



# U-TENA Youth Organization M&E IMARISHA MAISHA ANNUAL REPORT 2021



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Data clerk / M&E for U-TENA**

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# INTRODUCTON



U-Tena Youth organization is a Nonprofit NGO based in Nairobi, Kenya.

It was established in 2006 and focuses on: Health, education, livelihood, performing art and other programs.

U-Tena majorly operates in informal settlements of Mukuru, Kibra, Soweto, Mathare and Kangemi.

Our main goal is to optimize people, resources and processes to improve the quality of youth's lives. U-Tena envisions in empowering youths to realize their full potential by providing development opportunities.

The Organization progressed significantly in 2021. The milestones included organization strengthening and capacity building in all cadres. U-Tena was supported to review the strategic review. To begin with, the SRHR program was successful in 2021 thanks to a commitment from all stakeholders.

Under HIV and AIDS programming, U – Tena partners with AHF Kenya in Imarisha Maisha project to influence behavior change among adolescents and young people through edutainment at LungaLunga Youth Friendly Centre; Optimize targeted facility testing to identify new HIV positive clients while optimizing timely linkage of newly diagnosed HIV positive into care and treatment through effective and efficient project coordination .All efforts geared towards 95-95-95 UNAID goal. The project hit 90% of its targets attributed to quality programming



***On the left:  
Zonal and  
project  
management  
team meeting  
at YFS in Feb.***



### KEY PERFORMANCE TARGETS:

1. Test 15,840 clients for HIV (1,440) clients per month)
2. Identify 650 new HIV positive clients
3. Link 90% (585) of clients identified as HIV positive into HIV care and treatment
4. Conduct monthly support supervision meetings with HTS providers to enhance quality of service delivery and target achievement within requisite guidelines and program deliverables
5. Conduct quarterly monitoring and evaluation field visits activities
6. Distribute 330,000 male condoms
7. Conduct monthly psychosocial group meetings targeting 300 adolescents
8. Conduct quarterly performance review meetings

### PROJECT RESULTS 2021

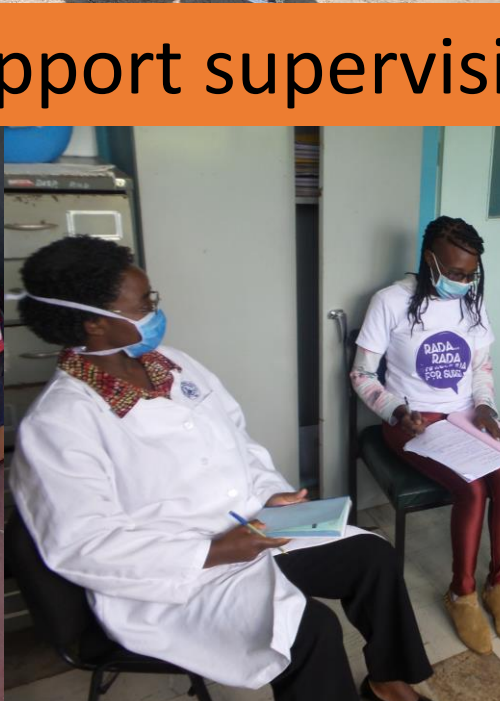
U-Tena supports 11 HTS providers in 8 sites in Nairobi county. The results :

1. Total Tested – 12502
2. Newly Tested – 8118 (171%)
3. Positives – 545 (4.4%)
4. Linkage – 523 ( 96%)
5. Condoms Distributed – 223404
6. HTS Monthly supervision
7. Quarterly Data quality assurance/audit
8. Monthly site support supervisions
9. Monthly supplementary consumable supplies to all sites
10. Quarterly M&E /data review meetings
11. Quarterly refresher trainings for HTS
12. Youth responsive services reaching 2000 youths at YFS.





## Sites support supervision





	IMARISHA MAISHA DATA SUMMARY: Targets vs achievements																
	TOTAL TESTED				NEW TESTED		POSITIVITY					LINKAGE					
				TOTAL		TOTAL				%						%	TOTAL
MONTH	RTP	APNS	RR	TESTED	NT %	NT	RTP	APNS	RR	POS	TOTAL POS	RTP	APNS	RRI	LINK	LINKAG	
FEBRUARY	1022	168	0	1190	66.05	786	17	16		2.77	33	16	15		93.9	31	
MARCH	1510	183	0	1693	64.50	1092	29	19		2.84	48	29	19		100	48	
APRIL	867	139	0	1006	60.83	612	25	16		4.08	41	25	15		97.6	40	
MAY	766	131	123	1020	70.59	720	18	17	8	4.22	43	18	17	8	100	43	
JUNE	522	103	142	767	60.10	461	21	8	8	4.82	37	20	7	8	94.6	35	
JULY	705	149	120	974	69.10	673	25	18	4	4.83	47	25	15	4	93.6	44	
AUGUST	760	170	365	1295	64.02	829	19	18	10	3.63	47	18	17	9	93.6	44	
SEPTEMBER	797	300	237	1334	68.89	919	23	25	17	4.87	65	21	25	16	95.4	62	
OCTOBER	816	154	304	1274	66.17	843	33	17	13	4.95	63	32	16	11	93.7	59	
NOVEMBER	571	150	444	1165	60.52	705	26	23	22	6.09	71	25	22	21	95.8	68	
DECEMBER	391	125	268	784	60.97	478	21	15	14	6.38	50	21	15	13	98	49	
SUBTOTALS	8727	1772	2003	12502	64.93	8118	257	192	96	4.36	545	250	183	90	96	523	
GRAND TOTALS	12502					8118	545				4.45%	523				95.96%	
TARGETS		15,840				4752		650			4%	90%					
ACHIEVEMENT		77.03%				171%		84%			111%		106%				



