



**SOS CHILDREN'S
VILLAGES
RWANDA**

HIV/AIDS PROJECT KAYONZA FINAL EVALUATION REPORT

FINAL REPORT

Submitted by Real Group

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CHAPTER ONE

INTRODUCTION

Background of the Assessment and Problem Statement

After four years of implementation of FSP HIV/AIDS project in Kayonza, SOS children's villages Rwanda assessed the progress made towards achievements of the specific objectives of the project, its outcomes and impact. The evaluation also gauged the level of community and stakeholder's participation and the ownership of the implementation by the participants. It shall identify the intended and unintended outcomes, best practices, lessons learned as well as challenges arising from programme implementation. In addition, the evaluation will come up with conclusions, recommendations and the way forward.

Objectives of the Assessment

Overall Purpose

The overall purpose of this survey is to evaluate the efforts by SOS in strengthening of vulnerable families and building community response to HIV/AIDS in Nyamirama, Mukarange and Ruramira sector in Kayonza District-Rwanda

Specific objectives

- i) To assess the progress made towards achievements of specific objectives,
- ii) To gauge the level of achieved progress according to the baseline survey
- iii) To assess the positive changes and impact on the lives of project target group as well as on the lives of surrounding community who have been directly involved in the project activities, including the enrolled families, their children and partnering CBO, Youth Clubs, Local authorities and Health centers as well.
- iv) To measure if the capacity building of target group has contributed to reach project's objectives as stated in the project document as well contribute to project's interventions sustainability.
- v) To assess whether the project is relevant to the real needs of the intended beneficiaries
- vi) To identify the best practices, lessons learned, challenges arising from programme implementation as well as drawing conclusions and make recommendations
- vii) The evaluation will be mainly based on the following thematic areas: Relevance of programme, project Efficiency, project effectiveness, evaluating project outcomes and impact as well as evaluate project sustainability

Evaluation Questions

The evaluation questions are included as survey questionnaires as an appendix to this report

Scope and limitations of the survey

Sampling of districts and sectors for the study

The number was derived statistically using the following procedure and shall comprise members of households in the project areas.

$$n_1 = \frac{N_1}{N} \times n$$

Where; n_1 = Population Sub-sample required from each area

N_1 = Survey Sub-population that together constitute the entire Population elements

N = Number of the entire Population elements in the entire study area

n = Total sample required.

Thus the general sample is calculated as follows:

$$Z^2 pq/d^2; N > 10,000$$

Where; z = the standard normal deviate

p = the population of the sample population with particular characteristic under study

$q = 1.0 - p$

d = degree of accuracy that determine the power of the research

Substituting the figures in the equation

$$n = \frac{1.96 \times 1.96 \times 0.5 (1.0 - 0.5)}{0.05 \times 0.05}$$

Note that 0.5 is used for the value of "P" because we do not empirically know the actual number of numbers of the, members of the general public that benefitted from the project.

$$\text{So; } n = \frac{1.96 \times 1.96 \times 0.25}{0.0025}$$

$$= \mathbf{384 \text{ respondents}}$$

Basing on the total population of 344, 157 (2012 census) for Kayonza District, we suggested to sample a total of 384 respondents from the 3 sectors but the final number achieved was determined at inception phase in consultation with SOS Rwanda. The inception meeting agreed to sample 147 respondents in Nyamirama, Mukarange 48, and 37 respondents in Ruramira making a total of 232.

Population study

Sector	Number of households participating to the project
Nyamirama	147
Mukarange	48
Ruramira	37
TOTAL	232

CHAPTER TWO: METHODOLOGY

Target population

Enrolled families

Partnering CBOs

Youth Clubs

Local authorities

Health centers

Volunteers

SOS Children's Village project staff

Heads of VSLA

Heads of HIV Associations

Survey Approach

This survey used both qualitative and quantitative data collection methods.

Qualitative Phase

The survey part of the evaluation was conducted through face to face interviews using a structured interview guide/questionnaire to collect information from different beneficiaries about the project. This method also captured beneficiaries' views on all aspects of the project as reflected in the project documents and M&E framework.

Quantitative Phase

Quantitative data collection consisted primarily of closed ended questions and respondents generally selected responses from a set of options.

Quantitative data collection was conducted at the household level and included personal interviews with selected respondents.

Quantitative Sample Design

Data Analysis Procedures

For qualitative data, notes and recording were taken during the qualitative discussions. This were summarized into transcripts that were used to answer questions on the key thematic areas of the survey. Quantitative data was collected using the questionnaires digitized on the ODK platform. Data

was automatically submitted to a hosting server from which it was downloaded after data collection. The data was downloaded in excel format and then converted to SPSS. The data in SPSS format was cleaned in order to eliminate any errors and labelled accordingly. The data was then analysed using SPSS and output tables containing frequencies, percentages and Chi-square significance tests generated. These data outputs were used to generate the narrative of the report.

Ethical Considerations

There are ethical considerations that were used to ensure that the survey process conforms to international codes of ethics. These are as follows;

- **Participation to the study was voluntary:** the study purpose and methodology was fully explained to the respondents and they will be requested to consent to participate without any coercion before the interview can proceed.
- **Confidentiality:** the respondents' confidentiality will be maintained at all times. When producing the technical report there is no mention of individual names of respondents. This was also fully explained to the respondents.
- **Introduction to authorities:** As a prerequisite to conducting surveys, the survey teams need to be introduced to the area authorities. Introductory letters were provided to the field teams which they presented to the local authorities explaining the purpose of the survey before commencing the survey in the area.
- **Contact information:** the participants were given contact information at the end of the study in case they have any issues they need clarified for them. The contact sheets Real Group contacts.
- **Study risks and benefits:** this study did not have a direct benefit for the respondent. However it has a potential of improving the quality of life and care to the target respondents as well as their families. This was explained to the participants fully before they began the interviews.
- **Contact information:** the participants were given contact information at the end of the study in case they have any issues they need clarified for them. The contact sheets Real Group contacts.

FINDINGS AND DISCUSSION

Demographic Characteristics of the Respondents

A total of 232 households were involved in the quantitative phase of the survey. These were spread across 3 sectors in Kayonza district. Over half of the household interviews conducted (63%) were in Nyamirama sector and most of the respondents interviewed were female (73%). In terms of household sizes, the average household size in the surveyed sectors was 5 people. The smallest household was composed on one individual while the largest was a 15 person household. Overall, 70% of the respondents were females with one respondent selected per household; and majority were heads of their households (75%). See tables below

Table 1: What is your relationship to the head of your household?

	TOTAL	MUKARANGE	NYAMIRAMA	RURAMIRA
	232	48	147	37
HEAD OF HOUSEHOLD	75%	72.9%	72.1%	86.5%
SPOUSE OF HEAD OF HOUSEHOLD	16%	18.8%	17.0%	10.8%
SON/DAUGHTER	3%	2.1%	3.4%	0.0%
PARENT	4%	2.1%	6.1%	0.0%
OTHER RELATIVE	2%	4.2%	1.4%	2.7%

Table 2: Respondent gender distribution in the sectors

	TOTAL	RESPONDENT GENDER	
		Female	Male
	232	163	69
MUKARANGE	21%	25%	8%
NYAMIRAMA	63%	61%	69%
RURAMIRA	16%	14%	23%

Table 3: Which of the following best describes your household?

