



New Partners Initiative- Round Three
FY 2009 Annual report
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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
FY2009	Fiscal Year 2009
FY2010	Fiscal Year 2010
FXB	François-Xavier Bagnoud
HIV	Human Immune Virus
IGA	Income Generating Activities
OVC	Orphans and Vulnerable Children
M&E	Monitoring and Evaluation
NPI	New Partners Initiative
PLWA	People Living With AIDS
PMTCT	Prevention of Mother to Child Transmission
POC	Parish Orphan Committees
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
VCT	Voluntary Counseling and Testing
VOC	Village Orphan Committees
WASH	Water, Sanitation, and Hygiene

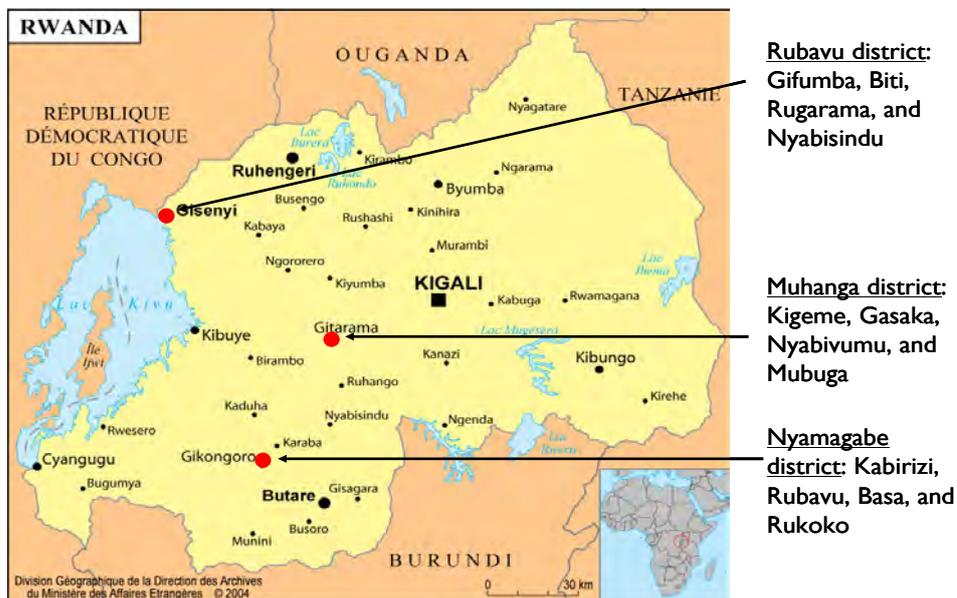
1. Executive summary

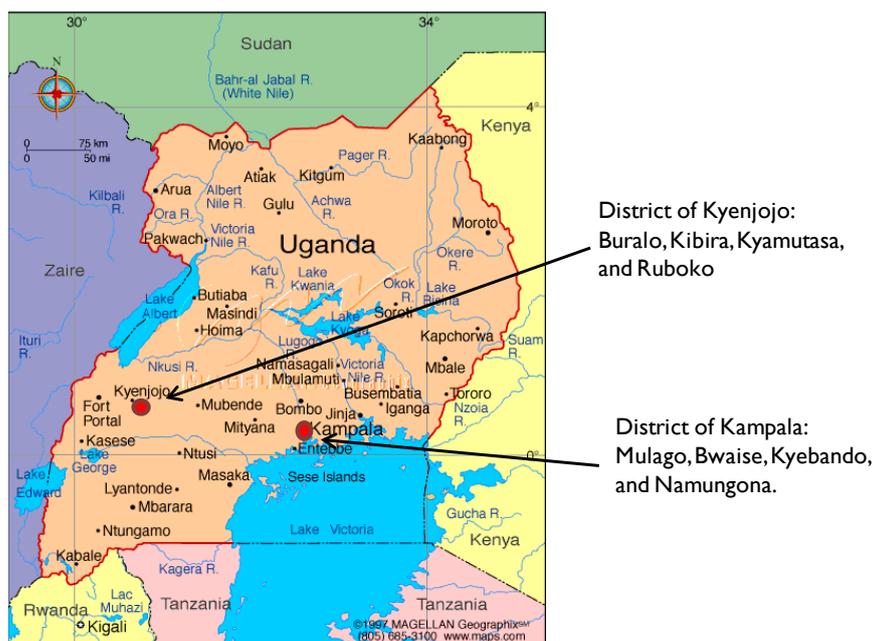
The FXB-Villages are community-based, holistic models of care and support that aim to improve the long-term well-being of 8,000 OVC by reinforcing the capacities of 1,600 destitute families to meet their own needs and those of OVC in their care. Each FXB-Village enrolls and supports 80 households – comprising children and caregivers – directly affected by HIV/AIDS and extreme poverty and living in high prevalence communities. For this project, FXB has launched 20 new Villages, grouped into five units of four Villages each: one unit each in Muhanga, Nyamagabe, and Rubavu Districts in Rwanda and one unit in both Kampala and Kyenjojo Districts in Uganda.

