



Project Progress Report

PROJECT OVERVIEW	
Project Title	Support to Children and Adolescents Living with HIV (CALHIV) with High Viral Load in Mombasa County.
GlobalGiving Project ID:	72235 – Empower 300 Children Living with HIV in Kenya
Organization Name	Ananda Marga Universal Relief Team (AMURT)
Reporting Type	Progress Report
Reporting Period	January to March 2026
Country/Community	Mombasa County, Kenya.
Date Submitted	28 th April, 2026

Summary of Progress

During the reporting period, AMURT implemented targeted community- and facility-based interventions to improve treatment adherence and psychosocial wellbeing among Children and Adolescents Living with HIV (CALHIV) in Mombasa County. This was made possible through funding support from GlobalGiving under the GlobalGiving Gift Project (GGGP). Notably, 214 beneficiaries from the previous project cycle were successfully absorbed into the GlobalGiving Gifts Programme (GGGP), ensuring continuity of care and support. As a result, project interventions for the current cycle were concentrated within Q1 in 2026, during which the 214 beneficiaries were reached across all six sub-counties.

Under community workforce engagement, 10 Community Health Promoters (CHPs) and 4 Community Mentor Mothers (CMMs) participated in a review meeting to assess program progress, strengthen coordination, and improve service delivery. Discussions focused on CHP workload distribution, enrolment progress, and educational support for vulnerable children. Home visits were conducted for CALHIV and their caregivers across the six sub-counties. Key interventions included adherence assessments, psychosocial counselling, caregiver mentorship, structured disclosure, and close coordination with health facilities and Sub-County AIDS and STI Coordinators (SCASCOS). The visits revealed major adherence challenges including caregiver fatigue, stigma, unstable caregiving arrangements, delayed disclosure, economic hardship, pill fatigue, and poor treatment literacy. Mentor mothers and case managers provided targeted support to strengthen viral suppression and retention in care.

The program also distributed food baskets to households for the 214 CALHIV. The intervention was combined with caregiver support group sessions, which provided a platform for caregivers to share experiences, receive psychosocial support, and strengthen their capacity to support treatment adherence. Nutritional support and Transport to Care were provided to the most vulnerable households to reduce barriers to treatment access. In addition, transport-to-care support was also provided to address financial and logistical barriers to accessing treatment services. This support enabled children and caregivers to attend clinic appointments, viral load monitoring, adherence counselling, and ART refill visits, contributing to improved retention in care and treatment outcomes. Overall, the interventions strengthened caregiver treatment literacy, reduced missed clinic appointments, enhanced community-facility collaboration, and contributed to improved adherence and sustained viral suppression among vulnerable CALHIV in Mombasa County.

Activities Implemented

Indicator	Target	Achieved	Means Verification of
Improved viral load suppression among Children and Adolescents Living with HIV (CALHIV)	214 CALHIV	214 CALHIV supported	Facility viral load reports

Indicator	Target	Achieved	Means of Verification
Improved adherence and psychosocial wellbeing among CALHIV and caregivers	214 caregivers engaged	214 caregivers engaged	Counselling records, follow-up tools
Home visits and counselling sessions conducted for CALHIV households	Planned number of visits	Visits completed as planned	Mentor mother reports
Provision of nutritional support (food baskets) to enhance treatment adherence	Food baskets planned for 214 CALHIVs	Food baskets distributed to 214 CALHIVs	Distribution lists signed by caregivers

Results and indicators

Key Indicators: - Indicator 1: Planned vs Achieved - Indicator 2: Planned vs Achieved.

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Results Achieved This Period:

Quantitative results (numbers reached, services delivered)

- 214 Children and Adolescents Living with HIV with high viral load were reached across all six sub-counties of Mombasa County.
- 214 caregivers received adherence counselling and psychosocial support.
- Home visits and counselling sessions were conducted for targeted households.
- Food baskets were distributed to 214 vulnerable CALHIV households to support treatment adherence.

Qualitative results (behavior change, improved wellbeing, skills gained)

- Caregivers demonstrated improved treatment literacy and confidence in supporting consistent medication intake.
- Adolescents reported better understanding of their treatment and increased responsibility for adherence.
- Psychosocial support reduced treatment fatigue, emotional distress, and stigma-related barriers.
- Strengthened collaboration between community mentor mothers and health facilities improved follow-up and continuity of care.

People reached

Target Population:

Children and Adolescents Living with HIV (CALHIV) aged below 19 years with high viral load, and their primary caregivers, in Mombasa County.

Number Planned for This Period:

214 Children and Adolescents Living with HIV (CALHIV)

Number Reached This Period:

214 Children and Adolescents Living with HIV (CALHIV)

Total Reached to Date:

214 Children and Adolescents Living with HIV (CALHIV)

Disaggregation.

