

**“Empowerment and Income for
HIV-AIDS affected people”
Butula Division, Busia District, Western Kenya**

A Project Implemented By

**RURAL EDUCATION AND ECONOMIC ENHANCEMENT PROGRAMME (REEP)
IN BUTULA DIVISION OF BUSIA DISTRICT, KENYA**

**IN COLLABORATION WITH
APT ENTERPRISE DEVELOPMENT, UK
AND SITE, KENYA**

EVALUATION REPORT

JUNE 2008

Chintha Munasinghe, Laymen's Den PLC, Sri Lanka
Vivien Brindson, Consultant, UK
Marion Mbabazi, Andrew Kawooya and Maximilla Nabwire
Development Research and Training (DRT), Uganda

Table of Contents

	<u>Page</u>
Acknowledgements	3
Abbreviations and Acronyms	4
I. Executive Summary	5
II. Background to the evaluation	8
2.1 Overall objective to the evaluation	8
2.2 Review team	8
2.3 Methodology	8
III. Project Approach and Impact	9
3.1 Project background	9
3.2 Project design	10
3.3 Project achievements/progress	13
3.4 Progress against project outcomes	13
3.5 Progress against cross cutting outcomes	19
3.6 Project impact towards long-term change and sustainability	24
IV. Lessons learned and Recommendations	26
4.1 Lessons learned	26
4.2 Recommendations	28
Annex A	Terms of Reference 30
Annex B	Field Consultations – Programme Schedule 33
Annex C	Outcome Tracking Form 34
Annex D	LIFE Model 41
Annex E	Case Studies 42
Annex F	List of people consulted 51

Acknowledgements

The evaluation team would like to thank Mary Makokha, Director and her team at REEP, Andy Jeans, Chief Executive and Kevan Moll, Programme Manager of APT and Harun Baiya, Executive Director of SITE who were involved in the designing, conducting and compiling phases of this evaluation. To all the community health workers, peer educators, paralegals, livelihood animators, youth peer educators, choir group, child rights club members and particularly the people infected and affected with HIV/AIDS who made the time to share their testimonials, thoughts, knowledge and experiences with us without which this evaluation would not have been possible.

We are also thankful to other stakeholder organisations and individuals that we visited in the course of this evaluation and who shared their perspectives and experience of the project - *Empowerment and Income for HIV/AIDS Affected people*.

Chintha Munasinghe
Vivien Brindson
Marion Mbabazi
Andrew Kawooya
Maximilla Nabwire

June 2008

Abbreviations and Acronyms

AIDS	-	Acquired Immuno-Deficiency Syndrome
APT	-	APT Enterprise Development
ARDAP	-	Appropriate Rural Development Agriculture Programme
ART	-	Anti Retroviral Therapy
BLF	-	Big Lottery Fund
CBO	-	Community-Based Organisation
CHW	-	Community Health Workers
CSO	-	Civil Society Organisation
HIV	-	Human Immuno-deficiency Virus
IEC	-	Information, Education and Communication
INGO	-	International Non Governmental Organisation
KES	-	Kenyan Shillings
K-REP	-	Kenya Rural Enterprise Programme
MOH	-	Ministry of Health
NACC	-	National AIDS Control Council of Kenya
NGO	-	Non-Governmental Organisation
OVC	-	Orphans and Vulnerable Children
PLA	-	Participatory Learning Action
PLWHA	-	People Living With HIV/AIDS
PRA	-	Participatory Rural Action
REEP	-	Rural Education and Economic Enhancement Programme
VCT	-	Voluntary Counselling and Testing
WFP	-	World Food Programme

I. Executive Summary

This project – supported by the Big Lottery Fund (BLF) – has been working with people affected by HIV/AIDS in rural Butula division of Busia district in western Kenya (2004 – 2008). The long-term change was that *people infected and affected by HIV/AIDS (including family members, widows, orphans and their carers), mainly women, will be more included in their communities through earning an income and facing less discrimination*. The project has a dual focus of supporting individuals affected by HIV/AIDS to establish their own sources of income through enterprise development, and addressing the stigma and discrimination faced by people living with HIV/AIDS (PLWHA) through awareness creation, and reliable care and support services.

Kenya has a population of 34.7 million, with 1.2 million people (3.5%) of the population living with HIV/AIDS. According to the report on AIDS in Kenya 2001 by the Ministry of Health, HIV prevalence in Butula Division was one of the worst affected areas in Western Kenya (recorded as 33.5% at the time of project formulation). The latest HIV/AIDS report for 2007 noted that this rate has reduced to 21.8% while for Busia District as a whole, HIV prevalence was 20% in rural areas and 28.5% in urban areas.

The hardship for those infected and their families begins long before they die: stigma related to suspected infection; fear and despair following diagnosis; loss of income and support when a breadwinner/caregiver becomes ill, and the diversion of household resources to provide care together put a huge burden upon family members of the persons infected with HIV/AIDS. The future of children nursing terminally ill parents is a societal burden where they ended up in bereavement, orphanhood and carrying the responsibility of younger brothers and sisters after the death of the parents. The high unemployment rate (40.9%) observed in Butula is also attributed to the consequences of HIV/AIDS epidemic. All these factors have contributed to increased poverty in Butula community, in turn making the majority of the population vulnerable to HIV/AIDS and vice versa – the vicious cycle of HIV/AIDS. REEP's original intervention in breaking this cycle was through more a medical model supported by community sensitisation and advocacy actions against stigma and discrimination.

As the second intervention, livelihood development was introduced through this project, at the time, something previously not considered as a viable option for strengthening PLWHA. This project was an attempt to break the vicious cycle of HIV/AIDS - addressing extreme levels of poverty and the constraints to alleviating this as identified during REEP's existing work with PLWHA in Butula. Having built on the existing work of REEP, the project was designed to implement at two levels to bring about change:

- 1) Community Health Care and Support interventions, addressing the issues of inadequate access to healthcare and support services, ignorance and lack of awareness about the illness, social stigma and discrimination – the **Community Health Unit**.
- 2) Livelihood Development interventions, addressing the issue of economic hardship leading to poor quality of life and health status – the **Enterprise Development Unit**.

Adding value to REEP's work on awareness and promoting improved health care and community support, the livelihoods development component was able to bring a visible change by addressing the economic hardship of PLWHA. The project has also enabled them to stand up for their rights and gain social recognition against stigma and discrimination, with instances reported on women challenging male-dominant cultural practices such as widow inheritance and polygamy.

During the four year project period, 16,305 PLWHA (41% males and 59% females), were able to benefit from the project. Among these were 5,843 persons infected with HIV/AIDS (38% male and 62% female). By the end of the project, 797 men and 1,618 women living

with HIV/AIDS¹ were able to access livelihood development services through 54 Livelihood Animators trained over the life of the project. This was against the original target of 900 men and 1,500 women. Among those who either started or enhanced their enterprises, 75% are engaged in agriculture-based ventures and 25% in non-farm enterprises, i.e. trading (84%); services (9%) and production (7%). In addition to the assistance provided by Livelihood Animators, REEP intervened in providing BDS to 1,710 PLWHA, covering 71% of the total beneficiaries.

By the end of the project, 853 enterprises were fully operational and growing. An impact assessment study conducted in May 2008 revealed that 80% of the 275 respondents who had participated in business management training have increased their family income. In terms of profit, 69 (25%) were making between KES100-500 per week, 105 (38%) from KES600-1,000, and 101 (37%) over KES1,000 per week.

The project has made a clear impact on the lives of project beneficiaries and their communities, drawing many lessons in the areas of economic empowerment, and reduction of stigma and discrimination. The confidence built among PLWHA was the most notable change in their behaviour brought about by the project, as evident from increased numbers of PLWHA revealing their status in public; positive living and playing active role in family livelihood development; dealing with markets and service sector; and standing for their rights. Contributing factors to the project success on towards long-term change are presented below:

- Increases in enterprise/livelihoods amongst PLWHA has improved their ability to afford more than one meal a day and income to meet health needs, education and agricultural inputs. **Economic independence** gained through livelihoods ventures that addressed their basic needs has also established their power to decision making and self-advocacy for their rights, especially in the case of women who were the victims of abuse, discrimination and male dominant social practices.
- **A shift in livelihood practices** from traditional labour intensive and resource demanding ventures to appropriate small-scale income generation options has helped PLWHA to engage in livelihoods and make an essential contribution to their family for their survival with dignity in the community.
- Demonstrable advocacy efforts of REEP and PLWHA engaged in livelihoods, convincing K-REP to enable PLWHA to **access credit and purchase shares** based on the assessment of enterprise viability and the capacity of PLWHA to repay loans rather than their HIV status.
- With the project investment of social capital development through capacity building programme, the **knowledge base in the community** on business management and appropriate technology has been improved as PLWHA share their knowledge and experience with other members of the community as livelihood animators and “star” farmers.
- Supporting group mobilisation of PLWHA has empowered many of them, particularly in introducing cultures of **savings and sharing labour**, which has changed the social status from one of discrimination, isolation and exclusion from family and community structures and processes.
- REEP’s community awareness and sensitisation strategy of using PLWHA as advocates to reduce social stigma and discrimination help them gained **community recognition and respect**, which has led the community to become more inclusive of PLWHA.
- As a result of REEP lobbying the District AIDS Committee for active engagement with PLWHA and practitioners, **access to medical services** for people infected with

¹ As stated in the End of Grant Report submitted to BLF by APT Enterprise Development, UK

HIV/AIDS in rural villages has improved. ARVs are now available at Khunyagu Sub-District Hospital, which is 4kms away from Butula. Previously, people had to travel 37kms to Busia District Hospital for such services.

Recommendations

- While appreciating REEP's strength in advocacy at community level combined with their expertise in attitude changing, it is recommended they **expand their advocacy work** to influence policies and practices of key stakeholder institutions for greater inclusion of PLWHA in their programmes. Creating space in the stakeholder/institutional fora for PLWHA (advocates) to share their views and experience, and advocate for their rights and entitlements is something that REEP could work on at this stage of the scaling up process.
- Considering the complexity of the hardships that PLWHA face and the magnitude of the problem in the country, there is a **need for further strengthening and sharing of the integrated approach** the project applied in addressing the challenges faced by PLWHA. This could be achieved by widening partnerships and strategic alliances with other stakeholders (GOs, NGOs, INGOs, and CSOs) working in the sectors of health and development. They would be interested in collaborating in the areas of implementation, value addition and policy advocacy.
- Changes in roles of men and women at community level as a result of the project and its effects on the community should be further studied. Strategies for **including more men and other vulnerable groups** such as people with disabilities affected by HIV/AIDS for better access to project benefits and other HIV services and information, should be considered when designing similar projects. REEP should also consider engaging with local universities and research institutions to collaborate in **thematic research** in the project areas.
- The newly added feature - quarterly-based impact assessment study – to improve the present **M & E system** needs to be extended with the inclusion of analysis of quantitative and qualitative information generated from the field as well. Taking into account the graduation process of a client who receives a range of services from REEP and the increasing numbers of beneficiaries, a computerised database is recommended for easy referral and monitoring purposes.
- With REEP's focus now shifting to Nambale Division, **establishment of linkages between Butula community and resource institutions** is recommended in the areas of micro-credit, agricultural extension, and technical support services. Livelihood animators could play a greater complementary role to services offered by other stakeholders so that PLWHA who benefitted in the Butula project could also be included in their development programmes.
- **Participatory consultations at different stakeholder levels** with the involvement of PLWHA and potential resource organisations (GOs and CSOs) are recommended during field level planning so that the project approach can be effectively adapted to the new area of intervention.
- Sufficient attention should be paid to address **internal capacity and organisational issues** as REEP expands its project coverage. This will have implications on the project's strategic and operational plans. Using experienced field workers and animators from Butula as resource persons (with an incentive for their travelling and time) could be an effective strategy for building the capacity of community members from Nambale who volunteer to support REEP work in their villages.
- Considering the depth and need of the problem, REEP needs to mobilise **resources for new and emerging programmes** such as youth groups, child rights clubs in schools,

livelihoods-related school projects and livelihoods programmes for unemployed youth and school leavers.

II. Background to the Evaluation

An external evaluation – to be participatory and inclusive of all stakeholders - was scheduled for this four-year project towards the end of the project. The evaluation² was expected to provide an opportunity for reflection by REEP and APT upon progress towards the project's overall purpose, outcomes and targets; to identify ways in which a follow up project in adjacent Nambale district can build upon lessons and experience from Busia and to distil and document the lessons learned for wider dissemination and application.

2.1 The overall objectives of the evaluation were to:

- evaluate the impact of the project on individual beneficiaries
- assess the success of the project in meeting its targets and outcomes, with particular reference to impact and sustainability
- make recommendations on any changes to the project strategies and/or methodologies that may be valuable for any subsequent project
- assess the extent to which project activities and achievement are sustainable and identify key contributing factors which enhance and/or hinder these prospects
- identify key learning points and make recommendations for future operations of this or similar projects

2.2 The review team:

- Chintha Munasinghe, Laymen's Den PLC, Sri Lanka
- Vivien Brindson, Consultant, UK
- Marion Mbabazi, Development Research and Training (DRT), Uganda
- Andrew Kawooya, DRT, Uganda
- Maximilla Nabwire, DRT, Uganda

2.3 Methodology:

The evaluation was conducted between 10th June and 31st July 2008 with field consultations conducted during June 23rd- 27th in Butula. As a part of this, the evaluation team managed to meet more than 150 personnel representing REEP project beneficiaries including PLWHA, village level field workers/volunteers – community health workers, paralegals, peer educators, livelihoods animators, choir group members; youth leaders (including people infected with HIV/AIDS), children's club members; project partners – staff and management; government and non-government service providers; REEP management and staff.

The evaluation followed a four stage process:

- Preparatory stage:** The DRT team made preliminary consultations with REEP/APT staff to develop a shared understanding of the terms of reference and the nature of operations at district level, while at the same time agreeing the evaluation process, which resulted in an inception report agreed by APT, REEP and other two members of the evaluation team who were unable to participate at this stage in person.
- Document review:** A review and analysis of relevant documents relating to the project was also undertaken, including the original funding application and contract, annual activity plans and reports, project documentation including presentations, monitoring records and training materials, as well as APT staff and external

² Refer Annex A for Terms of Reference and Annex B for Field Consultations – Programme Schedule

consultants' visit reports. From the document review, the evaluation team identified the main issues to be followed up during the field consultations.

- iii. **Field consultations:** The field consultations were conducted using a range of participatory techniques rooted in PRA/PLA³ methodology as below:
 - **Semi-structured dialogue:** Nearly all the interviews and discussions that the evaluation team carried out used semi-structured dialogue (SSD) as the underlying method of investigation. A checklist of questions related to each topic of interest is used during this activity.
 - **Focus Group Discussions:** These were held with relatively small groups of 6-12 people with specialist knowledge or interest relevant to the evaluation. In each instance, an evaluation team member worked as a facilitator to keep the discussion focused.
 - **Key informant interviews/discussions:** These interviews were focused on generating information from individuals who have a specialist knowledge or skill in the fields which were investigated during the evaluation.
 - **Direct Observations:** Systematic observations were made during investigation and in particular to cross-check people's responses. Checklists were drawn to guide this process.
- iv. **Analysis and report writing:** Debriefing meetings were held after completion of each day's assignments by the team members. At these meetings, the evaluation team reflected on the key findings and their interpretation vis-à-vis the objectives. This was enriched by subsequent feedback meetings with REEP management and programme staff.