	TOTAL	MUKARANGE	NYAMIRAMA	RURAMIRA
TOTAL	232	48	147	37
YOUTH HEADED FAMILY	19.0%	23%	16%	24.3%
KINSHIP CARE FAMILY	2.6%	2%	2%	5.4%
FAMILY WITH BOTH PARENTS	37.9%	25%	46%	24.4%
FAMILY WITH ONE PARENT	40.5%	50%	36%	45.9%

Table 4: which of the following best describes you and your partners/husband/wife HIV living situation?

	TOTAL	MUKARANGE	NYAMIRAMA	RURAMIRA
	232	48	147	37
DISCORDANT COUPLE	29%	25%	27.9%	38%
INFECTED COUPLE	21%	17%	21.1%	24%
WIDOW LIVING WITH HIV	22%	23%	19.7%	30%
WIDOWER LIVING WITH HIV	8%	23%	4.8%	3%
INFECTED CHILD/ YOUTH	7%	6%	9.5%	0%
NONE OF THE ABOVE	13%	6%	17%	5%

In terms of respondent age, the average age of the respondents was 44 years. The youngest person interviewed was 18 years old while the eldest was above 75 years old. The table below breaks down the respondents' ages.

Table 5: Respondent Age and Gender

AGE	TOTAL	RESPONDENT GENDER	
		Female	Male
AGE	232	163	69
18-24 YEARS	3.0%	1.8%	6.5%
25-34 YEARS	18.5%	20.0%	14.5%
35-44 YEARS	34.5%	38.8%	22.6%
45-54 YEARS	26.3%	22.9%	35.5%
55-64 YEARS	13.8%	13.5%	14.5%
65-74 YEARS	2.6%	2.4%	3.2%
75 YEARS OR OLDER	1.3%	0.6%	3.2%

Education

The survey results show that the number of school dropouts among the respondent families has reduced drastically in the project areas, however, survey discovered that a number of girls are dropping out because of unwanted pregnancies mainly in Ruramira and Nyamirama sectors. The survey also discovered that some children were dropping out because of taking care of their sick parents and also to look after the young ones in cases of youth headed families.

On a good note, SOS has provided vocational trainings to school dropouts and even given scholastic materials to children from vulnerable families and this has helped in keeping children in schools and offering hope for the future.

Furthermore, due to VSLA, beneficiaries' carry out small income generating activities like mobile hair dressing, small farming and this has helped in contributing to school fees and school materials for their children.

Table 6: Respondent Education

	TOTAL	MUKARANGE	NYAMIRAMA	RURAMIRA
	232	48	147	37
LESS THAN P1 OR NO SCHOOL	34.1%	33.30%	32.70%	40.50%
PRIMARY LEVEL 1-3	13.8%	12.50%	12.20%	21.60%
PRIMARY LEVEL 4-6	34.5%	27.10%	39.50%	24.30%
SECONDARY LEVEL 1-3	9.1%	12.50%	8.80%	5.40%
A-LEVEL/TERTIARY AFTER O LEVEL	1.3%	2.10%	1.40%	
SECONDARY LEVEL 4-6	2.2%	2.10%	2.70%	
UNIVERSITY OR ABOVE	0.4%		0.70%	
TECHNICAL OR VOCATIONAL	0.9%	2.10%		2.70%
ADULT LITERACY ONLY (NO FORMAL EDUCATION)	0.4%			2.70%
DON'T KNOW (DK)/NON RESPONSE	3.4%	8.30%	2.00%	2.70%

Medical insurance

Majority of the respondents interviewed have medical insurance.

Table 7: Do you have medical insurance?

	TOTAL	MUKARANGE	NYAMIRAMA	RURAMIRA
	232	48	147	37
NO	27%	33%	26%	22%
YES	73%	67%	74%	78%

Table 8: Respondent Marital Status

	TOTAL	MUKARANGE	NYAMIRAMA	RURAMIRA
	232	48	147	37
COHABITING	16%	10%	20%	3%
DIVORCED	4%	6%	3%	8%
MARRIED	32%	23%	33%	38%
SEPARATED	8%	4%	10%	8%
SINGLE	11%	8%	13%	5%
WIDOWED	29%	48%	21%	38%

HOUSEHOLD RELIGION

	Total	Mukarange	Nyamirama	Ruramira
TOTAL	232	48	147	37
Catholic	33%	21%	39%	27%
Charismatic	5%	8%	3%	5%
Islam	6%	8%	3%	16%
None	2%	0%	3%	0%
Other	11%	13%	9%	16%
Protestant	43%	50%	44%	32%
Traditionalist	0%	0%	0%	3%

Partnerships and Advocacy

The results of the survey show that a number of organizations have been involved and partnered in HIV/AIDS support initiatives in Kayonza district. Partners that include: Partners in Health, Health Centers help in offering counseling services to special cases, discordant couples, youth under ARVs, Nutrition support for some cases and treatment services. SOS however stands out as a key partner in these initiatives in the sectors surveyed. The image below is a representation of the organizations that respondents mentioned and being present and active in the survey areas.

“In our partnership with SOS Rwanda, as a health center, we have been helping in offering counseling services, and giving medicine to the beneficiaries of the project. Much has been done to change the lives of the project beneficiaries but SOS Rwanda should think of scaling up the project to other sectors in the district”, Chantal Uwanyirigira: Head of Mukarange Health Center

Which organizations have you seen or heard participating in HIV/AIDS interventions in this district.



Figure 1: participating in HIV/AIDS interventions

These organizations play a diverse range of roles. For example, qualitative findings show that Partners in Health provide ARVs and Medical insurance to people with HIV/AIDS. They also provide trainings to the people in different ways like good feeding, timely taking of ARVs among others.

SOS has also helped in strengthening Vulnerable families in different initiatives including hair dressing and carpentry, trainings on jobs creation and income generating activities, VSLAs, Childs rights, lobbying, family planning and safe sex, making kitchen garden among others. SOS support also includes both Financial and technical support. Areas of intervention included creation of VSLAs transport, providing Health Insurances/Mituelle, support with domestic animals, construction of kitchen garden, renovation of houses, providing of selected seeds and agricultural tools, capacity building of participants, offering counseling services, organizing community sensitization campaigns and payment of vocational training to the youth among others. These interventions helped beneficiaries in uplifting their standards of living and change of attitudes towards fighting poverty in their communities.

Economic empowerment

The SOS project has done a lot of activities to empower the vulnerable families and this includes: payment of health Insurances/Mituelle to vulnerable families, support with domestic animals, construction of kitchen garden, renovation of houses, providing of selected seeds and agricultural tools, capacity building of participants on job creation, creation of VSLA groups support of VSLA materials and offering counseling services to those that had lost hope for the future. However, more effort needs to be put in place in collaboration with the government and other organizations in order for the families to

achieve sufficient and sustainable standards of living. The survey used the classical living standard measurement methodology as illustrated by the South African Audience Research Foundation to determine the living standards of respondents¹. The results of the measure give a score that categorises a person into various socio-economic classes.