Category	Details
Gender	Boys and Girls
Age	Children and Adolescents (0–18 years)
Disability Status	Not systematically captured during this reporting period

- Beneficiaries were reached across **all six sub-counties of Mombasa County**.
- Caregivers of all enrolled CALHIV were engaged through counselling, home visits, and psychosocial support sessions.
- Data was collected through **facility records, mentor mother reports, and community follow-up tools**.

Story of Change

During routine home visit in Changamwe Sub County, James* not his real name was found bedridden at home in a very weak condition. The child appeared withdrawn,

malnourished, and unable to carry out normal daily activities. Upon conducting a pill count, it was discovered that the child had not been taking the prescribed medication consistently. The situation was deeply concerning, and immediate action was needed. Through support from a well-wisher, funds were mobilized to enable the child to be taken to the hospital for further diagnosis and treatment. Medical assessments revealed that the child was severely malnourished and had Tuberculosis (TB). It was also established that the child's mother was suffering from Multi-Drug Resistant Tuberculosis (MDR-TB).



Photos 1 and 2: *The child's condition during the initial assessment and home visit.*

Following the diagnosis, both the child and the mother were immediately started on medication and linked to appropriate care and support services. Regular follow-up is currently being done both at the health facility and through community support systems. The Community Mentor Mother (CMM) is actively conducting Directly Observed Therapy (DOT) to ensure that the family adheres to medication and attends all scheduled appointments. This intervention has brought renewed hope to the family. What began as a distressing home visit has now become a story of resilience, support, and recovery. Continued monitoring and adherence support are ongoing to improve the health and wellbeing of both the child and the mother.

Challenges and Learnings

Challenges Encountered

During the implementation period, the program experienced several challenges that affected service delivery and the achievement of planned targets. The program faced high demand for support services, particularly in areas such as school fees assistance, food

baskets, transport support, and psychosocial interventions. In some cases, the demand exceeded available resources, placing pressure on program capacity and requiring prioritization of urgent cases.

In addition, implementation was further affected by follow-up and case tracking difficulties, as some CALHIV households were not consistently reachable due to mobility, missed appointments, or incomplete contact information. This made continuous monitoring and follow-up more challenging. Geographical and access barriers also impacted service delivery, particularly in hard-to-reach areas where transport limitations delayed home visits and routine follow-ups. Furthermore, stigma and disclosure issues continued to pose a challenge, as some caregivers and adolescents were hesitant to fully disclose their HIV status, which affected enrolment, engagement, and continuity of care.

How We Responded

In response to the challenges encountered during implementation, the program adopted several corrective and adaptive measures to strengthen service delivery and improve outcomes. Strengthened collaboration with health facilities improved tracing, referral, and enrolment of eligible children and adolescents into the program. In response to the high demand for support services, prioritization criteria were applied to ensure the most vulnerable households received timely assistance. The program also enhanced coordination with partners and stakeholders to mobilize additional support where possible. For follow-up and case tracking challenges, the program strengthened household tracking mechanisms through updated contact information, enhanced community follow-ups, and closer collaboration between CHPs, CMMs, and facility-based teams. To overcome geographical and access barriers, home visits were better planned using cluster-based scheduling to reduce travel inefficiencies. CHPs were also supported to prioritize high-need households in hard-to-reach areas. In addressing stigma and disclosure issues, psychosocial support was intensified through mentor mothers, adherence counselling, and caregiver engagement sessions to encourage disclosure, reduce stigma, and improve retention in care.

Key Lessons Learned

The implementation period provided several important lessons that will inform future programming and strengthen service delivery. One key lesson is that early and continuous community case finding is critical in improving CALHIV enrolment. Strengthening collaboration between CHPs and facility teams significantly enhances identification, linkage, and retention in care. It was also observed that demand for social support services is consistently high and often exceeds available resources. This highlights the need for stronger resource mobilization, better targeting mechanisms, and strengthened partnerships to ensure sustained support for vulnerable households.

The program also learned that regular follow-up and strong case management improve outcomes for CALHIV. Households that received consistent home visits and adherence counselling showed better engagement and continuity in care. Additionally, community barriers such as stigma and disclosure challenges remain significant, and require ongoing psychosocial support, caregiver engagement, and community sensitization to improve acceptance and openness. Finally, effective coordination among CHPs, CMMs, and

facility teams is critical for success. Regular communication and structured coordination meetings were found to improve efficiency, reduce delays, and enhance service delivery.

