



USAID | **KENYA**
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USAID TUJITEGEMEE

ANNUAL PROGRESS REPORT



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ACRONYMS AND ABBREVIATIONS

AAC	Area Advisory Council	IEC	Information, Education and Communication
AGYW	Adolescent Girls and Young Women	J2SR	Journey to Self-Reliance
AMURT	Ananda Marga Universal Relief Team	KENPHIA	Kenya Population-based HIV Impact Assessment
ARPA	American Rescue Plan Act	LIP	Local Implementing Partner
ART	Antiretroviral Therapy	LIVES	Listen, Inquire, Validate, Enhance safety and Support
AYP	Adolescents and Young People	MAP	Men As Partners
CALHIV	Children and Adolescents Living with HIV	MCH	Maternal Child Health
CPA	Case Plan Achievement	MER	Monitoring, Evaluation and Reporting
CPIMS	Child Protection Information Management System	MHMC	My Health, My Choice
CSEA	Combined Socio-Economic Approaches	MoALF	Ministry of Agriculture Livestock and Fisheries
CSI	Child Status Index	MOE	Ministry of Education
CBO	Community Based Organization	MOH	Ministry of Health
CCC	Comprehensive Care Center	MOU	Memorandum of Understanding
CCO	County Children Officer	MSP	Male Sexual Partner
CHV	Community Health Volunteer	NHIF	National Health Insurance Fund
CIDP	Community Integrated Development Plan	OVC	Orphans and Vulnerable Children
CIPK	Council of Imams and Preachers of Kenya	PAC	Program Advisory Committees
CLHIV	Children and Adolescents Living with HIV	PEP	Post Exposure Prophylaxis
DCS	Department of Children Services	PEPFAR	President's Emergency Plan for AIDS Relief
DREAMS	Determined, Resilient, Empowered, AIDS free, Mentored and Safe	PrEP	Pre-Exposure Prophylaxis
DQA	Data Quality Assessment	PVC	Post Violence Care
EBI	Evidence-Based/Informed Interventions	QA	Quality Assurance
FAQ	Frequently asked Questions	QI	Quality Improvement
GOK	Government of Kenya	RAST	Rapid Assessment Screening Tool
GRA	Graduation Readiness Assessment	RH	Reproductive Health
FMP	Families Matter Program	SAB	Social Asset Building
GBV	Gender-Based Violence	SASA	Start, Awareness, Support, Action
HCBF	Healthy Choices for a Better Future	SCCO	Sub-County Children Officer
HFG	Partnership for a HIV Free Generation	SILC	Savings and Internal Communities
HFR	High Frequency Reporting	SOP	Standard Operational Procedure
HH	Household	SSN	Social Security Net
HHVA	Household Vulnerability Assessment	STI	Sexually Transmitted Infection
HIV	Human Immunodeficiency Virus	USAID	United States Agency for International Development
HTS	HIV Testing Services	VMMC	Voluntary Medical Male Circumcision
		VAC	Violence Against Children
		VSLA	Village Savings and Loaning Association

I. EXECUTIVE SUMMARY

USAID Tujitegemee is a five-year project funded by USAID Kenya and East Africa to implement OVC and DREAMS activities in Mombasa and Kilifi counties under the Kenya Health Partnership for Quality services (KHPQS). The project is implemented by AMURT as the prime partner, and four other consortium partners; HIV Free Generation (HFG), Women Fighting Aids in Kenya (WOFAK), Council of Imams and Preachers of Kenya (CIPK) and KWETU training center. The project aims at achieving two KHPQS Sub-purposes: 1) Increased Access and demand to Quality HIV Prevention Services; and 3) Increased Access to Quality Health & Social Services for OVC & their households (HHs). The project continued to co-implement with the counties, holding joint reviews with departments of Health, children services, education, judiciary, civil registration, gender, youth and trade. The departments of health in both counties were involved in support supervision to ensure quality implementation including adoption of HIV risk screening tools.

The COP 20 DREAMS target in Mombasa County is 29,987. To facilitate adoption of positive behavior that support HIV and violence prevention, the project implemented age-appropriate and evidence-based behavioral intervention (EBI) in community settings and reached 6,976 AGYW, (33.2% of the COP 20 target). A total of 22,329 (75.1%) had completed their program package of services. Of this, 5,904 AGYW had completed their primary package of DREAMS services while another 16,425 AGYW had completed their primary package plus required secondary interventions. The 16,425 are planned for graduation in the first month of COP21, Quarter I using the USAID SOP and mobilizing for participation and support through the project advisory committees. The project deployed a total of 350 mentors and 14 social workers to provide services to the AGYW across the 88 safe spaces working closely with the 28 link facilities.

USAID Tujitegemee implemented the SASA! Model to educate 4,531 AGYW and the community on HIV vulnerability and risk reduction, violence prevention, stigma reduction, norms change, and promotion of gender equity. To improve communication between caregivers and their children and sustain HIV and violence prevention, the project facilitated training of 2,606 caregivers of AGYW on Families Matter Program I and II. USAID Tujitegemee facilitated 357 (30.3%) AGYW to be initiate on PrEP in Q4 and cumulatively reached 555 (47% of COP20 targets).

Overall PP_PREV improved to 83.4% at Q4. The significant increase is attributed to enhanced sessions during weekends and scaling of implementation in schools during games time, school holiday and half term breaks. In addition, the same strategies were used to mitigate the COVID 19 social interaction challenges.

The COP 20 OVC target is 31,635 in Kilifi County and 23,977 in Mombasa County (total of 55,612). In the reporting period, the project served 56,515 OVC (Kilifi - 31,642, Mombasa - 24,873) 100% and 102% respectively of the COP '20 target as per MER 2.5. Guidelines. The project also transferred 27,417 OVC out to non-PEPFAR support partners; 17 OVC were transitioned to other PEPFAR supported partners; and 1,343 OVC were exited without graduation. The reasons for exit without graduation included; 22 OVC above 18 years of age not in school, 87 OVC relocations, 7 deaths, 20

marriages, 7 left at will and 1,184 who were served only in one quarter as they were unavailable during the subsequent HH visits.

Despite Covid-19 pandemic and its related containment measures, the project implementation continued in line with previously developed COVID-19 prevention strategies. In FY21, a total of 910 (Kilifi - 721, Mombasa - 189) OVC from low vulnerable households were identified, provided with appropriate services based on the case plans, monitored for three months and graduated out of PEPFAR support after achieving the recommended PEPFAR benchmarks.

USAID Tujitegemee served 26,237 OVC (Kilifi - 19,956, Mombasa - 6281) with age-appropriate comprehensive services across the four domains of health (14,013 OVC), safe (24,763 OVC), education (5,695 OVC) and stable (19 OVC).

Using the trained 223 Sinovuyo facilitators during the reporting period, 14,562 (Kilifi - 14,652 M, 5878 F 5805; Mombasa - 2,966 M 1524, F 1442) boys and girls 9-14 years received prevention education. The post-training assessment revealed that; 72% of caregivers and teens reported improved relationships between them.

During the reporting period, 98% (Kilifi - 18578, Mombasa - 5785) OVC reported a known HIV status to the program. A total of 2,953 (10.6%) OVC had a HIV positive status and were linked to C&T, 20,326 (83.4%) OVC reported a HIV negative status, 531 (2.1%) OVC test not required and 553 (2.2%) had unknown status. The project conducted HIV risk screening for the 553 OVC and 525 were found not to be at risk; whilst the 28 identified to be at risk were referred for HIV testing and are awaiting results.

During the reporting period 104 (Kilifi - 75; Mombasa - 29) VSLAs with a membership of 418 (Kilifi- 276; Mombasa- 142) caregivers supporting 1,338 (Kilifi - 937; Mombasa - 451) OVC were mentored to provide services to their members. The caregivers caring for OVC utilized KES 1,116,325 worth of loans for; Business and productive assets acquisition (50%), school levies and scholastic materials (36%), farming (9%) and medical expenses (5%).

The project continued to support LIPs through mentorship on data analysis and provided talking charts to help LIPs present data on OVC served and HIV indicators at a snapshot. M&E and program staffs from the LIPs were mentored on the MER 2.5 guidelines and interpretation of reports generated from CPIMS and DREAMS database. Improved data analytic skills seen have enhanced use of data to improve AGYW and OVC service delivery. Continuous data analysis and review at the county level has informed targeted data cleaning across partners thus enhancing the consistency and accuracy of the data in the system.

2. SUB-PURPOSE 1: INCREASED ACCESS TO AND DEMAND FOR QUALITY HIV PREVENTION SERVICES

2.1. Primary LAYERING, graduations/exits and enrollment

In Q3, USAID Tujitegemee validated 24,769 (92%) of the active DREAMS beneficiaries and 22,375 (90%) were validated as available and continued to receive their required DREAMS services. A total of 500 AGYW were validated but were unavailable to continue with DREAMS and were exited from the program (8 deaths, 2 duplicates, 3 parental consents declined, 348 voluntary exits and 139 relocations outside of county). As at APR20, 1248 AGYW not validated returned to the program through follow ups by the project. Working with health facilities, child and community welfare groups, the project enrolled 2526 AGYW in Q4, bringing the cumulative enrolment in the period to 3895.

