USAID Nuru Ya Mtoto Project
Fiscal Year 2022 Quarter 2 Progress Report
(January 1, 2022 through March 31, 2022)

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USAID
FROM THE AMERICAN PEOPLE

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Cover Photo : Mary Mosheti, a trained and certified evidence-based intervention facilitator in Ntimaru East Ward, Migori County, Kenya, conducts a SHUGA 2 session. Photo Credit: Daniel Oluoch-Madiang', USAID Nuru Ya Mtoto.

April 30, 2022

Contents

List of tables

List of figures

Abbreviations

AGYW	Adolescent Girls and Young Women
AGYW_PREV	percentage of AGYW who completed at least the DREAMS primary package of evidence-based services/interventions
AIDS	Acquired Immune Deficiency Syndrome
ALHIV	Adolescents Living with HIV
ART	Antiretroviral Therapy
CALHIV	Children and Adolescents Living with HIV
CDF	Constituency Development Fund
COP	Country Operational Plan
COVID-19	Coronavirus Disease 2019
CPARA	Case Plan Achievements Readiness Assessment
CPIMS	Child Protection Information Management System
DCS	Department of Children Services
DOH	Department of Health
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
EBI	Evidence-Based Intervention
ECS	Emergency Cash Support
FY	Fiscal Year
GBV	Gender-Based Violence
GEND_GBV	Number of people who received GBV clinical care based on the minimum package
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoK	Government of Kenya
HCBF	Healthy Choices for a Better Future
HEI	HIV Exposed Infant
HES	Household Economic Strengthening
HH	Household
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
KARP	Kenya AIDS Response Program
KCCB	Kenya Conference of Catholic Bishops
KCDMS	Kenya Crop and Dairy Market System
KHPQS	Kenya Health Partnerships for Quality Services
LIP	Local Implementing Partner
LMA	Local Market Analysis
MEAL	Monitoring, Evaluation, Accountability, and Learning
MHMC	My Health My Choice
MOALF	Ministry of Agriculture, Livestock, and Fisheries
MOH	Ministry of Health
MSP	Male Sex Partner
NARIGP	National Agriculture and Rural Inclusive Growth Project
NHIF	National Hospital Insurance Fund
OTZ	Operation Triple Zero
OVC	Orphans and Vulnerable Children
OVC_SERV	number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV
PBFA	Pregnant and Breastfeeding Adolescents

PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PP_PREV	number priority populations 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_CT	number of individuals, excluding those newly enrolled, who returned for a follow-up visit or re-initiation visit to receive PrEP to prevent HIV during the reporting period
PrEP_NEW	number of individuals newly enrolled on PrEP
Q	Quarter
SAPR	Semi-Annual Progress Report
SASA!	Start, Awareness, Support, Action
SILC	Savings and Internal Lending Communities
SSN	Social Safety Net
STA	Senior Technical Advisor
USAID	US Agency for International Development
VSLA	Village Savings and Loan Association

Executive summary

Background

The US Agency for International Development (USAID) Nuru Ya Mtoto (NYM) project, funded by the US President's Emergency Plan for AIDS Relief (PEPFAR), 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) 2022 Quarter (Q) 2. The following colors in some of the data tables denote different levels of achievement.

	Achieved more than 60% against annual target
	Achieved from 40% to 60% against annual target
	Achieved less than 40% against annual target

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

Qualitative impact

In the reporting quarter, the project continued to build the capacity of various cadres of staff involved in project implementation, while also partnering closely with the Department of Health, Department of Children Services and the Ministry of Education to ensure quality service provision through joint supportive supervision. As a result of joint supervision, the project and local implementing partner (LIP) staff benefited from on-the-job training and expertise of the County leadership. In return, the DCS also gained knowledge and insights into the OVC and DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) project interventions.

In DREAMS, to increase the number of evidence-based intervention (EBI) facilitators across wards and ensure quality implementation with fidelity, the project trained a total of 336 facilitators in various interventions. All 336 were certified and their deployment to the wards helped the project increase the rate of achievement towards ensuring participants complete their primary package of services. The table below indicates the various EBI training and the number of facilitators trained by County.

Table 1. Number of EBI facilitators trained, by intervention and county (FY22 Q2).

Evidence-based intervention	Number trained		
	Migori	Homa Bay	Total
HCBF and MHMC	38	44	**82**
Families Matter Program	30	18	**48**
Financial capability	30	32	**62**
Entrepreneurship	32	-	**32**
SASA!	38	44	**82**
SHUGA 2	30	-	**30**
Total	**198**	**138**	**336**

Abbreviations: HCBF, Healthy Choices for a Better Future; MHMC, My Health My Choice; SASA!, Start, Awareness, Support, Action.

During the quarter, USAID NYM also provided refresher training on LIVES to 44 project staff (Homa Bay 24, Migori 20). Through the Global e-Learning Centre, a total of 47 DREAMS staff completed the mandatory US Family Planning and Abortion Requirements Course (Revision 9 published on January 1, 2022).

The project also continued to engage DREAMS ambassadors, with a total of 139 engaged in 54 wards to provide continuous orientation on DREAMS, advocacy, and public speaking.

Quantitative impact

In the reporting period, the project made tremendous progress in achieving DREAMS targets. Through the development and dissemination of a "USAID Nuru Ya Mtoto DREAMS work-planning based on color codes of Service Uptake Progress" tool, the project enabled ward-level programmers to better plan for individual AGYW service provision.

Table 2. Summary of Sub-purpose 1 project achievements in FY22 Q2.

Indicator	FY22 target	FY22 Q1	FY22 Q2	Semiannual report	
		Achieved			% achieved against FY22 target
AGYW_PREV	43,323	4,637	23,759	28,396	66%
PP_PREV	43,323	9,621	22,262	31,883	74%
PrEP_NEW	1,907	991	1,058	2,049	107%
PrEP_CT	2,670	0	609	609	23%
GEND_GBV	2,166	688	1,634	2,322	107%

Abbreviations: AGYW_PREV, percentage of adolescent girls and young women who completed at least the DREAMS primary package of evidence-based services/interventions; DREAMS, Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe; GEND_GBV, number of people who received gender-based violence clinical care based on the minimum package; 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_CT, number of individuals, excluding those newly enrolled, who returned for a follow-up visit or re-initiation visit to receive pre-exposure prophylaxis to prevent HIV during the reporting period; PrEP_NEW, number of individuals newly enrolled on pre-exposure prophylaxis.

In Q2, USAID NYM supported 23,759 active AGYW to complete their primary package of services (AGYW_PREV), thus reaching 28,396 at the end of the semi-annual progress report (SAPR) period. This was largely achieved by training more EBI facilitators to deliver behavioral interventions and by tracking weekly progress of AGYW and planning uptake of their individual services. As PP_PREV indicator contributes to the completion of primary layering, the project adopted a strategy of providing all active AGYW with the services and, as of the end of SAPR, achieved 74% against the annual target.

During the reporting quarter, the project received revised PrEP_NEW targets, by which time the project had already initiated 2,049 young women on pre-exposure prophylaxis (PrEP), representing an over-achievement of 7%. The project continues to partner closely with the Department of Health to ensure young women on PrEP are supported for continuation through refills, PrEP support groups, and mitigation of other needs (e.g., financial support). In all, 23% of young women on PrEP have returned for refills as of SAPR.

The project is aware of the election season coming up and its attendant disruptions and continues to ensure rapid service provision to AGYW in partnership with the County governments.

Sub-purpose 3: Increased access to high-quality health and social services for orphans and vulnerable children

Qualitative impact

At SAPR 22, USAID NYM continued to strengthen its engagement with county governments in implementation and co-monitoring of project activities. The project, through the Ministry of Health and care and treatment partners, increased the number of priority population enrollment within the period who were also reached with high quality services.

The project supported commemoration of national days in the three counties of Homa Bay, Migori and Kisii; this includes World AIDS Day, World Mental Health Day, and Malezi Bora week. These events created a platform through which child participation was realized while AGYW were tested for HIV.

USAID NYM continued strengthening local structures as a long-term solution in addressing children's issues across the three counties, by reviving county and sub-county area advisory council meetings, which had stalled due to COVID-19 restrictions.

Quantitative impact

USAID NYM continued to use a case management approach to provide integrated services for OVC and their families. As at SAPR, the project served 120,593 (100%) OVC against a Country Operational Plan (COP) 21 target of 120,130 OVC. From the 120,593 OVC served, 85,167 OVC were served under comprehensive, 10,250 OVC under preventive, and 25,176 under DREAMS (adolescent girls 9–14 years). Out of the total number of OVC served, 111,985 (93%) were below 18 years, while 8,608 (7%) were 18 years or older (7,941 of whom were in secondary school, and 667 who were in an approved economic intervention).

During the reporting period, the project graduated 3,632 OVC from 1,579 households and transferred 9 OVC (8 to PEPFAR partners and 1 to a non-PEPFAR partner), and 26,890 exited without graduation (25,923 due to attrition and 967 were not served for two quarters). Of the 25,923 OVC that exited through attrition, 10,707 were ineligible, 76 died, 3,313 were lost to follow-up, 4,216 left at will, 3,249 relocated outside the project area, and 4,362 aged out of the project after attaining 18 years and completed secondary education.

As at SAPR 22, the project reported a total of 76,559 as active OVC under 18 years old compared to the COP21 target of 73,964. Of the 76,559 reported active, a total of 74,703 (98%) OVC had a known HIV status (58,265 HIV negative; 14,004 HIV positive; 2,434 had a test not required status based on risk assessment) and the status of 1,856 was unknown. The project enrolled a total of 423 new children

and adolescents living with HIV (CALHIV) during the period. From the 1,856 OVC with unknown HIV status, 1,528 (82%) were HIV-exposed infants, 328(18%) OVC were newly recruited in Q2, 145 were siblings of CALHIV, and 173 were biological children of HIV-positive mothers. Their test results will be captured in Q3.

Table 3. Summary of Sub-purpose 3 project achievements as of FY22 Q2.

Indicator	FY22 target	FY22 Q1	FY22 Q2	Semiannual progress report	
		Achieved			% achieved against FY22 target
OVC_SERV	120,130	105,876	120,593	120,593	100%
OVC_HIVSTAT	73,964	79,602	74704	74,704	101%
OVC_SERV_ACTIVE	70,818	87,262	85,167	85,167	120%
OVC_SERV_GRADUATED	4,518	694	3,632	3,632	80%
OVC_SERV [Preventive]	12,344	1,113	10,250	10,250	83%
OVC_SERV [DREAMS]	32,450	16,807	25,176	25,176	78%

Abbreviations: DREAMS, Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe; OVC_SERV, number of beneficiaries served by US President's Emergency Plan for AIDS Relief OVC programs for children and families affected by HIV.

Constraints and opportunities

Constraints

The project has been aware of the forthcoming election cycle and has put plans in place to ensure continued service provision for AGYW and OVC. The main anticipated constraints include project implementation disruption and an increase in gender-based violence. To mitigate these, the project has planned rapid service provision and uptake and worked with government stakeholders to plan for AGYW and OVC safety, prevention of violence, and any subsequent reporting and provision of post-violence care.

The project has strived to ensure quality in implementation of EBIs with OVC preventive program. However, the tight school schedule and parents' inconsistency in attending the sessions due to competing tasks led to very few parents being reached in one-on-one sessions.

The new eligibility criteria, which now includes HIV-exposed infants, has led to a surge in the number of participants enrolled. The number of enrollees now surpasses the project targets. This has led to a strain in staff and volunteer caseload management across the three counties.

Opportunities

As part of the project's technical review with USAID, USAID NYM developed and submitted a detailed implementation plan for the period March to September 2022. This plan identified the general and specific areas that the project was to work on to improve on service delivery. Key continuing activities include engagement of mentors and DREAMS ambassadors, layering, collaboration with government on support for children, implementation fidelity, and education subsidy provision. This implementation plan is a great opportunity for continued project quality and achievement of expectations. The project

will fast-track implementation of case plans targeting households on the path to graduation in order to graduate more households and create room for more enrollment.

Subsequent quarter's work plan

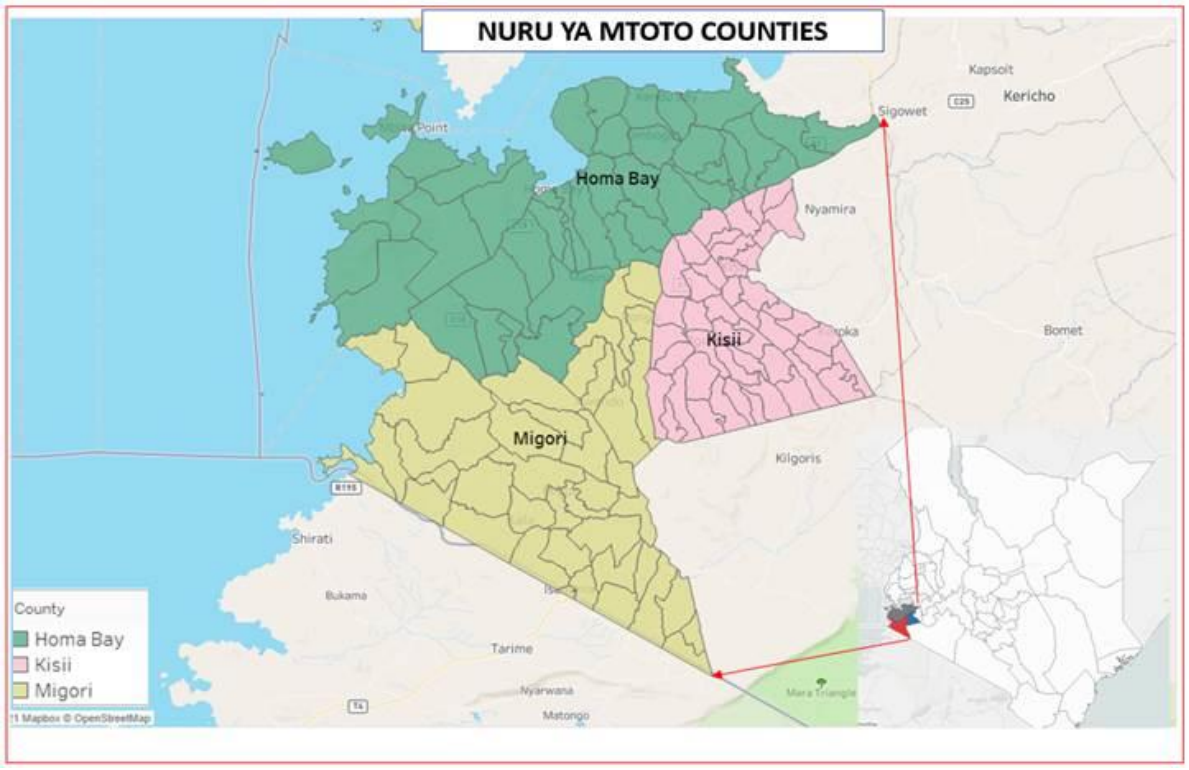
In the next reporting period, USAID NYM will fast-track the rollout of new tools to conduct household assessments, develop case plans, and track service provision. The project will also utilize new enrollment forms to capture eligibility of existing participants for ease of analysis and data use for decision-making and implement the case plans developed to increase the number of children and families receiving services.

Further, USAID NYM will continue with on-the-job training for case managers and case workers on utilization of revised tools to enhance data quality. The project will collaborate with the Department of Nutrition at the sub-county level to refresh case workers on nutrition assessment using mid-upper arm circumference and bipedal edema to augment their capacity in conducting quality assessments at the household level and effectively referring them for services based on assessment outcome.

Project overview

The US Agency for International Development (USAID) Nuru Ya Mtoto (NYM) project, funded by the US President's Emergency Plan for AIDS Relief (PEPFAR), 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). The project 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). In the first half of Fiscal Year (FY) 2021 (October 1 through March 17), the project counties were being supported by Afya Ziwani (PATH) and Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children, implemented by Catholic Relief Services. USAID NYM's activities are aligned with the purpose of KHPQS: increase use of high-quality, county-led health and social services in selected counties in Kenya. USAID NYM 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 the USAID NYM 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.

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 NYM 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 EBIs 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 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 Department 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 partnership 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. These efforts continued in FY22 Quarter (Q) 2.

Detailed progress by sub-purpose and technical areas

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

1.1 Overview

1.1.1 High-priority population intervention: Adolescent girls and young women

USAID NYM implements the DREAMS initiative as the main approach to empowering vulnerable AGYW to access prevention services and reduce new HIV infections. Implemented in Homa Bay County (33 wards in eight sub-counties) to reach 18,060 unique AGYW and Migori County (21 wards in four sub-counties) to reach 25,262 AGYW, the project uses a standard vulnerability criterion to enroll eligible AGYW into the program. This enrollment is achieved in partnership with stakeholders and takes advantage of the pathways available at health facilities, the DCS, OVC households, and the general community. Based on the Kenya DREAMS layering table, USAID NYM provides evidence-based and age-appropriate interventions to active AGYW and focuses efforts on DREAMS package completion by all enrolled AGYW. In Country Operational Plan (COP) 21, USAID NYM prioritizes unique AGYW and their primary and needed services.

For behavioral HIV and violence prevention interventions, USAID NYM works with trained and certified facilitators to ensure high-quality service provision and fidelity to the prescriptive elements of the curricula. The project works closely with the DOH to provide high-quality biomedical services in a differentiated model, including in-reaches, outreaches, and self-care as applicable. Working with communities, the project mobilizes resources including safe spaces, mentors, and ambassadors; provides gender norms interventions; and increases AGYW access to community resources. The project identifies male sex partners of AGYW and works with the DOH to provide them with highly effective HIV prevention services, including HIV testing services (HTS), antiretroviral therapy (ART), voluntary medical male circumcision (VMMC), and condoms.

