



USAID Twiyubake Program FY16 Quarter 2 Report



This publication was produced for review by the United States Agency for International Development. It was prepared by Global Communities and submitted on April 29, 2016.



Name of Project	Improved Services for Vulnerable Populations (ISVP) (known locally as the USAID/Twiyubake Program)
Country and regions	Rwanda, Africa
Donor	USAID/PEPFAR
Award number/symbol	AID-696-A-15-00002
Start and end date of project	February 23, 2015 – February 22, 2020
Total estimated federal funding	\$36,997,332 million USD (funding from USAID/PEPFAR)
Contact in Country	Dr. Samson Radeny Chief of Party Global Communities P.O. Box 7028 Kigali, Rwanda
Contact in U.S.	Randy Lyness Director of Program Operations Global Communities (Headquarters) 8601 Georgia Ave., Suite 300 Silver Spring, MD 20910 USA



USAID/Twiyubake Program

Quarterly Report

FY16 Q2

January 1, 2016 – March 31, 2016

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.

Table of Contents

Table of Contents.....	i
Abbreviations and Acronyms.....	ii
Executive Summary	1
Program Overview	3
Program Objective	3
Expected Results.....	3
Program Consortium	4
Progress by Intermediate Result (IR) Area.....	6
Cross-Cutting Activities	6
IR1: Increasing the capacities of families and communities to provide healthy, nurturing, and engaging environments for vulnerable children under 5	10
IR2: Decrease family economic vulnerability.....	12
IR3: Increased knowledge, attitudes, skills, aspirations, and confidence of adolescents transitioning to adulthood	15
IR4: Increased capacity of communities to provide essential preventative and protective Services. ...	17
Management Issues.....	19
Administrative	19
Coordination	19
Comparison of Actual Accomplishments with Established Targets.....	20
Plans and Areas of Emphasis for the Coming Quarter	21
Economic Strengthening	21
Household and Community Strengthening (HCS).....	21
Health Promotion, Nutrition and WASH	22
Capacity-Building and Referral Networks (CBRN)	22
Monitoring and Evaluation	22
Gender Mainstreaming	23
BCC	23
Grants and Contracts	23
Progress on Environmental Monitoring and Mitigation Plan (EMMP).....	23
Cost Share.....	24
Cumulative List of Documents Submitted to USAID’s Development Experience Clearinghouse (DEC).....	25

Abbreviations and Acronyms

AEE	African Evangelical Enterprises
ANC	Ante Natal Care
ASRHR	Adolescent Sexual and Reproductive Health and Rights
AT+	AIDTracker+ reporting system
BCC	Behavior Change and Communication
CDC	Center for Disease Control
CSO	Civil Society Organization
DEC	Development Experience Clearinghouse
ECBM	Enhanced Capacity Building Model
ECD	Early Childhood Development
EPR	Eglise Presbyterienne au Rwanda
FP	Family Planning
FXB	Francois-Xavier Bagnoud
FY16	Fiscal Year 2016
GBV	Gender-Based Violence
GoR	Government of Rwanda
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IR	Intermediate Result
ISVP	Improved Services for Vulnerable Populations
MIGEPROF	Ministry of Gender and Family Promotion
MIS	Management Information System
MoH	Ministry of Health
MVC	Most Vulnerable Children
NCC	National Commission for Children
NYBE	Nine Year Basic Education
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PIH	Partners in Health
PMP	Performance Monitoring Plan
RBC	Rwanda Biomedical Center
RH	Reproductive Health
RPO	Rwanda Partner Organization
ToT	Training of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
VOP	Volunteer Opportunity Pathway
WASH	Water, Sanitation, and Hygiene
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. The program aims to improve protection the protection of vulnerable populations against advance circumstances. This progress report summarizes the accomplishments of the program during Quarter 2 of the current fiscal year (FY16). The program made great progress in selection and enrollment of beneficiaries as well as preparing for service delivery. Contracts were finalized for three Rwanda Partner Organizations (RPOs) who will be working across nine program districts. The program now has all implementing partners on board, and has officially launched operations in all 12 targeted districts.

Enrollment of cohort 1 sectors and beneficiaries was a major area of focus during this reporting period. This process is detailed below:

1. Assessment of all eligible children identified through the Most Vulnerable Children (MVC) database: This assessment uses the community-level social assessment tool developed by the Orphans and Vulnerable Children (OVC) Technical Working Group (TWG), which is led by USAID and the Rwanda Biomedical Center (RBC). Village social affairs officials are trained to apply this tool and are responsible for assessing each child in their village. The assessments are reviewed and endorsed by the head of the village and the cell executive secretary.
2. Selection and approval of beneficiary households: Data entry of MVC assessment forms is conducted at the program level and the most vulnerable households are selected based on assessment scores. The lists of selected families are shared with sector officials for final approval.
3. Enrollment of beneficiary households: Selected households are invited to enroll in savings groups as the entry point into program support. Once the head of household/guardian is enrolled, basic information on all household members is collected and entered into the program enrollment form. This information forms the basis for identifying and linking other household members to the broader package of program services.

In three program districts (Huye, Karongi, and Kayonza), 4,211 eligible cohort 1 households completed the enrollment process, and began receiving services. With household economic strengthening services serving as the foundation of program support, RPOs in the three Tier 2 districts initiated the creation of 218 savings groups, reaching 4,398 OVC parents and guardians.¹ Furthermore, savings group members received messaging on Early Childhood Development (ECD), family planning, and HIV prevention. Program services were also extended to eligible OVC through two key interventions: ECD services for children under 5, and adolescent sexual and reproductive health and rights (ASRHR) for adolescents and young people. In the remaining nine program districts, MVC assessments were completed and identified eligible households are expected to begin receiving services in the next quarter.

During this reporting period, the program team trained RPOs on different intervention areas, including ASRHR, gender-based violence (GBV) prevention, and HIV prevention; the savings

¹ 187 OVC parents and guardians who received services through savings groups had not yet been officially enrolled since they hadn't completed the enrollment form. This is why there is a discrepancy between eligible households enrolled (4,211) and beneficiaries reached through savings groups (4,389).

with education approach; and ECD and family planning. Altogether 55 individuals – mainly project personnel – were trained. Per the program model, trained RPO staff cascade trainings to community volunteers responsible for supporting program activities at the community level.

Program Overview

The Improved Services for Vulnerable Populations (ISVP) Program was awarded to Global Communities by USAID Rwanda in February 2015. Known locally as the **USAID/Twiyubake² Program**, the ISVP 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 like 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 USAID support to the Government of Rwanda (GoR) and civil society partners.

Program 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 to access social and educational services necessary for improved health and wellbeing, including ECD programs, diverse 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 below age five;
2. Family economic vulnerability decreased;
3. Increased knowledge, attitude, skills, aspirations and confidence of adolescents transitioning to adulthood; 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.