The project had 29,731 active AGYW in the reporting period in Jomvu (5017), Kisauni (7163), Likoni (8515), Mvita (3783) and Nyali (5253) sub-counties. Of this, 5,904 AGYW had completed their primary package of DREAMS services while another 16,425 AGYW had completed their primary package plus required secondary interventions bringing the total number of AGYW who had been completed their program package of services to 22,329 (75.1%), 29,731 of the total active AGYW as outlined in Figure 1 below.

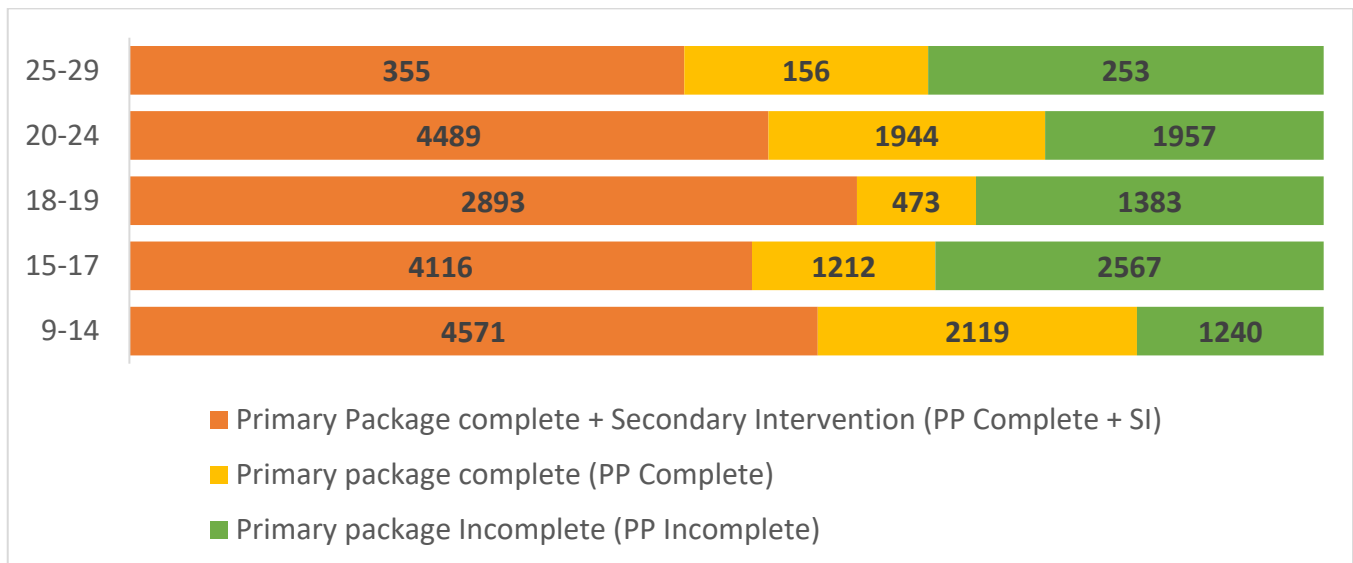


Figure 1: Uptake of program Package of Services

In FY22, the project will graduate 16,433 AGYW who completed their program package and enroll new 16,902 AGYW, while carrying over 13,290 who did not complete their program package by the end of the reporting period.

2.2. Primary Intervention:

2.2.1. Social Asset building

USAID Tujitegemee supported 28,735 (95.8%) of the active AGYW to access social asset building services at the safe spaces. The project Mentors continued to support AGYW to access services in 88 safe spaces and 28 link health facilities including providing escorted referrals for AGYW based on request.

To enhance service uptake and appropriate mentorship for AGYW, USAID Tujitegemee worked with 350 mentors and 14 social workers

to incorporate economic and skills building activities such as baking, savings groups, cooking and Swahili makeup tutorials to enhance safe space retention, attendance and participation of out of school AGYW 18-24 years old. The project equipped safe spaces with ovens, sewing machines, driers and blow-dry to facilitate skills building for AGYW.



AGYW attending a cake baking session at a safe space in Mombasa

Other strategies that were utilized to maximize service uptake and safe space attendance included: reaching AGYW in schools during games time; integrated service provision during school holidays when AGYW were available at home; and the use of a virtual platform, especially where physical contact was unattainable and caregiver's forums aimed at facilitating consent for AGYW program participation. In FY 22, the project will continue to utilize these strategies while observing COVID 19 guidelines to reach targeted AGYW.

2.2.2. PP-PreV (SHUGA 2, MHMC, HCBF) Interventions

The project implemented age-appropriate evidence-based behavioral intervention (EBI) in community settings and reached 17,499 (83.4%) AGYW with age-appropriate HIV and violence prevention messaging. The project reached 6,976 AGYW with *Healthy Choices for a Better Future* (HCBF), 6157 with *My Health My Choice* (MHMC) and 11,353 with *SHUGA 2* in the reporting period. To accelerate access and completion of age-appropriate HIV and violence prevention services, the project procured additional manuals, registers, and implemented appropriate safe space schedules.

Due to the accelerated learning and the compressed school calendar year, the project delivered EBIs during the school holidays and half-term breaks for the AGYW in boarding schools while reaching the AGYW in day schools during games time and over the weekends.

The project trained 32 (12 AGYW) EBI facilitators (MHMC 15, SHUGA II 17) to improve EBI uptake and completion. In FY22, the project will target to train school teachers as facilitators to increase reach of newly enrolled AGYW in school.

2.2.3. PrEP, Condom and Contraceptives Education

USAID Tujitegemee offered integrated condom education and promotion, contraceptive method mix education and PrEP education to AGYW aged 15-24 years facilitated by health care providers and mentors. The project procured penial and vaginal models to enhance condom education and demonstration sessions and reached 17,321 (98%) AGYW with condom education and demonstration. The project also continued to work with health facilities to avail condoms at safe spaces and during male sexual partners (MSP) outreaches for AGYW and their male sexual partners.

Health care providers, mentors and EBI facilitators were facilitated to conduct contraception and PrEP education sessions and reached 17,103(68%) AGYW with contraceptive method mix education and 16,971 (68%) AGYW with PrEP education during EBI and mentorship session. In addition, the project procured Tiaht charts and PrEP IEC materials to complement the sessions and offered individualized education sessions to improve demand creation and service uptake.

In FY22, the project will continue to integrate condom, contraceptive method mix and PrEP education in EBI, mentorship sessions offered at the safe spaces and health facilities.

The table below breaks down the number of AGYW who received condom, contraceptive method mix and PrEP education.

Table 1: AGYW who received PrEP, Condom and Contraceptives Education

Intervention	Target	Q3 achievement	Q4 achievement	Cumulative achievement	% achievement
Contraceptive Method Mix	25133	5,280	8,911	17,103	68%
Condom Education	17593	5,218	8,716	17,321	98%
PrEP Education	25133	5,209	8,829	16,971	68%

2.2.4. HIV risk screening and HTS uptake

The project provided targeted HTS by screening AGYW for HIV risk and assesses their eligibility for HTS using a HIV screening tool jointly developed with the department of health services Mombasa. In the reporting period, the project faced challenges in securing HIV testing products and as at Q3, 11,235 (39%) AGYW had been tested.

In Q4, USAID Tujitegemee implemented a rapid result initiative in conjunction with CDoH and facilitated 6,220 AGYW for HIV testing. Cumulatively, the project supported 16,000 (55%) AGYW to know their HIV status in COP 20. One AGYW aged 14 years newly tested positive, linked to care and was co-enrolled in OVC comprehensive Program

HIV Testing and Screening activities being conducted at the safe spaces



2.2.5. Financial Capability Training (FCT)

USAID Tujitegemee provided financial capability training to 5,612 AGYW in small group sessions in Q4, as a foundation for financial management.

Cumulatively, the project has reached 16,516 (81.5%) AGYW with FCT aimed at enhancing their money management skills and creating a foundation for participation in saving and lending activities.

2.2.6. Entrepreneurship Training

To support AGYW start or grow their business, the project facilitated 5,332 AGYW to complete entrepreneurship training in Q4. The project facilitated training for 32 facilitators to improve reach and completion of entrepreneurship training in Q4.

Cumulatively, the project reached 7,770 (234%) AGYW with entrepreneurship training in COP 20. This was as a result of the changes in the Kenya DREAMS service layering table that made entrepreneurship training a primary service for all AGYW 20-24.

2.3. Secondary individual interventions

2.3.1. PrEP uptake

USAID Tujitegemee facilitated 555 (47.4%) AGYW to initiate PrEP in COP 20. This was made possible through the collaboration with Department of Health Services, Mombasa County in availing PrEP products and health care providers who dispensed PrEP at AGYW preferred safe spaces.

In Q4, 357 AGYW were newly enrolled on PrEP in addition to facilitating formation of 17 support groups to enhance adherence and assist AGYW deal with possible side effects.



AGYW participating in PrEP sensitization at a Dispensary in Mombasa

2.3.2. Condoms* and Contraceptives* uptake (*no targets)

USAID Tujitegemee supported AGYW to access condoms and contraceptives at the safe spaces, at home and through health facilities referrals. Mentors acted as primary providers of male and female condoms in addition to condom dispensers mounted at the main safe spaces.

