



Improved Services for Vulnerable Populations (ISVP)/USAID Twiyubake Program FY16 Quarter 3 Report



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Improved Services for Vulnerable
Populations (ISVP)
USAID/Twiyubake Program

Quarterly Report

FY16 Q3

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DISCLAIMER

The views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Abbreviations and Acronyms

AEE	African Evangelical Enterprises
ASRHR	Adolescent Sexual and Reproductive Health and Rights
BCC	Behavior Change and Communication
BIAT	Bio-Intensive Agricultural Techniques
CBNP	Community Based Nutrition Program
CBV	Community Based Volunteer
CDC	Centers for Disease Control
CFI	Community Finance Initiative
CHW	Community Health Worker
CPTWG	Child Protection Technical Working Group
CSO	Civil Society Organization
DHS	Demographic and Health Survey
DPEM	District Plan for Elimination of Malnutrition
ECBM	Enhanced Capacity Building Model
ECD	Early Childhood Development
EPR	Église Presbytérienne au Rwanda
ES	Economic Strengthening
FFS	Farmer Field School
FGD	Focus Group Discussion
FP	Family Planning
FXB	François-Xavier Bagnoud
FY	Fiscal Year
GBV	Gender-Based Violence
GOR	Government of Rwanda
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
HVGA	Household Vulnerability and Graduation Assessment
IR	Intermediate Result
ISVP	Improved Services for Vulnerable Populations
IZU	Inshuti z'Umuryango
JADF	Joint Action Development Forum
LTFU	Lost To Follow Up
MERL	Monitoring, Evaluation, Research and Learning
MIGEPROF	Ministry of Gender and Family Promotion
MIS	Management Information System
MIYCN	Maternal Infant and Young Child Nutrition
MoH	Ministry of Health
MVC	Most Vulnerable Children

NCC	National Commission for Children
NGO	Non-Governmental Organization
NMG	Nutrition, Markets and Gender
NWC	National Women's Council
NYBE	Nine Year Basic Education
OVC	Orphans and Vulnerable Children
PDH	Positive Deviance/Hearth
PDI	Positive Deviant Inquiry
PEPFAR	President's Emergency Plan for AIDS Relief
PIH	Partners in Health
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public-Private Partnership
QRM	Quarterly Review Meeting
RBC	Rwanda Biomedical Center
RCT	Randomized Controlled Trial
RH	Reproductive Health
RPO	Rwanda Partner Organization
RRP+	Réseau Rwandais des Personnes vivant avec le VIH/SIDA
SAVIX	Savings Group Information Exchange
SDTWG	Skills Development Technical Working Group
SIMS	Site Improvement through Monitoring System
SRHR	Sexual and Reproductive Health and Rights
ToT	Training of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
UWA	Umugoroba w'Ababyeyi
VOP	Volunteer Opportunity Pathway
VUP	Vision Umurenge Program
WASH	Water, Sanitation and Hygiene
YFC	Youth Friendly Center
YWCA	Young Women's Christian Association

Executive Summary

Global Communities and its three international and six local partners have been implementing the USAID/Twiyubake Program since February 2015. This progress report summarizes the accomplishments of the program during Quarter 3 of the current fiscal year (FY16). In this reporting period, the program fully launched operations in all 12 program districts and established networks with key players and stakeholders in each district to expand access to services for vulnerable households.

The program expanded capacity building efforts for the six implementing partners, known as Rwanda Partner Organizations (RPOs), to improve their capacity to engage with local communities and stakeholders to support vulnerable households. As part of this process, RPOs completed the recruitment and training of community-based volunteers (CBVs) who are an important work force for the implementation of USAID/Twiyubake Program. This is an important step in the rollout of program services. The RPOs received training in several technical and program implementation areas and started to cascade these trainings to program-supported CBVs. Key trainings provided during this reporting period are listed below:

- Training of Trainers (ToT) for 17 RPO field officers in positive parenting and cascaded training of 681 caregivers on positive parenting and Early Childhood Development (ECD)
- Training of 120 individuals in the Community Based Nutrition Program (CBNP) and growth monitoring
- 66 community-based volunteers (CBVs) trained in Family Planning (FP)
- 734 CBVs trained in savings group methodology
- Training of 61 RPO officers, Peace Corps Volunteers and community volunteers in the Community Finance Initiative (CFI) approach
- 87 CBVs trained in the Farmer Field School (FFS) approach
- 27 RPO staff and 523 CBVs trained in HIV Testing and Counseling (HTC) for children and adults
- 30 RPO staff trained in gender mainstreaming and Gender-Based Violence (GBV) prevention
- 52 RPO staff trained in Monitoring and Evaluation data collection tools and oriented on the USAID Site Improvement through Monitoring System (SIMS)

In Quarter 3, the program continued with enrollment of households in Cohort 2¹ and expanded program's reach to an additional 14,204 households in 25 new sectors. These households were selected through the rigorous Most Vulnerable Children (MVC) assessment and selection process and were enrolled into savings groups, which are the program's first point of service for most beneficiaries. Economic Strengthening (ES) and additional services delivered through savings groups reached 32,067 beneficiaries. In particular, messages provided to caregivers and adolescents through saving groups include family planning, positive parenting, HIV prevention and GBV prevention and response. Service delivery targeting orphans and vulnerable children

¹ Enrollment of beneficiaries into the program is organized in three phases, each representing a cohort targeting a specific number of households and sectors.

(OVC) was strengthened this reporting quarter, with ECD services provided to 3,353 children under 5 and sexual and reproductive health and rights (SRHR) interventions reaching 2,133 adolescents.

The program continues to support different government initiatives that align with its purpose and goals by providing technical and financial support. This reporting quarter, key partnerships with government and other stakeholders included working with the Ministry of Gender and Family Promotion (MIGEPROF) on a special campaign to fight malnutrition in Karongi district and supporting accountability weeks in four program districts. This support is vital in ensuring alignment to government priorities and sustainability of program outcomes beyond the life of the program.

In Quarter 4, the program will continue to reach additional beneficiaries in the enrolled households by applying a case management approach and the Household Vulnerability and Graduation Assessment (HVGA) tool to identify individual needs, develop specific household and member care plans and respond to identified needs based on the continuum of response and coordinated care principles. This approach will ensure that vulnerable households are receiving services tailored to their specific needs and enhance their participation in the care process.

Program Overview

The USAID/Twiyubake² Program, also known as Improved Services for Vulnerable Populations (ISVP), was awarded to Global Communities by USAID Rwanda in February 2015. The program aims to improve the resiliency of at least 50,000 vulnerable households (approximately 250,000 individuals) against adverse circumstances in 12 target districts of Rwanda. This work is expected to reduce the risk and impact of health conditions such as HIV/AIDS on vulnerable populations. Vulnerable populations are defined as people living with HIV/AIDS (PLHIV), orphans and vulnerable children (OVC), members of households caring for these two groups, very poor households (especially female and widow-headed households), and out-of-school young people, especially girls. The USAID/Twiyubake Program helps these vulnerable groups gain access to health and social services that enable them to live productive lives. Program activities build upon current and past USAID support to the Government of Rwanda (GoR) and civil society partners.

Program Goal and Objective

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

- **Increasing the capacities of families and communities to provide better care for vulnerable individuals:** the program addresses 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 endeavors to improve care practices in families with OVC and other vulnerable members and addresses behavioral barriers to effective care and support practices; and
- **Increasing access to education and social services for vulnerable populations:** the program assists vulnerable families in accessing social and educational services necessary for improved health and wellbeing, including ECD programs, various educational opportunities (most importantly the GoR Nine Year Basic Education (NYBE³) policy), vocational skills training (especially for out-of-school youth), parenting support, child protection services and GBV prevention.

Expected Results

The USAID/Twiyubake Program is expected to achieve four interlinked results:

1. Increased capacity of families and communities to provide healthy, nurturing and engaging environments for vulnerable children under 5;
2. Decreased economic vulnerability of families;
3. Increased knowledge, attitude, skills, aspirations and confidence of adolescents; and

² Twiyubake is a Kinyarwanda word meaning “building and enhancing self-resilience.” This term also emphasizes togetherness and mutual support to achieve sustainable wellbeing.

³ NYBE refers to the Rwandan 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.