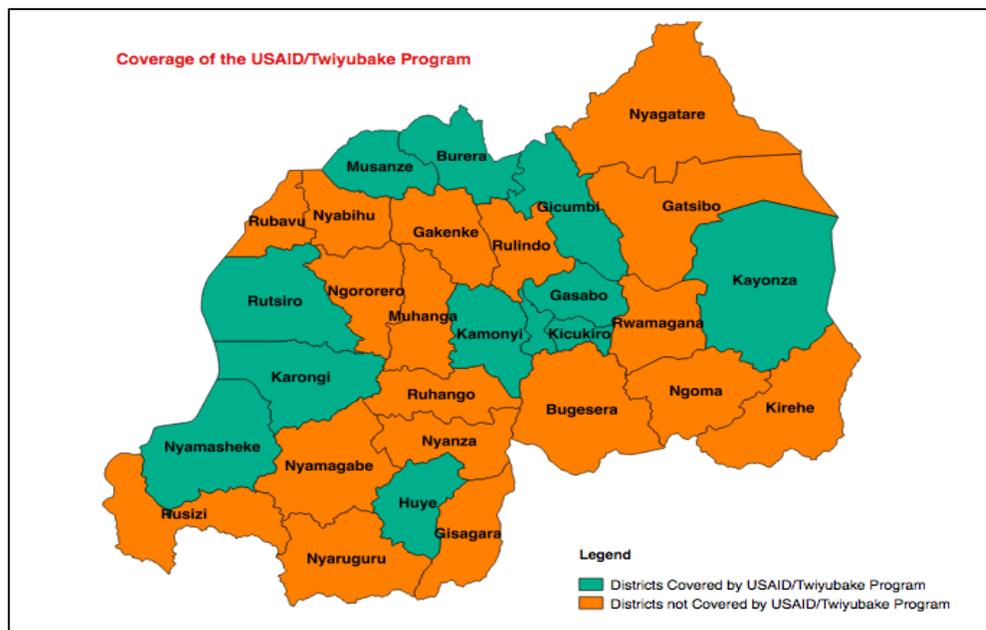
4. Increased capacity of communities to provide essential preventative and protective services to vulnerable families and children.

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, 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 clinical-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 one and four of the twelve 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
- **Francois-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 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
- **Eglise Presbyterienne 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

Signing of contracts with three tier 1 RPOs

In February 2016, Global Communities signed cost-reimbursement contracts with the three Tier 1 RPOs (AEE, Caritas, and FXB) for implementation of the USAID/Twiyubake program in nine districts of Rwanda. The period of performance for these contracts is 15 months, but may be renewed based on performance and funding availability.

The Tier 1 RPOs received a one-day orientation workshop, which introduced key aspects of the program including contractual compliance, program activities and planning, monitoring and evaluation requirements and methodologies, and financial management requirements. Each RPO will work with one USAID/Twiyubake Zonal Manager who will be their primary point of contact for administration, technical support, and coordination. Having a single point of contact increases the efficiency of communication and decreases the challenges related to activity coordination and planning.

Sub-grant agreements with Tier 2 RPOs and introductory orientation were completed and reported in Quarter 1.

Official USAID/Twiyubake Program launch in 10 districts

During this reporting period, the USAID/Twiyubake Program officially launched in the 10 districts. Program launch in two districts were conducted and reported in the previous reporting period. These launch events were organized in cooperation with the implementing RPO in each district, and were critical opportunities to present the program to key local government officials and stakeholders who will be involved in the implementation of USAID/Twiyubake activities. Through these launch events, officials and stakeholders received information on planned program activities by sector, and had the chance to ask questions, present concerns, and give feedback. The official launch events ensured buy-in from district officials, and gave USAID/Twiyubake staff a



Figure 1: local government officials speaking at the program launch event in Huve

sense of the local officials' concerns. District officials questioned the methodology behind the selection of targeted sectors within each district and the selection of activities within each sector. These concerns were shared with USAID. The USAID/Twiyubake staff present during these events explained the rationale for selection of sectors and services to the local authorities, noting that the selection was based on a variety of criteria, including HIV prevalence and community economic vulnerability. Following the program launch events, RPOs immediately began beneficiary selection and program implementation in each district.

Community-level beneficiary recruitment through MVC assessment and selection

A TWG chaired by the RBC and USAID and composed of representatives from the National Commission for Children (NCC), Center for Disease Control (CDC), and OVC implementing partners (including Global Communities) developed and validated guidelines for the selection and identification of OVC. These guidelines provide criteria for the identification of vulnerable children and families receiving support from OVC programs. Two key entry points into OVC programs were identified: community and health facility levels. The USAID/Twiyubake program was the first to operationalize and apply the community-level tool and guidelines in recruiting program beneficiaries. The process of operationalizing the tool included the development of a training/user guide for village-level officials applying the community social information assessment tool. By applying the community-level MVC assessment tool, village and local government officials understood and followed standard practices to select the most vulnerable families as program beneficiaries.

In partnership with the RPOs, the USAID/Twiyubake team trained and supervised village officials in charge of social affairs, who then assessed each child on the NCC MVC list residing in their respective villages. The program trained a total of 1,650 officials in 45 sectors across all 12 program districts. The program requires each village leader and cell executive secretary to review and sign off on assessment results for all villages in their jurisdiction.

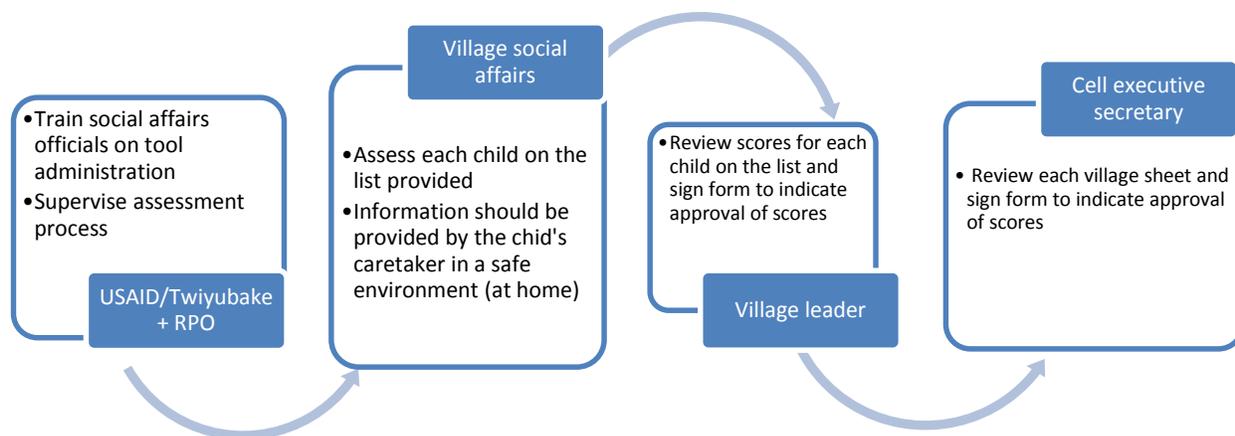


Figure 2: Process of community level assessment of MVC

In this reporting quarter, the MVC assessment process was completed for 54,543 children across 10⁴ program districts. Results indicate that a further 10.5% of MVC registered in the NCC database were not assessed for various reasons, including: children who had moved and no longer lived in the villages; children above age 18; children who had died; and children who could not be identified by village officials, among others.

