415 | 2,317 | 2,931 | 3,127 |
| Migori | 7 | 37 | 115 | 177 | 223 |
| **Total** | **366** | **778** | **3,536** | **4,758** | **5,652** |

*Abbreviations*: FY, fiscal year; OVC, orphans and vulnerable children; SILC, Savings and Internal Lending; VSLA, Village Savings and Loan Association.

### 3.4 Better-positioned smallholder farmers for engaging with markets

The project continued to strengthen 19 producer groups supporting 1,397 caregivers and 2,856 OVC. The producer groups were established through linkage with the County Department of Agriculture, Livestock, and Fisheries and other private-sector players, including Agricultural Sector Development Support Programme (ASDSP), USAID KCDMS, National Agriculture and Rural Inclusive Growth Project (NARIGP), and Kuku Chick, as shown in table 29.

Through the producer groups, the caregivers are trained on good agronomic and animal husbandry practices to increase production. They are also supported in accessing markets for their produce to increase HH income. A total of Ksh.592,390 has been documented as revenue generated through these producer groups.

Table 29. Status of producer groups, per ward.

| Ward and/or org. | Type of producer group (product) | # of caregivers in the producer group | | # of orphans and vulnerable children benefiting | | Current status of group: in production, harvesting, selling, etc. | Amount earned if already selling (KSh) | Notes |
|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | | | |
| Moticho | Banana production; poultry production | 11 | 57 | 45 | 37 | Selling banana suckers | 10,000 | Trained by MOALF and linked to Kisii County banana farmers' cooperative. |
| Marani | Banana production; local vegetables | 28 | 231 | 181 | 236 | Two groups already selling vegetables | 25,400 | Supported by NARIGP for training and grant support. Two groups received support. The groups are currently supplying local vegetable and banana suckers. |
| Moticho | Poultry, improved *kienyeji* | 1 | 21 | 19 | 50 | Already selling eggs and chicken | 5,000 | Trained by MOALF. |
| Kiogoro | Poultry | 2 | 41 | 24 | 38 | Two groups selling eggs and chicken | 15,000 | Linked to MOALF for capacity training on poultry production. |
| Tabaka | Dairy | 2 | 21 | 23 | 31 | Selling milk to local vendors | 10,000 | Linked to MOALF for training on capacity gaps. |
| Bombaba Borabu | Greenhouse vegetable production | 3 | 33 | 26 | 36 | Sold vegetables and tomatoes | 11,000 | Trained by MOALF. |
| Bokimonge-Upendo | Greenhouse vegetable production | 3 | 32 | 39 | 20 | Tomatoes and African green leafy vegetables | 15,000 | Trained by MOALF. |
| NEWI | Orange-fleshed sweet potatoes | 5 | 10 | 50 | 90 | Harvesting | 123,000 | Arrowroot, bananas, onions, ground nuts |
| AGRISS | | 37 | 167 | 168 | 241 | Production | | |
| DEVLINK Africa | | 12 | 64 | 87 | 124 | Marketing | 67,000 | Paw paw, bananas |
| Caritas | | 34 | 334 | 316 | 394 | Production and marketing | 202,390 | Linkages done with NARIGP, agro-dealers and send a cow |
| BCN Wiga | Poultry | 3 | 27 | 16 | 21 | Production | | |
| BCN South Kanyamkago | Vegetables | 1 | 21 | 24 | 23 | Harvesting and selling | | Selling within the community |
| BCN Central Sakwa | Vegetables | 2 | 15 | 18 | 15 | Harvesting and selling | | Selling within the community |
| BCN Got Kachola | Tomatoes | 7 | 18 | 24 | 19 | Harvesting | | |
| BCN North Kanyamkago | Horticulture | 3 | 21 | 24 | 26 | Production | | The farm is facing threats from floods. |

| Ward and/or org. | Type of producer group (product) | # of caregivers in the producer group | | # of orphans and vulnerable children benefiting | | Current status of group: in production, harvesting, selling, etc. | Amount earned if already selling (KSh) | Notes |
|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | | | |
| Kuria District Disability Network Masaba | Sweet potatoes | 15 | 50 | 70 | 80 | Production, harvesting, and selling | 200,000 | Linkage to Getonganya Sweet Potato Factory. |
| North Kadem MOSGUP | Cassava production | 7 | 21 | 65 | 54 | In production | N/A | NARIGP |
| North Kadem MOSGUP | Cassava production | 3 | 16 | 56 | 46 | In product | N/A | NARIGP |

*Abbreviations*: AGRISS, Agriculture Improvement Support Services; BCN, Blue Cross Nyatike; DEVLINK, Development Knowledge Link; MOALF, Ministry of Agriculture, Livestock, and Fisheries; MOSGUP, Mercy Orphans Support Group Program; NARIGP, National Agriculture and Rural Inclusive Growth Project; NEWI, Women's Initiative in Education.

### 3.5 Private-sector engagement

Meaningful economic strengthening requires a multifaceted and multisectoral approach to move HHs up the graduation pathway. To achieve these aims, USAID NYM project facilitated a stakeholder mapping meeting for public- and private-sector partners involved in economic-strengthening initiatives and developed a directory of stakeholders. The meeting brought together GoK officials, county government, and private-sector players. During this reporting period, the LIPs also facilitated meetings through which the stakeholders agreed on their roles in supporting the HHs. The main aim of the meetings was to create linkages with the GoK and private-sector players for mentorship and leverage resources for sustainability.

Following the stakeholders' engagement meetings, Post Bank, Equity Bank, and Unaitas trained the caregivers' saving groups on business management, money management, and money safety. Equity Bank and Unaitas offered credit to 12 caregivers in Kisii County under their terms, which supported deeper financial literacy at the HH level. The project is currently following up on negotiations for group loans from Women Enterprise Fund, Youth Fund, and Unaitas targeting groups in the higher cycles who have proven to be stable.

