JANUARY 2024 – DECEMBER 2024

# CONSOLIDATED ANNUAL REPORT

LOVE AND HOPE CENTRE
FMSA
Restoring Dignity

# EXECUTIVE SUMMARY

The report covers the financial year January – December 2024. The main Projects covered are: Prevention of Violence Against Women and Girls funded by Misean Cara; Support for Chronically and Terminally ill persons supported by Trocaire Irish Missionary-Kenya, St. Bridgette One World group, Ireland, a host of benefactors including Friends of Love and Hope Centre, and Baking, Pastry and entrepreneurial skills supported by MZF Germany.

We adopted program approach of engaging community resource persons (CRPs) to increase projects' reach while reducing costs as they work as volunteers. The other reason for engagement of CRPs was to ensure sustainability of outcomes upon disengagement from projects. The CRPs were empowered and mentored on home based care, mobilization and facilitation of respective communities to identity and address underlying factors that exacerbates violence against women and girls; mobilisation and mentorship of community members into Saving and Internal Lending communities and basic legal aid to support survivors of violence and abuse and access other appropriate services.

We collaborated with the Ministry of Health (MOH), National Council of Persons with Disabilities (NCPWD), Association of the Physically Disabled of Kenya (APDK), Catholic Diocese of Nakuru (CDN), Teachers Service Commission (TSC), Police department and other like-minded organizations in furtherance of the projects objectives. These included access to quality health care, legal aid services, disability services and privileges, vocational skills training among other services. The Advisory Board members and FMSA Development office provided invaluable professional advice and guidance contributing to progress towards outcomes.

# GENERAL CONTEXT

The occasional volatile political environment expressed by citizenry, particularly young people dubbed Generation-Z, through mass demonstrations and civil unrest countrywide. This attributed to allegations of unpopular government policies related to sale of public assets, increased taxation, abductions and murder of young people, economic hardships, rising unemployment, corruption and government opulence amidst rising public debts. Continuous monitoring of early warning signs through network of key community leaders; enabled us to postpone scheduled project activities to safer days.

There was a significant policy shift in Kenya's health care system. In October 2024, the National Hospital Insurance fund transited to Social Health Insurance Fund (SHIF). SHIF aims to provide equitable coverage of health services including those on informal sector and vulnerable groups who have been historically undeserved. SHIF promises to provide expanded and comprehensive benefit packages including among others chronic diseases management.However, there have been reports of frequent SHIF system hitches locking patients out of services. This has led to many patients paying from their pockets.To cushion and ensure timely medical care of the chronically ill clients the organisation serves, we supported the treatment costs on cost-sharing basis, the percentage of contribution dependent on the clients' capability.

# OUR SERVICES

- HEALTH PROGRAM
- WOMEN EMPOWERMENT PROGRAM
- YOUTH TRANSFORMATION PROGRAM
- NETWORKING AND COLLABORATION

# 1. HEALTH PROGRAM

## PROJECT - SUPPORT FOR CHRONICALLY AND TERMINALLY ILL PERSONS

## TARGET BENEFICIARIES

1. Persons with various types of cancers irrespective of the staging.

2. People with disabilities (PWD) with underlying medical conditions- strokes, cerebral palsy, hydrocephalic among others.

3. Primary (family) caregivers of the above clients/care recipients.

### TOTAL BENEFICIARIES REACHED

| Beneficiary category | Males | Females | Total |
|---|---|---|---|
| Cancer | 18 | 56 | 74 |
| Persons with Disabilities | 38 | 38 | 76 |
| Total | 56 | 94 | 150 |

# IMPLEMENTED ACTIVITIES

## A. PHYSIO AND OCCUPATIONAL THERAPY SESSIONS.

Facilitated access to barrier-free and disability-friendly rehabilitation services (physio and occupational therapy, massage) at LHC rehabilitation facility. On average 55 PWDs accompanied by their caregivers received the once weekly services. Two physio and occupational therapist seconded to the project by the Association of the Physically Disabled (APDK) provided the services. Three trained caregivers and on occasion physio /occupational therapists interns assisted them.

The aim of the Therapy programs for Persons with Disabilities (PWDs) were critical to promoting their independence, improving quality of life, and fostering inclusion in society. These programs designed to cater to a wide range of physical, cognitive, and emotional needs, addressing challenges such as mobility, communication, and daily living activities.