⁴ MVC assessments were delayed in Gicumbi District due to accuracy issues with the MVC lists provided by the NCC for this district. The corrected lists were obtained at the end of Q2, and assessments are scheduled for April 2016. For Kicukiro District, assessments have not yet been done as there is no Cohort 1 sector in this district.

Furthermore, the program developed a Management Information System (MIS) to process data collected through the MVC assessments. As presented in Figure 2, this system ensures transparent selection of eligible households by auto-generating beneficiary lists based on children with the highest vulnerability scores. Once a child's score falls within the determined threshold of their district, the child's household is automatically selected as a beneficiary household. The lists of eligible households are then submitted to sector-level local officials for approval prior to beneficiary enrollment. Seeking local government endorsement at three levels, namely the village and cell level, during MVC assessment, and the sector level, during beneficiary selection, ensures transparency and objectivity throughout the selection process.

The selection and approval of beneficiary households were completed for 13,652 households in 27 sectors during this reporting period.

After receiving sector-level approval, the RPOs immediately start enrolling households into savings groups and completing the program household enrollment form.

The 12 program districts are at different stages of assessment, selection, and enrollment: the entire process has been completed by the Tier 2 RPOs in their 3 districts of implementation, with 4,211 households enrolled, while the process is ongoing in the 9 remaining districts.

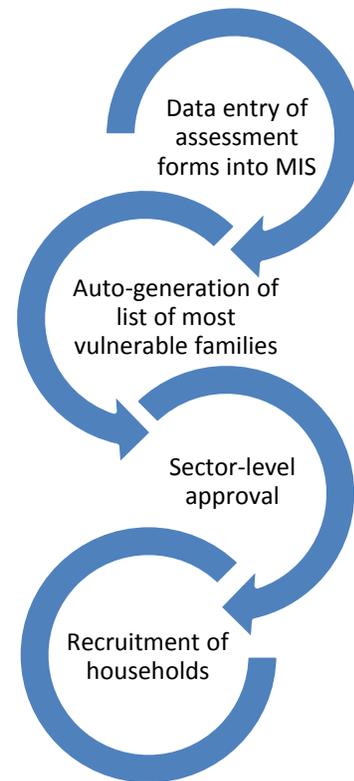


Figure 3: Process of selection and approval of eligible households

- **1,650** village officials trained to apply MVC community assessment tool in 12 districts
- **54,543** individual MVC assessed in 10 program districts
- **13,652** eligible households identified to receive program services in 10 program districts
- **4,211** households successfully enrolled in 3 program districts

Training for program staff on gender mainstreaming and GBV prevention and response

Gender mainstreaming is fundamental to the USAID/Twiyubake program, and is integrated across all intervention areas. Plan International, as the technical lead on gender integration, trained program staff on incorporating gender quality, female empowerment, and gender integration into programming.

The Gender Technical Advisor trained 25 program and administrative staff on the foundations of gender mainstreaming and GBV prevention and response. Trainees had a chance to identify and discuss key gender issues to be addressed in their respective technical areas. The issues include the limited involvement of men in reproductive health activities, including family planning, and the unequal division of household labor. Pre- and post-test results for this training indicated an increase from 50% to 90% in knowledge of basic gender concepts. Twelve program staff participated in a more advanced gender concepts and mainstreaming training led by the Plan International Senior Gender Equality Specialist.

Participants of both workshops committed to consistently ensure gender mainstreaming across program interventions, an effort which Plan International will support and monitor.

Training of Trainers (ToT) workshop on facilitation and capacity building

An external consultant hired by Plan International delivered a series of capacity building trainings for 21 program staff in February and March 2016. The consultant worked with program team members to define training needs and approaches and to empower staff from each team to facilitate training sessions. The two-day ToT covered several topics, including participatory training, effective ToT, effective coaching, and M&E for training sessions. As a follow up to the training, key resources were produced and disseminated by the consultant in consultation with the trainees. These resources include facilitation/training challenges and solutions, pre- and post-test templates, strategies for effective ToT, and a list of participatory techniques. These resources are important in ensuring quality capacity building for RPOs and will be applied extensively by technical teams.

Engagement with GoR and other program stakeholders

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

- *NCC workshop on developing a child protection MIS*: As part of an NCC initiative to develop a child protection MIS, a three-day participatory workshop was organized, bringing together different stakeholders. The purpose of this workshop was to ensure that information requirements and indicators relevant to all stakeholders are considered, and that, ultimately, the MIS will be useful for monitoring all child protection activities in Rwanda. Various public and private sector child protection organizations, including Global Communities, participated in this workshop and continue to support this initiative.
- *Ministry of Gender and Family Promotion (MIGEPROF) meeting to validate Umugoroba w'Ababyeyi guidelines*: USAID/Twiyubake participated in a one-day MIGEPROF meeting to review and validate the Umugoroba w'Ababyeyi guidelines. A series of review meetings verified that all of the Umugoroba w'Ababyeyi thematic areas are adequately included in the guidelines prior to the approval and dissemination of the document.
- *Participation in the OVC partners TWG*: In partnership with USAID and RBC-led OVC partners' TWG, Global Communities hosted a TWG meeting in March to discuss progress on the application of OVC selection guidelines developed by the TWG. This meeting provided an opportunity for implementing partners to learn from each other's best practices and identify solutions to implementation challenges.
- *Development of a program work plan for the Ministry of Health (MoH)*: The program is seeking to formalize a partnership with the MoH since several of the program strategies, including nutrition and linkages to HIV services, will require alignment with existing MoH structures. At the request of the MoH, the program developed and submitted a work plan and budget for all health-related activities using the GoR format. The program has scheduled meetings in Quarter 3 of FY16 with different MoH teams to confirm implementation guidance and seek endorsement for rolling out health promotion interventions.

The following table provides an overview of progress on cross-cutting indicators provided in the program's performance monitoring plan (PMP) and reported on a quarterly basis. The program is only reporting on indicators related to activities and services which have already been rolled

out. So far, service delivery has only been rolled out in seven sectors (three districts) out of the 47 planned for full USAID/TWIYUBAKE programming in FY16. The program will expand to additional sectors in Quarter 3 and will be able to reach its FY16 target.