During the reporting period, a total of 7,010 AGYW were provided with condoms while 566 AGYW were provided with contraceptives of their choice (injectable 218, pills 210, Implants 134 and IUD 4).

2.3.3. Post-violence care

During the reporting period, USAID Tujitegemee facilitated a training for 20 health care providers and 118 project staff and volunteers on LIVES first-line response to violence with to enable them support in identification and response to gender-based violence. This resulted to identification of 1,553 AGYW survivors of violence in Q4.

Cumulatively, 1,752 (113%) AGYW were supported to access post violence care in the reporting period.

Table 2: Post-violence care

Age cohort	COP 20 Target	Q3 Achievement	Q4 Achievement	Post Violence Care APR Achievement
9-14	243	7	212	235
15-17	520	18	266	299
18-19	459	20	377	410
20-24	277	57	662	771
25+		2	36	37
Total	1,499	104	1,553	1,752

Collaboration with the County Department of Gender led to the enrolment of 125 survivors of violence in the program for additional HIV and violence prevention messaging.

In FY22, the project will continue to work with social workers from the department of gender in the prevention, identification and response to gender-based violence at the community level in addition to enrolment of GBV survivors for DREAMS.

2.3.4. SASA! For HIV and Violence Prevention (for AGYW)

USAID Tujitegemee continued to use SASA! Model to educate and generate conversations around violence prevention, post violence care and changing harmful gender norms that fuel HIV infection. Trained SASA activists (27) and community paralegals were used to educate 5,755 AGYW and their MSP on the various social norms that perpetuate stereotypes in the community. SASA comics and other GBV IEC materials were used to deliver the sessions to scale up the numbers on this intervention.

Table 3: SASA for HIV and Violence Prevention for AGYW

Age cohort	COP 20 Target	Q1	Q2	Q3	Q4	COP 20 achievement
9-14	2,330	3	3	369	849	1,224
15-17	5,200	58	3	359	1,359	1,779
18-19	4,593	31		215	869	1,115
20-24	1,387	58		372	1,119	1,549
25-29	-	8		14	66	88
Total	13,510	158	6	1,329	4,262	5,755

2.3.5. Education subsidies

To support access, retention, transition, progression and completion of school, 10,067 (135%) AGYW were provided with education subsidies in the reporting period. The project collaborated with the Ministry of Education and other key stakeholders to verify eligible AGYW for school fee support.

A total of 1,217 AGYW benefited from school fees payment, 9,213 AGYW were supported with dignity packs, 834 with scholastic materials and 564 received school uniforms.

Table 4: Education Subsidy support

COP 20 achievement					
Education Support	COP 20 Target	School Fees	Dignity Packs	Scholastic materials	School uniforms
9-14		73	2,821	608	176
15-19		1,144	6,392	226	388
Total		1,217	9,213	834	564

2.3.6. Reducing Risk in Male Sex Partners (MSP)

USAID Tujitegemee acknowledges the role men play in reducing AGYW's risk of HIV and violence. Through mentor led sessions, 83 AGYW ages 15-24 were supported to characterize their typical male sexual partners and to identify the hangouts and occupation. In one of the sites boda boda riders, men hanging out at alcohol dens "base" and matatu drivers were ranked highly as preferred sexual partners of AGYW. The project in collaboration with the link health facilities conducted outreaches at their hangouts facilitating 959 men to uptake HIV prevention services including HTS (205) and distributed 9894 condoms.

# of Outreaches	# MSP reached	# issued with self-test kits	MSP Tested	# positive	# linked to care	# of condoms

						distributed
27	959	95	110	0	0	9894

2.3.7. Parenting and Caregiver Services (FMP1 and FMP2)

Using FMP, I & II, the project facilitated parenting/caregiver programs to improve communication between parents and adolescents and to sustain HIV and violence prevention among AGYW parents/caregivers. In Q4, 1,105 caregivers were reached with a total of 3,846(129%) cumulatively reached at APR.

Table 4: Parenting and Caregiver Services (FMP1 and FMP2)

Age Category	COP 20 Target	Q1	Q2	Q3	Q4	Total reached	% achieved
9-14	1,942		1,335	484	311	2,113	
15-17	1,040		1,180	430	794	2,370	
Total	2,982		2,515	914	1,105	4,483	

2.3.8. Combined Social-Economic Approaches (CSEA)

During the period under review, the project facilitated 3,686 (89%) of AGYW targeted to take up market oriented economic strengthening interventions following a local market assessment conducted in Q3. The interventions included supporting AGYW with business start-up (452), linking AGYW to employment and placement opportunities (245), entrepreneurship support (2431), microfinance support (407) and equipping AGYW (1,537) with vocational skills.

The project identified the Empowerment and Livelihood for Adolescents model developed by BRAC to guide the CSEA interventions. In Q4, the project initiated discussions with BRAC to support in reviewing Local Market Assessment (LMA) report and adaptation of the career pathway component of the ELA model. In FY22, the project will finalize on the engagement with BRAC and formalize the partnership for increased economic strengthening support.

2.3.8.1. Vocational Skills Training

The project continued to partner with CAP-YEI, GoK Department of Youth Affairs, Ajira program, local artisans and local technical institutions to equip AGYW with vocational skills. Cumulatively, 1,537 AGYW were enrolled and equipped with vocational skills in hotel and hospitality management, beauty, computer packages, cake making, hair dressing, tailoring, wiring, plumbing and security.

In Q4, the project supported 37 AGYW with placements for industrial attachment. Additionally, the project engaged GoK (KYEOP/NITA) facilitators to train 456 AGYW on baking and beauty at the safe spaces. In partnership with technical institutions, 56 AGYW were enrolled in short-course in hotel and hospitality management, beauty, computer package, baking, hair dressing and tailoring. The project also linked 29 AGYW to local artisan for apprenticeship skills in baking, hair dressing and beauty, and two AGYW were linked to employment.

2.3.8.2. Business start-up kits.



AGYW (Centre) receiving Business startup kits at Tudor safe Space

The project collaborated with Department of Trade to identify and assess (465) AGYW. In total, 452 AGYW were supported with business start-up kits and grants. Another 13 AGYW were mentored to develop viable business plans. In FY22, the project will continue to monitor and provide technical assistance to the 452 AGYW businesses supported with business grants and start-up kits.

In collaboration with Ministry of ICT, innovation and youth affairs under Kenya Youth Employment Opportunities Project (KYEOP project) 154 AGYW were sensitized and supported to apply for business grants under KEYOP Cycle 7B. As a result, six (6) AGYW have been selected, are undergoing entrepreneurship training, and will each receive Kshs. 40,000 business boosts.

To enhance sustainability of the businesses, the project will in FY22 support the formation of 23 business clubs/hubs, each comprising 20 AGYW. The clubs will provide a platform for sharing new business ideas, discussing challenges and identifying emerging opportunities. In addition, the clubs will be used to integrate HIV prevention services.

2.3.8.3. Internship/Employment

USAID Tujitegemee successfully linked 245 AGYW to employment opportunities. In Q4, the project in collaboration with GoK Ajira project, CAP-YEI and local enterprises, 38 AGYW were linked to different employment, internship and placement opportunities.

The project also partnered with the Department of Youth Affairs to sensitize 144 AGYW on online career opportunities provided by AJIRA project (World Bank funded). The project successfully linked 12 AGYW to online jobs. The project continued to engage 144 AGYW as girl mentors and data clerks providing income and learning opportunities. In FY22, the project will continue to identify and link AGYW to employment opportunities.

2.3.8.4. Microfinance linkage

USAID Tujitegemee mobilized and supported 487 income earning AGYW to join youth saving and lending (YSLAs) groups in an effort to improve access to affordable credit. In total, 30 YSLAs with a membership of 487 AGYW were formed. In partnership with the County Department of social services, members of the YSLAs were sensitized on the process and importance of registering saving groups. As a result, 22 YSLA groups were facilitated and registered, the 8 groups will be mentored and supported to register in FY 22.

The project supported 407 AGYW with savings boost which increased their credit worthiness enabling AGYW to access high loans. In FY22, the project will track the amount of loans accessed and how the loans are utilized.