The project also partnered with NARIGP, ASDSP, and RTI International through USAID's Kenya Crops and Dairy Markets System Activity and the Ministry of Agriculture to support 26 producer groups. Through partnership with NARIGP, nine groups were linked to NARIGP and received technical training on good agricultural practices and value addition. This has translated into increased production and higher HH income.

The project also works in partnership with ASDSP and is a member of the Kisii County Agriculture Sector Steering Committee, a multi-stakeholder group established to provide a comprehensive framework to consolidate the efforts of numerous agricultural initiatives and projects at the county level. This committee coordinates the sector and the programs in a way that provides harmony and equity. ASDSP promotes three value chains in Kisii County—poultry, dairy, and bananas. In this reporting period, the project held a partnership meeting with ASDSP and Agro-processing through the County Department of Agriculture and presented a total of ten producer groups for funding and capacity-building. Engagement with the social services is working positively, and progress will be monitored and reported in FY22 Q1.

## 3.3 Strengthened capacity of local social services systems and structures to support services for OVC

### 3.3.1: Strengthen capacity and quality of services for OVC and DREAMS

In the reporting period, the project supported the AAC and technical working group meetings. In Homa Bay, the technical working group also integrated a quality improvement (QI) approach in using data to inform decision-making.

The project also conducted an Organizational Capacity Assessment (OCA) to identify suitable LIPs in the three Counties. The results were used to identify strengths and address bottlenecks in existing structures to improve efficiency and effectiveness in service delivery.

In collaboration with the MOH and DCS, CHVs and CPVs were also trained on child protection with more focus on sexual violence and GBV.

The project and MOH staff were also sensitized on OVC-PMTCT integration and the Jua Mtoto Wako Initiative. This made it easy to access line lists from health facilities to support enrollment and service delivery for HEIs and pregnant and breastfeeding mothers. The project supported monthly meetings for ten QI teams in the counties (two in Kisii, five in Homa Bay, and three in Migori) to address gaps in graduation, VL suppression, and birth registration.

### 3.3.2: Increase the sustainability of county led OVC/DREAMS programming

The project adopted a co-creation strategy, including co-planning and co-implementation with key line ministries, such as Health, Education, Agriculture and Interior, along with DCS and social services and other strategic partners. In collaboration with the DOH and DCS, beneficiaries' engagement forums were conducted in Kisii, Migori, and Homa Bay Counties. This created a safe space for beneficiaries (OVC, caregivers, CHVs, CALHIV, AGYW) to share feedback on the quality of services they received and how they could be improved. The feedback informed years 1 and 2 work plans.

The ten QI teams, anchored on local Area Advisory Councils, continued with monthly meetings to review implementation of the existing improvement plans, with a focus on locally tailored interventions. For instance, in Kisii County, Kiogoro ward, the QI team tested the "*watano* initiative,*"* bringing together 55 caregivers in small groups of five with the aim of supporting each other to implement identified change ideas and access resources, information, and social support. The group provided a platform for enrollment into saving groups (a key livelihood strategy), as well as addressing other child-related needs. Hence, all the OVC under the 55 caregivers were able to access two or three meals a day and acquire birth certificates, solar lamps, and emergency needs. Seven CALHIV sustained VL suppression. The CPARA results indicated improvement on the Stable domain from 12% to 45%, and 14 HH among the 55 who participated in *watano* initiative are ready to graduate. These interventions will be scaled up to other sub-counties in COP21.

In Migori County, 38 out of 41 CALHIV achieved VL suppression through a QI team in Sori ward. One of the major challenges was inadequate knowledge on HIV management by caregivers and tracking VL results at their level. This was addressed by re-orienting and training the caregivers on HIV management and how to track VL on the patient card.

### 3.3.3: Assess and build the capacities of county governments to manage US government funds

USAID NYM project worked with the DCS and MOH to form a co-creation team that ensures co-implementation of activities in the respective counties. These key departments took the lead role in sharing year 1 work plans and implementation of activities, such as training CHVs in case management, training CPVs on child protection, participating in joint support supervision, and conducting data quality assurance (DQA) and Site Improvement through Monitoring System exercises where areas of

improvement were identified and addressed. For instance, data cleaning was done to address issues around duplication, cases that have relocated, and patients lost to follow-up. They also supported a smooth transition from the previous MWENDO project to USAID NYM project. In the next reporting period, their capacities will be enhanced in areas such as use of data for decision-making, reporting, partner management, and coordination, as well as resource mobilization.

### 3.3.4: Build capacity of community-based organizations to directly manage US government funds

During this reporting period, to ensure seamless transition of services, USAID NYM selected 12 LIPs through a rapid assessment from the previous mechanisms, MWENDO and Afya Ziwani, to continue to implement activities in the three targeted counties. Several LIP transition meetings were conducted within the period to ensure LIPs understand the project deliverables.

In the reporting period, the 12 LIPs were supported by USAID NYM to develop their project work plans and budgets. Capacity strengthening provided by the project included virtual training to the 12 LIPs and 1 sub-recipient on cost sharing and compliance. In attendance were the executive directors, program coordinators, finance managers, and monitoring, evaluation, and learning (MEL) staff for each of the 12 LIPs and Anglican Church of Kenya development services – Nyanza (ADS-Nyanza). Other efforts included on-the-job training and continued mentorship and coaching to LIP project staff to ensure achievement of the set project goals. Key improvement of the organizations included higher-quality reporting, reduced questioned cost, and improved cost-share reporting, attributed to demand-driven institutional-strengthening mentorship.

The USAID NYM team, working with DCS representatives, conducted OCAs for 15 LIPs using the Non-US Organization Pre-Award Survey tool to assess whether the organizations have sufficient financial systems to implement USAID NYM project, as well as to identify gaps for capacity-building purposes toward sustainability. Key observations and findings indicated that most LIPs had preliminary policies in place (such as financial, procurement, human resources, board management etc.) as well as strategic plans. However, some of the policies require updating. Areas of concern were lack of operationalization of policies across projects, low funding base, non-compliance of policies and procedures, and board operations-related matters. Out of the 15 LIPs assessed, 8 (2 for DREAMS and 6 for OVC) were approved by USAID to implement USAID NYM project starting October 1, 2021.

