New Partners Initiative – Round Three
Final Report
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Acronyms

AB	Abstinence, Be faithful
ABC	Abstinence, Be faithful, and Condom use
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
CD4	Cluster of differentiation 4 protein
CPA	Core Programme Area(s)
CRC	Convention on the Rights of the Child
FY2009	Fiscal Year 2009
FY2010	Fiscal Year 2010
FY2011	Fiscal Year 2011
FY 2012	Fiscal Year 2012
FXB	François-Xavier Bagnoud
HIV	Human immunodeficiency virus
IGA	Income Generating Activities
JCRC	Joint Clinical Research Centre (Uganda)
JSI	John Snow, Inc.
M&E	Monitoring and Evaluation
NPI	New Partners Initiative
NuPITA	New Partners Initiative Technical Assistance
OVC	Orphans and Vulnerable Children
PEPFAR	U.S President's Emergency Plan for AIDS Relief
PLHIV	People or Person Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PWP	Prevention with Positives or PLHIV
SILC	Saving and Internal Lending Communities
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TASO	The AIDS Support Organization (Uganda)
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

Executive Summary

Under this project, FXB USA, and its affiliate offices in Rwanda and Uganda, implemented 24 FXB-Villages serving more than 8,000 orphans and vulnerable children (OVC) and 1,920 households. The FXB-Villages are community-based, holistic models of care and support that aim to improve the long-term well-being of OVC by building the skills, capacity, and social networks of their caregivers and families. Each of the 24 FXB-Villages in this project supported 80 households affected by HIV/AIDS and extreme poverty, comprising children, caregivers, and adult dependants.

Objectives

The project meets the following PEPFAR strategic objectives:

Care of Orphans and Vulnerable Children:

- Provide comprehensive services and compassionate care so that orphans and other vulnerable children develop physically, socially, emotionally, and intellectually
- Strengthen family, community and government systems to help families, community members and groups to implement and monitor the delivery of high quality comprehensive services to a maximum number of children

HIV Prevention and HIV Counseling and Testing:

- Increase fidelity and reduce the number of sexual partners among beneficiaries; support and enable young people to choose abstinence and be faithful
- Increase recognition through prevention programs that rape, sexual coercion, sex trafficking, transactional sex, cross-generational sex, gender norms, and alcohol abuse increase vulnerability to HIV
- Increase recruitment and access to counseling and testing, especially for couples and families

Project Areas

FXB implemented 24 FXB-Villages in total; 20 were funded fully by USAID. These were grouped into five units of four Villages: one unit each in Muhanga, Nyamagabe, and Rubavu Districts in Rwanda and one unit in both Kampala and Kyenjojo Districts in Uganda. In addition, FXB implemented 4 privately-funded FXB-Villages – in Kampala, Kyenjojo, and Muhanga Districts – as cost share.

Rubavu District: Basa, Kabirizi, Rubavu, and Rukoko

Muhanga District: Biti, Cyeza, Gifumba, Kivumu, Nyabisindu, and Rugarama

Nyamagabe District: Gasaka, Kigeme, Mubuga and Nyabivumu,

General Overview

The following key activities were undertaken over the course of the project:

- 2,629 household and individual livelihood projects (also known as income-generating activities or IGA) were developed
- 294 micro-enterprise groups were formed and 14 formal cooperatives established
- 10,914 children and adults were supported by mobile health clinics in Uganda and 6,874 children and adults enrolled in the national community health insurance scheme in Rwanda
- 12,827 children and 9,422 adults received de-worming treatment and 5,760 insecticide-treated malaria nets were distributed
- 1,920 households received food support over the project's first 9 months 1,694 households received materials to start kitchen gardens
- 84 boreholes/shallow wells were built in partnership with community volunteers and 1,224 households were assisted to construct energy-efficient stoves
- 12,161 adults and children participated in counseling sessions
- More than 6,400 OVC and young people were supported in primary, secondary or vocational school
- 58,131 individuals participated in HIV prevention training and 41,931 individuals participated in child protection training

Results

Some key results of the project include:

- On average, mean daily expenditures per person (when adjusted for purchase power and household composition) has increased from $.40 at the start of the project to $2.98 at the project's conclusion

- 810 households accessed micro-credit (one or more loans) and 1,689 households (about 88%) were able to put some money into savings each month
- About 80% of project households were consuming 2 or fewer meals each day at the start of the project; at the end of the project, 87% of households report consuming 3 meals daily
- 929 PLHIV were counseled and supported
- Less than 5% of project households reported being unable to send children to school because of a lack of financial means at the end of the project (almost half of households faced this challenge in 2009)
- Only about 3% of households reported a recent case of diarrhea in children under five
- 30,165 individuals accessed voluntary HIV testing and counseling (VCT) in partnership with local health providers
- 1,243 children in Uganda and 2,197 in Rwanda were supported to acquire birth registration
- 62 child protection committees and 71 parish and village orphan committees and other community associations were formed

Challenges and Lessons Learned

The most significant challenges faced by the project (and by project beneficiaries) were rising costs of food and services in both countries over the past three years. While the project worked hard to ensure that all households had sufficient economic resources to maintain their well-being (including access to food, education, and health services), inflation did undermine success rates and complicated the project's exit strategy. Other contextual challenges, such as frequent flooding in Kampala and the outbreak of diseases affecting people and livestock in project locations, required case-by-case management and adaptation. Finally, FXB faced initial challenges in reaching young people, especially those who were not attending secondary school, with appropriate and comprehensive HIV prevention messages. Project staff mobilized community and school-based youth clubs and peer educators to ensure outreach.