3. SUB-PURPOSE 3: INCREASED ACCESS TO QUALITY HEALTH AND SOCIAL SERVICES FOR OVC AND THEIR FAMILIES

3.1. OVC with known risks of HIV and violence have access to comprehensive services

3.1.1. OVC Served

During the reporting period, USAID Tujitegemee served 56, 515 OVC (20158 males, 36357 female) against a COP target of 55, 612 with appropriate services to ensure they are healthy, safe, stable and schooled. Of the served OVC, 25237 were in the comprehensive cohort, 14, 652 received preventive services and 910 graduated after achieving the 17 benchmarks. The OVC served by category and age cohorts are captured in the tables below:

Table 5: OVC serve by category Jul-Sept 2021

County	OVC Comprehensive	OVC Preventive	DREAMS (Active AGYW 9-17)	Total Served (OVC Comprehensive + OVC Preventive + DREAMS)	COP 20 Targets
Kilifi	19,956	11,686	-	31,642	31,635
Mombasa	6,281	2,966	15626	24,873	23,977
Total	26,237	14,652	15626	56,515	55,612

Table 6: OVC served by Age cohort

OVC_SERV Disaggregate	<1		1-4		5 - 9		10 - 14		15-17		18+		Grand Total
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
OVC Comprehensive	638	692	2103	2164	3257	3232	3893	4165	1970	2249	469	495	26237
OVC Preventive							7402	7250					14652
DREAMS							7736		7890				15626
Grand Total	171	141	1,130	1,033	1,279	1,210	11,101	3,734	7,459	1,097	490	468	56515

3.1.1.1. Enrollment CLHIV, exposed children and children of PLHIV and adolescents most- at-risk

During the reporting period, the USAID Tujitegemee in collaboration with DCS, CDoH, and Omar Project (Key Population Partner) enrolled 13,224 children into the program to reach the COP target. The newly enrolled OVC comprised 259 CALHIV, 1657 HEI, 867 SVAC and 10432 from PLHIV HH. In total, 11624 were enrolled in Kilifi and 1600 in Mombasa. DCS and CREAMW referred survivors of sexual Violence against Children (SVAC) for enrolment.

Cumulatively, the project had enrolled 3,229 CALHIV, (2000 in Kilifi County and 1,229 in Mombasa County) as at APR. Of the 2117 CALHIV under 17 years enrolled in Kilifi health facilities, 1903 were offered enrolment and 1877(89%) were enrolled; while in Mombasa 1160 were offered enrolment and 1133(93%) were enrolled against 1217 in the collected line lists. A key challenge in CALHIV enrolment in Kilifi concerned unupdated locator information and lack of caregiver telephone contacts which affected traceability of the potential clients for enrolment. The project in collaboration with USAID Stawisha will continue providing continuous feedback and engagement with facilities to have the data updated as well as support capacity gaps related to documentation at facility level.

In FY22 the project will continue working with health facilities to offer enrollment to newly identified CALHIV and those that were not enrolled in FY21.

Table 7: CALHIV by Age cohort and sex

County	<1yrs	1-4yrs	5-9yrs	10-14yrs	15-17yrs	18+	Total
Kilifi	9	206	494	751	417	123	2,000
Mombasa	5	126	292	427	273	106	1,229
Total	14	332	786	1,178	690	229	3,229

3.1.1.2. Eligible children screened for HIV testing and tested

The project continued with routine monitoring of the HIV status of the OVC, to assess the HIV risk among those with unknown status, facilitate access and retention in care and treatment for those who are HIV positive OVC and promote prevention among the HIV negative. Out of the active caseload of 24363 OVC below 17 years, 2953 are HIV positive and on treatment, 20,365 are negative, 531 did not require HIV test based on risk assessment. 553 had unknown status and of these 330 were HEI. The project carried out HIV risk screening for 223 OVC with unknown status and referred 28 for HIV testing in health facilities within their localities. In FY22, follow up will continue for the HEIs to ensure they attend their clinics for immunization and nutrition services as well as their scheduled PCR. Bi annual HIV risk screening will be conducted for adolescents; while newly enrolled OVC with unknown status will undergo risk screening. The table below provides a summary of the HIV_STAT.

Table 8: HIV STAT

County	HIV +ve	Currently receiving ART	Not receiving ART Status Unknown	Currently receiving ART or Unknown	Reported HIV Negative to IP	Test not required based on risk assessment	No HIV status reported to the IP (HIV Status Unknown)
Kilifi	1113	1113		0	4,399	112	161
Mombasa	1,840	1,840		0	15,927	419	392
Total	2,953	2,953		0	20,326	531	553

3.1.1.3. Retention to Care and Treatment among enrolled CLHIV

The 3229 CALHIV enrolled by the project were monitored to track retention in care and adherence to treatment. To achieve this, USAID Tujitegemee through case workers and CMMs tracked their clinic and support group attendance, opportunistic infections, nutrition status as well as their pill counts during home visits.

To enhance adherence to care, CMMs and adherence counselors carried out 8 support groups meetings and 31 OTZ clubs reaching 869 (417M 452 F) CLHIV in Kilifi and 388 (174M, 214 F) in Mombasa. These sessions focused on boosting adherence, addressing challenges children face in care and treatment and emphasizing on the importance of adhering to clinic appointments and taking drugs as prescribed in order to achieve Viral suppression.

To contribute to the 3rd 95, the project through the support of CDoH and USAID Stawisha Pwani tracked viral load access and suppression among CALHIV enrolled in the OVC program. Out of the 3229 CALHIV, 3199 were eligible for VL. However, only 1291 (40%) had valid VLs as at APR which was as a result of unavailable commodities at the facilities hence the delay in VL testing across the 2 counties.

Of the 1291, 1099(85%) were virally suppressed with suppression rate at 83% and 87% in Kilifi and Mombasa counties respectively. OVC with high viral load were linked to support group meetings where discussions with caregivers were held to establish factors contributing to high viral load. The highlighted factors included; lack of adequate support / supervision at home, constant change/lack of caregivers and treatment buddies and elderly caregivers. Other factors were delayed or non-disclosure of HIV status to OVC, stigma and discrimination, conflicting school timetable and drug timings, pill burden and lack of food.

To respond to the above factors, the project participated in Multi-disciplinary team meetings that discussed causes of poor treatment outcomes among viremic 78 CALHIV. Through this, 134 CALHIV were targeted with enhanced adherence, 87 on DOT, and 56 with pill boxes and 355 facilitated with alarm watches. The project also facilitated CMMs and adherence counselors to provide supported disclosure that reached 639 CALHIV (Kilifi 562 and 77 in Mombasa) under 12 years with full disclosure, while 571 (Kilifi 504: Mombasa 67) below 9 years had ongoing disclosure discussions. This was coupled

with individual, group counseling and peer support to enable the children to gradually accept their status.

Table 8: Viral Load Cascade

	Kilifi			Mombasa			USAID Tujitegemee		
	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
Number HIV Positive	966	1,034	2,000	590	639	1,229	1,556	1,673	3,229
Number of OVC eligible for VL test	959	1,025	1,984	581	634	1,215	1,540	1,659	3,199
Number of OVC with Tracked Viral Load	365	379	744	247	300	547	612	679	1,291
Number of OVC with Viral Load >1000c/ml	66	59	125	29	38	67	95	97	192
Number of OVC with Viral Load <1000c/ml	299	320	619	218	262	480	517	582	1,099
% VL suppression	82%	84%	83%	88%	87%	88%	84%	86%	85%
VL uptake rate	38%	37%	38%	43%	47%	45%	40%	41%	40%

Table 9: Viral Suppression by age cohorts

Viral Suppression by age cohorts						
	0-4 yrs.	5-9 yrs.	10-14 yrs.	15-17 yrs.	18+	Overall
Viral test	118	341	481	258	93	1291
Suppressed	87	288	422	219	83	1099
Suppression Rate	74%	84%	88%	85%	89%	85%
Not Suppressed	31	53	59	39	10	192
% Unsuppressed	26%	16%	12%	15%	11%	15%

While the overall suppression rate was at 85%, children below 10 years had lower suppression than the other age cohorts. USAID Tujitegemee and CDoH held forums with 172 (26 m, 146f) caregivers of the unsuppressed children below 10 years to understand the factors resulting in non-suppression. Non-disclosure by caregivers, inconsistent caregivers, lack of supervision during drug ingestion,

bitterness of calettra were among the challenges highlighted as the main contributors to viremia among these children.

3.1.1.5. Support management of clinic appointments and defaulter tracing

USAID Tujitegeme through 29 CMMs continued monitoring clinic appointment and adherence of 3229 CALHIV within the program. The project identified reasons for missed appointments such as relocation of caregivers, lack of transport, caregiver ignorance/ negligence and lack of support system.

To address challenges with access to services, 204 CALHIV in Kilifi County and 200 in Mombasa County were supported with transport to the facilities to enable them to honor their clinic appointment and additional 48 facilitated with transport to attend OTZ sessions. In FY22 the project will continue providing PSSG sessions to reduce stigma.

3.1.1.6. Health and Nutrition for U5

In collaboration with the CDoH, 2599 under five years OVC have continued to benefit from health and nutrition related services. This was achieved through station days, where caregivers were provided with Nutrition education and nutritional assessment carried out to 2599 U5 (1084 in Mombasa and 1515 in Kilifi).

As a result 74 malnourished OVC (30 Mombasa, 44 Kilifi) were referred to health facilities for nutritional support, and 47 (25 Mombasa, 37 Kilifi) provided with nutrition supplementation.

3.1.1.7. ^{Enrolled} OVC have legal documents (birth certificates)

In collaboration with the department of Civil Registrar of persons, the project facilitated 451 OVC (129 Mombasa, 322 Kilifi) to acquire birth certificates and submitted 739 (205 Mombasa 504 Kilifi) forms for processing. Cumulatively, 24.4% of the OVC had birth certificates.

In FY22 the project will characterize OVC without birth certificates and provide appropriate interventions to accelerate acquisition of birth certificates.

The table below shows the status of birth certificates for OVC enrolled in comprehensive care.