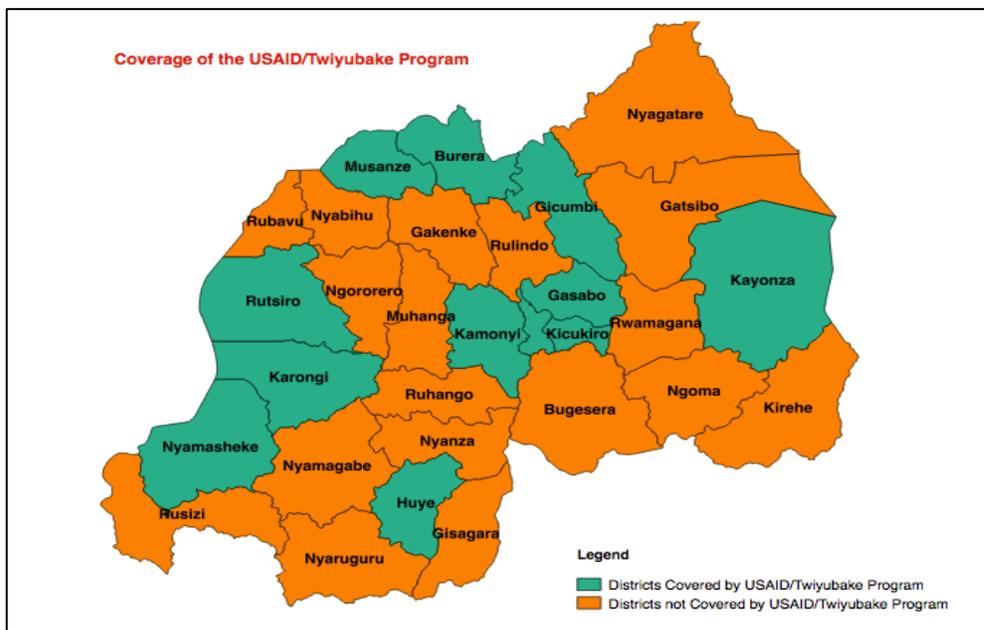
- Increased capacity of communities to provide essential preventative and protective services to vulnerable families and children.

Program Consortium

Global Communities is partnering with three international partners to complement training and capacity building efforts for local partners in various areas:

- **The AVSI Foundation** provides household and family strengthening services, including child protection and youth work readiness;
- **Plan International USA** focuses on inclusive quality education in ECD and gender mainstreaming, including strengthening male involvement and combating GBV; and
- **Partners in Health (PIH)** builds on their experience in the Rwandan health sector and builds capacity of local partners and households to deliver high-quality healthcare and promotes clinic-community linkages for enhanced access to social, nutritional and economic support.

The USAID/Twiyubake Program consortium also includes six local civil society organizations (CSOs), referred to as RPOs. Each RPO is assigned between 1 and 4 of the 12 program districts.



Tier 1 RPOs are engaged through cost-reimbursement contracts. These RPOs are currently receiving direct funding from USAID for non-USAID/Twiyubake activities:

- **African Evangelical Enterprises (AEE)** is responsible for direct implementation of all program activities and services in Nyarugenge, Kicukiro, Gasabo and Kamonyi districts;
- **Caritas Rwanda** is responsible for direct implementation of all program activities and services in Nyamasheke, Rutsiro and Gicumbi districts; and
- **François-Xavier Bagnoud (FXB)** is responsible for direct implementation of all program activities and services in Musanze and Burera districts.

Tier 2 RPOs are engaged through sub-grants. These RPOs do not currently receive direct USAID funding, and will receive tailored capacity building support from USAID/Twiyubake staff over the course of the program:

- **DUHAMIC – ADRI** is responsible for direct implementation of all program activities and services in Huye district;
- **Young Women’s Christian Association (YWCA)** is responsible for direct implementation of all program activities and services in Kayonza district; and
- **Église Presbytérienne au Rwanda (EPR)** is responsible for direct implementation of all program activities and services in Karongi district.

Progress by Intermediate Result (IR) Area

Cross-cutting activities

Development and dissemination of key program technical documents and tools

The program team continues to work on the design and development of key program documents that will guide implementation approaches and ensure quality and standardized service delivery. The following table presents an overview of key documents developed in Quarter 3.

Document	Description
USAID/Twiyubake child safeguarding policy	The USAID/Twiyubake child protection and safeguarding policy elaborates the program's commitment and responsibility to ensuring children's rights to protection from exploitation, harm, abuse and neglect. All program staff and partners have been trained on, and volunteers have been oriented on, the policy and are required to sign the acknowledgement form to confirm that they understand and will comply with the requirements of the policy.
Protocol on beneficiary rights	This document outlines program beneficiaries' rights to information, privacy, informed consent and confidentiality, as well as coercion-free and discrimination-free services. All program staff, partners and volunteers will be trained on beneficiary rights in the context of the USAID/Twiyubake program. Additionally, beneficiaries will be educated on their rights through sensitization meetings at the community level, flyers and home visits. Beneficiaries are also informed of the channels to make anonymous reports in case their rights are violated.
Program behavior change and communication (BCC) strategy	The USAID/Twiyubake program developed a behavior change communication (BCC) strategy to help encourage positive behaviors related to program objectives and the knowledge and attitudes that reinforce those behaviors. The BCC strategy provides the framework for developing and disseminating the program's key messages to beneficiaries, including individuals, families and local communities, and sets a consistent approach to messaging for diverse groups across the program. It identifies key communication issues to be addressed, as well as appropriate messaging and channels to be used to disseminate messages.
Household care plan	The household care plan is a critical program tool that will be applied to ensure implementation of a standardized and efficient case management approach across the program. Through home visits to assess and respond to household needs, this tool will detail the information, specific needs and recommended services for each member of Twiyubake-supported households, as well as elaborate key household graduation requirements.
Beneficiary engagement tracking tool	The beneficiary engagement tracking tool has been developed to guide all efforts that will be applied to ensure that beneficiaries participate in the review of program implementation and design to foster quality service delivery and program sustainability. Throughout the program, partners will ensure beneficiary engagement through home visits, meetings, and individual and focus groups discussions (FGDs) on particular topics related to program services.

Contribution to GoR and other stakeholder initiatives

The program continues to actively support GoR initiatives and foster partnerships with different governmental institutions and other development stakeholders. During the reporting quarter, USAID/Twiyubake contributed to the following government-led initiatives:

Partnership with MIGEPROF to implement special community service day 'Umuganda' in Karongi district

USAID/Twiyubake worked with MIGEPROF, local government authorities and EPR in mobilizing communities and other development stakeholders to conduct community work known locally as *Umuganda*, in Karongi district. This was done as part of a wider MIGEPROF campaign to promote children's rights and fight malnutrition among vulnerable children. Karongi district was selected based on its high level of malnutrition among children. The *Umuganda* took place in Gasahri sector and was widely attended by local government officials, representatives of the Rwanda National Police, Rwanda Defense Force, health facilities, MIGEPROF, USAID, Global Communities and EPR. Aside from hands-on community work, the event also provided a platform for panel discussions with community members and sensitization on child protection, family planning, HIV awareness and Water Sanitation and Hygiene (WASH); over 2,500 community members were reached with these messages. Additionally, as part of the campaign efforts, USAID/Twiyubake identified 454 vulnerable households in six sectors of Karongi. These households were supported to establish modern kitchen gardens in their homes and will receive follow-up support from community health workers (CHWs) from the local health facilities. With a kitchen garden, a household will be able to obtain diverse foods throughout the year, which will increase the intake of micronutrients such as vitamins and iron and improve the nutritional status of young children in those households.

Participation in Rwanda Nutrition, Markets and Gender Analysis

The Nutrition, Markets and Gender (NMG) Survey, conducted in Rwanda by the Ministry of Agriculture through Rwanda Agriculture Board with the International Center for Tropical Agriculture (CIAT), investigated the causes of malnutrition in children under 24 months. The Twiyubake team participated in a workshop to present and discuss the study findings conducted in April 2016. The key findings of the study include:

- i) children in households with acceptable food consumption are 23% less likely to be stunted than children in households with inadequate food consumption;
- ii) Water, Sanitation and Hygiene (WASH) have a significant impact on the nutritional status of children. Findings show that children in households that sourced water from a public or communal source were three times more likely to be stunted than those with access to treated water; and
- iii) Gender empowerment index (decision making, power related to income, time, labor, assets and leadership) indicates that overall empowerment scores were significantly higher for men and women in households that did not have a stunted child.

Based on the findings, the presenters offered the following recommendations for the Twiyubake Program:

1. Address the determinants of stunting in Rwanda by increasing access to sufficient, safe and nutritious food, access to WASH/health services and care practices of women and children needs proper coordination across different stakeholders in the sector; and
2. Empowering women and men to own assets, have access to and make decisions regarding credit, and enabling them to participate in community leadership roles can play an important role in addressing stunting.

The program team will hold internal deliberations and develop a plan to incorporate the key recommendations to ensure better nutritional outcomes for beneficiaries.