Objectives

During FY2009, FXB specifically aimed to (1) provide comprehensive and compassionate care so that 6,663 OVC develop physically, socially, emotionally, and intellectually; (2) strengthen 1,600 families, 20 communities and government systems to help families, community members and groups implement and monitor the delivery of high quality comprehensive services to a maximum of children; (3) increase the HIV awareness and recognition of HIV vulnerability factors of 6,000 individuals; (4) increase recognition that rape, sexual coercion, sex trafficking, transactional sex, cross-generational sex, gender norms, and alcohol abuse increase vulnerability to HIV among 1,600 caregivers and 1,257 children and youth from local schools; increase recruitment and access to counseling and testing of 3,600 individuals.

Project Areas





Map 2: FXB-Villages in Uganda

General overview

During FY2009, FXB endeavored to build the foundations of 20 FXB-Villages in Rwanda and in Uganda. From March to June 2009, it focused on implementation of startup activities, including recruitment and training of FXB teams and selection of beneficiary households, as well as the reinforcing of existing administrative, financial and managerial procedures in compliance with USAID requirements. In June 2009, following the identification and enrollment of 1,600 beneficiary households, including 6,663 OVC, FXB effectively launched its 20 community-based programs. In the first months of the project, implementation principally concentrated on providing the material support necessary to improve beneficiaries' well-being as well as on providing the knowledge and skills necessary to empower them to take responsibility for their own development.

The following activities are interdependent and were implemented simultaneously:

- FXB provided medical care for all existing ailments and ensured that beneficiaries had timely access to health care services either through the *Mutuelle de Santé* in Rwanda or through the establishment of weekly mobile clinics in Uganda. FXB also provided health education sessions that concentrated on disease prevention, early diagnosis and adherence to treatment. Weekly home-visits were also carried out to ensure compliance and monitor health.
- FXB offered food and nutritional services to all enrolled OVC and their families as part of cost share. Prior to each monthly food distribution and during weekly beneficiary meetings, FXB nurse counselors educated all enrolled families on proper nutritional needs and diets. In parallel, through home-visits, they ensured that food was used and consumed properly as well as that all household members were well nourished.
- FXB also identified school-aged beneficiary children and worked with the appropriate authorities toward their (re-) integration within the educational system. As a result, 3,376 children were reintegrated in primary school and 899 youth were enrolled in secondary school. Vocational training was provided to 179 young people who are not able to pursue a regular education.
- In terms of HIV prevention, FXB in both Uganda and Rwanda organized monthly information and training sessions. These sessions were led by the FXB HIV Prevention

Officer, nurse/counselors, and people living with HIV/AIDS from each community. In 2009, FXB staff held monthly awareness-building sessions for:

