



Annual report

Rural New Life Development Kenya

2018







**Rural
New Life
Development
Kenya**

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EVALUATION AND BASELINE

About the Project and the Baseline Assessment

This is the report for baseline study and development of evaluation design for the Project:

“Decent Care Program”. The project seeks to ensure that:

1. 200 young women and their children in Koderia, East Gem and East Kabondo in Rangwe Sub-County have improved coping mechanisms for HIV infection and report Positive Test Results
2. 400 young women and their children living with HIV in East Gem and East Kabondo locations in Rangwe Sub-county reporting improved quality of life and survival with HIV
3. Institutional capacity and programming is strengthened in selected areas of project monitoring & evaluation, learning and documentation for more effective and efficient delivery of its services to the community
4. Durable solutions and decision making processes at County and Sub-County level are informed by knowledge and evidence generated by RUNELD (policies and programming processes)

The study was conducted in three (3) locations in Rangwe Sub-County of Homabay County in Western Kenya. The localities are **Koderia, East Kabondo, and East Gem**. They represent the main areas most affected within Homa Bay County and are therefore, accordingly, the sites where the Decent Care Program will be implemented, targeting the affected populations.

The Context

The study was conducted in a context of constantly changing clan dynamics and vicious stigmatization of HIV related issues in addition to limited resources for young mothers living with HIV. Women in Kenya face discrimination in terms of access to education, employment and healthcare. As a result, men often dominate sexual relationships, with women not always able to practice safer sex even when they know the risks. For example, in 2014, 35% of adult women (aged 15-49) who were or had been married had experienced spousal violence and 14% had experienced sexual violence. These

social conditions continue to put young women living with HIV at risk. According to Kenya Aids Response Progress Report 2016, knowledge of HIV prevention among young people is increasing. In the 2008 KHDS, 48% of young women and 55% of young men demonstrated adequate knowledge of HIV prevention, compared to 73% of young women and 82% of young men in 2014. Empirically, it's evident that men tend to have more knowledge on HIV related issues compared to women who are the most affected.

Even with the many efforts that Organizations like RUNELD have tried to implement to reduce infections and increase access to information and services, teaching young people about HIV and sexual health remains controversial. KDHS 2014 found 40% of adults were against educating young people about condoms. Many cited fear of encouraging young people to have sex as a reason. RUNELD intends to change this and seeks to encourage women to test for HIV, adhere to drugs, take nutritional supplements,

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have access to friendly counseling services and where possible have improved income to boost their financial capacities. The rural communities which the beneficiaries come from present a picture of a mix formal and informal power structures, formal and informal economic activities, and formal and informal local authorities, creating challenges to formal politics and access to friendly health services.

Study Approach

A mixed-methods approach integrating both participatory qualitative and quantitative techniques was adopted for this baseline

study. The methods included literature review, key informant interviews, Focus Group Discussions and a Household sample survey. While quantitative tools were useful in establishing baseline numerical values for the various outcomes and outputs as indicated in the program's logical framework, qualitative feedback from key stakeholders was critical in deepening the understanding of the operational space and clarifying essential causal relationships in aspects of the program. Qualitative approaches were equally used to triangulate findings that evidently required additional information.

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A total of **80** households participated in the survey.



The Household sample survey was a key element of the methodology, and it provided the primary means of collecting quantitative information on the key indicators in the population of interest. In order to elicit sufficient responses, the survey questions were carefully crafted drawing from the outline of Program outcomes, and outputs and their causal linkages. A total of 80 households participated in the survey.

The study area included three (3) localities in Rangwe Sub-County. The localities are **Kodera, East Kabondo and East Gem** in Homa Bay County. These are localities where the Descent Care Program will be implemented targeting young women living with HIV.

1.1. Population and Socio-economic Situation

Over the years, stigmatization, low levels of education and inadequate access to accurate HIV related information, service delivery and social support systems has had an impact on young women living with HIV in Homa Bay. A large segment of the population is without access to basic quality and timely health (due to delays in health provision, distance and inadequate drugs within the accessible health facilities), education services and other social services with complete absence of some higher-level services in many rural areas. Access to basic services such as water and sanitation, healthcare, education and shelter though available are sometimes restricted in Rangwe based on the level of income and ability to pay for services. Access to quality healthcare for women living with HIV is extremely limited with the majority of services being provided by selected higher level facilities supported by NGOs which in most cases are not close to the targeted end user.

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 26% of women and 46% of men in the age group 15-49

expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons¹

1.2. Purpose of the DCP Evaluation Design and Baseline Study

This study covered the geographical areas of Kodera, East Kabondo, and East Gem of Homa Bay County. It had two core components of the Evaluation Design and the Baseline Study and focused on generating information on key thematic aspects some of which include; Gender integration, Community and civil society engagement, Representation and transparency, community driven approaches, Use of Nutritional Supplements for People living with HIV, Strengthening of referral mechanisms, Coping mechanisms, Disaggregated Program impact, Psychosocial support, Durable solutions framework, Measurable results and changes, Research Monitoring Evaluation and learning, Stakeholder Management, Impact Sustainability, Health Services provision, and Inclusivity (involvement of men).

In particular, the study had three distinct objectives;

- To prepare an evaluation design for the project incorporating a baseline, mid-term and impact evaluation.
- To assess measurability and suitability of project indicators within the context of the intervention areas and provide recommendations;
- To establish baseline values for the project indicators (outcome) level and recommend any adjustments based on the findings of the baseline study.

1.3. Limitations of Study

Attribution of Impact: The design of this baseline study did not consider the need to gather information from a control group, which



then means that the best chance for RUNELD-KENYA to establish attribution of impact would be through a longitudinal study. The reality within the DCP's environment is that there are other players with competing or complementing interventions and whose contribution to changes to the target households over time may or may not be significant. A longitudinal Study will require the establishment of a case management module that identifies and tracks specific attributes of study respondents/beneficiaries over the entire period of the program.

Outcome vs Output Level Base Values:The study design gave prominence to outcome indicators due to the need to focus on changes in the households of the targeted population, and the improvements of support systems. Output indicators are predominantly activity oriented and are used to measure process related elements (read implementation level results), rather than to capture changes in practice, or improvements in livelihood for target households (read population level results). It is therefore inferred that Outcome level baseline values have been given prominence over output level baseline values – in accordance with industry practice for baseline surveys on population-based

programs. Nonetheless, the study has provided baseline values for both Outcome and Output Indicators, but detailed descriptive narratives have only been presented for the respective Outcome Areas. That said, indicators for which numeric values were challenging to obtain, the study has considered the use of qualitative/descriptive measurements.

Terrain and poor communication network:The area targeted for the study had poor mobile communication network and some selected areas for the study had challenges with GPS data collection. Additionally, the terrain and poor road network in the rural villages of the targeted population delayed the start of data collection since the study team had to travel and sometimes walk to some specific households. The low level of funding for the study might have influenced the results. In some communities like Kodera where the households are more than 5km apart the respondents had to be invited to a central point since the cost of transport could have been higher. This could have influenced the results of the survey. Other factors that posed challenges to coordination include concerns over incidences of target groups having meetings during the time of data collection that may have influenced results, although this cannot be verified.

The Baseline

2.1. Study Design

2.1.1. Approach

A mixed-methods approach integrating both participatory qualitative and quantitative techniques was adopted for this baseline study. While quantitative tools were useful in establishing baseline numerical values for the various outcomes and outputs as indicated in the program's logical framework, qualitative feedback from key stakeholders was critical in deepening the understanding of the operational space and clarifying essential causal relationships in aspects of the program. Qualitative approaches were equally used to triangulate findings that evidently required additional information.

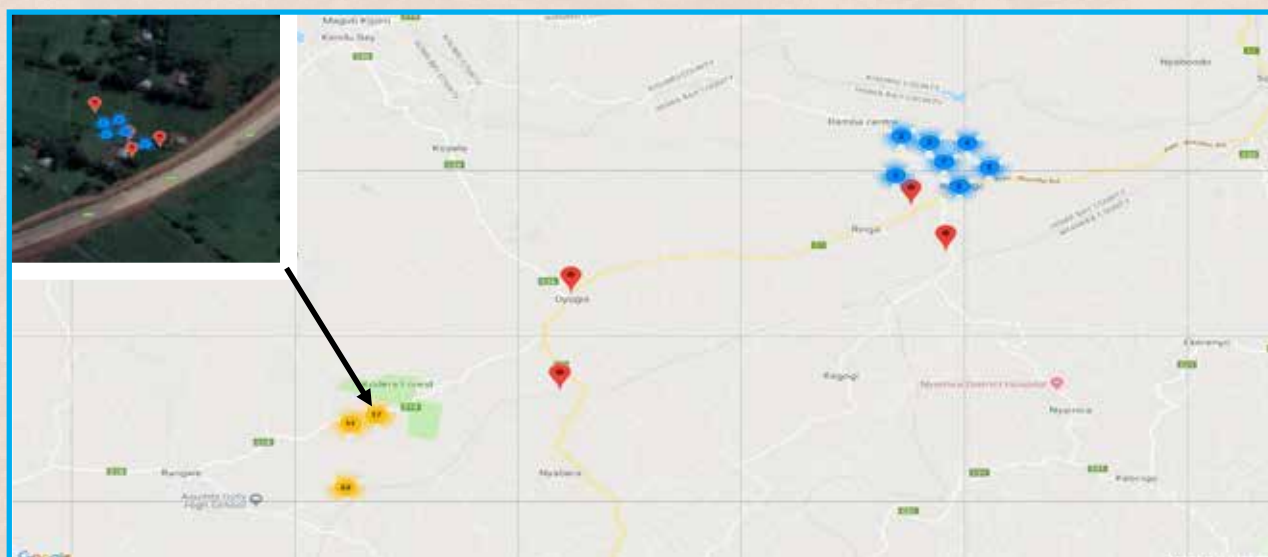
The design adopted both "project theory modelling" and contextual analysis to interrogate DCP's underlying logic, the processes through which it intended to produce changes, how the changes would be measured and anticipated contextual/systemic factors that may lead to variations in outcomes, and which should be considered as risk or catalytic factors.

2.1.2. Study Sites

The study area included three (3) localities



in Rangwe. The localities are East Kabondo, Kodera, and East Gem. The maps in the sections below show the exact locations of the settlements covered by the study. The geographical impression has been generated by GIS codes of the respondent households as picked up by data collection devices. One will notice a few outlier households, which is explained by the fact that there were select instances of delays in uploading of location data - due to unreliability of internet connectivity. As is evident, these incidences were nominal and had little bearing on the quality of data gathered from the households, nor that of the overall data collection process.



2.1.3. Data Collection and Stakeholder Participation

The study applied the following data collection methods and tools;

- a) **Detailed Documents and Literature Review:** In appreciation of the large relevant body of evidence that already exists, the consultant identified key documents for review. These documents were identified based on their usefulness in helping the study to understand; the demographic trends, behavioral tendencies of the intended target population, the operational environment/systemic gaps and opportunities, the strategic pathway and the institutional arrangements for implementation.

These documents included (but were not limited to); program proposals, monitoring frameworks, select survey reports, periodic operations report, workshop and training reports, strategic emails that give program direction, and monitoring and evaluation documents. The documents were reviewed in relation to the three outcome areas of the DCP to ensure consistency and appropriateness of DCP indicators and their measurements.

In addition, the desk review extended to include a wide range of technical documents

like KAIS, KDHS and KACP. It was critical that the intervention be appropriately contextualized to establish relevance, intended scope and focus, scale, and interests.

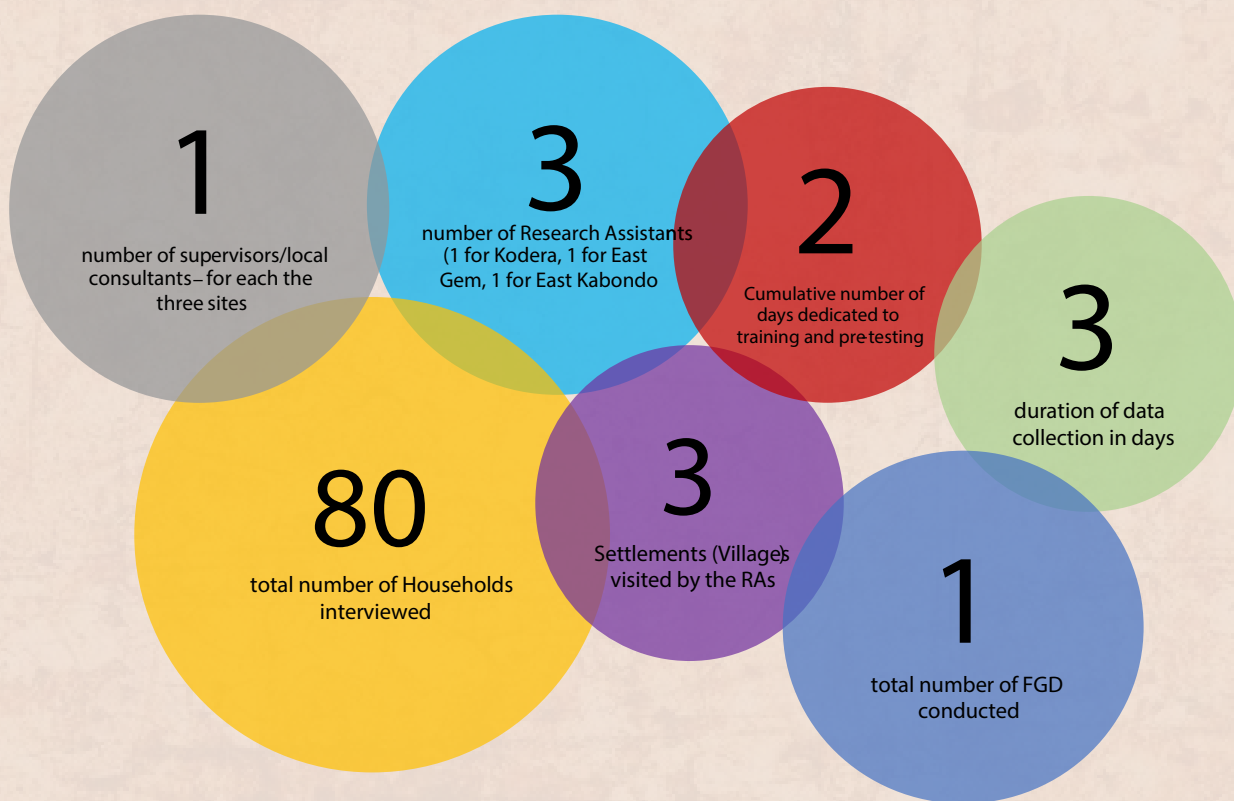
- b) **Focused Group Discussions:** FGDs were conducted with beneficiaries in the various targeted population and were mostly women living with HIV. The issues of discussion were drawn from the outcome areas framed using the 3 indicators. Only one FGD was conducted that consisted of women living with HIV from East Kabondo and Koderia.

