

July 30, 2015

Martin Fischer  
Agreement Officer, USAID

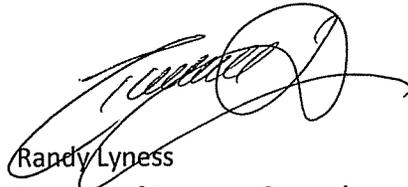
Subject: Quarterly Report for Cooperative Agreement No. AID 696-A-15-00002—Rwanda Improved Services for Vulnerable Populations (ISVP)

Mr. Fischer,

On behalf of Global Communities I am pleased to submit our quarterly report for the above mentioned agreement. This report summarizes activities undertaken from April 1, 2015 – June 30, 2015.

Please do not hesitate to contact me or our Chief of Party, Milton Funes, should you have any questions.

Sincerely,



Randy Lyness  
Director of Program Operations  
International Operations

Cc: Eron Niyonsaba, AOR, USAID/Rwanda  
Milton Funes, Chief of Party, ISVP Program & Country Director, Global Communities/Rwanda

# Q3 FY15 Quarterly Report

**Program Name:** Improved Services for Vulnerable Populations (ISVP)  
USAID/Twiyubake Program (local name in Rwanda)

**Country:** Rwanda

**Donor:** USAID/PEPFAR

**Award Number:** AID-696-A-15-00002

**Reporting Period:** April 1<sup>st</sup> to June 30<sup>th</sup>, 2015

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<b>Name of Project</b>	<b>Improved Services for Vulnerable Populations (ISVP)</b> <i>(known locally as the USAID/Twiyubake Program)</i>
<b>Country and regions</b>	Rwanda, Africa
<b>Donor</b>	USAID/PEPFAR
<b>Award number/symbol</b>	AID-696-A-15-00002
<b>Start and end date of project</b>	February 23, 2015 – February 22, 2020
<b>Total estimated federal funding</b>	\$36,997,332 million USD (funding from USAID/PEPFAR)
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# List of Acronyms

AEE	African Evangelical Enterprise
AIDS	Acquired Immune Deficiency Syndrome
CDC	Center for Disease Control
COP	Chief of Party
CSO	Civil Society Organization
DCOP	Deputy Chief of Party
ECD	Early Childhood Development
FP	Family Planning
FXB	Francois Xavier Bagnoud
GBV	Gender-Based Violence
GOR	Government of Rwanda
HIV	Human Immunodeficiency Virus
ISVP	Improved Services for Vulnerable Populations
LOP	Life of Program
M&E	Monitoring and Evaluation
MERL	Monitoring, Evaluation, Research and Learning
MIGEPROF	Ministry of Gender and Family Promotion
MIS	Management Information System
MOU	Memorandum of Understanding
MVC	Most Vulnerable Children
NGO	Non-Governmental Organization
NYBE	Nine Year Basic Education
OVC	Orphans and Other Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PIH	Partners In Health
PLHA	People Living with HIV/AIDS
PMP	Performance Monitoring Plan
RBC	Rwanda Biomedical Center
RCT	Randomized Control Trial
RFA	Request for Applications
RFP	Request for Proposals
USAID	United States Agency for International Development
USG	United States Government

# Program Overview

On February 23 2015, USAID/PEPFAR awarded Global Communities Cooperative Agreement AID-696-A-15-00002 to implement the Rwanda Improved Services for Vulnerable Populations (ISVP) Program.

Known locally as the **USAID/Twiyubake<sup>1</sup> Program**, the ISVP Program aims to improve the protection of at least 50,000 vulnerable populations from adverse circumstances in 15 target districts of Rwanda. This work reduces the risk and impact of health conditions like HIV/AIDS on vulnerable populations. Vulnerable populations are defined as people living with HIV, orphans and other vulnerable children (OVC) and members of the household caring for these groups, very poor households (especially female- and widow-headed households), and out of school young people, especially girls. The Twiyubake Program helps these vulnerable groups gain access to health and social services that enable them to live productive lives. Program activities build upon USAID support to the Government of Rwanda (GOR) and civil society partners.

## Program Objective

The goal of the project is to identify and assist 250,000 vulnerable children, youth, and adults by:

- **Increasing capacities of families and communities to provide better care for vulnerable individuals:** the program will address the vulnerabilities of households and communities, including those affected by HIV and AIDS by stabilizing household assets, improving nutrition and food security, generating income, and fostering market linkages.
- **Improving household and community care and support practices for vulnerable populations, especially children:** the program will improve care practices in families with OVCs and other vulnerable family members and address behavioral barriers to effective care and support practices.
- **Increasing access to education and social services for vulnerable populations:** the program will assist vulnerable families in accessing the social and educational services necessary for improved health and wellbeing, including Early Childhood Development (ECD) programs, diverse educational opportunities (most importantly the GOR Nine Year Basic Education (NYBE<sup>2</sup>), vocational skills training (especially for those who are out of school), parenting support, child protection services, and prevention of gender-based violence (GBV).