Over the past three years, FXB developed new systems that will greatly improve project service provision and monitoring and evaluation moving forward. In Uganda, FXB made a concerted effort to involve local cultural leaders, especially where cultural practices put women and girls at elevated risk for HIV. Finally, FXB was initially skeptical that it could mobilize community volunteers without the promise of a stipend. In fact, when volunteers were closely involved in activity planning and in site exchange visits, they felt strong ownership of project outcomes and remained motivated.

Summary Table of PEPFAR Indicators

FXB Rwanda: Life of Project

Program Area	ID Number and Definition of Next Generation Indicator	Life of Project (LOP) Target for Indicator	Achieved to date
Prevention			
Prevention Sub Area 7 Prevention w/Positives	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	900	905
Prevention Sub Area 8: Sexual and other Risk Prevention	P8.1.D Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	20700	31745
	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program		
	OVC care support services	250	337
	Sexual Prevention AB	250	337
	Sexual Prevention ABC	250	337
	Total	750	1011
	P8.2.D Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required (subset of P8.1.D)	14400	14404
Care			
Care Sub Area 1: "Umbrella" Care Indicators	C1.1.D Number of eligible adults and children provided with a minimum of one care service		
	Male	3264	3495
	Female	3536	3786
	<18 years old	4000	4071
	18+ years old	2800	3210
Care Sub Area 2: Clinical Care	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service		
	Male	250	249
	Female	270	407
	<18 years old	10	136
	18+ years old	510	490
Care Sub Area 5: Support Care	C5.1.D Number of eligible clients who received food and/or other nutrition services		
	<18 years old	250	577
	18+ years old	450	211
	Pregnant/lactating women	50	101

In three cases, FXB Rwanda did not meet the sub-targets planned for the project. These were in Care Sub Area 2 and 5; in these cases, FXB Rwanda slightly under-estimated that number of children and women in need of services by comparison with adults and men. The total individuals reached still exceeded overall targets for this indicator.

FXB Uganda: Life of Project

Program Area	ID Number and definition of Next Generation Indicator	Life of Project (LOP) Target for Indicator	Achieved to date
Prevention			
Prevention Sub Area 7: Prevention w/Positives	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	500	1103
Prevention Sub Area 8: Sexual and other Risk Prevention	P8.1.D Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	13680	19770
Prevention Sub Area 8: Sexual and other Risk Prevention	H2.2D Number of community health and Para-social workers who successfully completed a pre-service training program		
	OVC care support services	80	184
	Sexual Prevention AB	80	184
	Sexual Prevention ABC	80	184
	Total	240	552
	P8.2.D Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required (subset of P8.1.D)	9820	13059
Care			
Care Sub Area 1: "Umbrella" Care Indicators	C1.1.D Number of eligible adults and children provided with a minimum of one care service		
	Male	2793	5293
	Female	2907	6057
	<18 years old	4000	8212
	18+ years old	1700	3138
	C5.0D0 Number of eligible children (OVC) provided services in 3 or more OVC Core Programme Areas (CPAs) beyond psychosocial / spiritual support during the reporting period		
	Male	1987	3868
	Female	2153	3968
	<18 years old	3500	6721
	18+ years old	640	1113

Care Sub Area 5: Support Care	C5.1.D Number of eligible clients who received food and/or other nutrition services		
	<18 years old	800	808
	18+ years old	200	390
	Pregnant/lactating women	23	78
Care Sub Area 1: "Umbrella" Care Indicators	C5.0.D1 Number of eligible children (OVC) provided services in 1 or 2 OVC Core Programme Areas (CPAs) during the reporting period		
	<5 years old	500	1280
	Male	240	604
	Female	260	676
	18+ years old	1080	1139
	Male	509	558
	Female	571	581
	C.5.0.D2 Number of OVC caregivers trained in comprehensive HIV management	800	800
Care Sub Area 2: Clinical Care	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service		
	Male	240	448
	Female	260	747
	<18 years old	200	309
	18+ years old	300	886
	Pregnant/lactating women	23	91

Project Implementation

For many of the project activities discussed below, results of the final project evaluation (conducted in Spring 2012) are also included. These data are pulled from self-reported responses to a comprehensive survey of household and child well-being administered to primary caregivers. The survey was administered at baseline in 2009 and again annually in FY 2010, FY 2011 and FY 2012.