The FGD was conducted by the local consultant in order to capture nuanced inferences and reduce the burden of transcription. Given the constraints of time, technical resources and generative nature of women living with HIV small group dynamics study set up FGD of 8 persons, and standard FGD practice procedures were used during the discussions. The FGD was based on geographical considerations and age-groups.

Household Survey: Household interviews were a major method of collecting quantitative data as they provided the primary means of collecting quantitative information on the key indicators at the population level. In order to elicit sufficient responses, the survey questions were carefully crafted drawing from the outline of Program outcomes, and outputs and their causal linkages. A total of 72 households participated in the survey – distributed as indicated in the section on the next page.

72 households participated in the survey

The Venn diagram below is an illustration of key study figures as factors of baseline output;



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2.1.4. Sampling and Coverage

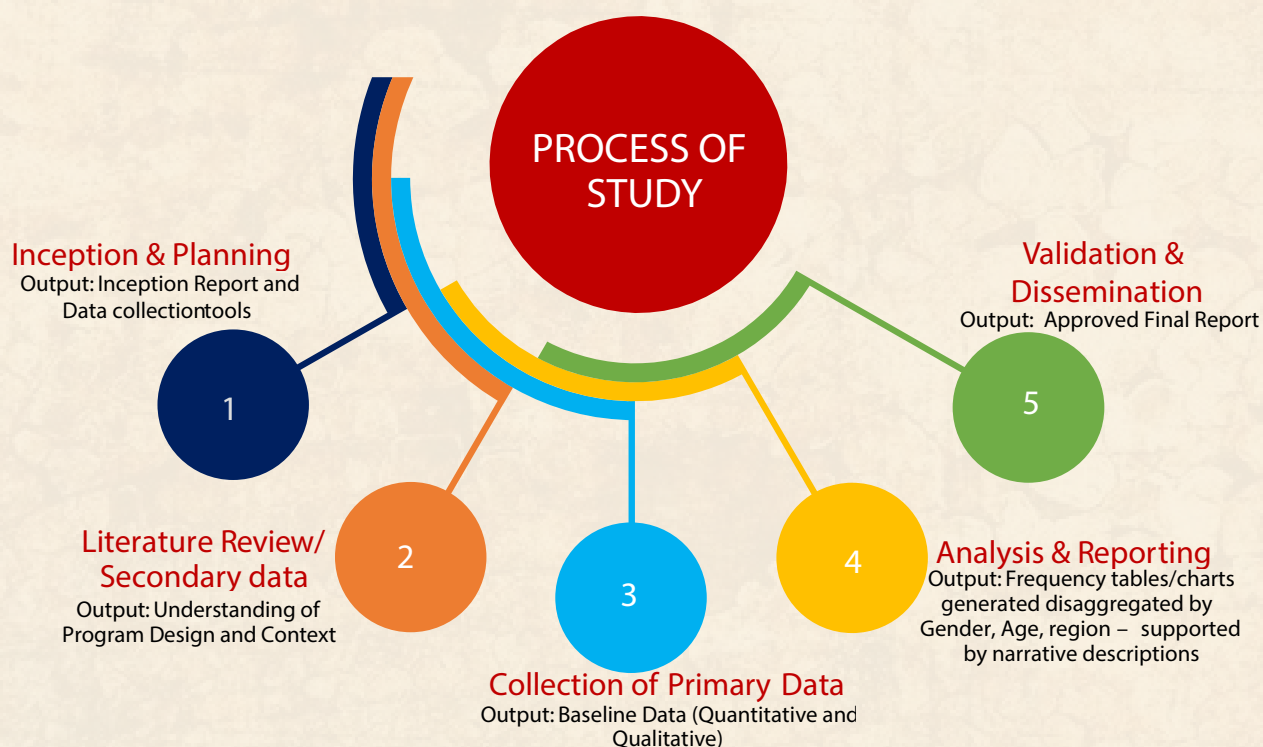
The DCP has factored a targeting scope that covers young women living with HIV and Care givers of children living with HIV. The baseline survey sampling distribution was therefore informed by this and the intended accessible population in the three targeted locations.

The study covered proportionately the targeted households in Koderia, East Kabondo and East Gem in Homa Bay County. Using the household as a primary sampling unit, a stratified random sampling technique was used to select targeted beneficiary households for interviews. The beneficiaries were randomly sampled from all the project sites using a pre-developed list. Considering a target of 90 households, a confidence level of 90%, a confidence interval of 5%, the sample size was calculated as (using an online sample size calculator - www.macorr.com). An additional 10% insurance factor was

considered bringing the total questionnaires to **73+ 10% IF = 80** Households. This number was proportionately distributed to the 3 locations. A list of beneficiary Households was then used to randomize the required number of households. A household questionnaire transcribed into an Android based software (Survey CTO) was used to gather data from the sampled households. The evaluation utilized GIS technology to locate project beneficiaries for the purpose of capturing demographic and behavioral trends. - A copy of questionnaire is included in Annex I (Household Survey Tool).

2.1.5. Summary of Process

The baseline study process is best presented by the diagram indicated below - details of which have been discussed in various sections above.



Using the household as a primary sampling unit, a stratified random sampling technique was used to select targeted beneficiary households for interviews.

2.2. STUDY FINDINGS

2.2.1. Quality of Program Design

- a) **Background checks and Feasibility tests:** It was evident that a rigorous context and needs analysis was conducted and factored in the design of the proposed program activities. This baseline study considers the proper use of contextual information as good practice that should be sustained within RUNELD-KENYA. It must however be noted that in the absence of a project feasibility study, the organization relied on lessons drawn from the previous phases implemented in the same locations, and the depth of their understanding of the operational context and were properly guided by well-established frameworks provided by the Ministry of Health (MoH) and National Aids Control Council (NACC). Put together, this understanding of the contextual challenges facing populations living with HIV, and the guidelines provided by the Frameworks, informed the choice of outcomes, activities and performance indicators.

The design thus relied on tested and proven solutions to address issues affecting young women and children living with HIV and consolidated gains from past/on-going similar actions to propose a set of interventions that will contribute to improved livelihood options for the target populations. Commendably, this baseline study is yet another deliberate effort/opportunity to quantify critical indicators that will be used to measure the exact changes at both population and systemic levels. It generates additional knowledge on the indicators and outcome areas, the purpose being to strengthen the delivery of DCP interventions. In this way, the baseline

study adds to the quality and fluidity of program design.

However, considering the rapidly changing environment in implementation of HIV programs across the world, precautions must be taken to ensure that monitoring data is gathered with absolute fidelity and that such data is continuously analysed and utilised to inform project management – including the need for a review (should that be a necessary response to an emerging scenario).

- b) **Quality of Intervention Logic (the Theory of Change):** there is need for internal logic for DCP with the goal, expected outcomes, and outputs having very clear causal linkages. The potential for selected activities to create the changes envisaged should be evident in outcomes - to the extent that internal mechanisms of implementation should remain efficient, and external factors do not change rapidly over the life of the program. Based on opinions of community level stakeholders interviewed (through FGD) during the baseline, the proposed actions of the project should reflect contextual realities and should be in line with the needs of the target populations.

That said, there is an opportunity to develop the ToC to improve the realignment of indicators for avoidance of double reporting and for better output-outcome association. For example; Livelihood related output indicators could easily be placed under a single outcome for which they best realign, rather than have them captured under numerous outcome areas. In theory and in practice, indicators (at whatever level) should be unidimensional, which means



they should measure only a single variable at a time. However, there are instances in the DCP log frame where indicators measure multiple variables. This may create challenges in setting performance targets and has potential to reduce the prominence of certain outputs. For example; “% of target population who are able to achieve an adequate standard of living and survival in relation to access to reliable source of income, psychosocial support services and nutrition”. In this instance, it would be advisable to have distinct indicators that separately describe the direction of change for income, for psychosocial support, and for nutrition – of course at the risk of having too many indicators, but with the guarantee of gathering evidence effectively.

- c) **Monitoring, Evaluation and Coordination:** RUNELD has sufficient capacity for management level monitoring and evaluation, and the project indicators are sufficient (save for a few realignments as recommended in 2.2.1(b) above. Activity-based monitoring is recommended as it is less prone to inconsistencies considering progress data would be summarized quarterly to capture changes in project indicators. This study recommends the development of a Performance Monitoring Plan a practical tool to guide and provide detailed descriptions to field teams on the nature of data to be collected, the frequency with which

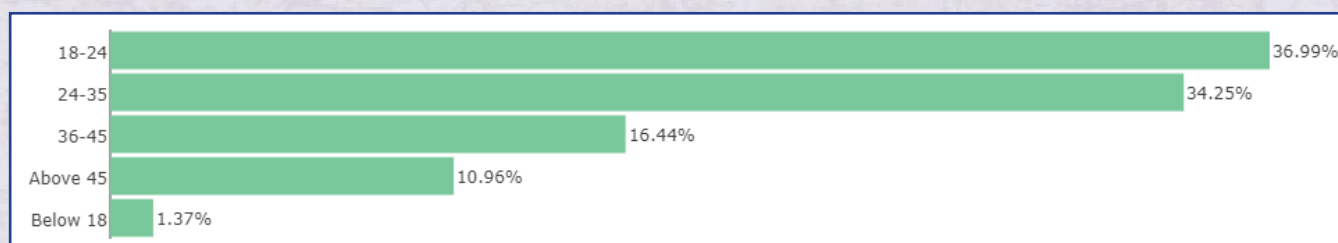
such data should be collected, how it is to be collected (tools), and how it is to be analysed and utilised.

- d) **Sustainability and Exit Strategy:** The DCP proposal suggests various mechanisms for sustainability. Going forward, the program will need to proactively strengthen mechanisms to ensure that community activities continue beyond closeout as some of the activities suggested may require strong post implementation support. **Transfer of Knowledge, inclusivity, community organizing, and community asset management** are just a few ideas that could easily be incorporated into the design as a means of ensuring the intended achievements of the program are sustained beyond the implementation period.
- e) **Risk Management:** The project design satisfactorily identifies risk factors and purposes to track and report such factors. However, the design could benefit from succinct description of risk scenarios and suggest appropriate response/coping mechanisms. For instance, risks associated with political interference, change in policies related to HIV programs implementations, or the resistance by government authorities to some activities like rights-based issues, should be anticipated and mitigations suggested.

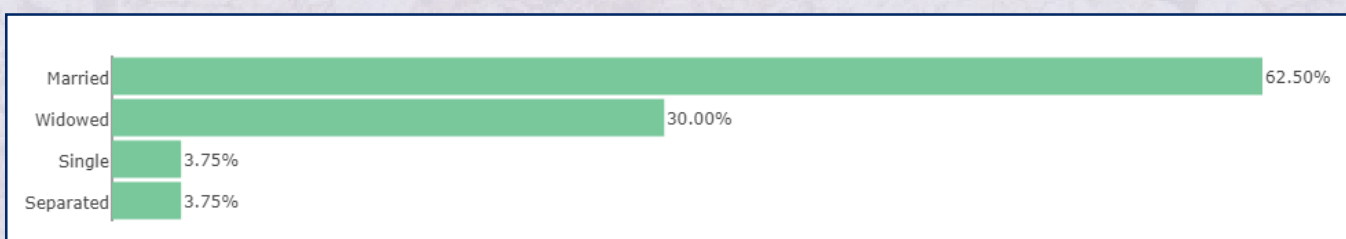


2.2.2. Demographic Characteristics of the respondents

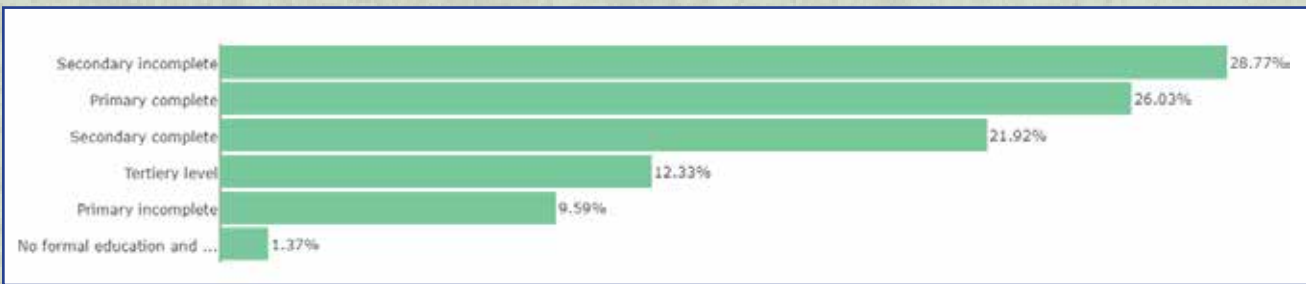
- a) **Age of the respondents:** of the respondents interviewed 71.24% were youth between the age of 18-35 years. This is the group that is mostly affected by the HIV pandemic in the region. However, it was noticeable that within the selected respondents 1.37% accounted for the adolescents below 18 years who are living positively and only 10% of the adults interviewed were above 45 years as depicted by the graph on below.



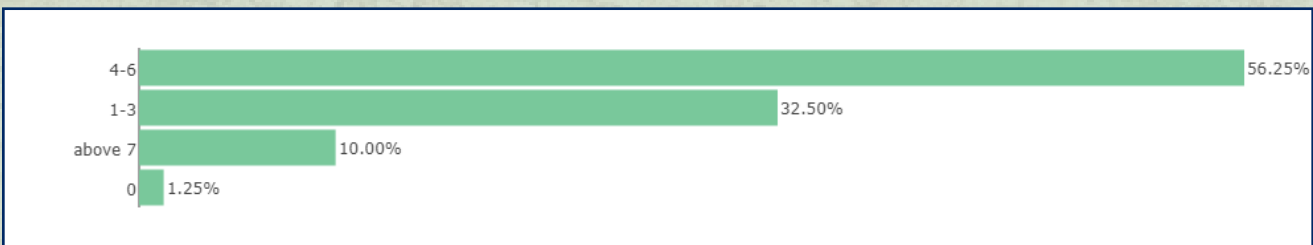
- b) **Marital Status:** Most respondents (62.5%) were married and living with their spouses while 3.75% were separated/divorced, and a further 30% widowed. Only 3.75% of respondents were single/never been married. There were no significant differences in the regions/locations that would be worth noting.