# POSITIVES SUMMARY PER SITE



U-TENA SITES		POSITIVES										
MONTHS	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL POSITIVES
GICHAGI H/C	0	0	0	0	0	0	4	2	3	4	3	16
JERICO HEALTH CENTER	5	5	2	5	5	5	4	4	4	3	1	43
KAYOLE SOWETO DISPENSARY	0	0	0	4	6	10	13	14	11	14	8	80
KIANDA42 HEALTH CENTER	0	0	0	0	0	0	0	0	12	10	9	31
KIBERA AMREF COMMUNITY H/C	4	7	9	16	6	13	8	15	9	11	12	110
SILANGA DISPENSARY	11	16	12	8	7	13	8	13	14	12	12	126
SOWETO P HEALTH CENTER	7	13	10	6	9	1	3	8	6	7	3	73
LUNGALUNGA HEALTH CENTER	6	7	8	4	4	5	7	9	4	10	2	66
TOTALS -POSITIVES	33	48	41	43	37	47	47	65	63	71	50	545



# LINKAGE SUMMARY PER SITE



U-TENA SITES	LINKAGE											TOTAL
MONTHS	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL LINKAGE
GICHAGI DISP	0	0	0	0	0	0	4	2	2	3	3	14
JERICO H/C	5	5	2	5	4	3	3	3	4	3	1	38
KAYOLE SOWETO	0	0	0	4	6	10	13	14	11	10	8	76
KIANDA42	0	0	0	0	0	0	0	0	10	12	8	30
KIBERA AMREF	4	7	9	16	6	13	8	15	9	11	12	110
SILANGA	9	16	12	8	6	12	6	12	13	12	12	118
SOWETO PHC	7	13	9	6	9	1	3	7	6	7	3	71
LUNGALUNGA	6	7	8	4	4	5	7	9	4	10	2	66
TOTALS- LINKAGE	31	48	40	43	35	44	44	62	59	68	49	523

