



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	Final Report
Reporting Period	August – October 2025
Country/Community	Mombasa County, Kenya.
Date Submitted	22 nd December, 2025

Summary of Progress

With support from Global Giving, AMURT implemented comprehensive community- and facility-based intervention to improve treatment adherence and psychosocial wellbeing among Children and Adolescents Living with HIV (CALHIV) with high viral load in Mombasa County. The project reached 214 CALHIV across all six sub-counties.

Key interventions included home visits, adherence assessments, psychosocial counselling, caregiver mentorship, and close coordination with health facilities and Sub-County AIDS and STI Coordinators (SCASCOs). Transport to Care and nutritional support in terms of Food Baskets were provided to the most vulnerable households.

These efforts strengthened caregiver treatment literacy, reduced missed clinic appointments, and enhanced community - facility collaboration - critical factors in supporting sustained viral suppression.

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
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

Amina* not her real name is a 14-year-old adolescent living in Likoni Sub-County, Mombasa County. Before the project began, Amina struggled with taking her HIV medication consistently. She had not been fully disclosed to about her HIV status and often felt confused, angry, and afraid. Side effects from the medication, combined with fear of stigma at school, led to missed doses and frequent clinic absences. Her mother, who is her primary caregiver, was overwhelmed and unsure how to support her adherence needs.

Through the Global Giving-supported project, a mentor mother began making regular home visits to Amina’s household. Together with the case manager, they provided age-appropriate disclosure counselling, psychosocial support, and treatment education for both Amina and her mother. The project also provided a food basket, which helped Amina take her medication with proper nutrition and reduced treatment-related discomfort. Over time, Amina became more confident and began to understand the importance of taking her medication daily. Her mother reports that Amina now reminds her when it is time for medication and attends clinic appointments without resistance. The emotional tension in the household has eased, and both caregiver and child feel supported. “Before, I was scared and tired of the medicine. Now I understand why I take it, and I feel stronger,” Amina shared.

This story reflects how psychosocial support, caregiver engagement, and consistent follow-up can transform adherence outcomes for adolescents living with HIV

Challenges and Learnings

Challenges Encountered

The project faced several interconnected challenges affecting adherence among Children and Adolescents Living with HIV (CALHIV). Caregiver fatigue and emotional stress limited consistent supervision of treatment routines, particularly in households caring for multiple dependents or orphaned children. Delayed or poorly managed disclosure processes led to confusion, denial, and resistance to medication among adolescents. Stigma in schools and communities continued to discourage clinic attendance and consistent drug intake, especially for boarding school students. Economic hardship further constrained caregivers' ability to attend clinic appointments and provide adequate nutrition, while occasional negative staff attitudes at health facilities affected adolescent engagement.

How We Responded

The project adapted by strengthening family-centred psychosocial counselling and increasing the frequency of mentor mother home visits to support both adolescents and caregivers. Disclosure processes were approached more carefully, using age-appropriate counselling and close coordination with caregivers and health workers. Transport facilitation and food basket support helped reduce economic barriers, while regular coordination meetings with Sub-County AIDS and STI Coordinators (SCASCOS) and facility staff improved follow-up, referral pathways, and youth-friendly service delivery.

Key Lessons Learned

Sustained viral suppression among CALHIV requires more than access to medication. Continuous psychosocial support, empowered caregivers, and adolescent-friendly services are critical. The project demonstrated that trust-based relationships, consistent follow-up, and flexible community-facility collaboration significantly improve adherence outcomes. Addressing emotional wellbeing alongside clinical care is essential for long-term success.

Use of funds

Budget Category	Approx. % of Funds Used	Description
PERSONNEL	18%	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%	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

Budget Category	Approx. % of Funds Used	Description
		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%	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. 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	27%	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	2%	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 phase, AMURT plans to intensify caregiver education sessions with emphasis on disclosure support, treatment literacy, and adolescent mental health. Continued home visits and psychosocial counselling will be prioritized for high-risk households. The project will also engage schools to promote stigma reduction and discreet adherence support for school-going adolescents. Regular case conferencing between community and facility teams will be maintained to monitor adherence and viral load outcomes.

Gaps and Remaining Needs.

Despite progress, gaps remain in sustained psychosocial support, economic resilience for vulnerable households, and availability of youth-friendly spaces within health facilities. Continued funding is needed to scale mentorship, expand nutritional support, and strengthen school-based interventions. Addressing these gaps is essential to achieving long-term viral load suppression and improved quality of life for CALHIV.

Photos and media

Ananda Marga

Photo 1: Caregivers and adolescents actively participating in a health education and psychosocial support session facilitated by AMURT, aimed at improving treatment adherence and emotional wellbeing.



Photo 2: Distribution of food baskets to vulnerable CALHIV households as part of nutritional support to enhance treatment adherence, with caregivers acknowledging receipt through signed distribution lists.



Declaration

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

Name & Title: Benson Omor – Programs Manager

Organization: Ananda Marga Universal Relief Team (AMURT).

Date: 22nd December 2025