## B. PWD RIGHTS AND PRIVILEGES AWARENESS CREATION

Facilitated equal access to medical care and treatment on cost-sharing basis (surgery, hospital admission, Prescription drugs, radiotherapy and chemotherapy services) to target men and women with chronic and/terminal illness. 104 clients (74 cancer and 30 PWDs) received support.

## C. COMMUNITY/HOME BASED CARE

Facilitated household visits to train caregivers on effective care for PWDs (cancer, cerebral palsy, stroke, arthritis clients) with difficulty in performing self-care tasks such as washing, toiletry and/or dressing themselves, as well as monitor and refer appropriately on matters pertaining to their health. Community health promoters (CHPS) occasionally accompanied by project staff conducted the health and social visits. On average 50 home visits conducted on a monthly basis; with those with dire social and health needs visited more frequently.

# D. PSYCHOSOCIAL SUPPORT.

Facilitated individual and support group therapies to challenge self and social stigma and discrimination regarding illness, disability status and attendant concerns. On average 68 attended the therapy sessions.The sessions provided comprehensive support to clients as they navigated their journey through self-acceptance, treatment, disability and coping with grief and loss, including the loss of body parts due to cancer, injuries etc.

# E. MEDICAL SUPPORT

Facilitated equal access to medical care and treatment on cost-sharing basis (surgery, hospital admission, Prescription drugs, radiotherapy and chemotherapy services) to target men and women with chronic and/terminal illness. 104 clients (74 cancer and 30 PWDs) received support.

| No. | Nature of support | Sessions |
|---|---|---|
| 1 | Chemotherapy | 88 sessions |
| 2 | Radiotherapy | 50 sessions |
| 3 | Brachytherapy | 42 sessions |
| **Other medical support** | | |
| **No.** | **Nature of support** | **No. supported** |
| 4 | Prescription medicinal drugs | 30 |
| 5 | NHIF/SHIF | 8 |
| 6 | Surgeries | 5 |
| 7 | MRI/ CT Scans | 2 |
| 8 | Transport services to and from hospital | 3 |

## F. SENSITIZATION ON PWD RIGHTS AND PRIVILEGES

Facilitated National Council of Persons with disability (NCPWD) to sensitize persons with disabilities and caregivers on definition of disability, their rights and entitlements as per Persons with Disability Act, 2003, National Disability Policy (2018) and NCPWD strategic plan (2018-2022). On average 40 PWDS sensitized; understanding the importance of certification and registration with NCPWD as PWD. This serves as prerequisite to access assistive devices, business grants, cash transfer for severely disabled, bursaries among other benefits.

## G. TRAINING ON HIV/AIDS AND GENDER BASED:

40 PWDs and their caregivers trained on HIV and GBV.Many claimed desertion by their spouses upon the birth of their children with disabilities. Others claimed to suffer psychological distress related to stigmatization and discrimination by their families' members and members of their community. However, none of the participants was willing to pursue legal path in accessing justice. The participants became knowledgeable on matters HIV and link to GBV.

20 stakeholders (NCPWD, APDK, MOH, staff, CHPs, PWDS and caregivers representatives facilitated to attend participatory quarterly reviews to assess progress towards realization of the project's Objectives.

# ACHIEVEMENTS

## PROLONGED LIFE AND INCREASED HOPE OF CANCER CLIENTS A RESULT OF MEDICAL SUPPORT

The Chronically/terminally ill were enabled to access care and treatment through support in settling medical bills,prescription drugs and transport costs, that otherwise would have prevented them to access treatment

## IMPROVED MOBILITY AND INDEPENDENCE

Many individuals who participated in physical therapy programs showed significant improvements in their ability to walk, stand, or use assistive devices (e.g., wheelchairs, prosthetics). Eight (8) PWDs already had tools devices that helped them independently, while seven were awaiting tools devices from National Council of Persons with Disability (NCPWD). Five (5) children with cerebral palsy and one adult recovering from stroke were now able to walk with little support

## ENHANCED DAILY LIVING SKILLS

Occupational therapy led to improved motors skills, balance and coordination. It helped individuals regain the ability to perform personal tasks such as eating, dressing, and cooking. Speech therapy enabled improved speech, chewing and feeding among 8 children with cerebral palsy.