- c) **Levels of Education:** The level of education is a critical factor in the uptake of essential services including HIV services. There is indeed a large body of evidence that points to the fact that more educated populations reported better health seeking behaviours, have a better understanding of their rights and responsibilities, have better capacity to sustain decent livelihoods, and contribute more meaningfully to development processes. From the findings of this baseline it can be concluded that the target population predominantly had formal education – a similar trend was exhibited across the location as indicated in the graph further below. That said, only 1.37% had no formal schooling. Further details available from the graph and table on the next page.



d) **Household Sizes:** From the data presented, the average household size across the locations is 6.6. This should be considered by the program as a factor for planning especially for activities whose purpose would be to improve livelihood options for target families. 56.25% of the respondents interviewed had between four (4) and Six (6) children as depicted in the graph below

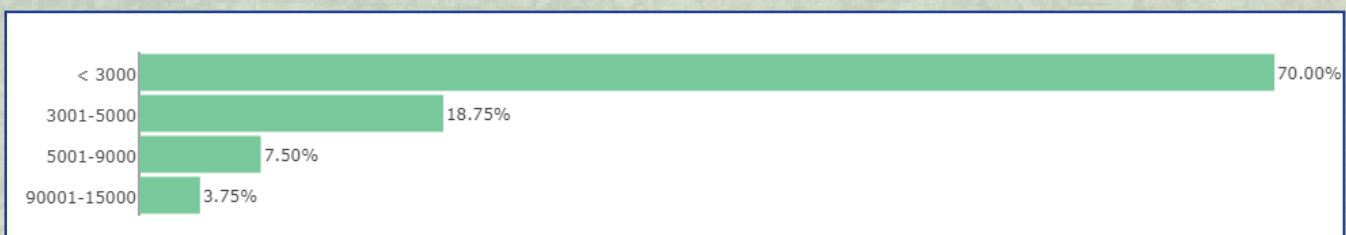


e) **Level of income and % of targeted population with diversified non-remittance sources of income:** The ability of the targeted population (Men and Women living with HIV) to run functional businesses is certainly a factor of diverse enabling factors. Some of these factors include but may not be limited to access to; financial services, business development skills, infrastructure and market systems.

In essence, the diversification of income sources is a key function of resilience initiatives for people living with HIV and sustainability. These initiatives often seek to increase levels household incomes through a combination of activities that may include skills building, investment in productive value chains, improving access to financing and the strengthening of market systems.

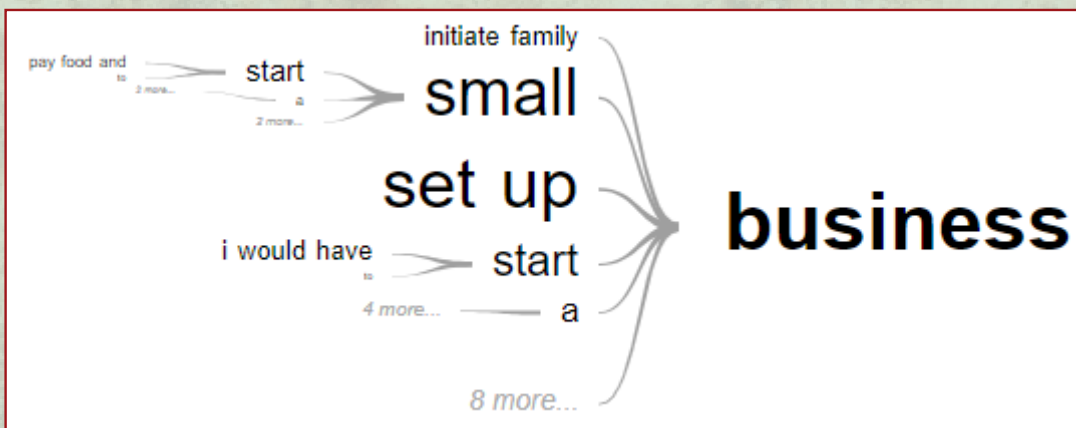
This study measured the situation of barriers and catalytic factors in order to better inform DCP activities, and to establish baseline values against which changes will be measured.

The graphs below summarize findings on the level of income.

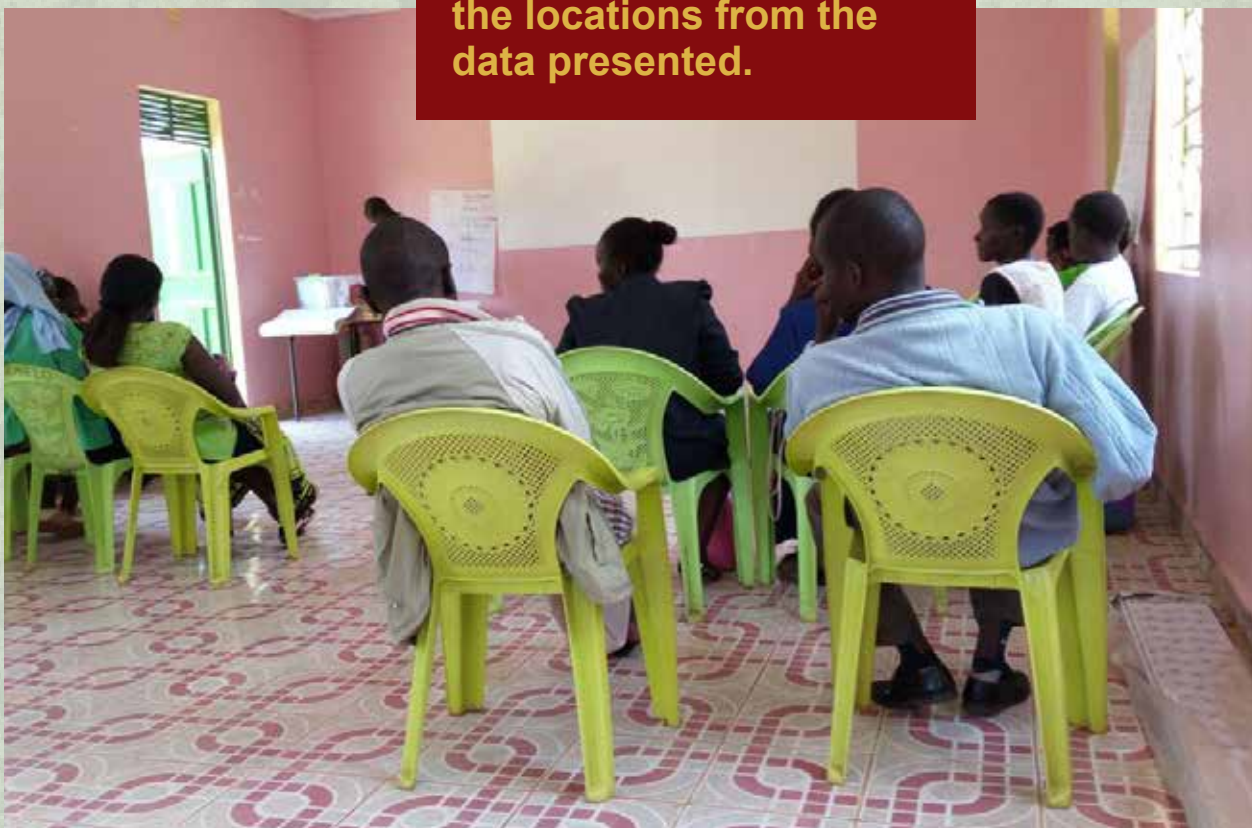


From the above graph its empirically evident that the targeted households need to improve their household incomes considering an average household size of 6.6 against the 70% of the households only earning up to KES 3000.

Further, when asked to share ideas on what they would do in the event they get access to additional finances, most respondents indicated an interest in setting up a small business – as summarized by the word tree below.

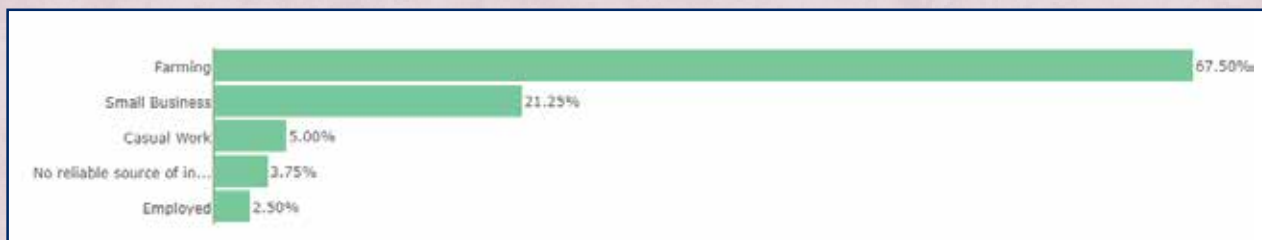


6.6 is the average household size across the locations from the data presented.



Most respondents (67.50%) relied on subsistence farming as their major source of income with only 2.50% having some form of employment. Notably, 5% of the respondents were already involved in various businesses as depicted in the graph below and it's this category of respondents that needed more trainings on entrepreneurship. There is

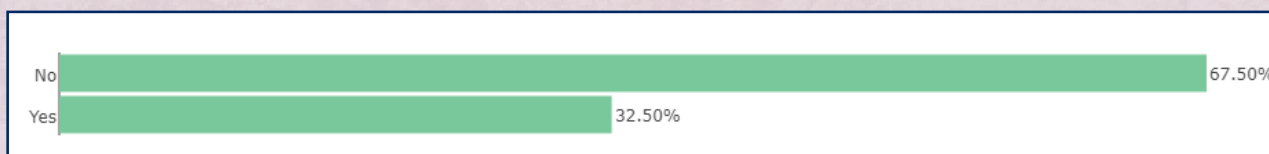
however need to diversify livelihoods for the respondents since a remarkable 58.75% of the respondents said they only relied on one source of livelihood. Of the respondents that said they were involved in small businesses, they mentioned having small kiosks, selling grains and groceries. However, none of them could specify the amount they received as profit from the businesses since they had no clear financial records for the businesses. Moreover, 82.50% of the respondents said they would recommend business skills training for people living with HIV.



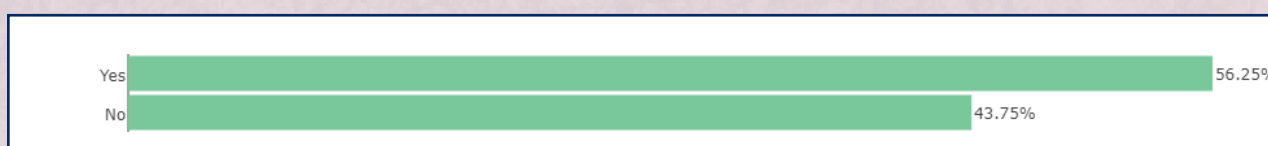
72.50% of the respondents had never had any form of SME training and when asked what form of training they would need, budgeting, entrepreneurship skills and record keeping were some of the areas highlighted as shown in the graph below.

- f) **Counselling and Psychosocial Support:** A significant 21.25% of the respondents said that they had/ were not receiving any counselling services by the time the baseline was carried out. This clearly highlights the need for access to counselling services, a deeper look at this group highlighted lack of confidentiality and unfriendly services within the government facilities as the reason why they have not accessed the services. It is however important to note that only 32.50% of the respondents had been trained on counselling or some form of it as depicted in the graph below. The respondents also felt that it is important for people living with HIV to access counselling services at 96.25%

From the study it was empirically evident that the target population do not have a problem in revealing their HIV status with a majority (97.50%) saying that they would be free to reveal their HIV status if asked by anyone.



- g) **Use of Nutritional Supplements:** 56.25% of the respondents said that they were using nutritional supplements within their households. It's also important to note that 43.75% were not using nutritional supplements and they said that the reason they did not use the supplements was because they could not access them within the facilities they visited or they were not part of the DCP.



2.3. Summary Of Recommendations

Livelihoods programmes linkages with the Cooperative sub-sector: Some of the targeted population have succeeded in livelihoods start-ups mainly in farming and SMEs. As revealed in the findings during the study, there exists a gap in marketing of produce from the new innovations and financial and book keeping skills. In this regard, it is recommended that linkages be established with Cooperative sub-sector where possible to strengthen marketing for produce from the members involved in farming. To increase income there is need to introduce VSL as a component in improving income levels of households that will improve the living standards through increased income and access to financial services. VSL should target organized groups and even members who were beneficiaries but are not currently part of the program in order to increase the capital base. This will enhance timely access to micro loans and investment to livelihood options.

Documentation of Good practices: DCP has many achievements worth documenting. Having carried this out for over a two (2) year period, there is great potential in documenting such experience and packaging it into a video documentary, a case study report, or a photo book -the options are limitless. Doing so would provide visibility to RUNELD (and Egmont Trust), and bolster the organizations position as an authority in Working with young women and men living with HIV. There is also an opportunity to extensively document aspects of the project like creating awareness on importance of psychosocial support, or in changing community attitudes towards using herbal remedies.

Involvement of Men Living with HIV: Over time organization have focused on women an opportunity that RUNELD has started to use. It would be recommended to include more men who are living with HIV or have children living with HIV. From the FGD it came out that men are still not being involved although in some cases they are heads of the households or are

living with HIV. Stigma is also more felt by men than women within the targeted communities.

2.4 Conclusion

RUNELD through DCP has established a good network of community organizations and support groups. There exists a strong link between the level of household income and health status. Emphasis must therefore be put on improvement of household incomes and reducing poverty since such social economic development has a dramatic impact on health status especially for people living with HIV and also creates better capacity for raising funds for improved nutrition and quality of health services.

The strengths that RUNELD has and gains that have been made over the past need to be leveraged to increase access to services for people living with HIV in the three targeted locations and beyond. This will require additional human, institutional and financial resources. This will also entail enhanced stakeholder engagement particularly with the devolved structures of County Governments.



Section I

Progress Report 6 months

Project Information Sep 2018 - March 2019

Partner Name	Rural New Life Development Kenya (RUNELD)		
Country	Kenya		
Project Title	Decent Care Program		
Grant Amount (£)	Year 1	Year 2	
Project Duration	Sep 2018-Sep 2019	Reporting Period	Sep 2018-March 2019
Beneficiary Numbers	Direct – 400 women	Indirect – 200 women,300 children and 100 men	
Contact Name	Samuel Juma	Position/Job Title	Program Manager
Contact Email	runeldruneld@gmail.com		



Progress Report – Activities

Aim 1: To improve psychosocial coping with HIV infection and positive test result among 200 young women in East gem and East Kabondo locations in Rangwe sub-county

Aim 2: To improve quality of lives and survival with HIV infection for 200 young women living with HIV in East gem and East Kabondo locations in Rangwe Sub-county.

Aim 3: To enhance organizational development and programming capacity of RUNELD for more effective and efficient delivery of its services to the community in targeted areas of project management, monitoring and evaluation and documentation.