# SEX /GENDER POSTIVITY AND LINKAGE

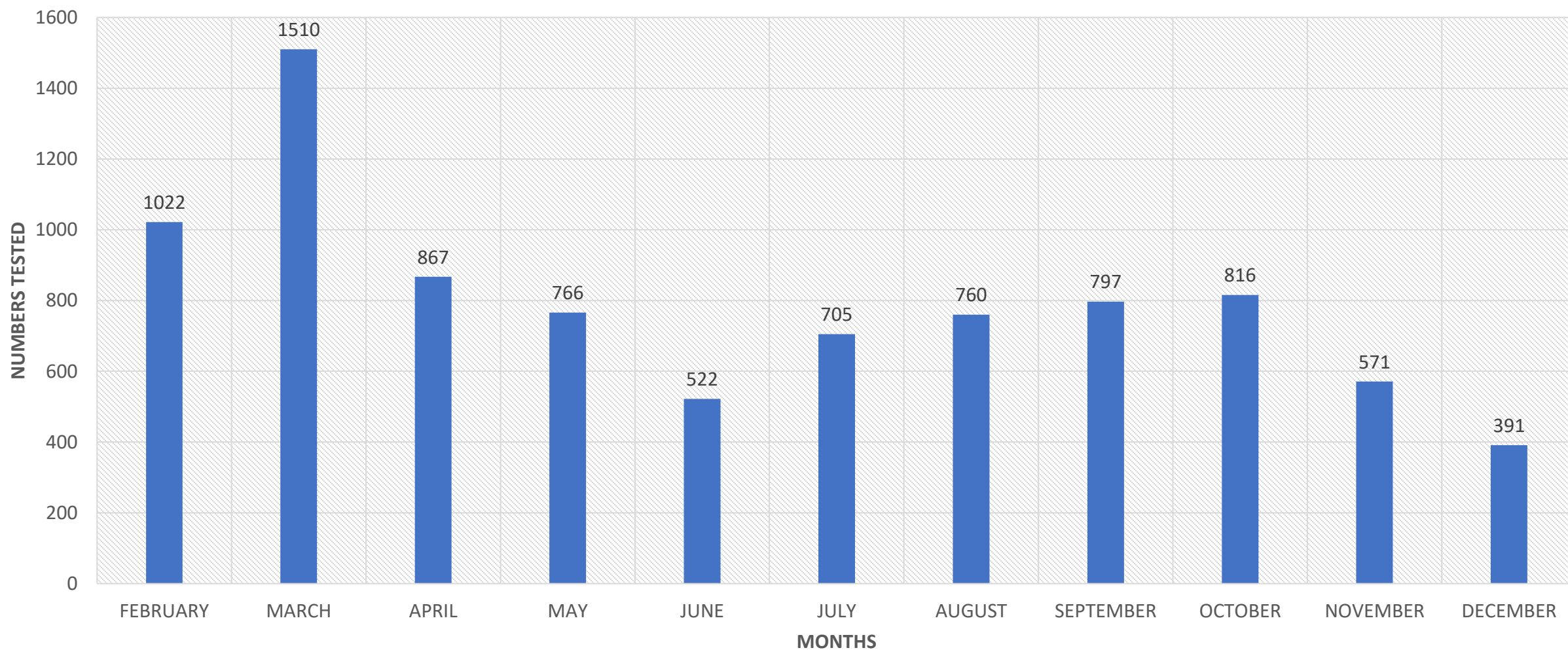
SITES	SEX		POSITIVES	LINKAGE
	MALE	FEMALE	TOTAL POSITVES	TOTAL LINKAGE
GICHAGI H/C	5	11	16	14
JERICO H/C	14	29	43	38
KAYOLE SOWETO DSP	20	60	80	76
KIANDA 42 H/C	9	22	31	30
KIBERA AMREF	34	76	110	110
SILANGA DSP	42	84	126	118
SOWETO PHC	20	53	73	71
LUNGALUNGA H/C	19	47	66	66
<b>TOTALS</b>	<b>163</b>	<b>382</b>	<b>545</b>	<b>523</b>
<b>ACHIEVEMENT %</b>	<b>30%</b>	<b>70%</b>	<b>4.4%</b>	<b>96.0%</b>