Workshop on HTC strategies for key populations and OVC

The Rwanda Ministry of Health (MoH) and the Rwanda Biomedical Center (RBC) organized a national-level workshop targeting stakeholders that support key populations and OVC populations. The aim of the workshop was to elaborate strategies to increase HIV case finding and test yield in HTC services through targeted testing for populations most at risk of contracting HIV. Various approaches were presented by the MoH presenters, and discussions were held to agree to ways to apply the models to increase case finding and linkages to treatment and care. As one of the key stakeholders, the USAID/Twiyubake Program will be working closely with MoH to implement the key recommendations made at the meeting in order to promote these national initiatives. In particular, the program is already exploring ways to improve HTC among enrolled households and will work with MoH to connect HIV-positive individuals to treatment and care, through the program's service referral and coordination mechanism.

Participation in TWG on Sexual and Reproductive Health and Rights (SRHR)

As SRHR is a key program intervention area, participation in this TWG ensures good collaboration with national stakeholders and alignment with national priorities. During this quarter, the Twiyubake team participated in one meeting and used the opportunity to share its approaches and progress in expanding SRHR services to beneficiaries and to learn from other stakeholders. Some of the key highlights of the meeting held during this period included the presentation of USAID/Twiyubake program as a new member of the TWG, and the planning for a workshop to review and validate SRHR materials to be used countrywide.

The following table provides an overview of progress on cross-cutting indicators taken from the program's performance monitoring plan (PMP) that are reported on a quarterly basis. The program is reporting only on indicators related to activities and services that have been initiated and/or are currently being rolled out.

Table 1: Achieved results for cross-cutting indicators in Q3 FY16

Indicator	Achieved in (Q3 FY16)	Cumulative	Target (FY16)
C1. Number of OVC served	5,486	5,486	55,000
C4. Number of vulnerable households benefiting directly from USG assistance	29,520	29,520	30,000
C5. Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	37,553	37,553	66,781

In Quarter 4, the program will expand its services to reach additional household members, beyond the head of household, through the program’s case management approach and will be able to reach its FY16 targets for indicators C1 and C5. Additionally, in some sites, for instance Gicumbi district, the MVC lists were only finalized during this quarter, thereby delaying the enrollment process for children in the household. C1 is a USAID indicator which tracks the number of unique OVCs (below age 18) who receive any direct service or support from the program. Individuals will be counted once regardless of how many services they use. C5 is a PEPFAR MER indicator which tracks all program active beneficiaries, including those counted under C1 as well as their parents and guardians provided with services.

IR1: Increased capacity of families and communities to provide healthy, nurturing and engaging environments for vulnerable children under 5

1.1. Improved parental care and responsiveness for children under 5

Building partner capacity in positive parenting

Early childhood and adolescence are critical developmental stages in children, requiring stable and caring guardians, adequate nutrition, safe environments and opportunities to socialize, learn and build the foundation for subsequent development. The program aims to help parents and guardians, men as well as women, to understand these critical periods in children’s lives, build their parenting skills and enhance positive care practices. To this end, the program, in partnership with MIGEPROF, developed a positive parenting guide, which will be used by RPOs to train community volunteers who will train and deliver key messages to parents and caregivers. In June, the guide was reviewed and endorsed by a validation workshop attended by 17 participants representing various stakeholders at the national level. To roll out this intervention, a two-day ToT on positive parenting for RPOs was been conducted by the program team. The training applied a participatory methodology and covered a broad range of topics including principles of positive parenting, parenting children with disabilities and other special needs, parenting adolescents, and disciplining approaches, among others. During this training, participants were also oriented on the program’s child protection policy. Pre- and post-test results for the training show an increase in knowledge and understanding of positive parenting principles from 65 percent to 90 percent. So far, 28 staff from all six RPOs have been trained, and the

training has been cascaded to reach 116 community based volunteers. The RPOs will continue to cascade the training to other volunteers in Quarter 4 of 2016.

Development of Umugoroba w'Ababyeyi⁴ User Guide

Umugoroba w'Ababyeyi (UWA) is a national initiative to strengthen families through a series of educational sessions that mobilize parents from the same village to discuss strategies that can improve their relationships. Such strategies include improving gender equality, communication among couples, strengthening care practices, and preventing and solving conflicts in households and villages. Global Communities has committed to supporting the GoR in scaling up this initiative across USAID/Twiyubake implementation districts. One of the main challenges in the execution of UWA is the lack of standard tools and guides to ensure uniform implementation across the 30 districts of Rwanda. Recognizing this gap, Global Communities, in partnership with the National Women Council (NWC), has developed a draft User Guide for the UWA intervention, which was validated in June by a wider group of stakeholders and is ready for use. Furthermore, the program is working closely with MIGEPROF and NWC to train newly elected NWC committees that are responsible for cascading UWA services at the grassroots level. This reporting quarter, trainings organized in Southern and Western provinces reached 256 women, building their capacity in communication, parenting and care practices. Similar trainings are planned for Quarter 4 in the remaining provinces.

1.2. Increased use of quality community child care and development interventions for vulnerable children under 5

Strengthening provision of Early Childhood Development (ECD) services

In Quarter 3, the program team participated in an ECD workshop led by MIGEPROF that aimed to engage stakeholders in the development of national ECD standards. This was in response to the recent release of the national ECD policy. As the government ministry in charge, MIGEPROF is leading other stakeholders to develop standards to enhance a systematic approach to the implementation of ECD activities. As a key player, USAID/Twiyubake Program will be relied upon to provide both technical and financial support to complete the standards and to promote their application by stakeholders across the country.

Furthermore, the program team participated in the *Itetero* Radio stakeholders' meeting. *Itetero* is a broadcast radio program for young children and their families. The broadcast, promoting early childhood development, is organized by MIGEPROF, UNICEF, RBA and partners involved in national ECD and positive parenting programs, including USAID/Twiyubake. The purpose of the meeting was to evaluate the effectiveness and impact of the program in the last six months and plan for the second half of the year. This radio program provides a platform to disseminate positive parenting, child protection and ECD messages to parents and guardians all over the country.

⁴ Parents' evenings

At the community level, the Twiyubake Program provided support to 60 ECD centers, including existing centers and new ones created with the program's support, across the 12 districts. Specific support provided included training of 681 caregivers on positive parenting and the ECD model in line with the national ECD policy and the provision of play kits and learning materials. In addition, ECD messaging through community outreach reached 4,476 parents and guardians of children under 5, benefitting 2,444 children. The program also continues to support and promote home-based ECD approaches, known as playgroups, in order to increase vulnerable children's access to ECD services. By the end of Quarter 3, a total of 27 playgroups had been established. Each playgroup is led and managed by community volunteers/parents, who determine the frequency, location and timing of the services.

1.3. *Improved household-level water, sanitation and hygiene (WASH) and nutritional behaviors*

Nutrition situation analysis through Community Based Nutrition Program (CBNP) learning visits

The USAID/Twiyubake Program delivers complete package of nutrition-related services in three districts: Musanze, Burera and Gasabo. The nutrition intervention applies the GoR's CBNP supplemented by the Positive Deviance/Hearth (PDH) approach. This approach focuses largely on growth monitoring of children under 5 and nutrition education for pregnant and lactating mothers. This reporting quarter, a situation analysis was conducted at CBNP sites in Gasabo and Musanze districts to learn from the current implementation structure and assess specific needs in these districts. The nutrition team conducted an in-depth analysis to understand gaps and best practices. Challenges observed that can be addressed by USAID/Twiyubake include: low attendance rate for growth monitoring (40-50%), inaccurate plotting of children's weight on growth charts, and lack of supervision by health facility personnel. To address these challenges, the nutrition team has incorporated the following activities into the program's quarterly work plan:

- conducting a community-level identification exercise to register all children under 5 and mothers who are eligible for CBNP services;
- conducting a refresher training of all Community Health Workers (CHWs) on CBNP/growth monitoring to build their capacity in weighing children and correct interpretation of growth curves; and
- coordinating with health facilities to improve the level and quality of supervision and follow-up.

Capacity building and implementation of nutrition and WASH activities

In June 2016, the program conducted a 2-day refresher ToT that targeted district health facility and RPO staff responsible for nutrition and WASH activities. A pre-test was conducted before the ToT, so that the ToT focused on the most relevant knowledge gaps. The training materials used included the MoH Maternal Infant and Young Child Nutrition (MIYCN) package with facilitator and counselling guides and a PDH trainers' guide. In total, 120 participants were trained and equipped with skills in CBNP and growth monitoring approach, nutrition education and implementation of the PDH model. In addition, 70 health facility staff from the 12 program districts were trained in WASH to support the expansion of the WASH intervention and contribute

to long-term sustainability beyond the life of program. The ToT was well-received by the health facility staff, and a full ToT (2 weeks) will be organized at a later date for new health facility staff who have never received MIYCN training.