600
men, women
and children
have benefited
indirectly



Overall Objectives (these may or may not differ from aims above)	Planned activities for the project	Activities completed
<p>To improve psychosocial coping with HIV infection and positive test result among 200 young women in East gem and East Kabondo locations in Rangwe sub-county.</p>	<p>Community groups with practical knowledge on positive living, basic counselling and good nutrition</p> <p>Monthly exercises on identifying common illness and knowing what steps to take next (home care or clinic)</p>	<ul style="list-style-type: none"> • 12 Sessions on basic counselling, nutrition, positive living and next. • Identifying factors for treating common illnesses, eating right and knowing what steps to take next in cases of bedridden living with HIV
<p>To improve quality of lives and survival with HIV infection for 200 young women living with HIV in East gem and East Kabondo locations in Rangwe Sub-county.</p>	<p>Monthly decent care group meetings for young women living with HIV in 3 clusters within the 3 targeted locations</p>	<ul style="list-style-type: none"> • Provided training on coping mechanisms, identifying mother's needs, safe sex, reproductive health • critical nutrition education to maintain good health • 100 animators trained in Home base care, Counselling
<p>To enhance organizational development and programming capacity of RUNELD for more effective and efficient delivery of its services to the community in targeted areas of project management, monitoring and evaluation and documentation.</p>	<p>Conduct follow-up decent care home visits by trained decent care animators to further strengthen coping and positive living for the beneficiaries. Provide high-calorie, high-nutrient food supplements to the bed-ridden and the malnourished.</p> <p>100 nutritious support</p> <p>FOLLOW-UP, REFERRAL AND NETWORKING</p>	<p>Importance of nutrition</p> <ul style="list-style-type: none"> • Weighing PLWHA during home visits • Dietary intake and other health indicators • referral, and networking • Follow-up visit actions • Key partners for referral
<p>To improve quality of lives and survival with HIV infection for 200 young women living with HIV in East gem and East Kabondo locations in Rangwe Sub-county.</p>	<p>Training seminars for young women in skills of starting and managing small businesses for improvement in household incomes and access to basics including nutrition and healthcare.</p>	<p>Women were trained on business skills. Customer base approach strategies.</p>
<p>To improve quality of lives and survival with HIV infection for 200 young women living with HIV in East gem and East Kabondo locations in Rangwe Sub-county.</p>	<p>Worked with women to increase their opportunities and improve their business knowledge.</p>	<p>60 women trained on business skills to enable them start businesses.</p>
<p>To enhance organizational development and programming capacity of RUNELD for more effective and efficient delivery of its services to the community in targeted areas of project management, monitoring and evaluation and documentation.</p>	<p>Capacity building of staff members.</p>	<p>Juma attended HIV training to meet the government's requirements for service delivery.</p>

Completed this period	Comments
<p>Training for new beneficiaries on selling, psychosocial support, healthy living and what steps to take</p> <p>Factors affecting immunity and prevention of opportunistic infections by a balanced diet. Minimizing a hidden condition amongst people</p>	<p>Regular discussion on the importance of good nutrition. Increase in participants self esteem, voice and in healthy choices</p> <p>Developed appropriate communication strategies to prevent the marginalization of affected households and helping the community to deal with the epidemic.</p> <p>Households are preparing meals to help PLWHA eat well</p>
<p>Training for the groups on coping including stigma reduction, elimination of child transmission of HIV, reproductive health and rights.</p> <p>Practices to improve and nutrition</p> <p>Participants attended refresher course on home/home visits, Treatment literacy and Healthy eating.</p>	<ul style="list-style-type: none"> Families are planning healthier meals and making weekly household meal plans. Participants are able to engage in open conversations on a daily basis about healthy eating, safe sex and disclosure. Parents are involved in their children's lives and have time to interact with them be it at home or at school.
<p>Assessment for PLWHA</p> <p>During home visits</p> <p>Other assessments during home visits</p> <p>ing</p> <p>s</p> <p>rral</p>	<ul style="list-style-type: none"> Households self-report on proper planning and budgeting. They are able to allocate their income to nutritious food and health-care that prevent and treat common illness Linked clients to health centres and clinics for support and health care services
<p>on marketing research, book keeping, research, business location and marketing</p>	<p>Households are able to make well informed decisions about their health, well-being and that of their children.</p>
<p>Record keeping, business management</p> <p>business</p>	<p>Increased production and family income.</p> <p>Better documentation and record keeping in their business.</p> <p>Women enriched with skill and information on business management.</p> <p>The programme resulted in 45 poor households having additional economic opportunities and income and improving household food security.</p>
<p>Testing Services refresher training</p> <p>ent requirement for better service</p>	<p>Better service delivery</p>





Decent Care Program Nov 2018-April 2019

Decent Care Program for HIV/AIDS-Affected and infected Women in East Gem and East Kabondo, Rangwe sub-county is a program funded by Egmont Trust. Decent Care was initiated in August 2016 to support low-income HIV affected and infected women and their households including those receiving home-based care (HBC), and those who are at high risk.

The initiative strives to ensure they are able to cope with positive test results and attain decent living through emotional, psychosocial, spiritual and physical care within their family setups. Decent Care package continued to expand its activities to benefit more rural women and children especially in contributing to women empowerment and community development. This was enhanced through trainings on:

- i) Food, nutrition and income security
- ii) rights awareness and leadership education
- iii) health, and HIV/AIDS
- iv) child growth and development.

The program has a common vision and mission to restore human dignity. These efforts have seen vulnerable affected and infected households supported. The program continues to work alongside a broad network of partners and allies to help rebuild and improve the lives of the most disadvantaged, with a particular focus on women and girls.

Decent Care package continued to expand its activities to benefit more rural women and children especially in contributing to women empowerment and community development.



We believe that health is a right not a privilege. Every person has the right to receive quality health. Through this program, 200 young girls and women have received training on coping mechanisms and business skills through Decent Care package sponsored by Egmont Trust.

This 6 months progress report illustrates community activities from November 2018-April 2019. Through this period, we recruited new participants, organized introduction sessions and follow up meetings which were well received by the participants.

We supported women to:-

1. Claim their right to quality health,
2. Gain self-esteem and to be self sufficient
3. Become leaders
4. Community Health Workers (CHW'S) to inform and influence crucial policy discussions.

Objective 1: To improve psychosocial coping with HIV infection and positive test result among 200 young women in East gem and East Kabondo locations in Rangwe sub-county

The objectives of the program is to develop a nutrition, income and skills based alternative livelihood for low-income rural women and children affected and infected by HIV/AIDS. As a result of training, beneficiaries have acquired skills enabling them to increase production and family income through sales of surplus and alternative livelihoods.

During this period Decent Care program conducted recruitment and selection activities for the new members joining the program. The program seeks to engage the community vocal teams and peer educators on our vision and open door policy in matters stigma and on risk reduction procedure. This propelled their synergy to participate in mobilization processes and community inclusion. We were able to recruit 197 participants across the three sub counties (Gem, Kasipul-Kabondo).

During this period beneficiaries received training in basic counseling. This activity increases assertiveness and confidence of HIV+ women and families who work together, share views and support each other. This helps minimize stigma and discrimination and leads to social acceptance. The decent care team in partnership with other organizations and community members worked hard to combat HIV infection among girls in Homabay through community-wide education programmes, training and sexual health and hygiene training for at-risk girls within the community.



Sexual and reproductive health and right has also been a major challenge among young women in the region. We believe that every woman has a right to a life free from violence. We believe women have the right to choose if or when to be married or have children. They have a right to have decent healthcare through pregnancy and childbirth, and a right to live a life free from violence. Yet continually, a woman dies from preventable causes during pregnancy or childbirth. One in three women will suffer physical or sexual violence during their lifetime, often from their partner, and 1 in 3 girls are said to be married before the age of 18. We are determined to end these injustices, and enable and empower women to get the support they need and make their own choices.

The program continued to create awareness on family planning and trained animators on sexual reproductive health issues. Through home visits they encouraged young pregnant women to go for regular check-ups, take vitamins and get advice on diet and child nutrition. Decent Care is committed to strengthening and enhancing partnerships to help young women access quality family planning and reproductive health services.

The program continued to work to build the capacity of young women and Decent Care animators to deliver nutrition care and support to target groups, including antiretroviral therapy (ART) clients, pre-ART clients and pregnant and postpartum women with HIV. The program also collaborated with community members and the government in providing nutrition assessment, psycho-social support and counseling in the community.

Gem location reported the lowest number of male participants and this is as a result of the ever growing unfaithful behavior amongst the married men which is contributing to new HIV infection and re-infections. Alcoholism and cultural practices in the villages are putting youths and mature men at risk. Motor cycle riders are also hesitant in accessing health services and this group is contributing to 15% of teenage pregnancies and new HIV infections in the county.

14 year old girls are sexually involved with 27-35 year old motorcycle riders

Through community interviews with male gender groups we identified that quite a good number of them never use protection in extra marital relationships, among them almost three thirds of this population do not know their HIV status nor that of their partners. These extra marital relationships have led to many cases of maternal deaths through induced abortions conducted by native and traditional herbalists. There has been an increase in teenage parenting and out of school children taking care of their infants. It is devastating that girls as young as 14 years are sexually involved with 27-35 year old motorcycle riders which is putting majority of these girls at risks of opportunistic infections and other sexual transmitted infections.

Gender equality is still a major concern in the villages as there are still cases of male dominance in key platforms such as decision making committees and development projects

Decent Care initiative is paying off and is a tool that is campaigning for the change and healthy lifestyle. We recently visited their business and their growth made it possible for us to link up with other women living positively and enable them to voluntarily access the services- we managed to select sixty three new participants through peer support. Gender equality is still a major concern in the villages as there are still cases of male dominance in key platforms such as decision making committees and development projects. We will continue to host community dialogue, while the action change team will focus on involving men in discussions.

Monthly meetings

The training package provides basic information about nutrition and then focuses on nutrition care for PLWHA. The topics include:

- i) Relationship between nutrition and HIV
- ii) Assessing nutritional status and improving food intake
- iii) Managing food and drug interactions and complications of HIV
- iv) Caring for HIV-positive women and children infected with or affected by HIV
- v) Food and water safety and hygiene
- vi) principles of counseling and referrals and networking

During this period we hosted 9 monthly meetings in the 3 regions: Kodera, Gem and Kabondo in Homa Bay County.

The intervention has given the targeted group opportunity to equally contribute to the improvement of livelihoods as well as access to assets, basic services and rights.



Home based care and visits

Since the first iconic nutritious Packages were distributed, containing food, medicine and household supplies, the initiative has grown to become one of the most efficient and effective programmes in the area. Our programme empowers women socially and economically, and promotes equal rights and opportunities for the most vulnerable communities.

Community and home-based care providers were front-line workers in the support of people living with HIV. Their close contact with household members and the household environment offered a valuable opportunity for targeted nutrition care and support. The Decent Care package equipped community and home-based care providers with knowledge and skills to provide nutritional care as a part of ongoing services for people living with HIV. Some of the information shared include relationship between nutrition and HIV; assessment of nutritional status; methods for improving food intake; management of HIV / AIDS complications; management of food and drug interactions; care for HIV-positive women and children; food and water, safety and hygiene; and principles of counselling and networking.

During this period we had 16 home visits where we had family/households counselling sessions and nutritional practical's and educative sessions. Our theme "**Let thy medicine be thy food and food thy medicine**"- we had 4 sessions on First-Aid and self care, simple skin care practice and hygiene and self discipline on Anti-retro therapies and treatment with the support of community health workers. Uptake of family planning services and cancer screenings sessions improved our service delivery and was commendable. We had 4 safe deliveries amongst our beneficiaries. Mother-child infection is nil and no recent report on HIV infected babies.



The Decent Care package equipped community and home-based care providers with knowledge and skills to provide nutritional care as a part of ongoing services for people living with HIV.



We were able to have discussions on protective and quality sex amongst positive partners

Objective 2: To improve quality of lives and survival with HIV infection for 200 young women living with HIV in East gem and East Kabondo locations in Rangwe Sub-county.

Decent Care program began in 2016 with an invitation by HIV support groups to teach households affected by AIDS about their condition and their bodies, how to eat better and take better care of their children and dependents and work together to overcome stigma and misinformation.

The program had sessions that provided the participants with positive living trainings that promoted positive health behaviors, treatment literacy and communicated accurate and factual information, specifically about HIV/AIDS. The program ensures individuals are able to make well informed decisions about their sexual health and well-being.

In the month of January and mid-February, we conducted eight healthy household and nutritional training sessions across the three regions. We were able to address gender topics, sexuality and sexual transmitted infections and positive living. We also had discussions on protective and quality sex amongst positive partners and discordant couples. This has increased uptake of condoms and health screening sessions amongst this population.

We also managed to conduct a baseline survey on program needs and focus which was conducted by an independent Monitoring and Evaluation team from Nairobi and will go a long way to boost effectiveness and efficiency.

We hope to complete our Decent Care Program Package Module one by March. We are also making follow-ups on various stakeholders and community in addressing these gender challenges and HIV infection reduction in the county.

We are glad to share great lessons learnt through this year, though we had challenges, they helped to shape us and strengthen our vision as a program. We so grateful for the interactions and partnership with various communities and institutions including the Government of Kenya for their continued support in improving livelihood and impacting a lot of lives the DECENT WAY.



During this period we were able to access preventive materials such as informative, educative and communication charts from the sub county Aids and STIS control council (SUBSCO) through Ministry of Health Homabay County. 500 HIV test kits were delivered, and last month we recorded the highest number of people tested and counseled (350 people.) There was an impressive 20% increase in males aged between 18-24yrs. Condoms uptake increased too from 2300 pieces to 3650 pieces reported this year.

192 attending peer counselling and support group monthly meetings.

We experienced great growth in peer counselling and support group attendance from 150 members to 192 attending monthly. The sessions are voluntary and are organized by peer mentors and group members. This time they introduced snacks and reviewed various ground rules that were unfavorable to- fun, friendly and accommodative ones. We are glad to report 10 couples

attended with their partners and 6 discordant couples were reached out to and joined the group. We intend to have more couples attending and joining the great impact.

Introduction of natural medicinal therapies and nutritional evaluation sessions has helped reduced cases of skin related infections and improved immunity.

Stigma and discrimination amongst PLHIV and families had reduced, beneficiaries enrolled and trained took the task of sharing and disclosing status to family and the public as a way to overcome self-stigma and living as an example to those that are still in denial.

Through Entrepreneurship and business management training business skills and knowledge among women and young girls has been strengthened. This has given them an opportunity to create their own businesses and improve their household income.

Social development and interaction was enhanced. 20 volunteers started a kitchen garden for vegetables, the idea being to increase food production and allow the surplus to be sold to increase group savings and development projects. Members intends to start poultry farming and are contributing to the intended goal. Income-generating activity is aimed at strengthening friendship and empowering one another economically.



Social development and interaction was enhanced, 20 volunteers started a kitchen garden for vegetables

Objective 3: To enhance organizational development and programming capacity of RUNELD for more effective and efficient delivery of its services to the community in targeted areas of project management, monitoring and evaluation and documentation.

Decent Care continued to work with partners and also engaged them in different activities. Samuel Juma attended HIV Testing Services Refresher Training to meet the government requirements for better delivery.





**100 Decent
Care Champions
graduated**

World Aids Event

The month of December started on a high note, this being the month that World Aids Day is celebrated globally. During this month, RUNELD Kenya attended a stakeholders meeting organized by the government in the sub county. The sub county Aids relief partners meeting was held at Rangwe sub-county Referral Hospital. The meeting was the beginning of a good partnership with RUNELD.

Decent care family celebrated the global world Aids Day in -style;100 Decent care champions graduated and the beneficiaries had a session to educate the public on reproductive health and HIV prevention messages. The general public were entertained with songs and dances from the group. Normally this day is celebrated globally in remembrance of the heroes and heroines who have battled with HIV stigma, discrimination and stood up in challenging myths and perceptions on cultural practices that have undermined freedom to right healthcare amongst PLHIV and families.