In the coming reporting periods, LIPs' capacity-building work will continue with more emphasis on compliance of policies and procedures, as well as increased resource mobilization supporting partnership and collaboration to seek and successfully raise funds geared to the J2SR.

## Lessons learned

During this implementation period, the project has had several lessons learned as enumerated below:

- The project's co-creation, co-implementation, and co-monitoring strategy with county governments and other stakeholders is critical in achieving the set goals because the multisectoral approach ensures the relevant teams work together toward common valued outcomes.
- A beneficiary engagement meeting is one of the best fora to tap into locally tailored interventions that can address issues affecting children. Participation of AGYW and children in decision-making provides them with a platform to advise the project on what works for them, especially for adolescents living with HIV. For example, in Migori County a child could not access drugs easily since he had not disclosed his status. He presented his case during an adolescent engagement focus group discussion with the project, and his issue was picked up by MOH, which enrolled him in multi-month drug dispensation.

- When testing interventions, it is easier to work with smaller groups and then scale to the wider population. This is working well for the *watano* initiative highlighted above. In this initiative which was tested in one ward with members who reside in the same neighborhood, meaning they know and understand each other, was easy for them to agree on action plans and support each other to implement them the same. This initiative will be taken to scale in the next FY.
- Effective stakeholder involvement helps to ensure continuous provision of key services to OVC, like food and nutrition, educational support, and health care, beyond the project period, thus promoting sustainability. Involvement of the community and county governments in USAID NYM activities has promoted ownership, reinforcing program achievements and collaboration with communities in all the components.

# Progress on gender strategy

USAID NYM's gender and transformative agenda approach includes working with county DOHs, the DCS, the Department of Youth Affairs, and the Department of Gender and Social Services to mainstream and actualize the principles of equity and empowerment for and protection and inclusion of women and men, in line with USAID's Gender Equality and Female Empowerment Policy 2020. The approach improves capacity of staff and volunteers to provide first-line support for survivors of violence, as stipulated in LIVES training, and increase uptake of GBV services. This approach also ensures partnership with LIPs, elected leaders, stakeholders, the private sector, and gatekeepers to improve gender equity and implement behavioral and violence-prevention EBIs targeting boys, men, girls, women, and communities. In this implementation period, the project provided technical support to LIPs to give equal opportunity to all genders when identifying caregivers to be linked to HH economic-strengthening activities and during enrollment to OVC services. All project reports have data disaggregated by gender. The project also continued to empower AGYW to reduce their risk of HIV and violence through behavioral interventions.

During the reporting period, the project continued to work with the Department of Children, Social and Gender Development and the MOH to operationalize county and sub-county gender working groups to bring various stakeholders in the counties together to address issues of gender, use data for decision-making, and tailor interventions to support AGYW facing all forms of violence. Further, the project continued to work closely within the county DOH structures and service delivery partners—University of Maryland, Baltimore, and Elizabeth Glaser Pediatric AIDS Foundation—to facilitate access and uptake of post-GBV services to survivors who disclose experience of violence during enrollment and to continue follow-up of layering services. Against the COP20 target of 2,271, the project achieved 107% (2,429/2,271) performance in provision of post-GBV care to survivors who disclose experience of GBV; with Homa Bay achieving 109% (1,077/986) and Migori 105% (1,352/1,285). This achievement across the year is attributed to LIVES training for ward coordinators to help them identify, refer and follow-up on survivors of violence.

The project continued to empower AGYW to reduce their risk of HIV and violence through behavioral interventions. The project reached 78,723 individuals with SASA! services through activism and training, with Homa Bay County reaching 34,546 and Migori 44,177. The project will continue to intensify implementation of SASA!, among AGYW and the community to encourage them to think about the positive effects of balancing power in relationships between men and women. Additionally, the project continued to reach out to boys and girls to create awareness of HIV and violence prevention. During the reporting period, a total of 30,711 (14,348 M; 16,363 F) adolescent boys and girls were served with OVC Preventive messages in schools and at the community level using the Sinovuyo curriculum. This is a 75% achievement against the COP20 target (30,711/41,004). The project will continue to implement the Sinovuyo curriculum to reach more boys and girls on HIV and violence prevention.

The project continued to use a gender lens on involvement of women and youth in interventions that are productive and improve economic and financial stability of HHs, such as value chain development and enhanced enrollment in saving and lending groups and institutions. Through saving groups, USAID NYM worked to equalize gender participation by sensitizing male caregivers to join savings and loaning groups since the vast majority of participants are female (see table 28).

The project continued to work closely with DCS CPVs to mitigate violence against children and pursue justice through other arms of the law. The USAID NYM project sensitized ward coordinators, mentors and AGYW ambassadors on how to ask about experiences of violence when assessing eligibility for enrollment into DREAMS, how to respond when experience of violence is disclosed (first-line support: LIVES), and how and where to refer survivors to local clinic and/or non-clinic GBV response services.

The project supported survivors who disclosed experiences of violence at the point of DREAMS enrollment; during HTS, PrEP initiation and follow-up; and during EBI sessions, savings and loans groups meetings, and PrEP peer sessions. Those who disclosed GBV experiences were timely supported to access post-violence care services through escorted referrals and follow-up for comprehensive clinical and non-clinical support. Additionally, USAID NYM worked with health facilities to refer those seeking post-GBV care for DREAMS eligibility screening and enrollment, conducted sensitivity training, and empowered mentors and AGYW ambassadors to facilitate GBV disclosure and post-GBV care referral.