Nutritional Assessment being conducted by

Table 10: Birth certificate status

County	HAS BIRTH CERTIFICATE			NO BIRTH CERTIFICATE			Grand Total	%
	Male	Female	Total	Male	Female	Total		
Kilifi	930	1059	1989	1951	2152	4103	6092	32.6%
Mombasa	2026	2159	4185	7423	7627	15050	19235	21.8%
Grand Total	2956	3218	6174	9374	9779	19153	25327	24.4%

3.1.1.8. ^{Enrolled} OVC attend and progress in school

Through CHVs and case managers, the project continued monitoring school progress for school going OVC and provided services aimed at enhancing attendance, retention and improved performance. Based on case plans, the project supported 437 OVC with School fees (Kilifi 303, Mombasa: 134), 1711 adolescent girls with dignity packs (1512 Kilifi; 199 Mombasa), 1467 scholastic materials (236 Mombasa 1171 Kilifi) and 349 (155 Mombasa; 196 Kilifi) with school uniforms. Through linkages, 124 OVC (54M, 72F) accessed school fees support from various bursaries such as the CDF, Presidential bursary, MCA bursary and the Equity Wings to Fly.

Table 11: OVC served school level status

county	ECDE		Primary		Secondary		Tertiary	
	Male	Female	Male	Female	Male	Female	Male	Female
Kilifi	1,034	987	6,075	6,313	817	905	15	15
Mombasa	312	357	1,651	1,798	362	437	5	3
Total	1,346	1,344	7,726	8,111	1,179	1,342	20	18

3.1.1.9. Eligible OVC linked to DREAMS services for adolescent and young pregnant girls

At APR, 231 OVC were co-enrolled from OVC to the DREAMS program. In total, 207 AGYW got SAB, 64 received condom education and demonstration, 9 were provided condoms, 64 received contraceptive method mix education, one (1) received contraception method mix individual counseling, 6 were supported with entrepreneurship training, 97 were supported to receive financial capabilities training, 8 school fees payment, 136 dignity pack, 18 FMPII, 65 PrEP education and 3 post violence care.

3.2. Increased Economic Stability of Households to Care and Protect OVC

USAID Tujitegemee partnered with GoK and non-state actors to roll out social assistance, assets growth and income growth interventions targeting OVC households based on the case plans, Multi-Disciplinary Team notes (MDT) and Case Plan Achievement Readiness Assessment.

3.2.1. Strengthened economic status for households and caregivers

The project engaged 68(19 Mombasa, 49 Kilifi) Field Agents to mobilize caregivers to join savings and lending activities. In Q4 the project mentored, supervised and provided on job training based on capacity gaps identified in the previous quarter. In collaboration with Catholic Relief Services (Changing the Way We Care Project) 15 Field Agents were retrained on SILC methodology to support the Agents in the rollout of SILC activities in Kilifi North, Magarini and Malindi Sub-Counties.

In collaboration with the County Department of Social Services, four (4) Quarterly review meetings were conducted (Kilifi 3, Mombasa 1) to review progress and FY 22 targets with 68(19M: 49F) Field Agents. The need for intensive mobilization of newly enrolled households to join saving and lending groups and integration of financial management in group meetings was agreed upon.

3.2.1.1. Progress in saving and lending activities;

To improve access to affordable credit to cater for household and OVC needs USAID Tujitegemee continued to utilize SILC and VSLA approaches. As at APR, the number of saving and lending groups monitored and supervised were 104 with 418 (45M: 373F) caregivers taking care of 1,388(664M: 724F) OVC.

The groups reported a cumulative savings of Ksh 1,086,328, with loans advanced to members of Kshs. 1,116,325 as at APR. In FY22 the project will strengthen linkage between CHVs and FAs and target caregivers supported with business grants to accelerate enrollment of caregivers in saving and lending groups.

During the period, 380 caregivers of 1,388(664M: 724F) OVC (91% of caregivers in VSLA/SILC) accessed loan to cater for investment and expenditure under the three domains of stable (59%), schooled (36%) and healthy (5%). County performance is summarized as indicated in the table below.

Table 12: Loan usage per domain per County

COUNTY	NO. OF VSLAs	TOTAL SAVINGS (KES)	TOTAL LOANED OUT(KES)	NO OF CAREGIVERS IN THE VSLAs			NO. OF OVC SUPPORTED		
				M	F	T	M	F	T

Kilifi	75	702,160	607,010	27	249	276	451	486	937
Mombasa	29	384,168	509,315	18	124	142	213	238	451
Total	104	1,086,328	1,116,325	45	373	418	664	724	1,388

Cumulatively, 2,492 loans were accessed. In FY22, USAID Tujitegemee will continue to sensitize caregivers on financial and business management and encourage them to invest loan access to initiate sustainable IGA to reduce their economic vulnerability.

3.2.1.2. Interventions for highly vulnerable HHs (0-7 score)

The project continued to support highly vulnerable households with different interventions aimed at enabling households to meet the immediate need of its members especially the CLHIV. In Q4, 342(26M:316F) caregivers taking care of 1,047(458M:589F) OVC were enrolled on Emergency fund where they received cash to meet immediate needs that ranged from transport to care, access to food, purchase of medication among others expenditures. Cumulatively 21, 529(51M: 478F) caregivers have been enrolled and supported with Emergency Fund benefiting 1546(707M: 839F) OVC (Kilifi 295, Mombasa 234).

In Q4, 56 households were enrolled on National Hospital Insurance Fund (54 project support, 2 self). Cumulatively, 104 caregivers (27M: 87F) HHs with 270(129M: 141F) have enrolled on NHIF through project support improving access to quality health services. In FY22, households enrolled on NHIF will be targeted with economic strengthening interventions (business grants and start-up kits) and linked to other partners to be supported with IGAs to enable HHs to be economically empowered.

The County performance is as indicated on the table below.

Table 13: Number of Caregivers enrolled on Health insurance scheme through project support.

COUNTY	Caregivers supported			OVC benefitting		
	Male	Female	Total CGs	Male	Female	Total OVC
Kilifi	13	67	80	103	112	215
Mombasa	4	20	24	26	29	55
Grand Total	17	87	104	129	141	270

3.2.1.3. Intervention for moderately vulnerable HHs (8-13 score)

The project continued to monitor 67 saving groups linked to Department of Social Services to facilitate registration. During the quarter, 19 saving and lending groups with 61(5M: 56F) caregivers of 123(43M: 80F) OVC were registered with the department. Cumulatively, the project has facilitated 29 saving and

lending groups comprising of 214(19M: 195F) caregivers benefiting 560(234M: 326F) OVC to formally register with GoK. The support has enabled saving group to seek for external support and open group accounts thus securing their savings.

USAID Tujitegemee continued to partner with GoK Department of Trade and Financial Service providers to sensitize 517 (57M: 460F) caregivers on financial management. The topic highlighted were; setting financial goals, developing household budgets, managing of debts, taking risk and accessing financial services. As at APR 21, the project had reached 1635 (163M: 1472F) caregivers of 3222(1249M; 1973F) OVC. The support formed basis for mobilization of caregivers to join saving and lending groups.

The project continued to improve access to financial services by linking 76 saving and lending groups with 276(27M: 249F) caregivers of 276(27M: 249F) OVC to GoK departments (Social Services, Children Services, Trade and Health) and financial service providers (Bandari SACCO, Equity Bank, Imarika SACCO, Kenya Commercial Bank and Postbank). Through the partnership, caregivers received technical support in financial and business management.

In partnership with the Kilifi County Department of Agriculture, 126 caregivers of 201(11M: 114F) OVC were trained on kitchen garden establishments. From the training 36 (5Male: 31F) caregivers of 90(32M: 58F) OVC have established kitchen gardens. In FY 22, 89 caregivers will be monitored and supported to establish kitchen gardens taking advantage of October–December short rains.

In Q4, 471(43M:428F) caregivers of 1,313(603M:710F) OVC with existing businesses were assessed, sensitized on business management, supported to develop viable business plans and supported with business grants. Through the support, caregivers expanded, diversified and sustained existing business that included fish mongering, *kiosks*, *mitumba* business, *viazi karai* among others. Cumulatively the project has supported 536(49M: 487F) caregivers from moderate vulnerable household with business grants benefiting 1469(676M: 793F) OVC.

Table 14: *Intervention for moderately vulnerable HHs (8-13 score)*

COUNTY	Caregivers supported			OVC benefitting		
	Male	Female	Total CGs	Male	Female	Total OVC
Kilifi	32	274	306	423	511	253
Mombasa	17	213	230	253	282	1469
Grand Total	49	487	536	676	793	1722

As at APR, 82(6M:76F) caregivers in Kilifi County were supported with productive assets including cooking utensils, jikos, frying pans, tables and chairs. The support enabled caregivers to initiate income generating activities that provided alternative source of income benefiting 193(96M: 97F) OVC.

The project continued to monitor two saving groups engaged in pepper and coconut value chains. Five (all female) caregivers contracted to commercially produce pepper by Equator Chilies under the African Black Eye pepper produced 170 Kgs of pepper worth Kshs 6,800 while members of Angazia saving groups produced 77 liters of coconut virgin oil worth sh. 9,240. The two saving groups have produced and sold 290 Kgs of pepper and 77 liters of coconut virgin oil worth Kshs 16,520 from April to September 2021. Caregivers were able to utilize income generated from this to pay school fee, purchase farm inputs among other household needs contributing to achievement of schooled and stable domains.