Living Standard Measure (LSM)

The survey measured the living standards of the respondents and categorized them into lower, **lower middle, upper middle or upper class** depending on their socio-economic situation. Over 85% of the survey respondents belong to the LOWER MIDDLE ECONOMIC CATEGORY class.

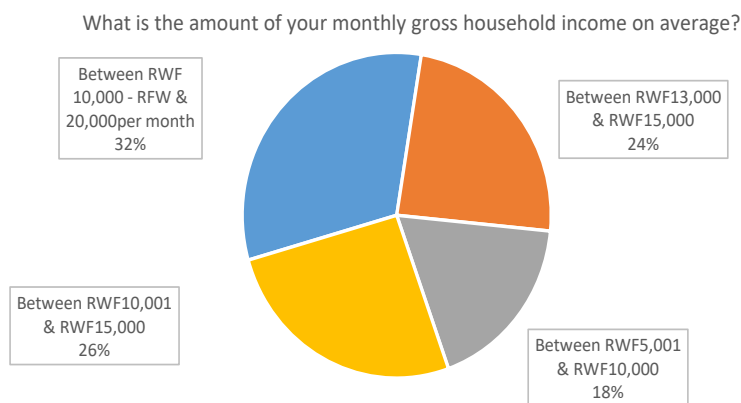
LIVING STANDARD MEASURE (LSM)

	Total	Mukarange	Nyamirama	Ruramira
	232	48	147	37
LOWER MIDDLE ECONOMIC CATEGORY	85%	85%	85%	85%

Over 85% of the surveyed respondents have a saving account in Saccos and this is an increase from the baseline and a lot needs to be done to encourage them to keep their accounts active since they prefer using VSLA than the Sacco account accounts.

Household income

On average, the surveyed respondents have an average monthly income of between RWF10,000-Frw 20,000. Widows living with HIV and kinship care families have the lowest monthly household incomes. The table below summarizes the household income categories among the respondents. Changes needed here



Findings of the survey show that the respondents were also the main earners in their households (69%). The survey further sought to understand the support that youth heads of households give to their

¹ South African Audience Research Foundation <http://www.saarf.co.za/lsm/lsm.asp>

siblings. Overall responses show that the support is mostly in the provision of basic necessities especially food and general upkeep.

Employment and occupation

Majority of the respondents interviewed (75%) are self-employed mostly engaged in agriculture day labour or farming. This farming has increased their income through selling the farm products which helps in generating the income that they save with VSLA.

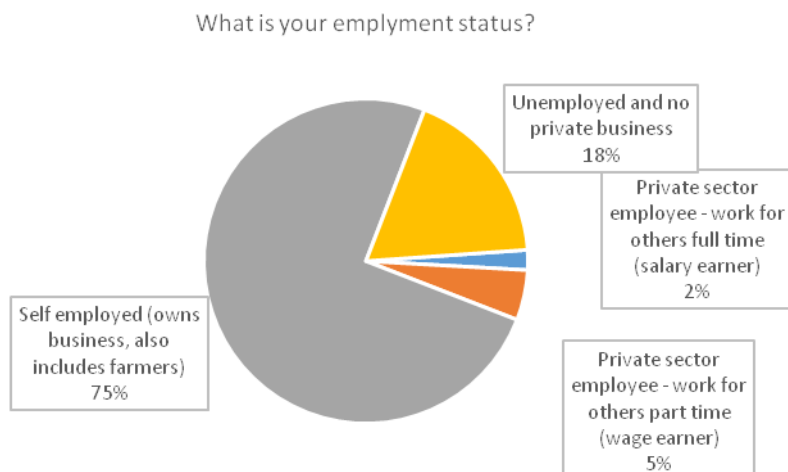


Figure 2: Respondent employment Status

Table 9: Employment Status vs Household Income

	PUBLIC SECTOR EMPLOYEE	PRIVATE SECTOR EMPLOYEE - WORK FOR OTHERS FULL TIME (SALARY EARNER)	PRIVATE SECTOR EMPLOYEE - WORK FOR OTHERS PART TIME (WAGE EARNER)	SELF EMPLOYED (OWNS BUSINESS, ALSO INCLUDES FARMERS)	UNEMPLOYED AND NO PRIVATE BUSINESS
	232	1	4	174	41
LESS THAN RWF1,000 PER MONTH	32%	0%	25%	21%	76%
BETWEEN RWF1001 & RWF5,000	24%	0%	0%	29%	7%
BETWEEN RWF5,001 & RWF10,000	18%	0%	0%	22%	7%
BETWEEN RWF10,001 & RWF15,000	26%	100%	75%	28%	10%

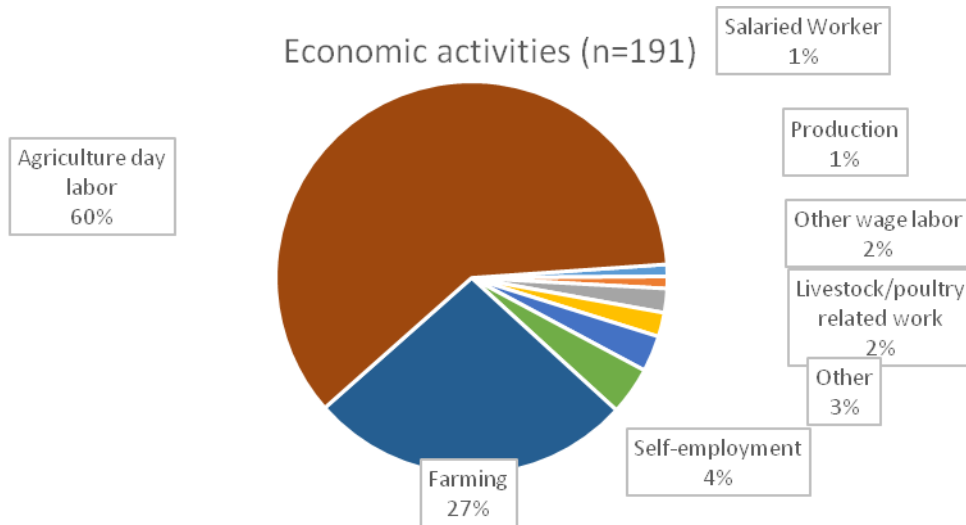


Figure 3: Respondent economic activities

Training and Economic empowerment initiatives in the sectors

There is a significant improvement in the levels of empowerment among the survey respondents. This can be seen through the economic initiatives that participants are part of as well as the trainings they have received. Most of the respondents are part of some economic initiative, and VSLA and about 90% have also received various forms of training. This is over 50% improvement from the baseline. The survey found that all respondents were members of at least 2 VSLAs. This means that all respondents are part of VSLA (the baseline showed that only 26% were part of such groups).

Economic empowerment initiatives

The surveys asked the question “Which of the following economic empowerment initiatives have you ever seen or heard of in this sector?” overall 96% of the respondents are aware of Creation of VSLA groups, 93% are aware of Construction of kitchen garden, 71% are aware of Support of domestic animals, and 41% are aware of Payment for Vocational trainings. The chart below shows the results by sector.