# Strategic monitoring and evaluation

At initiation of the project, USAID NYM and the relevant county government departments (DCS, MOH) conducted a data review and validation exercise to gauge whether all the documentation for OVC enrollment and service provision was available, complete, and accurate. The exercise was also to ensure that all physical and digital data had been transitioned to USAID NYM project.

All the LIPs visited were found to have all the OVC enrollment and services offered documentation available and well stored at satellite offices. Some of the key personnel in charge of the data were found to have been given contract extensions. However, data assistants (DAs) had been laid off.

**Enrollment and entry into CPMIS**

Table 30. OVC enrollment and entry into CPMIS, by county.

| LIP | Files | CPIMS | % |
|---|---|---|---|
| Blue Cross | 52 | 49 | 94% |
| KDDN | 100 | 94 | 94% |
| IDF | 98 | 99 | 101% |
| NEWI | 34 | 32 | 94% |
| LISP | 217 | 205 | 94% |
| **Total** | **501** | **479** | **96%** |

*Abbreviations*: CPIMS, Child Protection Information Management System; IDF, Integrated development facility; KDDN, Kuria disability development network; LIP, local implementing partner; LISP, Lifeskills Promoters; NEWI, Women's Initiative in Education; OVC, orphans and vulnerable children.

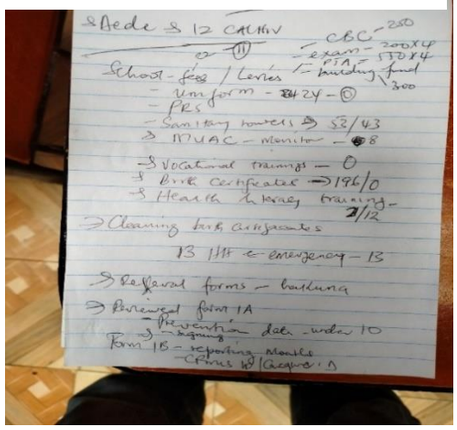
As the data in table 30 above shows, there was about 96% concordance between enrollments in the files and CPMIS. Some of the reasons given for the variance were as follows:

- Some of the sampled active files had missing variables in the files.
- Some of the CPIMS numbers could not be found in the system (this may have resulted from typo errors)
- Some details in the file do not appear as they are in the system.

During the reporting period, the project carried out mentorship and supervision activities in collaboration with the 11 LIPs, 1 consortium partner, and the DCS in the three counties (Homa Bay, Kisii, and Migori). The project is committed to aligning reporting systems with the standard guidelines in place. In this regard, the project conducted three county-based sensitization meetings for the LIPs on the use of the PEPFAR MER [monitoring, evaluation, and reporting] 2.5, indicator definition, data collection, and reporting. This targeted the LIP program coordinators, MEL officers, DAs, HES officers, and case managers, as they all interact with the data at different levels. USAID NYM also sensitized the program coordinators, MEL officers, DAs, HES officers, and case managers on the PMTCT/OVC integration tools, which improved the capacity of partners to effectively report implemented activities across the three OVC streams: OVC Comprehensive, OVC DREAMS, and OVC Preventive.

The project provided supportive supervision to 11 OVC LIPs and 25 DREAMS safe spaces in reviewing implementation progress and performance, learning from good practices, providing mentorship and addressing challenges faced by the sites, and developing action points and a follow-up strategy. OVC LIPs were guided on site procedures for data flow and timely reporting. The data review meetings to identify data quality gaps and areas for improvement were cascaded to the ward level and conducted in 80% of the wards in Homa Bay, 100% in Kisii, and 74% in Migori.

Dede satellite office, Migori OVC data review meeting, September 2021. Photos: PATH




The project also carried out targeted data quality audits on the CPIMS and the DREAMS database to enhance the capacities of end users to use the data for decision-making. Using standard operating procedures, the project exported data from the two systems and conducted gap analysis focusing on validity and completeness. The resulting gap analysis was shared with the respective LIPs for follow-up and corrective actions. As of the end of the FY, gaps identified from data exported had been resolved, including age and sex appropriateness of services, as well as sub-unit service layering status. The project MEL team identified duplicate records and records for ineligible OVC entered in CPIMS, and the list was generated and sent to HealthIT for the records to be voided in the CPIMS database.

The MEL team shared with all DREAMS sites achievement against targets on a weekly basis, including layering status and graduation for eligible girls.

USAID NYM conducted a data validation and verification process where all CALHIV with invalid VLs were line-listed, and physical verification was done at all the facilities to which they were linked for treatment. This exercise was aimed at ensuring that all the CALHIV with VLs (both valid and invalid) are verified and their actual date of VL and result ascertained. Before the exercise, the validity was at 43%; however, the verification exercise improved validity to 60%. The project will ensure all VL results are updated in the OVC files and CPIMS.

During this reporting period, USAID NYM conducted a tools gap analysis and provided all needed project data tools to the field teams, including OVC tools Form 1A and Form 1B, HIV management tools, CPARA tools, and case plans. USAID NYM also provided additional data assistance support to all the LIPs to enter data for assessment, case plans, OVC Preventive, PRS, and mid-upper arm circumference data in CPIMS.

USAID NYM administered the “Essential Services Disruption Remote Monitoring Tool” in Boochi-Borabu, Bogiakumu, Riana, and Sensi wards in Kisii; Homa Bay West ward in Homa Bay; and Masaba ward in Migori to identify the challenges that LIPs faced during the COVID-19 pandemic. The results from the exercise helped determine if there were disruptions in service delivery and, if so, which form they took and how they affected the normal service delivery. The exercise provided an opportunity to outline the challenges being faced during the COVID-19 period, as well as the various innovations and ideas that have been employed to ensure monitoring and continuity of services.

During this reporting period, USAID NYM conducted data quality audits in three wards in Homa Bay County, four wards in Kisii County, and two wards in Migori County. The OVC DQA results are depicted in Figures 6, 7, and 8. The project plans to do training for LIP staff in FY22 to address these data quality issues.