The program initiated implementation of nutrition and WASH activities, and by the end of Quarter 3, a total of 563 beneficiaries had been reached with nutrition education and sanitation messaging, particularly the promotion of correct handwashing and the use of clean and covered latrines. Key WASH messages were delivered through established program channels, such as UWA, savings groups and ECD sessions. Furthermore, CBVs conducted 3,683 home visits to disseminate WASH messages and to promote other positive health behaviors.

Family planning sensitization

The program continues to strengthen sensitization on family planning among beneficiary households. USAID/Twiyubake family planning messaging applies MoH guidelines and materials. The approach encourages couples to discuss and plan for the optimal number of children, provides referrals to family planning services at the health center, and encourages households to access available family planning services. In Quarter 3, field officers cascaded family planning-related trainings to 66 CBVs who are responsible for disseminating messages to program beneficiaries. With support and supervision from field officers, CBVs reached 11,275 program beneficiaries with family planning messages through existing program groups, particularly savings and parents' groups.

The following table provides the breakdown of beneficiaries reach with family planning messaging by district.

RPO	DISTRICT	BENEFICIARIES REACHED WITH FP MESSAGING
AEE	GASABO	760
	NYARUGENGE	242
	KAMONYI	552
	TOTAL	1554
FXB	MUSANZE	976
	BURERA	1287
	TOTAL	2263
CARITAS	RUTSIRO	389
	NYAMASHEKE	3147
	GICUMBI	809
	TOTAL	4345
DUHAMIC-ADRI	HUYE	868
	TOTAL	869

EPR	KARONGI	1575
	TOTAL	1575
YWCA	KAYONZA	669
	TOTAL	669
GRAND TOTAL		11,275

During sensitization sessions, beneficiaries showed high levels of interest in family planning messages and shared their opinions through participatory approaches. According to feedback from focus group discussions to identify community attitudes regarding family planning and barriers to the use of family planning, community members are informed about family planning through a variety channels such as community health workers, health facilities, radios, local and church leaders, and youth clubs; some participants reported already using a modern family planning method. However, fears and rumors regarding potential side effects are still predominant among our beneficiaries. Several complaints regarding the use of different contraceptive methods were raised by participants during family planning messaging sessions, such as bleeding, infertility, headache, abscesses, unwanted pregnancy, sexual impotence, and vaginal dryness during sexual intercourse. CBVs discussed issues raised by the beneficiaries in order to help eliminate misconceptions and to break barriers to adoption of family planning methods.

Some users of modern family planning methods gave testimonies to share their positive experiences and the benefits of family planning. These testimonies encouraged other beneficiaries to enroll in family planning services. A woman in Byinza cell (Kinazi sector, Huye district) told the focus group about how she gave birth every year for five years, and each of the 5 children was admitted to the health facility for severe acute malnutrition. After the fifth child, she decided to enroll in modern family planning and her family became healthier.

Early pregnancies among young girls were often raised as a big challenge. It was found that more than 60% of people attending the BCC sessions were above 40 years old and have many children and grandchildren under their care. Grandchildren are abandoned by young girls who, after unplanned pregnancies, give birth and move to towns, leaving kids to their grandparents. This challenge is addressed by integrating family planning education into youth groups, specifically targeting young girls. Local authorities (cell and village leaders) are very supportive of Twiyubake family planning messaging activities, and they attend focus group discussions to support volunteers to help sensitize beneficiaries.

The program continues to build the capacity of RPO field officers and volunteers to deliver participatory health education sessions and referrals to modern family planning providers (health facilities, CHWs and youth friendly centers). This will help to decrease fears related to the use of modern family planning methods and change behaviors among our beneficiaries while increasing enrolment rates to these family planning services.

The following table summarizes progress on Result 1 indicators in the program's PMP reported on a quarterly basis.

Table 2: Achieved results for R1 indicators for Q3FY16

Indicator	Achieved (Q3 FY16)	Cumulative	Target (FY16)
1.1.7. Number of parents or guardians trained in at least one aspect of early child development	4,476	4,476	8,000
1.2.1. Number of children under 6 participating in an ECD program	3,353	3,803	20,000
1.3.7. Number of individuals reached through behavior change communication interventions	20,273	22,071	40,000
1.3.8. Number of people trained in child health and nutrition through USG-supported programs	190	190	2,016
1.3.14. Number of people who received family planning/RH messages outside health facilities	11,275	13,894	41,000

Quarter 3 of the program focused on training CBVs, and in Quarter 4 they are expected to accelerate the rollout of activities and services for targeted groups and households. For ECD indicators (1.1.7 and 1.2.1), services have only been provided in six districts. In the remaining districts, the RPOs have focused on identifying ECD centers to support and children to be enrolled. In Quarter 4, ECD services will be rolled out to OVC and their guardians in these districts. The primary reason for under-performance against indicators 1.3.7 and 1.3.14 is that the majority of sensitization messages have been provided through savings groups, thus mainly reaching heads of households. The program will expand its services to reach more household members through the case management approach and will be able to reach its FY16 targets by the end of the next quarter.

IR2: Family economic vulnerability decreased

2.1. Basic consumption needs of critically vulnerable families met

Refining the household grant delivery strategy

The program continues to formulate and refine its strategy for delivery of household grant services. The Economic Strengthening team is looking at putting in place clear selection criteria to ensure that this service is provided to those most in need of it and that it doesn't affect other program interventions. In the reporting quarter, the program realigned its strategy to roll out this service to 3 priority districts out of the 12 districts of implementation. In these three districts, Nyamasheke, Burera and Huye, the approach will be to provide household grants to all the program beneficiaries in full ISVP sectors, which will reduce risks of group instability associated

with providing this service to some members and not to others in the same savings group. Selection of the priority districts was based on a cluster-based vulnerability ranking which looked at three factors: malnutrition rate, poverty rate and primary school attendance rate. Statistics for these rates were based on secondary data from national-level censuses, particularly data from the fourth Integrated Household Living Conditions survey (Known as EICV4)⁵ and the Demographic and Health Survey (DHS) 2014 – 2015⁶. The weighted factor analytical method was used to determine the districts with the highest level of vulnerability among the 12 districts targeted by the program. This is a widely used analytical technique in which factors are assigned weights based on relative importance. Overall ranking is based on the total weighed score, with the highest score given the top rank.

The three districts selected based on their vulnerability status are Nyamasheke, Burera and Huye in the Western, Northern and Southern regions, respectively. The ranking table based on weighted factors is presented in Annex A. The selection of one district from each of the three provinces was made purposefully to enhance comparison of outcomes and learning from this intervention. Lessons learned from this initiative could inform the design of future initiatives in the country and the region.

2.2. Improved capacity of families to manage and generate income

Expansion of economic strengthening support to reach 32,067 beneficiaries

The USAID/Twiyubake model for Household Economic Strengthening (HES) begins with savings groups. These groups promote financial inclusion and prepare individuals for higher-level participation in economic activities. During Quarter 3, the program supported 32,067 parents and guardians of OVC to receive services through supported savings groups, and 1,407 adult savings groups were created across the program districts. This has been possible through the support of 734 CBVs who have been selected and trained in the program savings groups' methodology. The CBVs will be responsible for training, close follow-up and monitoring of the savings groups. Furthermore, 405 leaders of group committees have been trained in laws governing savings groups and record-keeping to ensure transparency and accountability. This training applied manuals developed by Global Communities. Financial education services that target savings group members reached 1,908 individuals. Through financial education, program beneficiaries are equipped with the knowledge, skills and confidence to make and exercise informed and timely money management decisions.

⁵ <http://www.statistics.gov.rw/publication/rwanda-poverty-profile-report-results-eicv-4>

⁶ <http://www.statistics.gov.rw/publication/demographic-and-health-survey-dhs-20142015-key-findings>

The table below shows the distribution of the 32,067 parents and guardians of OVC who received services through supported savings groups.

RPO	DISTRICT	TOTAL
AEE	GASABO	2,349
	NYARUGENGE	2,712
	KAMONYI	1,594
	TOTAL	6,655
FXB	MUSANZE	4,355
	BURERA	3,925
	TOTAL	8,280
CARITAS	RUTSIRO	3,674
	NYAMASHEKE	5,431
	GICUMBI	758
	TOTAL	9,863
DUHAMIC-ADRI	HUYE	2,107
	TOTAL	2,107
EPR	KARONGI	3,233
	TOTAL	3,233
YWCA	KAYONZA	1,929
	TOTAL	1,929
GRAND TOTAL		32,067

Training of RPO field officers, Peace Corps Volunteers (PCVs) facilitators on Community Finance Initiative (CFI)

The Community Finance Initiative (CFI) is an intervention which has been integrated into the program's economic strengthening package. The purpose of CFI is to help vulnerable families meet their basic consumption needs and improve the capacity of families to manage and generate income. Beneficiaries of CFI are trained on basic money management skills related to earning, budgeting, saving and borrowing. It is anticipated that this will help vulnerable households prepare for life-cycle needs and deal with unexpected emergencies without accumulating unnecessary debt.