SO1: Comprehensive Services and Compassionate Care to OVC

a. Education

In both countries, FXB subsidized expenses related to OVC education (i.e. fees, tuition, supplies, and uniforms for primary, secondary, and vocational school) for children in all project households. From enrollment to March 2010, the project met 100% of education costs. Starting in April 2011, FXB covered 75% of costs and caregivers contributed 25%. The following year, FXB and caregivers split costs at 50%. As of the project's conclusion in 2012, households are expected to meet education costs on their own – leveraging new sources of income and financial support moving forward.

In Rwanda, over three years, FXB provided 2,552 primary, 870 secondary, and 313 vocational students with all necessary scholastic fees, supplies, and uniforms. In Uganda, FXB provided 2,494 primary, 397 secondary, and 283 vocational students with fees, scholastic supplies, and uniforms. Staff in both countries monitored student attendance and performance. Project staff also helped vocational school graduates to find employment or community-based

apprenticeship opportunities. To catalyze their professions, graduates received start-up kits (applicable tools such as sewing machines, carpentry tools, etc.).

In providing theses services, FXB partnered with the Ministries of Education of Rwanda and Uganda, as well as public schools and vocational centers. In Rwanda, FXB also collaborated with *Vision Jeunesse*, which provides literacy support. Additional partners in Uganda included local artisans, District Education Officers, local School Management Committees, and Parent-Teacher Associations.

Notable results from Annual Household Surveys (Baseline and Endline):

- **8%** of households reported that they had adequate school supplies for all children at baseline; that proportion has increased to **97%** at the end of the project
- **42%** of households reported at baseline that some of their children could not attend school due to lack of financial means; at endline, less than 5% report this

b. Health, Medical & Sanitation Support

A primary focus of the project was to improve children and their caregivers' health status, enabling them to prevent illness (particularly HIV infection, malaria and respiratory tract infections) and to access treatment if illness occurs. Special attention was given to any children and adults who were HIV positive (person living with HIV/AIDS or PLHIV) or who showed symptoms of infection.

In Rwanda, FXB assisted all family members in project households to enroll in the community health insurance scheme, known as the mutuelle de santé. The project subsidized the annual costs of the insurance, referred individuals for care as needed, and provided support for any non-covered conditions. It also facilitated access to other government health resources, including deworming treatments, insecticide-treated mosquito nets, basic medications, and anti-retroviral therapy (ART).

In Uganda, where the health infrastructure is not as strong, the project implemented weekly mobile clinics staffed by nurses administering basic care to the project community. Follow up referrals and support were also provided. Project nurses conducted group health education trainings for households and, in Years 2 and 3, in the wider community. Nurses also provided on-going, individualized health counseling, e.g. for treatment adherence and family planning.

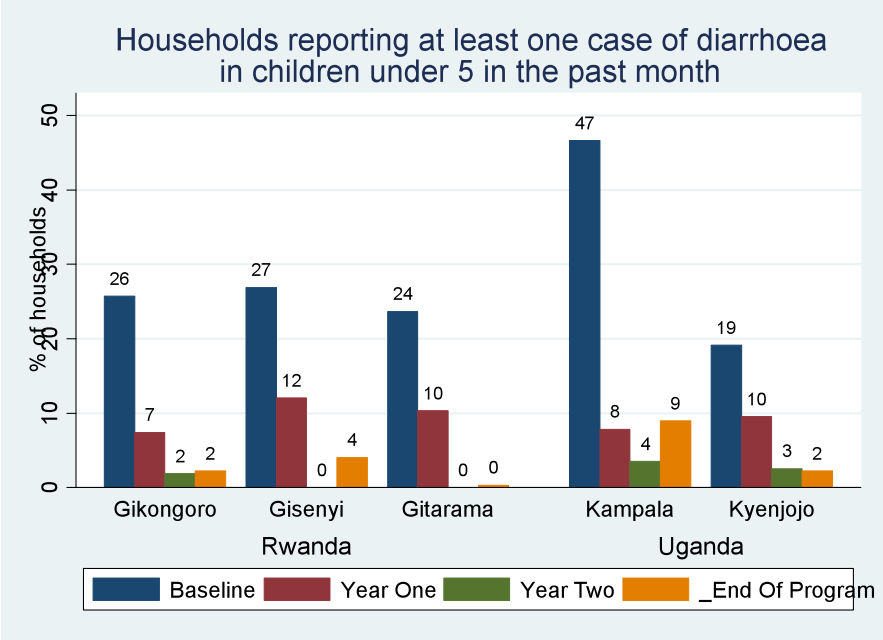
In both countries, the project conducted monthly health and hygiene education sessions in 24 FXB-Village communities. During these meetings, FXB nurse counselors provided information on prevalent diseases and emphasized good hygiene. In total, FXB conducted 359 group health education sessions for project households in the 24 project communities. Nurses in both countries conducted household monitoring visits to assess the health of each family member and ensure hygienic behaviors were adopted.