- ✓ 960 caregivers in Rwanda;
 - ✓ 1,269 adult dependents from beneficiary households in Rwanda
 - ✓ 50 adult dependents from beneficiary households in Uganda
 - ✓ 1,787 youth from anti-AIDS clubs in Rwanda
 - ✓ 47 youth from anti-AIDS clubs in Uganda
 - ✓ 2,015 children from the community in Uganda, and
 - ✓ 797 community leaders in Uganda.
- Following these sessions, 4,068 people carried out VCT. In collaboration with local health services, all were provided with pre-test and post-test counseling from FXB.
 - Child protection sessions were organized to sensitize and train all 1,600 caregivers in caring for OVC. These sessions particularly focused on parental rights and responsibilities as well as on the fact that child rights violations increase vulnerability to HIV.
 - To strengthen caregivers' economic capacities, FXB also provided 960 caregivers in Rwanda and 282 caregivers in Uganda with an in-kind grant to start an individual IGA. During this process, livelihood trainings were organized to provide skills specific to individual IGA, as well as banking and savings, responsible credit, and basic financial literacy and management. FXB also encouraged households living in the same neighborhood to organize themselves into groups of eight to ten households. These groups were created to facilitate collective training and counseling. Through these groups, beneficiaries were encouraged to support each other as well as will help each other improve their living conditions (e.g. brick making to rehabilitate a house). It is also through the groups that a revolving internal credit system was created. This fund enables beneficiaries to create a financial safety net and immediately improve their living conditions without tapping into their daily income.

In general, during FY2009, implementation activities were successfully launched and improvements in children's and caregivers' well-being are apparent. However, delays have been experienced in school enrollment and HIV prevention activities. Because the FXB-Villages were launched in the middle of the school year in Rwanda and in Uganda, children who have never attended school, but who have reached school-age, could not be enrolled in FY2009. Similarly, in Rwanda, vocational training centers refused new enrollments in FY2009, and in Uganda new selection criteria - requiring young people to have completed primary school – have delayed the enrollment of all vocational students. As a result, student enrollment will be expanded in 2010, and FXB Uganda is endeavoring to create partnerships with local artisans so as to create an informal apprenticeship system at the district level for students. Another program delay resulted from FXB's efforts to improve its HIV prevention material and curricula, both for adults and young people. Finalized in late 2009, these curricula could not be used extensively during FY2009 and resulted in lower HIV Prevention targets.

Planned activities

During the course of FY2010, FXB will endeavor to meet the following objectives: (1) provide comprehensive and compassionate care so that 6,663 OVC develop physically, socially, emotionally, and intellectually; (2) strengthen 1,600 families, 20 communities and government systems to help families, community members and groups implement and monitor the delivery of high quality comprehensive services to a maximum of children; (3) increase the HIV awareness and recognition of HIV vulnerability factors of 7,780 individuals; (4) increase recruitment and access to counseling and testing to 3,600 individuals. To meet these objectives, activities will be implemented simultaneously in all 20 catchment areas.

With the start of the new school year in January 2010 in both Rwanda and Uganda, FXB will enroll all children who have reached school age but have never attended school in local primary schools. In parallel, FXB will enroll new vocational trainees, approximately 10 per

village (200 students total), plus an additional 30 students in Rwanda who were not enrolled in FY2009. FXB will continue monitoring school attendance and school performance in FY2010.

Simultaneously, FXB will continue providing beneficiaries access to basic medical care to treat existing ailments. Participants who are HIV-positive will be followed closely by the FXB nurse to ensure that their CD4 counts are measured regularly and stay at healthy levels (as set by national policies) and that they are adhering to treatment regimens when applicable. In families with HIV positive adults and/or children, the nurse will monitor hygiene practices, water access, and nutrition – asking family members during each visit about adherence, daily diet, and hygienic behaviors. FXB will also refer HIV-positive women who are pregnant or become pregnant during FY2010 to PMTCT services provided by local clinics, educate spouses regarding their roles, and ensure that babies are taken for follow-up testing. At the community level, FXB will assist with larger development projects to safeguard children's health and well-being. Foremost among these are water projects, especially the construction of borehole wells to ensure more permanent access to potable water for hundreds of families in areas surrounding FXB-Villages. During FY2010, 14 water sources will be created in Rwanda. In Uganda, where water sources are difficult to construct or are not feasible within the program, participating households will continue being provided with water filters and/or be trained in appropriate preparation and conservation of potable water. FXB will continue providing nutritional support to all enrolled OVC and their families until February 2010, and in early FY2010, FXB teams will also provide all 1,600 households with raw materials to start small kitchen gardens, as a source of sustainable and balanced nourishment.