The table below indicates the USAID NYM unique COP21 AGYW targets by age and county.

Table 4. USAID NYM unique COP21 AGYW targets by age and county.

County	Age group	AGYW	% of county total
Homa Bay (18,060 AGYW)	9–14	14,577	81%
	15–17	1,337	7%
	18–19	1,204	7%
	20–24	943	5%
Migori (25,262 AGYW)	9–14	13,999	55%
	15–17	2,537	10%
	18–19	2,269	10%
	20–24	6,457	25%
Total		**43,322**	

Abbreviation: AGYW, adolescent girls and young women.

1.1.2 Layering adolescent girls and young women with complete primary layering

The key goal of the DREAMS implementation is to empower AGYW to prevent new HIV infection. In this regard, USAID NYM works to ensure that AGYW complete their primary package of interventions as appropriate by age. Guided by the layering table, the project supports girls in their journey within DREAMS to take up the primary services, with girls aged 9 through 14 having **four** services, 15 through 19 with **seven** services, and 20 through 24 with **eight** services. In FY22 Q2, the project developed a progress monitoring guidance for ward staff to help track AGYW movement towards completing the DREAMS package. This, coupled with training of more EBI facilitators, enabled the project to support 23,759 AGYW in Q2 to complete their DREAMS primary package, giving a total 28,396 by SAPR. This represents 74% reach among active AGYW as of the SAPR. The table below indicates the primary services completed, by age.

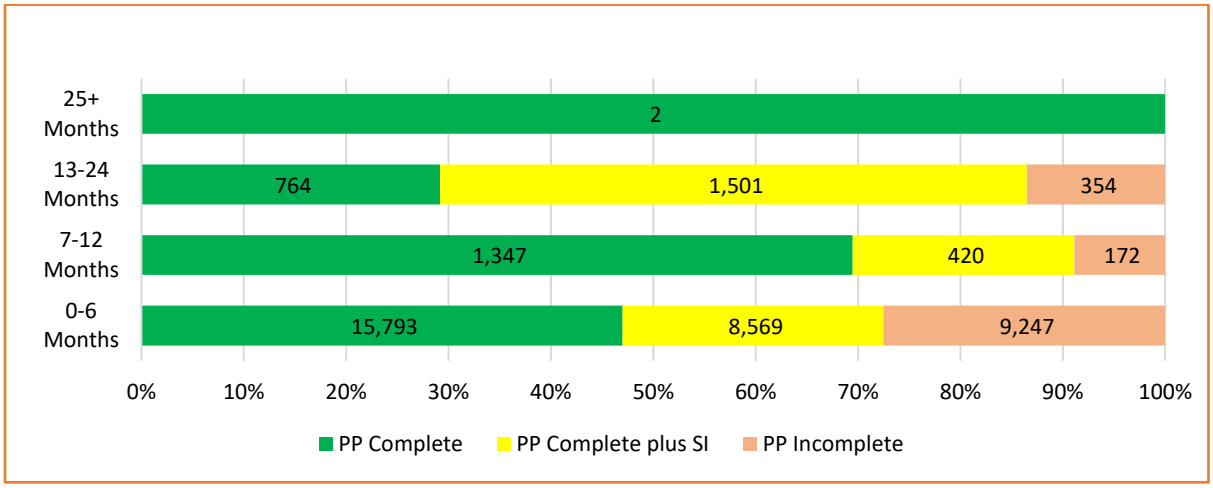
Table 5. Number of AGYW with primary layering by total AGYW served and by age band (FY22 Q2).

Age group (years)	Total AGYW layered	Total AGYW layered	Total AGYW layered	Total AGYW served	SAPR % Achievement
	Q1	Q2	SAPR	SAPR	
9–14	4,572	14,566	19,138	23,501	81%
15–17	14	2,849	2,863	4,900	58%
18–19	26	2,602	2,628	3,726	71%
20–24	25	3,690	3,715	5,966	62%
25–29	0	52	52	76	68%
All ages	4,637	23,759	28,396	38,169	74%

Abbreviations: AGYW, adolescent girls and young women; SAPR, semiannual progress report.

For the duration in the DREAMS program, more than 88% of the AGYW have been in the project for less than 12 months. One year is adequate time for the majority of participants to complete their primary layering. In Q3, the project will focus on the 354 AGYW (as shown below) who have been in the project for more than 12 months and are yet to complete their primary DREAMS package.

Figure 2. Absolute numbers of AGYW layering by duration in DREAMS program, as of March 31, 2021.



Abbreviations: PP, primary package [note: this meaning of "PP" applicable to this figure only]; SI, secondary intervention.

Table 6 summarizes the age cohort layering progress. In Homa Bay, 81% of all active AGYW were layered whereas in Migori, 68% were layered, giving an overall performance of 74%. The reason for the below 60% achievement for some select age ranges in Migori is because the project expanded to six new wards in Q2 and had to carry out the entry processes and establish safe spaces, along with enrolling AGYW and training the relevant cadres to support interventions. In Q3, better results are expected as the project has finalized the initial start-up processes.

Table 6. Project progress in service layering for active AGYW by county and age, as of March 31, 2022.

Age range	Primary package complete	Primary package complete, plus SI	Primary package incomplete	Active AGYW total	% layered against active AGYW
Homa Bay					
10–14	8,173	2,744	2,113	13,030	84%
15–17	643	727	607	1,977	69%
18–19	183	1,015	305	1,503	80%
20–24	198	710	290	1,198	76%
25–29	10	15	7	32	78%
Subtotal	**9,207**	**5,211**	**3,322**	**17,740**	81%
Migori					
10–14	6,720	1,501	2,250	10,471	79%
15–17	743	750	1,430	2,923	51%
18–19	283	1,147	793	2,223	64%
20–24	949	1,858	1,961	4,768	59%
25–29	4	23	17	44	61%
Subtotal	**8,699**	**5,279**	**6,451**	**20,429**	68%
Both counties					
10–14	14,893	4,245	4,363	23,501	81%
15–17	1,386	1,477	2,037	4,900	58%
18–19	466	2,162	1,098	3,726	71%
20–24	1,147	2,568	2,251	5,966	62%
25–29	14	38	24	76	68%
Grand total	**17,906**	**10,490**	**9,773**	**38,169**	74%

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

1.1.3 Graduation

As appropriate, the project will conduct graduation for AGYW who are ready to, and who have completed their packages plus needed secondary services. This reporting period, the project avoided graduation as over 88% of the beneficiaries have been in the project for less than six months, and over 94% for less than a year. In the next reporting period, the project will have them ready for graduation.

1.2 Primary individual interventions

1.2.1 Social asset building

In Q2, the project continued to host safe space sessions to facilitate AGYW attendance and uptake of services. Co-location of safe spaces at health facilities, youth empowerment centers, DCS offices, local government offices, and other community-donated spaces increased AGYW uptake of services. In Migori, the project established six main safe spaces in new wards and equipped them with furniture, television sets, manuals, registers, reporting tools, games, and other information, education, and communication (IEC) materials to support project implementation. Mentors have been engaged at a ratio of one mentor to 60 AGYW and continuous capacity-building by project staff has improved their engagement with AGYW. The project ensured that mentors received airtime support, which in turn helped them to mobilize AGYW for services. This has been effective as there was no AGYW recorded as inactive in the quarter. All DREAMS staff underwent continuous child protection training, and all new staff signed the child protection policy. As at the time of the SAPR, the project achieved enrollment of 38,169 AGYW (88% of the COP21 target of 43,322), all of whom attended safe spaces and were active in Q2.

Table 7. Number of AGYW reached, by county and age band (FY22).

County	FY22 annual target		FY22 Q1 and Q2 achievement		FY22 Q1 and Q2 % achievement	
	9–17	18–24	9–17	18–24	9–17	18–24
Homa Bay	15,914	2,146	15,007	2,733	94%	127%
Migori	16,536	8,726	13,394	7,035	81%	81%
Total	**32,450**	**10,872**	**28,401**	**9,768**	**88%**	**90%**

1.2.2 PP_PREV (HIV and violence prevention)

USAID NYM implements **Healthy Choices for a Better Future (HCBF; 9–14)** and **My Health My Choice (MHMC 15–17)**, and **SHUGA 2 (18–24)** as the PP_PREV package for vulnerable AGYW. In Q2, the project focused efforts on improving achievements of the PP_PREV targets by ensuring high-quality delivery of behavioral interventions to AGYW as a priority and as an enabler of optimal layering for active AGYW. In this regard, the project had a two-fold approach: increase the numbers, capacity, and quality of EBI facilitators across Homa Bay and Migori, and prioritize EBI uptake by AGYW by identifying those yet to take it up and developing individualized plans for uptake. To achieve this, the project trained a total of **112** EBI facilitators (Homa Bay **44**, Migori **68**) to deliver HCBF and MHMC (**82** facilitators), and SHUGA 2 (**30** facilitators). These newly trained facilitators were determined by county needs and supplemented the numbers previously available.

The project ensured that manuals, registers, and monitoring tools were procured and distributed to the wards to facilitate effective implementation and fidelity. To further ensure quality implementation, the project routinely observed EBI sessions using a project-developed tool. These observations were critical in helping EBI facilitators deliver interventions with fidelity and provide remedial support as needed. The outcome of these efforts was that the project provided EBIs to **22,262** active AGYW, a cumulative achievement of **31,883**, which is a **74%** achievement as of SAPR. The PP_PREV achievement by behavioral intervention includes **19,456** (HCBF for 9–14), **4,339** (MHMC for 15–17), and **8,088** (SHUGA 2 for 18–24). By increasing the uptake of PP_PREV interventions, the project was also able to make an impact on the overall layering, as these interventions form part of the primary DREAMS package. In the forthcoming quarter, the project

will aim to achieve a 90% score, with critical attention focused on the 9–14 cohort, which contains the highest number of targets. The table below indicates project progress and achievements for PP_PREV.

Table 8. Number of AGYW who received HIV and violence interventions, by county (FY22 Q2).

County	Age	FY22 target	FY22 Q1	FY22 Q2	Semiannual progress report	
			Achieved	Achieved	Achieved	% achieved
Homa Bay	**All ages**	**18,060**	**4,099**	**11,529**	**15,628**	**87%**
	14–Sep	14,577	2,495	8,990	11,485	79%
	15–17	1,337	611	1,271	1,882	141%
	18–19	1,204	628	706	1,334	111%
	20–24	942	365	562	927	98%
Migori	**All age**	**25,262**	**5,522**	**10,733**	**16,255**	**64%**
	14–Sep	13,999	2,497	5,474	7,971	57%
	15–17	2,537	775	1,682	2,457	97%
	18–19	2,269	892	1,028	1,920	85%
	20–24	6,457	1,358	2,549	3,907	61%
Total		**43,323**	**9,621**	**22,262**	**31,883**	**74%**

1.2.3 HIV screening and HIV testing services

HIV testing services is a key entry point to HIV prevention. The project therefore works to screen AGYW for eligibility and provide HTS in a differentiated model, with 15–24 having HTS as a primary service and 9–14 as a secondary service.

In the reporting quarter, the project screened 22,988 AGYW 9–14, with 1,001 receiving their test. For those eligible and untested, the project is pursuing parental/guardian consent and ensuring commodity allocation supports testing of the adolescents. Working with the DOH, the project supported HIV testing at safe spaces via outreach, actively referred AGYW for HTS in-reach services, and supported HIV self-testing, both assisted and unassisted. An unpredictable HTS commodities supply affected this intervention at the beginning of the quarter, but this was later resolved. USAID NYM has shared project HTS commodity needs with the DOH to ensure inclusion of the numbers in the commodity forecast and allocation. The table below shows the project's HTS reach by age cohort. In the coming quarter, the project will aim to achieve 100% testing for the 15–24 cohorts.

Table 9. HTS screening progress for 9–14 AGYW against target, by county (FY22 Q2).

County	Target 9–14 years	HIV screening	Against target	Enrolled in cohort	% against – enrolled in cohort
Homa Bay	11,662	12,604	108%	13,030	97%
Migori	11,199	10,384	93%	10,471	99%
Total	**22,861**	**22,988**	**101%**	**23,501**	**98%**

Table 10. Number of AGYW tested for HIV, by age band and county (FY22 Q2).

County	9–14 years	15–17 years	18–19 years	20–24 years	Total
Homa Bay	606	1,456	964	1,006	4,032
Migori	395	1,774	1,188	3,403	6,760
Total achieved	**22,988**	**3,230**	**2,152**	**4,409**	**32,779**
FY22 target	22,861	3,874	3,473	7,399	**37,607**
% achieved	**101%**	**83%**	**62%**	**60%**	**87%**

1.2.4 Financial capability training

The USAID NYM project supported implementation of financial capability training, a primary service for all enrolled AGYW. With the aim of ensuring primary service layering, the project trained additional facilitators, procured and distributed manuals, registers, and reporting tools for all wards, and monitored implementation via session observation. In this reporting period, the project achieved a 115% overall performance against the FY22 target. However, the project will, in the coming quarter, concentrate on improving uptake of the service in Migori, with the aim of achieving 100% for each cohort.

Table 11. Number of AGYW who received financial capability training, by age band and county (FY22 Q2).

County	9–14	15–17	18–19	20–24	Total	FY22 County targets	% achieved by county
Homa Bay	11,428	1542	784	943	14,697	**10,456**	**141%**
Migori	7556	2197	1342	4132	15,227	**15,583**	**98%**
Total	**18,984**	**3,739**	**2,126**	**5,075**	**29,924**	**26,039**	**115%**
FY22 target (Project)	**15,717**	**2,712**	**2,431**	**5,179**	**26,039**		
% achieved by age	**121%**	**138%**	**87%**	**98%**	**115%**		

1.2.5 Entrepreneurship training

Entrepreneurship training is a primary service for the 20–24 cohort, and a secondary service for those aged 18–19. For this reason, the project worked to ensure that all AGYW in the older cohorts received the service in preparation for their economic strengthening interventions, including business and enterprise start-up. While the COP21 targets were markedly low, the project mobilized all enrolled active 20–24 and the critical mass of out-of-school 18–19 to receive the services. This explains the overachievement as of the end of FY22 Q2 as shown below.

Table 12. Number of AGYW who received entrepreneurship training, by county (FY22 Q2).

County	18–19 target	18–19 reach	% achieved	20–24 target	20–24 reached	% achieved
Homa Bay	253	373	147%	476	963	202%
Migori	235	823	350%	1,614	3949	245%
Total	**488**	**1,196**	245%	**2,090**	**4,912**	235%

1.2.6 Contraceptive method mix, condom promotion and provision, and pre-exposure prophylaxis education

The USAID NYM project has been focused on providing accurate and complete information about condoms, contraception, and pre-exposure prophylaxis (PrEP). The project creates a conducive and non-judgmental environment at safe spaces for AGYW to access direct education from health care providers and IEC materials in both hard and soft copies available at the safe spaces and via virtual platforms. In all other interventions (biomedical and behavioral), condoms, PrEP, and contraceptive information is mainstreamed for repeated access. In the coming quarter, the project will increase its efforts in the new wards of Migori to increase reach with these critical informational services.

Table 13. Number of AGYW who received condom promotion and provision, contraceptive method mix, and pre-exposure prophylaxis education, by county (FY22 Q2).

County	15–17 years			18–24 years		
	Target	Reach	%	Target	Reach	%
Condom promotion and provision						
Homa Bay	936	1,732	185%	1,502	2,378	158%
Migori	1,776	2,581	145%	6,108	6,637	108%
Subtotal	**2,712**	**4,313**	159%	**7,610**	**9,015**	118%
Contraceptive method mix						
Homa Bay	1,337	1,719	129%	2,146	2,360	110%
Migori	2,537	2,549	100%	8,726	6,611	76%
Subtotal	**3,874**	**4,268**	110%	**10,872**	**8,971**	83%
Pre-exposure prophylaxis education						
Homa Bay	1,337	1,718	128%	2,146	2,410	112%
Migori	2,537	2,537	100%	8,726	6,530	75%
Subtotal	**3,874**	**4,255**	110%	**10,872**	**8,940**	82%

1.3 Secondary individual interventions

1.3.1 Pre-exposure prophylaxis

PrEP_NEW: Under this indicator, USAID NYM project supports young women 18–24 who are at substantial risk of HIV infection to take up PrEP for the duration that the risk exists. The project identifies these risks as any or multiple of the following: (1) cannot or do not use condoms (maybe due to violence or lack of negotiation power); (2) do not know the HIV status of their sex partner(s); (3) have a history of recent sexually transmitted infection; (4) are trying to have a baby with their partner who is HIV positive (discordant couple); (5) exchange sex for money, clothes, fees, food, rent, etc.; (6) engage in sex while under the influence of alcohol or drugs; (7) have a history of frequently using post-exposure prophylaxis. To determine this, the project, through the ward coordinators and mentors, disseminates the National AIDS and STIs Control Programme PrEP Rapid Assessment and Screening Tool, which elicits eligible AGYW. These are then referred for clinical assessment by a health care worker and initiated on PrEP as needed. USAID NYM

supports PrEP initiation at facilities, and continuous refills and follow-up at safe spaces. In the reporting quarter, the project continued to support young women at exceptional risk of HIV infection to take up PrEP.

Migori County Health Management Team members peruse a pre-exposure prophylaxis register at Dede Safe Space in West Sakwa Ward. Photo Credit: Faith Apiyo/PATH USAID Nuru ya Mtoto.

Working with the link health facilities at the safe spaces, the project teams and health care providers gave PrEP education to AGYW and used the Rapid Assessment and Screening Tool to identify eligible AGYW for PrEP. The project initiated a total of 1,058 eligible young women in FY22 Q2, raising SAPR achievement to 2,049. During the reporting quarter, the project also received guidance on revision of COP targets to 1,907 (Homa Bay 981, Migori 926). As this came after our implementation, the project is currently at 7% over-achievement.