3.2.1.4. Interventions of Low vulnerable HHs (14-16 scores)

The project collaborated with GoK Departments (Agriculture, Trade and Youth Affairs), MFI and other stakeholders to reach 321(45M: 276F) caregivers (Kilifi 238, Mombasa 83) from low vulnerable HHs benefiting 346(61M; 285F) OVC.

The project supported 217(26M:191F) caregivers to develop viable business plans, 28(4M:24F) caregivers were linked to DD Finance and D-light solar where they accessed health insurance services and solar powered household equipment, 2 (1M:1F) caregivers received Kshs 100,000 from Mbegu Fund, 15(7M;8F) caregivers were trained on business management by Department of Trade while 59(2M;57F) caregivers were linked to Women Enterprise Fund, Youth Fund and Uwezo Fund. In addition, 15 caregivers were linked to Hand in Hand Eastern Africa where they are undergoing an eight-month entrepreneurship course.

Cumulatively, 350 (47M:403F) caregivers of 387 (80M;307F) OVC have been linked or provided with various income growth interventions which will enable households to sustainably provide services to OVC thus contributing to achievement of different benchmark.

3.2.1.5. Increased understanding of protection and rights of OVC among households and caregivers

During the period, 206(62M: 144F) Sinovuyo parenting facilitators were trained to accelerate enrollment and train caregivers and their OVC aged 9-14 years under the preventive program. In total the project engaged 223(66M: 147F) parenting facilitators in the rollout of OVC preventive activities in the region. In Mombasa County, 17(4M: 13F) positive parenting facilitators were linked to the County Department of social services to support in referral and linkages for enhanced service delivery.

Cumulatively, 14,652(7402M: 7250F) (Kilifi-11,686, Mombasa-2,966) teens aged 9-14 years were enrolled in Sinovuyo sessions conducted across the two counties. The support resulted in improved communication between caregivers and teens, improved parental skills and confidence among caregivers and improved knowledge of response for violence. The above outcome is expected to contribute to reducing risk of engaging in risky behavior among teens thus reducing their vulnerability to HIV and AIDs.

Table 15: Number of teens and caregivers trained on positive parenting

County	9-14, M	9-14, F	Total adolescents completed HIV/Violence prevention sessions
Kilifi	5878	5808	11,686
Mombasa	1524	1442	2,966
Total	7402	7250	14,652

3.2.1.6. Increase caregivers and HHs access to financial services

USAID Tujitegemee continued to mobilize GoK, and Non state actors to mobilize public and private resources and strengthen local capacities for continued service provision to OVC and their households. The table below shows households and OVC benefiting from various safety net programs.

Table 16: Number of caregivers and OVC benefiting from various social safety net programs

Type of Safety net	Safety nets this reporting period			Cumulative safety nets		
	No of HH	No of OVC benefitting		Cumulative HHs	Cumulative OVC Benefitting	
		Male	Female		Male	Female
NHIF	117	168	195	187	259	286
UHC	1	2	3	1	2	3
OVC CT	383	1730	1727	383	1730	1727
Elderly CT	42	198	192	42	198	192
CT Persons with severe Disability	10	32	33	10	32	33
COVID 19 CT	273	275	337	273	275	337
UNICEF	1	4	2	1	4	2
Total	827	2409	2489	897	2500	2580

In FY 22, USAID Tujitegemee will continue to map, mobilize and engage partners to expand the referral network and ensure more OVC HHs is reached with appropriate services.

3.2.2. Strengthen Capacity of Local Social Service Systems and Structures to Support OVC

3.2.2.1. Government offices and local organizations trained to utilize the database in supported

In collaboration with the University of Nairobi's Health IT project, USAID Tujitegemee conducted Child Protection Information Management System (CPIMS) user training for 18 project M&E staff and 15 DCS staff from Kilifi and Mombasa Counties. In addition, the project collaborated with UCSF to conduct DREAMS database user training to 22 project staff. These have resulted in improved utilization of CPIMS and DREAMS database for data management and information use for decision making. The project will continue to build on the existing CPIMS and DREAMS database for monitoring performance, continuously assessing and evaluating effectiveness and outcomes of project activities.

USAID Tujitegemee also sensitized Mombasa 8 DCS staff including sub county children officers on the use of CPIMS. This has further empowered the DCS staff in supporting implementation and monitoring of service provision to OVC and AGYW.

3.2.2.2. Improved quality of OVC services

The project supported DCS to conduct Quarterly County Area Advisory Council (AAC) meetings in Mombasa and Kilifi during which they discussed issues related to child protection cases, fast tracking birth registration, and quickening the justice process for children's cases. The project also supported 4 Sub county AAC meetings (2 Kilifi, 2 Mombasa) and participated in 2 facilitated by other partners in Kilifi, which provided a platform to share the Project plans, interventions and targets to the AAC members. Other forums included joint site support supervision with the CHMT, sub county level meetings with the MOH technical teams for coordination of enrolment, VL tracking, support group and OTZ forums and Nutrition assessments for U5 and aligning of CHV with the community strategy for quality supervision.



Mombasa County Health Management Team during a joint supervision activity at KICODEP safe space

In efforts to improve data quality and use, the project has developed a data quality assessment tool. The tool was piloted in Mombasa County the inputs informed updating the tool. The DQA covered data consistency, availability, accuracy and timeliness, and adherence to M&E SOPS. Key data gaps identified were missing HIV details in the new enrolment forms, missing school details, outdated case

plans, missing form IB for the previous quarter. Mentorship was done appropriately and action points developed to address the gaps. In the 4th quarter the project will follow up to ensure implementation of the action point and conduct DQAs to all the project site offices.

USAID Tujitegemee conducted onsite and virtual mentorship to 18 field staff on the use of DREAMS database for decision making at site level in efforts to build the capacity of field-level staff. 12 girl mentors were oriented on RAST (Rapid Assessment Screening Tool) to enable them assess AGYW for risk resulting in improved service delivery.

3.2.2.3. Strengthened coordination and collaboration for OVC programming

The project in collaboration with DCS and other stakeholders supported the commemoration of the Day of the African Child events held in Mombasa and Kilifi County. Additionally, an in-house virtual forum with CALHIV in the program was held to highlight issues affecting children and to get their views on what would make the County and Africa fit for the children. Children raised issues such as birth registration, food insecurity and lack of caregiver support as some of the factors affecting their wellbeing. These insights were incorporated for response in the quarterly plan as well as in Fy22 work plan.

County engagement meetings, to outline the project interventions, approaches and target beneficiaries were also conducted with MoALF, Department of Social Services, Gender Youth and Sports ministries, and other partners. The project used these opportunities to advocate for inclusion of USAID Tujitegemee beneficiaries in the GOK programs such as Cash transfer, the presidential bursary funds among others. As a result of these engagements 20(1M: 19F) caregivers of 51(25M: 26F) OVC signed a contract with the County government for funds to boost their IGAs. 20 caregivers who are on care were referred and linked to CARE FOR AIDS a partner in Kilifi for nutritional support and training on business skills and healthy living.

3.2.2.4. Enhanced leadership, governance and advocacy for AGYW/OVC programming

The grants processes carried out in the quarter under review revolved around requesting for sub grants approval by submitting scope of work and approval request letter and OCA reports. Two meetings were held between AMURT and leadership of the sub –recipient partners to update them on the progress of the approval from USAID and the ongoing work as spearheaded by AMURT to continue service delivery to avoid any gaps.

4. INVOLVEMENT OF WOMEN, YOUTH, PERSONS WITH DISABILITIES, OR OTHER VULNERABLE GROUPS

4.1. Involvement of Women, Youth, Persons with Disabilities, or Other Vulnerable Groups

The project has 29 CLWD. During the reporting period, 14 (7-Kilifi; 7 Mombasa) Children living with disabilities (CLWD) were facilitated to register with the National Council of People living with Disability (NCPWD). The project provided education support to 9 CLWD and transport to seek treatment to 4 CLWD. In FY22 the project will prioritize ensuring all CLWD in the project are registered with the NCPWD.

4.2. Progress on Gender Strategy

The program Capacity built service providers to respond to violence, established partnerships with government departments and provide post violence care services to beneficiaries. The program held a meeting with the county government Department of youth, gender and sports to identify areas of linkage of and collaborations including referral for services between the program and the department. The department provides community social halls and offices to be used by the program to provide services to the program beneficiaries. The program also supported the department of health GBV TWG which brought together all actors supporting GBV prevention and post violence care services in Mombasa County. During the meeting best practices and challenges in handling GBV cases were shared including exploring ways

To strengthen child protection and referral mechanisms the program supported the Mombasa county AAC meeting during which members were taken through their various roles in child protection. The program was also able to give a brief of program and areas of collaboration aimed at strengthening services for OVC & AGYW. Out of the meeting areas of collaboration between the program and the AAC were identified as well as capacity building needs for the AAC.

In Q4 program staff, volunteer and health care workers from link facilities were taken through the LIVES training to help in identifying and providing first line support to survivors of violence. Through this effort, the program was able to identify and reach 1,553 AGYW with post violence care services, an addition to the 103 reached in Q3. The program also continued to use the SASA! Model and EBI to educate AGYW with violence prevention techniques as well as how and where to seek help in case of abuse.