III. Project Approach and Impact:

3.1 Project Background:

This project – supported by the Big Lottery Fund (BLF) – has been working with people affected by HIV/AIDS in Butula Division, Busia District of western Kenya from 2004 to 2008. APT's project partner responsible for implementation of the *Empowerment and Income for HIV/AIDS Affected People in Butula, Kenya* project was Rural Education and Economic Enhancement Programme (REEP). REEP aims to ameliorate the suffering of PLWHA through actions that help them better access to care and support; improving health through poverty reduction; lobbying for more favourable policies including female education and empowerment; raising awareness on community issues such as child labour, female education, reducing stigma and discrimination; self-advocacy and HIV/AIDS support groups; highlighting the behavioural practices that exacerbate HIV/AIDS, and linking with other organisations implementing similar or complementary activities. Operationally, REEP has an effective presence in six locations of Butula Division.

The long-term change was that *people infected and affected by HIV/AIDS (including family members, widows, orphans and their carers), mainly women, will be more included in their communities through earning an income and facing less discrimination.* As illustrated in the project application, it was expected to address the extreme levels of poverty and constraints for its alleviation identified in REEP's existing programme of work addressing HIV/AIDS within Butula - raising awareness and promoting improved care. The project had a dual focus of supporting individuals affected by HIV/AIDS to establish their own sources of income through enterprise development, and addressing the stigma and discrimination faced by people who are HIV positive and assisting them to access reliable care and support services.

³ Participatory Rural Appraisal and Participatory Learning and Action.

REEP has a **Community Health Unit**, including a mobile testing and counselling centre. Its activities include promoting HIV/AIDS counselling and testing, a post-testing club for support and promoting behavioural change, and support groups for those who test positive. They stand up for the rights of PLWHA in the community and advocate for behavioural and attitudinal change. In schools they raise awareness of HIV/AIDS related issues and individual responsibilities. REEP advocates for the education of girls and ensures that orphans have access to, primary and secondary education as well as vocational training opportunities. REEP equally gives priority to educating the community, especially youth and women on having protected sex, and also provide condoms. Its outreach programmes emphasise the message that people can live positively with HIV/AIDS.

With the launching of the *Empowerment and Income for HIV/AIDS affected people in Butula* project, a new unit for **Enterprise Development** was established. Activities of this unit are geared towards supporting individuals infected and affected by HIV/AIDS to establish their own sources of income through enterprise development combined with life skills to make the training more holistic, thus addressing the stigma and discrimination while facilitating the reintegration of PLWHA into the community. Although REEP has worked on HIV/AIDS issues since its inception in 1997, small enterprise development (SED) was a new sector for them. Capacity building and technical inputs on SED were provided by SITE, a long standing partner of APT based in Nairobi, particularly in the areas of SED curriculum development, training business counsellors and capacity building of the Enterprise Development Team of REEP.

3.2 Project Design:

3.2.1 Project Context:

Kenya has a population of 34.7 million, with 1.2 million people (3.5%) of the population living with HIV/AIDS. The National AIDS Control Council of Kenya (NACC) released the latest data, according to which, the HIV prevalence rate in urban areas is 9.6 % and 4.6% in rural areas. Busia District had the sixth highest HIV prevalence rate in the country. According to the report on AIDS in Kenya 2001 by the Ministry of Health, HIV prevalence among the general population of rural Busia is 20% and 28.5% in urban Busia. Butula Division remains the worst-affected by the HIV/AIDS epidemic in Western Kenya (which was recorded as 33.5% at the time of project formulation).

The hardship for those infected and their families begins long before they die. Stigma related to suspected infection, fear and despair following diagnosis, loss of income and support when a breadwinner or caregiver becomes ill, and the diversion of household resources to provide care together places a massive burden upon family members. The future of children caring for terminally ill parents which often end in bereavement and orphanhood is a societal burden. Poverty significantly increases vulnerability to HIV infections among affected people and HIV/AIDS is both a cause and consequence of poverty.

This project was designed at the time when livelihoods interventions were not considered as a viable option for strengthening people infected with HIV/AIDS. Medical services were available in the area, but reluctance/ignorance to approach service centres were observed among the affected population. Stigma and discrimination associated with HIV/AIDS was quite high with the prevalence rate as 33% in the project area. The project has developed a process that breaks the vicious cycle of HIV/AIDS at two levels to bring about change:

1. Community Health Care and Support interventions addressing the issues of poor access to healthcare and support services, ignorance and lack of awareness about HIV/AIDS, social stigma and discrimination – the **Community Health Unit**.
2. Livelihood Development interventions to address economic hardship that leads to poor quality of life and health status – the **Enterprise Development Unit**.

3.2.2 Structure:

REEP has a team of 15 staff and about 1,000 volunteers working with about 40,000 PLWHA. REEP organised its human resources at two levels for this project: a project team with specific technical expertise operating from REEP's office, and field teams mainly comprising PLWHA/volunteers at community level to mobilise and educate community members and assist families affected by HIV/AIDS. These teams included men and women, adults and youth, people infected with HIV/AIDS, caregivers and HIV negative groups. To assist the two teams, REEP also developed an external support group comprising lawyers, local government chiefs, health officials and administrators, extension workers and police officers. APT's role has mainly been institutional strengthening of REEP in management and SED. APT assigned another partner - SITE - to assist REEP in systems development, financial management and reporting, and business development inputs in livelihoods development. APT personnel and consultants assigned by them were also involved in building REEP's capacity in project management. APT (with assistance from SITE) has also been involved in project reviews and planning sessions while providing inputs and resources on strategic development and growth of REEP as an effective and sustainable Kenyan NGO.

3.2.3 Project Process:

The project approach (Annex D) was designed ensuring that people infected and affected by HIV/AIDS are supported with a range of interventions addressing their needs and respecting their rights:

- A. Peer Education and Awareness:** Addressing the issue of stigma and discrimination as a key contributing factor that discourages people from taking a voluntary test to ascertain their HIV status, REEP has developed a variety of mechanisms to educate peers in the community. These awareness programmes are organised at different locations where the community gathers in large numbers such as village fairs, funeral houses, community meetings, children's events, preaching sessions at churches, and festivals. During these sessions, PLWHA share their testimonials in public, demonstrating their strength and abilities in positive living. They also describe how REEP helped them accept their status and rebuilt their confidence and capacity in facing the challenges of economic hardships, social discrimination, and stigma. REEP's choir group with a membership of about 80 PLWHA also plays a significant role in this, as do peer educators and animators.
- B. Medication and Therapeutic Assistance:** REEP's own testing centre is open throughout the year for anyone to have their status tested, assuring confidentiality. For those who diagnosed HIV positive, a treatment plan and counselling schedule is prepared and carried out by REEP's trained counsellors. For medication, clients are referred to nearby government hospitals or AMPATH (a local NGO). To help people come to terms with their newly identified status, they are invited to participate in group therapy sessions or the choir group to try and change any negative attitudes. Under the outreach programme, Community Health Workers (the majority of whom are PLWHA) make home visits providing care and guidance to those diagnosed as HIV positive, monitoring their medication and counselling them as necessary.

There are instances of people experiencing side-effects and difficulties due to lack of proper nutrition which sometimes leads to their discontinuing medication. REEP seek to address these issues of poor health and nutrition by including them in their food supply programme (in collaboration with WFP), or refer them to similar programmes implemented by other organisations, until they are able to grow their own food. A new feature added to REEP's outreach programme is the *Moonlight Clinic* with a mobile testing facility and counselling service. This is particularly targeted at men who are reluctant to determine their status as a way of stopping the spread the virus. A VCT at the HIV/AIDS resource centre is another initiative taken up by REEP to attract youth.

- C. Care and Support:** Under REEP's outreach programme, there are animators/field workers who were identified from the community specialised in different subjects: community health (Community Health Workers), legal aspects of HIV/AIDS (paralegals), and HIV/AIDS and preventive measures (peer educators). They are based in the community providing assistance and guidance on HIV/AIDS related issues to people infected with HIV/AIDS, youth and children, abused/exploited children (particularly girls) and women, orphans, widows and widowers. Orphans are supported in their education as REEP provides them with school fees and arranges suitable schools at some instances. Paralegals play an important role in resolving disputes and conflicts, prior to taking legal action. In addition to supporting PLWHA in their daily problems, they also address instances of social discrimination and provide advice and assistance with legal action to secure their rights and/or seek justice. By involving people infected with HIV/AIDS as advocates and peer educators, the project has contributed greatly in reducing stigma and discrimination within the six locations where project was implemented, while raising the profile of REEP outside the project area. This has encouraged the community and other stakeholders to refer PLWHA, abused children and women to REEP for assistance.
- D. Livelihood Development:** Clients join the livelihood/enterprise development programme either through referrals from community health unit and other organisations or as an outcome of REEPs community mobilisation/awareness activities on livelihood development, with a particular focus on men and women infected with HIV/AIDS, carers, widows and orphans. REEP's livelihood development work is implemented under two streams: Enterprise Development (business start up or expansion/diversification of existing businesses), and establishment of home gardens for food security and sale of surplus.
- E. Networking/resource mobilisation:** REEP has developed a good network of resource persons and institutions from the government and other organisations involved with the project in supporting REEP clients on referral (AMPATH, Community Service Officers, Agriculture Officers and hospitals), in collaborative actions (WFP and World Vision), and building capacity of REEP staff and its field workers (lawyers, medical staff and BDS providers such as SITE, ANCPPAN, KAACR, Childline and NACC). These relationships have strengthened the wide range of services available in a context where a rights-based and holistic approach was considered appropriate.
- F. Monitoring:** Monitoring measures were taken for learning and further improvement of the model/project design and some of the efforts recorded were:
- Monthly progress meetings and progress reports (Heads of the units)
 - Field monitoring visits and reporting (project team/APT & SITE)
 - Interim-reviews (APT/REEP)
 - Project assessment visits by external consultants (APT)
 - Annual reviews and planning (REEP/APT)

These efforts have resulted in implementation guidelines and principles, reporting formats and databases, literature on proven approaches/case study material which can be used at the replication stage in Nambale.

Analysing the socio-economic context and the problems encountered by PLWHA, it is evident that the project design contributed tremendously to the effective service delivery mechanisms (refer section 4.3) organised under two intervention streams, Community Health Services and Enterprise Development Services, towards achieving the overall project objective and outcomes which will be analysed in section 4.4.

3.3 Project Achievements/Progress⁴:

As at May 2008, 5,093 men and 7,992 women affected by HIV/AIDS have been served under the project, of whom 21% are infected by HIV/AIDS (5% men and 16% women) and the balance are those affected by HIV/AIDS.

In terms of services available to PLWHA, Health Services and Business Development Services have been the dominant interventions, reaching the target of 100% in almost all cases. During the project period, 16,305 persons infected and affected by HIV/AIDS have benefitted from REEP services, compared to their clientele of 1,240 identified in the Situation Analysis conducted during 2001-03. Under the newly introduced unit on Youth Education for HIV/AIDS, information on prevention has reached more than 2,000 people through trained youth peer educators. Continuing with the work of community health unit, REEP provided healthcare and support services. Psychological counselling (recommended in the mid-term review conducted in April 2006) was the most utilised service, with 6,777 instances reported during last two years of the project. Of those infected by HIV/AIDS, 2,415 were able to generate and/or increase their income levels through project benefits, either by expanding or by starting a livelihood. 71% of the 2,415 beneficiaries were women.

Based upon statistics gathered during secondary data analysis and observations made, the evaluation team considered that the project was able to achieve most of its planned targets. In the case of health services, statistical analysis revealed that the 25% of beneficiaries seeking medical services has decreased due to other NGOs such as AMPATH starting facilities which many REEP clients were referred to.

3.4 Progress against project outcomes:

Project Outcome 1: 900 men and 1,500 women PLWHA (including careers and widows) will have enhanced livelihoods through earning an income. 2,400 children will benefit through increased access to basic needs.

- **Indicator:** 800 enterprises operating sustainably and profitably, indicated by levels of sales and % profits, and average 50% increase in household income generated

Table 1: REEP Business Development Services offered to People infected with HIV/AIDS (2005 – 2008)

	No. of Beneficiaries				Target Achievement
	Total	%	Male	Female	
Business Management Training	751	31%	142	609	100%
Business Counselling Services	720	30%	134	586	103%
Market Linkages	97	4%	16	81	79%
Credit Linkages	340	14%	55	285	
Technical Inputs/Skill Development	901	37%	243	658	84%

By the end of the project, 797 men and 1,618 women living with HIV/AIDS⁵ were able to benefit from the project through start-up enterprises, enhancing and improving existing enterprises as well as other livelihood interventions (agriculture/livestock) where any surplus was sold. The original target was 900 men and 1,500 women covering 800 households identified at the time of project conceptualisation, which has been achieved by 93% when the total is considered. In terms of gender disaggregation of the targets, the estimated number of men was 89% and 108% for women by the end of the project.

⁴ Refer Annex C for outcome tracking sheets

⁵ As stated in the End of Grant Report submitted to BLF by APT Enterprise Development, UK

The 54 livelihood animators trained over the life of the project have trained 2,415 people living with HIV/AIDS (1,618 women and 797 men). Of these, 75% are engaged in agriculture-based ventures and 25% in non-farm enterprises such as trading (84%), services (9%) and production (7%). REEP provided inputs to 1,710 people living with HIV/AIDS (71% of the total) comprising five different business development services (Table 1).

Of the 2,415 PLWHA, 924 persons (768 women and 156 men) were supported to establish/upgrade livelihood activities that contributed to the improvement of their family economy. 501 (414 women and 87 men) established individual enterprises, while 423 members in 16 different groups were engaged in collective enterprises. Among them are 607 persons infected with HIV/AIDS, 177 widows/widowers and 140 carers of orphans or relatives living with HIV/AIDS.

By the end of the project, 853 enterprises were fully operational and growing. An impact assessment study conducted in May 2008 with 275 respondents who had participated in business management training reported an increase in family income of up to 80%. In terms of profit, 69 (25%) were making between KES100-500 per week, 105 (38%) from KES600-1,000, and 101 (37%) over KES1,000 per week.

- **Indicator:** *Incidence, level and quality of care of people living with HIV/AIDS, including orphans, including for example, numbers of relatives attempting to care for them (as opposed to leaving them destitute, hiding, etc.), consumption of food and drugs, support in life skills for orphans, school attendance and apprenticeships*

As a result of increasing the income of 924 individuals, it is estimated that 3,696 children (an average of four children per beneficiary) have benefitted through improved shelter, food security, clothing and regular school attendance.

Among the children benefitting from the project, 386 orphans were provided with school fees and education support. The first batch of six orphans supported by REEP entered college this year, which they consider as a great achievement. School retention rates in Butula have improved slightly with the percentage of boys staying in the school increased from 39% in 2004 to 43% in 2008, and for girls, up from 34% to 37% over the same period.