This event was celebrated at Nyabola primary school ground, the event was very successful 450 adults were reached and 150 children attended the event. 1500 condoms were distributed that day and condom demonstration conducted. HIV testing and counselling was done at a sister facility St. Teresa Asante Nagoya Health Centre where 20 new testers got the services and 4 positive cases were linked to near by facility for care and treatment.

Entrepreneurship training

Through business management training the program aimed at empowering young women and households affected and infected on savings and loan associations offering them a chance to become self-sufficient, entrepreneurial and economically successful. When women are empowered to participate economically, they make a huge contribution to the prosperity, health and wellbeing of their families and communities, and to building a better future for the next generation.

We hosted entrepreneurship training for the three groups; Kabondo, Gem and Ombek regions respectively. The training aimed at equipping participants with knowledge and skills in starting small businesses to boost household income for transformative and better livelihood.

The entrepreneurship and self-reliance training brought together 200 target group who are men and women living with HIV and took place in March 2019 at Ombek chief and Dago shopping center in Kabondo and Gem Locations. The meeting largely focused to improve and change the attitude of the target population and to improve entrepreneurship skills at an individual level for the targeted beneficiaries.

More specifically, the meeting sought to;

- i) Introduce the participants to entrepreneurship and what to consider before choosing any form of business or income-generating activity.
- ii) Introduce the participants to attitude change tools for self-reliance and to bring out in a practical way on what steps the participants should take to ensure they are self-reliant and own the initiatives they create.
- iii) Stress on the importance of changing the programmatic approach through effective implementation of the Participatory integrated community development process/participation/rejuvenation/involvement in joint community initiatives.

From the training, participants have changed their attitude towards how they view support and how important it is for them to own their development initiatives whilst learning how to do their OWN things and being self-reliant. It was agreed that each participant should do his/her business environment scan and try to do some risk analysis for the selected business.

Moving forward, it would be important that the target population be trained on record keeping and profit tracking. And to improve on self-reliance, they (target population) should initiate a Village Savings and Loaning Association that is managed by them without the involvement of RUNELD. However, they would need to be trained on leadership skills and how they can monitor and track savings and loaning.

200 target groups were brought together in March 2019 at Ombek chief and Dago shopping center for the Entrepreneurship and Self-reliance training. These groups included men and women living with HIV.



"I made a decision to go for the HIV screening"

Highlights (Experiences and stories)

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“When we began Decent Care initiative many families in the region were eating fewer than three meals a day. Most of the families did not understand the importance of eating nutritious meals. By the time they graduated from the program, most of the families were eating at least three meals a day. They increased their spending on food, and were able to eat almost 50 times more nutritious and healthy meals. Household incomes have increased, and most families had enough savings to buy food”. Carline

.....

SILENT FOR SO LONG:

**My name is Caroline Achieng,
I am 30 years old.**

“I became a widow in 2016 with three children; I came to know about my HIV status after burying my husband who had been ailing for two years before his death in 2016. Life has been a long journey for me and my three sons. I was very worried about my health and how I was going to raise my children as a single parent with the challenges I was going through. I made a decision to go for HIV screening and found out that I was infected with HIV and tuberculosis. I was put on six months treatment and care support services for TB and ARVs at the same time.



It was unbelievable and shocking at the same time knowing that I was going to be hospitalized because I was very weak and with a CD4 count of 150 and my young children were left alone like orphans and not knowing how to go about their daily lives without me. I prayed to God to spare my life and protect my children too. I gathered courage and changed my attitude about life in general. During my stay in hospital I had many terrible dreams including death and horrific images which really scared me, this was due to ARVs side effect which no one prepared me for and I thought I was going to die leaving my children at tender age.

Eventually, I was discharged after two weeks and went back home to recover fully...for me it was like getting resurrected again after death because I felt that God has given me another chance to live-up for him and take care of my children. I decided to start afresh and take the mantle of taking care of myself, leading my family and working hard to make ends meet. I looked for work to do but I didnt succeed and eventually ended up in a construction work mainly as a casual laborer.

It was getting tougher and rough for me trying to balance family and hard labour and taking care of my health as well so I had to start training my three boys' house chores and other responsibility. They had to learn the hard way but it was for our good. I have been able to raise them well and they are really helpful through hard work, I have been able to pay school fees and provide food for them. I joined RUNELD Kenya support group through a friend who invited me for 2018 world Aids Day Event organized by RUNELD and my friend was graduating from the DCP as a champion of positive living, the event completely changed my attitude about HIV in general and my friend was very supportive and open about her HIV status and could talk openly without any fear of how people think about her. This motivated me to disclose my HIV+ status to my children and they took it well and they turned to be my source of support especially when I forget to take my ARVs Drugs on time.

My journey with HIV is getting better day by day, I have reached out to my two friends whom have helped to disclose their status to their partners and also follow adherence therapy after the training that we got from RUNELD and we are happy together, appreciating positive living without regrets, loving ourselves more we have been working on our farms together and soon we are hoping to start a joint business of groceries and vegetable. Am looking forward to my story to many and hope it will inspire and encourage someone out there! "

Thank you



I HAD NO CHOICE:

**My name Quinter Anyango,
I am 30 years old.**

" I have six children and all are girls it's a great thing and to be a mother and I am blessed to have them. It is a pleasure for me to tell you my story and journey with my beautiful family. I was really yearning to have a stable family, happy and having a supportive environment, handsome husband, hardworking and responsible. So

one day while I was in form two(secondary school) I met this fun, tall, dark and handsome man who was very attractive and look very responsible approached me and told me that he likes me and I was his dream type of girl .

At first I felt have fallen in love and found true love, and it was my time to enjoy life, had consulted with my peers but I couldn't listen to their advice because I thought they were jealous and not understanding me so I kept all the secret adventures and feelings for myself. We kept meeting secretly after school in the evenings and we could elope to go to solitary places and have some quality time. A few months later I discovered that I got pregnant, at that time I became confused and stressed up not knowing what to tell my parents/friends and my studies were at stake too.

"A few months later I discovered that I got pregnant"

I had no choice but to drop my studies and take care of the un born baby and later gave birth to bouncing baby girl, the gentle man took responsibility and went ahead to talk to my parent and assured them of child support, at that point I thought of going back to finish my secondary education but I felt shy and disappointed because of my bad reputation so I resolved to stay at home and help parents in the farm.

Farming was great until the time my parents got concerned about my time to get married, they suggested that I go join my boyfriend and raise the kid together. I wasn't ready for marriage yet but I had to give in to their opinion. I finally planned to meet the father of my kid and ask him if he's ready to take us in and live together of which he never hesitated. We started living together and I didnt go for family planning, a year later I got a second pregnancy and later on I gave birth to another baby girl. Since I didn't finish my high school life became hard because I could not qualify for a better job so I became a housewife. My husband was just a security guard so his job wouldn't sustain our basic needs and he requested for my support to at least do some work to add to his small salary.

It dint take long and I got pregnant again and this time it was twins, at this time we didn't expected it to be that way but we had to live with reality and prayed to God to provide for our needs. Later on I delivered and again it was two beautiful girls. This time I noticed that my husband was not happy because he was expecting a different gender. That's when life changed completely my husband left our home for up to six months not knowing his where about. I later heard that he married another woman who could bare him boys.

We separated and it was very sad, as it was not my will to give birth to girls and culturally this is a taboo. I learned to forgive and work hard to raise my five kids alone. A year later my husband come back and packed our stuffs and kids and chased us away, and moved in with another woman. We moved to my parents rural home and I resolved to distribute my kids to my sisters and brothers to help me raised them up because I couldn't afford even to feed them. I tried to reach out to my husband to reconcile but I ended up in another mess....we met and talk and since it was dark I couldn't travel back home so he organized we spend the night together in a town hotel room...to make the story short I got pregnant again and this time I went for the HIV test which is mandatory for pregnant women, I found out that I was infected by HIV. Life was too hard and unbearable I was on denial and stop going for the antenatal care because of self stigma so eventually gave birth at home to a baby girl who turned out to be positive. I became weak physically, emotionally and so bitter with myself and I just wanted to die. Community health worker reached out to me, took me to the facility and I was put on ARVs drugs and later referred for counselling and support group. Joining Runeld support group helped me to realize that self -stigma kills and that I was in a better position to change my life by the good choices i make. I know life will be better for my girls and they will work hard in life to prove to the society that girl child is important and can impact lives someday. "

Thank you and that's my story

"Joining Runeld support group helped me to realize that self -stigma kills"

Lessons learned

Partners are coming on board to work with Decent Care. They are pleased with the work being done with the animators.

- Women and girls suffer marginalization acutely. Traditional views of women and their role in society exacerbates isolation. Abuse and exploitation, coupled with limited or no access to economic resources are common. Their voices are hardly heard in decision making gatherings.
- Many participants still hold on to myths about condom use and family planning which is a major contributor of mother to child transmission and re-infection among positive people.
- Among the youths many are having unprotected sex which has resulted in early pregnancy, early marriage and school dropout.
- Cultural belief is still a major barrier when it comes to issues of sex and sexuality. The new participants are in fear of talking openly about their sex life with their partners. As much as our program is focusing on prevention and positive living.
- There is need for us to put more effort on reducing community stigma and create more awareness on the importance of self care and community support.



We will continue to empower young women through business management training

Next step

The program will focus on sustainable economic growth. We will work towards building positive changes for women and girls through financial inclusion and economic empowerment that addresses needs of livelihood.

Decent Care program will continue to create safe spaces for support and provide practical knowledge, inspiration, resources and relationships to help AIDS-affected households in Homa Bay County to make the healthiest choices they can for themselves and their children.

There is a need for sensitization of communities on sexual reproductive health rights in addressing teenage pregnancies and contraceptives program at least it will reduce risks amongst youths and young mothers.

Informational and edutainment materials will help big time in decision making among the youths and less informed groupings so government institutions and partners on the ground needs to strategize and work together in production and distribution of resources.

Peer educators and animators empowerment sessions to be jointly supported by partners to address referrals and networks of change and service uptake 100% for various health education, care and treatment.

We intend to work closely with our communities and partners in improving services and meeting the ever growing needs with time.

We will continue to empower young women through business management training to ensure they create sustainable employment opportunities through the support for the establishment and development of small business. This will enable women and young girls to be in a better position to participate in decision making regarding their health and family needs.

The program will continue to implement effective and inexpensive ways to deal with infection and poor nutrition by promoting good nutrition, hygiene, and food safety among HIV positive women. The program will provide entrepreneurial skills that will enable the women start and manage small businesses. They will finally be supported with repayable non-interest start-up kits to help them start their small businesses for income. This will help improve their household incomes leading to better access to nutrition and healthcare services among others.





The program will provide opportunity to HIV positive women to boost their immunity and delay disease progression, hence improving their survival time. Together with our many partners, Decent Care will continue to deliver for women and girls on, seeking equality for all

We are grateful for the support from Egmont Trust and the opportunity to restore health among Households in Homa Bay. This has seen women gaining back hope, strength and joy.

Support from Egmont Trust has restored health among Households in Homa Bay. This has seen women gaining back hope, strength and joy.



ABOUT RUNELD

1.1 Background

RUNELD KENYA is a non-profit organization registered in Kenya with the aim of empowering healthy sustainable and productive lifestyles of rural Families and works with key populations in Homa Bay County in Kenya. RUNELD seeks to change the reality and perception of grassroots women from vulnerable victimized recipients of goods and services to empowered and effective leaders through movement building, leadership and advocacy. RUNELD supports several themes and programs geared towards women empowerment, among them, Women leadership and Governance, Women Property, Community Responses to HIV/AIDS and, Community Resilience to Climate Change and ensuring economic empowerment. It uses a combination of strategies to achieve its objectives, including Advocating, Capacity Building, Networking, Rallying and Amplifying, all geared towards bringing women together and strengthening their voices.

“Decent Care Program” is a project implemented by RUNELD from Sep 2016 until now, to generate knowledge on implementation of programs that bridge gaps in gender equality. The project seeks to equip participating women with knowledge and skills that enhance their leadership and organizational capabilities and ultimately enable them to become drivers of their own transformation. The overall objective of the project is “to contribute to women’s economic empowerment and improved livelihoods through enhanced entrepreneurial

and social wellbeing”. The project had an initial target of 200 Households that are headed by women living with HIV and is funded by Egmont Trust.

The project was implemented in three locations (Kodera, Gem and Kabondo) in Homa Bay County. The project sought to expand on concepts and models for women empowerment and gender equality. Lessons from the project were to be documented for dissemination, replication and intensification in similar situations. Although its core objective was women empowerment, the project recognized the central place of men in the gender equality efforts and therefore purposely worked to influence shifts in gender power relations, and especially to positively impact changes in men’s attitudes towards women empowerment.

The Project Context

In rural areas, women contribute most of the agricultural labor force and produce much of the food. They are major players in the development of communities and their contribution has profound impact on the wellbeing of families. They, however, face persistent obstacles and economic constraints that limit their potential and full inclusion in society more so for those that live with HIV. The project evaluation report ending December 2018 identified some of these constraints in the three project areas, among them: limited access to start-up capitals, few productive

“Descent Care Program”
is a project
implemented by
RUNELD from Sep
2016

assets such as land, inadequate labor, limited entrepreneurial skills, poor infrastructure, and lack of extension services and markets. The project was designed to promote gender equality by strengthening rural women’s effective representation in the economy and society in a setting where men typically own and control most assets of production. Further it intended to promote positive living while creating a safe space for the target population to share personal life experiences.

1.2 Purpose, scope and focus of the end-term evaluation

The objective of the evaluation was to assess performance of the project over the entire implementation period, draw lessons and give recommendations for future program planning and design. The evaluation assessed the various

project elements including implementation of project activities, results and linkages with other public institutions and private sector service providers.

The evaluation further documented lessons learnt from the project and profiled human-interest stories to demonstrate and highlight the project impact. It also assessed the “model” of implementation and gives recommendations for replication. The evaluation applied the Human Rights Based Approach in reviewing progress, essentially assessing the project against the principles of participation, accountability, non-discrimination and empowerment. The evaluation thus assessed intrinsic changes in the empowerment of the beneficiaries, their capacity to claim and access public services, and shifts in gender relations, in addition to changes in attitudes of duty bearers and capacity of project beneficiaries to claim rights and live happily.



For accelerating empowerment among rural women to improve quality lives, survival and coping with HIV

2..0 Methodology

2.1 Study Area

The project was implemented in three locations in Homa Bay County among the 47 counties in Kenya. The project areas are predominantly rural and derive their economic and social services from agricultural activities, limited small scale businesses and forest activities. The criterion for selecting this County was premised on the degree of vulnerability of women to economic and social development.

2.2 Evaluation Design And Approach

The evaluation had three components:

- **First**, was the assessment of results in relation to set goals and objectives;
- **Second**, was the measurement of key performance elements, i.e., relevance, effectiveness, efficiency, impact and sustainability, and;
- **Third**, was the documentation of key lessons learned and formulation of recommendations for strengthening future interventions and/or potential follow-on activities.