4.3. Key Activities

Key activities include (refer to the activity and indicator matrix):

- Provide gender equitable HIV prevention, care, treatment, and support: This includes tailoring services to meet the unique needs of various groups, men women, boys, and girls and decrease gender related barriers
- Implement GBV prevention activities and provide services for post GBV care (medical, legal, rescue and rehabilitation, psychosocial support services).
- Implement activities to change harmful gender norms and promote positive gender norms
- Promote gender related policies and laws that increase legal protection of children and the household.
- Increase gender equitable access to income and productive resources, including education as well as other health issues.

5. COLLABORATION WITH OTHER USAID PARTNERS

During the reporting period, Health IT supported the project by addressing on need basis in use of CPIMS. The challenges mainly revolved around issues of failure of the system to update data entered and inaccurate reports. Health Strat provided technical assistance on the use of the DREAMS database and this involved account creation and addressing consistency issues in reports.

The project also collaborated with USAID Stawisha, towards achieving the 95-95-95 cascade. USAID Stawisha supported the identification of CAHLIV, PMTCT and PLHIV for enrollment into the project, and also supported the provision of services to AGYW and OVC at various service delivery points at facility level.

During the period under review, the project engaged several GoK agencies and other stakeholders as summarized in the table below:

S/No	Name of organization or department	Domain	Services	County
1	Ministry of Health		Bio-Medical services, CALHIV Management	Mombasa
2	Department of Children Services		Child protection services	Mombasa
3	County Department of Gender, Youth and Sports		Safe Spaces, GBV referrals	Mombasa
4	Ministry of Public Service, Youth and Gender Affairs	Stable	Micro-enterprise support to saving and lending groups	Mombasa
5	Ministry of Social Service; Department of Social Services	stable	Group registration	Mombasa
6	Bandari SACCO	Stable	Financial linkages	Mombasa
7	Post Bank	Stable	Financial linkages	Mombasa
8	Ministry of social service	Stable	Groups registration	Mombasa
9	Care for AIDS (FCA)	Stable	Engagement of caregivers (PLHIV) in income generating activities.	Mombasa
10	Hand in Hand Eastern Africa	Stable	Financial linkage and entrepreneurship training	Mombasa

6. CONSTRAINTS AND OPPORTUNITIES

S. No.	Constraint	Recommendation
1.	CPARA tool has posed a continuous challenge in data collection by CHVs due to their literacy levels.	Adopt a simplified tool which can be administered by the community workforce, and which they can relate with in terms of its practical use in case plan development
2.	Lack of VL, HTS and PrEP commodities in the counties	<p>Project continued to liaise with MOH on VL commodities, a challenge that was sustained throughout the quarter.</p> <p>Whereas this continues to affect provision of HTS to eligible beneficiaries (AGYW and adolescent boys) the project has been sensitizing the beneficiaries on use of HIV self-test kit as an alternative.</p>
3.	The process of applying for birth certificates for most OVC was constrained by lack of essential primary documents among most caregivers.	Project to support caregivers with printed copies of Birth registration forms where they cannot access printing/photocopy services with ease to fast track the registration process.
4.	Accessing PMTCT/HEI line lists was challenging since many facilities do not have a system to track the names but instead depended on the physical files thus slowing down the process.	Work with adherence counselors in facilities supported by USAID Stawisha to support with compilation of line lists and share with OVC team for enrolment of CALHIV and HEI
5	CPIMS limitations e.g.: inability to characterize OVC based on the current eligibility criteria e.g. HEI, SVAC resulting in manual characterization which is time consuming and sometimes erroneous; CPIMS does not provide for data capture for HEI facility linkage information which affects tracking in the system/ run a separate database for HEIs	CPIMS to be updated to capture the evolving OVC eligibility criteria and sub populations as well as linkage details for HEIs. The enrolment form to be edited to capture the current eligibility criteria.

7. FINANCIAL INFORMATION

The following financial summary provides a snapshot for actual expenditure for FY21.

Table 1. Annual Progress Financial Summary Expenditure Report

Annual Progress Report - Financial Summary Expenditure					
Annual Covered: March - September 2021					
Prime:	Ananda Marga Universal Relief Team (AMURT)				
Program Name:	USAID Tujitegemee				
Cooperative Agreement No. and Date:	72061521CA00005 - 01/03/2021				
Authorized Budget Line items	Total Approved Budget YRI	Total Approved Budget YRI	Annual Cumulative (March - September 2021) Actual Expenditures	Budget Balance (March - September 2021)	Expenditure Burn Rate
	USD	KSHS	KSHS	KSHS	%
Personnel	478,675	50,260,864	48,708,678	1,552,186	97%
Fringe Benefits	91,256	9,581,860	8,901,384	680,476	93%
Travel	66,508	6,983,333	2,743,613	4,239,720	39%
Equipment	109,248	11,471,000	9,780,400	1,690,600	85%
Supplies	137,667	14,455,000	13,103,524	1,351,476	91%
Contractual	639,191	67,115,038	59,429,769	7,685,269	89%
Construction	0	0	0	0	
Other Direct Costs	1,142,192	119,930,134	117,271,061	2,659,073	98%
Total Direct Charges	2,664,736	279,797,229	259,938,428	19,858,802	93%
Indirect cost (10% Deminimis)	87,411	9,178,106	8,395,720	782,386	91%
Total Amount	2,752,146	288,975,335	268,334,147	20,641,188	93%
Summary by program					

area:					
Dreams			190,517,245	14,655,243	66%
OVC			77,816,903	5,985,944	27%
Summary by County:					
Mombasa			206,617,293	15,893,715	71%
Kilifi			61,716,854	4,747,473	21%
*Ex Rate used is 105					

The financial table above shows;

- i. Total Estimated Cost of the program in year one: **USD 2,752,146.00 @ex rate of 105 KES 288,975,335.00**
- ii. **Obligations** (the funds authorized to date for expenditure on the activities; this is NOT the Total Estimated Cost of the program, but amount already obligated up to the time of the writing of this report), which is **USD 4,085,749.61** at average of Obligation Liquidation Record (OLR) rate of 109.85 translate to **KES 448,819,594.66**
- iii. **Actual expenditures** through the current reporting period i.e., the expenditure as at the end of September 2021 is **KES 268,334,147.00**
- iv. **Expenditure** per program area is **Dreams KES 190,517,245** while **OVC is KES 77,816,903** and per county is **Mombasa KES 206,617,293** while **Kilifi 61,716,854**

Cash Flow Report and Financial Status

The cash flow charts (Figure 1, 2 and 3) below are derived from the financial table (Table 1) above. Both provide a visual representation of the “burn rate” of the activities. It shows expenditure per cost item, program area and county.

Figure 1: Diagrammatic chart on expenditure on Line Items

(See the figure below)