Project participants were also encouraged to construct ventilated improved pit latrines (VIP), external showers, handwashing stations, and external kitchens with ventilated, efficient stoves. More than 5,700 malaria nets were distributed to project households. Dozens of bore hole and pipe wells were constructed in partnership with community volunteers. In Uganda, water use commitees were established by FXB and trained in the use and maintenance of the new water sources. In collaboration with PSI/Rwanda, households in Rubavu District in Rwanda received

training and and water purification materials, and more than 400,000 water filters were provided to project families in Uganda in partnership with Procter and Gamble's Children's Safe Drinking Water Initiative.

FXB supported at least 1,276 PLHIV (adults and children) over the life of the project. Nurses monitored treatment adherence as applicable, ensured that individuals' CD4 counts were measured regularly (as set by national policies), and tracked overall nutrition and health. Although FXB did not directly provide treatment or testing services to PLHIV, staff worked closely with partners to ensure access, services, and appropriate follow up (for example, routine CD4 count testing). In addition, in 282 families with HIV positive adults and/or children, FXB nurses closely monitored adherence, hygiene practices, water access, and nutrition. Finally, FXB made 170 referrals for prevention of mother to child transmission (PMTCT) services to pregnant women in the project and in the surrounding community.

This support to access services and improve hygiene and sanitation practices led to a decrease in illness in participating households. In particular, the number of cases of diarrhea in children under 5 (globally the second leading cause of death in this age group), saw statistically significant reductions. In the slums of Kampala, regularly affected by flooding, nearly half of all households at baseline reported cases of diarrhea in children under 5 in the past month. This had dropped to 9% by the end of the program, with other districts seeing prevalence rates drop to less than 2%.



FXB worked closely with existing health resources (government- and privately-run clinics and hospitals) in all project communities to avoid duplication of services and ensure that access to health care is sustainable. These partners include: in Uganda, the Baylor College of Medicine-Mulago, the Joint Clinic Research Center (JCRC), Nurture Africa (previously A-Z Children's Charity), the AIDS Support Organization (TASO), the Infectious Disease Institute-Mulago, Namungoona Orthodox Mission Hospital, and Kyenjojo Health Center IV, PACE, and PSI; and in Rwanda, the Ministry of Health, local, government-managed clinics and hospitals, and PSI.

Notable results from Project Monitoring & Annual Household Surveys (Baseline and Endline):

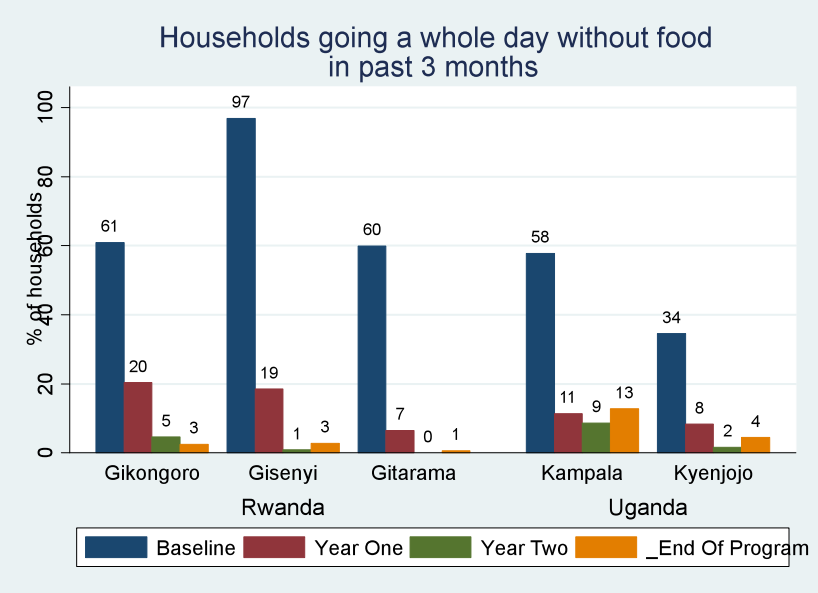
- **10,914** individuals supported by mobile clinics in Uganda and **6,874** individuals enrolled in community health insurance in Rwanda
- **6,548** children and **4,366** adults treated for malaria
- **620** health and HIV-related referrals were made in Uganda and **11,043** in Rwanda
- **84** wells and **1,225** ventilated stoves constructed
- **99%** of households report that they have access to health care and 97% report that all members sleep under insecticide-treated nets
- **96%** of households report using a ventilated stove

c. Nutritional Support

To address malnutrition and food insecurity FXB provided food to 1,920 households for the first nine months of the project and continued to monitor the nutritional status of participants, especially young children and PLHIV, throughout. The food provided was generally flour and/or cornmeal, sugar, beans, dried fish, and vegetable oil. About 480 individuals (PLHIV or members of child-headed households) received additional food support, usually dairy products and fruit to promote good health. Nurses provided nutrition education for all enrolled families, including cooking tips and advice on providing a balanced diet to all household members.