Table 14. Number of individuals newly enrolled on PrEP, by county (FY22 Q2).

County	FY22 annual target	FY22 Q1 achievement	FY22 Q2 achievement	SAPR achievement	SAPR % achievement
Homa Bay	981	487	459	946	96%
Migori	926	504	599	1,103	119%
Total	**1,907**	**991**	**1,058**	**2,049**	107%

Abbreviation: SAPR, semiannual progress report.

PrEP continuation (PrEP_CT): The project, in partnership with the DOH, continues to ensure availability of commodities and supports AGYW through follow-up and PrEP support groups to go back for refills. In this reporting period, 609 (23%) of the annual target of 2,670 returned for their refill. To mitigate barriers to PrEP continuation, the project has established PrEP ambassadors (there are 139 PrEP ambassadors, and the plan is to have 5 per each of the 54 wards) and PrEP support groups for peer support toward adherence, refill reminders, and general knowledge dissemination. Further, the project supports young women on PrEP to mitigate some of the factors that drive their risk, especially violence and economic difficulties. To this extent, young women on PrEP are similarly provided with post-violence care and combined socio-economic approaches. At the end of SAPR, of the total 2,049 AGYW ever initiated on PrEP, 514 received post-violence care, 1,099 received economic strengthening support (business start-up and business boost), and 293 received both post gender-based violence (GBV) and economic support.

The project continues to work closely with the Homa Bay and Migori DOH to ensure availability of PrEP commodities and quality implementation of this critical HIV prevention service. In this regard, the project supports continued joint supportive supervision visits for quality assurance and capacity-building.

1.3.2 Education support

In the reporting quarter, the project managed to support AGYW to continue schooling via provision of education support and dignity packs. The project aligned activities with the school calendar, which has been affected by the COVID-19 pandemic. In FY22 Q2, the project concentrated on AGYW continuation of schooling and provided dignity packs to eligible AGYW. At the end of Q2, schools closed with a re-opening date coming into Q3, which also will reflect transitions from primary to secondary education. As such, in the next quarter, the project will concentrate on supporting school fees for secondary education to ensure enrollment and completion.

Table 15. Number of individuals provided with education subsidy, by county (FY22 Q2).

Cohort	Target	Achievement	%
Homa Bay			
9–14	2,187	2,141	98%
15–17	735	642	87%
18–19	84	138	164%
20–24	66	83	126%
Subtotal	**3,072**	**3,004**	98%
Migori			
9-14	2,100	1,066	51%
15–17	1,396	1,051	75%
18–19	159	563	354%
20–24	452	174	38%
Subtotal	**4,107**	**2,854**	69%
Grand total	**7,179**	**5,858**	82%

1.3.3 Combined socioeconomic approaches

The goal of the DREAMS economic empowerment activities is to reduce reliance on transactional sex and strengthen AGYW's self-efficacy and decision-making power in relationships. Table 16 below outlines the mix of economic strengthening and related interventions that USAID NYM provides for enrolled AGYW.

Table 16. Number of individuals provided with combined socioeconomic approaches, by county (FY22 Q2).

Economic strengthening approach	Homa Bay	Migori	Total
Business start-up kit	223	454	677
Employment	158	805	963
Entrepreneurship support	405	780	1,185
Internship	1	0	1
Microfinance	0	1	1

Other	318	262	580
Vocational training	19	12	31

Business start-up kit: The project undertook a local market analysis (LMA) which identified agri-business, agro-processing, cloth, and beauty as potential sectors/enterprises for AGYW in Migori and Homa Bay Counties. The assessment further found that, generally, in the project area, the amount of funding allocated for seed capital for start-up businesses is very minimal and insufficient for sustained business success; thus, most of the businesses collapse. Table 17 below provides the number of AGYW provided with start-up capital and support in the two counties.

Lavender, an AGYW from West Karachuonyo, ventured into agri-business through tomato farming. Her family has land next to the lake, and after attending entrepreneurship training, she asked her parents for permission to use the land for a new business. She received a business start-up grant of KES 5,000 from USAID NYM, which she used to plant a quarter-acre of tomatoes. Her crop is currently at the flowering stage, and the expected gross margin is KES 20,500. Lavender's experience benefits from the local market analysis recommendation to focus more deeply on agricultural technical skills for AGYW.

Table 17. AGYW supported with start-up capital for small businesses (FY22 Q1 and Q2).

Period	Homa Bay	Migori	Total
FY22 Q1	35	49	84
FY22 Q2	188	405	593
Total	**223**	**454**	**677**

During this reporting period, the project supported 677 AGYW in Homa Bay and Migori Counties across the 54 wards to start businesses after going through the financial capability and entrepreneurship training. Out of the 677 supported, 275 were also on PrEP retention, recognizing the strong correlation of economic status and HIV vulnerability.

In all, 84 AGYW who initiated their businesses in FY22 Q1 were monitored, and the businesses were up and running, providing direct employment opportunities for the AGYW.

Employment: Wage employment is one pathway to financial resilience for AGYW. Unemployment among AGYW stands at 9.6% in Kenya, compared to 5.3% for their male counterparts. USAID NYM contributed to a reduction in HIV vulnerability by facilitating wage employment linkages for 963 AGYW in the reporting period: 669 were linked with employment opportunities in Q1 and 294 in Q2. The AGYW were employed within the project or through linkage with private-sector players.

Table 18. Economic strengthening: Employment support, by county (FY 22 SAPR).

Period	Homa Bay	Migori	Total
FY22 Q1	110	559	669
FY22 Q2	48	246	294
Total	**158**	**805**	**963**

For the employed AGYW, USAID NYM provides support/tracking for six months in order to build AGYW skills, support them as they start to apply new skills, and ensures that they are in safe working environments.

Entrepreneurship: Self-employment programs are another important route through which AGYW in Migori and Homa Bay Counties were supported to grow their economic livelihoods. During this reporting period, the project provided entrepreneurship skills to 6,108 AGYW aged 18–24 years. A total of 1,185 of the 6,108 further benefited from business grants that enabled them to expand and diversify their business based on their business plans.

Business mentors identified through the LMA and in working collaboration with the Kenya National Chamber of Commerce and Industry and Ministry of Trade and Industry offered mentorship to the AGYW. The mentorship has provided AGYW with coping strategies to ensure their businesses do not collapse.

Table 19. Economic strengthening: Entrepreneurship support, by County (FY22 SAPR).

Period	Homa Bay	Migori	Total
FY22 Q1	216	188	404
FY22 Q2	189	592	781
Total	**405**	**780**	**1185**

Internship: High unemployment among AGYW can be attributed to inadequate employable skills, work experience, and appropriate networks. During this reporting period, one AGYW acquired work environment experience and increased their network through internship. In addition, 23 others were placed in different sectors and will be reported in the subsequent period. In FY22 Q2, 9 AGYW who benefitted from optical training by the Eye Rafiki program are at different stages of being supported to open optical outlets in the community. The Eye Rafiki field officer and the county DOH offer mentorship, which has increased community acceptance, and service uptake.

Microfinance: In the reporting period, the project facilitated engagement meetings with microfinance institutions (e.g., Equity Bank, Postbank), the Government Affirmative Fund (Women Enterprise Fund and Youth Enterprise Development Fund), and Homa Bay and Migori County leadership. Strategies to increase AGYW access to available credit and deepen entrepreneurship and digital literacy skills were developed during the meetings. USAID NYM facilitated the formation of common interest groups for AGYW, where they can facilitate savings and loans, thus building connections and learning to co-guarantee. In FY22 Q2, NYM facilitated the formation of 47 savings groups, reaching 439 AGYW. The groups have facilitated platforms where AGYW are able to save and borrow. These efforts will continue and enhanced in subsequent quarters.

Vocational training: Vocational training provide AGYW with skills that enhance their employability. LMA mapped appropriate trades/skills and the institutions in the counties that offer different trades. In all, 31 AGYW (Homa Bay 19, Migori 12) out of an annual target of 518, attended vocational training in various fields in FY22 Q2.

The project has further identified 55 AGYW (25 in Homa Bay and 30 in Migori) who will join vocational training in Q3, following college entry guidelines.

Table 20. Economic strengthening: Vocational training, by county (FY22 SAPR).

Period	Homa Bay	Migori	Total
FY22 Q1	13	5	18
FY22 Q2	6	7	13
Total	**19**	**12**	**31**

Eye Rafiki program: Starting in FY22 Q1, ten AGYW participated in a six-month skills training course on ophthalmology, which included provision of start-up capital for business initiatives. Participation in the Eye Rafiki program was supported by USAID NYM. As of FY22 Q2, eight of the participants had completed and passed their training, progressed to securing and stocking their shops, and were receiving ongoing mentorship and training from ESSILOR, a France-based international ophthalmic optics company that designs, manufactures, and markets lenses to correct or protect eyesight. One participant deferred the training and expects to rejoin with the next training cohort in May 2022. Another participant did not initially pass the training and completed four remedial courses and is in the process of identifying a shop space.

The Eye Rafiki participants will continue to receive support and guidance from the ESSILOR technical team, and USAID NYM will support rent, licensing, and communications (marketing events that are held by the supported AGYW in their communities), as well as the ongoing DREAMS package of services.

USAID NYM continues to engage with ESSILOR while supporting the Eye Rafiki participants. As a result of this engagement, the following next steps will be taken:

- In FY22 Q3, as part of the expansion to Migori County, ESSILOR will support five AGYW to match five that USAID NYM will support.
- USAID NYM will consider the Eye Rafiki training and subsequent business model potentially beneficial to household economic strengthening (HES) and will support caregivers of OVC to take the training and open businesses in the next COP year.

1.4 Contextual interventions

1.4.1 Reducing risk in male sex partners

To further support efforts toward reducing new HIV infections among vulnerable AGYW, USAID NYM project identifies the male sex partners, and, in partnership with county DOH, provides these partners with HTS and linkage to HIV treatment, VMMC, and condoms. In FY22 Q2, 420 males took HTS with no sero-conversions and more than 20,000 condoms were distributed in the 54 wards.

Table 21. Number of male sex partners reached with HIV prevention and testing services, by county (FY22 Q1 and Q2).

County	FY22 Q1 # of MSP outreaches	FY22 Q2 # of MSP outreaches	SAPR total outreaches	FY22 Q1 # of MSP reached	FY22 Q2 # of MSP reached	SAPR MSP reached
Homa Bay	33	**54**	87	1,069	**1,773**	**2,842**
Migori	12	**47**	59	422	**1,284**	**1706**
Total	45	**101**	146	1,491	**3,057**	**4,548**

Abbreviations: MSP, male sex partner; SAPR, semiannual progress report.

1.4.2 Mobilizing communities for gender norms change

Using SASA! interventions for HIV and violence prevention, the project continued to work with AGYW, male sex partners, parents and guardians, and community gatekeepers to increase knowledge and improve attitudes leading to reduced GBV. AGYW benefitted from the sessions, gaining awareness and knowledge of GBV and strategies for prevention, while community members gained awareness on how to identify and rectify contexts that keep AGYW unsafe and more likely to experience violence. As at the end of SAPR, the project had reached 17,358 beneficiaries through SASA!.

Table 22. Number of AGYW and community members reached with SASA!, by county (FY22 Q2).

County	FY22 Q1	FY22 Q2	Total
Homa Bay	1,012	5,232	6,244
Migori	3,085	8,029	11,114
Total	**4,097**	**13,261**	**17,358**

1.5 OVC/DREAMS co-enrollment

A total of 11% (3,225) of all active AGYW come from OVC households. Of these, 2,796 (87%) have completed their primary package of interventions. The project continues to identify eligible AGYW for enrollment. Meanwhile, a large cohort of eligible OVC (16,093 -Homa Bay 11,632; Migori 4,461) in the previous periods have already taken the DREAMS program and graduated.

Table 23. OVC co-enrollment in DREAMS, by county and age cohort (FY22 Q2).

County	9–14 years	15–17 years	Total
Number of eligible OVC co-enrolled in DREAMS			
Homa Bay	2,118	443	2,561
Migori	397	267	664
Total OVC co-enrolled in DREAMS	**2,515**	**710**	**3,225**
Total enrolled in OVC cohort	23,501	4,900	**28,401**
% achieved co-enrollment	**11%**	**14%**	**11%**

County	9–14 years	15–17 years	Total
Number co-enrolled OVC completing DREAMS primary package			
Homa Bay	1,985	317	2,302
Migori	332	162	494
Total co-enrolled OVC completing DREAMS primary packaging	**2,317**	**479**	**2,796**
Total OVC co-enrolled in DREAMS	2,515	710	3,225
% achieved primary package completion	**92%**	**67%**	**87%**

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

Lessons learned for Sub-purpose 1

During implementation of the project, USAID NYM has drawn some lessons from its experiences. These include:

- Working with DREAMS ambassadors is a beneficial step in meaningfully engaging AGYW and contributes to responding to the wishes and needs of AGYW. The continuous engagement of AGYW ambassadors in all spheres of the project design, implementation, and monitoring, gives them knowledge and confidence as well as making their voices heard. The ambassadors have given suggestions of activities for various asset building to be included at the safe spaces which have strengthened service provision and uptake.
- Having a mix of mentors from the community (e.g., Child Protection Volunteers from the DCS and DOH Community Health Volunteers) enhances service uptake (e.g., for post violence care and biomedical interventions) and improves collaboration with the DCS and DOH. To facilitate easy access to services by AGYW, one of the ways is co-locating safe spaces in health facilities or government offices, but also enrolling trained DOH and DCS volunteers to take up the role of mentors. In this way, the project has attained direct service providers in the program.
- Engaging older AGYW (20–24) as mentors and facilitators of EBIs for the younger cohort (AGYW 9–14 years) helps to achieve meaningful engagement of participants in project implementation and monitoring. Older AGYW gain economic access as paid facilitators and mentors, hence beginning to mitigate the risks of HIV incidence associated with lack of economic access.
- Conducting the LMA through an embedded sub-partner (Anglican Church of Kenya Development Services – Nyanza, Economic Development Department) was cost-effective and led to seamless implementation of the findings in the day-to-day project delivery.

Sub-purpose 3: Increased access to and demand for high-quality HIV prevention services and social services for orphans and vulnerable children

3.1 Increased targeted services for HIV-exposed, infected, and affected orphans and vulnerable children

Increased access to comprehensive services for HIV-impacted orphans and vulnerable children

USAID NYM has a case load of 120,593 OVC (85,167 OVC comprehensive, 10,250 OVC preventive, and 25,176 DREAMS), of which 15,193 are children and adolescents living with HIV (CALHIV) and 1,532 are HIV-exposed infants (HEI). To increase access to comprehensive services for the 85,167 OVC in the comprehensive model, the project trained 95 LIP staff (project coordinator, monitoring, evaluation, and learning; case managers; and data assistants) as trainers of trainers (TOT) on case management. After the training, the TOTs cascaded the training to 1,613 case workers and 115 Health facility link desk persons (LDPs) with supervision by the project staff. The 1,823 trained individuals (95 LIP staff, 1,613 case workers, and 115 LDPs) supported by six project staff conducted a follow-on Case Plan Achievements Readiness Assessment (CPARA) re-assessment in FY22 Q2 to ascertain progress made by households in achieving the benchmarks, compared to the earlier assessment done in August 2021.

The project continued to work closely with the DOH and clinical partners in identification of CALHIV, HEI, and pregnant and breastfeeding adolescents (PBFA). As a result, 4,245 OVC from 1,125 households were newly enrolled. This included 423 CALHIV, 1,528 HEI, and 97 HIV-negative PBFA. Through the case management approach, individualized service provision, and completed referrals, and 85,167 OVC were reached with services in the Healthy, Stable, Safe, and Schooled domains as at SAPR.

Table 24. Orphans and vulnerable children reached, by county (FY22 Q2).

County	FY22 targets	OVC comprehensive			OVC preventive			DREAMS	Total OVC served			% achieved
		M	F	Total	M	F	Total	F	M	F	Total	
Homa Bay	67,778	24,499	25,209	49,708	2321	2107	4,428	12,446	26,820	39,762	66,582	**98%**
Kisii	13,606	7,067	7,616	14,683	547	686	1,233		7,614	8,302	15,916	**117%**
Migori	38,746	10,338	10,438	20,776	2099	2490	4,589	12,730	12,437	25,658	38,095	**98%**
Total	**120,130**	**41,904**	**43,263**	**85,167**	**4,967**	**5,283**	**10,250**	**25,176**	**46,871**	**73,722**	**120,593**	**100%**

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

Program participation status: As at SAPR, 120,593 active OVC (100%) were enrolled in the project, against a COP target of 120,130 OVC. During the reporting period, the project graduated 3,632 OVC from 1,579 households and transferred 9 OVC (8 to PEPFAR partners and 1 to a non-PEPFAR partner), and

26,890 exited without graduating (25,923 due to attrition and 967 were not served for two quarters). Out of 25,923 OVC who exited through attrition, 10,707 were ineligible, 76 died, 3,313 were lost to follow-up, 4,216 left at will, 3,249 relocated outside the project area, and 4,362 aged out of the project after attaining 18 years and completing secondary education.

3.1.1 100% of OVC with known risks of HIV and violence have access to comprehensive services

USAID NYM experienced challenges in case management data use for decision-making in the first quarter of project implementation. The challenges included incomplete data, poor quality of data collected, incomplete entry of data collected, and inability to analyze data, resulting in an inability to effectively use the data to inform service provision. In a bid to address these gaps, the project conducted a training needs assessment that informed key gaps and used the findings to inform an integrated capacity-building training targeting all LIP staff and community volunteers.