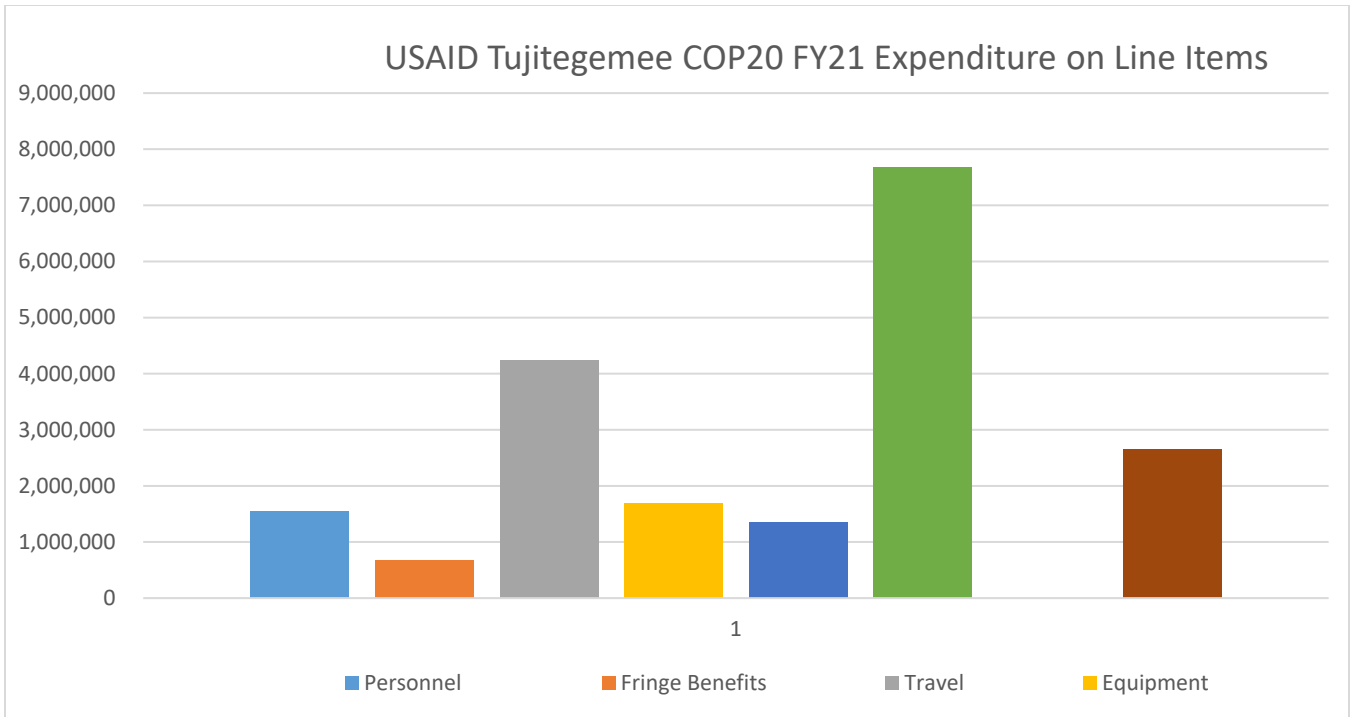
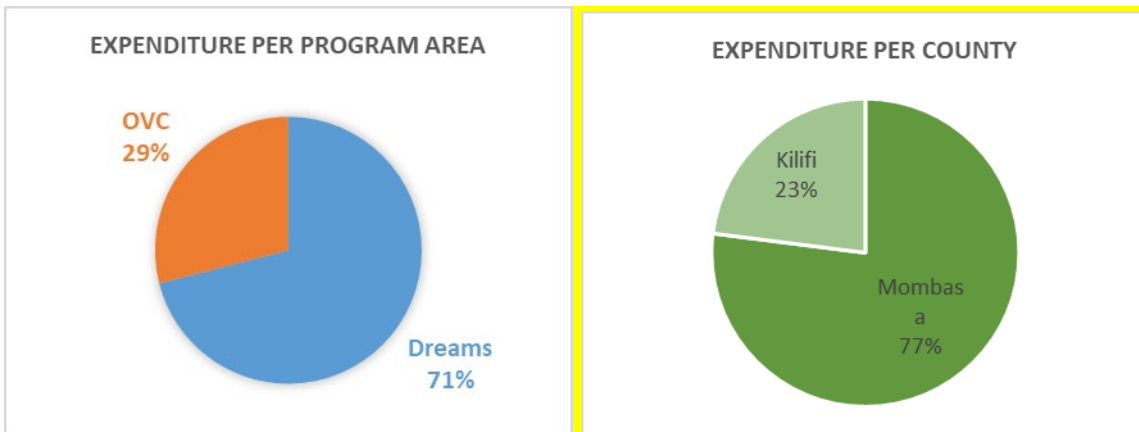


Figure 2

Figure 3



NOTE

An applied average exchange rate is KES 109.85 to US\$ to convert the obligated amount as at 30th September 2021.

Budget Notes (Listed below are assumptions, major changes, estimations, or issues intended to provide a better understanding of the numbers)

Table 21: Assumptions, major changes and estimations

Salary and Wages	In FY21, all the budgeted positions per the implementation structure especially the key personnel were recruited and filled in giving rise to the expenditure shown.
Travel, Transport, Per Diem	During the year, activities were monitored burning 39% of the budget. Key meetings both for USAID and management were attended both in Mombasa and Nairobi.
Equipment	During the year, 2 vehicles were budgeted under the program to help in implementation.
Supplies	All supplies have been bought during the year as budgeted.
Contractual	All sub-awardees as budgeted were approved by USAID and contracted and therefore burning expenditure as shown.
Other Direct costs	During the year activities were implemented as per the agreed work plan and expenditure was incurred in tandem with activity completion.
Indirect Charges	This was burned in tandem with modified total direct costs.

8. ANNEXES

Annex I: Work plan for next Quarter

Code	Activity Description	Target
Sub-Purpose 1: Increased Access and Demand for Quality HIV Prevention Services		
	Phased graduation and enrolment	30,192
	HIV risk screening and targeted HTS linkage	28,371
	Adoption of ELA model for economic strengthening	4445
Sub-Purpose 3: Increased Access to Quality Health and Social Services for OVC and their Families		
	Enrolment of OVC to reach COP 21 Target	100%
	Fast track access to Birth registration and acquisition of birth certificates	60%
	Monthly monitoring of C/PLHIVs through tracking clinical appointment status as well as viral load suppression through case management approach. Services such as emergency fund transport to care, MDTs and case conferencing, school levies/fees support, dignity packs will be given to the beneficiaries based on need.	100%
	Positive parenting through SINOYUYO	4,798
	Conduct DQA in all sites	100%
	Conduct supportive supervision with MOH in LIP site offices	100%

Annex 4: SUCCESS STORIES

BUSINESS GRANTS CONTRIBUTING TO VIRAL LOAD SUPPRESSION AMONG HOUSEHOLDS

Story by Hudson Jumanne – KWETU



Halima (not her real name), is a mother of three from Kilifi County. She is a caregiver to a child living with HIV (CLHIV), and she is also in ART treatment. Like other mothers, her dream has been to give her children the best life and education. Being a sole breadwinner in the household, life has not been rosy for her.

“Life has been full of struggles since I didn’t have a stable source of income and getting nutritious meals was inconsistent, contributing to an unsuppressed viral load (2,268,449 copies as of 18th November 2020) for the child who is on treatment. I felt sad and worried that I could lose my child.” We could tell the despair and frustrations in her eyes as she narrated to us.

In March 2021, her CLHIV was enrolled in the USAID Tujitegemee project. Through various interventions over the months including psychosocial support during HH visits, DOT by the CMM and CHV, the child is now LDL (as of 1/3/2021). Halima was also assessed and enrolled in the business grant program, where she received some money to boost her business. She is currently running a food kiosk and a grocery shop.

“When COVID-19 came, life became very unpredictable. I lost most of my customers and the business almost collapsed. I am very grateful to the American people who brought us the USAID Tujitegeme project. The business grant that I received has enabled me to expand my business and increase my stock.” She remembered as she narrated to the team.

Through consultation with the social worker, community health volunteers and field assistants, the caregivers were supported to develop a case plan at the enrollment stage.



Halima in her green grocery shop | PHOTO: AMURT Africa

“When I received Kshs 7,000 to boost and expand my business, I bought one table, 4 plastic chairs, a Thermos Flask and Hot pot, and invested the remaining amount in this green grocery.” She explained.

The project staff kept monitoring and provided mentorship on business management to Halima and other caregivers, and supported them to launch income generating activities.

To Halima, the project has enabled her to see hope at the end of the tunnel. “Initially, I was making a profit of Ksh. 300 per day, but now I have diversified my business, thus tripled the profit. I have joined other caregivers in a saving and lending group where I save part of the profit. In future, I plan to take a loan to construct a nice structure for my shop and food kiosk. This will save the money which I have been using to rent this business space.” She asserted.

Her household can now afford at least three meals per day, and the CALHIV manages to get a balanced diet and timely ingestion of medication which were the factors leading to high viral load. “My child is now happy and healthy. I am also able to pay fees for my children and keep some money for their emergency care and treatment. Thanks to USAID Tujitegeme.” She concluded.

HOUSEHOLD ECONOMIC STRENGTHENING KEY IN THE FIGHT AGAINST HIV

Story by Violet Adhiambo - CIPK



PHOTO: AMIIRT Africa | John's father feeding his chicken

Twelve-year old John, not his real name, is a child living with HIV from Kilifi County. His parents are also on HIV care and treatment and three of his siblings are HIV negative. John's condition started getting worse as days went by. He lost weight and hair. At some point, he was bedridden, and his family was required to pay medical laboratory examination fees. They were worried about losing their son since they could not afford the money. John could no longer go to school due to his deteriorating health.

His father was the sole breadwinner for the family. He vividly recalls how he was involved in road accidents on separate occasions, and sustained back injury. To the family, their father was a strong pillar, and a source of hope every day. "Life became more complicated when I was told by the doctor to refrain from doing heavy workload due to the back injuries I had sustained. Neither could I travel for long distances. I lost my job due to this condition." said James, (not his actual name) the father of four narrated.

“This project has really transformed our lives. We had reached a point of giving up in life, but the project team came to our aid. The staff assessed our needs and after some time, we were given an emergency fund, paid chest X-ray for my son, and catered for hospital medication.” John’s father recalled.

To enable the household to become stable, USAID Tujitegemee supported the family to buy some chicken for poultry farming, and to start a vegetable-kitchen garden. This has enabled the household to eat a nutritious diet, and get some money from selling some chicken to pay for medical emergencies.

His mother hopes to become a fishmonger once she gets some financial boost. “I joined a business saving group hoping that in future I can access a loan to start this business for my household sustainability and resilience. This business will pay school fees for my school going children, and emergency fund for medication.”

This household has been enrolled on the M-Health platform where they receive health messages. The father has also been trained on the Care of Carers package, to enable him to take care of his son living with HIV.

John can now smile. His hair is growing, and he can now comfortably play with his peers. John was recently re-enrolled back to school to continue pursuing his studies. According to the Kilifi County Hospital Comprehensive Care Center in-charge, John has shown tremendous improvement in health and general body growth.

John is among 2,006 children living with HIV in Kilifi County who are directly benefiting from various interventions under USAID Tujitegemee project.



PHOTO: AMI IRT Africa | John's father in his kitchen



Local Implementing Partners



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