Table 1: Achieved results for cross - cutting indicators for Quarter 2 of FY16

Indicator	Achieved in (Quarter 2 FY16)*	Target (FY16)
C1. Number of OVC served	2,304	55,000
C4. Number of vulnerable households benefiting directly from USG assistance	4,211	30,000
C5. Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	24,121 ⁵	66,781

IR1: Increasing the capacities of families and communities to provide healthy, nurturing, and engaging environments for vulnerable children under 5

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

Training of RPO staff in ECD

The program worked with an external consultant to adapt simplified ECD modules from the national curriculum. Two modules were developed and training delivered to 28 RPO staff. These trainings aimed to strengthen the RPO staff technical understanding of ECD concepts, service delivery modalities, and its importance as a government priority. Key topics covered include national ECD goals and guidelines, ways to help young children learn, and the six ECD national curriculum learning areas. The RPO field officers are expected to cascade this training to community volunteers and caregivers, and to strengthen community-managed ECD centers. Dissemination of ECD messages will be conducted through other program channels like savings groups, Umugoroba w’Ababyeyi, and home visits in order to reach a wider audience, including parents and guardians of children under five.



* These results are also cumulative, since this is the first quarter the program is reporting on these indicators.

⁵ As per the PEPFAR definition of OVC_SERV, this result only includes new beneficiaries registered in the last quarter who are counted as active, even if they have not yet received services.

Beneficiary identification and ECD messaging for parents with children under 5

In Kayonza, Huye, and Karongi districts, USAID/Twiyubake identified parents with children under the age of 6 and enrolled in savings groups to receive ECD services.

These parents were brought together to attend ECD education sessions to learn about positive parenting and how their children can benefit from the 5 pillars of ECD (education, sanitation, nutrition, health, and child protection). The ECD sessions were conducted by the 220 community volunteers who have been trained and reached 1,948 parents and guardians with messages on positive parenting, including stimulation and improved feeding practices for children under five.. Additionally, 191 children accessed ECD services by participating in play activities, while 621 eligible children were identified and are expected to access ECD services in the next quarter.

In order to expand the reach of ECD services, implementing partners mapped out existing ECD centers and identified suitable locations for new ECD centers and playgroups. The majority of existing facilities are nurseries created by parent associations in the community, so the program will help graduate these nurseries into ECD centers by helping them attain the five ECD pillars as required in the national ECD policy.

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

Improving nutrition and WASH practices

During the quarter, the program has hired a nutrition advisor who will lead implementation of all nutrition and WASH related activities. So far, the following activities have been conducted to prepare for roll out of nutrition and WASH services:

- *Development of Nutrition and WASH technical strategies:* Detailed implementation strategies have been developed to guide the operation of nutrition and WASH interventions. The strategies highlight the technical approach, key areas of intervention, potential partnerships, measures of success and relevant indicators.
- *Developed the health and nutrition work plan in government template:* A detailed work plan has been developed indicating planned nutrition and health related activities. The work plan has been submitted to the MoH community health desk for review and endorsement.
- *Development of nutrition and WASH training manuals:* The program will use existing MoH-approved CBNP and Nutrition education/counselling materials (including MYICN), however as there is currently no approved PDH manual, the program will develop this manual in Quarter 3 (in coordination with all relevant MoH stakeholders). The manual will be completed in Quarter 3 and the ToT for RPO field officers is also scheduled for Quarter 3.
- *Nutrition and WASH assessment tools:* Assessment tools have been developed to identify existing gaps in communities targeted for nutrition and WASH activities.

Family planning promotion and sensitization

During this quarter, the program initiated activities to promote family planning among beneficiary households. Family planning messaging 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. USAID/Twiyubake Program implemented the following activities to promote family planning:

- The health promotion team met with the MoH to seek guidance on training and messaging materials used during family planning sensitization. Following this meeting it was agreed that USAID/Twiyubake will adapt existing materials developed by MoH.
- Fourteen RPO field officers working in Huye, Karongi, and Kayonza participated in a one-day orientation workshop on the promotion of family planning conducted by the program team. The field officers were equipped with tools and knowledge to cascade the training, supervise field activities, and report on family planning activities.
- RPO field officers cascaded the training to 245 community volunteers.
- Using saving groups as a platform, community volunteers reached 2,753 individuals with family planning messages.



Figure 4: program staff support community volunteers in sensitizing beneficiaries on family planning

The RPOs and health promotion team actively participated in and supervised family planning awareness-raising sessions at the community level. By participating in these sessions, the program team was able to identify family planning issues and challenges and will develop strategies to address them. The issues include limited male involvement and audience segmentation, since some of the savings group beneficiaries are above reproductive age.

The following table summarizes progress on Result 1 indicators provided in the program’s PMP and reported on a quarterly basis. Activities related to these indicators have been implemented in seven of the 47 targeted sectors.

Table 2 : Achieved results for R1 indicators for Q2FY16

Indicator	Achieved (Q2 FY16) *	Target (FY16)
1.1.7. Number of parents or guardians trained in at least one aspect of early child development	1,948	8,000
1.2.1. Number of children under 6 years participating in an ECD program	812	20,000
1.3.14. Number of people who received FP/RH messages outside health facilities	2,619	41,000

IR2: Decrease family economic vulnerability

* These results are also cumulative, since this is the first quarter the program is reporting on these indicators.

2.1. Basic consumption needs of critically vulnerable families met

Identification delivery mechanism for household grants and tools for selection of household grant beneficiaries

USAID/Twiyubake anticipates using mobile money system to transfer conditional household grant funding to destitute households. The economic strengthening team is exploring service provider options, and recently met with two key players in the telecom industry who presented their systems. The program is also exploring the possibility of digital payments to meet other operational and programmatic payment needs. Two program team members attended a three-day training on transitioning from cash to electronic payments, which was organized by USAID in collaboration with NetHOPE.

Additionally, the economic strengthening team organized a site visit to a savings group with one of the telecom service providers. The aim of this field visit was to help the telecom provider gain an understanding of how savings groups operate and how their current services could address the group's cash transfer. The program expects further engagements with potential providers to gain a better understanding of their services and systems, which eventually will inform the program's selection of preferred telecom service provider/s.

Regarding the identification of critically vulnerable families to receive household grants, the program has made some progress in developing materials to guide this process. The most destitute households who will receive conditional household grants will be selected from program beneficiaries, thus this intervention will commence once Cohort 1 enrollment is completed. So far, the Economic strengthening team has drafted household grant manual and selection guidelines to ensure standardized and transparent implementation of this activity. Additionally, a family performance contract tracking tool has been developed, this will support families in planning to transition out of temporary conditional household grants support. All tools are expected to be finalized in Quarter three.

2.2. Improved capacity of families to manage and generate income

Training of Tier 1 RPO field officers on the savings with education approach

The USAID/Twiyubake economic strengthening team conducted a three-day ToT on the savings with education approach for 17 RPO staff from Caritas Rwanda, FXB, and AEE. The training covered the five core modules of savings group methodology: savings group formation, group funds, by-laws, record keeping, and meeting procedures. Beyond these principles, the training also touched on gender mainstreaming, facilitation techniques, and principles of adult learning.

This ToT is an important first step toward creating savings groups, which are the first entry point for beneficiary households joining the USAID/Twiyubake program. Following this training, the RPOs, with supervision from the economic strengthening team, will cascade the training to community volunteers in nine program districts. Volunteers will be responsible for supporting and supervising savings groups at the community level.