Of the estimated 9,600 children (5,040 boys and 4,560 girls) in Butula division looked after by the guardians⁶, REEP identified and worked with 7,283 orphans and vulnerable children (3,189 (44%) boys and 4,094 (56%) girls) who are living with HIV/AIDS, as well others who have received counselling and legal support from REEP after incidents of sexual, physical and/or emotional abuse, rape or pregnancy, and others who have been rescued from child labour or early marriage, or who have been victims of property grabbing.

School awareness programmes and child-specific activities were conducted with the participation of about 30,000 children. As a result of this, 23 Children's Support Groups

Before REEP entered his life, Patrick admits that he was very poor. The small family ate only once day, but now he and his daughter Irene eat three meals each per day, a change that has been facilitated by REEP. His daughter is at school, repeating Standard 1 this year. His new two-roomed house is around 3 by 4 square metres and he owns a settee, four chairs (one cushioned) and a table. Stacked up by the door are three bicycles. He had no bicycles and only two chairs before REEP started supporting him. One day he hopes to remarry and has been counselled by REEP to seek a woman who is also HIV positive and shares the challenges and demands of living with HIV.

"I was isolated, rejected by my family but, with the starting of my enterprise, they accepted me back. I have pigs, chicken, vegetable gardens, water melons, and tomatoes which I now sell out. I am able to send my daughter to school. When I am sick my parents now take me to the hospital and I am loved."

- *A client from Busaidah*

⁶ They are grandparents, relatives, adopted parents etc., after the death of their biological parents

called Child Rights Clubs, comprising 690 children were established to enable children living with HIV/AIDS to meet openly with HIV negative children in order to share experience, support each other, and reduce stigma. Meetings were also used to provide information on HIV/AIDS prevention, protection, positive living, and inclusion. Developing their leadership qualities and presentation skills, a participatory training workshop was conducted for the officer bearers of the children's clubs.

REEP directly support abused or exploited women and children referred to them, helping them to seek legal assistance and/or take refuge within the government's child protection system or at children's homes run by the church or CSOs. The case study of Gentricks (Annex E) describes REEP support in this area in more detail. During the evaluation period, three such incidents were observed, with one girl walking for three days to reach REEP to seek refuge and support.

- **Indicator:** *Members of marginalised households (particularly women and orphans) empowered to make choices: where to live, how to live and in particular to reduce the risk of contracting HIV by avoiding risky behaviour such as being 'inherited', early marriage, sex working, children being 'adopted' and abused by relatives*

At the beginning of the project, approximately 4,000 young women, female orphans and vulnerable girls affected by HIV/AIDS were believed to be engaging in "sex for survival." REEP believes this figure has now reduced to 2,000 as a result of livelihood options created for many young women, as well as greater awareness of HIV/AIDS, rights and child sexual abuse, plus a greater risk of being prosecuted - all components of the LIFE project. These statistics were reinforced by public perceptions as reported in the impact assessment survey (May 2008). 80% of respondents thought that the children they cared for were at less risk of contracting HIV/AIDS, a fact attributed to increased levels of awareness on care and prevention. 68% observed that parents were informing their children more about HIV/AIDS and basic sex education, while 70% of those surveyed felt that most children over 10 years were aware of HIV transmission as an outcome of parental advice, and school and community outreach programmes.

In response to the questions on consultation and participation in decisions, 98% of women felt they were consulted on family decisions despite their HIV positive status while 99% said they participated in family events.

Outcome 2: 9,800 people (5,500 women and 4,300 men) PLWHA will face less discrimination and stigma

- **Indicator:** *9,800 people (5,500 women and 4,300 men, and including 3,400 infected and 6,400 affected by HIV/AIDS) will benefit from less discrimination. Indicated by: a) changes in perception and feelings of people living with HIV/AIDS on how they are treated and their participation in family and local events (80% of people living with HIV/AIDS involved in enterprises perceive better relations, more and closer contact with their families, neighbours and customers), and b) changes in perception and feeling of others towards people living with HIV/AIDS*

In total, the LIFE project has engaged with 16,305 people infected and affected by HIV/AIDS, of whom 41% were males and 59% females.

Of these, 5,843 were people infected with HIV/AIDS (38% males and 62% females), and 10,462 were people affected by HIV/AIDS (43% males and 57% females). This figure exceeding the target in itself is an indicator for reduction of stigma and discrimination.

Increased numbers of visits for testing and counselling is also an indicator to the reduction of stigma and discrimination in the Butula community. Despite this, there are still occasionally reported incidents of stigma and discrimination among families around land ownership, entitlements and continuing to be part of the family, primarily in the case of women and orphans. Even then, those affected people approaching REEP for legal assistance and

refuge showed that they are educated about their entitlements and empowered to a certain level by standing up for their rights.

- **Indicator:** *People living with HIV/AIDS living more positively and responsibly, as indicated by increased participation of HIV-positive individuals in support groups, responsible sexual behaviour and condom use, reduced incidence of remarriage and pregnancy, and numbers attending pre-marital VCT.*

Self-help groups (SHGs) formed as a part of the project helped PLWHA to meet openly, compared to earlier the days spent in isolation and socially excluded. Since the project began, 44 support groups have been established with a total membership of 5,843 people living with HIV/AIDS. SHGs are becoming recognised as a regular community structure for awareness creation among the community and focusing on livelihoods enhancement. It is evident from interviews and focus groups meetings that community acceptance of PLWHA can largely be attributed to their success in livelihood and enterprise ventures, as well as continuous awareness raising within the community by REEP. One outcome of increased awareness is reduced risk of exposure to HIV/AIDS, particularly among girls and young women which have made them less vulnerable.

Twelve teachers (6 male and 6 female) from different schools have been trained in child/adolescent counselling in order to engage with other teachers and pupils on HIV/AIDS related issues. 23 school-based groups of 690 children (both HIV positive and negative) have been established to promote inclusion and support and combat discrimination. This has given strength to the children affected by HIV/AIDS who had previously been excluded/rejected by other children in the schools.

- **Indicator:** *Indicators that show inclusion in decision-making and confidence of people living with HIV/AIDS in standing up for their rights. Indicated by changes in a) participation in local decision making organs, e.g. membership on committees; b) control and inheritance of property; and c) numbers of legal cases taken up by and for people living with HIV/AIDS, and their success*

Findings from an impact assessment conducted in May 2008 revealed that 98% of women felt they were consulted on family decisions despite their HIV positive status. 68% of PLWHA said that they were involved in church or community leadership positions such as Village Chairperson (29%), Secretary (18%), Treasurer (11%), Pastor (8%), Deacons (4%) and Ushers (5%). 84% of respondents had disclosed their status while applying for these positions and when asked why, 25% cited public awareness and acceptance of their status, 23% cited their own confidence, and 17% stated avoidance of discrimination. 35% of women consulted said that they would refuse to be forcibly remarried, with 31% of them reporting this to REEP and 23% saying that they would report such incidents to the local authorities. 58% said that they would report to the authorities if their late spouse's family tried to grab their land while 35% said that they would take the same action if their own relatives tried this.

"My husband died in 2003 after a short illness and during that time my last born was merely one month old. This was the hardest time in my life because I was not involved in any income generating activities other than subsistence agriculture. Soon after the death of my husband (barely two months), my in-laws started to chase me away from our 10.5 acre land claiming that I have no right over it."

"One day I happened to attend an HIV/AIDS community awareness meeting conducted by REEP where I heard that widows have a right to property and there is need for one to identify their HIV/AIDS status in order to live positively and healthy."

Awino therefore went for testing her status at REEP and fortunately found she is negative. During these visits, she talked to the REEP Director who offered to help her to legally fight her family for her land. During these legal fights, she was called 'mad' and a thief.

Later, with the help of REEP she was promised three acres of land and the District Land Board started a process of land succession that has dragged on since 2003 following frustrations from her relatives who thought that she was poor and incapable of fighting them.

There has been a noticeable increase in cases being reported to local authorities and/or REEP, with 86% of respondents to the November 2007 impact assessment saying they had done this over the last four years as their knowledge about legal aspects, increased. On average, REEP receives five complaints per day as widows, orphans and vulnerable children seek legal redress and justice. The majority of cases (66%) are for land and other asset grabbing, with 24 cases reported in Year 2 rising to 172 successful cases in Year 4. Domestic violence (77 cases) and child rape (76 cases) seem to be static, while the incidence of forcible inheritance of widows seems to have almost been wiped out. 78% of respondents claimed to have been successful with their legal action, due in part of REEP's sensitisation of local authorities, combined with their observation of ongoing cases and their overall role as watchdog.

Outcome 3: There will be reduced risk of exposure to HIV/ AIDS, particularly for girls and young women, (approximately 2,800 men and 5,200 women).

- **Indicator:** 2,800 men and 3,600 women affected but not infected by HIV are less likely to contract the disease. Indicated by Government statistics and supplemented by behavioural change indicators such as reduction in numbers and levels of risky sexual activity by children (indicated by REEP's programmes with schools including HUGO – an interactive computerised facility), numbers attending pre-marital VCT, condom use and numbers considering the HIV status of partners before sex.

Quantitative evidence (as opposed to estimates) were not available to assess the reduced risk of exposure to HIV/AIDS. However, it is estimated that 17,735 people in Butula have been reached and sensitised on HIV/AIDS issues through REEP's programmes over the four years of the project. It was observed that there was greater awareness of HIV/AIDS, its consequences and means of transmission as a result of the diverse and innovative range of methods deployed by the project. VCT centre attendance continues to increase with an average of 200 people attending every month. The numbers of youth attending VCT centres has also increased with the reduction of numbers of those testing positive, and 90% of young people reporting that they use condoms. VCT centre records show that the number of couples per year seeking pre-marital counselling and testing has increased from 1 to 27 during the period 2005-2008. The majority of those planning to marry come privately and only if tested negative, they entered into marriage.

While the number of adult males seeking VCT centre services is very low compared to women, the reverse is true among the youth where more boys than girls seek to know their status. They join youth groups, visit the resource centre and participate in youth fora. 21 Youth Support Groups comprising 420 members (almost 50% male and female) have been established and through their commitment to behaviour change and positive living, have become role models in the community.

- **Indicator:** Numbers of parents/guardians participating in the programme; increased involvement of parents/guardians in sex education (indicated by feedback from children).

Parent education was a major component of the project, primarily through the peer to peer Parent Educator strategy. 59 Parent Educators were trained (of whom 25 are still active) to operate through the 62 primary schools in Butula Division (an average of 480 children per school). They contact parents and guardians and provide support on good parenting, their role and responsibilities, including sexual and reproductive health practices, awareness on sexual abuse, teenage pregnancy and marriage and alternatives to beating children.

As stated in the impact assessment survey (November 2007), 80% of 495 respondents thought that the children they cared for were at reduced risk of contracting HIV due to increased levels of awareness on care and prevention. 68% observed that parents were informing their children more about HIV/AIDS and basic sex education, while 70% of those surveyed felt that most children over 10 years were aware of HIV transmission as a result of parental advice, school and community outreach programmes.

During the focus group meeting that the evaluation team had with 11 children from four different Child Rights Clubs who participated in a sensitisation workshop organised by REEP at Kakamega, they explained their role as child rights leaders at their schools. They were able to collectively draw up a list of child rights and explain how they protect themselves, when they feel someone may be about to abuse them. The list of persons they would contact to report such incidents included REEP paralegals, family members, village elders and the police. They said that they would approach the nearest secure person who could protect them. Children were educated to move in groups or accompany another friends rather than walking alone. This is now practiced by the majority of children. Talking about their responsibilities in prevention of HIV, they expressed the following:

- Help those who need my help
- Help absent friends come back to school
- Encourage other children to continue education
- Advise upon and practice good actions
- Educate other girls about the dangers of early marriage
- Awareness creation in the school and neighbourhood about possible ways of contracting HIV and how to prevent this
- Take the same messages to parents and other adults

This shows that another group of animators are being built to take REEP's HIV/AIDS prevention campaign forward. Understanding the subject and approaches used in taking the message to the children and adolescents were innovative and age appropriate. Small group meetings, drama activities in the last day before school holidays and during special events to mark festivals, and songs composed and based on their personal experience were some of the initiatives taken up by children.

- **Indicator:** *90% men and women involved in enterprises no longer practising vulnerable behaviour. (Monitoring of indicators with individuals directly participating in enterprise as well as other members of the community through sample monitoring and focus groups.)*

Over 90% of women involved in enterprises considered they were sufficiently informed and empowered to make their own choices on sexual practices. This was confirmed by 63% of the respondents to the May 2008 impact assessment who commented that women in Butula insisted on condom use. Further, 90% of respondents said they had taken some action to protect themselves against HIV/AIDS, 44% of these citing abstinence, 41% through condom use, and 14% by being faithful. Of those who had engaged in sex, 73% said they had taken precautions that included sticking to a single partner (50%) and condom use (40%). 51% of those indicated that they had used a condom the last time they had sex.

In a society where polygamy is a socially accepted practice, this changing behaviour of project beneficiaries attributed to the project which played a major role in sensitising and educating PLWHA and the community.

- **Indicator:** *In addition to the above, at least 1,600 women who are not currently affected by HIV will be less likely to contract the disease, indicated by various changes in behaviour such as numbers of girls dropping out of schools due to pregnancy, and supported by case studies to examine reasons for behavioural change.*

Sample surveys noted earlier indicate increased awareness of HIV/AIDS, reinforced by higher numbers of women sufficiently informed and empowered through rights awareness activities, as well as alternative livelihood options to resist exploitation and abuse. A slight reduction in the number of girls dropping out of school in Butula from 66% in 2004 to 63% in 2008 has also been reported. This is mirrored by a decline in the number of schoolgirls dropping out due to pregnancy or early marriage recorded by REEP, which has fallen from 882 cases in Year 2 to 504 in Year 4.

As reported during the focus group meetings, the evaluation team found that:

- i) Members of support groups stated that the project has contributed towards this positive change in the community through livelihood support activities facilitating the economic independence of widows who were not inherited or remarried after their partner's death. Role models and star entrepreneurs are not practising risky or vulnerable behaviour.
- ii) Choir group members observed that their contribution has encouraged many women to take care of themselves and of girls who may be vulnerable to abuse and exploitation. One incident reported was of a woman who was inherited by her brother-in-law after her husband's death sending him away as a precautionary action as a result of the choir's educational songs and discussions. They also commented that their song on Malicious Spreading has contributed to a reduction in this type of activity. As stated previously, the HIV prevalence rate in Butula has dropped from 33.5% in 2004 to 21.8% in 2007, which they partly attributed to their sensitisation activities.
- iii) Youth peer educators have observed a noticeable change in behaviour among their friends prior to the establishment of youth groups. Today, they promote abstinence and protected sex, often through demonstrations and teaching the community and their peers about using condoms. Peer educators believe that these actions of youth education and sensitisation have contributed to the possibility of women and girls being less likely to contract the disease.