In terms of HIV prevention, workshops composed of four sessions – each lasting a day (or approx. 8 hours) – will be organized for all target groups: beneficiary youth in the Villages and their peers in the larger community, beneficiary adults in the Villages, and teachers and local authorities from the communities – in Rwanda. In Uganda, five sessions – each lasting a day – will be organized for the same target groups. At these meetings, FXB will also encourage participants, especially young people, to become peer educators. Throughout FY2010, FXB will train and build the capacities of 53 youth anti-AIDS clubs in Rwanda and 48 anti-AIDS clubs in Uganda. Members – generally aged 12 to 24 – will benefit from awareness-raising sessions on HIV Prevention as well as life-skills training: 4 sessions of one day in Rwanda and 5 sessions of one day in Uganda. Simultaneously, 360 peer educators in Rwanda and 240 peer educators in Uganda will be trained to disseminate HIV-related information and provide counseling in a youth-friendly manner to their friends, family members, and peers. To help the clubs build reach and capacity, material support – in the form of collective income-generating grants capable of sustainable financing prevention activities (performances, meetings, and trips) and information, education, and communication materials designed by the young people – will be provided to 12 anti-AIDS clubs in Rwanda and 8 in Uganda. Finally, each Village will aim to facilitate access to VCT for approximately 2,400 individuals in Rwanda and approximately 1'200 individuals, largely from households directly enrolled in the project, in Uganda.

During FY2010, FXB will assist each household to expand their IGA by providing additional in-kind resources, training, and on-going support and supervision. In parallel, after the successful start up of individual/household IGA and small group projects, each beneficiary group – composed 8 to 10 caregivers – will be encouraged to submit a “project proposal,” composed of a description of the process of implementation, a budget and a diversification plan, to FXB. Weekly group-visits will be carried out to help beneficiaries address any potential problems related to managing the project. These visits will also enable social workers and logisticians to ensure that taught principles are applied, monitor progress, and track income levels. Once the project is approved by FXB teams, supplies, materials and tools are procured by FXB and provided to caregivers as a first in-kind grant (valued at approximately \$100 per group in Rwanda and \$200 per group in Uganda). Following the initiation of collective IGA, additional

livelihood trainings will be organized by FXB to provide skills specific to collective IGA, as well as banking and savings, responsible credit, and basic financial literacy and management.

Budget (estimated budget and actual expenditure)

The estimated budget for FY 2009 for the project was \$1,450,406.00, including cost share. Actual expenditures on the project during the period were \$ 1,139,262.00. See below for further explanation.

2. Summary table of PEPFAR indicators

FXB Rwanda

Annual Reporting - December 1 - September 30		Target for this reporting period	Achieved this reporting period	Target for life of the program	Achieved to date (cumulative over life of program)	Achieved in FY09
SO2	2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful					
	Male	1200	814	3'600	814	814
	Female	1600	973	4'800	973	973
	Total	2800	1787	8'400	1787	1787
	2.2 Number of individuals trained to promote HIV/AIDS prevention programs that promote abstinence and/or being faithful	180	0	540	0	0
SO2	5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful*					
	Male	1'200	969	3'600	969	969
	Female	1'600	1260	4'800	1260	1260
	Total	2'800	2229	8'400	2229	2229
	5.3 Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful	180	0	540	0	0
SO1	8.1 Number of OVC served by OVC programs					
	Male	2'160	1'555	2'160	1'555	1'555
	Female	2'640	1'896	2'640	1'896	1'896
	Total	4'800	3'451	4'800	3'451	3'451
	8.1.A Primary Direct (a subset of indicator 8.1)	3'600	2862	3'600	2862	2862
	8.1.B Supplemental Direct (a subset of indicator 8.1)	1'000	589	1'200	589	589
SO1	8.2 Number of providers/caregivers trained in caring for OVC	960	960	960	960	960
SO1	8.3 Number of OVC receiving food and nutritional supplementation through OVC programs	1'200	77	1'200	77	77