Economic strengthening support for 4,398 individuals in three program districts

The USAID/Twiyubake model for household economic strengthening begins with savings groups. These groups promote financial inclusion and prepare individuals for higher-level participation in economic activities. Savings groups are a critical part of the economic strengthening package because they provide households with the opportunity to grow household assets, access emergency funds, learn money management skills, and eventually grow or expand micro and small enterprises. The saving group methodology has additional benefits to

participants and their families. The groups serve as a platform for referrals and messaging on health, nutrition and agriculture, life skills, and parenting education, among others.⁶ When a beneficiary enrolls in a savings group, he/she must complete the USAID/Twiyubake program household enrollment form. This form collects household demographic information as well as details on all household members, which is used to link them to the broader range of program services.

This quarter, the program has established 218 adult savings groups in Kayonza (67), Huye (95), and Karongi (56), reaching a total of 4,398 beneficiaries with economic strengthening support. Each group consists of 15-25 members from the same community, all of whom were recruited based on their vulnerability as determined through the MVC selection process. As part of the start-up process, members receive training and elect their leaders. The RPOs began the process to purchase savings group kits for groups. This process is will be completed in Quarter 3.

Group members received messaging as indicated in the below graph during this quarter.

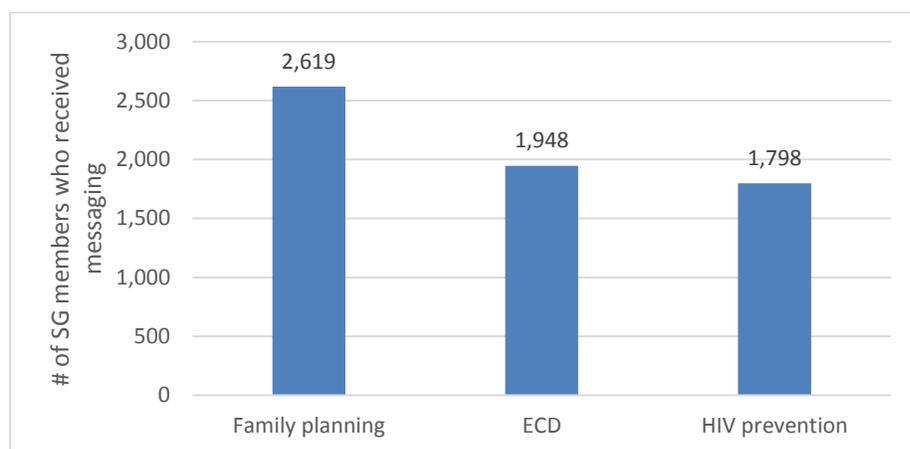


Figure 5: Sensitization and messaging provided to saving group members in the reporting quarter

Additionally, 15,618 parents and guardians of MVC in 6 program districts (Burera, Musanze, Nyarugenge, Gasabo, Rutsiro, and Nyamasheke), were identified as eligible beneficiaries and will be enrolled in savings groups in Quarter 3.

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. Activities related to these indicators have been implemented in 10 sectors including four Household Economic Strengthening (HES)⁷ only sectors.

⁶ Wrap around services are only provided to savings groups in sectors assigned to the ‘full USAID/TWIYUBAKE treatment arm’. Savings groups in sectors assigned to the ‘economic strengthening arm’ only receive savings and financial education.

⁷ Households in sectors assigned to the HES treatment arm only receive services relating to savings groups and financial education, as per the impact evaluation.

Table 3 : Achieved results for Result 2 indicators for FY16 Quarter 2

Indicator	Achieved (Quarter 2 FY16)*	Target (FY16)
2.1. Number of individuals reached with household economic strengthening	4,398	30,000
2.2.2 Number of savings groups supported	218	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 and HIV prevention among vulnerable adolescents.

ToT on ASRHR, GBV prevention, life skills, and HIV prevention and counseling

The program reviewed and adapted existing materials to produce an integrated manual covering ASRHR, GBV prevention, life skills, and HIV prevention. The manual will be used by volunteers in delivering messages to adolescents. The manual addresses issues that affect adolescents and young adults, such as HIV prevention, treatment and care, and GBV prevention and response.

A three-day TOT combining topics on ASRHR, GBV prevention, life skills and HIV prevention and counselling, was organized for 32 staff with representation from the 6 RPOs. Trainees learned how to cascade this training down to community-based volunteers. The program’s SRHR intervention targets both in and out of school adolescents and young adults.

The results of a post-test conducted at the end of the training indicated a considerable change in ASRHR knowledge from 63.8% to 90.6%. The program’s technical team will continue to support RPOs, building their skills to effectively deliver ASRHR services.

Additionally, in line with plans to strengthen adolescent-friendly services, the program team organized learning visits to six youth-friendly centers in different districts. The purpose of these visits was to assess the capacity of existing youth-friendly services and learn from the experience of implementers. Through these learning trips, the team discovered that staff at some of the youth-friendly centers have limited knowledge and tools to advise youth on ASRHR and GBV prevention. In response to this, the program plans to equip these youth-friendly centers with tools such as ASRHR communication and training materials they can use to educate adolescents and young adults about their sexual and reproductive health and rights.

HIV prevention messaging for adolescents and youth

Prevention messaging for small groups is a critical intervention for adolescents and young people, helping to reduce HIV transmission risk behaviors. . HIV prevention messaging is included in the ASRHR module to ensure adolescents and young people receive comprehensive and contextually appropriate messages that respond to their information needs. In Huye and Kayonza, 1,486 adolescents received HIV prevention messages through outreach events organized for youth at the community level. The targeted beneficiaries, in and out of school youth from participating households, received information on HIV risk reduction, rights to information, GBV prevention, and teenage pregnancy. Youth were given a safe space to express themselves

* These results are also cumulative, since this is the first quarter the program is reporting on these indicators.

and discuss issues that they usually have limited information on, particularly since these topics are locally considered taboo. In Quarter 3, the program will scale up this intervention in the remaining 10 targeted districts. Through the program's case management approach, adolescents will be identified to receive HIV prevention messages along with the wider ASRHR package.

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

Youth work readiness strategy

Led by AVSI and in partnership with Akazi Kanoze Access⁸, USAID/Twiyubake Program is developing a strategy for delivering work readiness services to youth, tailored to their literacy levels. The strategy takes into account that youth have varying education and literacy levels, and will adapt training materials and work readiness packages for the following groups:

- Illiterate youth or youth unable to read and write;
- Youth who dropped out of school (Primary 4-Primary 6);
- Youth in school or who are receiving technical training; and
- Youth who completed primary or secondary school and are out of school.

Akazi Kanoze Access will also help establish criteria for targeting youth, help develop methodology and tools to monitor results of the work readiness intervention, and provide quality assurance guidelines to ensure a high standard of practices for this intervention. The strategy and implementation plan will be completed in Quarter 3.