3.5 Progress against cross cutting outcomes

3.5.1 Capacity Building:

- *Star entrepreneurs have capacity to provide support during & beyond project's duration (50 star entrepreneurs identified, trained & providing services)*

Drawing on information collected from group discussions and from key informant interviews, it can be concluded that the REEP project has had a positive impact on having a chain of change agents - animators who were strengthened with knowledge and experience in the fields of health (HIV/AIDS care prevention and treatment), peer education, legal support and livelihood development. They can be considered as human assets of the communities of Busia District when REEP scales up its services in Butula Division. The contribution these animators made during the project period as stated below, demonstrates their capabilities and capacity:

- *Community Livelihoods Animators:* Over the life of the project, 54 Livelihoods Animators were trained in horticulture (24), bee-keeping (18) and poultry (12). These animators visited their clients regularly to train and advise them on horticultural and business management aspects. They attended regular meetings with members at which issues of concern are raised. Each animator compiles a monthly report outlining their group's activities and their performance, which is found to be useful for REEP monitoring and in the planning of capacity building programmes for both animators and their clients.

In spite of some government extension officers querying the qualifications of some animators in agriculture or other skills, these animators have shown that their experience helped many PLWHA in starting-up or reviving their livelihoods. The role of animators and specialised extension workers may be different, but in an environment where the majority of extension services are not reaching the community, animators have been invaluable in fill that gap.

- *Star entrepreneurs as animators:* This has been successfully applied in the agriculture sector, where experienced farmers living with HIV/AIDS assisted by the project have taken up the responsibility of mobilising other PLWHA in their community. They have used their fields/home gardens as demonstration plots for others to visit and learn about different techniques and practices. In addition, these star farmers visit PLWHA to help

them organise their cultivation plots/lands with techniques they have learned through the project. Star farmers/entrepreneurs also serve as livelihood animators..

- *Youth Peer Educators:* 43 youth peer educators have been able to reach almost 3,000 young men and women between the ages of 19-29 and have encouraged 2,841 of these to get themselves tested at a VCT centre. They mobilise youth support groups and educate them on the dangers of unsafe sex, the importance to knowing one's own HIV status and preventive measures for not getting infected with HIV. They also presented themselves in the community as role models, which has resulted in youth taking interest in educating themselves to challenge any myths or rumours they hear on spreading the virus.
- *Community level workers in the sectors of community health, peer education and legal assistance/referrals:* 100 community level workers available in the project area, who were trained in a range of services including taking care of bed-ridden PLWHA in collaboration with government, NGOs and resource persons. This cadre of field workers, using bicycles provided by REEP operate with vast community experience since the inception of the project, helping people infected with HIV/AIDS, widows/widowers, OVCs and women who were abused in the community. Peer educators are also responsible for educating parents and guardians on the up-bringing of OVCs which has been integrated into the REEP programme based on the findings from children's consultations who were abused and/or exploited.

3.5.2 Influencing Opinion:

- *National and international organisations increasingly addressing SE needs of PLWHAs*
- *Changes in attitudes, practices, implementation of government policies chief barazas, service providers, district & provincial administrations, customers & community members to be more inclusive, less discriminatory of PLWHAs*

Contributing towards the two supporting outcomes stated above, REEP has taken an action-based approach to influencing opinion, compared to many other organisations that practice the method of organising series of workshops to share the issues and findings of these kinds of programmes. REEP has shared project experience in Uganda (April 2008) with policy makers and practitioners in Uganda. REEP has also planned a national workshop in Nairobi (July 2008) with the objective of sharing the project approach and the lessons with other stakeholders, for replication/adaption in other areas of Kenya as well as influencing policy makers in Kenya.

CHANGING PRACTICES

REEP approached Kenya Rural Enterprise Programme (K-REP) at the time the banking sector in Kenya had high interest rates (20-20%) with no interest in including PLWHA in their credit schemes. K-REP through its eight subsidiary community banks in West Kenya offer credit to its clientele, i.e. poor peasants typically on an income of around 1,500KES per month, own less than an acre of land, and have little or no business experience with an interest rate of 8%. Yet PLWHA were excluded. K-REP launched its subsidiary bank – BFSA in 2000 offering shares to the general public and local organisations. REEP bought shares with the aim to include PLWHA of their 15 support groups, who were mobilised by the livelihood animators in group enterprise formation, self-help activities such as table banking, merry-go-round credit initiatives. Today, there are PLWHA as shareholders of BFSA, who were supported by REEP at the time.

3.5.3 Networking and Collaborations:

- *Participation in National and international alliances, regional and national networks for more effective policies/programmes, information exchange, access to resources*

In the course of implementing the dual strategies of capacity building and ensuring the sustainability of the project, REEP uses a partnership and networking approach to mobilise resources that are available locally. SITE, a BDS provider from Nairobi was assigned for training animators and staff in business planning, management and livelihoods development (such as bee-keeping, food processing and marketing skills) as a resource partner of the project. The project complements the government National Agriculture and Livestock programme while collaborating with them for the inclusion of PLWHA, especially in the areas of poultry, honey production, home gardening, introduction of less-labour intensive crops and horticultural techniques, and pest control. REEP gave over 20 Bee hives to farmers trained in bee-keeping. REEP is also active in participating in other fora, such as the Butula Divisional stakeholder forum convened by the Divisional Chief which resulted in policy changes such as making ART available to rural hospitals for easy access by the people infected with HIV/AIDS in Busia district.

3.5.4 Participation:

- *Participation of PLWHA in wider SE activities around Kenya and elsewhere*
- *PLWHA will take an increasing role in regional and national decision making; have greater access to services and resources*

Building capacity and using trained community members including PLWHA as community animators, in the delivery of services addressing the needs and issues of PLWHA has encouraged participation of PLWHA in the project actively. In addition, encouraging youth in peer education, children in sensitisation has also created an environment for youth and children to gain benefit from the project. These practices have increased the participation of people infected and affected with HIV/AIDS in acquiring services as illustrated in the table 3 below.

When taken into account the involvement of project beneficiaries in the planning, implementation and monitoring it was observed that the project process has a flexibility to change its practices or including new practices based on the needs and recommendations identified during consultations of PLWHA at different levels: counselling, group meetings; outreach programmes; big events as well as through the observations and practical experience of REEP team. Some interesting approaches evolved during the project, which encouraged the participation of all sectors of PLWHA are as below:

- ***Group mobilisation- Inclusive approach:*** As an improvement to self-help group (SHG) model (which is more exclusive in nature), the project has introduced "support group concept" which was an inclusive model, where PLWHA, community members/animators together observed to be forming groups around the themes livelihood development and overcome stigma and discrimination. Adapting the SHG model to suit the context in

A STORY OF SIKAKALA GROUP

The REEP SIKAKALA HIV/AIDS support group was started in 2005 with 7 members and to-date the membership is more than 45. The members are involved in Merry-Go-Round savings programme; a piggery started with 6 pigs and has since then sold 14 pigs. They are also involved in growing vegetables, sorghum, sweet potatoes and goat rearing. The group has so far deposited 37,000KES at K-REP and members are ready to borrow up to 10,000KES with no interest. They have borrowed money from the group account to buy fertiliser for their vegetable gardens. Among the support group members, many have received bee hives (45 nos.), benefitting from the REEP livelihoods enterprise programme. Through bee-keeping, these members fetch at least one jerry can (20L) per month. Those engaged in farming participate in pool labour to increase land use acreage. These are charged 800-1000KES for the service if a person is hired. Members who are weak often delegate family members to attend on their behalf.

Butula, these support groups have helped empower PLWHA to take up the challenge of reducing stigma and discrimination through group-based livelihood activities that have involved resource mobilisation, table banking, “merry-go-rounds” and fundraising schemes. Youth peer educators, who are also members of youth support groups, have poultry, vegetable, petty businesses they run, and teach as an additional source of income. They act as role models for youth living with HIV/AIDS.

- Communication techniques approaching different audiences:** REEP’s communication strategy is quite broad but focused, with a variety of channels used in educating the public. This illustrates that their understanding of their audience is quite clear. Counter advertising approaches were applied successfully, while complementing with other programmes in the area. Posters, T-shirts and caps carrying different messages, wall posters as education material, radio programmes, public campaigns, choir group presentations, talks, drama and song at schools, churches, village meetings, market places, funerals, youth groups and sports tournaments are some of those initiatives. In addition, they also used IEC materials at events organised by other stakeholders to educate the community. Peer to peer strategies for community education using parent, youth and child educators to talk to others have proved particularly effective in ensuring that parents, their children, and unmarried youth receive information on HIV/AIDS transmission, prevention and its effects.
- Choir Group:** Launched in April 2004, the REEP Positive Melodies choir comprises 80 PLWHA who are ready to share their experiences by moving between villages, educating the community on different issues related to HIV/AIDS and stigma. In so doing, they have become role models and advocates for rights of other PLWHA who are still experiencing social exclusion, stigma and discrimination. Their performances have been greatly appreciated, challenging community myths on HIV/AIDS through their testimonials and increasing knowledge. They noted that many people have decided to visit VCT centres after they have performed in a particular village, while many who are HIV positive become interested in acquiring better health after seeing how choir members maintain a healthy life. One member described how three women refused to have sex with their husbands after they entered the ritual of widow inheritance in place of brothers who died of AIDS-related illnesses. They believe their performances have also contributed to bringing about behaviour change and reducing the act of malicious spreading.
- Food security during difficult times:** A baseline study conducted in 2003 by REEP revealed that a number of PLWHA were vulnerable to hunger and malnutrition due to low productivity, social stigma, limited access to land, and exclusion from other development programmes. Over the last three years and as a temporary measure, REEP, Busia District Social Welfare Department and WFP have jointly initiated a food security programme for PLWHA. Households headed by children, grandparents, widows or single parents, or with someone who is bed-ridden or chronically ill are given priority. REEP provides supplementary food rations (maize, cooking oil, beans and meat) on a monthly basis to 11,253 families. Entitled to receive food aid for up to six months, these families are encouraged to develop kitchen/home gardens to become food secure. The major challenge they face is that beneficiaries are becoming dependent. As such, REEP need to plan an exit strategy in consultation with the beneficiary at the time of scheduling

It is always good to be a choir member and go out to the community revealing our status before others started gossiping and spreading the news faster than the virus.

I had no friends and never knew what a balanced diet means when I first came to REEP. Now I have friends who are with me even at times when my family rejected me. Now I know how to practice protected sex and am also in a position to educate other women. My experience is that the community now accepts HIV positive people as they have seen how successfully we manage our lives.

- Violet

food aid programmes.

- **Mobile testing and counselling centre and moonlight clinics:** To encourage the participation of men and youth for testing and counselling services, REEP has introduced two strategies: mobile testing and counselling centres operating within outreach sensitisation programmes, and moonlight clinics held at night for people (mainly men) who are afraid others may come to know about their status. This service was introduced in the third year of the project having observed that few men were coming forward for testing and post-test support.
- **Demonstration plots:** REEP has used demonstration sites to enlighten communities on the benefits of agriculture as a business. Combined with training, demonstration plots have helped beneficiaries enhance their skills through practical, hands-on experience. This has increased the numbers of people taking up agricultural and horticultural ventures and livestock rearing.
- **Shadow persons in livelihood development:** Addressing the issue of business failure due to the deteriorating health status and/or death of the business owner, REEP introduced a strategy to encourage a shadow-member chosen by the owner from his/her own family. S/he accompanies the owner and participates in skill development programmes and then works with the owner so that s/he can later assist the PLWHA when sick. Clearly, there may be some inherent risks attached to the shadow strategy, perhaps with the shadow taking over the business if not properly selected. The continuity of the business run by the shadow person after the death of the owner is also vulnerable in a context of land and asset disputes and wife-inheritance, particularly if the shadow is a woman or child. This needs to be closely monitored so that guidelines can be developed for animators and livelihood development officers.
- **Business Clinics:** Business clinics are organised as community outreach programmes to attract community members affected with HIV/AIDS. While assessing their capabilities and capacity to start/diversify their enterprises, these programmes offer enterprise options for the clients to choose and conduct training for those interested in gaining new knowledge for increasing their income.

3.5.5 Gender and Diversity:

- *Women and men work together to effect changes in practise and implementation of appropriate laws/traditional customs*

As illustrated in table 2, when total beneficiaries are taken into account, the ratio of men to women is almost equal, with women making up 54% of beneficiaries. When it comes to people infected with HIV/AIDS, the participation of men in the project is observed to be low at 38% when compared with women at 62%. Compared to numbers of men approaching REEP at the beginning of the project, an increase is in evidence. This may be due to new approaches to attract men who are ignorant about the causes and effects of HIV infection, as well as being responsible for spreading the virus through cultural and social practices in Butula. In terms of diversity, no segregated data was available beyond sex and age.

Table 2: Project Beneficiaries

Beneficiary group	M	%	F	%
People infected with HIV	2,201	38%	3,642	62%
People affected with HIV/AIDS: includes widows, widowers, orphans, carers	4,501	43%	5,961	57%
Other disadvantaged women, boys and girls within Butula	3,082	61%	1,943	39%
TOTAL BENEFICIARIES OF THE PROJECT	9,784	46%	11,546	54%

Except in the case of other disadvantaged women, boys and girls within Butula (61% male), female representation in the project is greater (Table 2). It was also noted that female representation among REEP's community workers was higher than men, which may account for the higher percentage of female beneficiaries. Guilt and blame for infection being generally placed upon the male population and in a male-dominant society may also have discouraged men to participate in the project in the early stages of infection.

3.6 Project impact towards long-term change and sustainability:

Project's long-term change:

- People infected and affected by HIV/AIDS (including family members, widows, orphans and their carers), mainly women, will be more included in their communities through earning an income and facing less discrimination.

As evident from the information presented in Section 4, the project has made a clear impact on the lives of project beneficiaries and their communities, drawing many lessons in the areas of economic empowerment and reduction of stigma and discrimination towards achieving its long-term change. New found confidence among PLWHA was an obvious change in behaviour brought about by the project, as evident from the increased numbers of PLWHA revealing their status in public, positive living, playing an active role in family livelihood development, dealing with markets and services, and standing up for their rights. Case studies and findings from focus group discussions have generated more information supporting this observation. Contributing factors to the project success towards long-term change are presented in sections 3.6.1 impact on the project individual beneficiaries, and 3.6.2. sustainability:

3.6.1 Impact of the project on individual beneficiaries:

The project has benefitted 16,305 PLWHA (including family members, widows/widowers, orphans, and their carers) of whom 797 men and 1,618 women⁷ have been able to address their economic hardships through start-up enterprises, enhancing and improving existing enterprises, as well as other livelihood interventions. More than 3,000 children benefitted through those livelihood interventions, in addition to the REEP's educational support programme for orphans. Some evidence and key contributing factors that can be attributed to the project's long-term change and its impact on individual beneficiaries are noted below.

"I can now afford to eat 10 tomatoes to boost my immunity, but at the same time sell the surplus to cover my medical bills and agricultural inputs. "

A farmer from Busaidah

- An increase in enterprise and livelihoods activities amongst PLWHA has improved their ability to afford more than one meal a day, with additional income to meet health and education needs as well as agricultural inputs. **Economic independence** acquired through livelihoods ventures that addressed basic needs has also confidence to participate in decision making and self-advocacy, particularly in the case of women who have been victims of abuse, discrimination and male dominated social practices.
- **A shift in livelihood practices** from traditional labour intensive and resource demanding ventures to appropriate small-scale income generation options has helped PLWHA to engage in livelihoods, and makes an essential contribution to their family for their survival with dignity in the community.
- The demonstrable effects of advocacy on livelihoods development by REEP and PLWHA engaged in livelihoods persuaded K-REP to enable PLWHA to **access credit and purchase shares** based on the assessment of enterprise viability and the capacity of PLWHA to repay loans.