FXB Uganda

Annual Reporting - December 1 - September 30		Target for this reporting period	Achieved this reporting period	Target for life of the program	Achieved to date (cumulative over)	Achieved in FY09
SO3	2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful					
	Male	1'400	934	3'330	934	934
	Female	1'800	1'081	6'170	1'081	1'081
	Total	3'200	2'015	9'500	2'015	2'015
	2.2 Number of individuals trained to promote HIV/AIDS prevention programs that promote abstinence and/or being faithful	200	44	600	44	44
SO3	5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful*					
	Male	1'400	301	3'330	301	301
	Female	1'800	486	6'170	486	486
	Total	3'200	737	9'500	737	737
	5.3 Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful	200	44	600	44	44
SO1	8.1 Number of OVC served by OVC programs					
	Male	1'140	1'535	1'140	1'535	1'535
	Female	2'060	1'491	2'060	1'491	1'491
	Total	3'200	3'026	3'200	3'026	3'026
	8.1.A Primary Direct (a subset of indicator 8.1)	2'450	2'274	2'450	3'026	3'026
8.1.B Supplemental Direct (a subset of indicator 8.1)	600	752	750	752	752	
SO2	8.2 Number of providers/caregivers trained in caring for OVC	6'640	2'274	6'640	2'274	2'274
SO1	8.3 Number of OVC receiving food and nutritional supplementation through OVC programs	880	489	880	489	489

3. Project Implementation

SO1: Comprehensive services and compassionate care to OVC

The following activities are interdependent and as a result have been implemented simultaneously during FY2009 as they jointly address the root causes of human insecurity among destitute families and the OVC in their care.

a. Education

Following the identification of beneficiary household, FXB proceeded in establishing a list of all school-aged OVC in all enrolled households in each Village project. This provided insights on schools attended, levels of education and former grades. FXB social workers then contacted school administrations to ensure the timely reintegration of children in appropriate grades: in FY2009, 3,753 primary school children and 952 secondary school students were enrolled. FXB also covered parental contributions and provided school materials, including uniforms.

Young people aged 15 to 25 and who had a history of irregular school attendance, poor performance, and/or lack of interest in returning to formal education, were provided with vocational training. FXB enrolled 103 young people in Rwanda and 76 young people in Uganda in vocational training centers. In Rwanda, some vocational training centers did not accept new enrollments before January 2010, thereby preventing FXB from reaching its target in terms of vocational training enrollment. Moreover, in Uganda, new selection criteria – requiring youth to have completed primary school – have prohibited the enrollment of out of school youth who usually dropped out of primary school. As a result, FXB Uganda is creating partnerships with local artisans so as to create an informal apprenticeship system at the district level with youth shadowing professionals. All targeted out of a school youth will however be enrolled in vocational training or apprenticeships in January 2010.

b. Medical support

In Rwanda, FXB enrolled all participants in the national health insurance plan, *Mutuelle de Santé*, a system of government-organized community health insurance. As a result, 5,821 individuals were provided access to basic health care services, including public health centers and hospitals to treat existing ailments. In Uganda, FXB nurse counselors worked closely with government health care providers and managed basic first-line health responses and treatment from mobile clinics that visited each community on a weekly basis. From June to September 2009, 1,746 individuals in the project in Uganda were provided with medical care to particularly treat respiratory tract infections caused by unsanitary living conditions (e.g. overcrowding, lack of ventilation, etc.). In Uganda, mobile clinics also initiated the de-worming of beneficiaries. To date, 740 young children and caregivers in Uganda and 1'989 in Rwanda were assisted to treat intestinal worms.

FXB also provided weekly health education sessions that concentrated on disease prevention, early diagnosis and adherence to treatment. These sessions, particularly in Rwanda, prompted beneficiaries to construct ventilated pit latrines, as well as external kitchens equipped with "improved" cooking devices using less wood to avoid constant inhalation of fumes. As a result, 298 households now possess ventilated pit latrines and 224 possess external improved kitchens in Rwanda. In parallel, to support this process, beneficiaries were provided with mosquito nets, containers to preserve water, blankets as well as basins to facilitate washing in both Rwanda and Uganda. Finally, to ensure that hygienic principles are well integrated at household level and assess each child and adult beneficiary's health, identify any problems, and help resolve any outstanding health issues, weekly home-visits were carried out (bi-weekly in Kyenjojo district in Uganda).