AVSI has worked with Akazi Kanoze Access to support this process because of the following reasons:

- Work Readiness Curriculum training material are open for use but all right are reserved exclusively to Education Development center and Akazi Kanoze Access. Given that materials needed to be adapted for youth with varying education and literacy levels (in school and out of school), AVSI found it important to collaborate with Akazi Kanoze Access that will provide tools adapted to each category of youth.
- Akazi Kanoze Access reserves the monopoly right to certify out of school graduates of Akazi Kanoze program. Therefore to ensure that beneficiaries of work readiness under Twiyubake program are eligible for certification, Akazi Kanoze Access have been brought on board.

⁸ This is a USAID funded NGO implementing youth livelihood projects

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. Activities related to these indicators have been implemented in 7 of the 47 targeted sectors.

Table 4: Achieved results for R3 indicators for FY16 Quarter 2

Indicator	Achieved in (Quarter 2 FY16) *	Target (FY16)
3.1. Number of adolescents receiving information on ASRHR and GBV	1,486	34,000
3.2. Number of adolescents who completed a standardized HIV prevention intervention⁹	1,486	30,000

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

Support GoR agencies in mobilizing and training Inshuti z’Umuryango committees

The USAID/Twiyubake program is committed to strengthening existing GoR child protection and GBV prevention services. Inshuti z’Umuryango (translation for friends of the family), are community-based child and family protection volunteer committees that promote children’s rights, protect children from violence, abuse, and exploitation, sensitize children to prevent school drop outs and teenage pregnancy, promote the equal rights of children with disabilities, and prevent the separation of children from their families. Inshuti z’Umuryango will be working in the villages, reporting to the village chief and to their representative in the cell and sector, up to the district which will follow up on all reports for an inclusive child protection system. This initiative is led by NCC.

In this reporting period, the program strengthened the Inshuti z’Umuryango initiative by:

- Participating in the child protection fora led by the NCC, to review the roadmap for establishment and strengthening Inshuti z’Umuryango;
- Participating in a two-day training of national facilitators on child protection. The eight trainees included two people from RPOs (EPR and YWCA) and six from the USAID/Twiyubake technical team. Trainees learned how to train Inshuti z’Umuryango on child rights, positive parenting, neglect, child abuse, child labor, etc.; and
- Helping the MIGEPROF establish the Inshuti z’Umuryango structure in five program sectors in Huye district, four sectors in Kayonza, three sectors in Kamonyi, and three sectors in Burera. This included mobilizing and training local authorities at the district and sector level on the roles and responsibilities of the committees and supporting the committees’ election process at the village level.

* These results are also cumulative, since this is the first quarter the program is reporting on these indicators.

⁹ USAID/Twiyubake uses an adapted ASRHR training module with 4 sections covering 9 topics, including HIV prevention. To be reported under this indicator, adolescents have completed the HIV prevention topic.

The program continues to strengthen these committees, and has forthcoming plans to train Inshuti z'Umuryango all over the country starting in May. Global Communities will support this process in the sectors where we implement USAID/Twiyubake.

4.2. Improved capacity of CSOs to deliver services to vulnerable children, people living with HIV, and their families

Workshop for tier 2 RPOs on the Enhanced Capacity Building Model (ECBM)

The ECBM is a tool developed by Global Communities that allows organizations to assess their own capacities across seven dimensions related to program implementation. These seven dimensions are governance, administration, human resources management, financial management, communication and public image, referrals and linkages, and gender and policy engagement. On February 17, 2016, USAID/Twiyubake organized a one-day workshop with Tier 2 RPOs to present the ECBM tool, seek RPO buy-in, and review/finalize it. RPO feedback on each dimension of the ECBM was discussed, and Global Communities made final revisions. During the next reporting period, USAID/Twiyubake staff will help Tier 2 RPOs apply the ECBM tool to their organizations and draft a tailored capacity building plan. These capacity building plans will guide USAID/Twiyubake capacity building efforts for each RPO throughout the life of the program.

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

Development of program referral strategy and tools

Linkages are the process of linking program beneficiaries and members of their households to other USAID/Twiyubake program activities that will reduce household and/or individual vulnerability. Referrals are the processes by which program beneficiaries are connected to services or activities that are not provided by USAID/Twiyubake, but which are available in the existing network of government, organizational, and community service providers.

During Quarter 1, USAID/Twiyubake produced a strategic framework for linkages and referrals. A referral form developed during this quarter will be used by the program and non-program service providers in the above-mentioned network of service providers to connect beneficiaries to services. The referral form will track beneficiary information and services provided, and will help different service providers determine the most appropriate intervention to address a beneficiary's needs. Before rolling out this tool, the program will seek approval from the RBC, which is necessary in order to use the tool to refer beneficiaries to/from health facilities. Additionally, since HIV status may be included in the referral tool, a confidentiality protocol, which is currently in development, will also need approval from the RBC.

Management Issues

Administrative

Staffing challenges presented in previous reporting periods have been resolved. USAID/Twiyubake's new Chief of Party, Dr. Samson Redeny, joined the program towards the end of the reporting period, and was introduced to relevant stakeholders at USAID, GoR and RPOs. Additionally, consortium member PIH completed the recruitment of their Health Promotion Manager during this reporting period. USAID/Twiyubake's technical teams and senior management teams are now fully staffed, and program activities are rolling out rapidly.

Coordination

USAID/Twiyubake has a good working relationship and a MoU with MIGEPROF. The program has collaborated with MIGEPROF on several initiatives at their request, including support for the Umugoroba w'Ababyeyi and Inshuti z'Umuryango interventions. Additionally, Global Communities serves on several TWGs such as the child protection TWG. This partnerships continues to enhance the program's support to local communities and beneficiaries.

USAID/Twiyubake found it challenging to connect with the MoH, whose buy-in and approval is needed to facilitate and move forward with several key aspects of the program, including promotion of and linkage to HIV Testing and Counselling (HTC), confidentiality protocol surrounding HIV status, referral forms to/from health facilities, and the use of Community Health Workers. Although this challenge delayed the finalization of several key strategies mentioned above, USAID/Twiyubake consortium member PIH finalized the recruitment of a Health Promotion Manager during this reporting period, who has begun making headway on these issues. Since the recruitment of the Health Promotion Manager, the program has made some progress it's expected that work with be completed in the next quarter, so that implementation of health promotion activities can move forward.

Comparison of Actual Accomplishments with Established Targets

The following table presents the performance this quarter against quarterly targets, for indicators reported on a quarterly basis. However, not all indicators have quarterly targets approved in the program's PMP, as these have only been developed for indicators tracked in the USAID reporting system, AIDTracker+ (AT+).