# TOTAL TESTED –RTP 2021

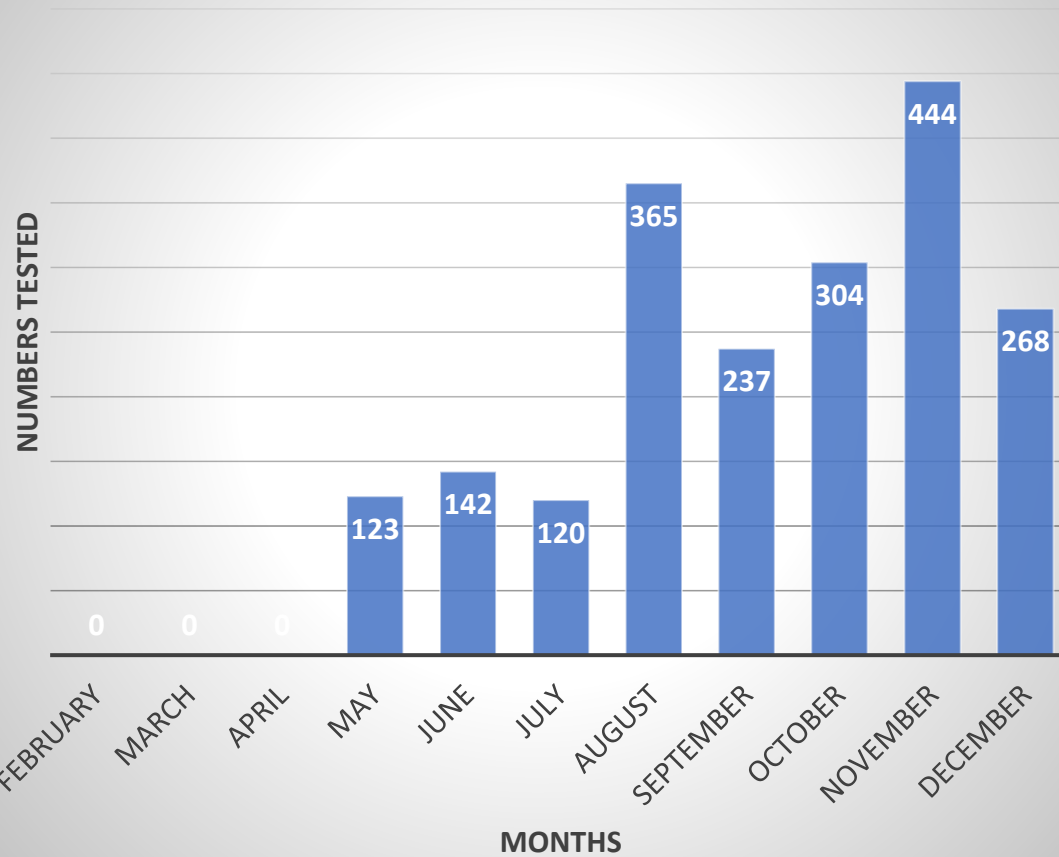
RTP



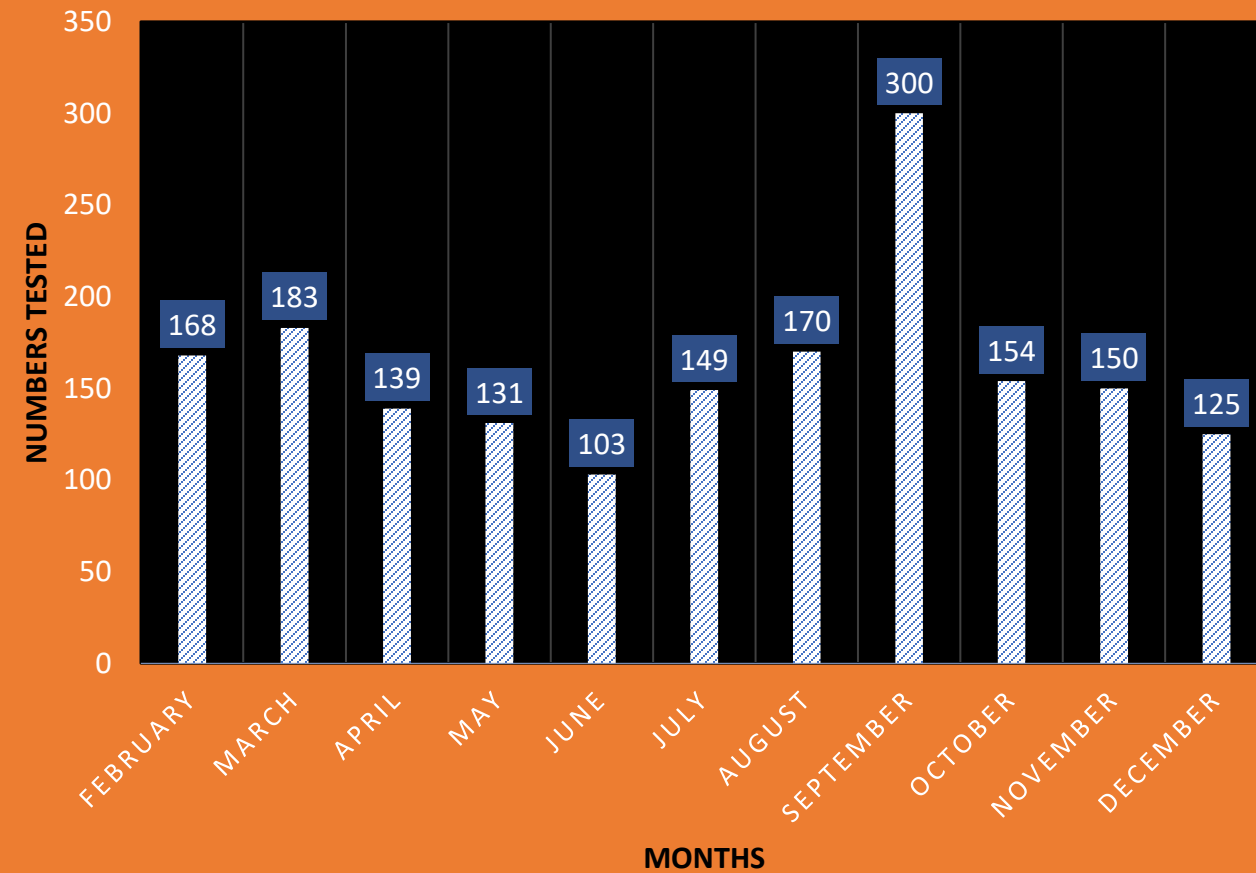
# TOTAL TESTED- RRI VS APNS



## RRI



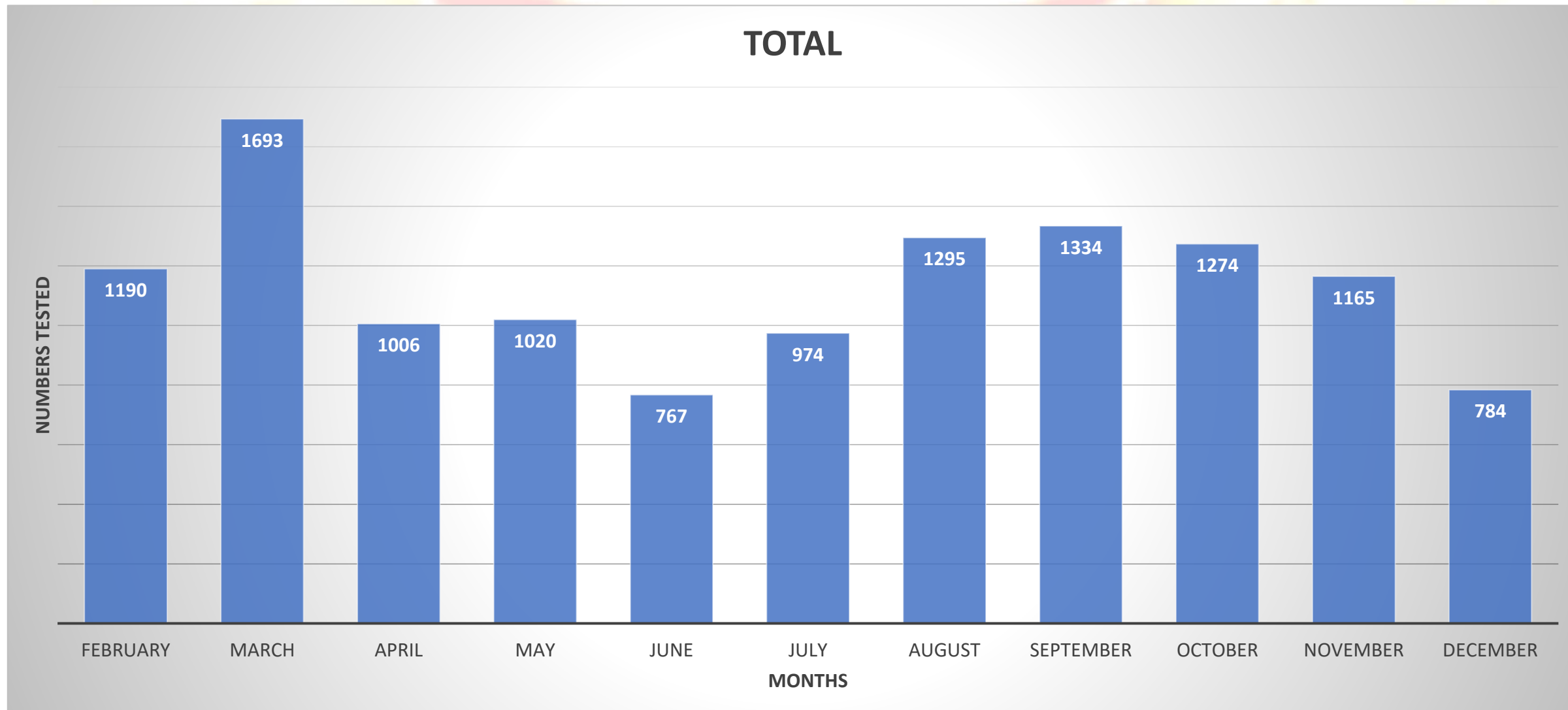
## APNS







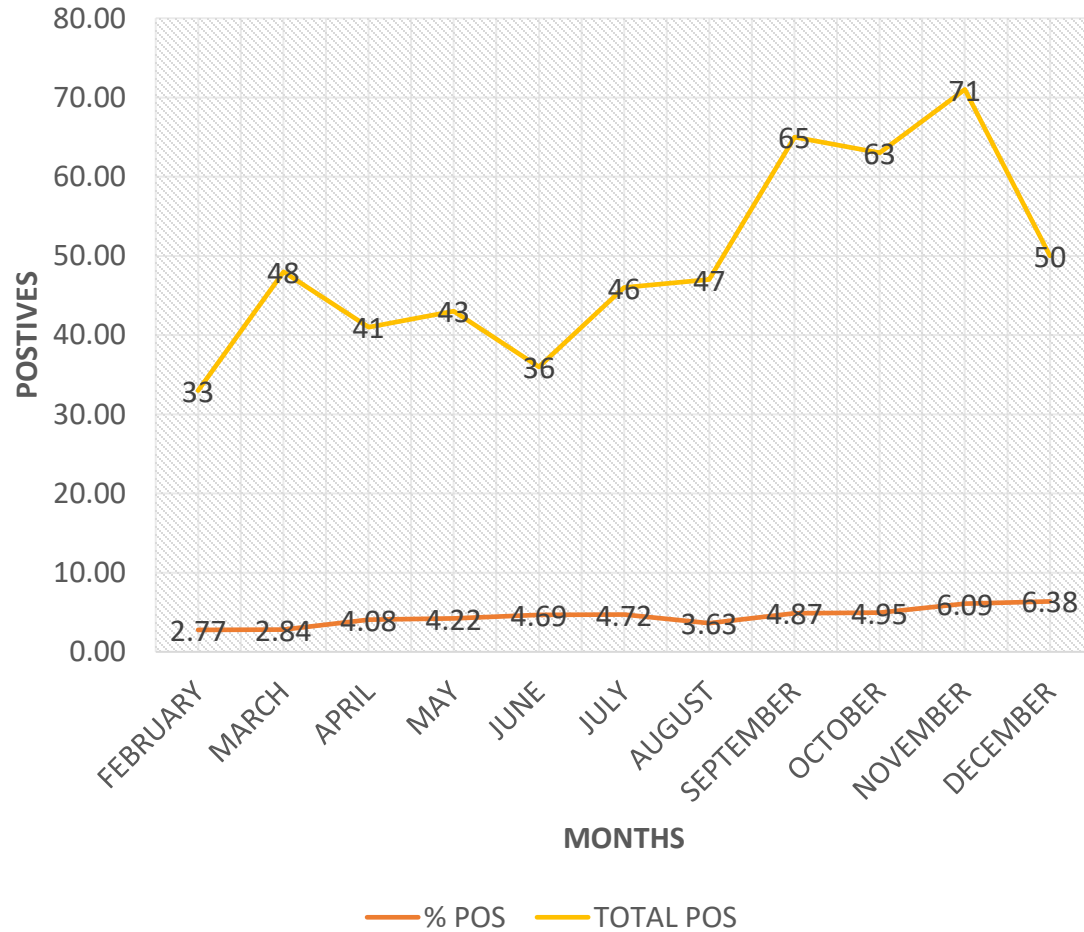