To continue bridging the identified gaps, in this reporting period, the project conducted a four-day training to equip LIP staff, case workers, and LDP with knowledge and skills on case management, OVC prevention of mother-to-child transmission of HIV (PMTCT) and OVC clinical integration, quality improvement, sexual and gender-based violence, economic strengthening, and the Jua Mtoto Wako model to effectively identify beneficiary needs, provide services as per the case plan and achieve set benchmarks. Further, in the reporting period, the project engaged 239 certified Sinovuyo teen facilitators to train 10,250 boys and girls aged 9–14 years on HIV violence prevention using the Sinovuyo teens curriculum.

Table 25. Case management progress at the end of FY22 Q2.

County	OVC case load	Total number of OVC HHs	HHs with CPARA done	HHs with well-being done	Number of HHs with case plan
Homa Bay	48,830	19,717	19,717	0	19,717
Kisii	12,510	5,070	4,431	639	5,070
Migori	21,146	10,271	8,080	2,191	10,271
USAID NYM	82,486	35,058	32,228	2,830	35,058

Abbreviations: CPARA, Case Plan Achievements Readiness Assessment; HH, household; OVC, orphans and vulnerable children.

Table 26. Classification of households based on vulnerability, based on assessments at the end of FY22 Q2

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 for graduation (score 17)		Grand total	
	HH	OVC	HH	OVC	HH	OVC	HH	OVC	HH	OVC
USAID NYM	**4,092**	**8,665**	**24,813**	**58,878**	**5,846**	**13,904**	**307**	**1,410**	**35,058**	**82,857**
Homa Bay	2,366	5,468	13,802	34,580	3,352	8,450	197	1210	19,717	49,708
Kisii	802	1328	3,306	8,715	924	2,242	38	88	5,070	12,373
Migori	924	1,869	7,705	15,583	1,570	3,212	72	112	10,271	20,776

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

The follow-on CPARA re-assessment ascertained the progress made by households in achieving the benchmarks compared to the assessment done in August 2021. A total of 35,058 households were assessed. From the results, 307 were identified as ready to graduate, 30,659 were on the path to graduation, and 4,092 were highly vulnerable, as shown in Table 28 above. The project has supported case workers and case managers to update and revise case plans and analyzed the case plan services and will use it for accelerated service provision in April through September 2022.

During the reporting period, the project improved partnership with the county governments of Homa Bay, Kisii, and Migori through co-implementation of the co-created work plan with the DOH, DCS, education, social protection, and private partners. This partnership enhanced synergies and resource leverage thus reaching more OVC and their families. In this regard, 1,803 caregivers supporting 3,246 OVC were linked to cash transfer for the elderly; 2,345 OVC continued being supported to access OVC cash transfer; and 1,876 OVC in secondary schools were identified for support from the presidential bursary fund. This support was based on the developed case plan needs and the household graduation pathways.

Healthy: The project analyzed OVC needs as documented in the case plans and identified different needs among 39,360 OVC within the healthy domain. In response to the needs, the project reached 61,926 (161%) OVC with illustrative services within the healthy domain. Among them were 20,234 OVC reached with information on HIV, 19,435 OVC provided with health and nutrition education, and 4,567 OVC found unwell at home and referred and treated for illness such as malaria and common cold. In addition, 896 OVC living with chronic conditions were referred to appropriate health services.

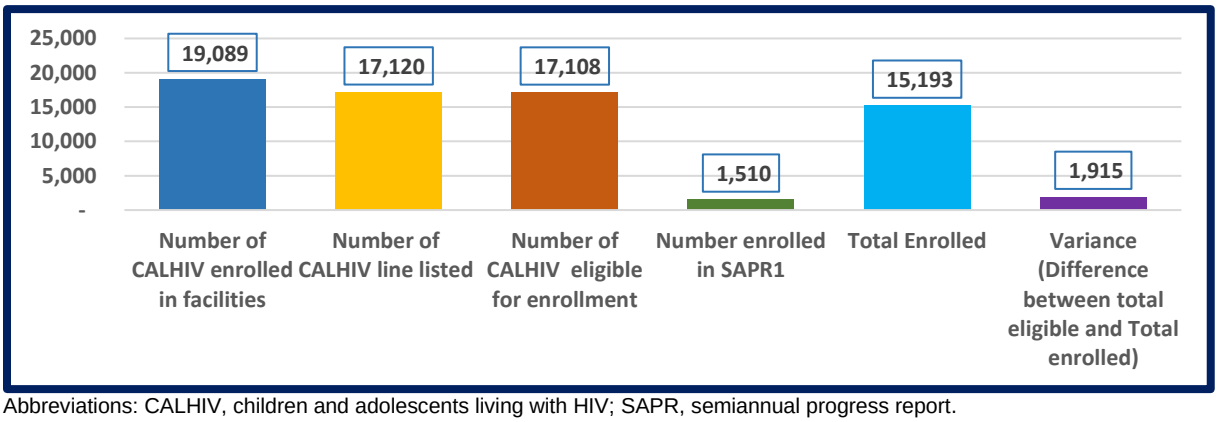
3.1.2 90% of children and adolescents living with HIV, exposed children, and children of people living with HIV and adolescents most-at-risk enrolled

The project through enhanced collaboration with the Ministry of Health (MOH) and the care and treatment partners (LVCT Health, Kenya Conference of Catholic Bishops [KCCB] Kenya AIDS Response Program [KARP], and CIHEB) continued to implement strategies to promote achievement of the Joint United Nations Programme on HIV and AIDS 95-95-95 goal of ending the AIDS epidemic by 2030.

1st 95: The project has tremendously reduced the number of OVC who require HIV testing based on capacity-building sessions conducted with case workers to enable them to undertake better HIV risk screening that only elicits those likely to test HIV positive. In the reporting period, 26,487 OVC (12,932 males and13,555 females) were screened, with 5,851 OVC (2,830 males and 3,021 females) referred for testing and 3,838 OVC (180 males and 1,998 females) tested. Follow -up on the remaining 2,013 OVC is underway to ensure they are tested, and results documented to inform interventions. From the number tested, none was HIV positive.

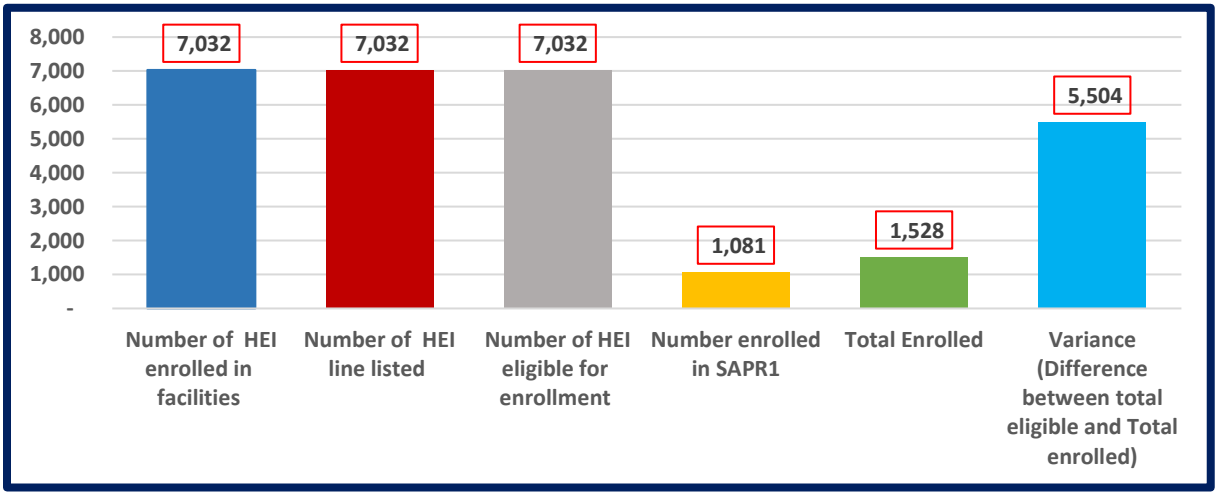
The project continued to update the CALHIV and PMTCT line list with support from the DOH and care and treatment partners to identify eligible children for enrollment. As a result, 1,231 CALHIV, 3,845 HEI, 189 HIV-positive PBFA, and 456 HIV-negative PBFA were line listed. From the line list, 437 CALHIV, 1,523 HEI, and 97 HIV-positive PBFA were enrolled in the project in the reporting period. In Kisii County, 285 line-listed HIV-negative PBFA were referred for services for adolescents and young people from Daraja Vision, a Global Fund to Fight AIDS, Tuberculosis and Malaria partner, with 26 receiving education on reproductive health and HIV/sexually transmitted infection through an EBI called Know Your Rights. The figure below shows the overall cascade for CALHIV enrollment in the project by end of SAPR.

Figure 3. CALHIV enrollment in the OVC intervention cascade.



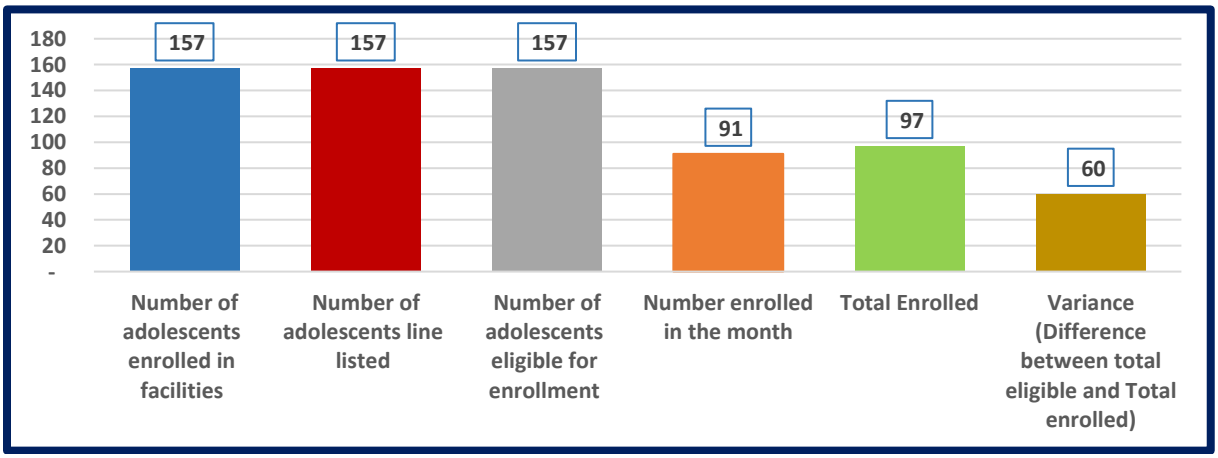
Abbreviations: CALHIV, children and adolescents living with HIV; SAPR, semiannual progress report.

Figure 4. HEI enrollment in the OVC intervention cascade.



Abbreviation: HEI, HIV-exposed infant.

Figure 5. HIV-positive PBFA enrollment in the OVC intervention cascade.



The improved line listing and enrollment of PBFA and HEI is attributed to the close working relationship with the care and treatment partners through mobilization, enrollment, and facilitation of LDPs and facility staff. During the enrollment process, caregivers and OVC were sensitized on project implementation strategies, (including service provision using the case management approach), the need for monthly household visits, participation in project activities such as savings groups and caregiver forums, linkage, and referrals to other service providers. These efforts were meant to respond to some of the identified challenges. Meanwhile, monthly meetings with care and treatment partners also tackled challenges in the enrollment process, including incorrect household locators; stigma at the community level, which hinders caregiver willingness to consent to enrollment in the project; use of pseudo-names in the facility to hide the real identities of clients, and caregivers missing appointment dates as well as long next appointment dates. Specific actions were developed for each of the issues and jointly implemented and monitored.

2nd 95: During the reporting period, the project monitored 15,193 CALHIV, 1,523 HEI, 97 PBFA, and 20,900 PLHIV to enhance sustained enrollment in care by identifying any cases of interrupted treatment and ensuring re-enrollment in care. A total of 234 CALHIV who had been line listed as lost to follow-up by facilities before enrollment in OVC were traced in the community and linked back to care. The project has 20,900 PLHIV and 15,913 CALHIV linked to care and treatment in the 452 health facilities.

3.1.3 100% of eligible children screened for HIV testing and tested

In the reporting period, the project supported 12,413 OVC under 18 years: 9,517 were HIV negative, 51 did not require testing, 449 had unknown status (HEI), and 2,389 were HIV positive. To ensure effective delivery of HIV risk screening as a service, case workers were sensitized on the tools to build their capacity to conduct the assessment and eligible OVC for screening characterized by age and caregiver details for easy follow-up and assessment. It was noted that there is need to have targeted activities for adolescents, such as life skills training.

Table 27. HIV status of OVC (<18 years old) enrolled in the OVC comprehensive program, by sex (FY22 Q2).

County	FY22 targets	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	Achieved	% Achieved FY22 Q2
Homa Bay	43,750	42,893	33,119	1,613	948	886	7,183	7,183	41,915	96%
Kisii	11,478	13,775	11,155	52	400	272	2,168	2,168	13,375	117%
Migori	18,736	18,936	13,162	697	500	370	4,577	4,577	18,806	100%
USAID NYM	**73,964**	**75,604**	**57,436**	**2,362**	**1,848**	**1,528**	**13,928**	**13,928**	**74,096**	**100%**

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

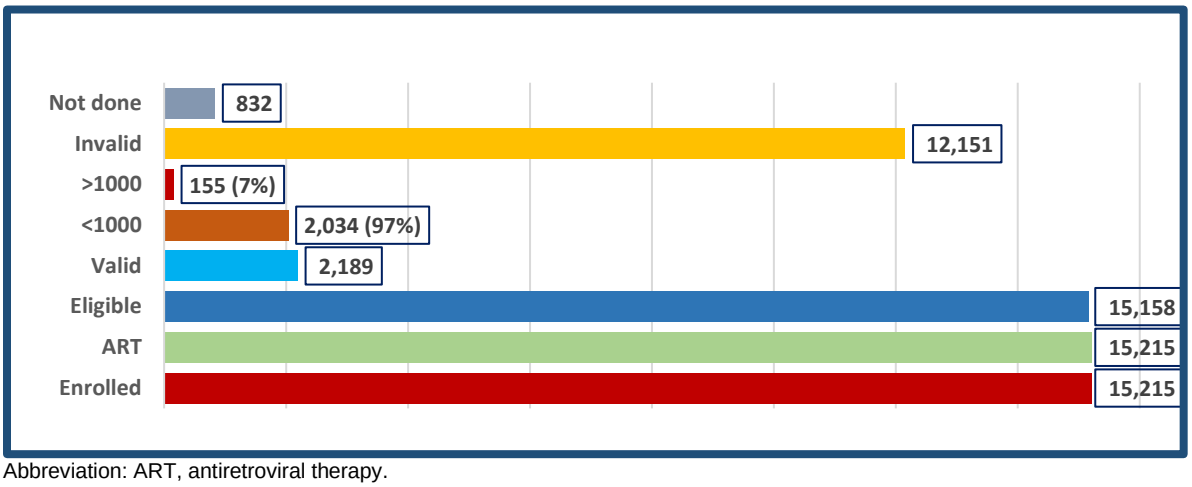
3.1.4 Viral load access and suppression

USAID NYM continued to nurture a close working relationship with the DOH and care and treatment partners in implementation of strategies that promote viral load suppression among adolescents and pediatrics in all three implementation counties. This has seen effective management of the 15,193 CALHIV, 1,523 HEI, and 97 PBFA enrolled in facilities.

Figure 6 below shows the status of viral load management for the project. In March 2022 the DOH issued guidelines on resumption of viral load testing targeting all children 0–14 years with invalid viral load results,

pregnant and breastfeeding women newly initiated on ART without a viral load test at three months, including PMTCT mothers previously suppressed without a valid result and those with suspected treatment failure. These guidelines will improve the project performance on viral load testing in FY22 Q3.

Figure 6. Viral load cascade for children and adolescents living with HIV.



Abbreviation: ART, antiretroviral therapy.

3.1.5 Interventions for high viral load

In the reporting period, the project continued intensified follow-up among CALHIV with high viral load to promote adherence and ultimately suppression. A total of 769 CALHIV with high viral load in Q1 were provided with appropriate intervention, resulting in 435 CALHIV suppressing as at SAPR. CALHIV have been characterized so far by the reasons behind their viremic state. They include missing doses due to conflicting school and pill timing, left to self-medicate without proper guidance hence missing doses occasionally, lack of disclosure, and intentionally taking breaks from regular adherence due to treatment fatigue.

Table 28. Number of OVC reached with interventions for high viral load.

Indicator/Intervention	County			USAID NYM
	Homa Bay	Migori	Kisii	
Low (400–999 cp/mL) and high (> 1,000 cp/ML) viral load (unsuppressed)	203	465	101	**769**
Visited at home	163	563	288	**1,014**
Provided with enhanced adherence counseling	185	437	288	**910**
Enrolled to special support group for high viral load follow-up	104	193	288	**585**
Case discussed in facility multidisciplinary meeting	66	113	24	**203**
On directly observed therapy	62	317	288	**667**
Assigned a treatment buddy	89	322	288	**699**

Case plan revised to address high viral load	179	271	288	**738**
Case conferencing done at local implementing partner	7	15	9	**31**
Repeat viral load test conducted	17	111	0	**128**
Viral load < 400 cp/mL after repeating viral load test	7	108	0	**115**

To address the above concerns, a total of 1,010 CALHIV were provided with individualized interventions to enhance adherence, with 962 enrolled in support groups such as Operation Triple Zero (OTZ) clubs to ensure zero missed clinic appointments, zero missed pills, and zero viral load. In collaboration with health facilities and technical working group, 336 CALHIV failing treatment were discussed during Multidisciplinary Teams meetings and 27 during case conferencing to identify root causes of the high viral load at the facility and community levels and proposed appropriate interventions, including change of regimen, optimization, addressing socio-economic factors, direct-witnessed ingestion, and linkage to treatment buddies.