## Program Consortium

Global Communities has selected three international partners to complement the training and capacity building of local partners in various areas:

- **The AVSI Foundation** will provide household and family strengthening services including child protection and youth work readiness.
- **Plan International USA** will focus on inclusive, quality education in ECD, gender mainstreaming including strengthening male involvement, and combating GBV.
- **Partners In Health (PIH)** will build on their experience in the Rwandan health sector and provide capacity building to local partners. PIH will also work with households to deliver high quality healthcare, and promote clinical-community linkages as well as social, nutritional, and economic support for clinical expertise and linkages.

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<sup>1</sup> Twiyubake is a Kinyarwanda word for building and enhancing self-resilience. This term also emphasizes togetherness and mutual support to achieve sustainable wellbeing.

<sup>2</sup> NYBE refers to the government policy to provide nine years of free and compulsory education for all Rwandan children. This includes six years of primary school and the first three years of secondary school.

# Key Achievements this Quarter

## Official launch of the Twiyubake program

The Twiyubake program was officially launched on June 29<sup>th</sup> 2015. A reception hosted by the United States Embassy was widely attended by representatives from partners and stakeholders including key government entities, the private sector, USAID mission, local government officials, international and local NGOs, and the media. Highlights of the event included welcoming remarks given by the United States Ambassador to Rwanda, an introduction to the program by the Global Communities country director, and remarks by the event's guest of honor, the Minister of Gender and Family Promotion. The Minister noted in her remarks that the program choices of intervention address the government's most binding constraints to the growth and prosperity of vulnerable families, and that the project directly responds to key issues in national family policy.

## Development and submission of the workplan and M&E plan

In compliance with cooperative agreement requirements, the program developed two key documents during this reporting period:

- **Annual workplan** – A detailed programmatic workplan was developed, covering February 2015 to September 2016. This was done in partnership with the consortium. USAID provided comments on the first draft which were addressed along with comments provided by the Ministry of Gender and Family Promotion (MIGEPROF) and the National Commission for Children (NCC). The workplan has been resubmitted to USAID for approval.
- **Monitoring and evaluation (M&E) plan** – The M&E plan was developed and submitted to USAID for review. This plan details the monitoring, evaluation, and data quality systems to be developed and utilized over the life of the program (LOP), and describes the key program indicators and targets.

## OVC partners' meeting

On May 21<sup>st</sup> 2015, the program team attended an OVC partners' meeting organized by Rwanda Biomedical Center (RBC). OVC implementing partners included African Evangelical Enterprise (AEE), Caritas Rwanda, FXB (Francois Xavier Bagnoud) and FHI 360, each of whom presented their programs' activities, achievements, and challenges. The program team introduced and presented the newly awarded USAID Twiyubake Program and its planned activities. Recommendations to the implementing partners included:

- Better coordination to prevent duplication when reporting on beneficiaries; and
- Regular meetings led by RBC and the NCC to update partners on progress, challenges, and best practices.

## Meeting with MIGEPROF senior officials

On Friday June 12<sup>th</sup> and Monday June 15<sup>th</sup> 2015, the program team met with the Permanent Secretary (PS) and the Minister of MIGEPROF. The two meetings served to introduce Twiyubake to the PS and Minister, as the ministry will be directly responsible for supporting and monitoring the program. Both the PS and the Minister appreciated the program presentation and commended the results and impact of Twiyubake's preceding program, USAID/Higa Ubeho. They recommended greater program prioritization of ECD and adolescent girl initiatives, as these areas are important to the GOR in its strategy to support vulnerable populations. Both the PS and the Minister are committed to supporting Twiyubake program implementation and to closely following the program activities. It was suggested by the Minister that a Memorandum of Understanding (MOU) be signed between MIGEPROF and Global Communities in order to solidify partnership and clarify the expectations between the two organizations. Accordingly, this MOU has been drafted and signed by both organizations.

## **Beneficiary selection planning meetings with OVC partners**

Twiyubake continues to lead meetings with key OVC stakeholders including USAID OVC implementation partners, RBC, the NCC, MIGEPROF, USAID, and the Center for Disease Control (CDC) to develop guidelines and criteria for the selection of program beneficiaries. With the goal of harmonizing approaches and improving quality and efficiency, a team of representatives from these organizations is developing and validating key documents to clarify the criteria and selection process for identifying and enrolling vulnerable children and families into programs such as ISVP.