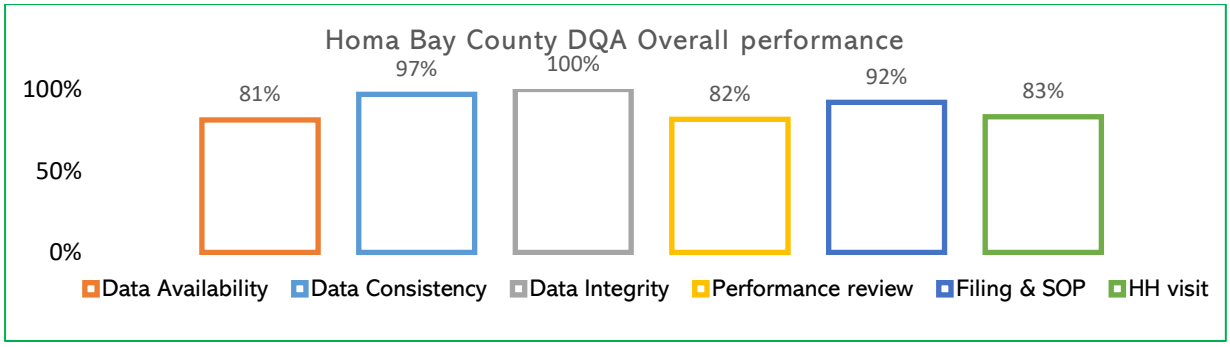



Figure 6. OVC data quality assurance (DQA) performance, Homa Bay.

*Abbreviations*: HH, household; OVC, orphans and vulnerable children; SOP, standard operating procedure.

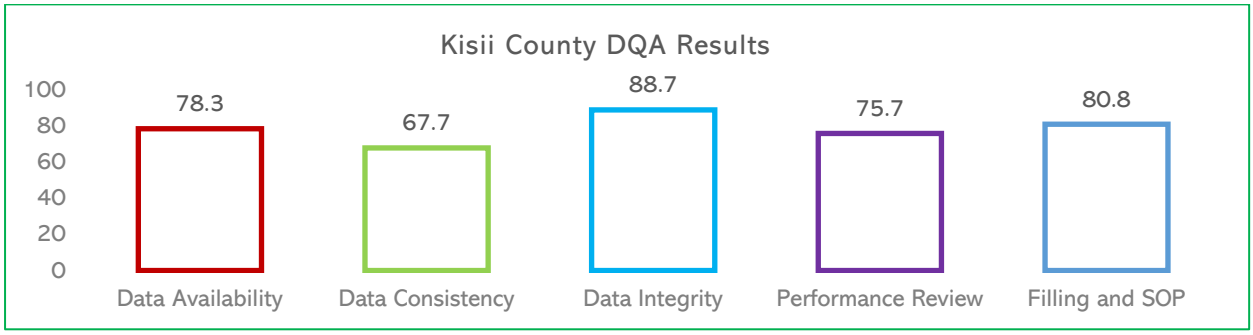



Figure 7. OVC data quality assurance (DQA) performance, Kisii.

*Abbreviations*: OVC, orphans and vulnerable children; SOP, standard operating procedure.

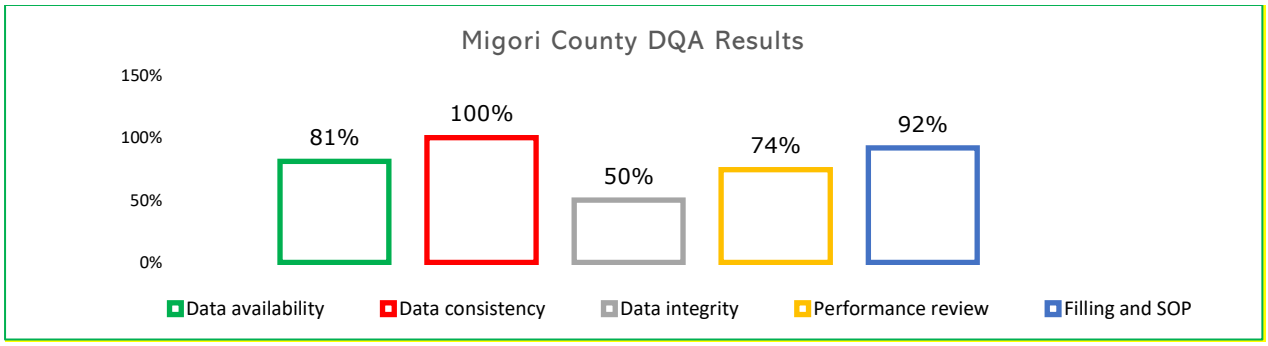



Figure 8. OVC data quality assurance (DQA) performance, Migori.

*Abbreviations*: OVC, orphans and vulnerable children; SOP, standard operating procedure.

USAID NYM also conducted data quality audits in two DREAMS sites—North Kabouch in Homa Bay and East Kanyamkago in Migori County—to assess the monitoring and evaluation systems; availability of tools; the monitoring and evaluation structure, functions, and capabilities by review of standard operating procedures; the understanding of indicator definitions and reporting guidelines; access of AGYW information; and the performance of the site in maintaining confidentiality of AGYW records. The DQA also looked at filing systems (i.e., the security of files in lockable cabinets and password-protected computers). Table 31 below presents a summary of availability, completeness, and consistency of information in the source document for five program areas, including review of beneficiary engagement checklist. The project plans to do training for LIP staff in FY22 to address these data quality issues.

Table 31. DREAMS data quality assurance (DQA) results, by county.

| DREAMS program area results | Migori | Homa Bay |
|---|---|---|
| Enrollment documents available | 68% | 64% |
| AGYW PREV (Layering status) | 100% | 91% |
| PP_PREV Intervention | 100% | 100% |
| PrEP_NEW | 90% | 100% |
| Beneficiary Engagement | 0% | 86% |
| **Overall score** | **72%** | **88%** |

*Abbreviations*: DREAMS, Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe; PP_PREV, number of priority populations reached with standardized, evidence-based intervention(s) required that are designed to promote adoption of HIV prevention behaviors and service uptake; PrEP_NEW, individuals newly enrolled in PrEP treatment.