Community Health Volunteer administering directly observed therapy, undertaking pill count in Moticho ward, South Mugirango sub-county in Kisii County. Photo Credit: Melody Odada, USAID Nuru Ya Mtoto.

USAID NYM reached 3,109 CALHIV with pill boxes, enabling health care providers to monitor timely and daily pill ingestion. This was particularly important for CALHIV living with elderly caregivers, who reported frequently forgetting to take their daily dose. A total of 590 were enrolled in directly observed therapy supported by case workers, facility staff, and caregivers, and 726 were linked to a treatment buddy to support monitoring of drug intake, clinic appointments, and adherence. Both CALHIV and caregivers were sensitized on myths and misconceptions that contribute to high viral load, the importance of starting and completing the disclosure process, self-acceptance to reduce self-stigma, and the importance of regular OVC attendance at school while adhering to medication. To avoid missing clinic appointments, the project supported 31 CALHIV (13 males and 18 females) identified by the health facilities with transport to access ART and sent messages to 2,900 to caregivers on adherence and clinic reminders through the mHealth short message service platform.

A total of 106 CALHIV underwent repeat viral load testing to establish efficacy of the interventions being implemented, with 94 achieving viral suppression. This achievement can be attributed to close monitoring of CALHIV at the household level and collaboration with facilities to ensure uptake of HIV treatment services among the beneficiaries. Viral load samples were also taken among the viremic CALHIV awaiting results, which are expected to showcase improvement.

In addition, the project supported 547 adolescents living with HIV (ALHIV) with chrono led alarm watches to act as reminders and improve timely ingestion. Adolescents living with HIV have received ongoing mentorship from case workers and case managers during their facility treatment appointments, OTZ meetings, and household visits, aimed at empowering them to take up their treatment responsibility.

The project discussed 27 cases in community case conference sessions that brought together the sub-county children's officer, area chiefs, facility comprehensive care clinic staff, the link desk person, case manager, caregivers, and extended family members. Some of the reasons for non-adherence included lack of food, pill burden, and lack of parental support and linkage to support groups for psychosocial support. The project, working closely with facilities, provided individualized support to ensure that issues such as parental involvement in drug administration, directly observed therapy, treatment buddies, assessment for disclosure status, booster adherence for breastfeeding adolescents with HEI, and shorter clinic appointment dates were addressed. To address emergency needs identified in the household case plans, a total of 158 households were supported with emergency fund to address socio-economic challenges affecting viral suppression. These efforts at the community and facility levels will continue to ensure more positive outcomes are realized. Through care and treatment partner, CIHEB in Migori County, 230 CALHIV have been enrolled in the suppression intervention Papa Mama care (PAMA) with all household members living with HIV having the clinic appointment date and time, and ingestion time harmonized to enhance buddy support among themselves.

3.1.6 Disclosure coverage

Non-disclosure of HIV status has remained a major contributor to non-adherence among CALHIV and PLHIV, as per the suppression plans. The project continued to address slow disclosure of HIV status to CALHIV, which has remained a barrier to effective ART adherence based on conversations held with adolescents. In the reporting period, 9,770 CALHIV (4,662 males and 5,108 females) completed the disclosure process; 5,276 (2,583 males and 2,693 females) were on partial disclosure; and 1,240 OVC (573 males and 667 females) had yet to be initiated in the disclosure process. This was achieved through partnership with caregivers, the MOH, and care and treatment partners. With the slow disclosure rates, the project recognizes the importance of sensitizing newly enrolled CALHIV and their caregivers on the importance of disclosure and its connection with good adherence, leading to viral suppression.

Table 29. Disclosure coverage of CALHIV (FY22 Q2).

CALHIV disclosure coverage				
County	Complete disclosure		Partial disclosure	
	M	F	M	F
Homa Bay	2,432	2,868	1,098	1,195
Kisii	753	965	244	230
Migori	1,081	1,275	1,241	1,268
TOTAL	**4266**	**5108**	**2583**	**2693**

3.1.7 Operation Triple Zero and support groups

The OTZ platform provides a critical opportunity for the project and facilities to directly engage with adolescents to address the challenges affecting their adherence and using the group therapy model to share freely on strategies to counter challenges affecting adherence among adolescents.

Adolescents enjoying snacks after an OTZ session in Rongo Sub-county Hospital. Photo credit: Vincent Okonya, Nuru Ya Mtoto

During this reporting quarter, the project supported 263 OTZ sessions that reached 6,537 ALHIV (3,295 males and 3,242 females) to promote improved adherence through attendance of routine clinic appointments geared toward zero missed appointment, zero missed drugs, and zero viral load. Bonding sessions were created in boarding schools, with ALHIV sharing their experiences with ART intake at school. These sessions have encouraged peer-to-peer support that in the long run have yielded positive impact on those struggling with stigma and disclosure issues.

Addressing stigma: The project continued to integrate stigma-related messages on mHealth messaging platforms to expand knowledge about stigma and its detrimental effects on HIV management. In Migori County, project case managers and case workers engaged 2,120 caregivers (185 males and 1,935 females) in special meetings to demystify stigma-related issues affecting disclosure within communities and families. The sessions also incorporated messages on the importance of observing child rights, together with general health-related messages. The project utilized school holiday periods to increase engagement with caregivers and project beneficiaries in the community clusters. The meetings also created a platform where adolescents were engaged in mentoring sessions thus facilitating the formation of 13 new adolescent groups in Awendo sub-county that reached a total of 403 adolescents (186 males and 217 females).

3.1.8 Health and nutrition for children under 5 years

The project continued to mentor 1,613 case workers and caregivers on the importance of nutrition assessments for all children younger than 5 years to ensure a proper, balanced diet, improved hygiene, and proper sanitation. The project has a total of 8,727 OVC under 5, including 821 CALHIV and 1,523 HEI. Through case worker household monitoring and Malezi Bora week, 6,456 OVC were screened using mid-upper arm circumference tapes, and 134 OVC were found to be malnourished and linked to nutrition services in nearby facilities.

OVC under 5 undergoing mid-upper arm circumference assessment in Homa Bay. Photo Credit: Christine Nyawira, Nuru Ya Mtoto

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

Through the case management approach, caregivers and OVC are supported with services either directly or indirectly through referrals and linkages with key partners. In Kisii County, through complete referrals, 27 OVC were linked successfully to the presidential bursary through DCS, with 21 adolescent girls benefitting from sanitary towels from the Young Women's Christian Association. The project also referred 285 HIV-negative PBFA to Global Fund partners for EBIs, of which 26 benefitted from reproductive health services and 174 were supported with sanitary towels.

Three strategic meetings were held in Migori County with county partners to facilitate effective engagement and referral of beneficiaries to access various services with ease. The project, through the national technical working group, updated the bi-directional tool to establish sustained cross-referral between programs and to improve documentation of services received.

The project trained link desk persons on their responsibilities, especially around CALHIV enrollment support, follow-up of CALHIV with high viral loads, referrals, and home visits including directly observed therapy as critical components in ensuring effectiveness of referrals and retention of the right clients in the program. In FY22 Q2, the project utilized 115 link desk persons placed in high-volume facilities to support identification of project target clients for enrollment and ensure all community referrals were received and supported to navigate the health facility system to receive services referred for. A total of 32,167 OVC received services through complete referrals: 2,345 were treated for minor ailments; 3,838 OVC were tested for HIV; 27,456 OVC received nutrition services; and 1,523 HEI received PMTCT services.

3.1.10 Supporting orphans and vulnerable children in school enrollment, attendance, and progression

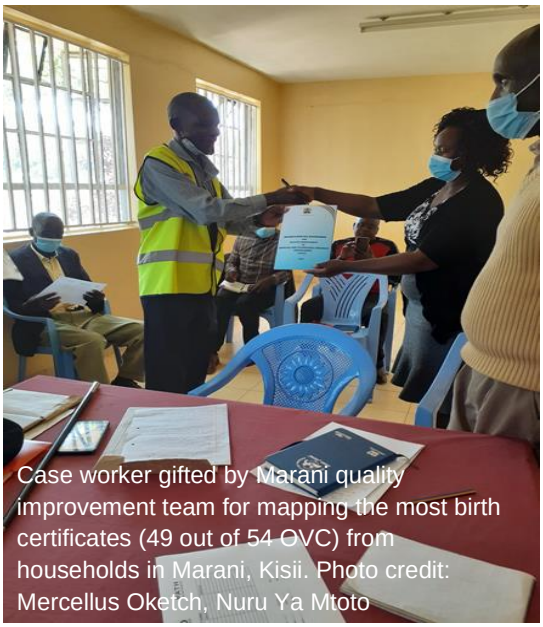
Domain: Schooled: To ensure access, retention, transition, and good performance at school, case workers conducted monthly household monitoring visits to follow up on OVC education and timely enrollment of OVC in early childhood development. The project supports 74,519 OVC (35,536 males and 37,983 females) of school-going age: 10,398 in early childhood development (5,200 males and 5,198 females); 53,867 in primary (26,614 males and 27,253 females); 10,178 in secondary (4,681 males and 5,497 females); and 76 in vocational training (41 males and 35 females). A total of 13 teenage girls were supported to return to school and 34,256 OVC monitored to regularly attend school.

The project promoted access to and retention in education through implementation of OVC case plans. A total of 18,341 OVC were reached with scholastic materials to promote school performance; 13,567 girls were provided with sanitary towels and 34,256 were monitored by case workers to ensure they were attending school regularly. In addition, 195 girls benefitted from dignity packs through referrals to Global Fund partners in Kisii County. A total of 4,567 OVC were provided with school uniforms, 867 OVC were supported with school fees and 126 OVC were referred to the DCS, benefitting through the presidential bursary.

Domain: Safe: As of FY22 Q2, the case plans of 35,281 OVC included documentation related to safety. The project served 79,850 OVC with different safety services, a 226% reach. Among those served were 43,216 OVC provided with information on child rights and responsibilities to increase awareness on their rights and prevent child rights violations. Additionally, 18,345 OVC were provided with information on how to protect themselves from HIV and abuse, including GBV, and 13,415 adolescents participated in life skills sessions to nurture positive behaviors that conform to societal norms and prevent school dropouts and HIV infection.

The project continued to uphold child rights by ensuring they were in the care of stable, adult caregivers. A total of 345 OVC were linked to adult caregivers who were their relatives within the reporting period. Circumstances that led to these children being left without adult care included death of biological parents and separation of married couples, leaving the children without any adult care. The project through case workers reported 34 cases of abuse; 24 were referred for medical services and 18 for legal assistance. This ranged from physical abuse by parents and relatives, sexual abuse, to disinheritance by family members. The beneficiaries were also provided with basic counseling services by caseworkers at the household level and at facilities by counselors.

90% of enrolled OVC with legal documents (birth certificates): The project continued to sensitize caregivers and Community Health Volunteers on the importance of legal documents during caregiver forums and household monitoring visits by case workers. In the reporting period, the project initiated an accelerated support process to reduce the number of OVC without a birth certificate. Strategic partnerships were established with provincial administration and the registrar's office to address the challenges (e.g., lack of proper documentation and lack of clear parental information).



Case worker gifted by Marani quality improvement team for mapping the most birth certificates (49 out of 54 OVC) from households in Marani, Kisii. Photo credit: Mercellus Oketch, Nuru Ya Mtoto

These efforts yielded a greater rate of birth certificate acquisition for the project, from 56% in SAPR 21 to 67% in SAPR 22. Currently, 55,730 OVC have birth certificates, and 27,127 are without. The project has characterized the OVC without birth certificates for appropriate interventions, including working with case workers to continue advocating for acquisition of birth certificates at the household level, updating details in the Child Protection Information Management System (CPIMS), maintaining close working relationship with local administration and the registrar's office, and using quality improvement teams to identify root causes and barriers to birth certificate acquisition. Table 32 shows the status of birth registration to date.

Table 30. Birth registration status, by county (March 31, 2022).

County	Birth certificate acquisition						
	Has birth certificate		No birth certificate		Total		% with birth certificate
	F	M	F	M	F	M	
Homa Bay	18,524	17,957	6,685	6,542	25,209	24,499	73%
Kisii	3,745	3,463	2,721	2,444	6,466	5,907	58%
Migori	6,001	6,040	4,437	4,298	10,438	10,338	58%
Total	28,270	27,460	13,843	13,284	42,113	40,744	67%

3.1.11 Supporting Kenya-driven actions to prevent HIV and violence against children (OVC preventive service activities)

The OVC Preventive program targets pre-teen and young adolescent girls and boys who are susceptible to HIV and violence from the community and provides them with HIV and violence prevention group-based interventions. OVC Preventive provides evidence-based violence and HIV prevention interventions to the wider community of at-risk girls and boys aged 10–14 with the aim of delaying sexual debut and preventing HIV infection. This initiative is also deemed to reduce pregnancy rates among school-going children.

USAID NYM adopted the Sinovuyo curriculum with the aim of developing mutual, open relationships between adolescents and their caregivers based on trust. In the reporting period, the project worked with 225 trained community facilitators to deliver Sinovuyo EBIs to 10,250 adolescents (5,140 males and 5,110 females) in primary schools, churches, and other community settings. The sessions promoted openness in communicating sensitive topics between adolescents, teachers, and parents and reduced incidence of HIV among adolescents involved.

Service interventions for AGYW co-enrolled in DREAMS

USAID NYM continued to maximize AGYW-focused prevention activities in its area of operation, leveraging available resources across the two programs: OVC comprehensive and DREAMS. Strategic meetings were held with ward coordinators to support pairing of case workers and DREAMS mentors in mobilization towards 100% co-enrollment of AGYW.

The project has 32,450 AGYW who qualify for co-enrollment in DREAMS for additional services. Among them, 16,093 have been enrolled, provided with appropriate services, and graduated and 3,227 are currently enrolled from the OVC comprehensive program and receiving intensive HIV prevention support.

3.2 Increased economic stability of households to care for and protect orphans and vulnerable children

USAID NYM promoted low-risk household economic initiatives. These were aimed at stimulation and diversification of household income growth, as well as integration of economic activities with complementary interventions to address various levels of household economic vulnerability. The project continued to strengthen the economic capacity of OVC households to generate and grow incomes. This was done through social assistance for highly vulnerable households and income/asset growth for households on the path to graduation.

3.2.1 Consumption support for highly vulnerable households

During the reporting period, as table 28 above shows the project continued to use CPARA data collated in COP20, which indicated 12% (4,092) of 35,058 households assessed were not ready for graduation and were categorized as highly vulnerable, thus targeted for social assistance and rebuilding their capacity to pay for basic necessities through establishment of income-generating activities; 71% (24,813) were on the path to graduation medium-targeted for asset growth; and 17% (5,846) were on the path to graduation low-targeted for linkage with a formal financial institution and networked with the private sector.

Table 31. Progress made in social security linkages and safety net funds (FY22, SAPR).

County	Period	# of HH prioritized for CT as per Case Plan Needs	# of OVC in the HHs prioritized	FY22 Targts	USAID NYM ECS	NHIF		GoK cash transfer			Others
						Direct	Indirect	OVC CT	Elderly	Disability	CDF, bursaries, SSN
Homa Bay	FY22 Q1	6546	15,452	605	56	0	8	712	31	50	0
	Jan	6546	15,452		79	0	52	510	0	15	2
	Feb	6546	15,452		82	0	28	0	0	0	0
	March	6546	15,452		163	0	0	0	0	0	0
Migori	FY22 Q1	3139	10,850	412	106	0	0	156	49	38	14
	Jan	3139	10,850		0	0	73	156	45	25	14
	Feb	3139	10,850		0	0	0	0	0	0	0
	March	3139	10,850		152	0	23	76	0	3	0
Kisii	FY22 Q1	1097	2,642	156	132	0	32	114	219	5	8
	Jan	1097	2,642		0	0	4	221	85	49	8
	Feb	1097	2,642		30	0	0	0	0	0	8
	March	1097	2,642		8	0	0	0	0	0	12

Abbreviations: CDF, Constituency Development Fund; ECS, emergency cash support; GoK, government of Kenya; HH, household; NHIF, National Hospital Insurance Fund; OVC, orphans and vulnerable children; SSN, social safety net.

Based on case plan analysis, 10,782 households were prioritized for social assistance and protection, with cash transfer being the proposed service for 3,082 households. In total, 808 households with 3,038 OVC (1,151 males and 1,887 females), against a target of 1,173 households, were enrolled in USAID NYM's emergency cash transfer program. Currently the GoK has been reducing the number of households that are enrolled in the GoK's social safety nets fund (cash transfers for OVC, the elderly, and persons with disabilities) under the Children's Directorate and Ministry of Gender, Sports, Culture and Social Services. As at March 31, 2022, the total number of households on GoK cash transfer were 959 and Nuru Ya Mtoto is monitoring the households for funds utilization. Another 220 households were enrolled into the National Hospital Insurance Fund in the 3 project supported counties. In Homa Bay county 257 households were enrolled in universal health coverage.

Table 32. Progress made in USAID Emergency Cash Transfers (FY22, SAPR).

County	Period	# of HH prioritized for CT as per Case Plan	# of OVC in the HHs prioritized	# of caregivers enrolled in NYM Emergency Fund		Total amount disbursed (Ksh)	Total # of OVC benefiting from NYM Emergency Fund	
				Male	Female		Male	Female
Homa Bay	FY22 Q1	6546	15,452	2	54	710,000	273	497
	Jan	6546	15,452	12	67	462,000	92	78

	Feb	6546	15,452	8	74	492,000	8	74
	March	6546	15,452	25	138	1,182,000	103	322
Migori	FY22 Q1	3139	2,624	18	88	354000	97	259
	Jan	3139	2,624	0	0	0	0	0
	Feb	3139	2,624	0	0	0	0	0
	March	3139	2,624	16	136	912,000	298	312
Kisii	FY22 Q1	1097	10,850	20	112	456000	201	237
	Jan	1097	10,850	0	0	0	0	0
	Feb	1097	10,850	3	27	18000	56	71
	March	1097	10,850	1	7	54000	23	37
				105	703	4,640,000	1151	1887

Both GoK and USAID NYM cash transfers were used by households to purchase food, transport to clinic appointments, and medication; respond to emergencies; and establish businesses. These funds therefore contributed to ART adherence and built household capacity to pay for necessities.