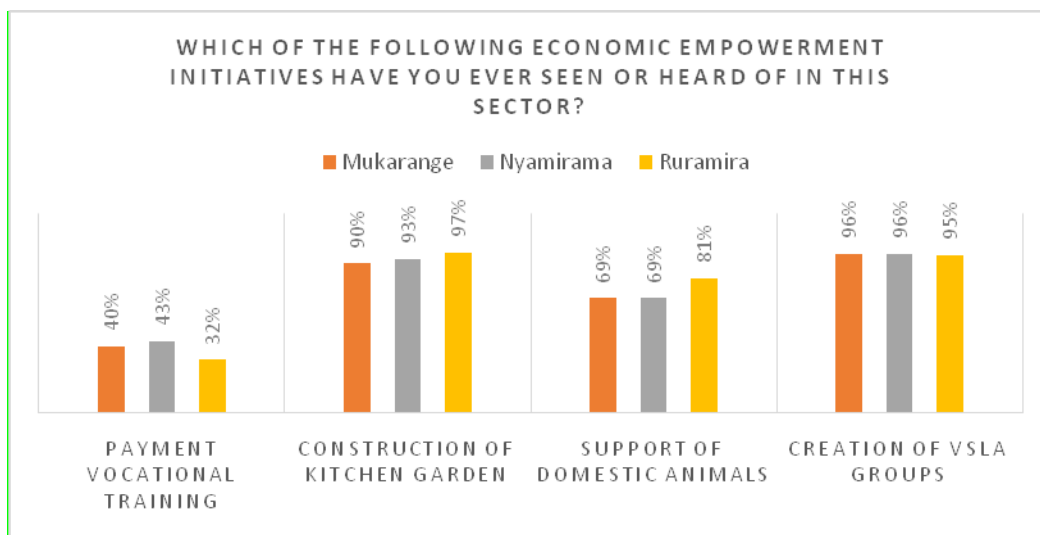


Figure 4: Awareness of economic empowerment initiatives

The qualitative findings show that SOS has helped and encouraged vulnerable families and people to join VSLAs in their different localities where support has been channeled through. Examples of such VSLAs include Shyogo, Umubuga, Rugendabari, Gikaya among others. These VSLAs help people in saving and getting small loans which helped them in engaging different activities. This saving helped families to meet the basic needs of their children including clothes, shelter, food, school needs and paying of medical health insurance..

Training

Both qualitative and quantitative feedback shows that SOS has offered trainings to different individuals and organizations. Examples of organizations which have received training include Humura Musumba, Dutabarane, Abahujemucyo, Duhumurizanye among others.

Trainings offered included; trainings on jobs creation and income generating activities, VSLAs, Childs rights, stigmatization, lobbying, family planning and safe sex, making kitchen garden among others. These trainings have skilled participants and have uplifted their standards of living and change of attitudes towards poverty fighting..

Eleven Youth group members have attained skills in hair dressing and five of them are now employed, three beneficiaries are workin in Kayonza town. They earn a mothly income of Frw: 60,000 per month and this has helped in helping their siblings with school fees and other scholastic materials, paying health Insurance .

“I have been able to built my own house of three bed rooms from the income currently am earning from my job as a hair dresser in Kayonza. This is as a result of the training I received from SOS Rwanda Kayonza project”, David Bikorimana, a resident of Nyamira Sector.

The table below shows quantitative feedback on the various forms of training received;

Table 10: Capacity Building Training Received by Respondents

WHICH OF THE FOLLOWING CAPACITY BUILDING TRAININGS HAVE YOU EVER PARTICIPATED IN?

	Total	Mukarange	Nyamirama	Ruramira
	232	48	147	37
TRAININGS ON VSLAS (VILLAGE SAVING LOAN ASSOCIATIONS)	96%	94%	96%	97%
TRAINING ON KITCHEN GARDEN	82%	81%	82%	81%
TRAININGS ON JOB CREATION AND (IGA) INCOME GENERATING ACTIVITIES	77%	73%	78%	78%
TRAINING ON STIGMATIZATION	70%	73%	67%	78%
TRAINING ON HYGIENE AND NUTRITION	70%	79%	67%	70%
TRAINING OF CBOS OF IGA AND JOB CREATION	68%	73%	65%	73%
TRAININGS ON FAMILY PLANNING AND SAFE SEX	67%	69%	65%	73%
TRAINING ON CHILD RIGHTS	64%	67%	63%	68%
PUBLIC AWARENESS THROUGH CAMPAIGN ON VCT AND PMTCT	53%	50%	52%	57%
TRAINING WORKSHOP ON PSYCHOSOCIAL SUPPORT	51%	48%	46%	73%
TRAINING ON CHILD PARTICIPATION	50%	40%	51%	57%
TRAINING ON ADVOCACY STRATEGIES	48%	44%	48%	51%
VOCATIONAL TRAINING SKILLS	41%	35%	40%	49%
TRAINING ON PSYCHOSOCIAL SUPPORT	41%	44%	41%	38%
TRAINING ON LOBBING	37%	33%	35%	51%

Most of the respondents said that these trainings contributed to their lives. Below are some verbatim feedback from respondents;

“Avoided loneliness, taking care of the children, development of the family, preparation of kitchen garden”

“Changed my attitudes towards self-reliance, getting knowledge on saving, skilling me in making a kitchen garden”

“Counseled me, improved my health and living standards, saving culture”

“Getting skills in kitchen garden making, knowledge on saving and being in groups, self-reliance and protection from HIV/AIDS”

“Helped in developing our selves for example they trained about savings”

“Improved in my sanitation, self-development, saving culture, psychosocial development”

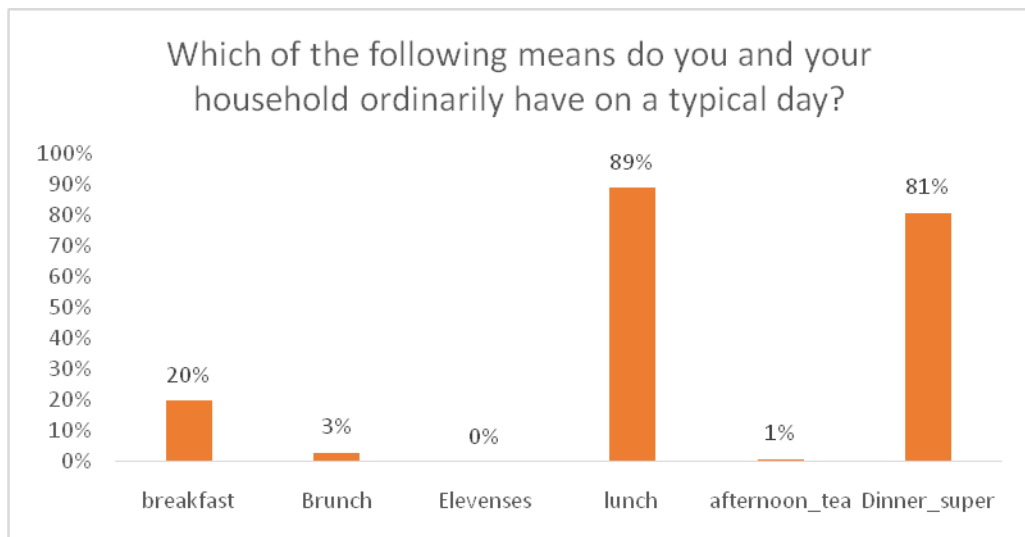
“It provided me with the capacity to develop my family and hope for the future”