⁷ As stated in the End of Grant Report submitted to BLF by APT Enterprise Development, UK

- With the project investment of social capital development through capacity building, the **community knowledge base** on business management and appropriate technology has been enhanced, enabling PLWHA to share their knowledge and experience with other members of the community as livelihood animators/star farmers.
- The formation of support groups has empowered many PLWHA, particularly in generating a culture of **savings and sharing labour**. This has changed the social status of PLWHA who were previously living in isolation or being excluded from the community and family, and being discriminated against.
- REEP's community awareness and sensitisation strategy that used PLWHA as advocates to reduce social stigma and discrimination has enabled PLWHA to gain **community recognition and respect** and led the community to become more inclusive of PLWHA.
- As a result of lobbying the District AIDS Committee on behalf of PLWHA and practitioners, **access to medical services** for people infected with HIV/AIDS in rural villages has been improved. ARVs are now available at Khunyagu Sub-District Hospital, which is 4kms away from Butula. Previously, people had to travel 37kms to Busia District hospital for these services.

3.6.2 *Extent to which project activities and achievement are sustainable and key contributing factors which enhance and/or hinder these prospects*

Working to achieve long-term change, it is likely that many of the interventions deployed in this project would sustain themselves due to attitudinal changes made in the community. The project was able to build the image of REEP as a holistic programme that caters to the full range of needs and rights of PLWHA. The recognition REEP has gained as an NGO complementing the services and actions of government and other stakeholders has helped establish its value and status locally. The expanding clientele and widening circle of supporters and collaborators observed during the project period provides further indications that project intervention will continue beyond 2008 as more organisations become willing and interested to collaborate with REEP.

- At a broader level, SITE and APT provided a mentoring and accompanying role in building REEP's capacity from system development to strategic direction with human resource allocation. As a result, adequate **systems and procedures** have been put in place both for effectively managing resources and activities. This institutional strengthening of REEP has increased their capacity to further expand and take on new projects.
- **Government recognition and accreditation** of REEP's Voluntary Counselling and Testing (VCT) centre in Butula that was established as part of the LIFE project by Busia District AIDS Control Council. This status entitles the VCT centre to receive a free supply of testing kits, gloves and other basic medical equipment, as well as opportunities for staff training and upgrading. Medical students undergoing training will also be placed at Butula VCT centre as part of their exposure and training on home-based care. All these inputs significantly enhance the centre's prospects for sustainability.
- REEP's representation on **national level Government Advisory Panels** on child rights as well as on District-level bodies on HIV/AIDS have enabled REEP to introduce the issue of addressing livelihoods of people living with HIV/AIDS as part of a holistic approach to HIV.
- The project's initiative on **building community resources** such as Community Health Workers, Livelihoods Animators, Paralegals and Peer Educators in Butula is a major factor in ensuring the sustainability of the project. These volunteers will continue to support PLWHA within their localities, with community members aware of their presence

and skills approaching them directly or referring people for support. With increased awareness of their rights and entitlements, PLWHA will continue to approach duty bearers individually and collectively, with the assistance of REEP personnel as necessary. Noticeable changes in cultural practices such as widow inheritance and polygamy also provide evidence of long term, sustainable change.

- In terms of influencing policy, a change in attitudes and practices towards PLWHA has been observed at many individuals and organisations who engaged with REEP on this project. REEP has established productive relationships with the local administration and as a result, there is a **synergy in collaboratively addressing the multi-faceted problems** that HIV/AIDS presents, including treatment, shelter, livelihoods, OVCs, education and social security needs. This needs to be further strengthened through sharing project learning and the status of PLWHA with a wider audience of facilitators, service providers and government authorities in Butula who could implement complementary programmes that will contribute to a continuation of the process.

The challenges or factors that would hinder these prospects as observed by the evaluation team are presented below:

- Taking into consideration newly introduced strategies that were greatly appreciated by PLWHA and the community institutions they worked with, and having made a significant contribution to a reduction of HIV prevalence in Butula Division, REEP now needs to develop strategies to ensure their continuity. Mobilising resources to further strengthen these interventions is needed, considering the impact those have on the community and younger generations.
- The willingness and success of REEP to prosecute incidents of inheritance, sexual abuse, domestic violence and other rights violations has led to some local chiefs within customary community structures to abdicate their responsibility for dealing with such issues, preferring to refer these to REEP. This is done partly out of idleness, but also partly to avoid being involved in any controversy. The time and efforts of REEP personnel in the continuation of assistance may have long term financial implications on the organisation which need to be discussed and planned for.
- The prolonged poverty and erratic health of many PLWHA may create unrealistic expectations and a dependency on REEP, its services, staff and field workers which might impede the project's potential for sustaining services and assistance to beneficiaries. This was apparent in many cases in the food security programme as well as counselling and legal assistance. REEP may need to consider and design alternative measures if dependency is to be avoided.
- Another challenge has been that the range of services and benefits available to people living with HIV/AIDS is sometimes abused by family members and others who are HIV negative. For reasons of confidentiality, medical records for people diagnosed as HIV positive only record the family or tribe name. When the individual dies, there have been many cases of families and others, "inheriting" the certificate in order to continue accessing food aid, medication, seeds and other inputs. One result of this is a mistrust by the authorities of PLWHA seeking and claiming benefits.

IV. Lessons learned and recommendations for future similar projects

4.1 Lessons learned:

- **Livelihood development as a tool to empowerment:** As already proven in the areas of poverty and gender, livelihoods development can also be a powerful tool for change – social recognition and reduction of stigma and discrimination. Reducing the economic hardship of PLWHA through the introduction of appropriate livelihoods and support

services (technical training, market linkages, microfinance and technical inputs) has enabled many people to improve their health condition and family status. Their involvement as community workers, animators and support group members has increased their self-confidence and respect while generating respect and acceptance from others within their community.

- ***Integrated and collaborative approach:*** The integrated and collaborative approach adopted by the project enabled it to fit in with existing programmes and build upon their strengths, while at the same time recognising the complementary nature of development interventions. The multitude and complexity of HIV/AIDS issues require a holistic approach to address them. Without developing external partnerships with other stakeholders such as ARDAP and the Ministry of Health, the impact of REEP's project would have been far less effective.
- ***Use of HIV positive members as advocates and educators:*** The use of PLWHA to share their testimonials to convince others who are isolated and self-excluded to join efforts to demand and secure their basic rights and needs for themselves has greatly contributed to attitudinal and behavioural change of PLWHA and the reduction of stigma and discrimination. Using them in innovative ways such as the Positive Melodies choir for sensitisation and advocacy campaigns further strengthened the effect of the programmes.
- ***Use of volunteer animators:*** Use of community members as livelihood animators and field workers (community health workers, peer educators and paralegals) was also seen as a best practice. This approach to working with communities has continued as key for working for REEP, in part aimed at promoting the spirit of community self-help and giving, but also with a view to keeping running costs low. The use of volunteers⁸ is also viewed as a good investment in social capital and the establishment of a community resource base, with the ultimate objective of enabling the community members to take on responsibility for running most of the project partners' activities in the future.
- ***Introduction of volunteer parent educators:*** Recognising the need for parents to have a means of support and guidance on effective parenting to reduce the likelihood of their children becoming infected from amongst their own community rather than depend upon advice children may get from school teachers or their peers, the project introduced trained community volunteers as parent educators. This proved a very effective additional strategy, and many older citizens became respected role models to whom parents refer. They have also helped many OVCs who had experienced difficult times in their upbringing and missing out on moral education to inculcate a set of positive values – values necessary for their future lives.
- ***Practical skills attained based on local knowledge:*** The project ensured that community based animators and REEP staff who were following the skills training programme acquired practical skills through applying their knowledge within their environs. These skills were built upon local knowledge and context. Further, the use of community-based animators had a positive impact on social cohesion, while at the same time reducing human resource costs for REEP at an organisational level.
- ***Post-training monitoring:*** After each training REEP staff visited animators and beneficiaries to assess progress, challenges and areas for further improvement were identified.
- Initiating ***youth and children's support group*** is a unique intervention for REEP whose experiences must be documented. Youth and children are sectors of the population that need particularly relevant and user-friendly interventions that are different from

⁸ In this case PLWHA and community members volunteered to support REEP in implementing the project in their villages in the capacity of livelihood animators, community health workers, peer educators, paralegals etc.

conventional methods to targeting adults living with HIV/AIDS. As such, there is a need to design user-friendly manuals that are visually attractive and use simple and communicative language related to their interests, needs, attitudes and values.

- **Learning by sharing:** A wide range of stakeholders comprising individuals and collaborating institutions regularly held joint fora for purpose of sharing experiences, a practice which promoted cross-organisational learning. These fora can contribute to the adapting good practices and changing practices, with less effort in influencing, while providing opportunities for resource sharing as well.

4.2 Recommendations

With the understanding that good practices presented in section 6.1 will be adapted in future similar projects, the following recommendations are aimed at project delivery and sustainability.

- While appreciating REEP's strength in advocacy at community level, with their expertise in attitude changing, it is recommended to further **expand their advocacy strategy** to change the policies and practices of influential and key stakeholder institutions towards the inclusion of more PLWHA in their programmes. Creating space in the stakeholder/institutional fora for PLWHA as advocates to share their views and experience, and advocate for their rights and entitlements is something that REEP should consider.
- Considering the complexity of the situation faced by many PLWHA and the magnitude of the problem, there is a **need for further strengthening and sharing the integrated approach** the project applied in addressing these challenges. This could be achieved by widening partnerships and strategic alliances with other stakeholders (GOs, NGOs, INGOs and CSOs) working in the sectors of health and development in the areas of implementation, value addition and policy advocacy.
- The changes in roles of men and women at community level as a result of the project, and its effects on the community recommended to be further studied. Strategies for **including more men and other vulnerable groups** such as people with disabilities affected by HIV/AIDS for better access to project benefits should be considered at the design phase in similar projects. REEP could also consider engaging with local universities or research institutions to collaborate in **thematic research** in the respective project areas, provided that the informed consent is given by the PLWHA to use their information and that the research will contribute to the further improvement of the quality of life of PLWHA.
- Adding a further step to strengthen the present **M & E system**, the newly added feature of quarterly-based impact assessment studies (which is limited to a survey) needs to be extended with the inclusion of analysis of quantitative and qualitative information generated from the field as well. Studying the existing system of manual recording of client information at department level and taking into account the graduation process of a client who is entitled to acquire a range of services from REEP, a computerised database is recommended for easy referral and monitoring purposes in the long run. Youth group members can be tested for data entry as well as analysis of quantitative data to support the external consultant assigned by REEP.
- With REEP's focus shifting to Nambale Division, **establishment of linkages between community and resource institutions** is recommended in areas such as microfinance, agricultural extension and technical support services as a step towards an exit strategy in Butula Division. Livelihood animators could play a greater and complementary role to services offered by other stakeholders so that PLWHA supported by the LIFE project could be included in other programmes. REEP could facilitate this process through a stakeholder workshop to share the LIFE project experience and secure additional commitments and mechanisms for more effective delivery of services to PLWHA.

Having invested in building the capacity of **Livelihoods Animators**, it is recommended that they are given further opportunities to refresh and increase their knowledge so that they can serve other institutions on a payment basis while delivering new services to their own community. For example, microfinance institutions might use them for credit plus services so that their loans are spent on livelihoods development.

- **Participatory consultations at different stakeholder levels** with PLWHA and potential resource organisations (GOs and NGOs) are recommended during field level planning in Nambale so that the project approach can be effectively adapted to the local context. This will also help identifying and agreeing on possible collaborations and complementary partnerships that would enhance the implementation of LIFE 2 and facilitate an exit strategy.
- Sufficient attention should be paid to address **internal capacity and organisational issues** as REEP expands its project coverage. Using experienced field workers and animators from Butula as resource persons (with an incentive for their travelling and time) could be an effective strategy for capacity building of community members from Nambale volunteering to support REEP work in their villages as animators.
- Considering the depth and scale of the problem and need, REEP needs to mobilise **resources for new and emerging programmes** within the project such as youth groups, child rights clubs, livelihoods-related school projects, and livelihoods for unemployed youth and school leavers.

Annex A

Scope of assignment **Empowerment and Income for HIV/AIDS Affected People in Butula Division,** **Busia District, Kenya** **REEP and APT Enterprise Development** **Project Evaluation - Terms of Reference**

Introduction

This four year project of APT and REEP began in June 2004 and is scheduled to run until May 2008. An external evaluation - to be participatory and inclusive of all stakeholders - has been scheduled towards the end of the project. The evaluation provides an opportunity for reflection by REEP and APT upon progress towards the project's overall purpose, outcomes, and targets, to identify ways in which a follow up project in adjacent Nambale District can build upon lessons and experience from Busia, and to distil and document the lessons learned for wider dissemination and application.

This project - supported by the Big Lottery Fund (BLF) - has been working with people living with HIV/AIDS in rural Butula Division of Busia District in western Kenya and concludes in May 2008. The project has a dual focus of supporting individuals infected and affected by HIV/AIDS to establish their own sources of income through enterprise development, and addressing the stigma and discrimination faced by people who are HIV positive and helping them to access reliable sources of care and support. Self-help groups of people living with HIV/AIDS have been established as part of this project. An evaluation is scheduled for May 2008. The impact of the project has spread into adjacent districts and a second project that builds upon the success and experience of the work in Butula is currently under consideration by BLF. Although the new project focuses upon neighbouring Nambale Division, approximately 15% of the budget is earmarked for further support to Butula in order to ensure sustainability there.

The **long term change** that this project envisaged was that people infected and affected by HIV/AIDS (including family members, widows, orphans and their carers), mainly women, will be more included in their communities through earning an income and facing less discrimination.

The project targets are:

- 900 men and 1,500 women infected and affected by HIV/AIDS (including carers and widows) will have enhanced livelihoods through earning an income
- 9,800 people (5,500 women and 43,00 men) PLWHA will face less discrimination and stigmatisation
- 2,800 men and 3,600 women affected but not infected, are less likely to contract the disease as a result of increased awareness of HIV and behavioural change

The project outcomes are:

- People living with HIV/AIDS will have enhanced livelihoods through earning an income
- Communities will be more inclusive of PLWHA who will face less discrimination
- People living with HIV/AIDS involved with other programmes will benefit from mainstreaming of HIV/AIDS issues into SED programmes, using best practice approaches that will be developed, proved and disseminated through this project
- There will be reduced risk of exposure to HIV/AIDS, particularly for girls and young women

A number of cross-cutting outcomes to support the project outcomes were also identified in capacity building, influencing opinion, networking/collaboration, participation, gender, and diversity. Quantitative and qualitative indicators of achievement for project and cross-cutting outcomes have been developed and agreed and are recorded in the Outcomes Tracking Form.