## **Supporting the planning for an external impact evaluation**

USAID has contracted MEASURE Evaluation to lead a Randomized Control Trial (RCT) to assess the impact of the ISVP program. The Twiyubake team has worked closely with USAID and MEASURE to ensure that program implementation plan is in line with the data collection requirements for a rigorous impact evaluation. Global Communities participated in a series of conference calls and also met with MEASURE and USAID in-country to discuss the evaluation modalities and how best to adapt program roll out to facilitate the evaluation.

## **Participation in meeting on compliance with U.S. Abortion and Family Planning (FP) Requirements**

On June 18<sup>th</sup> 2015, the program team attended a meeting on US Abortion and FP Requirements where participants had the opportunity to learn about changes in Rwandan law regarding abortion and how it may affect compliance. As USAID-funded projects are not allowed to support funding related to abortion, it is necessary to raise awareness among concerned stakeholders about this issue. The program will comply with USAID requirements and ensure that all local Civil Society Organization (CSO) partners are aware and comply accordingly. This will include encouraging staff to take the e-learning course on U.S. abortion and FP legislation and policy requirements at [www.globalhealthlearning.org](http://www.globalhealthlearning.org).

## **Recruitment of program personnel**

Recruitment has been completed for the majority (90%) of technical and administrative positions; this includes personnel hired through consortium partners and embedded at Global Communities. Recruitment is ongoing for the remaining positions and the program expects to fill all positions by the end of July 2015.

## **Staff trainings**

Program staff benefited from three key trainings:

- A three-day training on finance and procurement (led by a consultant hired by Global Communities headquarters) for staff at all levels of the organization;
- A two-day training on new 2015 USAID and CDC rules and regulations; and
- A one-day training for USAID implementers on gender and sexual diversity organized by PEPFAR.

## **Signing of sub award agreements with three international partners**

In June 2015, Global Communities officially signed sub award agreements with three international partners that form part of the Twiyubake program consortium. The recipients and duration of the sub awards are as follows:

The AVSI Foundation (April 2015 – April 2018)

Plan International (April 2015 – April 2018)

PIH (April 2015 – December 2019)

# Challenges

## **Delay in finalizing program geographic coverage**

In this reporting period, the donor notified the program team that USAID Twiyubake will be implemented in 12 priority<sup>3</sup> districts, instead of the initially planned 15 districts. These districts are: Burera, Gasabo, Gicumbi, Huye, Kamonyi, Karongi, Kayonza, Kicukiro, Musanze, Nyamasheke, Nyarugenge, and Rutsiro. Although the number of districts has been reduced, the number of sectors remains the same at 75. The delay has hindered the recruitment of local partner CSOs which will form part of the program consortium. The recruitment of CSOs and program beneficiaries will be prioritized in the coming quarter.

## Next Steps

The program has prioritized the following activities for Q4 FY15:

### **Finalization of the recruitment of local CSO partners and signing of agreements**

The program is currently in the process of recruiting local CSOs which will form part of the program consortium. The program intends to contract three Tier 1 CSOs; these are large CSOs with significant existing capacity and experience in direct implementation of USAID programs. In Q4, the program will launch a Request for Applications (RFA) for CSOs in this category and finalize the selection, recruitment, and signing of contracts. Regarding Tier 2 CSOs, the program has already launched a Request for Proposals (RFP) for CSOs in this category. Tier 2 CSOs are considered emerging CSOs which require a higher level of mentorship, technical capacity building, and organizational development support. The program has shortlisted applications for this category and will finalize selection, recruitment, and signing of sub awards in Q4.

### **Identification and recruitment of beneficiary households across the twelve program districts**

Following the signing of agreements with local CSOs and the assignment of districts and sectors, the program will work closely with local government officials in the identification and recruitment of beneficiary households. In line with the beneficiary selection process developed with OVC and clinical partners, beneficiary recruitment will primarily be based on the NCC Most Vulnerable Children (MVC) database and referrals from health facilities. The program aims to recruit 8,000 households by the end of fiscal year 2015.

### **Development of program M&E tools and systems**

In the coming quarter, the program, led by the Monitoring Evaluation Research and Learning (MERL) team, will continue to develop program M&E systems. Systems will include data collection protocols and forms to capture beneficiary and site level data, as well as training records. Additionally, the program will initiate the development of the Management Information System (MIS) program, a comprehensive web-based beneficiary database to capture data at the household and beneficiary levels, including demographic data, geographic location, and program services received. The program also plans to recruit a consultant to support the refinement of the Household Resiliency Index (HRI). This index will track the economic status of all participating households by measuring a set of economic and wellbeing indicators at point of intake, and reassessing annually to determine progress toward graduation.

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<sup>3</sup> Priority districts are identified by PEPFAR and based on HIV/AIDS prevalence rates.