In rural communities, FXB provided households with raw materials and training to start small kitchen gardens, as a complementary source of food for the household and possibly also income. Project nurses also conducted bi-weekly home visits to deliver targeted family health advice and to monitor nutritional status of family members.

All project districts except Kampala showed a statistically significant decrease in malnourished children over the course of the program, with Gisenyi in Rwanda showing the greatest improvement, reducing the prevalence of underweight children to 9% (from 46% at baseline). Adherence to balanced diets remained a challenge in the slums of Kampala, due to soaring inflation and the inability to produce any of their own food (lack of space and regular flooding).



Notable results from Annual Household Surveys:

- The average percentage of households who report eating three meals daily has increased from **20%** at baseline to **87%**
- **99%** of households consume two or more meals daily
- **1,974** kitchen gardens thriving
- **86%** of rural households reported growing most of their food at home

d. Child Rights

FXB conducted quarterly child protection awareness sessions in Rwanda and Uganda to train community peer educators on child protection issues and to liase with local authorities to protect children's rights. In total, FXB trained 41,931 caregivers, teachers, community members, local authorities and children and young people from project communities in both countries.

These sessions prompted many caregivers to safeguard their children's legal rights. FXB staff helped to coordinate 3,440 birth registrations and 562 marriage registrations in both countries. FXB also provided legal guidance, referrals, and support to project participants (adults and children) in 53 cases of child abuse, neglect, or violence. To foster sustainable community child protection resources, the project helped communites to form 62 child protection committees in Rwanda and 71 village/parish orphan committees and clubs in Uganda.

Child participation and peer support were critical aspects of FXB's work in this area. To enhance child participation in local clubs and networks, FXB Uganda trained members of 48 child protection school clubs on a leadership training program developed by Creative Commons, Olive Leaf Foundation, and REPSSI. Seven FXB staff participated in a structured learning visit to Health Alert-Gulu in Uganda to build skills in implementing community child participation models – especially among children living with HIV/AIDS.

FXB also partnered with local probation officers, parent-teacher committees, police officers, family welfare services, and local authorities and councils in both countries. Child protection activities were informed by the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child, and harmonized with national laws. In addition, FXB in Uganda worked closely with Ministry of Gender, Labor and Community Development and National Council for Children, as well as with UNICEF, the African Network for the Prevention and Protection against Child Abuse and Neglect, Nurture Africa, Raising Voices, Child's i Foundation, and Bantwana Initiative.

e. Psychosocial Support

Caregivers' (and other household members') emotional well-being was often closely linked to their ability to benefit from the project. Over the course of the project, nurses conducted group and individual sessions to provide psychosocial support and counseling. This helped to reduce feelings of isolation and the fear of being stigmatized due to poverty and/or HIV status. Counseling sessions were conducted during home visits, during regular group meetings, and through drop-in hours in the local community office. During the three year project, 12,161 children and adults participated in counseling sessions through the project.

In addition, some caregivers were assisted to create memory books for their children as a means of sharing and preserving family stories, traditions, and photos. In total, 290 memory books were created between 2009 and 2012.

Notable results from Annual Household Surveys (Baseline and Endline):

- The proportion of HIV positive primary caregivers who report being treated differently or stigmatized as a result of their status decreased significantly over the project
- **98%** of caregivers report having a confidant or someone to whom they can talk

SO1: Strengthen Family, Community and Government Systems

a. Income Generating Activity (IGA) and Livelihood Training for Caregivers of OVC

During the course of the project, FXB assisted each of the 1,920 project households to start and expand a small business (known as an income-generating activity or IGA) by providing in-kind resources, training, and on-going support and supervision. After Year 1, FXB provided additional capital grants to encourage IGA growth or diversification and also helped households to form small groups of 10 members to pursue saving and lending circles and shared commercial enterprises (or group IGA).

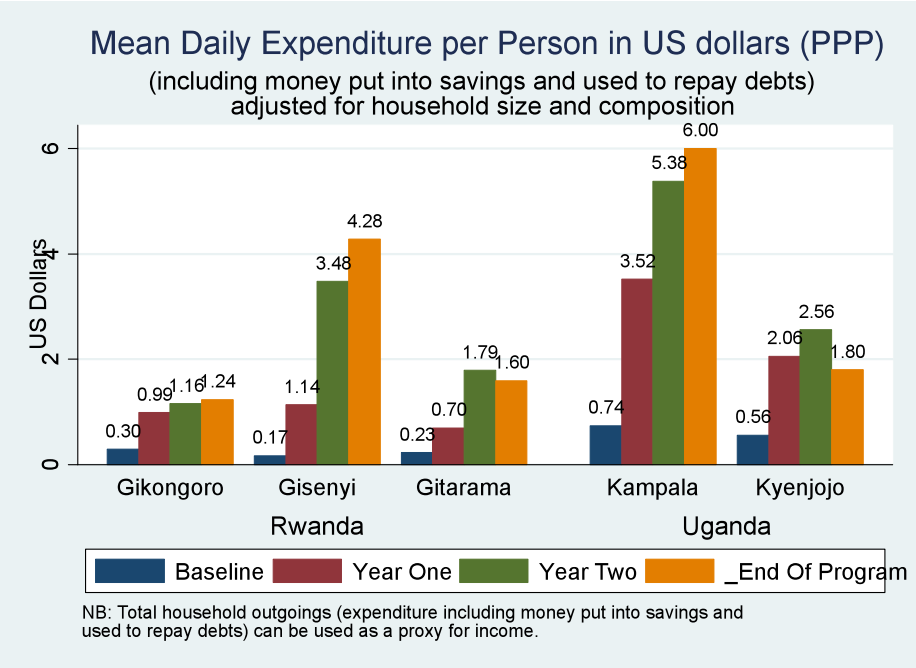
As of the project's conclusion, all households were pursuing one or more IGA and are generally able to meet basic needs, improve living conditions, fund their children's medical and school costs, and put aside savings. Agriculture, animal-rearing, and commercial endeavors were the most common activities. In total, 2,629 household IGA and 294 group enterprises were developed over the life of the project. Of the groups, 14 have recently registered as official cooperatives.