# TOTAL TESTED PER MONTH



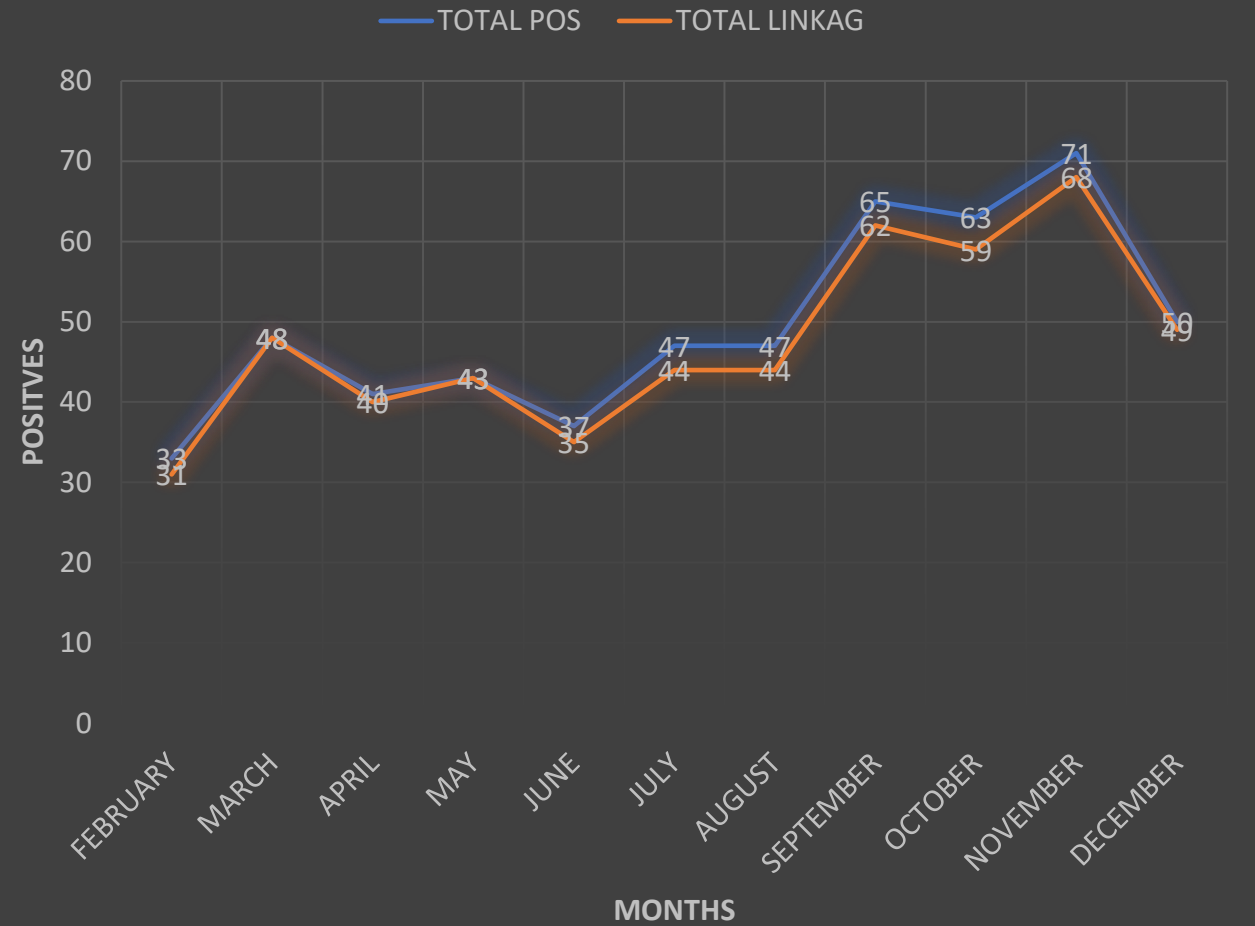
# POSITIVITY AND LINKAGE PER MONTH



## POSITIVITY PER MONTH



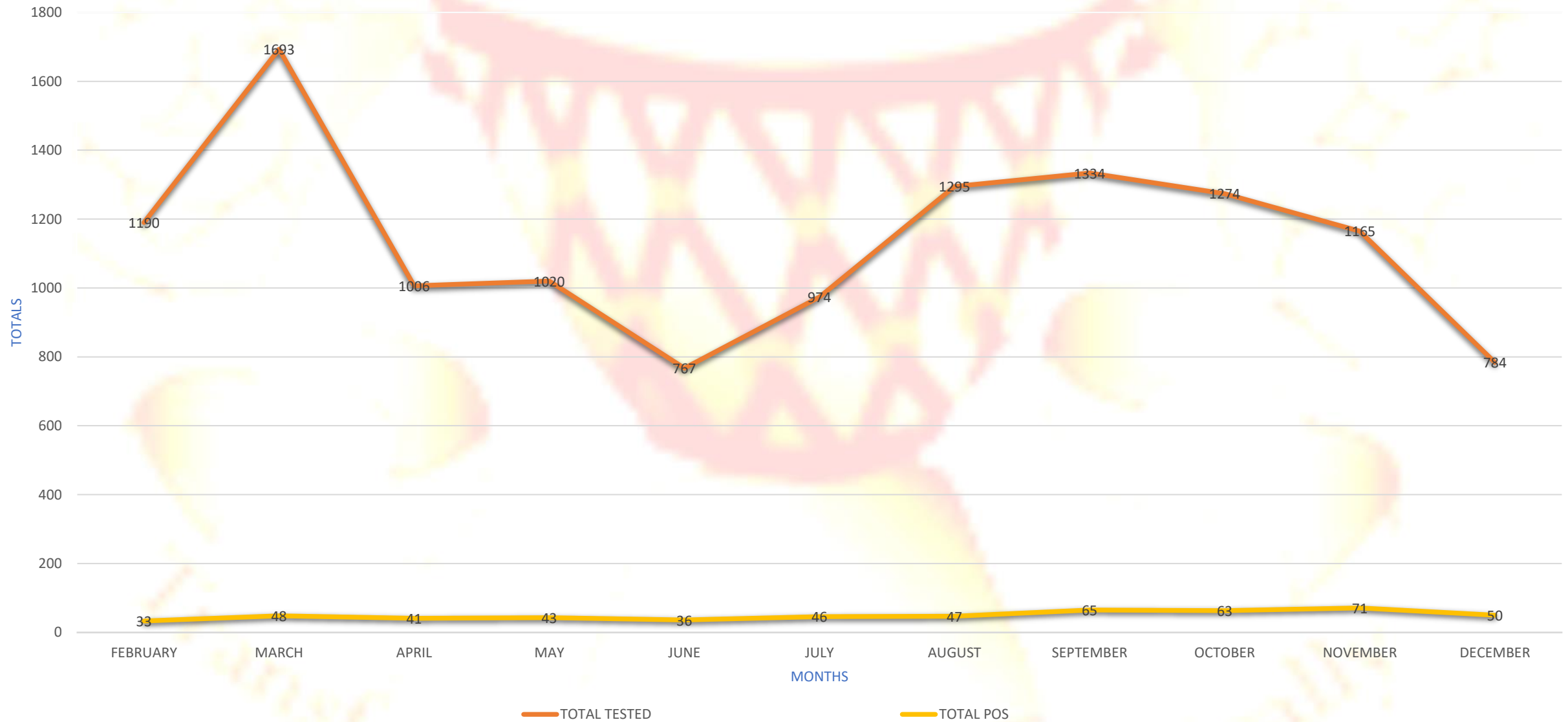
## POSITIVITY VS LINKAGE







## TOTAL TESTED VS POSITIVITY PER MONTH





# 1<sup>ST</sup> 95: HIV CASE IDENTIFICATION - GAPS & UNDERLYING CAUSES AND MITIGATION STRATEGY



Gap	Underlying Causes
Low identification in males @ 30% compared to females @70%	<ul style="list-style-type: none"><li>• Transit populations given the urban setting – Fluid Nairobi Population</li><li>• At risk behaviors - Key populations – MSM, FSW, PWID and Transpop</li><li>• Youthful population – Tertiary colleges</li><li>• Culture of men not seeking medical services compared to women</li></ul>