The CFI initiative is a continuation of the Global Communities-Peace Corps partnership under the recently concluded Feed the Future-funded Ejo Heza program. In Quarter 3, the program trained RPO economic strengthening field officers, PCVs and CFI facilitators on the CFI

approach and tools. A total of 61 participants were trained. They learned how to engage members of their communities to form savings groups and returned to their communities to mobilize groups and deliver an 18-week training course designed to improve members' capacity and knowledge of budgeting, family savings and managing small enterprises.

Strengthening food security through the Farmer Field Schools (FFS) approach

Agricultural production contributes significantly to the subsistence of many vulnerable households. To support livelihoods, the program promotes improved agricultural practices through the FFS approach. The FFS provide a facilitated opportunity for participants to test and adopt improved agricultural production techniques and new fortified crops in order to increase incomes and improve household nutrition. Particularly, the program's FFS approach promotes the use of five Bio-Intensive Agricultural Techniques (BIAT) and takes into consideration environmental management practices. To roll out this service, the program trained 87 CBVs on the FFS model and techniques and established 75 FFS groups. The program will apply several methods, including the use of demonstration plots, study tours, community field days and seed fairs, to support established FFS. Each new FFS will receive a basic kit that includes agricultural tools/materials and quality seeds. There will be close follow-up at the community level by volunteers and field officers to ensure that FFS members are adopting these practices in their homes to improve their livelihood and nutrition.



Figure 1: CBVs participating in practical session on constructing a kitchen garden

Training of RPO program managers and technical advisors on SAVIX

USAID/Twiyubake will apply the Saving Groups Information Exchange (SAVIX) platform to collect standardized financial and operational data on program-supported saving groups. The SAVIX is a reporting and monitoring system that provides information for a number of saving group programs globally. This system will be critical in supporting advanced and effective data cleaning and analysis as well as tracking financial performance, membership, economic and social indicators. To this end, the program organized a one-day workshop to orient RPOs and

technical staff on the application of SAVIX. The workshop brought together M&E officers, program managers and ES field officers who will all have a role to play in ensuring effective reporting in the SAVIX system. Topics covered included introduction to SAVIX, generating reports, project setup, creating user-defined fields, data collection process, and practice sessions on data entry into the system. In Quarter 4, the RPOs will be supported to start reporting savings groups' data through this system.

The following table provides an overview of the program's performance against Result 2 indicators as provided in the PMP and reported on a quarterly basis.

Table 3: Achieved results for R2 indicators for FY16 Quarter 3

Indicator	Achieved (Q3 FY16)	Cumulative	Target (FY16)
2.1. Number of individuals reached with household economic strengthening	32,067	32,134	30,000
2.2.2 Number of savings groups supported	1,404	1,404	2,000

IR3: Increased knowledge, attitudes, skills, aspirations and confidence of adolescents transitioning to adulthood

3.1. Improved norms, knowledge and behaviors for Sexual and Reproductive Health and Rights (SRHR) and HIV prevention among vulnerable adolescents

Provision of SRHR services for adolescents

Adolescents and young people need to be supported in accessing services relating to SRHR barriers such as stigma and discrimination, and provider prejudices need to be addressed to increase young people's access to SRHR information and services. To facilitate this, the program has developed an SRHR training module and guidelines to be used in training program staff, service providers, community volunteers and other key stakeholders. In Quarter 3, RPOs cascaded training of the program SRHR modules to CBVs. The training covered topics such as youth-friendly services, prevention of adolescent pregnancies, GBV prevention and response, prevention and management of HIV/AIDS and other sexually transmitted infections, avoiding risky behaviors, and family planning methods for adolescents.

Trained CBVs supported the creation of SRHR groups in the five program districts of Karongi, Kayonza, Huye, Musanze and Burera, reaching 2,133 adolescents with SRHR messages and services. Additionally, campaigns focused on HIV prevention reached 8,998 adolescents and young people. In Kayonza district, the local RPO liaised with the district Youth Friendly Center (YFC) to conduct voluntary HIV testing for the beneficiaries, including adolescents and youth, as part of the campaigns. A total of 99 adolescents were tested, out of whom two tested positive

and were provided with counselling and referral to the nearby health centers for HIV care services.

3.2. Increased livelihood skills and resources necessary for adolescents to gain autonomy

The program plans to leverage youth savings groups as a platform to promote entrepreneurship, prepare vulnerable youth to contribute to the workforce, help them to identify their unique talents, strengths, and resources, and adopt a positive future orientation with clear goals for increasing economic independence. In this reporting quarter, the program delivered trainings to youth volunteers on savings methodology and life skills, and to youth leaders on saving with education methodology. Subsequently, RPOs established 57 youth savings groups, which also serve as a channel for youth messaging.

The following table provides an overview of the program’s performance against Result 3 indicators as provided in the PMP and reported on a quarterly basis.

Table 4: Achieved results for R3 indicators for FY16 Quarter 3

Indicator	Achieved in (Q3 FY16)	Cumulative	Target (FY16)
3.1. Number of adolescents receiving information on ASRHR and GBV	2,133	2,202	34,000
3.2. Number of adolescents who completed a standardized HIV prevention intervention ⁷	8,998	10,484	30,000

During Q3, a lot of focus has been on training of CBVs. In Quarter 4, the CBVs are expected to start supporting program implementation. Particularly, adolescent services have not yet rolled out in seven districts and this has affected achievement of targets for indicator 3.1 and 3.2. In Quarter 4, adolescent services will be expanded to these seven districts and to additional adolescents in the five other districts. The program will be able to achieve its FY16 targets.

IR4: Increased capacity of communities to provide essential preventative and protective services

4.1. Strengthened capacity of local government and community institutions to respond to child protection and GBV issues

Supporting child protection committees

Global Communities is a member of the national Child Protection Technical Working Group (CPTWG) which brings together international and local NGOs, government institutions and other stakeholders in child protection. Through this forum, USAID/Twiyubake has continued to

⁷ USAID/Twiyubake uses an adapted ASRHR training module with four sections covering nine topics, including HIV prevention. To be reported under this indicator, adolescents must complete the HIV prevention topic.

contribute to numerous discussion forums to enhance the child protection system at the community level through the establishment of Friends of the Family committees, known locally as *Inshuti z'Umuryango* (IZU) across the 12 districts of program implementation.

During Quarter 3, USAID/Twiyubake led and supported seven child protection workshops in Gasabo, Kicukiro, Musanze, Huye, Karongi, Burera and Kamonyi districts with local government authorities who have child rights and protection in their mandates. These workshops were attended by 115 individuals across the seven districts and focused on discussion on child protection issues as well as reviewing the existing gaps in child protection and gender based violence (GBV) services. Workshop participants also contributed to setting priorities for the upcoming fiscal year.



Figure 2: Local leaders of Gasabo district in group discussions about possible solutions to problems of child protection and child rights

4.2. Improved capacity of CSOs to deliver services to vulnerable children, PLHIV and their families.

Training of RPO field officers and CMVs on HTC for children and adults

Education, sensitization and linkages to HIV Testing and Counselling (HTC) for OVC and their families is a key commitment of the USAID/Twiyubake program. It is anticipated that this will result in several important outcomes, including an increased number of parents and caregivers who know their child's HIV status and an increased number of HIV-positive individuals receiving treatment. The program team organized a one-day HTC training in April 2016 for 27 participants from the six RPOs. The objective of this training was to strengthen capacity and provide tools for RPO staff to train case management volunteers (CMVs) in effectively delivering HIV testing messages to program beneficiaries. Following this training, 523 CMVs were trained by RPOs across four program districts.