Throughout the project, social workers and logisticians organized in-home and monthly group trainings to build participants' skills in basic financial management, budgeting, and credit and facilitate informal lending process in each group. Over three years, 810 households in Rwanda successfully received small loans from formal micro-finance insitutions in local districts.

Many households invested their IGA income in new assets, such as land, homes, equipment (e.g. cell phones or improved seeds) and furniture. In all districts, there was a statistically signficant increase in asset ownership (beds, clothing, blankets, cell phones and radios) and rural households also had statistically significant increases in livestock over the course of the project.

At baseline, the average daily income per person (using household expenditures as a proxy) in participating households was approximately $0.23 in Rwanda and $0.65 in Uganda. By the end of the program, this had increased to an average of $2.39 in Rwanda and $3.90 in Uganda.

To build capacity of both staff and group members in household financial management skills, FXB in Uganda worked closely with Saving and Internal Lending Communities (SILC), HOFOKAM and BRAC in Kyenjojo as well as Centenary Rural Development Bank and Uganda Micro-Credit Limited in Kampala. FXB in Rwanda worked with micro-credit institutions such as CAF Isonga, Réseau Interdiocésain de Microfinance, Coopec Intarutwa, SACCO, and Banque Populaire. FXB Rwanda also partnered with the Bureau d'Appui aux Initiatives Rurales, which concentrates on agricultural development, specifically organic farming.



Notable results from Annual Household Surveys:

- **90%** of primary caregivers report receiving training in micro-credit
- **88%** of households report being able to save in a typical month, up from less than **15%** at baseline
- The number of caregivers reporting that they have someone who can lend them money if needed increased from 30% at baseline to over 93% at the end of the project

SO2: Increase Fidelity, Enable Abstinence and Be Faithful; Increase Recognition of Factors Increasing Vulnerability to HIV

To prevent the spread of HIV in project communities, the project conducted prevention and awareness trainings and facilitated access to voluntary counseling and testing (VCT). Family planning and sexual and reproductive health (SRH) counseling was offered in individual and couple settings. The project also trained youth peer educators to work through their schools and with peers to educate them about HIV and SRH. Over the life of the project, FXB reached more than 58,000 individuals in Rwanda and Uganda with appropriate HIV prevention and SRH messages during comprehensive training sessions.

Many outreach activities were organized in concert with local youth HIV prevention clubs (150 clubs in total) fostered by the project. Outreach encompassed messages on dignity and self-worth, individual rights, the importance of abstinence and delaying sexual debut, and the development of skills to practice abstinence and healthy behaviors. FXB also trained hundreds of young people as peer educators.

In the context of HIV prevention, FXB in Rwanda collaborated closely with CARE International, TROCARE, local health clinics and hospitals, and with the Treatment and Research AIDS Center (TRAC). In Uganda, FXB partnered with JCRC, the AIDS Information Centre, Reproductive Health – Uganda, and the AIDS Support Organization (TASO).

SO2: Increase Recruitment and Access to Counseling and Testing

Project staff encouraged all project participants, adults and children as appropriate, to be tested for HIV. FXB also organized outreach services at fixed community sites, such as schools, recreational centers, and the FXB community centers, to create a 'safe' space where children and adults could access VCT information and be assured of confidentiality. Over the course of the program, almost all members in participating households (including 100% of primary

caregivers) took part in voluntary counseling and testing to discover their HIV status. In total, 30,165 individuals accessed VCT with support from the project.

About 17% of households in Rwanda and 33% of households in Uganda had adults or children who were HIV positive. The project created post-test clubs for participants to meet and share their experiences, irrespective of the result of their test. Often friends and relatives of those living with HIV (who weren't HIV positive themselves) would also participate.