Caregivers being trained by Ward Agricultural officer Migori county on vertical garden during agri-nutritional training. Photo Credit: David Nyabuto, USAID NYM

Through partnership with the USAID Kenya Crop and Dairy Market System (KCDMS) and the Ministry of Agriculture, the project trained 108 community-based trainers in the three counties and 319 caregivers from highly vulnerable households on agri-nutrition using the agri-nutrition dialogue cards. Rollout of the training to another 17,000 prioritized households will be done in Q3. By embracing nutrition-sensitive agriculture and developing kitchen gardens to produce adequate traditional vegetables for household consumption, the project aims to not only improve nutrition security in households but also bolster their economic resilience through sales of extra vegetables. Dietary diversity scores will be undertaken over time to ensure OVC households meet the threshold of minimum dietary diversity.

3.2.3 Provide targeted technical business skills training to all households

During this reporting period, 7,162 households prioritized asset growth and protection with income-generating activities as their preferred service in the case plan needs. The project, therefore, conducted refresher training for 108 community-based trainers on entrepreneurship and financial management. These trainers rolled out the skills to 6,037 caregivers (1,354 in Q1 and 4,683 in Q2). A total of 839 caregivers (634 in Q2 and 205 in Q1) were further supported with business grants amounting to KES 2,094,000, which

they used to establish income-generating activities. To bridge the gap in entrepreneurship and business financing support to caregivers, the project completed 989 referrals. Services obtained included entrepreneurship training and loans that were used to establish and support income-generating activities.

The project continued to use savings groups as a conduit for empowering households with business skills and financial literacy to foster financial resilience. A LMA was used to anchor the training on identified value chains with employment opportunities and fast-growing businesses. In all, 62 caregivers were linked with the Kabondo sweet potato cooperative society and Organi, a sweet potato buyer, for purposes of production and marketing of orange fleshed sweet potato. A total of 24 acres of sweet potato have been established. This will improve caregivers' household food and nutrition security through consumption and marketing and move them up the graduation pathway.

Partnership with Equity Bank and Post Bank in FY22 Q3 enabled 811 caregivers from 38 saving groups to be trained in entrepreneurship and wealth creation and benefit from banking services resulting in improved business management thus increased household income. The project further collaborated with the County Department of Agriculture Livestock and Fisheries to train 108 community-based trainers on value chain mapping and value addition. These trainers have continued to sensitize caregivers on the path to graduation during weekly saving group sessions reaching 3,455 households.

Table 33. Households' business grants (FY22 Q1).

Business Grant										
County	# of caregivers identified for training on business skills		Trainer and curriculum to be used	# of Caregivers trained		# of caregivers supported with Business grants (Boost/start up)		Amount of business grant allocated (Total)	Amount of business grant disbursed (Total)	Types of businesses
	M	F		M	F	M	F			
Homa Bay	468	3480	Entrepreneurship and Finance management training	468	3480	23	368	2,137,000	750,000	Assorted business, cereals, grocery, kiosk, omena Businesses, Grocery
Migori	511	2581	Business, Financial literacy, and entrepreneurship.	137	453	18	78	1,321,000	288000	Cereals, omena, kiosk, fruit vender, mandazi, vegetable and tomatoes, fish business, chips, bananas
Kisii	89	398	Community-based trainers, Equity: Post Bank, Financial Management, Entrepreneurship, Business Skills.	10	135	18	129	7,172,8941	441000	Shop items, Bananas& Sugarcane, Grocery & Cereals.
TOTAL	1068	6161		615	4068	59	575	4,175,289	1,479,000	

3.2.4. Support households with moderate and low vulnerability to start or expand savings

Table 34. Progress of saving groups, by county (FY21).

Village saving and loan association (VSLA) group progress							
County	# of active VSLA groups	# of caregivers in active VSLA groups		Total savings (KES)	Total loans (KES)	# of OVC benefiting	
		M	F			M	F
Homa Bay	521	691	7135	15,757,953	17,550,154	7597	10882
Kisii	167	224	1513	14,471,453	15855353	3,775	3,900
Migori	520	823	7329	4,927,440	5,305,133	3820	4147
Total	1208	1738	15977	35,156,846	38,710,640	15192	18929

Village savings and loan associations (VSLAs) have remained an integral part of asset growth for households. The project worked with 108 community-based trainers and six community supervisors in mobilization and formation of new groups. The project prioritized 30,659 households that scored 8 through 16 on the path to graduation for linkage to saving groups. By the end of SAPR, 358 new groups were formed, linking 1,974 additional caregivers with savings and loan opportunities.

Caregivers during savings group session, Homa Bay County. Photo Credit: Anthony Auko

A total of 1,208 VSLAs with 17,715 caregivers supporting 34,126 OVC were monitored on a weekly basis by the project through the community-based trainers. A total of **KES 35,156,846** was saved, and **KES 38,710,640** in loans were taken out by caregivers.

The project also achieved various success on savings groups, financial literacy and business support;

a) 17,715 HHs enrolled into savings groups
b) 7,162 HHs prioritized for financial literacy training
c) 4,683 HHs received financial and business skills
d) 839 HHs provided with business grants
e) 743 HHs complete referrals for business support

Savings groups share-out: In FY22 Q1, 193 VSLAs shared a total of KES 14,575,000, and in FY22 Q2, a total of 30 groups shared KES 6,700,715. These shared funds were used to pay school fees for the OVC, purchase farm inputs, and invest in income-generating activities to support households. The group meetings held during the share-out provided an opportunity to inject freshness into the VSLAs in terms of leadership into the management committee for purposes of guiding the next cycle.

Table 35. Savings group share-outs (FY22 SAPR).

County	Q1 # of groups	Q1 share-out amount	Jan	Feb	Mar	# of groups	Q2 Share-out amount
Homa Bay	165	12,400,000	4	4	2	10	1,935,305
Kisii	28	2,175,000		2	4	6	1,430,120
Migori	No Share-out in Q1		3	1	10	14	3,335,290
Grand Total	**193**	**14,575,000**	**7**	**7**	**16**	**30**	**6,700,715**

Loan usage: Saving groups greatly contribute to household journeys to resilience. During this reporting period, 69% of loans taken supported the stable domain, 9.6% went to the healthy domain and the safe and schooled domains took 32% and 18%, respectively.

Figure 7. Loan utilization per domain.

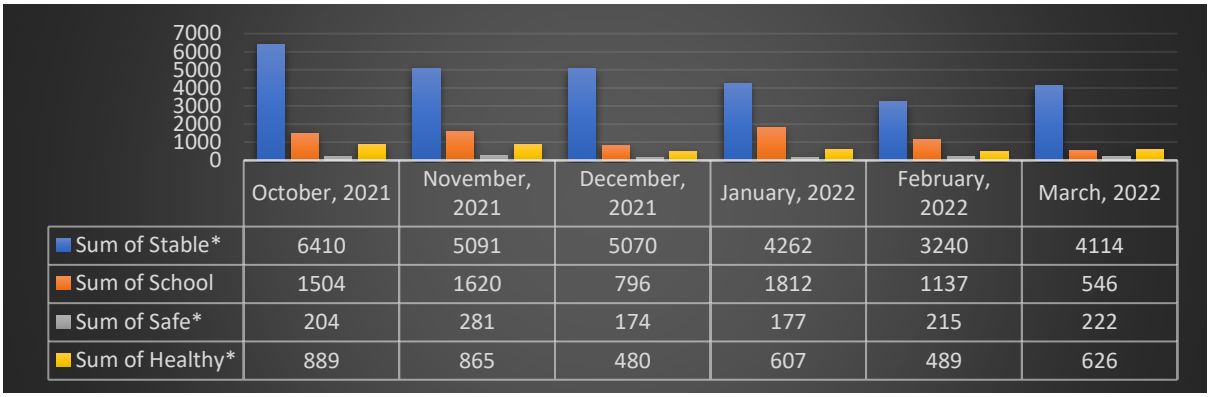


Table 36. Number of savings groups and caregivers linked to formal financial services.

County	# SILC/VSLA groups linked	# of caregivers benefiting		# of OVC benefiting	
		Males	Females	Males	Females
Homa Bay	122	70	413	639	869
Kisii	44	146	896	2,232	1,494
Migori	25	60	405	490	509
Total	**191**	**276**	**1,714**	**3,361**	**2,872**

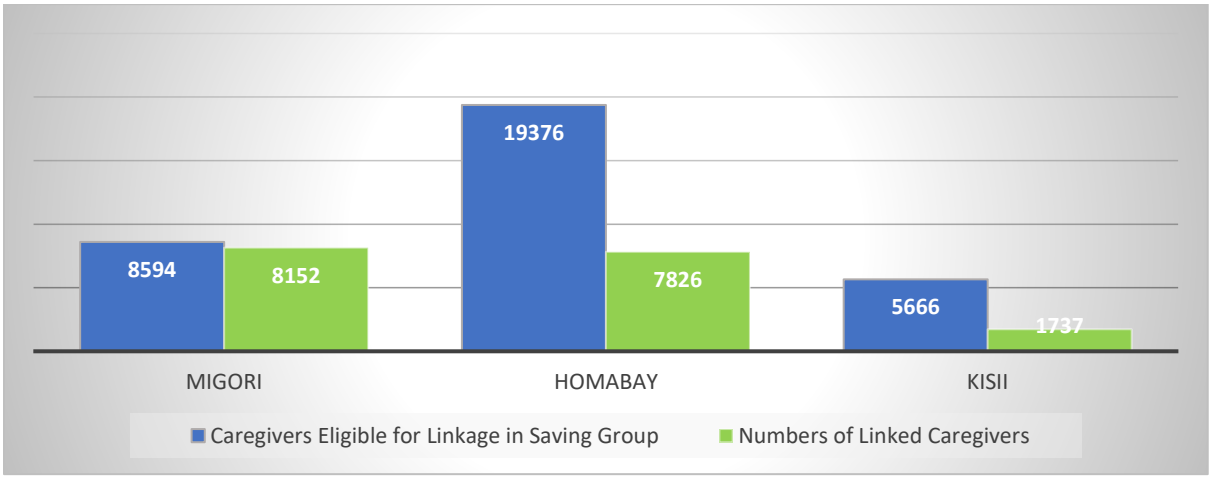
Abbreviations: SILC, savings and internal lending communities; VSLA, village savings and loan associations.

The saving groups provided an opportunity for households to access banking services and GoK affirmative action funds. During this reporting period, 119 saving groups were linked to financial institutions (e.g., Equity Bank and Post Bank), bringing the total number linked to 811 groups with 3,455 caregivers. Savings groups and caregivers opened bank accounts, which have expanded their savings and benefitted from the institutions' financial training. Seven groups with 68 caregivers accessed credit of KES 50,000 (four from Equity Bank and three from the Women Enterprise Fund through Post Bank).

Savings groups are not only for economic strengthening, but they also provide a platform for psychosocial support for caregivers and peer sensitization on positive parenting, which greatly contributes to adherence and disclosure. During this reporting period, savings groups contributed to graduation of 86 households with 283 OVC.

In this reporting period, the project continued to increase the number of savings groups so as to increase the number of caregivers engagement. As shown in figure 8 below, 95% of caregivers in Migori are in savings groups whereas Kisii has 31% and Homa Bay 40%. The project will put more efforts in Kisii and Homa Bay to increase their numbers in the next reporting period.

Figure 8. Savings group enrollment cascade.



Smallholder farmers are better positioned to engage with markets: A total of 902 caregivers caring for 1,631 OVC in the three counties benefitted from producer group activities that spurred production and marketing in different value chains. In collaboration with the Ministry of Agriculture, these caregivers received training on good agronomic practices. Upstream value chain linkages were established for sweet potato production. In this regard, 62 caregivers were linked to the sweet potato cooperative society and organic farms, which expanded their network to access planting material and markets for their produce. Linkages with the inputs market saw 288 caregivers linked to the One Acre fund, where they were trained on good agronomic practices in maize production and accessed credit for farm inputs.

Table 37. Status of producer groups per ward.

Ward	Type of producer group (product)	# of caregivers in the PG		# of OVC benefiting		Current Status of group: In production, harvesting, selling, etc	Amount earned if already selling (Ksh.)	Any other comment e.g linked to private sector
		M	F	M	F			
East Gem	Vegetables, bananas, cassava	4	38	48	59	Production, harvesting, selling	10,350	Linked to MOALF for technical support
Homa Bay Arujo	Vegetables, tomatoes, onions	4	26	21	36	Production, harvesting, selling	4,000	NARIGP for technical support and irrigation
Homa Bay Central	Onions, vegetables	1	28	24	30	Production, harvesting, selling	4,000	NARIGP for technical support and irrigation
Homa Bay East Gem	Onions, vegetables	5	26	26	30	Production, harvesting, selling	7,710	MOALF technical support
Kagan	Bananas, paw paws, poultry, vegetables, cassava	4	61	34	46	Harvesting and selling the products	8,600	MOALF
Moticho	Banana and 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 selling vegetables	25,400/=	Supported by NARIGP for training and grant support; two groups received support; groups are currently supplying local vegetables and banana suckers
Moticho	Poultry-improved local breeds	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.
Bomachoge Borabu	Greenhouse vegetable production	3	33	26	36	Sold vegetables and tomatoes	11,000/=	Trained by MOALF
Bokimonge	Greenhouse vegetable production	3	32	39	20	Yes, tomatoes and African green leafy vegetables	15,000/=	Trained by MOALF and linked to NARIGP
Riombasa	Poultry incubator	5	13	22	35	Egg incubator	2500	Trained on poultry management by department of livestock – Kenyenya sub-county
West Sakwa	Tomatoes, ALF	0	24	17	18	Production almost harvesting	N/A	
South Sakwa	ALF	0	28	12	9	Production almost harvesting	N/A	
Central Kamagambo	ALF	0	29	13	13	Production almost harvesting	N/A	
South Kamagambo	ALF	0	18	15	17	Production almost harvesting	N/A	
Wiga	Poultry	3	27	16	21	In production	5,650	

Ward	Type of producer group (product)	# of caregivers in the PG		# of OVC benefiting		Current Status of group: In production, harvesting, selling, etc	Amount earned if already selling (Ksh.)	Any other comment e.g linked to private sector
North Kadem	Cassava production (two groups)	10	37	121	100	Production almost harvesting	2,800	Linked to NARIGP; have replicated the technology to individual caregivers
Got Kachola	Tomatoes, sweet potatoes	7	18	24	19	In production	4,740	Linked to NARIGP; have replicated the technology to individual caregivers
Total		**93**	**809**	**750**	**881**		**154, 940**	

Abbreviations: MOALF, Ministry of Agriculture, Livestock, and Fisheries; NARIGP, National Agriculture and Rural Inclusive Growth Project.

Private-sector engagement: The project took a multisectoral approach throughout the program. A variety of actors from all relevant sectors were involved, having been mapped during the LMA. The situation analysis helped to identify the private-sector players and civil society organizations, with the aim of leveraging their resources.

The project developed a public-private provider framework that anchors private-sector players in service delivery. The project facilitated two quarterly stakeholder review meetings, during which stakeholders agreed on their roles in support of the households. The main objective of the meetings was to create a linkage platform with the GoK and private-sector players for mentorship and leveraging of resources for sustainability. The stakeholder engagement meeting resulted in strengthened collaboration with Post Bank and Equity Bank through which 107 savings groups opened accounts and benefitted from training and banking services. Seven groups also received credit. The project also developed an action plan with the Women Enterprise Fund and Youth Enterprise Development Fund in the counties to map the saving groups for linkage.

Through stakeholder engagement, seven caregivers were employed at Victory Farm, a fish production venture based in Homa Bay County. The project is currently developing a partnership framework to provide the opportunity for more households and AGYW linkage.

The project worked in collaboration with the USAID KCDMS project to link caregivers into banana, African leafy vegetable, and dairy value chains. These collaborations were effective in strengthening VSLAs in Moticho, Tabaka, Riana, and Bomachoge Borabu wards.

3.3 Strengthened capacity of local social services systems and structures to support services for orphans and vulnerable children

3.3.1 Strengthen capacity and quality of OVC and DREAMS services.

Quality improvement training and meetings: The project facilitated quality improvement training for LIP staff: project coordinators, case managers, data assistants, monitoring, evaluation and learning officers, and HES officers. After the training, the staff were tasked to support quality improvement coaches to cascade refresher training to quality improvement teams at the local area advisory council level. USAID NYM facilitated 13 quality improvement teams with 195 members. Areas of focus included birth registration, co-enrollment of OVC in DREAMS, household graduation, viral load suppression, and decreasing mother-to-child transmission of HIV (sero-conversion). The teams are at different functionality index levels and

have achieved various success. For instance, under birth registration, the project registered an improvement in OVC birth registration from 64% in Q1 to 67% at SAPR.

The achievements were the result of scaling up best practices tested in the previous implementing mechanism which included characterization of all OVC without birth certificates, household mop-ups and updates to the system, utilization of birth registration clinics in the community to process documents in bulk, collaboration with civil registrars and local administration to conduct targeted sensitization meetings with caregivers whose OVC did not have birth certificates, and writing letters to support special cases with missing support documents.