The evaluation employed participatory methodologies to understand the respective value chains, participation of the different actors and the critical opportunities and constraints that facilitate or limit the growth of production and competitiveness. Further, it used the OECD-DAC evaluation criteria to assess the changes, if any, that have been occasioned by the project.

The process of the final evaluation entailed:

1. Assessment of the program activities implemented by RUNELD and partners during the project life against the evaluation criteria for; efficiency, effectiveness, relevance, sustainability and impact.
2. Assessment of the theory of change against project performance.

3. Documentation of the project's learning and best practices that include, strategic models, gender integration, and accountability to partners, beneficiaries, communities and donors.
4. Identification and location of human-interest stories to showcase project impact.

2.3 Geographical Information System (Gis) Mapping

The evaluation utilized GIS technology to locate project beneficiaries for the purpose of capturing success stories and/or human-impact stories, to illustrate impact. Examples were located and selected through primary and secondary data sources. The stories will serve to provide a holistic picture of the impact of the various project interventions, and give a local perspective to the project impact.

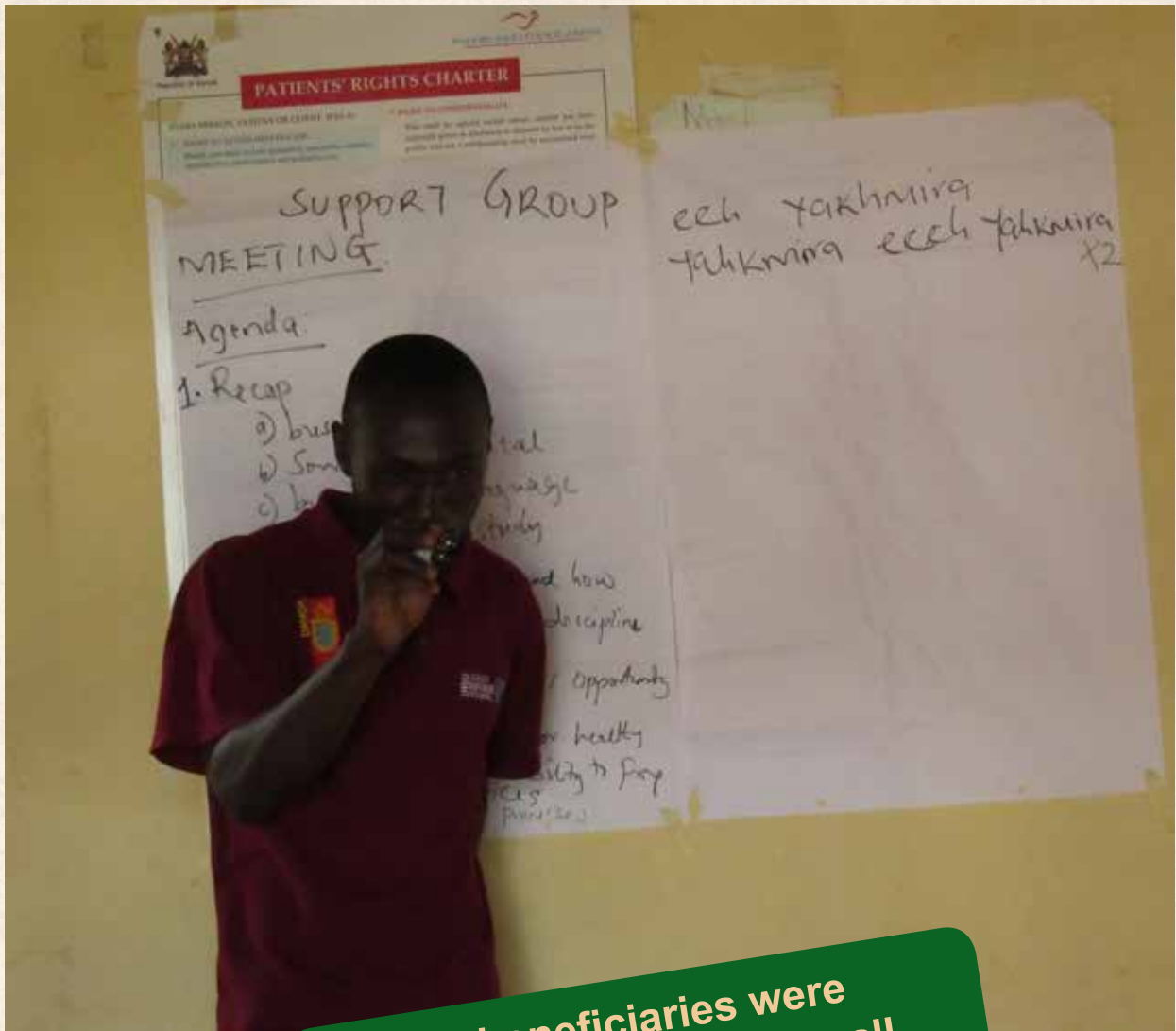
2.4 Methods and tools

The evaluation adopted mixed methodologies to gather quantitative and qualitative data from both primary and secondary sources. Primary data was collected through a randomly administered survey questionnaire on beneficiaries, and interviews of selected representatives of key project stakeholders, including RUNELD and CHWs who worked with the various beneficiaries; community groups and individual group members. Identification of stakeholder/stakeholder groups to participate in the evaluation was discussed and agreed at inception. Secondary data was analyzed from various sources such as project reports, frameworks and reports.

2.5 Sampling

2.5.1 House Hold Survey

The study covered proportionately the targeted rural populations in Homa Bay County. A stratified random sampling technique was used to select beneficiary households for interviews. The beneficiaries were randomly sampled from all the project sites. Considering a target population of 93 households, a confidence level of 95%, a confidence interval of 5%, the



The beneficiaries were randomly sampled from all the project sites.

sample size was calculated as 72 (using an online sample size calculator - www.macorr.com). An additional 10% insurance factor was considered bringing the total questionnaires to 82.

This number was proportionately distributed to the three locations based on the population sizes.

Specifically, the sample size for each location was further distributed as per the number of members in each of the beneficiaries' groups, and taking into consideration the respective businesses. A beneficiary list was used to

randomize the required number of households. A household questionnaire transcribed into an Android based software (Teamscope) was used to gather data from the sampled households.

2.5.2 Focused Group Discussions (FGDs)

A total of 2 focus group discussions were held and, distributed evenly across the types of businesses. The selection of the participants considered the different capacities and skills. The target groups for FGDs comprised of Women who have received support from DCP program, farmers and, advocacy champions, coaches, market champions, and Seed Fund committees.

3.0 Findings

This section discusses the findings of the evaluation study and provides analytical perspectives on the extent to which intended outcomes have been achieved.

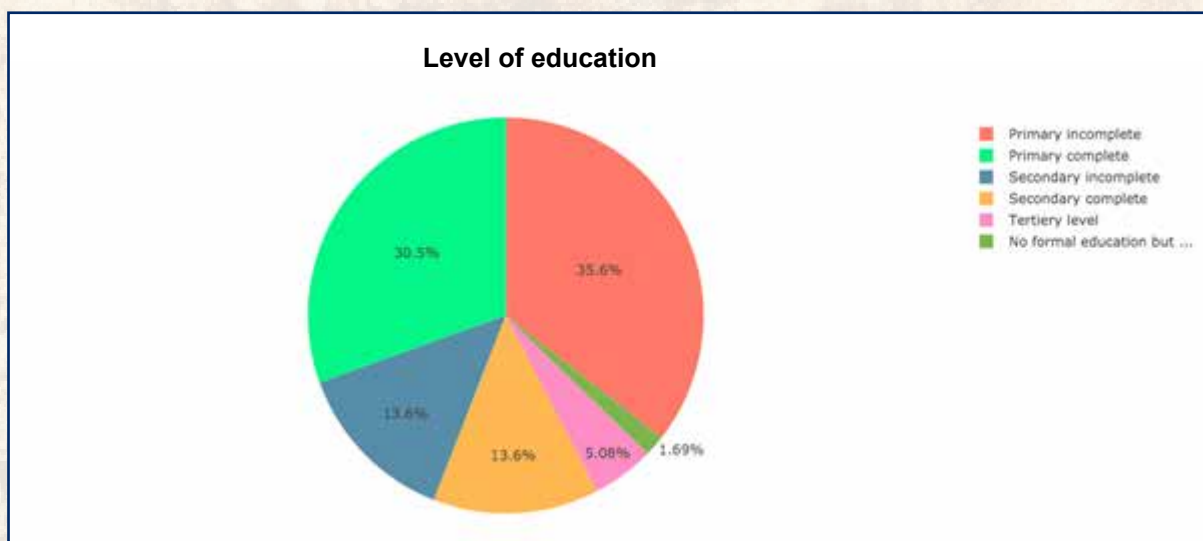
3.1 Socio-Economic Characteristics Of Respondents

3.1.1 Age of Respondents

84.75% of the respondents interviewed for the household survey were women. The age of the respondents varied from 18 to over 45 years (as indicated in the figure 1 below) with the majority (77.97%) falling between 24 to 45 years. The most represented age bracket was 24 to 35 years (47.46%). There were no respondents below 18 years. The fair distribution of beneficiaries in terms of age is an indicator of continuity of the project outcomes.

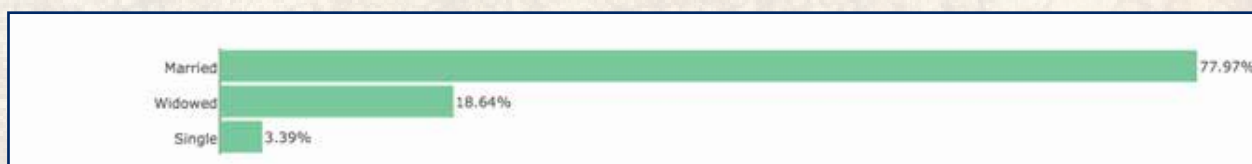
3.1.2 Level of Education

The target group had a relatively some level of education with 66.1% having completed primary school. The respondents without formal education were a mere 1.69% as shown in figure below. The relatively high level of education amongst the respondents could have contributed to quality of responses. Further, education is a key component in women economic empowerment and a clear path towards increased and efficient productivity of the farmers. RUNELD reports had identified low levels of adult literacy and education in the communities living in Homa Bay County, however arising from the projects' training of coaches and their subsequent mandate to train the women, the capacities of women (regardless of their education) had greatly improved.



3.1.3 Marital Status and Household Size

The evaluation established that a majority (77.97%) of the respondents are married followed by those widowed at 18.64%. See graph below.



That the findings indicate a bigger percentage of the beneficiaries are married, is proof of the importance of including the whole family in decision making, and further justifies a case for the need for including both men and women in business enterprises. The inclusion of men champions (men-for-women) in the project was an important factor in improving gender relations in social economic empowerment.

3.2 Effectiveness

The project achieved its objectives as demonstrated in this section. Below is a summary of achievements specific to the outcome indicators.

Objective 1: To improve psycho-social coping with HIV infection and positive test result among 200 young women in East gem and East Kabondo locations in Rangwe sub-county

The project mobilized 3 groups in the three Locations of Gem East location, Kabondo and Kodera villages' with 93 households and a total of 228 beneficiaries. The identified household representatives (mostly women living with HIV) were organized into psychosocial support groups that provided an opportunity for them to share personal stories and encourage one another. When asked whether they are organized in to groups, 86.2% indicated they are members of a women group; 9.4% belong to a merry go round (whose composition consists of men); 3.1% to a farmers' group and 1% to a produce marketing group.

All the respondents during the household interview confirmed that they had attended at least three meeting. Further, during the FGD one of the respondents said that *"this is the only place I feel free to share my personal issues without being judged. I can talk about anything and even if I report my success in the business I started no one will be jealous"* The support groups play an important role in the lives of the target group and when asked how the support groups had changed their lives, the respondents mentioned that it had helped them know how to live positively without any fears and to feel encouraged and confident to share their status with people they trust

Objective 2: To improve the quality of lives and survival with HIV infection for 200 young women living with HIV in East gem and East Kabondo locations in Rangwe Sub-county.

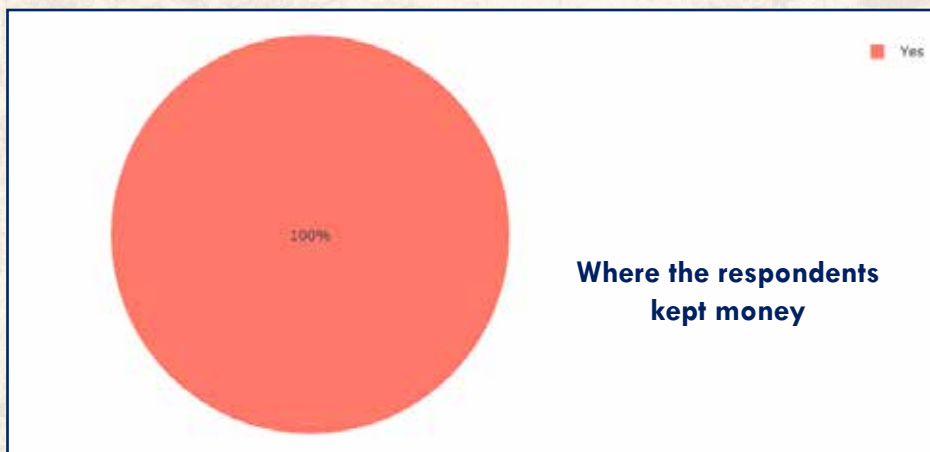
There were significant efforts to sensitize the women groups on the role they can play in ensuring that they live positively with the highest attainable quality of health. Distribution of nutritional supplements was one of the activities conducted by RUNELD to contribute to this.

During the FGDs the respondents were quick to appreciate the efforts RUNELD made to ensure they received the nutritional supplements. They went further to mention that they had received nutritional trainings that has since changed how they eat and cope with HIV. During the household interview, when the respondents were asked if they had received any nutritional support 94.83% confirmed this as depicted by the graph below. However, there is need to continue doing this as some of the respondents still have low levels of income if compared to their respective household needs.

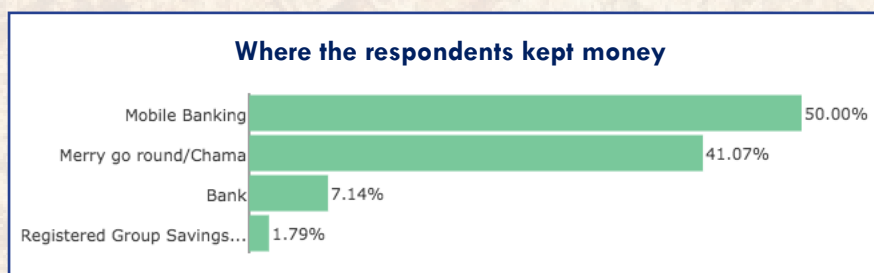


Improved appetite, improved strength and improved health were some of the changes that had been realized by the respondents who reported to have received the nutritional supplements.