ToT on gender mainstreaming, positive masculinity, and gender-based violence prevention and response

Capacity building on gender issues is one of the strategies necessary to increase implementing partners' knowledge and skills in gender mainstreaming across all aspects of the program. In April, the program team organized a two-day ToT for 30 staff from all six RPOs (8 females and 22 males). This training particularly targeted RPO program managers and field officers in charge of social affairs and health promotion. This training focused on topics related to gender mainstreaming, positive masculinity, and prevention and response to GBV. The facilitators used case studies adapted to the Rwandan context to challenge the participants' perceptions of gender equality and to emphasize the need for male involvement in promoting gender equality principles. The training engaged participants in building a common understanding of gender, positive masculinity, and GBV prevention concepts, and also provided an opportunity for sharing and learning from personal and professional experiences. To track changes in knowledge and understanding, a pre- and post-test assessment to determine participants' knowledge of gender concepts, gender analysis and mainstreaming and GBV prevention was conducted. Results show a change from an average score of 83% to an average of 90% following the training. In line with the program's cascade training approach, the RPO staff will conduct the same training for CBVs who will then be responsible for educating program beneficiaries through ECD centers, savings groups and parents' forums (UWA). The program team will provide technical support and feedback on the training methodology and content to ensure that quality training is delivered.

"I have realized from this training that I need to support my wife in every aspect of our family—previously I had regarded gender as promotion of women, but now I know that gender is a key strategy for mutual family development and support."

Male participant

Development of standard guidelines on GBV prevention and response at the community level

Prevention of GBV is a key priority area for the USAID/Twiyubake Program. In order to improve capacity and provide effective guidance to RPOs and program staff, as well as community volunteers, the program has developed standard guidelines on GBV prevention and response. This document will guide the partners in harmonizing approaches and services provided to GBV victims across the 12 program districts. The document includes the following key elements:

- Purpose, definition of GBV, definition of key related concepts, types of GBV, causes and consequences of GBV, when and where GBV occurs; and
- GBV prevention and response: actors in GBV prevention and response under ISVP Program, minimum package to GBV response, entry points for GBV identification under ISVP, GBV reporting system, guiding principles for working with GBV victims, referral system, individual case management, available services for GBV response, national legal instruments related to GBV prevention and response, monitoring and evaluation.

The standard guidelines in English and Kinyarwanda versions have been shared with RPOs for reference and application. The guidelines will be disseminated in the next quarter following an orientation for RPO staff, who are expected to provide similar orientation to CBVs to use the guidelines during their outreach and group education sessions.

Program Quarterly Review Meeting (QRM)

The QRM is one of the mechanisms put in place by the program to provide a platform for discussions with RPOs, technical teams and program management on progress of implementation, best practices and challenges. The Quarter 3 QRM was conducted in April 2016, and RPOs presented their achievements in the previous quarter, and key challenges and plans for the following quarter. Participants also had a chance to discuss the program's BCC strategy, the new case management approach, and the status of recruitment of volunteers.



Figure 3: Participants discuss program achievements during the QRM

4.3. Strengthened linkages that ensure adequate access to and retention in HIV and other health and social services

Establishing partnership with RRP+

USAID/Twiyubake is finalizing a formal agreement with le Réseau Rwandais des Personnes vivant avec le VIH/SIDA (RRP+)⁸. This organization is well-established nationwide, with strong presence at the community level. The purpose of this partnership is to leverage the experience and capacity of RRP+ volunteers in implementing the program's health promotion intervention.

In particular, RRP+ will cover the following scope:

- *Capacity building for program RPOs:* RRP+ will adapt its training manuals and, together with the health promotion team, train RPOs on health promotion activities including BCC, HTC, tracking patients lost to follow up (LTFU), PMTCT and family planning.
- *Management committee meetings in each district for evaluation of volunteers:* RRP+ will collaborate with RPOs to organize sector-level management committee meetings to evaluate the progress of health promotion activities.
- *Supervision of HP activities by RRP+ representatives at sector level:* RRP+ representatives at sector level will conduct quarterly supervision of health promotion activities done by CBVs in their sectors to ensure that CBVs are performing according to the standards.

⁸ Rwandan Network of People Living with HIV/AIDS

- *Supervision of HP activities by RRP+ national level:* RRP+ will supervise the cascading of the health promotion training to CBVs and conduct supervision to see how Twiyubake health promotion activities are being implemented. During these supervision visits, RRP+ will be mentoring RPO staff to improve their capacity to deliver health promotion activities. RRP+ will also conduct service delivery quality assessment and improvement visits.

Supporting District Accountability Week

The Twiyubake program team, in collaboration with implementing partners AEE and Caritas, joined other development partners in Karongi, Nyamasheke, Gasabo and Nyarugenge districts to organize and participate in the District Accountability Week. This served as an opportunity to measure the program implementation model and achievements against district development priorities, and also to work with other district partners to reflect on development progress and decide on new priorities. Furthermore, district consultation meetings were held in Huye and Burera districts in partnership with local government officials and other development partners (health and community service providers) in May and June 2016. The purpose of these meetings was to establish referral networks and systems to track program service delivery and provide a platform for learning from each other. In total, 165 stakeholders (90 in Burera and 75 in Huye) participated in these meetings.

Harmonization of referral procedures and tools for all USAID OVC implementing partners

Through the OVC TWG, it was realized that there was a substantial need to harmonize referral procedures and tools for USAID OVC program implementers in order to ensure standard application across different partners. Global Communities has led this effort, working in partnership with FXB, AEE, FHI360 and Caritas to draft referral guidelines. The tools include procedures and recommended practices to enhance clinical and community referrals, as well as referral and counter-referral tools to be used by the community-based volunteers and field officers. Further input has been provided by other stakeholders, including USAID and Centers for Disease Control (CDC). The final endorsement on the guidelines is expected from Rwanda Biomedical Center (RBC).

The program also conducted a ToT for 47 RPO staff, including field officers and managers, on referrals, linkages and volunteer engagement. These approaches apply the program's Volunteer Opportunity Pathway (VOP) and referral guidelines and tools to ensure that there is capacity at the community level to support beneficiaries in accessing the health and social services they require. RPO staff have been equipped with practical knowledge and skills to enable them to cascade the training to CBVs and other development stakeholders.

Establishment of district referral networks

No single provider can meet the needs of all beneficiaries or clients. Connecting beneficiaries with other service delivery points is an important way to ensure holistic access to services for vulnerable populations. The establishment of referral networks requires involvement and engagement of different stakeholders or service delivery points, participatory mapping of services to develop a directory of all service providers in a particular catchment area, and development of standards procedures and tools, as well as regular review of system performance.

Through a series of stakeholder consultation meetings with other development partners, referral networks have been successfully established in 2 out of the 12 program districts. Local government authorities have played a key role in this process, organizing these meetings through the Joint Action Development Forums (JADF) at the district level. This initiative is critical in fostering a strong and sustainable

referral system that ensures that vulnerable households are accessing the services they require even beyond the life of the program. Through the strengthened referral systems, the program, with the support of trained CBVs, identified and referred 848 individuals to health facilities for various services including HIV HTC and family planning.



Figure 4: Key steps in establishing a referral network

Result 4 Indicators

Result 4 indicators are reportable annually and are thus not presented in this quarter report. These indicators include:

- Number of individuals trained in gender equality, positive masculinity and GBV service provision
- Number of people reached by a USG-funded intervention providing GBV services (e.g. health, legal, psycho-social counseling, shelters and hotlines) (GNDR-6)
- Number of CSOs trained in operational skills including M&E (CHAIN Indicator)
- Number of CSO staff trained and disaggregated by technical area and sex (CHAIN Indicator)
- Score (in percent) of combined key areas of organization capacity among USG direct and indirect local implementing partners
- (CHAIN Indicator)
- Number of individuals trained in some aspect of referral system for health and social services
- Percentage of beneficiaries who have been tested and counselled for HIV

Monitoring and Evaluation (M&E)

Development of data collection tools and training of partners

Taking into consideration USAID/Twiyubake's data needs, the program has developed a concise set of tools to facilitate data collection by RPOs and community volunteers, particularly data for output level indicators. Considerations taken into account in the development of tools included relevance of indicators, minimizing data burden on volunteers and field staff, and user-friendliness.

This toolkit includes forms to capture service delivery at the household, individual and group level, referrals and counter-referrals to services outside of the program, and training records to track capacity building of volunteers. Additional measures have been introduced to simplify data collection and analysis, including the coding of program services and the assignment of unique ID numbers for beneficiaries and households.

Following the development and approval of tools, the MERL (Monitoring, Evaluation, Research and Learning) team conducted a four-day training for 52 staff from the six program RPOs. The objective of the training was to improve the knowledge and skills of implementing partner organizations' field officers on how to use the data collection tools. Following the training, RPOs at their level started to cascade the training to volunteers. The MERL team will continue to provide supervision support and data quality audits to ensure correct and effective use of the data collection tools.