“Making kitchen garden, starting a small business, improving on our feeding, saving culture”

“Savings helped in improving the family standards of living where they are currently providing building material and also generated money for feeding and transport to the hospital”

Nutrition and Food insecurity

SOS has trained different families in creation of kitchen garden. Most of these families own land and women have equal rights on land ownership. SOS provided hoes, seeds and sacks so as to improve on the nutrition of these families. The survey results show that nutrition of vulnerable families is improving, most of the interviewed households generally have 2 meals per day; lunch and supper/dinner



²**Breakfast** - The first meal of the day. Usually around 6am-9am. **Brunch**- A meal eaten in the late morning, instead of Breakfast and lunch. (Informal). **Elevenses** -A snack (for example, biscuits and coffee). Around 11am.(informal). **Lunch** - A meal in the middle of the day. Usually around noon or 1pm. **Afternoon tea** - A light afternoon meal with a drink of tea. **Supper/dinner** - Main evening meal



Figure 5: Foods mostly eaten for lunch



Access to land

77% of the respondents have access to land for gardening and all of them (100%) own the land that they use for gardening. The baseline survey reported that 25% of the participants were landless. This means there has been a 75% improvement in land ownership/ empowerment.

Table 11: Do you have access to land for gardening?

	TOTAL	MUKARANGE	NYAMIRAMA	RURAMIRA
	232	48	147	37
NO	23%	27%	22%	22%
YES	77%	73%	78%	78%

Kitchen Gardens

About 82% of the respondents have received training on kitchen garden from SOS. This is about 60% improvement from the baseline which reported only 20% having received training on the kitchen

Table 13: Types of livestock owned

WHICH LIVESTOCK DO YOU/ DOES YOUR HOUSEHOLD OWN?

	Total	Mukarange	Nyamirama	Ruramira
	148	38	86	24
GOATS	68%	50%	77%	63%
COWS	39%	37%	41%	33%
PIGS	14%	18%	12%	17%
POULTRY	9%	3%	12%	8%
SHEEP	1%	0%	2%	0%
RABBITS	1%	3%	0%	4%

Table 14: How did you get the livestock that you own?

HOW DID YOU GET THE LIVESTOCK THAT YOU OWN?

	Total	Mukarange	Nyamirama	Ruramira
	148	38	86	24
GIVEN BY THE GOVERNMENT	12%	16%	13%	4%
GIVEN BY SOS	58%	61%	52%	75%
GIVEN BY OTHER ORGANIZATION (NGO/CBO/YOUTH GROUP ETC)	7%	3%	10%	4%
FROM FAMILY/ FRIENDS	14%	11%	14%	21%
I BOUGHT THEM MYSELF	30%	16%	40%	17%
OTHER	3%	5%	2%	0%

HOW ARE THESE LIVESTOCK USEFUL TO YOUR FAMILY

	Total	Mukarange	Nyamirama	Ruramira
	69	13	47	9
FOOD - MILK, MEAT, EGGS ETC	36%	38%	36%	33%
AS SOURCE OF INCOME THROUGH SALE OF LIVESTOCK PRODUCTS LIKE MILK, EGGS ETC	65%	54%	68%	67%
OXEN FOR PLOUGHING FIELDS	38%	31%	40%	33%

[Information and Services support](#)

About 89% of the interviewed respondents have ever sought for and received psychosocial support and counselling as well as material support.

Table 15: counselling services

HAVE YOU EVER SOUGHT FOR AND RECEIVED PSYCHOSOCIAL SUPPORT AND COUNSELLING FROM ANY ORGANIZATION IN THIS SECTOR OR DISTRICT?

	Total	Discordant couples	Infected couple	Widow living with HIV	Widower Living with HIV	Infected child/youth	None of the above
TOTAL	232	67	48	51	19	17	30
NO	11%	9%	10%	6%	21%	29%	10%
YES	89%	91%	90%	94%	79%	71%	90%

Which of the following forms of support have you ever received?

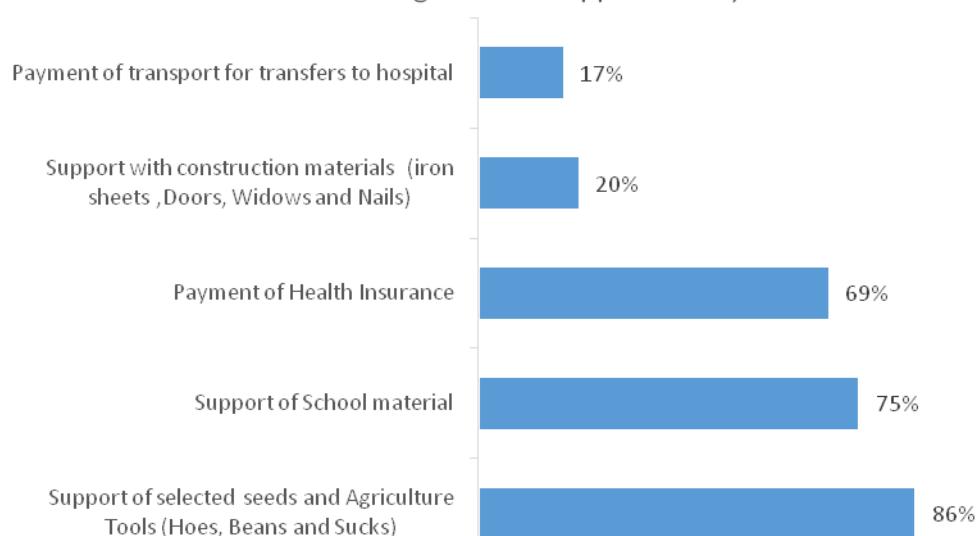


Figure 7: Which of the following forms of support have you ever received?

WHICH OF THESE FAMILY DEVELOPMENT INITIATIVES HAVE YOU HAD WITH SUPPORT FROM SOS?

	Total	Mukarange	Nyamirama	Ruramira
	232	48	147	37
JOINING VSALS	92%	94%	91%	95%
NUTRITION	79%	85%	79%	73%
HYGIENE	78%	88%	78%	65%
FAMILY PLANNING	78%	81%	78%	76%
HEALTH INSURANCE	73%	67%	73%	84%
ENCOURAGING USE OF CONDOMS ESPECIALLY FOR DISCORDANT COUPLES	68%	71%	67%	70%
ADHERENCE OF ARVS	64%	73%	58%	78%
RESPECTING MEDICAL APPOINTMENTS	60%	65%	57%	68%
CHILDREN'S PERFORMANCE IN	46%	44%	48%	43%

SCHOOLS

Safe sex

Discordant couples were asked if they practiced safe sex. Out of 67 discordant couples in the survey sample, 55 mentioned that they practice safe sex.