Coupled with the trainings and distribution of nutritional supplements, RUNELD also focused on increasing household income for sustainability and ensuring that every household can afford a decent meal. With regards to this, when asked if any respondent had received any seed capital all the respondents said yes (see chart below) and that the amounts received (17500 USD) been had used to either start new businesses or improve existing small-scale businesses.



Some of the businesses that the respondents mentioned they were involved in included; Cereals, Poultry, fish, Brick Making, Mobile Hotel, Farming among others. When asked where they keep the money earned from the business, 50% said they used Mobile banking with 41.07% saying they saved the profit in table banking and merry go rounds only 7.14% saved their money in the bank. (see graph below)



Objective 3: To enhance organizational development and programming capacity of RUNELD for more effective and efficient delivery of its services to the community in targeted areas of project management, monitoring and evaluation and documentation.

During the month of June 14-19th one staff attended a monitoring and Evaluation workshop on use of mobile network in conducting household surveys and nutritional deliveries, health referral and tracking client for linkages services near them. Runeld resolved to adopt and introduce the application device to its volunteers since it would reduce several gaps in service delivery and documentation.

1 staff and 1 volunteer went to 2 days residential family planning update workshop which was focused on ensuring women and girls can voluntarily plan for safe pregnancies, improving their sexual Reproductive health and reduce maternal, and child mortality rate.

50% said they used Mobile banking ...

41.07% saved in table banking and merry go rounds ...

7.14% saved in the bank



For accelerating empowerment among rural women to improve quality lives, survival and coping with HIV

4.0 Conclusion

4.1 Lessons learnt

4.1.1 Flexibility of Project Design

One of the most critical lessons from this project is the extent to which flexibility of implementation can contribute to effectiveness in achieving project results. This project was built to allow regular review of activities based on progressive experiences and feedback gathered during implementation. This cushioned the project from the challenges of “fidelity of implementation” which are often a characteristic challenge for many evidence-based projects. This approach made it easy to adjust implementation to emerging realities and allowed for measurement of results. It also allowed for resources to be invested where they were needed most.

This flexibility was achieved through the understanding arrived at during the project development – which was an extensive consultation process between RUNELD, and EGMONT TRUST.

Quite notable was the depth of thought that went into identifying the groups of beneficiaries and the specific entrepreneurships upon which to invest. In many programs of similar nature, the women are treated as recipients of services rather than drivers of change, yet this project deliberately purposed to utilize the ability of women to organize as impetus for economic and social growth. This aspect also took into account RUNELDS’ core strength of mobilizing grassroots women, and built on experiences drawn from this approach (even though from a much smaller scale). Put differently, the project design allowed for organic integration of RUNELDS core approach to women empowerment.

The choice of entrepreneurship was informed by various economic activities prevalent in the three locations and sought to improve practices rather than introduce new/alien concepts which would have otherwise been slow to initiate.

The observations notwithstanding, the Risk Analysis did not adequately consider difficulties associated with reaching this

specific target population and the time and resource investments required at the initial stages of the project.

4.12 Women Organizing

The overall delivery of the project was anchored on the women groups, and their ability to organize themselves as mechanisms for the empowerment of rural poor women. Based upon this background, it was observed that the ability of the women to be organized was perhaps the strongest single factor that contributed to the success of the project.

Such impressive level of grassroots coordination led to; better ownership of the project, improved decision making, solidarity amongst beneficiaries, passion and motivation amongst the grassroots women, and it helped

ground the project on principles of meaningful community participation.

4.13 Economic Outcomes

While there has been notable increase in the levels of income for the various targeted households, a question that lingers is whether the extent of change achieved is the best there could have been - with a better combination of approaches. Put differently, could the project have achieved more? In addressing this concern, there's need to understand the multiplicity of factors that have a bearing on changes of income at the household level. In essence, to increase economic opportunities for women means addressing multiple and deep rooted and intractable constraints and thus requires a complex set of interventions cutting across the various disciplinary and sector focuses.



Section II

Progress Report 6 months

Project Information April 2019 -Sep 2019

Partner Name	Rural New Life Development Kenya (RUNELD)		
Country	Kenya		
Project Title	Decent Care Program		
Grant Amount (£)	Year 1	Year 2	
Project Duration	From – April 2019		Sep 2019
Beneficiary Numbers	Direct – 400	Indirect – 200 women,300 children and 100 men	
Contact Name	Samuel Juma	Position/Job Title	Project Manager
Contact Email	Runelruneldgmail.com		



1000 women, children and men benefitted directly and indirectly

Progress Report – Activities

Aim 1: To improve psychosocial coping with HIV infection and positive test result among 200 young women in East gem and East Kabondo locations in Rangwe sub-county

Aim 2: To improve the quality of lives and survival with HIV infection for 200 young women living with HIV in East gem and East Kabondo locations in Rangwe Sub-county.

Aim 3: To enhance organizational development and programming capacity of RUNELD for more effective and efficient delivery of its services to the community in targeted areas of project management, monitoring and evaluation and documentation.





200 young women living with HIV lives are improved in East gem and East Kabondo



Overall Objectives (these may or may not differ from aims above)	Planned activities for the project	Activities completed
<p>To improve psychosocial coping with HIV infection and positive test result among 200 young women in East gem and East Kabondo locations in Rangwe sub-county.</p>	<p>support group therapies.</p>	<p>12 support groups formed during the period of 6 months. Dissemination of information</p>
	<p>Follow ups and home visits by caregiver/ animators</p>	<p>8 home visits and 100 home visits</p>
	<p>Distribution of healthy and nutritious porridge flour.</p>	<p>6 nutrition assessments conducted. 428 kilos of nutritious porridge flour distributed to 104 households in 3 villages.</p>
<p>To improve quality of lives and survival with HIV infection for 200 young women living with HIV in East gem and East Kabondo locations in Rangwe Sub-county.</p>	<p>Home visits and referrals and linkages</p>	<p>196 young women reached for adherence, stigma reduction and good nutrition.</p>
	<p>Business management training for new group. Refresher training workshops for the animators on business mentorship</p>	<p>80 women and 13 animators trained to improve their skills.</p>
<p>To enhance organizational development and programming capacity of RUNELD for more effective and efficient delivery of its services to the community in targeted areas of project management, monitoring and evaluation and documentation.</p>	<p>Capacity building of staff members.</p>	<p>Staff trained on family planning building on digital mobile data collection</p>
	<p>Peer evaluation</p>	<p>Peer evaluation conducted</p>
	<p>Monitoring and evaluation of the program</p>	<p>Staff trained on digital data collection tools.</p>

Completed this period	Comments
<p>o meetings held in 3 villages in months.</p> <p>n information on HIV</p>	<p>With nutritional training sessions, DCP beneficiaries have consistently gained and adopted healthy eating practise in households, and food security-this has increased access and uptake for health care services. Animators equipped the beneficiaries with information on prevention of opportunistic infections and treatment.</p>
<p>d 6 comprehensive care clinic</p>	<p>Through home visits families are taking responsibility of their health by doing follow ups with clinics and also planning for their hospital visits. They have adjusted to better eating practices like having healthy breakfast e.g nutritious porridge and sweet potato instead of bread and black tea. The intervention has equipped young mothers with necessary skills and information to enhance their health and that of their babies.</p>
<p>ment and follow up.</p> <p>onal flour distributed to 228 villages.</p>	<p>Self-report on proper planning and meal intake to improve health and well being of their households.</p> <p>With nutrition training women plan for their families on what is healthy. E.g having nutritional porridge and sweet potatoes for breakfast, traditional vegetables for lunch and ensuring that families</p>
<p>n trained on positive living, drug a reduction and coping mecha-trition.</p>	
<p>men trained on financial literacy skills in business</p>	<p>Trained women have been able to improve their business through the acquired business training. The intervention has equipped women with entrepreneurial skills that has seen women improve on their household income.</p>
<p>family planning and also capacity monitoring and evaluation tools and</p>	<p>1 staff and 1 volunteer went to 2days residential family planning update workshop which was focused on ensuring women and girls can voluntarily plan for safe pregnancies, improving their sexual Reproductive health and reduce maternal, new-born and child mortality rate.</p>
<p>ital monitoring and evaluation</p>	<p>We were not able to conduct peer evaluation during this period, but we are still waiting to hear from Egmont so that we can have peer evaluation before the end of the year 2019.</p>
<p>ital monitoring and evaluation</p>	<p>Improved on data collection and documentation that will help in reporting.</p>



Decent Care Program winning strategy is getting resources and Education to the most vulnerable rural families.

Decent Care Program winning strategy is getting resources and Education to the most vulnerable rural families. This engagement empowers an individual to earn his/her livelihood and increases one's awareness on a wide range of issues – from health care to appropriate social behavior to understanding one's rights – and in the process help him/her evolve as a dependable citizen.

Decent Care Programme for HIV/AIDS-Affected and infected Women in East Gem and East Kabondo, Rangwe sub-county is a programme funded by Egmont Trust. The initiative strives to ensure they are able to cope with positive test results and attain decent living through emotional, psycho-social, spiritual and physical care within their family setups.

Decent Care package continued to expand its activities to benefit more rural women and children especially in contributing to women empowerment and community development. This was enhanced through discussions and trainings on:

- i) Food, nutrition
- ii) Business management
- iii) Rights awareness, leadership, health, and HIV/AIDS
- iv) Child growth and development



The program provides strategies for empowering young women. The goal is to give young women the power, capacities, capabilities and access needed to change their own lives, improve their own communities and influence their own destinies. The program has helped young women living with HIV to amplify their voices, using strategies that promote their leadership and meaningful participation in all decisions and actions to respond to the epidemic.

This report highlights activities for the period of 6 months.

Objective 1: To improve psycho-social coping with HIV infection and positive test result among 200 young women in East gem and East Kabondo locations in Rangwe sub-county

In the reporting period Decent Care team through support from Egmont Trust funds made a tangible difference for 228 household with 93 direct 135 indirect. The beneficiaries include children, women and Youth living positively from 3 villages that is Gem East location, Kabondo and Koderia villages. These villages are characterized by extreme poverty, enduring effects of HIV/AIDS, early pregnancy and Gender based violence.

The activities conducted in the reporting months included; dissemination of information on HIV prevention, care and support/treatment, facilitated access

to quality health-care and nutrition by giving nutrition advice and distributing Amaranths porridge flour, psycho-social support (support group

228 household with **93** direct 135 indirect. The beneficiaries include children, women and Youth living positively from 3 villages



RUNELD continued to advocate for Women (19-30 years) at risk of getting new infections

counselling), entrepreneurship and financial management training, supported caregivers to access micro-finance and initiate viable businesses, and provided beneficiaries having fresh farm produces linkage to the market.

RUNELD continued to work with the community in finding long lasting solutions to the concerns including nurturing children's potential and keeping youth/women healthy and safe in their rural homes. The activities conducted were aimed at mitigating household economic vulnerability, enhancement of community resiliency and healthy relationships, identifying and embracing cultural diversity for peaceful coexistence and collective prosperity for families.

The active participation of project beneficiaries in June activities made bare their vulnerability escalators such as retrogressive cultural practices based on gender and negative stereotypes, high rate of school drop-out among children and youth involvement in high risk sexual behaviors. These concerns limit the young women's potential to participate in development, access useful information when making decisions affecting their sexual reproductive health and rights and the ability to utilize alternative sources of income.



**1800
male
condoms
distributed!**





RUNELD continued to advocate for Women (19-30 years) at risk of getting new infections including sexually transmitted infections and unplanned pregnancies to access counselling and peer support activities. On their end the men are to participate in support groups and community change action teams to support couple family planning activities within the villages.

Men in contact with RUNELD were also linked and encouraged to participate in family health clubs. At the RUNELD centre (Kabondo, Gem and Koder) Decent care adolescent mentors provided safe spaces and facilitated discussions on safe and healthy sexual lifestyle with the Adolescents.

Decent care champions/facilitators conducted a health talk in Gem, Kadongo and Kasipul East aimed giving information and linked the community with the opportunity to choose from various family planning options. A total 80 women and 13 men were reached.

Participants in the sessions were also offered Voluntary Counseling and HIV Testing. 124 women and 45 men tested and re-tested while 84 women and 42 men got a confirmatory test that day. Amongst the newly tested, only 7 were reactive (4 female and 3 male). This activity was held during the annual world candle light day event. In addition, RUNELD Team distributed 1800 male condoms that day.

On 10th June 2019 Community Healthy living forum was conducted for 200 people (56 male—144 female.) Topics covered were building healthy relationships and unhealthy relationships, sexuality and health promotion for uptake for essential services.

10th June 2019
Community Healthy
living forum was
conducted for 200
(56male—144 female).



The facilitators observed from the participation that majority showed interest in quality sex and communication. During the discussion, participants mentioned that teenage pregnancies and abortion were on the rise and that there's need for the project to extend health sessions to schools and youth groups in the community. In conclusion the community made a resolution to support the government and various stakeholders in strengthening synergies for reducing cases of teenage related deaths.

Candle light event marked on 14th May 2019 was attended by general population of 257 people (male 98 and female 159) in remembrance of those who have succumbed to HIV/AIDS. In attendance were Decent care champions, supported beneficiaries who lit candles and disseminated HIV prevention messages and led anti-stigma recitations, youths were engaged in education entertainment and sensitized on safe sex practices, behavior change and Abstinence. The event was flagged off by Sub-county health officers and sub county Aids and STIs control committee head. The county government administrators and security officials lead by the area chief who applauded the organization for supporting women and youths fighting HIV and improving uptake of reproductive health services in the area.



Objective 2: To improve quality of lives and survival with HIV infection for 200 young women living with HIV in East gem and East Kabondo locations in Rangwe Sub-county.

RUNELD continues to work with the community to ensure that the community members are taking responsibility for establishing and implementing health maintainace for individuals of all ages.

Poor diets lead to critical deficiencies in important nutrients such as Vitamin A. Malnourished children need to be supplemented with the nutrients they lack. RUNELD staff trained animators on nutrition who continued to educate communities on the importance of nutrition. We mobilize community members to seek nutrition services at health facilities and to encourage their neighbors to do the same. More than 150 households received essential nutrition services such as Vitamin A supplementation and nutritious porridge flour.

The beneficiaries had sessions and trainings that helped them understand and improve their health. Discussions on nutrition have helped participants understand that decisions that they make each day affect their health. Making responsible decisions about health and developing health promoting habits are crucial to achieving and maintaining wellness and preventing diseases.

Social and Behavior Change Communication continued to be a driving force behind Decent Care nutrition initiative. Households were supported with nutritious porridge flour and vitamin supplements.

Even as households received the flour and got information on how grow more nutritious food and seek out supplementation themselves.

The support group continued to teach community members how to improve their nutrition, the impact of nutrition on themselves and their children.

In this period, Decent Care held 6 nutrition assessment and follow-ups meetings, eight home visits and 6 comprehensive care clinics (hospitals follow up visits), from the visits there were nil bed ridden cases and no drug defaulters recorded. This proves that the community has embraced peer support and health follow ups led by community animators.