## IMPROVED ACCESS TO PWD RIGHTS AND SERVICES

Prior to sensitization on PWD rights and services, 58 clients were unaware of the need either to register as PWD or found the process daunting. At the time of writing this report, 20 certified as PWD after undergoing the registration process while 31 were still in the process of assessment or awaiting issuance of PWD cards. 20 PWDS received assistance devices, 13 applied for and received Inua Jamii benefits (monthly stipend for severely disabled), while 2 children were beneficiaries to academic bursaries

## ENHANCED MENTAL HEALTH

Psychosocial supports have had positive impacts on the mental health of the chronically ill, PWDs and caregivers, helping reduce feelings of isolation from the community, anxiety, and depression

**PERCENTAGE ANNUAL TARGET REACH = 75% (150/200X100)**

# CASE STUDIES

## CASE STUDY 1: IMPROVED INDEPENDENCE

Jayden, a 3-year-old boy, diagnosed with cerebral paralysis (CP).His parents were concerned about his delayed motor skills, sensory sensitivities, and difficulties with social interactions and communication. Jayden struggled with activities like, not walking, using utensils, and engaging in play with other children.

Jayden's Occupation Therapy worked on improving his fine motor skills and regaining grip strength using functional activities like squeezing therapy putty, picking up small objects, walking independently and practicing tool use in a controlled environment.

After a year of consistent therapy, Jayden showed significant improvement, where he can now walk independently without any help.

## CASE STUDY 2: IMPROVED COPING CAPABILITY

A 21-year-old woman who aspired to become a religious sister fell ill during a holiday at home. She diagnosed with spindle cell carcinoma, and upon learning of her diagnosis, the congregation refused to take her back. Her family also denied her condition and rejected her. After counseling, she accepted her reality, but her mother and other family members remained in denial.

# CHALLENGES / LESSONS LEARNED AND BEST PRACTICES

Some of the cancer patients mix conventional and traditional treatment. The effect on their health is damaging. Furthermore, majority do not divulge this information to their doctors. There is need to create awareness on the same.

High cost of Cancer treatment is adversely impactful on both the organization and the people seeking for treatment. The project, therefore, promotes cost-sharing arrangements through which the beneficiary contributes an agreed amount according to their capability. This enables the organization to use the limited funds to reach out to more beneficiaries.

Holistic approach of offering emotional support through support group therapies, Cost sharing of medical bills and home visitations goes a long way in supporting families to counter psychosocial and medical needs of the households affected by chronic illnesses.

# 2. WOMEN EMPOWERMENT PROGRAM

## PROJECT – PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRLS

### PRIMARY BENEFICIARIES

1. Adolescent Girls and Young Women (AGYW – out of school) aged 15-24 years living with HIV, disability and/or survivors of violence and abuse.

2. Spouses/partners of the above AGYW.

3. Special needs pupils in target schools.

4.Residents of target Nakuru urban slums/informal settlements.

### TOTAL BENEFICIARIES REACHED

| MALES | FEMALES | TOTAL |
|---|---|---|
| 516 | 614 | 1130 |

Total beneficiaries reached. Over 100%

# IMPLEMENTATION STRATEGY

- Enlist the support of community key resources persons (frontline workers). These include CHVs/community health promoters, community facilitators and community field agents. Frontline workers increase project reach while reducing costs as they volunteer their services.
- Empower and work with key government departments. This include the police, Special-needs schools, Alternative Justice System (AJS), National Council of Persons with Disabilities
- Economic empowerment initiatives targeting AGYW aimed at reducing gender inequalities.
- Sensitization on human/women and disability rights.
- Engagement of male allies as supporters of women and girls rights.
- Community based education and engagement on climate change effects and link to Violence against Women and Girls (VAW/G); gender and social norms that underpin VAW/G; and Disability inclusion.
- Facilitate forums between Alternative Justice System and survivors to increase chances of resolving cases within the authority.
- Strengthen existing partnerships with like-minded organizations to prompt access to medical, psychosocial, safe shelter and legal services to survivors of violence.
- Build on the existing achievements as members of various advocacy groups' platforms including GBV technical working group. Thus, become part of the momentum in fighting for the rights of the poor to access Gender related public benefits.