Use of funds

Budget Category	Approx. % of Funds Used	Amount (USD)	Description
PERSONNEL	18%	\$884.53	The personnel budget catered for 1 social worker and 2 Mentor mothers' stipends to provide comprehensive psychosocial support for CALHIV aimed at improving adherence, retention in care, and viral load suppression. Key responsibilities performed included individual and group counselling, home visits, support group facilitation, and linkage to community and government social services
Transport to Care	17%	\$822.09	Funds under the Transport to Care budget were used to support at-risk families of CALHIV by covering essential transportation costs to health facilities. This support enabled children and their caregivers to attend clinic appointments, collect HIV treatment, access viral load testing, and receive nutrition services. This helped improve treatment adherence, clinic attendance, and overall health outcomes for CALHIV. This was essential for vulnerable households facing financial constraints and long distances to health facilities. By ensuring consistent access to care and nutrition-related services, the intervention contributed to improved retention in care and better treatment outcomes, including enhanced viral load suppression among CALHIV.
Food Basket	36%	\$1,740.50	Funds allocated for the Food Basket budget were used to provide food supplies for nutritional support to at-risk families of CALHIV. The food baskets helped address food inefficiencies among vulnerable households, ensuring that children receiving HIV treatment had access to adequate and nutritious meals.

Budget Category	Approx. % of Funds Used	Amount (USD)	Description
			This was essential for the effectiveness of antiretroviral therapy. By supporting household food needs, the baskets improved treatment adherence, reduced treatment interruptions, and strengthened the overall health and well-being of CALHIV. The food basket support also reduced household economic strain, allowing families to prioritize clinic attendance and follow medical guidance. Overall, this intervention contributed to improved retention in care, better nutritional outcomes, and enhanced viral load suppression among CALHIV.
Psychosocial support	18%	\$852.26	Funds were used to cover transport and vehicle costs for Social Workers and Mentor Mothers to conduct home visits, counselling, and follow-up with Children and Adolescents Living with HIV (CALHIV). This enabled consistent psychosocial support, improved treatment adherence, strengthened caregiver engagement, and supported retention in care.
Transport	11%	\$558.14	Funds were used to provide transport support when the project vehicle broke down and to ensure safe and timely delivery of food baskets to beneficiary households, helping vulnerable families access essential nutritional support.

Sustainability and next steps

How the Benefits of the Project Will Continue

The project strengthened caregiver capacity, community mentorship, and linkages with health facilities, ensuring that benefits extend beyond the funding period. Caregivers are now better equipped with treatment literacy and psychosocial skills to support consistent adherence among CALHIV. Mentor mothers and community health workers remain embedded within the communities and will continue to provide follow-up, encouragement, and linkage to Comprehensive Care Clinics (CCCs). Coordination with Sub-County AIDS

and STI Coordinators (SCASCOS) and facility teams has institutionalized improved referral, reporting, and adolescent-friendly service delivery.

Planned Activities for the Next Quarter / Post-Project

In the next quarter and post-project period, the program will focus on sustaining gains achieved while strengthening systems for long-term impact. Key planned activities include continued community case identification and enrolment of CALHIV, with CHPs and facility teams intensifying outreach to identify and link eligible children and adolescents not yet enrolled. The program will also continue routine home visits and adherence counselling sessions to support treatment continuity, improve viral suppression outcomes, and strengthen caregiver engagement in the care process. Special attention will be given to high-risk and hard-to-reach households. Ongoing psychosocial support activities will be prioritized, including caregiver support groups, mentor mother sessions, and adolescent-friendly engagements aimed at improving mental health, disclosure, and adherence outcomes.

The program will further implement targeted social support interventions, including coordination for school fees assistance, scholastic materials, uniforms, food baskets, and transport support, based on vulnerability assessments and available resources. Strengthening of data collection, reporting, and case management systems will continue through mentorship of CHPs and CMMs to improve data quality, timeliness, and use for decision-making. In addition, stakeholder engagement and coordination meetings will be held regularly to review progress, share updates, and enhance collaboration between community, facility, and implementing partners. Finally, the program will focus on transition and sustainability planning activities, ensuring that community structures, referral systems, and health facility linkages are fully strengthened to sustain services beyond the project period.

Gaps and Remaining Needs.

Despite the progress made during the implementation period, several gaps and unmet needs remain that require continued attention to ensure sustained impact. There is continued resource gap to meet high demand for social support services, including school fees assistance, food support, transport, uniforms, and scholastic materials. The available resources were not sufficient to fully meet all identified needs, leaving some vulnerable households underserved. Another gap relates to limited capacity for consistent follow-up and case tracking, particularly in hard-to-reach areas and among mobile households. Strengthening tracking systems and improving updated contact information remains necessary.

Photos and media

Photo 1: Caregivers attending the support group session at Likoni Sub- County Hospital



Photo 2: Direct Observed Treatment (DOT) for CALHIV with High VL during Home visit



Declaration

We confirm that this report accurately reflects the implementation of the project and the use of GlobalGiving funds.

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Organization: Ananda Marga Universal Relief Team (AMURT).

Date: 28th April, 2026