In Kosewe ward, 79/124 households graduated, and in East Gem ward of Homa Bay County, 242/290 households graduated. The quality improvement team identified 290 households that have been in the project for more than ten years and conducted root cause analysis to identify underlying causes. Reasons identified included fear of saturation by case workers, contributing to retention of households in the project; negative attitudes toward assessment tools due to complexity of language and bulkiness; and dishonesty among case workers and caregivers that led to households not placed in the correct graduation pathways.

The team implemented changes that included a four-step, off-the-norm, quick-fix training for case workers, summarized CPARA that provided 17 fix CPA, developed a job aid for case workers, and accelerated service delivery as per the case plans, and ensured that the LIP formed validation teams to follow up on the cases. The activities were conducted jointly with the DCS, MOH, and Department of Social Service. A quality improvement learning session on household graduation was conducted attended by 79 participants from Homa Bay, Kisii, and Migori Counties. Best practices will be scaled up in the project and shared with other implementing partners for possible adoption.

Step-by-step process of capacity-building for staff and volunteers: The project sought to address challenges experienced in data use for decision-making in case management. The most experienced gaps included incompleteness, inconsistency of information, and turnaround time for service delivery. The project adopted a step-by-step capacity-building process as follows:

Step 1. Job descriptions were developed for all LIP staff and due process followed to ensure onboarding of qualified staff.

Step 2. A tool was developed and used to capture areas for capacity-building. A total of 718 staff and volunteers responded: 635 case workers, 13 data assistants, 10 link desk persons, 20 case managers, 25 community-based trainers, 5 Project Coordinators, 5 monitoring, evaluation, and learning officers, and 5 HES officers.

Step 3. To understand specific challenges, the project conducted focus group discussions with 84 case managers and case workers across Homa Bay, Kisii, and Migori Counties.

Step 4. A four-day capacity-building training was conducted for staff and volunteers and integrated all technical approaches. The project will conduct a comparative analysis with CPARA 2 to check if there is any improvement in FY22 Q3.

Standardization of service delivery in OVC/DREAMS: In the reporting period, the project worked closely with the MOH and DCS to support standardization of service delivery in all OVC/DREAMS sites. This included revision of the standard operating procedures and branding. Weekly and monthly data review meetings, joint support supervision with the MOH, care and treatment partners, and the DCS and area advisory council meetings provided a platform to review performance. As a result, the project registered improvement from Q1 to SAPR in household graduation from 694 to 3,632, and on enrollment of CALHIV from 14,770 to 15,193, and birth registration from 64% to 67%.

3.3.2 Increase the sustainability of county-led orphans and vulnerable children/DREAMS programming

Capacity-building at the county level: The project conducted a two-day training on quality improvement for 20 participants in Kisii County, which included representatives from the DCS, the MOH, the Ministry of Agriculture, Livestock, and Fisheries, the police, faith-based organizations, the Ministry of Education, the county coordinator of children's services, gender, youth director, agricultural officer, Office of Director of Public Prosecution, USAID NYM, and LIP staff. The team was tasked to provide leadership and supervision to ensure barriers to service delivery are addressed, support identification of best practices and scale-up in the whole county, support identification of what is not working and abandon, and support Site Improvement through Monitoring System and data quality assurance activities within the county. The team will meet quarterly to review activities at the grassroots level.

In the spirit of co-creation, the county leadership of Migori, Kisii and Homa Bay approved and signed the project work plans. Learning from this, the Migori County DOH invited all implementing partners and gave them a chance to present their activities and resource basket for leveraging services. This was meant to curb duplication of resources and double reporting.

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

The project continues to anchor its implementation on existing structures at the community level to enable realization of quality and sustainability. Within the reporting period, a total of 27 sub-county-level area advisory council meetings were supported to act as a platform to address issues affecting OVC and AGYW. The project also instituted 22 quality improvement teams with members drawn from area advisory council stakeholders, caregivers, case workers, OVC, and community members to deliberate on challenging service delivery areas within the project and identify locally generated lasting solutions. The teams are focusing on child protection, household graduation, service delivery, and improving health outcomes among CALHIV. The teams started by establishing the root causes of the present challenges and recommending interventions that will be tested and implemented. The instituted quality improvement teams have three months to implement and provide feedback as part of learning and adoption of the working methodologies in the coming quarter. By SAPR 22, a total of 242 households had graduated from active project support as an outcome of the quality improvement initiative in Homa Bay County. In Kisii County, the project reached 20 GoK staff from different departments, including the DOH and DCS, in a two-day quality improvement training that aimed to empower the departments to spearhead the rollout of quality improvement activities in the county.

3.3.4 Building capacity of community-based organizations to directly manage US government funds

LIP business Process mapping exercise: Turnaround time for service delivery was one of the gaps identified as hindering project implementation. The project conducted mapping with all partners supporting OVC and DREAMS to identify and address bottlenecks in their processes and systems. Four out of eight partners were supported to do process mapping for school fees payment, procurement of school uniforms, graduation, and liquidation of airtime and fuel. This involved 46 staff from all cadres: LIP directors, project coordinators, finance and monitoring, evaluation, accountability, and learning (MEAL) officers, case managers, and Community Health Volunteer representatives. Cross-cutting issues identified were inadequate staff knowledge on procurement and liquidation processes, resulting in errors that contributed to back-and-forth before final approvals; too many steps that prolong the whole service delivery process;

role conflict; and inadequate planning for multi-step activities such as school fees payment and utilization of centralized vendors. The project plans to conduct another process mapping exercise for comparative analysis that will inform further decisions.

Lessons learned for Sub-purpose 3

- The majority of households in the project could have been placed in the wrong graduation pathways.
- Elderly caregivers bring in new children (not their own) after their own children have left home in order to continue receiving services.
- HIV-characterized households can be graduated as long as social and economic factors influencing adherence are sustainably addressed.
- Revision of graduation standard operating procedures was useful for demarcation of the responsibilities of case workers, case managers, HES officers, project coordinators, and stakeholders, resulting in greater clarity on each role.

Progress on gender strategy implementation

DREAMS is largely a gender equity project, hence the project continued to create opportunities for equity and access for vulnerable AGYW. AGYW vulnerability is contributed to by contextual issues including low access to economic options, culturally assigned roles that limit their access to community resources, limited access to education, and increased vulnerability to HIV due to GBV and being considered the lesser gender compared to boys and men. The project is helping to ensure equity by improving health access through establishment of safe spaces with integrated services access; supporting AGYW networking and access to community resources, including government officials; and creating fora for AGYW to meet for peer networking and support. In partnership with various stakeholders, the project supports AGYW knowledge of their rights and building of social, literacy, economic, and health assets in a safe environment. Additionally, the project works with young men and boys to review gender norms and reduce male dominance, which is detrimental to women's health.

The Homa Bay, Kisii, and Migori County Departments of Gender partnered with USAID NYM to conduct a one-day gender orientation meeting for six LIP project coordinators, MEAL officers, and case managers, as well as six DCS staff. In all, 122 participants attended: Homa Bay 43 (14 females and 29 males), Kisii 37 (15 females and 22 males), and Migori 36 (17 females and 19 males). Henceforth, the LIPs have been able to identify and effectively program around respective needs of girls, boys, women, and men and ensure they benefit equitably.

Following the training, the LIPs developed gender action plans to address both programmatic and institutional gender concerns. The LIPs are expected to sensitize LIP staff, partners, case workers, and caregivers on gender mainstreaming into programs. In the reporting period, the LIPs were also guided to develop standard operating procedures to enhance gender equity in program operations. The project continued to support menstrual hygiene training and provision of sanitary towels, as well as engagement with gender networks, particularly the gender technical working groups across the project sites.

Strategic monitoring and evaluation

During the reporting period, monitoring and evaluation activities strengthened OVC and DREAMS data management systems by enhancing the capacities of project LIP staff through mentorship on data quality improvement and reporting. The LIPs were sensitized to understand the importance of reporting in a timely manner by having all the data assistants complete daily tracking on entries done each day. USAID NYM provided mentorship on the importance of accurate, complete, consistent, and valid data reporting, and delivered on-the-job sensitization to LIPs on PMTCT OVC integration reporting and accounting for CALHIV enrollment gaps.

The health information technology team trained USAID NYM project and LIP staff on CPMIS, including database navigation for data entry and extraction, configuration of user accounts for temporary OVC, reporting of system downtime, and other end user challenges. In this reporting period, the project recruited and inducted temporary OVC data assistants to provide data entry support to the LIP on CPARA II, case plans, and HIV risk screening. Eight OVC data assistants were hired in Kisii, 30 were hired in Homa Bay, and 14 in Migori. The project also hired MEL assistants in Q2, for DREAMS activities (eight in Homa Bay and four in Migori). Their role will be to deputize the LIP MEL officers to ensure complete and accurate beneficiary records and that filing is done. They will also check data quality, and lead data analysis and use at the ward level.

In this reporting period, the project continued to procure and distribute OVC, and DREAMS data collection and reporting tools shown in the table below.

Table 38. OVC and DREAMS tools procurement and distribution (FY22 Q2).

Tool	Number procured and distributed
OVC Exit Form	10,200
USAID Nuru Ya Mtoto Growth Monitoring Tool	12,000
Monitoring Form for OVC Living with HIV	15,350
HIV risk assessment	49,600
Household/Caregiver consent form	7,700
Consent form	9,000
Child Registration/Enrollment form	33,520
USAID Nuru Ya Mtoto Suppression Plan	7,550
Daily witnessed ingestion tick sheet	2,474
Benchmark Monitoring Form	4,252
Case closure checklist	4,541
OVC care tracking check list (0-17YRS)	2,143
Transition readiness assessment checklist foe adolescent OVC 15–17 years	654
USAID Nuru Ya Mtoto household follow up form	1,255

Tool	Number procured and distributed
Pregnant women & adolescents follow up form	2,700
HEI and breastfeeding mothers follow up form	8,500
HIV screening for AGYW	22,000
Entrepreneurship register	70
DREAMS Vulnerability/eligibility criteria form	44,000
Filing cabinets (for Migori county)	6

The project has been facing the challenge of OVC without birth certificates in the CPMIS database. Case workers/managers contend that birth certificates have been submitted from households and completed in the OVC files but have not been entered into CPMIS. While the data entry assistants contend that all birth certificate details found in the OVC files have been entered into CPMIS and therefore all OVC who have missing birth certificate details in the CPMIS have not submitted them to the LIP. To determine the correct explanation for OVC missing birth certificate details in CPMIS, a data verification exercise was conducted in one sub-county in Kisii County with five wards. Seven Community Health Volunteers with the highest caseload of those without birth certificates were sampled from the Nyamataro satellite office. In all, 23 households of OVC who did not have birth certificates in CPIMS were sampled. Their files were reviewed and 90% showed a true physical status of birth certificate missing, as shown in the table below.

Table 39. Results of birth certificate data entry verification, Kisii County.

Birth Certificate Verification Exercise: N=58 (Kitutu Chache South Subcounty – Nyamataro satellite office)				
# of Community Health Volunteers sampled	# of households sampled	# of OVCs in the HHs without BC in CPIMS	# of OVCs in the HHs without BC in Physical file	%
7	23	58	52	90%

The project will update the standard operating procedure for filing and data entry directly to LIP staff (case workers and data entry assistants) on data management at project offices.

In Migori County, the project facilitated internal and external data reviews aimed at sharing project-level data with partners and stakeholders as an opportunity to identify implementation gaps and develop corrective action plans. Internally, the project conducted seven data review meetings focused on performance assessment at ward and sub-county levels. This allowed the project to identify low-performing areas at the beginning of the quarter for targeted improvement. Externally, the project brought together 32 stakeholders from two LIPs, the DCS, the MOH at the county and sub-county levels, and three clinical implementing partners (KCCB KARP, CIHEB, and TUKICHEKI) in a quarterly review meeting. Based on the action plan developed during the review meeting, the project is implementing strategies to address gaps in key areas in DREAMS and OVC. As part of the action plan, the project also shared data with the clinical partners to improve integration and reduce data gaps in the next review for FY22 Q3.

Areas of partner collaboration were also explored in the data review meeting in Homa Bay. A total of 49 staff participated in data sharing with stakeholders. The participants were drawn from project and LIP staff and county/sub-county stakeholders. To fast-track project performance, the project continued with county-based bi-weekly progress review meetings. Areas of support were identified and immediate actions to address the gaps were developed.

Quarterly stakeholder data review meetings were conducted in March 2022, targeting the MOH, clinical partners, OVC partners, and the DCS. This has ensured that gaps identified on data are corrected and data is used for decision-making at every step of project implementation, and that tabs are kept on USAID NYM's COP targets.

A data quality assessment was conducted in Homa Bay county in six LIP sites (three OVC and three DREAMS). This cross-check focused on comparison of data from source registers, monthly/quarterly reports, and OVC and DREAMS databases. The results are shown in the figures below.

Figure 9. Homa Bay data quality assessment: Overall performance of DREAMS (FY22 Q2).

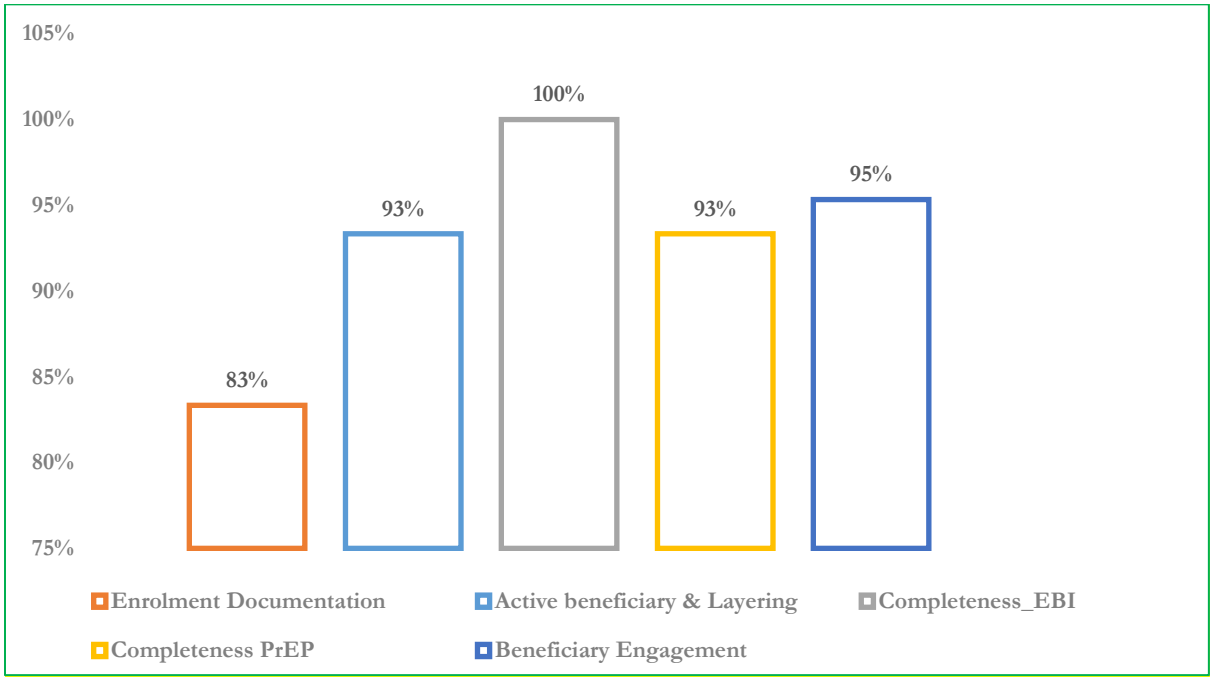
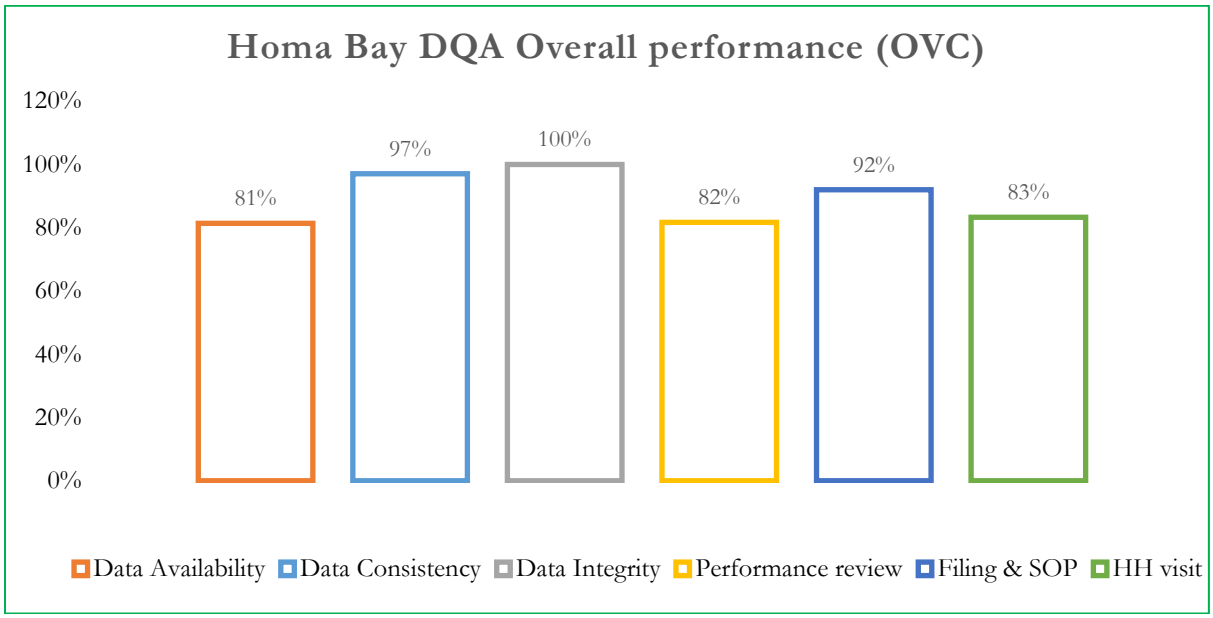


Figure 10. Homa Bay data quality assessment: Overall performance, OVC (FY22 Q2).