The overall objectives of this evaluation are to:

- evaluate the impact of the project on individual beneficiaries
- assess the success of the project in meeting its own objectives (as set out above and more fully in the project documents), with particular reference to impact and sustainability
- make recommendations on any changes to the project strategies and/or methodologies that may be valuable for any subsequent project
- assess the extent to which project activities and achievement are sustainable and identify key contributing factors which enhance and/or hinder these prospects
- identify key learning points and make recommendations for future operations of this or similar projects

The following activities are expected to be undertaken by the evaluation team:

- Review of relevant project and other documents, including the project proposal, annual reports, tour reports, mid-term review and monitoring information
- Oversee the design of the survey instrument and collection of an appropriate and adequate sample of data prior to the in-country visit, through liaison with a local consultant
- Identify and interview a range of individual beneficiaries and key people at REEP and other relevant stakeholders
- Relate project data to the macro-economic environment within which the project is operating
- Meet and discuss the project operation and outcomes with the relevant staff of REEP, Self-Help Groups of people living with HIV/AIDS and other organisations with whom the project relates
- Draft an outline report with initial findings, and present to the project management (REEP and APT) for discussion and feedback
- Produce a final report (soft and hard copy) in the light of feedback received

Outputs:

- A report of approximately 20 pages, including an executive summary, assessing the overall impact of the project, including:
 - an analysis of the project achievements, quantitatively and qualitatively.
 - an analysis of the project design (in terms of its ability to meet the project objectives within the overall socio-economic operating environment
 - lessons learned and recommendations for future or similar projects

Evaluation team composition:

The evaluation team will consist of two people, one of whom will have specific responsibility for writing up the report. Between them, the evaluation will have the following skills, experience, and understanding:

- Project evaluations (participation and report writing)
- HIV/AIDS as a development and human rights issues
- Livelihoods and enterprise development
- Social development in the context of Kenya

Timing:

May 2008

Duration:

A total of 19 days will be allocated to this evaluation. For the team member responsible for producing the report, this will comprise up to 7 days in Kenya and 5 days for preparation and report writing. For the second team member, this will comprise 7 days in Kenya, inclusive of briefing time.

Annex B

FIELD CONSULTATIONS - PROGRAMME SCHEDULE

June 23, 2008 Monday	REEP staff consultation meeting
	Evaluation team working on topic guides – Focus Group Meeting/Interviews
	Desk study – Big Lottery Evaluation
June 24, 2008 Tuesday	Meeting PLWHA in 2 teams <ul style="list-style-type: none"> - Abused child and a family member - Child caregiver - Young widow - Entrepreneur/livelihood animator - Survivor of domestic violence - Advocate
	Debriefing meeting at REEP office
June 25, 2008 Wednesday	Team A – Meeting other stakeholders (Health/Agriculture/Microfinance)
	Team B – Focus group meetings (Choir/Animators & field workers)
	Debriefing meeting at REEP office
June 26, 2008 Thursday	Team A – Focus group meetings (Caregivers/children/youth/support groups)
	Team B – Meeting local administration & leaders (District officer, Butula & Chiefs/ Police and Religious leaders)
	Debriefing meeting at REEP office
June 27, 2008 Friday	Team A – Documenting focus group meeting outcomes
	Team B – Meeting officials in Busia (Lawyer/Culture and social services/District Commissioner/ Children’s Officer)
	Debriefing meeting at REEP office
June 28, 2008 Saturday	Feedback by Evaluation Team to REEP team

Annex C

Project outcome form – updated July 2005

Project outcome	Indicators of achievement of Project Outcome
<p><i>outcome 1</i> 900 men and 1500 women PLWHA (including carers and widows) will have enhanced livelihoods through earning an income. 2,400 children will benefit through increased access to basic needs.</p>	<ul style="list-style-type: none"> • 800 enterprises operating sustainably and profitably; indicators will be levels of sales and % profits. Increase in household income generated - by an average of 50% (30-100% range). • A further 2400 children (roughly equal numbers of girls and boys, some of which will be orphans) will benefit: indicated by school attendance/dropout rate, dietary changes, purchase of food, medicines and other basic needs increased (quantity, expenditure, and proportion used for the children). Measured by random samples and in-depth interviews. • Incidence, level and quality of care of PLWHAs including orphans (including, for example, numbers relatives are attempting to care for (as opposed to leaving destitute, hiding etc), consumption of food and drugs, support in life skills for orphans including school attendance, apprenticeship. (Indicators are closely linked with discrimination – case studies will be used to obtain more understanding on behavioural change) • Members of marginalised households (particularly women and orphans) empowered to make choices – where to live, how to live and in particular to reduce the risk of contracting HIV by avoiding risky behaviour (such as being ‘inherited’, early marriage, sex working, children being ‘adopted’ and abused by unscrupulous relatives)

<p><i>outcome 2</i> 9800 people (5500 women and 4300 men) PLWHA will face less discrimination and stigmatisation.</p>	<ul style="list-style-type: none"> • 9800 people (5500 women and 4300 men, and including 3400 infected and 6400 affected by HIV/AIDS) will benefit from less discrimination. Indicated by: a) changes in perception and feeling of PLWHA on how they are treated and their participation in family and local events (within this 80% of PLWHAs involved in enterprises perceive better relations, more and closer contact, with their families, neighbours and customers); and b) changes in perception and feeling of others to PLWHA. • PLWHA living more positively and responsibly. Indicators: increased participation of HIV-positive individuals in support groups, responsible sexual behaviour and condom use, reduced incidence of remarriage, pregnancy. Numbers attending pre-marital VCT. • Indicators that show inclusion in decision-making and confidence of PLWHAs in standing up for their rights are also relevant here. Indicated by changes in a) participation in local decision making organs, e.g. membership on committees; b) control and inheritance of property; and c) numbers of legal cases taken up by and for PLWHAs, and their success
<p><i>outcome 3</i> There will be a reduced risk of exposure to HIV/AIDS, particularly for girls & young women, (approximately 2,800 men and 5,200 women).</p>	<ul style="list-style-type: none"> • 2,800 men and 3,600 women affected but not infected, are less likely to contract the disease. (Some data available from government reports). Supplemented by behavioural change indicators: reduction in numbers and levels of risky sexual activity by children (indicated by REEP's programmes with schools including HUGO – an interactive computerised facility), numbers attending pre-marital VCT, condom use and numbers considering the HIV status of partners before sex. • Numbers of parents/guardians participating in the programme. Increased involvement of parents/ guardians in sex education (indicated by feedback from children). • 90% men and women involved in enterprises no longer practising vulnerable behaviour (indicated as above). Monitoring of indicators with individuals directly participating in enterprise (more detail) and also other members of the community (sample monitoring). Use of focus groups. • In addition to the above, at least 1600 women who are not currently affected by HIV will be less likely to contract the disease – indicated by various changes in behaviour e.g. numbers of girls in schools dropping out due to pregnancy, and supported by case studies to examine reasons for behavioural change.

Cross cutting outcomes	Supporting outcomes to reach Project outcome	Related project outcome	<i>Indicators of achievement of supporting outcome</i>
Capacity building	<p><i>Year 4</i> - Star entrepreneurs have capacity to provide support during & beyond project's duration</p> <p><i>Year 3</i> - Improved capacity of local groups and organisations</p> <p><i>Year 2</i> - Improved capacity of other groups & organisations as a result of inputs by REEP - Improved capacity of REEP in management, lobbying & advocacy, rights work, support to SED, monitoring and evaluation</p> <p><i>Year 1</i> - Identifying specific capacity needs of other groups & organisations - Improved capacity of REEP in management, lobbying & advocacy, rights work, support to SED, monitoring and evaluation.</p>	<p>1,2</p> <p>1,2,3</p> <p>1,2,3</p> <p>1,2,3</p> <p>1,2,3</p> <p>1,2,3</p>	<p><i>Year 4</i> - 50 star entrepreneurs identified, trained & providing services</p> <p><i>Year 3</i> - Indicators according to specific group</p> <p><i>Year 2</i> - Indicators according to specific group e.g. leadership more inclusive, no's of active linkages between different groups & organisations etc - Continued implementation of Capacity Building Plan, supported by SITE, specific indicators set according to plan</p> <p><i>Year 1</i> - Development of REEP Capacity Building Plan, supported by SITE. Enhanced skills in time and resource management, impact monitoring and reporting, effective enterprise development interventions in the project environment, awareness raising / counselling on drug abuse</p>

Influencing opinion	<p><i>Year 4</i></p> <ul style="list-style-type: none"> - National and international organisations increasingly addressing SE needs of PLWHAs - Changes in attitudes, practices, implementation of government policies chief barazas, service providers, district & provincial administrations, customers & community members to be more inclusive, less discriminatory of PLWHAs 	2,3	<p><i>Year 4:</i></p> <ul style="list-style-type: none"> - Best Practise Models developed & disseminated – paper produced, no of times disseminated/requested, quality of discussions stimulated, incorporation of HIV/AIDS issues in programmes/reports. Evidence of learning from these NGOs (and others) incorporated into documentation on experiences on mainstreaming. Progress towards incorporation of HIV/AIDS issues in up to 50 programmes - wider impact would be beyond the completion of the project. <p><i>Year 3</i></p> <ul style="list-style-type: none"> Issues raised/taled by women/PLWHAs at local meetings and dealt with as a result. Contributions to the practise and implementation of policies (district and national level) by PLWHAs e.g. attendance and active participation at conferences and consequent action. Feedback from customers, no's of customers, case studies indicating behavioural change <p><i>Year 2</i></p> <ul style="list-style-type: none"> Issues raised at household and community levels – no. of representations by women and men to chief's baraza; quantity of awareness raising publicity & feedback <p><i>Year 1</i></p> <ul style="list-style-type: none"> No's of men and women provided with rights awareness training/sensitisation. Increased awareness of rights of children (to education, care and health) and of responsibilities of guardians. Change in quality of care, numbers of guardians sending children to school. Numbers of incidents of denial of rights (e.g. rape, domestic violence) reported to and acted upon by REEP. Identification of key target practices and policies. Baseline information gathered – men and women
	<p><i>Year 3</i></p> <ul style="list-style-type: none"> - Increased awareness & representation of views to chief barazas, service providers, district & provincial administrations, customers, community members and at household level to be more inclusive, less discriminatory of PLWHAs 	1,2,3	
	<p><i>Year 2</i></p> <ul style="list-style-type: none"> - Increased awareness & representation of views to chief barazas, service providers, district & provincial administrations, customers, community members and at household level to be more inclusive, less discriminatory of PLWHAs 	1,2,3	
	<p><i>Year 1</i></p> <ul style="list-style-type: none"> Increased awareness of women's, orphan's and PLWHA rights & responsibilities; begin to identify issues & seek solutions. 	2,3	

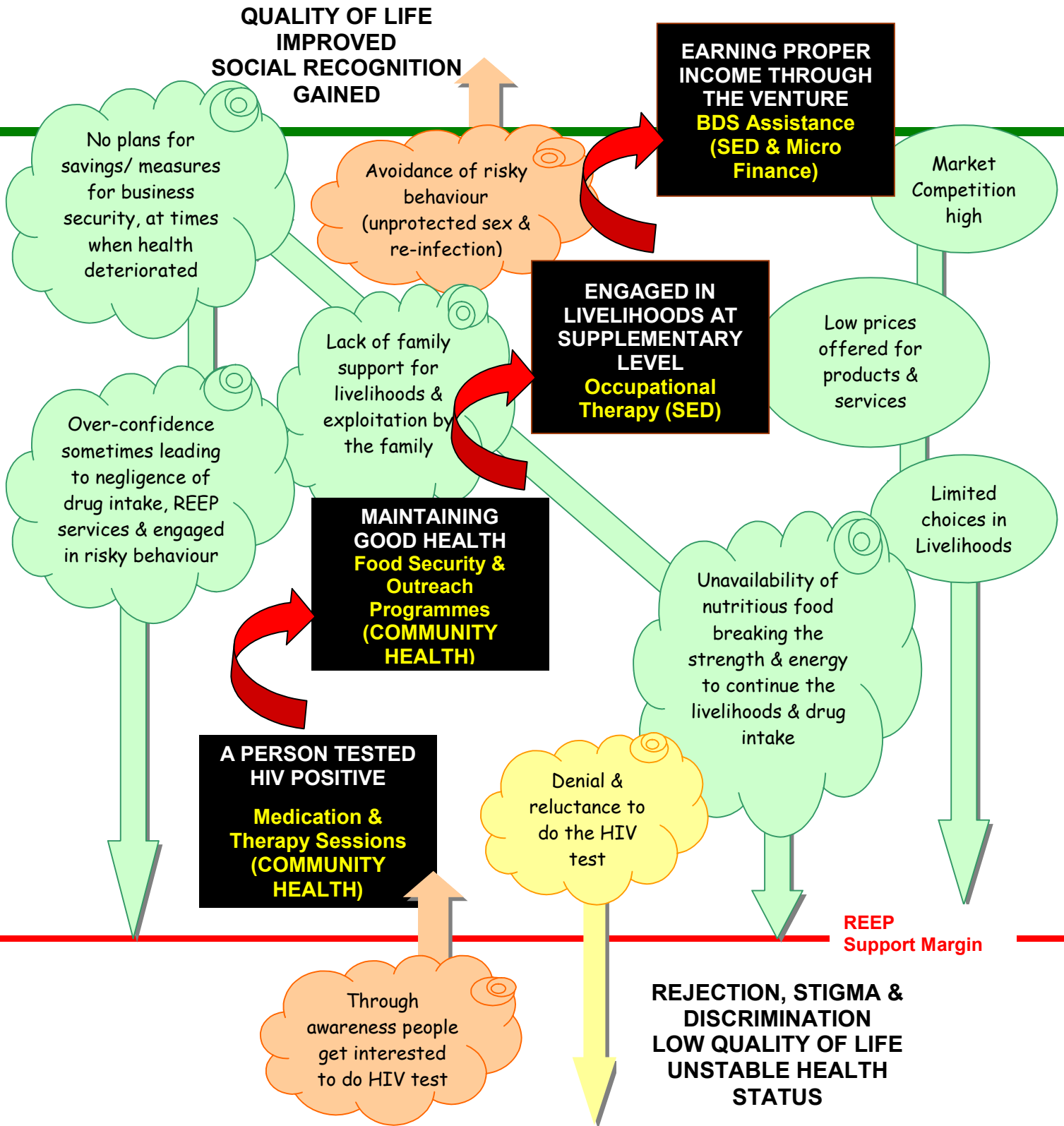
Networking/ Collaboration	<i>Year 4</i> - Participation in National and international alliances, regional and national networks for more effective policies/programmes, information exchange, access to resources.	1,2,3 2,3	<i>Year 4:</i> Seminar & paper with recommendations presented for publication. No. of Exchange/exposure visits to REEP project; Links with other APT partnerships.
	<i>Year 3</i> - Participation in National and international alliances, regional and national networks for more effective policies/programmes, information exchange.	1,2,3	<i>Year 3:</i> No. of Exchange/exposure visits to REEP project; Links with other APT partnerships. No of active participation in regional and national networks/links established
	<i>Year 2</i> - Participation in National and international alliances, regional and national networks for more effective policies/programmes, information exchange e.g. working collaboration with Finance organisation established - Strengthened local networks – between groups, CBOs & service providers.	1 1,2,3	<i>Year 2:</i> No. of Exchange/exposure visits to REEP project; Active links (quality & quantity) between groups, CBOS, service providers, exchange of information No's of Women and men affected by HIV/AIDS with access to credit
	<i>Year 1</i> - Strengthened local networks – between groups, CBOs & service providers. - Experience shared between PLWHAs & groups re virus, care & employment	1,2,3 1,2,3	<i>Year 1:</i> Active links (quality & quantity) between groups, CBOS, service providers, exchange of information Documentation of Agencies
	- Working collaboration with relevant legal/ rights support - Relevant agencies/programmes addressing ED/PLWHAs mapped out	3 1,2	