# Progress on environmental mitigation and monitoring

During the reporting period, use of personal protective equipment (PPE) in outreach activities in community settings involving groups of people were conducted under strict MOH COVID-19 protocols and guidelines on social distancing, handwashing, and use of protective face masks and hand sanitizers, as well as their safe disposal. Case workers, community health workers, and community leaders were sensitized on safe disposal of used masks and other PPE and on identification and reporting of incidents of improper disposal of hazardous waste to avoid pollution. They supported the project in cascading the information to the community at large to ensure mitigation of waste from the used PPEs.

The project also conducted orientation meetings with USAID NYM and LIP staff on the potential impact of the project waste management practices, ensure that they are all aware and play their roles effectively. Staff included appropriated activities in their individual work plans which included cascading the orientation efforts to all community volunteers in the three Counties. The volunteers were sensitized to include appropriate messaging on use and disposal of health products such as condoms while counselling their clients. The EMMP was also shared with all staff for use and reference.

In this reporting period, the different team leads monitored the EMMP implementation to ensure that the project remains aligned. Climate changes and possible effects to the project were also monitored based on county-level disaster management units and partners that provide early warnings on impending severe weather events as well for provision of relief and mitigation activities. These efforts will continue throughout the project period by conducting supportive supervision and monitoring compliance with best practices as per the national waste management policies and guidelines. Any deviations will be appropriately documented and rectified.

# Challenges, corrective actions, and resolutions

In FY21, the project faced a number of challenges as enumerated below. Table 32 also shows the actions taken to address the challenges.

Table 32. Summary of project challenges, actions, and resolutions.

| Challenges description | Resolution or corrective action | Actions taken to date/status/outcome | Responsible | Timeline |
|---|---|---|---|---|
| Lack of reagents within facilities affecting VL uptake among CALHIV, leading to lower percentage in VL results validity | In collaboration with the MOH the project has line-listed all CALHIV due for VL test for mobilization as soon as the reagents resume | Line-listing all CALHIV due for VL | Technical Lead for Gender & Clinical integration | November 2021 |
| COVID-19 mitigation measures slowing implementation of project activities | Use of staggered CHV meeting, targeted home catch-up sessions, decentralized provision of services, use of mHealth platforms | Adopted digital bulk SMS mHealth platforms<br><br>Staggered CHV meetings<br><br>Virtual monitoring of CALHIV (phone calls) | Team Lead service delivery (DCoP) | Ongoing |
| OVC-to-staff caseload and vastness of the counties making movement between satellite offices and sub-counties challenging | Integration of activities between case managers, DA's and HES team, good organization, and planning with CHVs, LDPs, and PSPs; CHVs should have maximum of 60 children, hence a manageable number | Integrated planning for project staff and LIP staff<br><br>Rationalization of CHVs OVC ratio at 1 CHV: 60 OVC<br><br>Additional LDP recruited | Team Lead service delivery (DCoP) | November 2021 |

Abbreviations: CALHIV, children and adolescents living with HIV; CHV, community health volunteer; DA, data assistant; DcoP, Deputy Chief of Party; HES, household economic strengthening; LDP, Link desk person; MOH, Ministry of Health; OVC, orphans and vulnerable children; PSP; VL, viral load.

# Sustainability and exit strategy

The project continued to strengthen J2SR through engagement and strengthening the capacities of local partners and strengthening county government systems. The project partnered with county government to co-create, co-implement, and co-monitor the COP20 work plan for the 2nd half of the year with the DOH, DCS, Department of Education, and Department of Social Protection and with private partners. Entrenched synergies and resource leverage helped the project reach more OVC and their families. The work plan was built on the achievements and lessons learned from the previous mechanisms and county government departmental priorities.

As part of the programming for DREAMS and OVC, the project will continue with stakeholder mapping by county to establish a comprehensive directory of potential collaborations and partnerships. The project will activate engagement with these stakeholders for the purposes of leveraging resources, referring beneficiaries, and handing over as the project maintenance strategy.

Private service providers were trained on networking under the previous mechanism, MWENDO, to ensure the continuity of savings and lending groups and other Household Economic Strengthening intervention components within the community. Through these networks, the capacity of caregivers in savings group models, financial literacy, and linkages to other sources of funds have been strengthened. The existing network continued to support the formation of new savings groups for caregivers and support the existing one. The continued support of caregivers in HH economic strengthening ensured they can initiate income-generating activities to provide basic needs for OVC and their HHs.

Collaboration with the Ministry of Agriculture, Livestock and Fisheries ensured that caregivers engage in and practice agribusiness, with the aim of improving HH food security as a strategy that will be sustainable even when the project phases out. Caregivers were trained at the cooking demonstration site on preparing orange flesh potatoes, tissue culture bananas, and cassava cuttings, as the project is working toward building the capacity of caregivers to be able to meet basic needs. Working with other USAID supported projects (KCDMS, Victory Farms), caregivers benefited from additional training/skills as well as employment opportunities.

The project continued to share the CPIMS database with sub-county children's officers to ensure that the GoK has adequate information on project beneficiaries and service provision and promotes linkages to support OVC when the project exits. This also facilitated timely decision making informed by data.

Capacities of the three counties will be assessed in FY22 and strengthened, and based on the findings, a comprehensive strategy will be co-developed and co-implemented. This strategy will outline clear deliverables, roles, and responsibilities and clarify time frames and expected outcomes.