HIV positive individuals were referred to treatment outlets including the Baylor College of Medicine/Mulago, Joint Clinic Research Center (JCRC), The AIDS Support Organization (TASO), the Infectious Disease Institute - Mulago, Namungoona Orthodox Mission hospital, and Kyenjojo Health Center IV.

Notable results from Annual Household Surveys:

- **100%** of primary caregivers report having been tested for HIV
- Although consistent condom use remains infrequent, of primary caregivers who identified condoms as their primary family planning method and also reported ever using condoms for family planning or other purposes, the average number of caregivers who reported that they ALWAYS used condoms has increased from less than 2% at baseline to more than 7%

Monitoring and Evaluation

With significant support from USAID and NuPITA, FXB through the NPI project developed a comprehensive monitoring and evaluation (M & E) system for the NPI Project. This included an annual survey of household well-being, a set of harmonized monitoring tools, a project activity and monitoring database and qualitative interviews.

The new household questionnaire, which will be used in future OVC programs across many other countries, includes more than 100 indicators, to assess the well-being of all household members across project domains (e.g. economic capacity, health, water and sanitation). During the NPI project, the questionnaire was administered to project households annually by project staff. Tables illustrating changes in these indicators over the life of the project are presented above as a means of illustrating the progress vulnerable households made during the project.

In Spring 2012, FXB collected endline survey data from all participating households and conducted about a dozen focus group discussions with project stakeholders (including adult and child participants, PLHIV, community leaders, government partners and other stakeholders).

Other Issues

Sustainability and Transition

The project was designed to build household capacity and community resources in a sustainable fashion. Over the life of the project, FXB led participants from reliance on a full package of support, to skills-building with subsidized support, and finally to a state of financial autonomy. This ensures that participants possess the resources and capacity to meet their own needs and maintain their well-being in the long-term. From the first year, project participants were aware that FXB's material support would soon conclude and that they (the participants)

would be independent, albeit with continued access to resources and networks in their community.

To ensure this process was successful, FXB introduced full subsidies of health, nutrition, and education services in the project's first year and then gradually reduced those subsidies in the second and third year. Project households, in turn, leveraged new sources of income and increased savings rates to meet these expenses independently. FXB also developed extensive district-level referral networks in both countries to ensure continued participant access to resources once the project concluded. The final months of project implementation were devoted to preparing households for the transition, through group and individual meetings, counseling sessions, and consolidation of IGA-related activities. In Rwanda, all 14 project communities participated in graduation celebrations alongside neighbors and community partners.

From the standpoint of organizational sustainability, the experience implementing this NPI project and the capacity-building investments made in partnership with NuPITA have strengthened FXB significantly. Both FXB field offices in Rwanda and Uganda are now independent local entities with local boards and systems. In Uganda, FXB received a sub-award to implement follow-on OVC activities in Kampala through the USAID SCORE project and is pursuing a second USAID opportunity around health advocacy in partnership with NOPE-Kenya, JSI, Matibabu Foundation Kenya, and the Straight Talk Foundation. FXB Rwanda was recently awarded a USD 2.1 million dollar grant from USAID Rwanda to implement OVC programs across 14 districts.

Coordination with Government and Local Partners

In Rwanda, FXB leveraged its role on the Joint Action Forum, a civil society forum that advises the Government of Rwanda on HIV/AIDS issues, to introduce formal referral frameworks and encourage uptake by other parties. In addition, FXB in Rwanda continued to work closely with the Government of Rwanda via local Ministry of Local Government and Social Affairs offices, the District AIDS Control Committees, national health centers and hospitals, and with USAID mission staff. FXB also collaborated with NGO partners CARE, CHF International, and Save the Children.

In Uganda, FXB remains a member of the Civil Society Service Providers (CSO) coalition, which coordinates services for HIV-affected children in all applicable districts. FXB also served on District OVC and Technical Planning Committees attended quarterly meetings to report on progress and share work plans. In addition, FXB Uganda worked with counterparts at the USAID mission, the CDC, and with NGO implementing partners, including Bantwana, ICOBI, AVSI, PSI, and Procter & Gamble. Recently, FXB Uganda signed memoranda of understanding with Reproductive Health – Uganda and with the Straight Talk Foundation to collaborate on HIV prevention and SRH messaging. The team also networked with SDS/USAID program in Kyenjojo to enhance the USAID Country Development Cooperation Strategy (CDCS) and, as part of the OVC technical working group, participated in the development of the national vulnerability index for OVC. FXB Uganda also participated in national OVC coordination meetings and child protection technical trainings organized by the Ugandan Ministry of Gender, Labor and Community Development, and worked with a group of international NGOs to collaborate on national HIV programming.

Organizational Development

FXB received technical and capacity-building assistance from John Snow, Inc (JSI) as a part of the NPI project, through a program known as New Partners Initiative Technical Assistance

(NuPITA). The support included numerous trainings and conferences, on-going support and guidance from NuPITA technical advisors, and self-reviewed annual organizational capacity and technical capacity assessments in all project offices.