Figure 5: RPO staff participating in the training on data collection tools

Development of tools and guides to meet the PEPFAR/ SIMS standards

Site Improvement through Monitoring Systems (SIMS) is a global PEPFAR initiative to increase the impact of PEPFAR programs by introducing a standardized approach to monitoring program quality and performance at PEPFAR-supported sites. As USAID/Twiyubake is PEPFAR-funded, SIMS will be conducted on a regular basis to randomly selected program sites. The assessments will apply only to full ISVP sites and will not consider HES-only sectors. The program has

developed a simple guide to assist RPOs in preparation for SIMS visits. Additionally, in line with the SIMS standard requirements, different policies, standard operating procedures (SOPs) and tools have been developed at the program level. These include a child protection policy, beneficiary engagement tool, beneficiary rights and stigma and discrimination policy, and standard guidelines on GBV prevention and response at the community level. In June, a training was conducted to orient RPOs on the SIMS standards and requirements, and they were provided with all the necessary relevant documents to support their preparation for SIMS assessments. Additionally, the MERL team and zonal managers will continue to provide one-on-one support to RPOs in preparation for SIMS visits scheduled in Quarter 4.

Supporting the enrollment of households, including program expansion across 25 Cohort 2 sectors

Community-level beneficiary recruitment through Most Vulnerable Children (MVC) assessment and selection continued across the 12 program districts. This process follows the following steps:

1. Training and engaging village social affairs officials to support assessment of MVCs in their village identified through the NCC MVC database.
2. Assessment of each child by the village social affairs officials by interviewing the child's caregiver. The assessment applies a tool developed by the OVC TWG that scores each child against criteria of vulnerability including nutrition status, education, child protection, parental situation and parental employment.
3. Review and approval of each assessment list by the village leader as well as the administrative cell executive secretary to ensure the process is fair and transparent.
4. Data entry of assessment forms into the program Management Information System (MIS) and auto-generation of lists of most vulnerable families based on child scores.
5. Review and approval of the lists of eligible households by the sector executive secretary.
6. Recruitment of households into the program and establishment of savings groups, which serve as the first point of service for all eligible households.

In the reporting quarter, the program completed recruitment of Cohort 1 households in 35 program sectors and commenced recruitment of Cohort 2 households in 25 sectors. Overall, a total of 14,204 households were successfully recruited into the program during Quarter 3 of FY16. This brings the total number of households enrolled in the program to 29,520.

Support to MEASURE Evaluation in preparation for the program's baseline survey

The USAID has contracted MEASURE Evaluation to lead a Randomized Control Trial (RCT) to assess the impact of the USAID/Twiyubake Program. Global Communities continues to provide support to the MEASURE Evaluation team in planning for the baseline survey, which is scheduled to be conducted in August 2016. In the reporting quarter, the program team supported the review of the survey protocol and data collection tools to ensure alignment to the program data needs. MEASURE Evaluation also requested program data sets, including MVC assessment data, list of eligible households, enrolled households and NCC data sets from control sectors, to be shared for preliminary analysis. These were subsequently uploaded through a secure FTP server to ensure confidentiality and safety of data.

Development of HVGA framework

The USAID/Twiyubake Program has developed the Household Vulnerability and Graduation Assessment (HVGA) framework, which will serve three key purposes:

- measure vulnerability in program-supported households;
- apply a case management approach by developing care plans based on identified household needs and ensuring that households are receiving services appropriate to their needs; and
- set household graduation plans and determine households' capacity to graduate.

The HVGA tool comprises multi-dimensional indicators across a series of thematic domains relevant to the program's intervention areas. These domains reflect the different facets (health, economic and social conditions, etc.) that affect vulnerability. The tool measures vulnerability and capacity to graduate at both the household and child level.

The HVGA framework clearly defines graduation in the context of the program and ensures a systematic approach to graduation. The HVGA will classify households across three categories based on the aggregate scores and the total score for each child (these will be aggregated separately). The three categories are described as extremely vulnerable, moderately vulnerable and nearly secure (households ready to graduate). Data collection will be conducted by trained enumerators hired by the program with support from household case management volunteers and RPO field officers. A detailed household care plan will be developed for each household based on its baseline vulnerability assessment outcome.

'Graduation' in the context of the USAID/Twiyubake program is defined as the level at which a household is considered nearly secure benchmarked against the economic and non-economic indicators of the HVGA. At this point, the household has the capacity to take care of household needs and is capable of providing proper care for children. But, the household still requires ongoing support to sustain this capacity, and will continue to receive this through the strengthened continuum of response and institutionalized referral network facilitated by the Twiyubake program. At this point, the household no longer meets vulnerability criteria and will be considered as not requiring direct assistance from the program. The household and its members will no longer be registered as program beneficiaries and will not receive any individualized services from the program, though they may be linked to other services as appropriate.

The vulnerability assessment will be re-administered annually to track changes in household vulnerability profiles and to determine progress towards achieving all the pre-determined graduation requirements. With the program's case management model, which ensures that households receive services tailored to their unique needs and also ensures the elaboration of clear graduation goals, it is expected that a large majority of program households will be adequately prepared to graduate out of program support within a two-year time frame.

Following complete graduation, the household will not receive any further direct assistance, and no additional care plan will be developed. But, to measure sustainability and to ensure that households are not graduating prematurely, the HVGT will be applied to the graduated household 12 months after graduation. The below schematic provides a visual presentation of the assessment, care plan and graduation process using the HVGT.

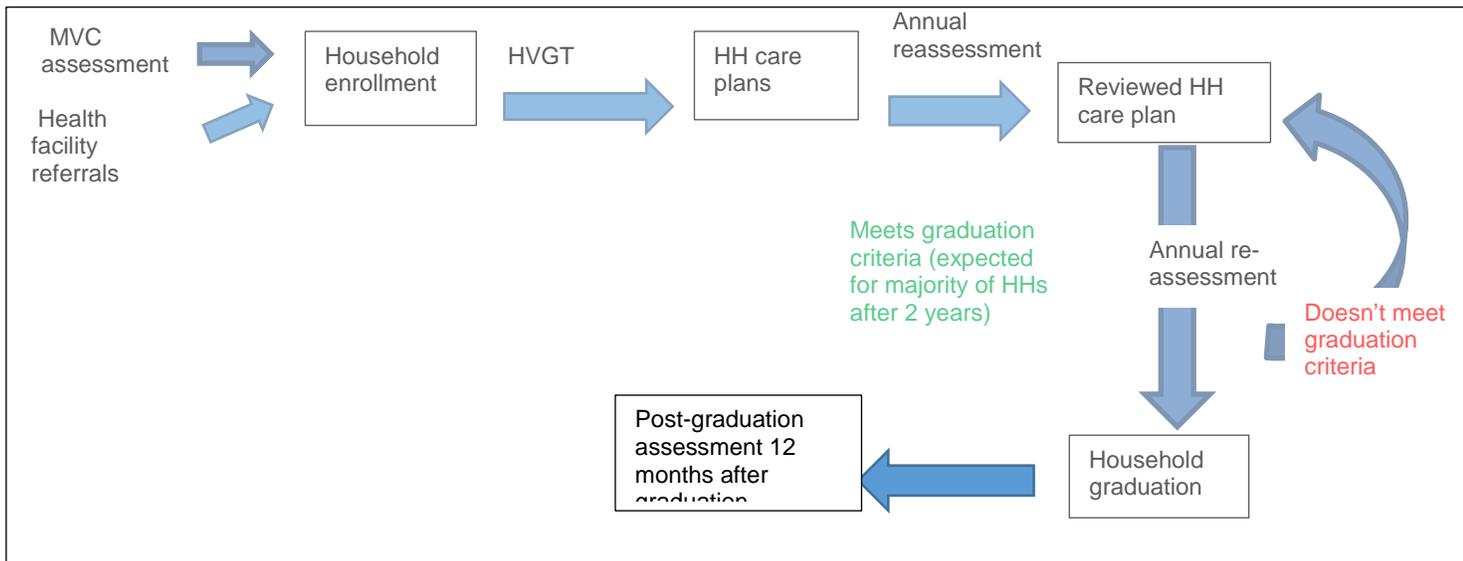


Figure 6 : Twiyubake’s care planning and graduation procedures (taken from the program’s HVGT) framework

Management Issues and Implementation Challenges

Meeting household recruitment targets in some districts

The current approach to beneficiary enrollment into the program is through the MVC assessment for children listed in the NCC database. Upon enrollment, program beneficiaries, usually primary caregivers in the household, are organized into savings groups made up of 15-20 members who live in the same or neighboring villages. In some districts, the program has faced challenges finding sufficient numbers to form savings groups. As the second enrollment entry point, through referrals from health facilities, has not taken shape, beneficiaries in these sites are not receiving some of the critical services they should be getting, and are lagging behind their peers in other program sites. The program continues to explore the introduction of additional program entry points beyond the MVC lists and the health facility linkages, especially considering that household enrollment affects the achievement of other program indicators. Furthermore, the establishment of a partnership with RRP+ described above is seen as a potential strategy to address this challenge and will be explored in the next quarter.