## MITIGATION

Gaps	Strategies
Male identification	<ul style="list-style-type: none"><li>• Assisted Partner Notification Services</li><li>• Scale up and optimization of HIVST</li><li>• Testing within work places and Expanded Peer Outreach through chukua selfie</li><li>• Engagement of faith based organizations for male identification</li></ul>





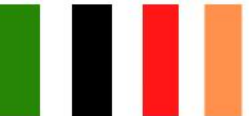
## 2<sup>nd</sup> 95: Care & Treatment Gaps & Underlying Causes



Gap	Underlying Causes
Linkage to ART	<ul style="list-style-type: none"><li>• Some new facilities (NMS) do not offer ART and thus linkage to other facilities and some clients do not eventually get linked for instance Kianda 42 health centre.</li><li>• Behavioral concerns – clients seeking to reconfirm and thus keep retesting within various facilities</li><li>• Highly mobile population especially within the informal settlements that affects second visits.</li></ul>

### MITIGATION

Gaps	Strategies
Linkage to ART	<ul style="list-style-type: none"><li>• Scale up of Recency testing</li><li>• Quality. HIV testing services and capacity building of HTS provider skills for post test counselling and enrollment</li><li>• Linkage of self testing to facilities so the clients can know what to do .</li><li>• Establish and equip CCC in New NMS sites</li></ul>



# ACHIEVEMENTS.



- ❖ Monthly joint site support supervision for all sites.
- ❖ Quarterly DQA and HTS support supervision.
- ❖ Creation of jobs to HTS providers .
- ❖ We have been supporting facilities with consumables and non-consumables.
- ❖ Distribution of 223404 condoms.
- ❖ HTS Refresher trainings on APNS and documentation
- ❖ Distribution 12864 HIV self test kits to men.
- ❖ Reaching 5000 youths directly with ASRHR services
- ❖ Conducting Monthly AYP- FGD ,Youth ASRHR dialogues and participating in international HD.
- ❖ Exquisite timely data entry and reporting
- ❖ Quarterly M&E meeting to review the project progress.



# LESSONS, CHALLENGES AND RECOMMENDATIONS



Lessons	Key challenges	Mitigation measures
New NMS site without CCC centers reporting less linkage compared to established sites.	Linkage -Interfacility referrals of clients due to lack of ccc in some newly established NMS sites like Kianda 42 affecting linkage.	- Partnering with CCC to ensure clients are fully linked and are on drugs to avoid relapse
Documentation variation in different sub counties especially for New testers/repeat testers months and APNS strategy	Monitoring and evaluation - Uniform reporting for APNS, New /repeat testers and KPS. - Insufficient airtime to follow up on linkage /second visits - Limited observed practicum	- Capacity build all HTS on the indicators including reporting - Increase airtime allowance to HTS providers from KES 500 to KES 1000 for linkage follow up. - Conduct quarterly observed practicum.
Limited resources to support PLHIV and remunerate HTS on time due to delays in disbursement of funds.	Psychosocioeconomic challenges - Psychological distress (mental health ) - Delays in remunerating HTS affects service delivery	- Implement and sustain effective HIV prevention and care initiatives like support programs e.g AYP - Timely reimbursement of funds to facilitate HTS remunerations and CHV allowances.
Inadequate commodities affects HTS service delivery	Commodity stock outs / no supply HIV test kits Condoms and other prevention commodities Lack of testing space /tents Lack of digital timers in some sites	- Adequate and timely distribution of commodities - Self sufficiency - Supply tents and digital timers to all sites

# WAY FORWARD



- i. Personnel
  - i. Timely reimbursement of funds to facilitate HTS activities
  - ii. Increase resources to expand RRI to all informal settlements.
- ii. Education / health information
  - i. Create awareness to increase the demand and uptake of ASRHR services (Targeting male).
  - ii. Implement all interventions that may improve outcomes.
- iii. Strategies and approaches
  - i. Equip CCC and youth friendly centers with enough youth responsive services and drugs.
  - ii. Incorporate other aspects of care beyond HIV management like AYP program
- iv. Communication
  - i. Foster regular dialogues between the clients and HCWs through regular meetings, case conferences, etc.
  - ii. Uniform reporting for all indicators in all sub counties .
  - iii. Provide talking walls for HTS room branding including updating the algorithm.
- v. Monitoring and Evaluation
  - i. Regular evaluation to measure the success and identify bottlenecks
  - ii. Data-informed policies to reduce HIV-related disparities and increase support and services for youth and people living with HIV.
  - iii. Formulate a standard APNS registers for reporting and accountability.





U-Tena targeting men through Chukua selfie where 12684 kits were distributed in Nairobi with 77 reacting on site that were retested linked to respective sites. Team onto community outreach on 15<sup>th</sup> March 2021



Thank you AHF and MOH for your support. Get in touch:



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