Table 5: Comparison of performance against quarterly targets

Indicator	Quarter target	Performance this quarter	% of target	Reasons for under-performance
C1. Number of OVC served	N/A	2,304	N/A	No quarterly targets established for this indicator.
C4. Number of vulnerable households benefiting directly from USG assistance	N/A	4,211	N/A	No quarterly targets established for this indicator.
C5. Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	15,000	24,121 ¹⁰	161%	N/A. the program has surpassed its quarterly target and is on track to achieve the fiscal year target.
1.1.7. Number of parents or guardians trained in at least one aspect of early child development	N/A	1,948	N/A	No quarterly targets established for this indicator. The program is on track to achieve its fiscal year target through scale up in 47 sectors.
1.2.1. Number of children under 6 years participating in an ECD program	N/A	812	N/A	No quarterly targets established for this indicator. The program is on track to achieve its fiscal year target through scale up in 47 sectors.
1.3.14. Number of people who received FP/RH messages outside health facilities	5,000	2,619	52%	The program has reached 52% of the quarterly target, this is because of the delayed roll out of activities in the 9 districts covered by Tier 1.
2.1. Number of individuals reached with household economic strengthening	3,000	4,398	147%	N/A. The program has surpassed its quarterly target and is on track to achieve the fiscal year target.
2.2.2 Number of savings groups supported	N/A	218	N/A	No quarterly targets established for this indicator. The program is on track to achieve its fiscal year target through scale up in 47 sectors.
3.1. Number of adolescents receiving information on ASRHR and GBV	N/A	1,486	N/A	No quarterly targets established for this indicator. The program is on track to achieve its fiscal year target through scale up in 47 sectors.
3.2. Number of adolescents who completed a standardized HIV prevention intervention ¹¹	5,000	1,486	30%	The program has reached 30% of the quarterly target this is because of the delayed roll out of activities in the 9 districts covered by Tier 1.

¹⁰ As per the PEPFAR definition of OVC_SERV, this result only includes new beneficiaries registered in the last quarter who are counted as active, even if they have not yet received services.

¹¹ USAID/Twiyubake uses an adapted ASRHR training module with 4 sections covering 9 topics, including HIV prevention. To be reported under this indicator, adolescents have completed the HIV Prevention topic.

During this reporting period, the program rolled out service delivery in seven sectors across three districts, and four additional sectors are receiving HES services only, 4,211 households have been enrolled across the three districts. The program initiated beneficiary identification in an additional 35 sectors where MVC assessment, selection, and endorsement by local government officials is complete. In these sectors, beneficiaries are scheduled to receive program services at the beginning of Quarter 3. As per the program entry cohort¹² schedule, the program plans to expand services to an additional 18,000 households across 25 new sectors starting in May 2016.

The indicator results reported in the previous sections and in Table 5 account for 7 Tier 2 full ISVP sectors out of the 47 sectors where roll out of the full program package is planned in FY16. Because results were only drawn from 7 out of the 47 sectors, the numbers are lower than the expected targets, especially considering that we are half way through the fiscal year.

In order to achieve the established targets by the end of the fiscal year, the program will fast track the roll out of services to existing sites while expanding into sites planned for cohort 2 and expects to reach its Fiscal year targets in the two remaining quarters.

Plans and Areas of Emphasis for the Coming Quarter

Economic Strengthening

During the coming quarter, beneficiaries will be enrolled in savings groups in all Tier 1 districts, once they have been enrolled as program beneficiaries (see Monitoring and Evaluation, below). RPOs will also be trained in financial education early in the coming quarter, so that they can cascade this training to community volunteers, who will in turn cascade that training to program beneficiaries.

All RPOs will also receive training on the FFS methodology in the coming quarter. This training will in turn be cascaded to volunteers who will establish farmer field schools in beneficiary communities.

All RPOs will also receive training on work readiness and career planning in the coming quarter. This training will also be cascaded to beneficiaries through volunteers, and will be targeted toward vulnerable adolescents in beneficiary households.

RPOs will also be trained in the coming quarter on SAVIX data collection and entry, so that ISLGs formed under the program can be monitored and reported upon.

Lastly, in the coming quarter USAID/Twiyubake will work with all involved stakeholders to finalize and begin to implement its household conditional grant strategy, making sure that it is complementary to existing programs such as the GoR VUP, and that the initiative supports USAID/Twiyubake objectives.

Household and Community Strengthening (HCS)

The HCS team will be delivering ToTs to all RPOs in the coming quarter on positive parenting, positive masculinity, and child protection. These ToTs will be cascaded by RPOs to volunteers who will reach program beneficiaries with these services. In addition, the HCS team will also be providing a ToT in the upcoming quarter to both RPOs and the NWC on the umugoroba w'ababyei methodology.

¹² The program will have three entry cohorts with a specific number of households and sectors targeted in each cohort.

In addition to ToTs, the HCS team will also begin delivering Behavior Change and Communication (BCC) messages to program beneficiaries (see below in BCC), work with MIGEPROF to update standard guides for ECD services, develop and disseminate ECD session guides, work with MoH and MIGEPROF to support one-stop centers, and, in collaboration with NCC, support RPOs to train inshuti z'umuryango (friends of the family) on child protection.

Health Promotion, Nutrition and WASH

In the upcoming quarter, the Health promotion team will train Tier 1 RPOs, in the PDH model and basic nutrition applying the Community Based Nutrition Programming (CBNP) approach. ToT will also be provided to RPOs on the importance of and promotion of HTC for children and adults. These trainings will be cascaded to community-based volunteers who will begin cascading these interventions to program beneficiaries.

The HP team will also start delivering BCC messaging in the upcoming quarter to promote early attendance of Ante Natal Care (ANC) for pregnant women, and providing them with nutrition messages. Additionally, the HP team will provide ToT to RPOs in the upcoming quarter on increased retention, reduction of lost to follow-up cases, and will continue to seek opportunities to strengthen the program referral system.

In the upcoming quarter, the Nutrition/WASH team will deliver a ToT to RPOs and other pertinent stakeholders on WASH activities (community based environmental and hygiene).

Capacity-Building and Referral Networks (CBRN)

The CBRN team will deliver ToTs to RPOs in the upcoming quarter on the development of an Enhanced Capacity Building Model (ECBM), the Volunteer Opportunity Pathway (VOP), referrals and linkages methodologies, and the code of conduct, dimensions of quality, and case management approaches.

In addition to delivering these ToTs, the CBRN team will support RPO self-assessment using the ECBM tool, and the development of tailored capacity building plans. The team will also support district events and collaborate with GoR as needed to showcase program achievements and support GoR development efforts in accordance with USAID/Twiyubake mandates.

The CBRN team will continue efforts in the coming quarter to map services in the districts of operation, in order to create a service directory to maximize program impact and allow implementing RPOs to refer and link program beneficiaries to services as needed. The CBRN team will also organize the quarterly review meeting with implementing RPOs in order to share lessons learned and best practices, and to agree on methodologies and tools to be used going forward.

Monitoring and Evaluation

Beneficiary enrollment for Cohort 1 and Cohort 2 will be completed in the coming quarter, and services will be rolled out to all beneficiary households. Training on USAID/Twiyubake M&E instruments will be provided in the coming quarter to all RPOs, to enable them to begin reporting on progress against program indicators. The development of the program Management Information System (MIS) will also be undertaken during the coming quarter, and RPOs will be trained on the use of the system. The program will also prioritize finalization of tools and training of RPO field staff on the USAID Site Improvement through Monitoring Systems (SIMS) and aligning service delivery to meet SIMS requirements.