# Progress on links to other USAID programs and the GoK

## Linkages with other USAID programs, LIPs, and private-sector partners

To improve community and local ownership, the project sub-contracted 12 LIPs: 11 to implement OVC service provision and 1 to support DREAMS activity implementation. Further, USAID NYM conducted OCA for 15 LIPs and developed costed capacity-enhancement plans. The project trained LIP staff based on identified gaps in financial compliance and reporting focused on liquidation and compliance for high-quality service delivery. These efforts are expected to contribute significantly to preparing the partners for future direct funding from USAID.

USAID NYM continues to partner with care and treatment partners and county governments to increase access to sustainable high-quality health and social services for OVC and their families by (1) implementing an integrated case management approach to deliver a comprehensive package of evidence-based OVC services; (2) strengthening integration of OVC DREAMS programming; (3) targeting adolescents 9 to 14 years of age with evidence-based HIV-prevention services; and (4) pivoting county strategies to reach OVC in high-burden hot spots. The project continued to increase targeted services for HIV-exposed, HIV-infected, and HIV-affected OVC; increase HH economic stability to care for and protect OVC; and strengthen OVC-related community systems and structures. USAID NYM held county entry engagement meetings with the DOH and clinical IPs, including Center for International Health, Education, and Biosecurity—Kenya (CIHEB-Kenya), Kenya AIDS Response Program – Kenya Conference of Catholic Bishops, Elizabeth Glaser Pediatric AIDS Foundation, and LVCT-Health. In this reporting period, the project signed Memorandums of Understanding between the DOHs and clinical IPs. In FY22, USAID NYM will engage with LVCT-Health, the new clinical IP in Kisii and Homa Bay.

USAID NYM worked closely with the USAID/CDC to implement DREAMS interventions in collaboration with LVCT in Nyatike, Suna West, and Suna East sub-counties of Migori, targeting the girls with the DREAMS service package that includes referrals for treatment, provision of reproductive health services, PrEP, post-GBV care among other services.

The project deepened engagement with KCDMS and Victory Farms for employment and capacity-building opportunities for OVC caregivers. Victory Farm employed 38 OVC caregivers, and KCDMS has trained 138 caregivers on value chain, organizing them into producer groups.

## Linkages with GoK agencies

To strengthen linkages with the GoK agencies, USAID NYM focused on continued partnership with key government ministries, such as the MOH; MOE; Ministry of Agriculture, Livestock, and Fisheries; DCS; and Ministry of Interior. Co-creation meetings involving the line ministries were held in all three counties, with a joint work plan developed, integrating all the county-specific priority areas. In engaging the beneficiaries, the project worked in collaboration with the MOH and DCS to conduct focused group discussions among beneficiaries and case workers whose interests were identified and included in the joint work plans. The project engaged the MOH to enhance OVC clinical integration through line-listing and enrollment of CALHIV, HEI, and pregnant adolescents and provision of age-appropriate services. Improvement on service provision was done through regular joint multidisciplinary team, case conferencing, referral, and review meetings to track progress. This led to improved access to HIV information for all CALHIV and easier VL tracking to monitor adherence.

The project supported the MOE through Educational Assessment Resource Centers in conducting sensitization on identification, prevention, and management of disabilities; support services available; educational assessment and institutional placement of children with disabilities; registration with National Council for Persons with Disabilities; and referral for further support/management services, like medical assessment.

The project has also nurtured a good working relationship with the DCS to support and supervise project deliverables and provide technical support. The DCS were engaged in conducting OCAs, OVC validation exercise that enabled transition from the previous mechanism to USAID NYM, DQA, and supportive supervision. The project collaborated with the DCS to sensitize CPVs on their roles and responsibilities. During this reporting period, the project supported the DCS to disseminate Violence Against Children Survey 2019 results, the National Prevention and Response Plan 2019–2023, the Child Friendly Information Booklet on Violence Against Children, and the "Spot It, Stop It" campaign. Participants included the sub-county AAC members. The close collaboration with the DCS improved the project's engagement in the sub-county and county AACs, where child protection issues affecting OVC are discussed.

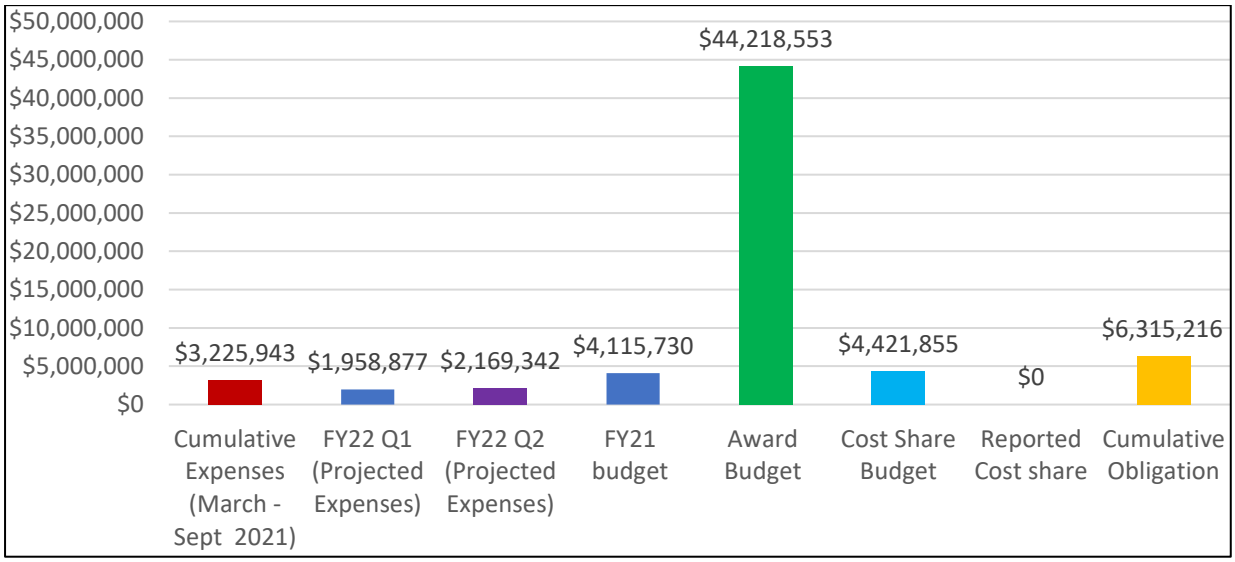
In collaboration with the Ministry of Interior/Registrar of Births and Deaths, the project sensitized caregivers and case workers on the necessary documentation for birth registration processing and supported the project in processing birth certificates for 211 OVC (92 males and 119 females).