DO YOU PRACTICE SAFE SEX? DISCORDANT COUPLES

	Total	Mukarange	Nyamirama	Ruramira
	67	12	41	14
NO	18%	0%	20%	29%
YES	82%	100%	80%	71%

Table 16: PMTCT SERVICES ARE AVAILABLE IN THE DISTRICT

WHICH OF THE FOLLOWING PMTCT SERVICES ARE AVAILABLE IN THIS DISTRICT?

	Total	Mukarange	Nyamirama	Ruramira
	232	48	147	37
COUNCELLING AND MATERNAL HEALTH ISSUES FOR WOMEN LIVING WITH HIV	80%	83%	77%	86%
COUNCELLING FOR HIV DISCORDANT COUPLES	67%	60%	67%	73%
COUNCELLING ON FAMILY PLANNING	67%	65%	67%	70%
INFORMATION AND COUNCELLING ON STI AVOIDANCE	45%	42%	45%	51%
MEASURES TO ENSURE SAFE BLOOD SUPPLY	26%	19%	25%	38%
OPPIATE SUBSTITUTION THERAPY	34%	33%	33%	43%
PROVISION OF FEMALE CONDOMS	38%	48%	38%	24%
PROVISION OF MALE CONDOMS	39%	44%	38%	35%
PROVISION OF OTHER CONTRACEPTIVES	41%	42%	44%	30%
SUPPORT IF YOU EXPERIENCE VIOLENCE	39%	48%	38%	30%
SYPHILLIS TESTING	34%	42%	32%	30%
TREATMENT AND CARE FOR STIS	34%	33%	32%	41%

WHICH OF THE FOLLOWING PMTCT GUIDELINES DO YOU FOLLOW?

	Total	Mukarange	Nyamirama	Ruramira
	232	48	147	37
COUNCELLING AND MATERNAL HEALTH ISSUES FOR WOMEN LIVING WITH HIV	69%	77%	68%	65%
COUNCELLING FOR HIV DISCORDANT COUPLES	48%	44%	50%	43%
COUNCELLING ON FAMILY PLANNING	56%	50%	57%	59%
INFORMATION AND COUNCELLING ON STI AVOIDANCE	31%	25%	31%	38%
MEASURES TO ENSURE SAFE BLOOD SUPPLY	13%	6%	16%	8%

OPPIATE SUBSTITUTION THERAPY	27%	27%	24%	35%
PROVISION OF FEMALE CONDOMS	25%	33%	27%	8%
PROVISION OF MALE CONDOMS	32%	31%	35%	19%
PROVISION OF OTHER CONTRACEPTIVES	29%	33%	27%	32%
SUPPORT IF YOU EXPERIENCE VIOLENCE	36%	48%	32%	38%
SYPHILLIS TESTING	30%	38%	28%	27%
TREATMENT AND CARE FOR STIS	26%	23%	24%	41%

IS ANTIRETROVIRAL THERAPY AVAILABLE IN THE HEALTH CENTER NEAREST TO YOU? \${HEALTH_CENTER}

	Total	Mukarange	Nyamirama	Ruramira
	232	48	147	37
NO	5%	0%	7%	3%
YES	95%	100%	93%	97%

The results show that 86% of the surveyed households have medical insurance and 73% of these families are **supported for medical insurance by SOS**. The 13% paying for themselves is as a result of economic empowerment from Village Savings Loan Associations (VSLA). This is an improvement from the baseline which reported about 67% adults having medical insurance and 62% of the children having medical insurance.

DO YOU HAVE HEALTH INSURANCE COVERAGE?

	Total	Mukarange	Nyamirama	Ruramira
	232	48	147	37
NO	14%	13%	15%	14%
YES	86%	88%	85%	86%

CONCLUSION

Overall, the evaluation results show that SOS contributed much to improve the lives of vulnerable families and is credited and appreciated by all stakeholders. The project was implemented as per the objectives below:

Objective 1. Economic Empowerment: The following activities were implemented including building the capacity of participants through training on income generating activities, job creation and VSLAs, Vocational training, Psychosocial support and Counseling. Examples of such VSLAs include Shyogo, Umubuga, Rugendabari, Gikaya among others. These VSLAs helped people in saving and getting small loans which helped them in engaging different activities. This saving helped families to meet the basic needs of their children including clothes, shelter, food, school needs and paying of medical health insurance..

Objective 2. As a way of increasing awareness on where to seek HIV related information and services to the population of the 3 sectors, the following activities were implemented and among them included capacity building workshops and training to the key stakeholders, campaigns and working with local leaders both at the Sector and District to carry out HIV awareness campaigns. Findings show that more than 60,000 residents in the 3 sectors out of the 88, 711 target population received the HIV messages especially on where to get the information.

“HIV prevalence in Rwanda is relatively low, at three per cent, but prevalence rates are higher amongst pregnant women, particularly in the catchment of Kayonza. In an effort to ensure that parents who are HIV positive, do not pass on the virus to their children, Rwanda’s Government has embarked on a nationwide campaign to eliminate the transmission of HIV from mother to child. Our request for the SOS project on HIV is to put much effort in sensitizing mothers to carry out four standard testing procedures”, Dr. Jack Nsengiyunva, the head of Nyamirama Health Center.

Objective 3. The objective to create partnerships among the key stakeholders was achieved through regular meetings, workshops, trainings, information sharing and advocacy. Trainings conducted by the project included conflict management, counseling services and psychosocial support. This partnership helped partners in gaining the skills needed in accountability of services from local leaders and other service providers like Health Centers. The key stakeholders included CBOs, Youth clubs, and association of PLWHIV. These partners were empowered to be able to influence decision makers on issues affecting them. Joint advocacy activities on practice of health insurance law and nutrition support for people under ARVs were achieved.

RECOMMENDATIONS

The survey results show that SOS has contributed much to improve the lives of vulnerable families and is credited and appreciated by all stakeholders. The survey respondents request SOS for further support and trainings. The SOS project has done a lot of activities to empower the vulnerable families and this includes: payment of health Insurances/Mituelle to vulnerable families, support with domestic animals, construction of kitchen garden, renovation of houses, providing of selected seeds and agricultural tools, capacity building of participants on job creation, creation of VSLA groups support of VSLA materials and offering counseling services to those that had lost hope for the future.

However, more effort needs to be put in place in collaboration with the government and other organizations in order for the families to achieve sufficient and sustainable standards of living. More collaboration with key stakeholders including local authorities, CBOs , Youth Clubs will lead to sustainability of the gains so far achieved by the project.

Long term sustainability of the achievements gained call for building of capacity of CBOs and VSLAs as this will help project beneficiaries in social cohesion.