Plans and Areas of Emphasis for the Coming Quarter

The following important activities are scheduled for the next quarter:

Economic Strengthening

- Elaboration and completion of the delivery mechanism of the household grants program.
- Training of RPOs on work readiness and career planning—to be cascaded to beneficiaries through volunteers targeting vulnerable adolescents in beneficiary households.

- RPOs will be supported to start applying the SAVIX system to systematically report on savings group data.
- RPOs will provide kits and seeds to Farmer Field schools, provide them with training on Bio-intensive Agricultural Techniques (BIAT), and create demonstration plots.
- RPOs and CBVs will train youth clubs on career guidance and work readiness.
- RPOs will train CBVs on decision-making.
- RPOs will finalize establishment of Cohort 1 and 2 savings groups where needed.
- RPOs will establish and support youth savings groups, training them on saving methodology and decision-making.

Household and Community Strengthening (HCS)

- Several ToTs for RPOs have been scheduled, including: positive masculinity; child protection using the training module developed by the NCC; Umugoroba w'Ababyeyi (UWA) applying the user guide developed by NWC in partnership with Global Communities; SRHR for health professionals in collaboration with Rwanda Biomedical Center (RBC).
- Follow-up training on the ECD modules for RPO staff and volunteers in all districts.
- Supportive supervision to ensure that RPOs provide quality services to community based volunteers in the community.
- RPOs will train ECD facilitators and care-givers on ECD practices, train CBVs on child protection, and equip ECD centers and play groups.
- RPOs will establish and support new ECD centers, using CBVs to enroll children.
- RPOs will train CBVs on adolescent SRHR, GBV prevention and response, and adolescent counseling techniques for HIV/AIDS.
- RPOs will establish and support youth clubs.
- RPOs will train youth leaders and CBVs on life skills and use of life skills tools.
- RPOs will train CBVs on family planning, gender and positive masculinity, GBV prevention and response, and positive parenting.
- CBVs will begin conducting home visits to counsel households on program areas including family planning, ECD practices, positive masculinity, and GBV prevention/response.
- RPOs will organize campaigns on HIV/AIDS counseling and testing for adolescents.
- RPOs will organize campaigns on menstrual health management and teenage pregnancy prevention.

Health Promotion

- Finalize the program's formal agreement with RRP+ and support recruitment of volunteers to support health promotion activities—majority to be selected from the RRP+ network.
- Support the process of beneficiary enrollment and selection from the health facility level, including organizing a TWG meeting and training—to be done jointly with NCC and RBC.

- Conduct training for RPOs on health-promotion activities.
- RPOs will disseminate HIV testing and counseling (HTC) messaging through youth clubs using street theater.
- RPOs will accompany beneficiaries to HIV services.
- RPOs will train and equip CBVs on voluntary testing and counseling (VCT), HTC, adherence to ARV therapy, prevention of lost-to-follow-up (LTFU), and the continuum of response.

Nutrition and WASH

- Identification of children under 5 and pregnant and lactating mothers in nutrition districts in order to ensure that they are linked to CBNP services.
- Support RPOs to provide kits (cooking demonstration kits, height and weight monitoring tools) and to start implementation and delivery of CBNP and PDH services.
- Conduct a two-day district workshop to identify partners involved in the District Plan for Elimination of Malnutrition (DPEM) and PDI (Positive Deviant Inquiry) in order to avoid duplication.
- Support the RPOs to scale up training of CHWs and CBVs in WASH activities and create WASH committees at the sector level, in sectors in which they do not exist.
- RPOs will establish (where needed) community hygiene clubs based on MoH's CBEHP approach, and provide them with WASH kits.
- RPOs will train and equip CBVs on CBEHP.
- RPOs will disseminate WASH messaging to households.

Capacity Building and Referral Networks (CBRN)

- Support the establishment of referral and linkage networks in the Twiyubake districts.
- Conduct RPO capacity and performance review, applying the ECBM.
- Showcase program achievements through district open days.
- Support RPOs in complying with district annual evaluations.

Monitoring and Evaluation

- Begin implementation of the baseline HVGA for approximately 12,000 Cohort 1 households. The activity will be implemented with the support of 40 enumerators trained by the program and case management volunteers.
- Continue the development of the program Management Information System (MIS), which b in Quarter 3 and will be completed in Quarter 4.
- Work with the CBRN team to establish a system for integrative supportive supervision of program activities to ensure quality service delivery and improvement.
- Provide extensive support to RPOs in site preparation for SIMS visits, particularly considering that this will be the first visit for most of the RPOs.

Gender Mainstreaming

- Facilitate the hiring of an external consultant to conduct the gender gap analysis across the USAID/Twiyubake Program and implementing partners.
- Provide technical support to USAID/Twiyubake RPOs to train CBVs on gender equality, positive masculinity, and gender-based violence services provision.

Communications and Outreach

- Finalize the program’s Public-Private Partnership (PPP) strategy and start implementing activities in line with the strategy.
- Conduct RPO learning workshop on communications, including development of success stories, branding, BCC strategy and materials.
- Support printing and dissemination of BCC messages to RPOs for use by CBVs in sensitization campaigns.

Success Stories

USAID/Twiyubake SRHR club supporting district efforts to sensitize youth

Club Twiyubake, located in Huye sector of Huye district, is one of the youth clubs created by DUHAMIC – ADRI with the assistance of trained CBVs. The club has 54 members (30 girls and 24 boys), the majority of whom are MVC identified through the program’s beneficiary recruitment process. Club members continue to receive training on SRHR, GBV prevention and response and HIV prevention. In June 2016, DUHAMIC – ADRI, in partnership with Huye sector officials, organized a sensitization campaign during the monthly



Figure 7: Club Twiyubake performing a play on fighting HIV/AIDS among youth

community works (Umuganda). The focus of this campaign was to sensitize youth on SRHR and HIV prevention; Club Twiyubake was invited to support this campaign. The club successfully reached out to the youth with messages channeled through plays and songs under the theme “*Turwanye Sida Twita Kurubwiruko*” (“Let’s fight AIDS and care for the youth”). This campaign reached 400 youth. The club has quickly become well-established at the sector level based on its good performance, and it is expected that the sector will continue to leverage the club’s capacity to reach out to even more adolescents and young people.

Cost Share

Global Communities has committed to reach a total of \$5,600,000 in cost share contribution through the life of the program. During Quarter 3 of FY16, the program contributed \$11,515 worth

of cost share, bringing the total cost share contribution since the start of the program to date to \$39,511. The cost share contributed was mainly from donated use of facilities such as office space and meeting rooms to host trainings, and donations of skilled labor.

It is anticipated that from the next quarter going forward, the cost share contribution will only keep increasing with the inclusion of unskilled labor cost share that will be provided by local communities through CBVs during program implementation. Additional cost share be mobilized through partnerships with the private sector.

Cumulative List of Documents Submitted to USAID’s Development Experience Clearinghouse (DEC)

1. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY15 Quarter 2 Report
2. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY15 Quarter 3 Report
3. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY15 Quarter 4 Report
4. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY15 Annual Report
5. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY16 Quarter 1 Report
6. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY16 Quarter 2 Report

ANNEX A: Weighted factor rating used to determine most vulnerable districts for conditional household grants

Districts	Factors									Total scores	Ranking
	% of households in Ubudehe cat 1			Malnutrition			Primary school nonattendance rate				
	Rate	Weight	Score	Rate	Weight	Score	Rate	weight	score		
Nyarugenge	7.2	5	36	28.7	3	86.1	14.5	2	29	151.1	10
Gasabo	12.2	5	61	22.3	3	66.9	7.7	2	15.4	143.3	11
Kicukiro	4.1	5	20.5	17	3	51	7.9	2	15.8	87.3	12
Huye	15	5	75	42.6	3	127.8	14.7	2	29.4	232.2	6
Kamonyi	7.1	5	35.5	36.6	3	109.8	10.7	2	21.4	166.7	9
Karongi	16.7	5	83.5	49.1	3	147.3	8.3	2	16.6	247.4	5
Rutsiro	19.6	5	98	45.8	3	137.4	12.6	2	25.2	260.6	2
Nyamasheke	40.7	5	203.5	34	3	102	10.3	2	20.6	326.1	1
Musanze	15.3	5	76.5	37.8	3	113.4	5	2	10	199.9	8
Burera	22	5	110	42.9	3	128.7	9.5	2	19	257.7	3
Gicumbi	25	5	125	36.6	3	109.8	6.8	2	13.6	248.4	4
Kayonza	11.2	5	56	42.4	3	127.2	17.1	2	34.2	217.4	7