Participation	<p><i>Year 4:</i> - Participation of PLWHA in wider SE activities around Kenya & elsewhere - PLWHA will take an increasing role in regional & national decision making; have greater access to services & resources</p>	1,2 2	<p><i>Year 4:</i> -Approximately 10,000 men and 15,000 women (HIV/AIDS affected) will be more effectively included in SED programmes, and up to 10 NGOs/organisations. Feedback using monitoring indicators of each NGO (e.g. segregation of PLWHAs in information collection, needs analysis, assessment and follow up of particular needs, segregation of PLWHAs in impact monitoring, consideration of awareness raising). Funds raised for additional activities to enable inclusion. -Contributions to the practise and implementation of policies (district and national level) by PLWHAs e.g. attendance and active participation at conferences and consequent action.</p>
	<p><i>Year 3:</i> - PLWHA will take an increasing role in community decision making; have greater access to services</p>	1,2	<p><i>Year 3</i> 30 PLWHAs (70% women) attending local meetings where decisions are made, active participation (& quality), issues raised/tabled by women/PLWHAs and dealt with as a result.</p>
	<p><i>Year 2</i> - PLWHA will take an increasing role in community decision making; have greater access to services - PLWHA will take an increasing role in family decision making and resource allocation</p>	1,2,3 2,3	<p><i>Year 2</i> Case study and sample analysis of factors such as decision-making flows in household, examples of other decisions/activities affected by control of finances e.g. whether or not a child goes to school).</p>
	<p><i>Year 1</i> - Awareness of equitable participation in project activities; establishment of participation in stakeholder workshops & advisory group, in monitoring systems.</p>	1,2,3	<p><i>Year 1</i> Representation of different vulnerable groups (e.g. women, age, disability through ill-health) in different stakeholder groups.</p>

Gender and diversity	Year 4: Women and men work together to effect changes in practise & implementation of appropriate laws/traditional customs	1,2,3	<i>Year 4</i> Changes in practise & implementation of policies e.g. no's women: recognised as legitimate beneficiaries to estates, not hindered by men in undertaking economic activity, have control over family income, increased input into decision making within family and community, decrease in early marriages and practise of widow inheritance
	Year 3 Gender issues raised and debated at community levels, and regional/national levels	1,2,3	<i>Year 3</i> Evidence of women confident to stand up for specific rights: No's women attending local meetings where decisions are made, active participation (& quality), issues raised/taled by women and dealt with as a result.
	<i>Year 2</i> Gender issues raised and debated at community levels, and regional levels	1,2,3	<i>Year 2</i> Evidence of women confident to stand up for specific rights Issues raised within the household (indicators set by women individually) and action taken. Perceptions of own dignity and independence – men and women separately (case study and sample analysis of factors such as decision-making flows, physical control of cash, examples of other decisions/activities affected by control of finances e.g. whether or not a child goes to school).
	<i>Year 1</i> Raised awareness of gender issues among women & men at household levels, dialogue begun to address issues	1,2,3	<i>Year 1</i> Baseline information gathered. Reduced incidence of domestic violence, increase in numbers of girls attending and completing school, more equitable distribution at household level of a) labour and b) control of resources

Annex D

LIFE Model – JOURNEY OF A PERSON INFECTED WITH HIV/AIDS



Annex E CASE STUDIES

Case Study 1:

PATRICK – A Star Entrepreneur turned into a Livelihood Animator

IN 2004 both Patrick and his Wife were infected with HIV and the following year his wife died leaving Patrick to care for their little girl, Irene. Patrick's story illustrates how micro-enterprise development training by REEP can benefit those infected or affected by HIV/AIDS.

Patrick is 31, has a daughter of 8 years old and lives in a family compound surrounded by his father, married sister and his brother. He looks well despite a bout of illness the previous week. Both Patrick and his wife were diagnosed as HIV+ in 2004, and the following year his Wife died of HIV/AIDS as the prospect of living with the disease seemed too much for her to bear. His daughter has been tested for HIV and is fortunately negative. Today, Patrick attends hospital bimonthly to collect his daily doses of ARVs that he takes each morning and evening. He is one of REEP's small enterprise animators and as such, advises 8 local farmers who are living with HIV. His brother is his main support for the horticultural activities that Patrick undertakes. He helps him when he is too ill to manage, and when the work is too strenuous for him to do alone.

Before receiving training from REEP as an entrepreneur, Patrick grew maize and sweet potatoes, but found the work too heavy going for his physical condition under HIV, and added that the inputs for these crops were overly expensive. So on the advice of the REEP business counsellor he decided to grow tomatoes and watermelons. All of the family help out with weeding. The tomatoes crop twice a year and he sells them directly from his plot of land, mainly to wholesalers who sell them on at market. The main problem with growing tomatoes is finding a suitable pesticide but he cycles around the district looking for an affordable source. He provides his own fertiliser from the dung produced by his father's cow, and keeps a compost heap. There is little competition in the locality in tomato growing, although his brother-in-law also crops a different variety of the fruit. REEP initially supplied the seeds for the tomatoes and watermelons, together with some insecticide, and training in business management and marketing. He is also a beneficiary of REEP's bee-keeping enterprise. REEP provided him with the 9 hives he has, together with a harvesting and bottling service that is run from their local office in Butula by the REEP bee-keeping animators, and staff. Patrick receives 50% of the price of each pot, while REEP retain the other 50% to cover the purchase of the hives (3,500KES each) and the collection and processing service.

Watermelon has been a lucrative source of income for him. In 2007 he made a profit of 3,000KES on the crop that enabled him to invest in several goats, pigs, chickens and the seeds for this year's crop of watermelons and tomatoes. Of the three pigs he bought, Patrick initially considered selling one to the butcher to make a profit from the carcass, but changed his mind when he realised he could make more money by keeping the pigs for breeding. Each piglet is worth 500KES at market in comparison with the 2,500KES that the butcher offered him for the carcass. Patrick makes his own mash for the pigs from maize and avocado, so the cost of upkeep of the animals is relatively low. He has also bought a spray pump to ease the burden of watering his crops by hand. He finds it hard work, but is determined to keep going. In regard to the watermelon crop, REEP advises him on the best market to use and provides a vehicle to carry him and the fruit to market. He has not come across any discrimination against him in the local market, although he has not disclosed his HIV status to the people there. Both watermelons and tomatoes require a short growing season, thus providing a relatively speedy return to investment.

As a REEP small enterprise advisor Patrick visits each of his group of clients to advise them on horticultural and business management issues and they attend regular meetings with him

at which issues of concern are raised. REEP beneficiaries are all people who are either directly infected with HIV themselves, or help to support a family member who is HIV+. They are encouraged to join self-help support groups within their locality, and Patrick's clients are mainly drawn from the local REEP group, of which he is also Chair. His group of enterprise clients is relatively small and comprises 5 HIV+ members, and three care givers who are affected by HIV within the family. A member of REEP's enterprise staff visits twice a week to discuss his progress. Although the current support offered by REEP under the LIFE 1 project will end this year, Patrick will continue to run the enterprise group and will still be able to visit the REEP office for advice, and use their bee harvesting service. This is managed by Livelihoods animators that REEP has trained in bee-keeping. Patrick seems confident that he will manage under the new arrangement and has decided to take on marketing the water melon himself.

He faces the future with optimism and is considering applying for a small loan from the community bank to fund a jerry-can, wheelbarrow, and spade. The main constraint he faces is the size of his farm plot. His family owns three acres of land, but his father has not yet decided how the land will be divided amongst his children. However, Patrick has recently been elected as Chair of the family decision making forum and is hopeful of a beneficial outcome for himself and his daughter regarding the allocation of land. The confidence that his family now show in Patrick is a reversal of their attitude towards him when he was first ill and diagnosed with HIV. He is grateful to REEP for opening his mind to the opportunities that small enterprise has brought to him. He enjoys the respect that his expertise in enterprise development has earned him within his neighbourhood. His outlook on life has changed and he has been able to build a new home for himself and his daughter, Irene. His old hut now houses the chickens. He is able to maintain his strength by growing fresh vegetables and bananas in his garden plot to eat, and when he buys a tin of silverfish, he can supplement it with 10 tomatoes from his own plot.

Although Patrick was only educated up to Standard 7, missing the last year of primary education, he has adapted to the demands of enterprise and living with HIV well. Before REEP entered his life, Patrick admits that he was very poor. The small family ate only once a day, but now he and Irene eat three meals each per day, a change that has been facilitated by REEP. His daughter is at school, repeating Standard 1 this year. His new 2 roomed home is around 3 meters by 4 meters square and he owns a settee, four chairs (one cushioned), and a table. Stacked up by the door are 3 bicycles. He had no bicycles and only 2 chairs before REEP started supporting him. One day he hopes to remarry and has been counselled by REEP to seek a woman who is also HIV+ and shares the challenges and demands of living with HIV.

Case Study 2: BEATRICE – Exclusion to Inclusion

Name: Beatrice Slouch
Sex: Female
Status: Widow/ HIV positive
Mother of 3 children s
(2 girls – 10years/8years and a boy – 6years)

Life before her marriage: Beatrice who was living with her parents, left school when she was 16 years old having no money to pay her school fees. Her father was a farmer who used his money for drinking and it was her mother, who was the breadwinner of the house. She was selling cereals in the markets. Young Beatrice after leaving school was idling at home, becoming frustrated day by day. One day she ran away from home. Then she was about 19 years of age. Someone, whom she met at the time, arranged her to get married.

Life after marriage: She was married to a young farmer who grew tomatoes for sales. For newly wedded Beatrice, marriage brought happiness and a big change to her life: It was the first time that someone bought her new clothes and food. Her husband owned half an acre of cultivation land and also hired land for cultivation. Beatrice helped him with farming and selling the produce. They were not earning huge incomes, but had a practice to keep accounts and plan according to the income they gained.

In 2002 her husband became sick. She heard from her neighbours about REEP and their work related to HIV/AIDS. She was suspicious that he was infected and requested him to go for testing his status on several occasion but he refused. One day, without his knowledge, Beatrice approached REEP. She requested them to test her health status and found that she is HIV positive. Being educated about the illness, and wanting her husband to live she tried again to convince him to get his health status tested at REEP. Instead, he started abusing her for bringing the virus to him. She kept quiet, but continued to treat him well. Suffering with pain her husband died in July 2002, when she was carrying his child.

Life after her husband's death: Her happy life ended with husband's sickness. It became worst after his death. Brothers-in-law with the intention of acquiring their assets harassed her. They asked her to leave the place. The house she was living, was also about to collapse. Having registered as a REEP client, Beatrice had no other option but to seek support from REEP.

REEP Intervention: Informed about her situation, REEP took the interest in supporting her. Understanding her situation, REEP summoned the relatives of her husband and made them aware their faults and violation of rights through counselling, which resulted in addressing the land dispute. Assessing the condition of her house, they helped her build the house in 2003. She joined the self-help group (SHG) in the area, called "let's Work" Group where they help each other in daily needs while mobilising savings within the group. In 2003, REEP Enterprise Development Department came forward to assess her livelihood – tomato cultivation, which she used to do with her husband - and organised a small loan of KES3,000. Having well trained by working with her husband, Beatrice continued to keep accounts of her transactions. REEP also provided her with information, inputs, and appropriate farming techniques. She found that when she spent KES 1,000 for purchasing inputs and other materials, she can earn a profit of KES 200. Thus, she was able to pay back her loan in the given time. She was supported with the WFP funded food rations scheme, where her family was entitled for 4kg pulses, 24kg maize, 2kg porridge flour, and 3L cooking oil. Under the Orphans Support Programme, her children were provided with school uniforms. Now she is employed at REEP as the tea girl, with a monthly allowance of

KES 2,000. Beatrice was also provided with medication, until the medication scheme of AMPATH was in operation. Now she acquires medication from AMPATH.

Memberships and Participation: Before joining REEP Beatrice has not involved in any community activities and had not being a member of any community organisation. After joining the SHG, she also became an active member of community support group in her division, i.e. Namulere, which has a membership of 30. She is also a member of REEP Choir Group, which perform at awareness programmes of REEP, special events organised by local administrations, funerals of members and at market places. Using songs to attract the community, they share their testimonies to educate the public on HIV/AIDS and related subjects.

Her contribution to REEP: Being a widow who knows about the rights of the widow, she educates other widows and advocate for their rights; being HIV positive, she creates awareness amongst community on HIV/AIDS and related subjects. She is committed for advocating rights and educating others in the depth of her heart, as a courtesy to REEP.

Her recommendations for REEP improvement: It is evident that REEP services were able to make a big change. Considering the fact that REEP hasn't reach the total number who require services from REEP, due to limited resources, it is important for supporting REEP and building its capacity to expand its services ensuring accessibility for all who need those. Without REEP, despite the continuity of awareness and education of community through animators, the deaths due to HIV/AIDS will increase in the area.

Today, Beatrice leads a life with self-esteem and confidence with her three children going to school. She works at REEP office from 8:00a.m.–5:00p.m. and also have a side business, i.e. selling kerosene oil to her neighbours after she reaches home in the evening.

Case Study 3: ROBIN – Fighting with Virus through Acceptance

Robin, the head of REEP's Home-Based Care Unit shares her ordeal as a young HIV positive woman who was a prisoner for four years, rejected and despised by her brother's in law. At REEP she works as a volunteer. Going public she faced stigma and discrimination as a person by her own family. She empowers people to speak out, go public and be transparent and take medicine. Through group therapy she is now able to talk openly about her status and also her colleagues are happy because they are coping with their status. During her prison time she weighed 61 kgs but now weighs 80 kgs.

Robin's nature of work: She deals with a holistic complex cases ranging from domestic violence, rape, child abuse, orphans, forced wife inheritance and early child marriage, mainly girls. Robin remarks that "sometimes counselling is very difficult, talking to a person to accept his or her status, it's really a challenge," but at the same time she views counselling as an entry point to behaviour change of PLWHA.

REEP has made Robin confident in capacity building skills, raising awareness and promoting practical action to challenge HIV and stigma, boosting her status and encouraging other people in the community to use condoms. She knew her status in the prison and accepted it from the bottom of her heart. She wasn't ashamed to go public. REEP accepted her and she was so happy that she considers this her greatest achievement in her life.

Case Study 4:

ROSELINE – With REEP Support Her Dream House Was Built!