# Expenditure status

## Budget and expenditure details

The total life of project cost is US**$44,218,553**. The current cumulative obligation is at $**6,315,216.41**. The project's cumulative expenditure to September 30, 2021, as presented in Figure 9 below, is $**3,225,943.14.**

Figure 9. Expenditure status and future expenditure projections (pipeline) in USD.




*Source*: Project financial records, September 2021

## Actual expenditure and future projections details in (USD)

Actual expenditure for the FY21 against major budget line items is presented in the table 33 below.

Table 33. Actual expenditure details, in USD, fiscal year 2021/2022..

| Line item | Obligations | FY 21 cumulative expenditures | FY 22 Quarter I projected expenditures | FY 22 Quarter II projected expenditures |
|---|---|---|---|---|
| Personnel | | $515,610.62 | $355,361.70 | $390,897.87 |
| Fringe Benefits | | $133,353.82 | $91,957.92 | $101,153.71 |
| Travel | | $28,064.15 | $34,200.00 | $38,500.00 |
| Equipment | | $183,464.30 | $26,563.60 | $30,358.40 |
| Supplies | | $9,480.72 | $48,245.00 | $55,243.00 |
| Contractual | | $1,248,802.77 | $724,782.00 | $732,400.00 |
| Construction | | $0.00 | $0.00 | $0.00 |
| Other Direct Costs | | $651,135.38 | $457,600.00 | $526,345.00 |
| **Subtotal** | | **$2,769,911.76** | **$1,738,710.22** | **$1,874,897.98** |
| Overhead | | $456,031.38 | $220,167.00 | $294,444.00 |
| Subtotal Project Costs | | **$3,225,943.14** | **$1,958,877.22** | **$2,169,341.98** |
| Cost Share | | $0.00 | $195,887.00 | $215,934.00 |
| **Total** | **$6,315,216.41** | **$3,225,943.14** | **$2,154,764.22** | **$2,385,275.98** |

*Source*: Project financial records, September 2021.

## Activity administration

### Personnel

All the project's key personnel had reported to work by the end of FY21.

### Cooperative Agreement amendments

The project received modification number 2, which increased the cumulative obligation from **$3,153,164.35** to the current **$6,315,216.41** by close of FY 21.

### Subawards

All 12 transitional subawards run to the end of FY21.

### Other significant approval(s) from USAID

The project received an approval to purchase five vehicles and to engage eight LIPs for COP21 implementation.

# Global Positioning System information

See file attached separately.

# Success story

## mHealth adoption improves Health Outcomes for CALHIV

USAID Nuru Ya Mtoto adopted the use of mHealth (also known as mobile health) platform to strengthen caregivers' involvement and support to HIV-positive OVC with the goal of achieving VL suppression. The platform is intended to educate caregivers on the importance of directly observed therapy and how to administer to adolescents, educate caregivers on the importance of HIV disclosure to teachers/matrons for adolescents in boarding schools, and to remind caregivers on support group schedules for adolescents.

A care giver receives a CALHIV appointment message from a m-health system supported by USAID Nuru Ya Mtoto. Photo: PATH

In 2021, over 72% of OVC enrolled in USAID Nuru Ya Mtoto were adolescents 10 to 17 years of age; of these, 70% were adolescents living with HIV, with a VL suppression rate of 69%. In June 2021, the project conducted an in-depth interview with 50 adolescents and 20 caregivers living with HIV in Kisii County. The meeting was to establish the root cause for their high VL. Some of the reasons include non-supportive caregivers, lack of reminders, inadequate food, drug-related effects/pill burden, lack of family support, stigma, late or nondisclosure, and stigma within and outside the HH.

During the co-creation meeting, USAID NYM designed a mix of CLHIV age-appropriate and caregiver-focused interventions on addressing the identified root causes, where mHealth was identified as one of the innovative approaches to reach out to caregivers of HIV-positive OVC. The caregivers agreed on six key messages that they wanted to receive through the platform: disclosure of HIV status, disclosure to teachers, drug monitoring, reminders of clinic appointments, participation in support groups, and VL follow-up. These messages are simple, short, contextualized, and affordable. The translation is done in various languages depending on the target audience/receiver. The project partnered with Safaricom and adopted Ujumbe bulk SMS that disseminates scheduled messages to caregivers.

"We use the mHealth platform to remind caregivers of the clinic appointments, to request viral load results from the health facilities, and to ask them to bring their children for the OTZ club meetings," said Beverly, a social worker and Life Skills promoter in Kisii County. "During this pandemic, we have been integrating message[s] on COVID-19 shared by the Ministry of Health to ensure that our beneficiaries protect themselves because they are already immune-suppressed," Beverly added.

The mHealth platform reaches out to 5,489 caregivers of CALHIV in Homa Bay, Kisii, and Migori Counties. USAID NYM has further adapted messaging to support various programming needs, including preventive messaging on COVID-19. Feedback from caregivers is received through caseworkers and through SMS sent back by caregivers to the LIPs. USAID NYM is a USAID-funded project that focuses on improving the well-being of OVC through enhancing the capacity of caregivers and communities to sustainably provide care and support to children impacted by HIV. This is achieved through increasing access to health services and education and strengthening the institutional capacities of formal and informal structures to respond to child welfare and protection needs.

# Annexes and attachments

## Attachments

See FY21 Annual data tables attached separately.