With NuPITA's guidance, FXB implemented the revised FXB-Village M & E strategy discussed above (and then rolled it out to other countries and programs). It also overhauled many administrative and financial systems to improve decision-making and ensure compliance. Finally, management systems and policies and procedures in project field offices in both Uganda and Rwanda were strengthened to such an extent that the offices, formerly part of the larger international organization, successfully created autonomous local entities in both countries.

The specific trainings and workshops coordinated by NuPITA and attended by FXB staff are too numerous to list. However, notable training and skills-building opportunities included: team-building and strategic planning, work planning and budgeting, resource mobilization, HIV/AIDS prevention latest science and best practices, early childhood development, and several learning visits to partners and peers. Technical advisors in the areas of M & E and finance and administration played key roles in the development of new policies and procedures, particularly in the Kampala and Kigali program offices.

Success Stories

From Sorrow to Joy: Dancille's Story, Rubavu District, Rwanda
"My name is Dancille. I am a widower of 48 years old with 5 children. I'm HIV positive. When I was tested positive, I thought that it is the end of my life, I started living in a hopeless condition. The society rejected me, and I didn't want to go out and meet others. I have a daughter of 10 years old who is HIV positive too.

"Before the FXB/NPI and USAID project, my family used not to eat in the evening or we used to eat once a day with little food. I had a child in secondary school and 2 children in primary school and it was difficult to find school fees, uniforms and school materials for them. My daughter dropped out of primary school. I lived in a narrow house with one room, covered by sheeting. There was not enough space for all my children to sleep. During the night, the children used to sleep at the neighbors'.

Dancille's House, 2009 (Photo: FXB Staff)

"Fortunately, on a "day of miracles," the local leaders invited me to a meeting. It was a meeting to select and enroll vulnerable families [in the new FXB NPI project supported by USAID]. You know, everybody knew my vulnerability, so I was chosen as one of the beneficiaries.

"The workers of FXB started to provide me counseling and various social support including food, hygiene supplies (soaps, basins, jerry cans), and other materials such as hoes, mosquito nets, bedcovers, and shoes for my children. In addition, my children got school fees, uniforms and school

materials. One of my eldest has now forward to receiving a job as well. My daughter who dropped out of school went to study in the vocational training center.

“Through FXB, I am now part of a local group, we share life and ideas together. My child and I have been advised to take anti-retroviral drugs, we take them and now we feel happy and we hope to live a long time. I didn’t know how to prepare balanced diet and to drink pure water but now I know it. My children and I used to suffer from malaria but FXB gave me mosquito nets and taught how to use them so now we don’t feel ill any more, even though all my family has medical insurance.

“I used to work cultivating another person’s land, and I didn’t even gain one dollar per day but now FXB gave some money and taught me how to use it. Today, I rent the fields to harvest beans. So I don’t work for others but work for myself. I am also breeding a good pig brought to me by this project. FXB taught me how to save my money in the bank. The other beneficiaries helped me to build a toilet and a shower; they also helped me to expand my house by making bricks together. FXB helped me to have sheet metal to cover my house built by my neighbors. In fact, today I am in joyful moment because we eat three meals a day.

Thanks to FXB and to USAID for caring for my family and helping make me alive when before I considered that I was dead. Now, I am helping those who are in a similar, vulnerable situation by passing along the advice I received from FXB.

Dancille’s house, today (Photo: FXB Staff)

Resty's Story: Resty, Kyenjojo District, Uganda

Resty is a 41 year old HIV-positive woman in Buhisi village, in Kyenjojo district of Western Uganda. Her family includes herself, 10 children, and 1 adult dependent. In 2004, Resty lost her husband to AIDS. The loss of her husband and Resty's own ill health meant she could not ably support her children. As a result, 4 children were forced to drop out of school in order to help nurse and care for Resty and to provide labor in the family's gardens.

Resty notes, "With accumulating medical bills, I had no option, but to involve my little children in digging to help earn income. However, there was always not much left to meet household needs".

Resty and children in their garden (Photo: FXB Staff)

In 2009, Resty and her family were enrolled in the USAID/FXB project through Ruhoko FXB-Village. The USAID/FXB project re-enrolled all 8 of Resty's school-aged children in school and continuously monitored their performance and attendance. Resty was also helped to carry out a CD4 cell count test, which enabled her to enroll on ART.

Through the project, Resty received capital in the form of 2 new goats and and income generating activity management skills. Over the last three years, those 2 goats have become 9. Resty was also able to diversify this activity and invest in a business selling pancakes for additional income. While she continues to grow a variety of food crops (cassava, groundnuts, sweet potatoes, beans, yams and bananas) on her acre of land for her family's use and to sell at local markets, her children no longer have to labor in the fields, except as a part of their after-school household chores.

In fact, through the FXB child protection clubs in the community, 3 of Resty's children were introduced to the Junior Farmer Field schools program. This instigated in them a passion for practicing agriculture. Today, thanks to USAID and the FXB NPI Project, Resty can rest assured that even in times of sickness, she and her family have the skills and agricultural resources they need to provide for themselves.