Progress on environmental mitigation and monitoring

The project continues to ensure that the activities at DREAMS safe spaces do not negatively impact on the environment. In this regard, the project provided bins for responsible discarding of condoms used for demonstration and, with the DOH, ensure that the HTS commodities are disposed of well after use as medical waste.

The project, through its HES component, promotes SMART agriculture with a focus on organic farming and safe use of inorganic inputs, with minimum residual effect, if any. In liaison with the Ministry of Agriculture, Livestock, and Fisheries, caregiver groups have received training on use of farmyard and compost manure as a measure to improve soil health and fertility, and proper use of pesticides for a safe, clean environment for flora and fauna and safe human consumption of agricultural products.

During the period, community-based trainers were trained on agri-nutrition and related fuel-saving interventions, such as a fireless cooker and energy-saving stoves. One case worker, with support from KCDMS, was trained on safe use of agricultural inputs and delivery of safe crop protection services in Kisii County.

Challenges, corrective actions, and resolutions

Challenge	Resolution or corrective action(s)	Actions taken to date/status/outcome	Responsible	Timeline
Unbalanced knowledge and skill levels of new LIP staff	• Build knowledge, skills, and attitudes of new staff to ensure uniform and predictable project implementation in all wards • Conduct technical review workshop	• Continuous thematic refreshers via virtual platforms • Completion of mandatory courses (e.g., child protection, family planning, and abortion requirements) • Joint supportive supervision visits with DCS, Departments of Health that are theme based • Training of EBI facilitators	STA AGYW	July 30, 2022
PrEP initiation and continuation new indicator tools need to be disseminated to all DREAMS staff	• Improve understanding and capture of data in new PrEP indicator definitions and tools among DREAMS staff	• Disseminating and making available new tools • Orientation and on-the-job training on completing and storing data on PrEP_NEW and PrEP_CT	STA AGYW, MEAL specialist	May 30, 2022

Abbreviations: AGYW, adolescent girls and young women; DCS, Department of Children Services; DREAMS, Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe; EBI, evidence-based intervention; LIP, local implementing partner; MEAL, monitoring, evaluation, accountability, and learning; PrEP, pre-exposure prophylaxis; PrEP_CT, number of individuals, excluding those newly enrolled, who returned for a follow-up visit or re-initiation visit to receive pre-exposure prophylaxis to prevent HIV during the reporting period; PrEP_NEW number of individuals newly enrolled on pre-exposure prophylaxis; STA, please add the full term for STA.

Sustainability and exit strategy

As part of ensuring sustainability, the project is continuing to build technical capacity of LIP and LIP staff in DREAMS and AGYW programming. The project in Q2 developed guides that facilitated LIP staff capacity to implement with quality, the key highlight being the color-coded guide to planning for individual AGYW layering. Using this tool, LIP staff can track individual AGYW based on the services they have received and those they are yet to, and plan uptake, thus achieving completion of DREAMS package.

Further, joint supportive supervision with DCS and DOH and participation in DREAMS training by LIP staff has had the effect of improving and increasing understanding of the DREAMS intervention, and the roles that they may play in co-planning, co-implementation, and co-monitoring. As a result of these joint visits, there have been improvements in commodities allocation, planning for health care providers to support safe spaces and inclusion of AGYW in children's assemblies by DCS.

The project will continue to use the well-trained community-based trainers and case workers to monitor and deliver age-appropriate services including savings and loaning interventions with caregivers to improve the economic status and access to financial services hence build resilience.

Additionally, there has been enhanced co- planning and co implementation with County government for improved contribution to OVC programming and sustained service provision. The project considers referrals to Global funds partners for direct services to OVC and over age and special groups that are not eligible for enrolment in the project. Also, good working relationship and engagement with the county and national government has led to improved services for OVC through review meetings resulting to integrated services and the project sustainability efforts.

Progress on links to other USAID programs and the government of Kenya

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

FY22 planning meetings

The project conducted a one-day sensitization meeting on the FY22 priorities and activities with key GoK departments and other stakeholders. The meeting brought together key stakeholders and partners, including the Ministry of Education, the MOH, children services, social services and care and treatment partners. Participants were sensitized on planned activities for FY22, LIP realignment, areas of operation and collaboration. The staff were also introduced to key departments to foster support from relevant offices. The project also supported the DoH in holding annual work planning meetings at the county and sub-county levels. Project activities were rationalized and aligned to county/sub-county strategic plans to improve on co-implementation of joint plans.

Collaboration with the MOH and DCS in LIP transition

In collaboration with the DCS and MOH, USAID NYM developed a transition committee to spearhead seamless transition among outgoing and remaining LIPs in Migori and Homa Bay Counties. The team included LIP directors, LIP project coordinators, program officers, county coordinators, the DCS, MoH, Education and social services departments. The team held meetings and drew a transition plan with activities and timelines. Meetings were organized by the transition chair (DCS) with the LIPs, where they were informed on the history of transition, the need to make it seamless to avoid delayed service provision, and the documents and assets to hand over. County AIDS and STIs coordinators shared the experiences of care and treatment partners, emphasizing what made the transition successful for adaption by the team.

The case workers were also mobilized and introduced to the new partners. They were supported to verify all case files and their content, upon which they were moved to the right offices. Through the smooth transition process, the project has recorded minimal interruptions of services for the children.

Commemoration of World AIDS Day and World Mental Health Day

The project supported the county governments through the DOH in commemorating the World Mental Health Day to raise awareness on mental issues that impede optimal functioning among adolescents and adults. The project supported 25 adolescents to attend the event, where participants were urged to mobilize efforts to create public awareness of seeking help from mental health professionals.

USAID NYM, in collaboration with the MOH, care and treatment partners (KCCB KARP, LVCT Health, Vukisha 95, and CIHEB), among other partners, joined the rest of the world in planning and commemorating the 34th World AIDS Day. The project worked together with the planning committee to deliver the theme "Prevention of teenage pregnancies towards eliminating inequalities and new infections." In a bid to enhance participation, the project mobilized and supported 49 OVC, 131 caregivers, 35 case workers, and 410 AGYW with transport to various events. These groups were also engaged in games and sensitizations on topics surrounding the theme. The project procured and distributed snacks to all children in attendance.

Through speeches, the GoK was reminded on how global inequalities affected all members of society and urged to demand action to end inequalities, end AIDS, and end pandemics that thrive on inequalities. The occasions were graced by the county governors, who appreciated the role of partners in implementation of activities geared towards achievement of child protection and health, and the overall well-being of adolescents and children.

Collaboration with Department of Health

In this reporting period, USAID NYM continued to work closely with MoH especially Sub County AIDS Control Coordinators to support the implementation of activities geared towards improving the wellbeing of HIV positive children and other project beneficiaries. In Kisii County, the care and treatment partner facilitated movement of the eight link desk persons across facilities to support in generation of line lists through which 120 HEI line lists were collected. Adherence counselors and peer educators attached to the treatment partners supported timely identification and enrollment of the eligible OVC and their households in the project. Through this collaboration, a total of 15,193 CALHIV and 1,532 HEI have been enrolled in the project within the period and provided with age-appropriate services. The engagements with MoH have also seen 346 CALHIV access new viral load results while 426 OVC screened for nutrition during malezi bora week.

Further, the DOH trained OVC case managers on ARV optimization to enhance their support in scaling up HIV services for children at community level. The case managers cascaded the training to their peers who now have the capacity to monitor administration of the age-appropriate optimal formulations at the household level to address gaps in lower rates of suppression among pediatric. Through the revised tools, the project will be able to collect data on current CALHIV regimen and work with facilities to flag missed opportunities on optimization.

Joint data review meetings with sub-county health management teams

USAID NYM held meetings with members of sub-county health management teams to review performance on enrollment and service provision among priority populations. Through these meetings, the project received support from sub-county health management teams in updating HEI, PBFA, and CALHIV line lists to identify newly enrolled clients and prioritize them for enrollment. The meetings also led to the development of joint community and facility supportive supervision plans that were conducted at the tail end of the quarter.

Area Advisory Council meeting

USAID NYM supported the three counties in reviving county area advisory councils, five sub-county area advisory councils, and six local area advisory council meetings, which stalled due to COVID-19 restrictions. These meetings focused on strengthening the local structures to address child rights violation concerns. Members were urged to embrace creativity in solving prevailing challenges to achieve transformation. Accountability by all departments within the county was also echoed, including appropriate spending of donor funds. Through the council meetings, chair members were reminded to embrace all offices that represent the CEO of the country (president), from the lowest level of assistant chief to the highest office in the county, and effectively collaborate with them in reporting and addressing any child violation cases.

Joint supportive supervision

Stakeholders conducting a briefing session ahead of supportive supervision visits to households, facilities, and village savings and loan associations. Photo Credit: David Nyabuto, USAID NYM

The project conducted an integrated supportive supervision led by the DOH and DCS in collaboration with the Department of Education, Department of Social Services, and Ministry of Agriculture, Livestock and Fisheries at the county and sub-county levels. The activity involved a visit to the sampled satellite offices, where teams were formed to conduct household, facility, and VSLA visits. The household visits aimed at verifying receipt of services reported by LIPs in CPIMS, the status of suppression plan implementation for viremic children, eligibility of households enrolled in the project, and the general well-being of children at the household level. The teams were able to provide the project with feedback, which has been used to inform improvement plans.

Subsequent quarter's work plan

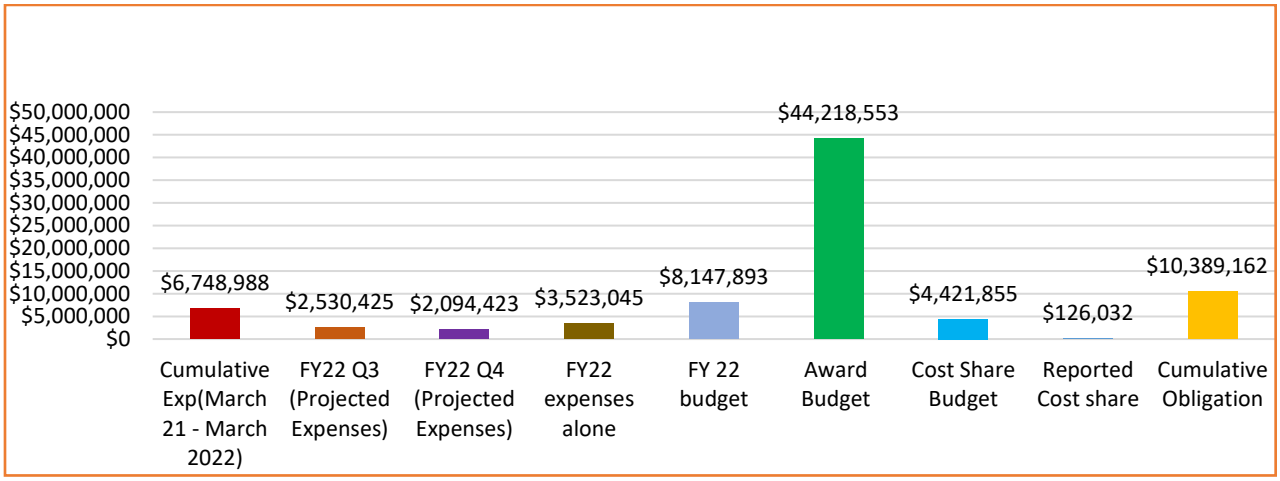
Actions planned for next quarter	Actual status this quarter	Explanation for deviation
Continue to focus on layering AGYW with services to achieve more than 80%.	Currently at 66%, greater than expected.	Not applicable.
Support HIV testing services to 100% achievement for the 18–24 age cohort.	At 62% and 60% for 18–19 and 20–24, respectively.	The commodity issues and entry into new wards meant that these cohorts started late.
Provide education subsidies (school fees).	Provided dignity packs for school continuation.	As pupils are transitioning from primary to secondary in the subsequent quarter, it will be more effective to provide school fee support in Q3.
Conduct process mapping for four partners.	Conducted process mapping for four partners.	To be completed in Q3.
Train county quality improvement teams in Homa Bay and Migori.	Trained county quality improvement team in Kisii.	To be completed in Q3.
Support supervision and on-the-job training for quality improvement teams at the local area advisory council level.	Supported 13 quality improvement teams.	To continue in Q3.

Expenditure status

Pipeline status and future expenditure projections

The project's total expected cost (TEC) is US$44,218,553 while the cumulative obligation as at close of the reporting period was $10,389,162. The cumulative expenditure to March 31,2022, as presented in Figure 12 below, is $6,748,988.

Figure 11. Pipeline status and future expenditure projections in USD



Source: Project financial records, March 2022

Actual expenditure to date and future projections details in (USD)

The project's actual expenditure to March 2022 against major budget line items is presented in the below table.

Table 40. Actual expenditure details, in USD

Line item	Obligations	FY 22 cumulative expenditures	FY 22 Quarter III projected expenditures	FY 22 Quarter IV projected expenditures
Personnel		$1,173,587.66	$355,361.70	$390,897.87
Fringe Benefits		$303,327.51	$91,957.92	$101,153.71
Travel		$96,132.65	$34,200.00	$38,500.00
Equipment		$183,464.30	$26,563.60	$30,358.40
Supplies		$14,517.58	$48,245.00	$55,243.00
Contractual		$3,048,529.83	$724,782.00	$732,400.00

Construction		$0.00	$0.00	$0.00
Other Direct Costs		$1,212,601.00	$938,989.38	$451,426.19
Subtotal		$6,032,160.53	$2,220,099.60	$1,799,979.17
Overhead		$716,827.58	$310,325.40	$294,444.00
Subtotal Project Costs		$6,748,988.11	$2,530,425.00	$2,094,423.17
Cost Share		$126,032.47	$253,042.50	$209,442.32
Total	$10,389,162.41	$6,875,020.58	$2,783,467.50	$2,303,865.49

Source: Project financial records, March 2022

Activity administration

Personnel

The grants and Compliance manager (Stephen Marietta) transitioned out of the project during the reporting period.

Cooperative agreement amendments

The project neither received nor initiated any amendments to the cooperative agreement during the reporting period.

Subrecipients. No new sub-agreements were initiated during the reporting period.

Other significant approval(s) from USAID

None.

Global Positioning System information

See file attached separately.

Success story

Improved Household income leads to improved ART adherence.

"She had lost hope completely and the facility had tried all the medical related interventions but all in vain" said the facility Peer navigator.

Sarah- in photo- and not her real name- aged 32 years is a mother of 4 children and lives in Jogoo estate in Kisii County. She is HIV positive and has lived a challenging life battling HIV stigma and low household income. Sara is divorced, having lived in an abusive relationship that may have contributed to her contracting HIV. Her 10 years old elder daughter is also HIV positive.

In late 2021, her elder daughter had high VL. Sara and her child at that time were failing in ART treatment and there was fear their VL copies would increase and further endanger their lives.

At the time, Sarah did not want to be visited by the project team even after consenting to be in the program. She regularly missed clinic appointments and sent her daughter to collect ARVs alone. She was sickly most of the times due to poor adherence. She was engaged in cheap labor at a construction site where she would earn a pay of between Kshs.150- 200 per day to fend for her children. Later she was fired because of poor health. She narrated. ''I could not fend for my children at all and occasionally they would be fed by a next-door neighbor'' she recalls.

Sarah's case was discussed in a Quality Improvement Team meeting through the SCASCO (Sub- County AIDS and STI Coordinator) for Nyaribari Chache sub-County. The facility and the project teamed up and conducted a case conference at the household level. Challenges were identified around socio- economic and gender-based violence issues. Socio-economic issues were ranked as the highest contributor to her failing treatment, with inadequate household income being the main cause to multiple challenges. On the positive side, it clearly came out that she had strength in running a business and hence a recommendation to support her to establish her own business was made.

The team came up with an intervention dubbed ‘’Watano initiative’’ which is about grouping 5 caregivers to support one another in terms of economic development and psychosocial support interventions using the strength of pooling together. From an initial targeted of 55 households, a total of 284 households have so far adopted these interventions. In the project area, Sara’s household has also benefited from this best practice.

USAID Nuru ya Mtoto supported Sarah with a business boost of Kshs.3,000 in August 2021 as identified in her case plan. USAID NYM project has so far provided 321 caregivers with business boost to improve HH income towards addressing children’s needs. Sarah ventured into selling vegetables like tomatoes, onions, coriander, potatoes and fruits – sometimes based on availability and demand. With close monitoring and sensitization on business skills, the caregiver has expanded her business and has secured a space in Kisii Town Central business district with a stock worth Kshs.25,000. She has teamed up with other businesswomen where they accumulate savings and give each member to increase stock. This has enabled her to build her business faster. USAID NYM Case manager and the heath facility staff have conducted enhanced adherence sessions to the caregiver to build her confidence in life.

A total of 97 CALHIV out of 105 in Kiogoro wards have suppressed- this being 92% adherence rate. Sarah’s household has benefited from positive parenting training sessions which has greatly improved her parenting skills. Her children are free and emotionally happy. Eventually, the caregiver improved adherence and has kept clinic appointments to date. Sara has moved to a better house that is safe and secure and has no difficulty paying rent. She now confidently provides for her children in terms of food and education needs. “I get between Ksh.500-700 a day except on Saturday which is my worshiping day” she confides. ‘’I save Kshs. 500-700 per week in our savings and loan group. I’m planning to build my own house when we share out’’. She is a member of a savings and loaning group and benefits from building funds through savings and improved access to loans when in need. She is now able to provide for the family as the project continues to walk with the household towards being resilient.

Annexes and attachments

See FY22Q2 data tables attached separately.