“The project has been a success with beneficiaries getting a lot of support in form of medical support (Mutuelles de Sante) and also trained in income generating activities. However, more needs to be done including capacity building of beneficiaries in coming up with cooperatives as this has been proven that organized cooperatives in other parts of the country create sustainability of the project” Executive Secretary Nyamirama Sector

Changes observed in the key indicators

INDICATOR	TARGET	BASELINE SCORE (2013)	FINAL EVALUATION SCORE (2017)	COMMENT
HOUSEHOLD INCOME		71% of the surveyed household earn less than RWF10,000 per month.	74% of the households earn less than RWF10,000 per month	There does not seem to be a significant difference in household income between the baseline and the final evaluation
LIVESTOCK OWNERSHIP		41% of surveyed households own livestock.	64 % of surveyed households own livestock.	23% improvement in livestock ownership and more than half of these attributed to support from SOS
IGA TRAINING	At least 95% of participants enrolled in the project have completed IGA training	45% have completed IGA training	77% have completed IGA training from SOS Rwanda	32% improvement
BENEFICIARIES ENGAGED IN IGA	At least 80% of the beneficiaries enrolled in the project are after training engaged in IGA project	17% are engaged in IGA	82% of the respondents were engaged in some form of income generating activities	65% improvement
ACCESS TO FINANCE	Financial inclusion	37% of the surveyed households are currently holding an account within a bank or microfinance	Only 28% of the respondents mentioned that they have an account with a bank	This is a decline from the baseline. Financial inclusion needs to be addressed.
% OF PARTICIPANTS CONTRIBUTING TO PAY SCHOOL EXPENSES AND HEALTH INSURANCE FOR THEIR CHILDREN	At least 80 % of participants contribute economically to school expenses and health insurance of their children	57% of the participants contribute economically pay annual health insurance of their children	69% of the respondents are the main earners of their households	Shows an in improvement but the survey participants are still of the low economic category
HEALTH INSURANCE COVERAGE	Health Insurance	68% of the participants have Health insurance coverage	73% of the participants have medical insurance	5% improvement in medical coverage.
% OF ENROLLMENT IN COLLABORATIVE IGA	By December 2016 at least	26% of participants to the	All the participants mentioned being	Very significant

NETWORKS	60% of the participants enrolled in the project are part of a collaborative IGA network.	project are enrolled in IGA networks	part of some IGA network.	improvement. The focus should now be on the impact of these IGAs
CONTRIBUTION OF CBOS TO THE ORGANIZATION OF IGA NETWORKS	CBO have supported the organization of IGA networks	Not yet done	Qualitative feedback shows that CBOs have collaborated well in empowering the vulnerable families	
% OF FAMILIES EATING DAILY BALANCED DIET	By December 2016, at least 80% families enrolled in the project eat a daily diet	44% of the surveyed household experience chronic food insecurity	50% of the households have had to go without food at some point in the last 3 months prior to the survey	Food insecurity is still a challenge to the participants and more effort needs to be put on income generating activities to empower the vulnerable families.
% OF FAMILIES THAT HAVE DEVELOPED KITCHEN GARDENS	At least 80% of participating families have developed kitchen gardens	61% of participating households have kitchen gardens.	85% of participating households have kitchen gardens.	24% improvement
% OF INCREASE OF VCT SESSIONS	By December 2016, health centers and SOS have increased VCT sessions with at least 50%	Missing data	78% of the participants have attended VCT sessions at least once in the last 6 months	
% IF THE PARTICIPANTS ENROLLED IN THE PROJECT SEEKING COUNSELING	At least 70% of the participants enrolled in the project seek counseling and 90% of discordant (aware of) couples	Missing data	89% of the participants have sought for and received Psychosocial support and counselling. (90% of discordant couples)	
% OF PREGNANT WOMEN FOLLOWING PMTCT GUIDELINES	By December at least 80 % pregnant women in Nyamirama sector follow PMTCT guidelines	75% pregnant women follow PMTCT guidelines	All the interviewed female respondents who have had children mentioned the PMTCT guidelines that the follow	Significant improvement to complete awareness and practice
ART AVAILABLE AT 4 HEALTH CENTERS	By December 2016, ART is available in four Health Centers in Nyamirama sector	Not effectively implemented	95% of the respondents mentioned that Anteretroviral Therapy is available in the health center nearest to them	Very significant improvement
HEALTH INSURANCE COVERAGE FOR THE MOST VULNERABLE	By December 2016, health insurance is free for the	Still some vulnerable people don't have health insurance	26% of participants in Nyamirama sector don't have medical	6% improvement in medical insurance

	most vulnerable in Nyamirama sector	coverage (32%)	insurance.	cover in Nyamirama.
PARTNERSHIP BETWEEN YOUTH CLUBS, LOCAL AUTHORITIES AND SOS RW	By December 2016, CBOs (for PLWHA), youth clubs, local authorities and SOS RW are stronger partners.	Collaboration is not yet established.	Official collaboration not established although different CBOs engage in near similar activities that support the vulnerable families and partner in some cases	
CBOs PARTICIPATION IN HIV/AIDS INTERVENTIONS IN NYAMIRAMA SECTOR	By December 2016, CBOs members in Nyamirama sector have participated in HIV/AIDS interventions	Not yet	Qualitative feedback - A number of CBOs were reported to be participating in HIV/AIDS interventions in Nyamirama.	

Areas of improvement in the future

Although the overall project has had many successes, effort still needs to be put in the area of improving food security for the vulnerable families. Initiatives should be put in place to ensure and also improve the income generating activities so that the families can be self-reliant. This can also go hand in hand with the capacity building efforts that SOS is engaged in.

A number of challenges were faced in the implementation of the project and these include:

Residents relocating to other areas outside the project area and this did not able the staff team to monitor the progress. Others challenges include project staff to ratio to the beneficiaries- There were only two field officers and one Coordinator for the entire project covering 3 sectors. Discordant couples and youth born with HIV need special attention but the staff ratio could not allow that.

The time allocated for this project was short as identified in the survey. The mindset change is a process that calls for enough time to have beneficiaries cope with the project. For example it was difficult to convince the beneficiaries that they would be grouped in VSLA other than the original concept of direct financial support.

Other challenges include: - Limited staff transport as one car was serving 3 different projects. Death of heads of families, and failure to pay loans because of death thus affecting the Saving Associations.

Qualitative feedback shows that “the project has benefitted the people of this sector by improving a new life”. Many HIV/AIDS patients had lost hope but with the coming of SOS Rwanda, benefits including proving housing to the poorly housed families, giving out cows and counseling helped in reducing stigma and improved lives. The table below outlines the overall changes in the key indicators. Hope, mindset change through counseling, family conflicts, working in groups for economic empowerment especially discordant families, solidarity and love because of working in groups. Parental care skills including child rights like providing the basic rights of a child like medication, food and education.

SOS Rwanda needs continued partnership with other development organizations and including local authorities to jointly increase awareness and sensitization campaigns against HIV in communities.

Continued capacity building of CBOs when the project comes to an end to take over, economic empowerment by increasing domestic animals, vocational training for more youth as figures show that only 11 youth were supported to train in vocational training despite the big number in the project area.

Startup tool kits for the youth trained in vocational schools will also help in creating employment for the youth and also direct financial support in some cases can be looked in the future other than VSLA.