Decent Care champions together with Health nutritionist supported by the sub county health support unit delivered 428 kilograms of nutritional flour and 200(sachets) diet butter nut supplements respectively to 135 (family household) beneficiaries. We are looking forward to more support and partnerships in boosting healthy households and in eradicating poverty, alleviating pain and suffering associated with people living with HIV virus.

There has been steady improvement in attendance of the ongoing peer led support group therapy meetings where members give each other hope and emotional support in fighting the daily challenges of positive living, adherence and disclosure for healthy living.



150
households
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Vitamin A
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and nutritious
porridge flour.



Runeld Kenya conducted a free four days annual medical camp in Gem east location. This years' medical camp was made successful through great partnership and support by Asante Nagoya team from Japan. 20 Medical Doctors and four Nurses attended and offered their professional service to the community.

Common diseases diagnosis were as follows- upper respiratory tract infections, pneumonia, peptic ulcers disease, and hypersensitivity reaction and skin diseases. Gastroenteritis was also common in men. Women who received family planning services were 168 and male condoms distributed were 5200. In total patients who received medical services for the four day event was 542 men, 675 women 237 children respectively.

HIV testing and counseling uptake was 153 males tested, 90 among them were newly tested and 15 were reactive. Women tested and counseled were 240 and 25 were newly tested and 17 were reactive. Only four children tested positive and they were on medication.



Entrepreneurship training

Many families rely on women to care for them and to provide basic necessities for survival. As rural women receive education, they have managed to provide their households with healthy nutrition, stronger food security and increased access to health care.

Despite the crucial investments women make in their families and the contributions they make to their communities, Sub-Saharan women constitute region's landholders, and their challenges range from sexual exploitation to illiteracy and disease. Regrettably, women suffer silently in the background. But Decent Care knows the important role women play in reviving household health, and it knows women can be leaders. Decent Care worked in collaboration with its partners and with local communities to provide information and opportunities that encourage women to participate and take initiative of their health, enabling households to restore and improve their health.



15% only, of women in Sub-Saharan are landholders! They face disproportionate challenges ranging from sexual exploitation to illiteracy and disease!

In 2016, Decent Care program began the Initiative for the Economic Empowerment of young women with funding by Egmont Trust. The goal of the project was to increase women's income and participation in local business in Homa Bay county. In a society that relies on agriculture, it streamlined the way women farmed and took their goods to the market by training them on better agricultural practices and business management skills. In the past three years, more than 1,000 women have worked through a graduated business management training, which has diversified their income sources and increased their annual earnings.



Entrepreneurship training report

Decent care program conducted a three-day training held in three respective locations Gem, Koderu, Kadongo. The training was very educative and interactive since role plays, and experiential learning was largely incorporated. Participant in attendance were 93 and they really appreciated the consultant who was very open and creative in his facilitation skills.

Training focused on self-reliance skills, business goals, and improved service delivery for existing small scale businesses. Some of the expectations highlighted before the sessions was as follows;

“

I would love to know good interpersonal skills in starting business

I would love know how to generate capital for my business

I would want to know how to attract customers

I came to explore on various business ideas

I would like to know\learn how to market my business

I would like to understand about business risks and how to encounter them

I would like to learn more about business savings and how to boost my business.”

The facilitator explained the importance of choosing the right business and how to come up with a good business plan. He further explained that many businesses fail at the start because of poor planning, and copying what other people's ideas without passion. Business is good venture but lack of a proper plan can lead to an immense loss.

Participants were later divided into small group discussions to discuss on identifying their potential business ventures, risks and advantages.

Majority understood that they had similar ideas such as fish mongering, farming, cereals, and selling of second hand clothes and shoes. After the session facilitator explained that partnership businesses do better than sole trade ventures since resources are shared and rich ideas make it more productive. However, having the right plan and getting the right partners can be the main challenge.

Later the facilitator introduced role play and it was all about working together as a team and



“I would love know how to generate capital for my business”



realizing personal potential to changing livelihood in households and the community at large. He mentioned that you are your most enemy if you don't believe in your ability to succeed or perform. Participant resolved to have a plan draft and explore on various strength point and do a risk analysis.

Participant left excited, empowered and transformed in their way of reasoning and understanding business culture.

Decent program also organized a sport and talent day where they learned on team work and group organization.

We also had an open talk between men and women sexuality, it was an interactive session where beneficiaries asked various questions and got answers from peers and clarification which was very helpful. This session lasted for up to three hours, participant thank the entire team of facilitators and entire leadership for such great occasion.

Decent care program concluded the business mentorship package which had been on-going for the last four months. 80 women and 13 men were trained on financial literacy; entrepreneurship skills and life skills for development, participants got linked to market opportunities by pioneer business (peer mentors) and experienced small traders.

Currently Decent Care Program through the support from EGMONT TRUST has supported 93 beneficiaries with business start-up kit up worth 558000, in addition to these 135 household beneficiaries reached indirectly.

The beneficiaries, underwent training on record keeping, business management, saving and financial management. With this information they have been able to identify the right business as well as grow the business.

93 women and men were trained on financial literacy

Objective 3: To enhance organizational development and program-
ming capacity of RUNELD for more effective and efficient delivery of
its services to the community in targeted areas of project management,
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During the month of June 14-19th one staff attended a monitoring and
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surveys and nutritional deliveries, health referral and tracking client for
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service delivery and documentation.

One staff and one volunteer went for two days for a family planning update
workshop which was focused on ensuring women and girls can voluntarily
plan for safe pregnancies, improving their sexual Reproductive health while
reducing maternal, new-born and child mortality rate.

14-19th June
one staff attended
a monitoring
and Evaluation
workshop on use of
mobile network!



Highlights (Experiences and stories)

"when I was eighteen years old I felt I was of age and Independent to make informed choices without listening anybody's view including my parents."

LIFE IS A JOURNEY:

My name is Diana Kerubo, I am 27 years old and a single mom of four children.

" Today am privileged to share my life story with you. Every day I woke up as early as 5.00am feeling excited and energized to work hard and feed my family. I work as a casual labourer in peoples farms every day and I get average 250 shillings which help me to take care of some basic needs for my four children. Life is a journey indeed, when I was eighteen years old I felt I was of age and Independent to make informed choices without listening anybody's view including my parents.

Every time my parents would caution me that - having private life and bad attitudes could be dangerous for me as a young girl' but I resorted to live my life to the full. I realized that I had so many friends that loved fun, outgoing, drinking alcohol and that was a good life for me.

On weekend I could sneak out of the house at night, meet with my party crew and go enjoy raving and partying in nearby clubs. I enjoyed that habit for six months without my parent's knowledge. Few months later I got pregnant so I knew that when I share this problem to my parents then I was to going to be in trouble.

I got confused not knowing what to do so I started consulting my friends on how to go about it, most of them advised to do an abortion while others - were for the idea of getting married. I even got more confused because I couldn't make any steps in spite of the choices I had, I opted to share the bad news to my mum but she was fierce and annoyed, yelled at me and I couldn't take it no more so I went to seek refuge at my boyfriend house.

Finally I gave birth to a bouncy baby girl while staying with my boyfriend. I started realizing that responsibility was key once i became a mother and a wife. I regretted not listening to the advice was getting from my parents...two years later I got pregnant again and gave birth to twins, I was so excited for the answered prayer. Six months later, my husband died in a road accident and that was the greatest shock of my life. I didn't know how to move and live my life without him, I felt so lonely and deserted. He was the only person who took me in and believed in me. He was an orphan and we were like brother and sister, then lovers and finally made a family.



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I made a decision to raise my family as a single mom, at first I knew I could manage and provide for all their needs but as time passed by it became so challenging and many times have locked myself indoors waiting for my death. Eventually I had some instinct telling me never to give up and keep going but the energy I had was inadequate. I tried to find a partner to help me raise my kids but I didn't get the mister right. One day I got a call for a job interview in a construction company which at least could help me raise school fees and other basic needs. While working at the construction site, I met a good friend who also happened to be a widower and then was my supervisor. We became friends and later became intimate sexually.

Three months later i tested positive to HIV virus and that news really crushed my heart...I became less productive at work and psychologically traumatized not knowing how to go about it. I was sacked and went back to my rural home...I embarked on my normal farm work, one day my neighbor visited me at home to find out how I was doing, I confided in her and shared my story and it happened she is also living positively with the virus and that she has been attending DECENT CARE program. She reach out to me and referred me for counseling and nutritional support. I got interested and I was enrolled and since then have learnt that stigma can kill and accepting one status is the beginning of transformation.

I attended all the workshops and group counseling sessions, nutritional sessions and entrepreneurial skills have benefited quite a lot. I am now championing anti stigma campaign in my community and currently my business has also grown immensely. I now work with confidence because am empowered, transformed and living healthy and happy. "

Thank you!

LIVING POSITIVELY:

**My name is Winnie Achieng,
I am 25 years old**

" I am living positive with HIV virus. It's a pleasure to share my life journey with you.

When I was growing up in our village it was a taboo talking about various body changes and very sensitive issues like sexuality and sex. One day I approached my mother to have a girls talk but the conversation was not helpful...I needed to understand about menstruation and adolescence stages. I grew up knowing that playing with boys is bad manners and it's not morally acceptable. I came to realize that communication was key in behavior change.



So when I joined high school it was quite interesting because I was fortunate to get sponsorship to study in the best provisional school in the county. I was so excited for the opportunity however, honestly I didn't imagine how I was going to interact with the boys. On the other hand I felt that I had missed the opportunity to share and experience boy\girl relationships.

Learning was great and I made great friends. My perception towards boys changed. I made up my mind that I would have positive attitude and purpose driven energy in achieving academic excellence.

My academic results and performance was excellent and I even had to coach some boy students in our study groups. My life took a paradime shift when my mother passed on and I was left to take care of my siblings and my ever drunk father...(at this point I had to relinquish my passion for becoming a teacher, since my collage studies became a burden since my father could not support me).

I was so stressed and heart-broken knowing that I was going to forfeit my my dream. I had to find a way to support my younger siblings to get food, good clothing and education. Taking up parental responsibilities and care was my new role. I got so worried and confused but I trusted God for strength.

I explored so many ways on how to survive and provide for my family but my efforts didn't bare good fruits so I made my mind to take my siblings to my grandmother and left to the city for greener pastures.

I got into commercial sex work which by then was paying well and was part time. I could go to clubs and make extra income out of striping. I work for two years and then I fell sick and when various tests were done, I tested positive to HIV virus. My body got weaker, I grew stressed and disappointed. Due to fear of stigmatization, I never shared with anyone about my status. I left the city for the village, because I knew I was going to die soon. When I arrived home I decided to pass by the nearest health centre to do a re-test, the result was similar but the counseling made me to open up for help.

I started comprehensive care and treatment and immediately joined RUNELD Decent Care Program which helped me to gain confidence and empowered me with information to stand firm against all odds. As of now I am a community health volunteer and community champion against stigma and sexual abuse. "

Thank you for the support, my life has now taken a new direction that is better and promising!

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Outcome and benefits

- The initiative has seen stigma and discrimination reduce in the society. With outreach and community dialogues people are getting to know that HIV is no longer a death sentence or the end of life. Working with animators who do home visits has given many families hope.
- The program has seen young women start up business putting them in a better position to provide for their families and give them good education.

Lessons learned and Findings

- There is need to increase awareness on Family planning and supply of contraceptives to young people in order to enhance their use and access to variety of options available.
- Youths and young women requested for health talk services in reducing teenage pregnancies and ever rising cases of abortion, suicide and depression
- Adequate financial resources, information material on nutrition and healthy living, charts will go a long way in supporting the positive living program delivery.
- There is ever increasing need for adolescent education since many are dropping out of school due to failed contraceptive that has led to unplanned pregnancies and abortions.
- Male gender are beginning to embrace open learning in fighting STIs and HIV by taking counseling and HIV testing services with their partners.
- There is increase in uptake of male condoms every week from 500 to 1000 respectively which is a good impression that there is significant reduction on infections
- Women are better ambassadors in conveying reproductive health messages especially on voluntary medical male circumcision and HIV testing than men
- There is a dire need in engaging youths in industrial, vocational training and saving/loaning services and positive parenting skills workshops among boda boda riders this will boost security and reduce violence against children.



Next step/Way forward



1. RUNELD Investing on Life saving skills that secure a stable future for the disadvantaged youths as well as vulnerable children involves engaging reliable life coaches to equip youths to act as community support system and source of Career development information. Supported by counsellors we established women and youth support groups sessions in the villages to broaden their access to career choices equip them with skills and information for informed choices when confronted with difficult issues of life.
2. RUNELD program support team is still on the mission of following up with the government and potential partners to support and fund the comprehensive care clinic which is key in service delivery and tracking referral checkups, opportunistic infection care and treatment. We are also advocating for national insurance card for our beneficiaries in emergency cases.

We continue to build synergy with supportive partners in dissemination of antistigma messages, attend health strategic meeting and advocate for the rights of people living with HIV/AIDS and practically share with partners modelled decent care that enhances and safeguards the dignity of PLHIV. We are forever grateful to everyone who has worked tirelessly in making the service delivery better. Beginning with our ever supportive patron Mary Elias, community partners and volunteers for their heart of service and lastly administrative team and finance for their reliability in delivering timely support: **ASANTENI SANA!**

WE ARE LOOKING FOR A GREAT ENGAGEMENT AS WE CONTINUE TO GROW TOGETHER!



Decent Care program will continue to create safe spaces for support and provide practical knowledge, inspiration, resources and relationships to help AIDS-affected households in Homa Bay county to make the healthiest choices they can for themselves and their children

DCP will work extremely closely with the Homa Bay micro and small enterprise development offices as they will be essential to the success of the businesses. We will continue to support each group throughout the two years of the programme, helping it to run smoothly, to connect with markets, and assessing and monitoring progress.

Decent Care hopes to benefit 1250 women. Long term, the women will be able to support their families, including being able to provide shelter, send their children to better schools, and enjoy better health. Indirectly, the project will reach almost 3250 people.

The program will provide entrepreneurial skills that will enable the women start and manage small businesses. They will finally be supported with repayable non-interest start-up kits to help them start their small businesses for income. This will help improve their household incomes leading to better access to nutrition and health care services among others.

We hope to strengthen our networking strategy as we believe networking occurs when organizations having similar interests come together and agree on common strategies for solving common problems or addressing common needs. Through the network we

envision to working together in order to advocate on common causes such as influencing government/social policy that promote the health of young women living and affected by HIV in the society. Networking therefore serves as one of the important tools for advocacy in HIV & AIDS mainstreaming.

We are grateful for the support from Egmont Trust and the opportunity to restore health among Households in Homa Bay. This has seen women gaining back hope, strength and healing.

With the support of financial aid from Egmont Trust, Decent Care continues to develop best practices for young women living with HIV in these regions to enhance the quality health, care and end stigma.



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*Rural New Life
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