Name: Roseline Kong'ani
Sex: Female
Status: Widow/ HIV positive
Mother of 3 children
(2 girls – 13years/ 12 years and a boy – 8 years)

Life before her marriage: Roseline was a bright child in her school. She has studied up to Form III. She had to leave her education because the parents couldn't afford to pay the school fees for two children in the family. Her elder brother continued up to O/L class, and she being a girl, her interest to continue studies was not respected by the parents. After idling at home for some time, Roseline got married when she was 21 years old in 1993.

Life after marriage: Her husband had no stable income. He used to go for casual work. She spent a very difficult time with him, looking after the children and doing household work as doing cultivation in the plot of land belonged to her husband.

Life after her husband's death: Her husband died in 2001 after being sick and bed-ridden for some time. After his death, REEP's Community Health Worker visited her to console her. It was at that time she decided to test her health status and found that she was HIV positive. She refused to participate in the ritual of widow inheritance by brothers-in-law, knowing her status. But bringing up children as a single parent was found to be difficult. She has inherited from her husband land for cultivation. Taking advantage of her situation, a neighbour snatched it from her.

REEP Intervention: Roseline met the Director of REEP. Listening to her story, the Director came forward to help her, first reacquiring her own land occupied by a neighbour. The land was released but Roseline has no capital to invest on cultivation. Her children were supported with schooling costs and uniforms. She was also a beneficiary of the WFP-supported Food Assistance Scheme. Under the community health programme, she received medication and counselling services. Enterprise Department of REEP has linked her to credit services for starting up a livelihood.

Memberships and Participation: Roseline is also a leader in the church. Having referred to community support group in her division, she became an active member and then elected as the secretary. She was able to start goat rearing, which she bought through the group, where they practice a merry-go-round savings system. She has 3 goats and a dairy cow. Today, she is the General Secretary of 44 support groups operating in Butula.

Her contribution to REEP: Roseline started working as an animator, since 2005 under the Life Project – Phase 1. She was paid a monthly allowance of KES 6,000. Therefore, she decided to give-off the benefits she was receiving under School support programme and WFP – Food Support scheme. She was trained as a paralegal, peer educator and a community development officer. In addition, she participated at leadership training programme organised by REEP. In the capacity of an animator, she was involved in awareness creation, providing emotional support, youth mobilisation etc.,

Challenges: With REEP under the second phase of Life project having more attention to *Nambale* division, Roseline found her livelihoods unsecured. She required about 50,000KES processing documentation and other legal work in obtaining her land. She also found that her health status as a barrier to hard working.

Change: In 2001, stigma and discrimination was very high compared to the present situation. Then people believed that if one got infected with the deadly virus, the next day the person will die. REEP interventions have improved knowledge in the community, which in turn contributed to reduction of stigma. She was empowered as a result of participation of REEP activities, which led to gain recognition in the community.

Her recommendations for REEP improvement: Her experience since she joined REEP demonstrated that the knowledge and experience they gained as animators could be used to continue educating and creating awareness amongst community. The holistic approach that REEP applied in assisting proved that it is beneficial to both HIV positive persons and the community. It is also evident that REEP has not extended its services to all those who required to be benefited. Therefore, there is a need for expansion of the services offered by REEP.

Using her savings from her monthly allowance she was able to build a semi-permanent two-roomed house in place of her mud hut, where she was living with her children. Her only hope is to bring out her children to become respected citizens in the future.

Case Study 5: GENTRICS – A Victim of Abuse

In 2007 Gentric's mother died, and in early 2008 her father passed away leaving her to support her four siblings, plus two of her deceased grandfather's children, and her own son. The child was conceived when Gentric was raped at the age of 14. Both of her parents died of HIV/AIDS.

The Story: When Gentric was a child, a long term family friend and neighbour who was a Professor at Nairobi University would drop in during his regular visits to his home village where his two wives lived. The Professor is now aged around 70 years old and at that time would have been in his 60s. Gentric's family was poor and her father would do jobs for the Professor, who would also assist the family with additional cash payments on occasions. He was considered as a family friend and he was always interested in how Gentric was getting on at school and would ask 'what is difficult'. On one occasion when he visited, Gentric told him that she needed English and Maths text books and a school uniform. The Professor gave her father 250 KES for a school uniform. Around this time he also waylaid her when she was collecting water from the river and gave her his mobile number, asking her to get in touch with him, although Gentric herself does not have a cell phone.

On his next visit he contacted her and asked to meet her in a nearby field, where he groped her, and gave her 500KES. Gentric gave this to her mother for food. She did not explain why the Professor had given her money and her mother did not see anything unusual in the 'gift'. Two days later when Gentric was on her way home from school and saw the Professor with some visitors he arranged a meeting with her that evening at 7 pm. Gentric was by now nearing the age of 14, and during that assignation he raped her and gave her 1,000KES on the condition that she told nobody about the rape. Over the forthcoming months, the Professor defiled Gentric on 5 further occasions, giving her money each time to secure her silence.

On one occasion he enquired as to whether she was having her periods and on being assured she was, continued to defile her. However, during one of the encounters Gentric became pregnant. Fortunately the Professor was not HIV+ and so did not infect her.

Because of her pregnancy Gentricks stopped attending school and she asked the Professor to fund an abortion, but the pregnancy was too far advanced for this. When her father realised that she was pregnant, he confronted the Professor on his next visit to the village and asked him what he intended to do about it. The scholar said he would sort it out and gave her father 1,000KES to take Gentricks to the clinic, and 500KES as a 'gift'. Her father, however, rejected Gentricks because of her pregnancy and sent her to visit her married sister in Teso Division for the birth.

Sometime after the birth, Gentricks' mother saw the Professor and informed him about the birth of his son, and asked him for the money to bring Gentricks home from Teso. On her return, one day when she was walking to her Uncle's to attend a family funeral, Gentricks saw the Professor again and he gave her 1,700KES for expenditure on the baby, including 800KES for two month's supply of milk. When they met again 3 months later he again supplied cash for milk and a further sum for a school uniform and texts books. He asked her if they should now carry on where they had left off, to which she replied 'No.' She returned to school in Standard 6 and asked the Professor for monetary assistance as both her mother and father were ill with HIV/AIDS by that time. Although the Professor was keen to continue the relationship, he said he could help her no further as his two Wives now knew of the 'affair'.

Because both of her parents had by that time been in contact with REEP for assistance due to their HIV+ status, REEP advised them to write to the Professor asking for help with the upkeep of his son. Gentricks' brother delivered the letter to the Professor who was in the company of his wives, and following this incident, one of his wives left him. The Professor refused this plea for help. Gentricks' father considered that she had become a burden on his family so he asked Gentricks' to accompany him, and her maternal uncle to confront the Professor to plead for help, but to no avail. The maternal uncle advised that they should take the matter up with the area Sub chief.

The local Sub Chief took up the case and summoned the Professor to him. On this occasion, the man denied that he was responsible for Gentricks' condition and named three young men as all being likely culprits for the attack as they were, he alleged, her boyfriends. None of these young men actually exists but are a fiction created by the Professor to divert the blame from him. Shortly after this, Gentricks' mother went to hospital for 4 days and the Sub Chief told Gentricks to write to the Professor again to remind him of his duty. The Sub Chief delivered the letter for her, and again the father of Gentricks' child denied his part in the case. Gentricks decided to go back to REEP for help.

REEP documented the story and called the Sub Chief to inform him that he could not ignore this issue. REEP's Director, Mary Makokha, was keen for the Professor to be taken to court, and advised Gentricks not to accept any more calls from the Sub Chief. Mary advised Gentricks to write to the government to ask for help in the case. Although Gentricks' mother had first brought the case to REEP, sadly she did not live to see the outcome and died in 2007, first having charged her daughter with the care and schooling of the seven the children within the household. Gentricks' father died within a year of his wife, leaving her with sole responsibility for the orphaned children in early 2008.

At this time REEP stepped in to take care of the children by providing food for the young family from the World Food Programme, plus salt, school expenses, a mattress, and assistance to grow vegetables in the home's garden plot. The hut where the family of children live is small and sparsely furnished with only four chairs, a few tools, and little else in evidence. On one of the walls there is a mural of a woman holding out a plant that Gentricks drew on Christmas Day to cheer everybody up. Outside there is a sparse crop of vegetables growing around the crosses that mark the graves of her parents. Her grandfather is buried on the edge of a nearby sugar cane plot. Gentricks also owns 2 hens, 1 sheep, 2 ducks and a pig together with and a small plot of land. In general the local community has not responded sympathetically to her plight, although a neighbour does give

her some assistance in return for the work she does digging over their plot. Her grandfather visits and generally causes havoc by allowing his cow to roam freely around the compound trampling everything in sight, and the neighbours are noisy.

The father of her child has left her destitute and she is reliant upon REEPs support to care for her family. She is still attending school where they have given her counselling to help her through this difficult period and she hopes to do well there. One day she plans to stand up in court to testify against the man who has shamed her family. REEP is strongly committed to the rights of women and children, particularly in the area of child protection and is counselling Gentric's to testify when the case does go to court, and encouraging the young girls in the family to attend school.

At her school, Bulganin Primary, there is an orphans group that Gentric's leads. She tells the other children about her experience and REEP has attended the school to speak to the parents of the children to give them guidance on child protection, HIV, and child rights. The Head Teacher also speaks to parents about HIV prevention and does what he can to relieve the burden of the many orphans in his charge. In the past he has assisted Gentric's by paying for treatment when her young son was ill. REEP also helps their orphans by either providing the government fee for state tests, or by applying for exemption from the charges on their behalf. Although the Children's Act 2001 of Kenya legislates for the protection of children, the Head feels that there is a gap between the statutory rights a child has in law, and those upheld by the authorities. Child rape is not uncommon but the perpetrator is often not prosecuted because the injured parents will accept a 'pay off' for their silence. Local culture also dictates that once a girl has become a mother, she should not attend school any longer, a tradition that Gentric's would be following without help from REEP.

The Professor still lives a short distance away across the fields but his behaviour is now a matter of public knowledge. When he continued to deny the charge of raping and fathering Gentric's child, REEP took the story to the local TV and radio (The Citizen) and revealed his behaviour to the community. It has subsequently been discovered that Gentric's is not the only young girl he has impregnated in the area. REEP's main aim is to ensure that the Professor undertakes to assist with the upkeep of his child, and the Director of REEP would like to see him tried in court for the rape. However, the delay in bringing a prosecution for the defilement means that it is unlikely that he will be charged with the crime.

Case Study 6: AWINO – Fighting for Her Rights

Inviolata Awino is a 36 years old widow who has 5 children under the ages ranging between 6 and 17 years old. Despite her low education level (standard 8) she struggles to support her children and currently they are all in school (one of them in form 3 and the rest in primary). After dropping out of school, Awino left and got a job in Kenya Med pharmacy Company where she served for 3 years till she got married in 1988 after which she was stopped by her in-laws who were against a married woman-worker.

She says that her marriage was a happy one because she received enough economic and social support/care from her husband. Her only bitter memory of her husband was his alcoholic behaviour where he sometimes turned out to be verbally abusive but this she coped with.

“My husband died in 2003 after a short illness and during that time my last born was merely 1 month old. This was my hardest time in life because I was not involved in any income generating activities except the subsistence agriculture. Soon after the death of my husband (barely two months), my in-laws started to chase me away from our 10.5 acre land claiming that I have no right over it.”

After a fruitless reporting of the case to the sub-chief who was bribed by the relatives, she temporarily abandoned the issue. “One day I happened to attend an HIV/AIDS community awareness meeting conducted by REEP where I heard that widows have a right to property and there is need for one to test for their HIV/AIDS status in order to live positively and healthy.”

Awino therefore went for testing her status at REEP and fortunately found she negative but during those visits she talked to REEP director who offered to help her to legally fight her family for her land. During these legal fights, she was called *‘mad’ and a thief*.

Later, with the help of REEP she was promised 3 acres of land and the district Land Board started a process of land succession that has dragged on since 2003 following frustrations from her relatives who thought that she was poor and incapable of fighting them. The legal process has consumed a lot of money which Awino did not have but with the help of REEP she has managed to wage a way forward. “Surveying and inspection of land require a lot of money although she does not know how much it was REEP has been able to foot. The land survey shall take place on 2nd July 2008 which I am anxiously waiting for it. I know one day I shall win over this issue.” She further reported that during all this time, she has been sleeping in the house located on their land left to her by her husband but she never cultivates that land because she was denied that opportunity. Her family therefore survives by sell of labour (each day she is able to make between KES80-100 which they spend on their basic requirements.

REEP has also helped her family by offering food items which though not enough she supplements with her casual labour earnings. “Each month since Nov 2006, we were given 30kg of maize flour, 10kg of soya peas and 2.5 litres of cooking oil. However, from May 2008, this service was stopped for we were told that REEP is now going to focus only on HIV/AIDS affected persons. I really do not know how we shall survive. I have also benefited from the HIV/AIDS education and awareness activities of REEP that has helped me to keep free of the disease and often, I talk to my children and other community members to do the same.”

I argue REEP to keep offering these services for there are so many needy persons in the communities like me who need food, livelihood support, education, and medical support. The evaluation team discovered that Awino was not aware of the project phase out process which has implications to ownership and sustainability processes of the project activities and benefits.

Annex F List of people consulted

The evaluation was conducted with the following persons (as respondents): REEP/APT project staff; REEP/APT Project Partner Organisations and HIV/AIDS service providers, Community HIV/AIDS workers, LG Officers and the Community who benefited from this project.

The rationale for consulting these persons was as below:

CATEGORY	Rationale for a particular category
REEP/APT and SITE) staff	<ul style="list-style-type: none"> ⇒ To establish or confirm the goals, purpose and objectives of “Empowerment and Income for HIV-AIDS affected people ⇒ Assess how the project was designed (strategies and approaches set and adopted). ⇒ Comment on Project outcomes and impact ⇒ Propose a learning agenda for LIFE Project phase
Institutional Stakeholders HIV/AIDS/ livelihood service providers)	<ul style="list-style-type: none"> ⇒ Assess the extent to which the project linked with other actors ⇒ Find out the role of each of the partners, challenges encountered, expectations and recommendations for improvements ⇒ Assess the relationships established with the different HIV-AIDS and livelihood service providers in the process of working with PLWHA ⇒ Identify solutions for future better working relationships with other actors
Community workers, Local authorities and volunteers , (educators, Paralegals, CHW, chiefs, sub chiefs, and village elders)	<ul style="list-style-type: none"> ⇒ Assess the role they played during project implementation, changes/impact accrued from project interventions, best practices, challenges faced and suggestions for future relationships with local resource persons ⇒ Generate a learning agenda for future project.
Decentralised local Governance systems	<ul style="list-style-type: none"> ⇒ To obtain relevant secondary data and local government plans to establish the extent to which the project addresses the needs of PLWHA ⇒ Assess the extent to which Local Government policies and programmes have been influenced by the project.
Community Beneficiaries/ PLWHA	<ul style="list-style-type: none"> ⇒ Share experience of the beneficiaries with the project activities; Impact/achievements, weaknesses and the extent to which the project addressed the needs of the targeted beneficiaries. ⇒ Identify solutions for addressing some of the challenges of the programme.