# IMPLEMENTED ACTIVITIES

157 students, teachers and other members of the community actively involved in climate action through environmental sensitization sessions and planting of tree seedlings in two local schools. (photo 1)

14 couples (AGYW & spouses) embraced the AJS way of solving cases and immediately started the process of resolving their conflicts mediated upon by the AJS committee members. (Photo 2)

81 AGYW (including 9 PWDs and 4 refugees) trained on business, entrepreneurial skills and labour rights.

75 AGYW (including 7PWDs and 3 refugees) trained and mentored on Savings and Internal Lending Communities (SILC) (Photo 3)

95 AGYW and partners (including 7 PWDs and 3 refugees) trained on life skills and Rights (foundation and anti-SGBV laws). (Photo 4)
39 male allies (Boda Boda riders) sensitized on a quarterly basis on Gender and how power relations feed on violence. (Photo 5)

132 AGYW members of 15 Savings and Internal Lending Communities (SILC). The formation and mentorship conducted by project staff supported by community field agents.

87 Guardians/Parents of children living with disabilities in 7-Special Needs schools sensitized on PWD rights and privileges as per law. Linked with NCPWD to support registration process of their children as PWDS and access related benefits thereof.
(Photo 6)

26 staff, volunteers and community Facilitators (CF) trained on climate change effects, mitigation, and link to GBV. The consultant Trainer donated and facilitated planting of 10 trees within Love and Hope Centre compound.

664 community members participated in community conversations forums to challenge gender and social norms that exacerbate violence against women and PWDs. The community also deliberated on disability rights and entitlements.

# PHOTOS

**Photo 1**

Students, teachers and other members of the community actively involved in climate action

**Photo 2**

AJS committee members and beneficiaries sensitisation

**Photo 3**

AGYW mentored on Savings and Internal Lending Communities (SILC) by field agents

**Photo 4**

AGYW trained on life skills and Rights

**Photo 5**

Boda Boda riders sensitized on Gender norms

**Photo 6**

Guardians/Parents of children living with disabilities in Special Needs school sensitized on PWD rights

# ACHIEVEMENTS

## INCREASED CONFIDENCE AND REPORTING OF GBV CASES TO RELEVANT AUTHORITIES

"Due to xenophobia, my neighbors assaulted me and vandalized my business premises. Through my CHP, who is also a paralegal, we reported the case to the police. I was referred to the hospital where evidence of the physical violence was documented on the PCR form. Equally, a CCTV footage captured the event, hence I had sufficient evidence. The perpetrators were arrested and stayed in jail for 3 days. With the mediation by 'mzee wa kijiji', they were released on condition that they pay Kshs. 5,000 compensation fees." Beneficiary

## IMPROVED ATTITUDE AND SUPPORT OF POLICE STATIONED AT GENDER DESKS.

"The OCS, Rhonda, has helped me severally. When I went to report my then husband, for physical violence, I was first taken to the hospital for treatment and filling of the PRC form. I then took them to his place of work, where he was arrested. The case did not go far since I forgave him. They have also helped me with a theft case." Beneficiary

## IMPROVED GENDER RELATED ATTITUDES

Male partner engagement is an important strategy in women's empowerment initiatives. The AGYWs have seen a notable change in them since their engagement.

"My partner was challenged to get another IGA besides acting as a caretaker since he has a lot of free time. He now goes to 'mjengo' (construction)"

## IMPROVED COPING CAPABILITIES

Through counselling and support groups, many beneficiaries have developed self-love, and acceptance, and can communicate effectively

"I had anger issues and one time during a squabble with my spouse, I hit his genitalia. Now, I resolve to walk away whenever we are at loggerheads"

**PERCENTAGE ANNUAL TARGET REACH = OVER 100%**

## INCREASED ENGAGEMENT IN INCOME GENERATION

Approximately 44% young women are now engaged in income generation either running small businesses or as casual laborers

## INCREASED MEMBERSHIP IN SAVINGS AND CREDIT GROUPS

Two-sets of AGYW groups registered with the department of social services, following training and mentorship on Savings and Internal Lending Communities (SILC).This makes them eligible to receive grants to enable initiate group income generating projects. The other benefit is the increased opportunity for business skills acquisition, awarding government tenders and markets for their products by relevant government departments. The other 13 groups will share-out their principal and interest at year-end, and start in January 2025, with the priority of registration.