Gender Mainstreaming

During the coming quarter, a consultancy will be undertaken to conduct a gender gap analysis, which will inform the elaboration of the USAID/Twiyubake gender mainstreaming strategy and program implementation guidelines.

Additionally, the USAID/Twiyubake Gender Technical Advisor will organize ToTs for all RPOs on gender mainstreaming, GBV prevention & response, and positive masculinity. These ToTs will be cascaded by RPOs to community-based volunteers who will then start offering these program services to beneficiary households as needed.

BCC

The USAID/Twiyubake Communications and Outreach Manager will coordinate with all technical teams on the development of the BCC strategy, and will craft BCC messages to be used across the program. These BCC messages will promote positive behaviors in all program components, including economic strengthening, household/community strengthening, health promotion, and nutrition/WASH. These messages will be delivered to beneficiaries through a variety of channels and program intervention points. A baseline survey will be conducted in the coming quarter to assess current behaviors in target districts, and changes in beneficiary behaviors will be tracked over the course of the program to measure the success of the BCC campaign and guide future adjustments to the campaign.

Grants and Contracts

In the coming quarter, the Grants and Contracts team will continue to monitor sub-recipient financial management, and will continue to conduct site visits to RPOs for the dual purpose of financial oversight as well as supportive capacity building. Additionally, the Grants and Contracts team will deliver a training on Grants and Financial Management to RPOs to maximize compliance and prudent financial management on the part of the RPOs.

Progress on Environmental Monitoring and Mitigation Plan (EMMP)

USAID/Twiyubake program is covered and authorized under the Rwanda Community Health and Improved Nutrition (CHAIN) project Initial Environment Evaluation (IEE). In line with the Twiyubake related conditions listed in the CHAIN IEE, the program has developed an EMMP which has been approved by USAID. The EMMP details mitigation measures and monitoring recommendations for agricultural activities implemented through Farmer Field Schools (FFS). Although the program has not yet rolled out FFS activities, a training module on the FFS approach has been developed and has taken into consideration environmental management practices as detailed below:

- Promotion of Climate Smart Agriculture (CSA) practices and cropping systems – This includes promotion of; the use of Integrated Pest Management practices (IPM), improved variety seeds, preparation of soil and liming where there is excess soil acidity, good crop maintenance (weeding to avoid attack of insect and diseases), use of organic manure and the use of organic pesticide and fungicide (locally made).
- Training on the use of water harvesting techniques- This promotes the practice of roof rainwater harvesting for agricultural and livestock purposes.

- Reduction of carbon: Production of organic manure (Compost) and promoting its application on crops to enhance the accumulation of organic matter in soils (soil carbon stock balance) and reduction of soil disturbance.

All these practices comply with Rwandan environmental and public health requirements. The program will train RPO field officers on FFS techniques in quarter 3, once FFS service are rolled out to beneficiaries, the program plans to systematically conduct field monitoring and supervision to ensure adoption of agricultural best practices.

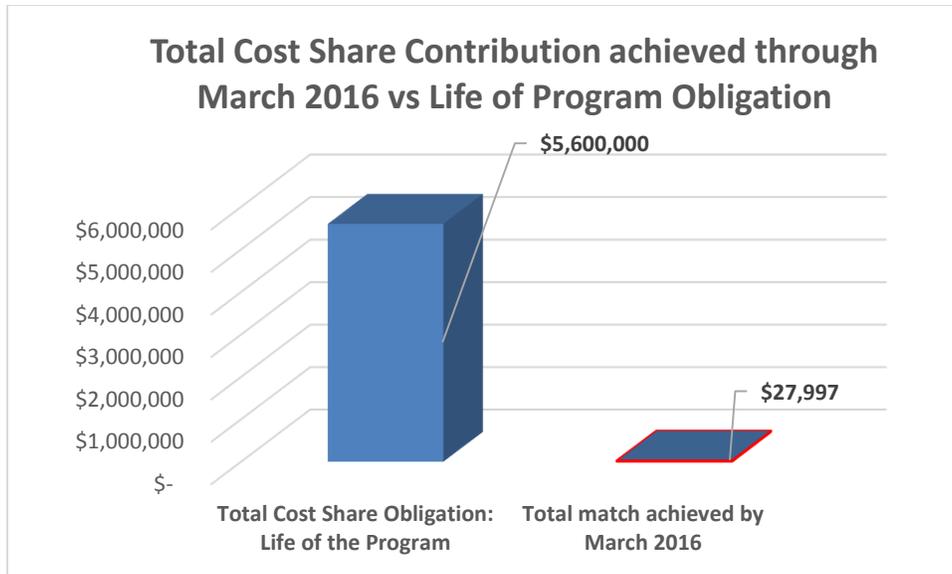
Cost Share

Global Communities has committed to reach a total of \$5,600,000 in cost share through the life of the program. Based on past experience implementing programs in Rwanda and around the world, Global Communities is confident in our ability to mobilize communities to provide matching contributions on projects. Historically, Global Communities has often been able to exceed goals for matching contributions in our programs. Global Communities will seek to leverage support from the private sector through public-private partnerships to provide cost sharing for the USAID/Twiyubake program, however the majority of cost share will be achieved through the local service contracts and subawards.

Cost share will be met through the local Service Contracts and subawards to RPOs in the following ways:

- Donated Use of Equipment, Materials and Other Tangible Items: These items will be used to support program activities, such as workshops or trainings.
- Donated Use of Facilities: The facilities will be used to host trainings, workshops and meetings to support the program. In particular the donated use of facilities may be used for Farmer Field Schools trainings that require a venue, Social Welfare Workforce trainings and Gender Based Violence (GBV) One-Stop Centers.
- Donated Use of Land: The land will be used for Farmer Field Schools.
- Donations of Unskilled Labor: This includes volunteer time to support program activities. The unskilled labor volunteers are mainly persons who do not require special licensing or training to do the work that is required, but do not have the level of training as those providing skilled labor time.
- Donations of Skilled Labor: Skilled labor includes any labor requiring sector specific training, coordination and/or report writing skills. Examples will include volunteers who donate their time in one of the following categories:
 - Visiting beneficiaries and following up on care/needs
 - Coordinating activities on behalf of the beneficiary group
 - Writing reports
 - Other coordination functions
 - Assisting monitoring project implementation

Although progress achieving cost share to date has not been significant, the majority of cost share will be achieved through the labor of community volunteers, which will begin in earnest in Q3 FY16.



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

1. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY15Q2 Report
2. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY15Q3 Report
3. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY15Q4 Report
4. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY15 Annual Report
5. Improved Services for Vulnerable Populations (ISVP)/Twiubake Rwanda FY16Q1 Report