Participants who are HIV-positive were followed closely by the FXB nurse to ensure that their CD4 counts are measured regularly and stay at healthy levels (as set by national policies) and that they are adhering to treatment regimens when applicable. In families with HIV positive adults and/or children, the nurse monitored hygiene practices, water access, and nutrition – asking family members during each visit about adherence, daily diet, and hygienic behaviors. Similarly, FXB also referred HIV-positive women who are pregnant or lactating to PMTCT services provided by local clinics. In FY2009, 24 pregnant or lactating women in Rwanda and 13 in Uganda were provided with information about PMTCT. Nurse counselors closely monitored pre-natal PMTCT regimens and helped women select the most suitable infant feeding strategy as per PEPFAR guidance.

In FY2010, FXB will continue providing similar services. It will also assist with larger development projects to safeguard children's health and well-being. Foremost among these are water projects, especially the construction of borehole wells to ensure more permanent access to potable water for hundreds of families in areas surrounding FXB-Villages. One bore hole can benefit approximately 210 households. During FY2010, 14 water sources will be created in Rwanda. In Uganda, where water sources are difficult to construct or are not feasible within the program, participating households will continue being provided with water filters and/or be trained in appropriate preparation and conservation of potable water.

c. Food and Nutrition

FXB provided all enrolled OVC and their families with food assistance as part of cost share to help beneficiaries meet their nutritional needs. Composed of flour, sugar, beans, dried fish, and vegetable oil, food support is provided monthly in proportion to the number of people in the household. Prior to each distribution, information sessions on nutrition were organized to help beneficiaries prepare balanced meals, using local foodstuffs. These sessions also encouraged heads of households to create small kitchen gardens, thereby ensuring sustainable access to vegetables. In addition, in Rwanda, nurse counselors recommended the rearing of rabbits as a

sustainable source of protein as they are cheap and reproduce quickly. In parallel, households with PLWHA and child-headed households received additional food support, usually fortified food, dairy products, and fruit to assure good health. In Uganda, FXB covered parental contribution for midday meals offered at primary and secondary schools. During home visits, FXB nurse counselors monitored closely the nutritional well-being of HIV infected children as well as that of those suffering from Kwashiorkor.

FXB will continue providing nutritional support to all enrolled OVC and their families through February 2010. In early FY 2010, FXB will provide all 1,600 households with raw materials to start small kitchen gardens, as a source of sustainable and balanced nourishment. Gardens generally consist of local produce such as tomatoes, cabbage, carrots, and eggplant and other root vegetables, as well as fruit. The smallholding of vegetables garden coupled with constant nutritional training enable beneficiaries to reinforce their immunity, eradicate malnutrition, provide for children's growth and development, and to regain the energy necessary to work or study.

d. Child rights

To ensure that the basic human rights of all children, no matter their circumstances, are honored, FXB works closely with beneficiaries to educate them on children's rights and protection. FXB staff held monthly awareness-building sessions for all caregivers to discuss child abuse, exploitation, and domestic violence as well as parental rights and obligations. As a result, 960 caregivers in Rwanda and 640 caregivers in Uganda were trained in caring for OVC and in child protection. In age-specific awareness sessions, FXB also helped children share their experiences, their ideas and provide insight on their needs. Using debates and role play, this consultative process enabled children and youth to partake in addressing issues affecting their lives. These activities were implemented quarterly in local schools and youth clubs in Rwanda and Uganda. It is in this context that FXB sensitized 632 children in Rwanda as well as 1,012 children and 47 youth in Uganda. FXB Child Rights officer also provided legal advice and guidance as well as referral services to beneficiaries, both children and caregivers in the context of:

- Birth registration to ensure that children have access to legal identity documents which in turn will provide access to healthcare, provide access to immunization, guarantee school enrolment and, etc.
- Parental recognition and legalizations of marriages to further ensure access to the right to an identity as well as to family rights.
- Protection against violence, exploitation and abuse: FXB handles reported cases of child abuse and, when necessary, refers cases to appropriate authorities for further management.