## ENHANCED DISABILITY AWARENESS AND SUPPORT SYSTEMS

Community forums raised awareness about various disabilities, equipping caregivers with critical insights into physical, mental, developmental, learning disabilities, and chronic illnesses. Community facilitators emphasized the importance of registering with the National Council for Persons with Disabilities (NCPWD), outlining membership benefits and advocating for empowerment and improved quality of life for persons with disabilities (PWDs). The initiative also included action plans for facilitating medical assessments and referrals, ensuring PWDs receive essential support.

## SIGNIFICANT PROGRESS ON CLIMATE ACTION INITIATIVES

Community facilitators made notable strides in executing a structured climate action plan. They identified tree-planting sites, established partnerships with local schools, and set specific targets for tree planting. Additionally, four environmental clubs revived in partner schools, promoting ongoing community engagement and environmental awareness among students. This initiative not only supports climate action but also encourages community involvement in sustainability efforts.

# CASE STUDIES

## CASE STUDY 1: TAIFA*

Taifa is a single mother of a three-year-old child, and currently expecting another. She separated from her ex-husband, one and a half years ago following domestic violence. She left for her grandmother's home where the ex-husband came for their child. She left for Nairobi thereafter in search of a job. Eventually, she relocated to Nakuru.

During the beneficiary assessment phase of the project, she revealed to the LHC staff that she would like to have custody of her child. LHC contacted the Children's Department, Nakuru West, who linked them to the Children's Department, Olkalau. Through the chief, the child's father was given a summon to report to Olkalau Children's Department, which he failed to appear. On the second summon, he presented himself, although without the child.

They agreed that he would bring the child on 28 October 2024. He did not comply, but instead, he reached an agreement with Taifa's mother, an uncle and aunt, to keep the child. Through the chief, LHC informed the father to set a date at the Children's Department, where he would bring the child in the presence of all the parties involved, and the Children's Department would determine the matter. Otherwise, Taifa is willing to sue for custody.

## CASE STUDY 2: ZAWADI* AND BAHATI*

The two have been together for 5 years with three children. The youngest is still breastfeeding. Zawadi learnt of her status in her first pregnancy and through couple testing, Bahati was informed. Initially, life was tough, but through counselling, they decided to stay together. Zawadi had problems with adherence but with the support.

"I have to make sure she takes her medication at 21:15 hours daily. I provide resources to purchase healthy meals, to help her cope with the side effects of the medicine. At one time, health officials visited our home because of defaulter tracing. I do not want a repeat, so I follow up on her adherence. If I fall asleep earlier, I'll investigate whether she's taken her medicines. I often take her for ANC and rejoice whenever she puts on weight. I'm happy with her progress and perhaps soon I shall stop taking PrEP."

Bahati's advice to discordant and married couples is to stay positive and to love and respect one another. He advised men to get tested. Couple testing is important as part of community outreach.

# CHALLENGES / LESSONS LEARNED AND BEST PRACTICES

Majority of AGYWs withdraw cases involving their spouses and not willing to pursue them. They cited fatigue and fear that comes with continued 'fight' with their spouses whom at that point they have separated.

Male engagement especially intimate partner engagement enhances reduction of violence perpetuated toward women.

# 3. YOUTH TRANSFORMATION PROGRAM

## PROJECT – BAKING, PASTRY AND ENTREPRENEURSHIP

### PRIMARY BENEFICIARIES

Young men and Women with hearing difficulties and other disabilities between 18 – 35 years