Joint activities for beneficiaries with CBOs is another area that should be considered in the future as this brings synergies. Capacity building of staff in Economic empowerment and on fundraising is key for the future of this project as it will help in proper implementation.

Appendices

In-depth Interview Guide

Local Leaders, Community Based Organizations and Partners

Good morning...Afternoon...evening, my name is from RealGroup, a research company based in Kigali. The purpose of this discussion is to assist us to gain in-depth insights from you about the efforts on strengthening of vulnerable families and building community response to HIV/AIDS in Nyamirama, Mukarange and Ruramira sector in Kayonza District-Rwanda. This discussion will take approximately an hour.

I shall be taking some notes during our discussion but this is mainly for report writing purposes and I would like to assure you that your name will not be revealed at any point in the reporting stage, therefore any information you give us today will be handled with utmost confidentiality.

Can we proceed with the discussion?

Objectives of the study

The overall purpose of this survey is to evaluate the efforts by SOS in strengthening of vulnerable families and building community response to HIV/AIDS in Nyamirama, Mukarange and Ruramira sector in Kayonza District-Rwanda

Warm up

- Please tell me a little about yourself. (Name, marital status, education/ profession, age and position

(10min)	<p>and the organisation you work for etc).</p> <ul style="list-style-type: none"> • How long have you worked with this organisation? • What is your role in this organization
Partnerships and Advocacy	<ul style="list-style-type: none"> • We understand that there are a number of organizations involved in HIV/AIDS support initiatives in this district. Will you please tell me the ones you know of that are active in this sector? What about in the district as a whole? <p>MODETATOR – PLEASE LIST DOWN THE ORGANIZATIONS MENTIONED</p>
Areas of intervention	<ul style="list-style-type: none"> • What role do you and your organization play in strengthening vulnerable families with regards to HIV/AIDs. • What about you and your organization? <ul style="list-style-type: none"> ○ What is your involvement in these efforts? What specific things/ activities are you engaged in in strengthening the vulnerable families • Specifically, what has your role been in the following areas of intervention? <ul style="list-style-type: none"> ○ Creation of VSLA groups ○ Support of domestic animals ○ Construction of kitchen garden ○ Payment Vocational trainings • Let us also think about the other organizations you have mentioned including CBOs, Youth Clubs, Health Centres and Local authorities. What key role does each of these organizations play in support of the vulnerable families? • MODERATOR – MENTION EACH ORGANIZATION AND ASK ABOUT IT <ul style="list-style-type: none"> ○ If training is mentioned ask “what type of training does the organization offer?”
SOS trainings	<ul style="list-style-type: none"> • Have you seen or heard of trainings offered by SOS to individuals and organizations? • Which organizations in this community have received such training support from SOS? • What type of training did the participants receive? • PROBE FOR THE FOLLOWING; <ul style="list-style-type: none"> ○ Trainings on job creation and income generating activities. ○ Trainings on VSLAs ○ Training on Child rights ○ Training workshop on psychosocial support ○ Training of CBOs of IGA and Job creation. ○ Trainings on Family planning and safe sex ○ Training on stigmatization ○ Training on advocacy strategies ○ Training on Child participation ○ Training on Lobbying • In your opinion, what has been the outcome of this collaboration between SOS and the local organizations such as CBOs, youth groups, health centres and the local administration? What else • What have been the key benefits? • PROBE ON THE FOLLOWING; <ul style="list-style-type: none"> ○ Nutrition, ○ Hygiene, ○ Family planning, ○ Adherence of ARVs,

	<ul style="list-style-type: none"> ○ Respecting medical appointments, ○ Children’s performance in schools, ○ Health insurance , ○ Joining VSALs, ○ Encouraging use of condoms especially for discordant couples.
<i>Income Generating Activities and VSLAs</i>	<ul style="list-style-type: none"> • Let us now talk about the income generating activities put in place as a result of the SOS activities <ul style="list-style-type: none"> • What types of small business projects have the communities put in place as a result of these interventions from SOS. • LIST THEM AND ELABORATE ON EACH ACTIVITY • PROBE FOR THE FOLLOWING <ul style="list-style-type: none"> • Hairdressing, sewing, domestic animals husbandry, agricultural projects, weaving baskets, etc.). • How sustainable do you think these income generating activities are? • Are the community members organized in VSLAs? Village Saving Loan Associations <ul style="list-style-type: none"> • How are these VSLAs organized? How do they work? • What kind of support do these VSLAs receive? • Who gives them this support? • Do the participants in these VSLAs have links to microfinance institutions for the sustainability of VSLAs? Please name the microfinance institutions involved with these communities?
<i>Health, Insurance and child rights</i>	<ul style="list-style-type: none"> • Are Health centre staff and CBOs trained on VCT, SRHR, PMTCT and counselling? • ASK HEALTH Centre staff – <ul style="list-style-type: none"> ○ Have you observed any increase or decrease in VCT sessions? ○ What has been the cause of this increase/ decrease? ○ What about pregnant women, do they follow PMTCT guidelines? Have you seen an increase in following of these guidelines? What percentage of pregnant mothers would you say actively follow PMCTC guidelines? ○ Have you observed and changes in the attitude with regards to people being tested and sharing their status with spouse and or lovers ○ What about number of services in relation to ARVs, have you observed an increase in these? • Would you say that the vulnerable families in this community have health insurance? • PLEASE ELABORATE • What percentage of vulnerable children in this sector would you say have health insurance? I just need an indicative figure? • CHILD RIGHT <ul style="list-style-type: none"> ○ Do schools in this sector participate in child rights campaigns? Please elaborate, how are these campaigns organized? Who organizes them? Who participates in them? ○ What about campaigns on HIV/AIDS prevention, have you heard of such campaigns in schools?
<i>Education</i>	<ul style="list-style-type: none"> • What about education? Do you think that the number of school dropout from among the vulnerable families is reducing? • What would you say in the percentage of school dropouts now? • For those in school, how to they get support for education? Is it from their own families? The community? The local administration or government? From NGOs, CBOs etc?
<i>Nutrition</i>	<ul style="list-style-type: none"> • Are you aware of the Plan for organising and developing kitchen gardens for participants in this sector/ district? • Who came up with this plan? Who is involved in its implementation?

	<ul style="list-style-type: none"> • How does the kitchen garden concept work? • How do vulnerable households access land for the kitchen gardens? Do women have equal access to such land as men? Please elaborate? • Do the participants receive any training? From who? • What about general training on nutrition and child development? Who offers this training to the vulnerable households in the community? • In your opinion, how would you rate the levels of malnutrition among the vulnerable households? How do you say the nutritional levels are improving? •
Challenges	<ul style="list-style-type: none"> • What challenges do you face within the SOS project? • What challenges do you face in making follow-ups of the vulnerable families?
Weaknesses	<ul style="list-style-type: none"> • In your opinion, what are the weaknesses of the project where SOS needs to put more effort in the next phase? • What else do you think we can do better next time? • What other suggestions do you have for the next phase of the project?
Wrap up	<ul style="list-style-type: none"> • As we conclude, do you have any further comments you would you us to note with regards to the SOS projects?

Thank Respondent.

Map of survey areas