### TOTAL BENEFICIARIES REACHED

| MALES | FEMALES | TOTAL |
|---|---|---|
| 2 | 18 | 20 |

Table: Direct Beneficiaries (youth transformation) reached

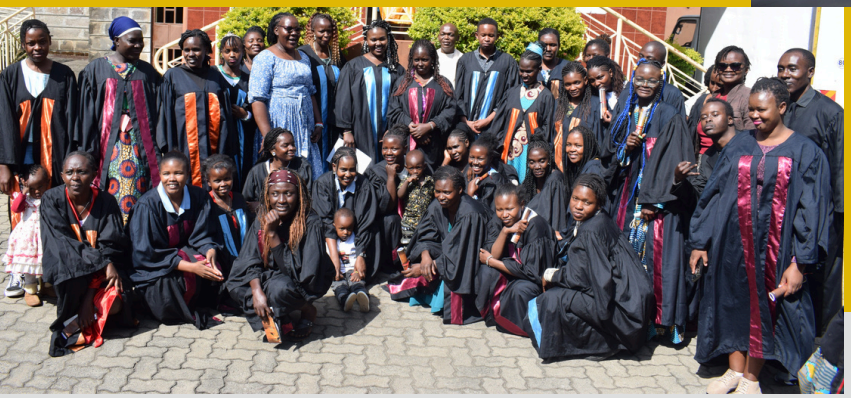
# IMPLEMENTED ACTIVITIES

- 20 young women and men (19-29 years) deaf/ hard in hearing including 1 with Spinal bifida and 2 caregivers acquired short-term skills in baking, pastry and entrepreneurial skills - bread and cakes, mandazi (doughnuts), Chapatis (flat bread), pizza and samosas. Both theoretical and practical skills training conducted.

- The training complemented with sensitization on HIV and Gender based violence (GBV) awareness and prevention; exploring the participants understanding of attitudes, behaviours and practices that contribute to HIV and GBV and ways to seek redress.

- Counselling and group therapy were ongoing. Issues raised included trauma from past experiences due to discrimination and domestic violence

- We facilitated NCPWD to train on disability rights and services. Key among the topics was the benefits of registering with NCPWD. Approximately half of the trainees had not registered with the Body, missing disability benefits such as waiver of business licenses, tools of trade and group grants.



# ACHIEVEMENTS

- Increased employability skills for 18 out of 20 (90%) youths majorly with hearing difficulties/deaf enrolled and trained on Baking, Pastry and entrepreneurial skills. At least 7 out of 20 have self-employed making home-based cakes and other pastries for sale.
- Seven young women subscribed to community-based savings groups unlike before only two were in these groups. They are now saving some amount towards investment in income generation and/or to forestall unforeseen income emergencies
- Increased awareness of rights and services contained in various legislations put in place to protect and promote PWD rights. Following this, the young women registered as PWD with National Council for Persons With Disability (NCPWD)
- Increased positive perception of self and awareness of their contribution to the society. Many young women, at the point of enrolment, exhibited low esteem and self-stigma tendencies. Progressively, through engagement in project interventions such as counselling therapy and trainings on life skills, the young women demonstrated reduced anger and self-stigma.

**PERCENTAGE ANNUAL TARGET REACH = 40%**
**20/50X100)**

# CHALLENGES / LESSONS LEARNED AND BEST PRACTICES

At the point of identification and recruitment, most of the young women were hesitant to join/participate in the project. Among the reasons given were limited association and socialization with non-deaf people, with majority unable to communicate in sign language; mistrust with organizations that do not fulfil promises agreed upon with the deaf community; and limited support system.

Some attachment sites were sceptical to offer placement in their bakeries due to communication barrier.

# CASE STUDY

"When I was 4 years old, I got mumps which was not treated. My family thought that I was faking my hearing so that I don't do any house chores. Finally, my grandmother decided to look for a herbalist who inserted herbal sticks in my ears, but it still did not work. One time I cried due to pain till my own grandmother decided to cut my ear so that I can stop screaming. I was rushed to the hospital where surgery was conducted. My ear was attached but I totally lost my hearing till this day. I have always felt that no one loves me. Most times I would stay at home and till my kitchen garden where I would sell Sukuma wiki to neighbors. I find it hard to trust anyone including my husband, which has led to quarrels. When I learnt about life skills, I knew that I am the one at fault because I had a lot of anger. I have now tried to reduce it by communicating with my husband and this has improved our relationship. Thank you Love and Hope for making me feel loved again. You are not my family but the way you treat me and my deaf friends you made me feel that I can love and trust people again."

Beneficiary

# RESOURCES MOBILIZATION STRATEGIES

- External donors sourced and supported the programs included Misean Cara, Trocaire Irish Missionary, MZF- Germany, St. Brigit One World Group and Apostolic Workers
- Outsourced local benefactors termed as 'Friends of Love and Hope Centre. They set aside certain amount of money and contributed to LHC on a regular basis towards support of the medical component of the program.
- Fundraising dinner event. Invited guests included primarily Catholic diocese of Nakuru Priests and parishioners and suppliers of goods and services to LHC.
- For the 8th consecutive year, we held a local fundraising event on October, 17 2024. The Chief Guests were CDN Bishop Cleophas Oseso Tuka and the Irish Ambassador to Kenya Caitriona Ingoldsby. Oher guests included the County Executive Committee of Health, Priests and friends of goodwill. Fundraising committee organized the event. The Chair and LHC Board member, Mr. Charles Njeru and Mr. Ronald Sunguti respectively, coordinated the committee.
- Catholic Diocese of Nakuru donated funds to procure foodstuffs for the most vulnerable people.
- Received goods in kind from the local community. These were majorly foodstuffs, clothing, shoes and assisted devices for the chronically ill. The donations were distributed to those in need
- Rental income from 1-office leased to a NGOs, that is, Women Empowerment Link.
- Training consultancy services on GBV and Peer Counselling.
- Catering income from program related catering services and from a few NGOs within Nakuru.

# NETWORKING AND COLLABORATION

## NAKURU COUNTY GENDER WORKING GROUP

As part of membership, we advocated for enactment of the Gender and Development policy by the Nakuru County assembly. This was realized after intense lobbying and long period of waiting. The policy aims to achieve gender equality in legislation, participation, representation, empowerment and distribution of resources.

## NATIONAL COUNCIL OF PERSONS WITH DISABILITIES (NCPWD)

Facilitated medical assessment and certification of 56 individuals as PWDS. Consequently, section of PWDS received assistive devices, government monthly stipend for severely disabled and academic bursaries.

## THE ASSOCIATION FOR THE PHYSICALLY DISABLED OF KENYA (APDK)

Seconded 1 physiotherapists and 1 occupational therapists at subsidized cost to provide services to PWDS at the organisation disability friendly facility. On the other hand, APDK accessed free therapy services to PWDs associated to LHC at Nakuru level 5 hospital on days we could not offer the said services.

## THE POLICE

Through the Child and Gender Protection Units provided survivor centered friendly services. The officers participated in Alternative Justice Forums organized by the organisation to solve GBV cases among target couples. This demystified police officers as inept and corrupt in delivery of services. The police equally provide free security services during the annual fundraising event.

## MINISTRY OF HEALTH (MOH)

seconded One Occupational therapists to support in providing services to PWDs to support those seconded by APDK. MOH equally seconded 15 CHPS to support in Home based care, legal aid and referral services.

## COUNTY DEPARTMENT OF ENVIRONMENT

Donated 300 tree seedlings that we planted in various learning institutions. Climate change adaptation, resilience and mitigation mainstreamed in GBV programming.as women are worst affected by effects of climate change.

## SPECIAL-NEEDS SCHOOLS

Facilitated workshops for 7 Special needs schools targeting 20 school managers and teachers to contribute to non-violent school environments. The schools mobilized parents and guardians of children with disabilities to learn PWD rights and privileges, importance of registering as PWDS and benefits thereof.They guardians also sensitized on SGBV and referral pathways in case of abuse.

## CATHOLIC DIOCESE OF NAKURU (CDN)

Strategized on local mobilization of resources through CDN leadership structures under the coordination of Lay Apostolate Office and through the blessings of the Bishop.Hence, increased the resources mobilized via parishioners

## 5 ADVISORY BOARD MEMBERS

Provided guidance at policy level and advice to Internal Management team

## 13 PROGRAM AND ADMINISTRATIVE STAFF

Empowered frontline workers and beneficiaries in the target community. 26 office volunteers/attaches volunteered in the organization during the year bringing their gifts and skills with them and learning more as they worked.

## 8 COMMUNITY FIELD AGENTS

Provided mentorship and technical guidance to beneficiaries Savings and Internal Lending community groups. The field agents trained, supervised and mentored by program staff.

## 20 COMMUNITY FACILITATORS (CFS)

Mobilized and facilitated monthly community conversation forums on developmental, positive climate action and social norms using gender lens. Trained and mentored by program staff.