SO1: Sstrengthen family, community and government systems

a. Psychosocial

Nurse counselors organized weekly collective psychosocial support sessions, for groups of ten caregivers at a time, during which various "case studies" were considered. Examples of psychosocial problems such as grief and trauma, social problems such as discrimination and family problems such as domestic conflicts were examined to help beneficiaries understand their situation was neither unique nor irreversible. Confidential individual counseling sessions were carried out daily at the community drop-in centre or weekly during home-visits. At the end of September 2009, 2,723 collective sessions and 909 individual sessions were carried out in Rwanda. In parallel, 2,560 collective sessions and 806 individual sessions were organized in Uganda.

In FY2010, FXB will continue providing psychosocial support to caregivers, youth and children. FXB will also develop memory books to help OVC cope with the loss of a parent, reduce the psychosocial ill-feelings attached to it and help children regain a sense of belonging. FXB will complete at least 40 memory books for OVC in Uganda and 70 in Rwanda in FY2010.

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

During FY2009, FXB endeavored to strengthen the economic capacities of caregivers so that they can gradually meet their households' needs. To this end, FXB assisted each household to begin or expand a small business by providing in-kind resources, training, and on-going support and supervision.

In July 2009, an intensive training session was organized in both Rwanda and Uganda to help all caregivers in the project modify their economic behaviors and transit from subsistence activities to sustainable ones. Promoting diversification, constant optimization and the creation of a financial safety net through savings, these sessions used IGA case studies to enable beneficiaries to better understand what constitutes a viable IGA. An analysis of the economic environment coupled with an analysis of individual capacities was carried out with FXB to help each beneficiary define the parameters of the proposed IGA. Each caregiver then concentrated on developing a IGA business plan or proposal, composed of a description of the process of implementation, a budget and a growth/diversification plan. Throughout this process, FXB social workers and logisticians helped beneficiaries rationalize their projects to ensure sustainability and the generation of appropriate income and monitored their development during home visits.

In 2009, 1,242 IGA projects were approved, and caregivers have received supplies, materials and tools as a first in-kind grant. The great majority of households opted for agriculture, animal rearing, artisanship or commercial endeavors (particularly in urban areas). In Uganda, to facilitate income generation of families living in urban areas but away from commercial centers, FXB has partnered with the phone service provider ZAIN, whereby 10 beneficiary households sell airtime and receive a 10% commission on every sale made. If this venture proves profitable, FXB will extend this IGA option to other households. Once IGAs were launched, additional livelihood trainings were organized to provide skills specific to individual IGA, as well as banking and savings, responsible credit, and basic financial literacy and management. Weekly home-visits were carried out to help beneficiaries address any potential problems related to managing the project.

In FY2010, FXB will continue to provide livelihood training sessions that concentrate on diversification and optimization of activities and emphasize on long-term planning, including savings and micro-credit schemes. It will also finalize providing first in-kind grants to caregivers to start or expand a small business. Moreover, on the basis of households' evolution, FXB will provide a second in-kind installment to further help beneficiaries develop their economic ventures. This second installment will either be used to strengthen existing activities or facilitate diversification. To allow for household saving and help beneficiaries create a financial record that will expedite future access to micro-credit, all beneficiary households will be assisted to open a bank account with a local reputable bank or credit organization in the community.

c. Beneficiary groups

During FY2009, FXB encouraged caregivers living in the same neighborhood to organize themselves into groups of eight to ten households. Created to facilitate collective training and counseling, groups meet weekly with the aim of further improving caregivers' psychosocial, social and economic well-being. During meetings, FXB teams encouraged beneficiaries to help each other. This social solidarity was particularly developed through discussions where beneficiaries speak openly about their problems, counsel each other, fight stigmatization and promote their rights collectively. Moreover, these meetings enabled beneficiaries to be initiated to the

management of internal credit systems. After basic training, FXB helped each group create a weekly revolving fund, allowing beneficiaries to pay for potential debts or investments and/or improve their living conditions without tapping into individual income or savings. The management of this internal credit system enabled beneficiaries to gradually acquaint themselves with the management of a common account and learn to work together in a coordinated fashion. This process was closely monitored by social workers who provided beneficiaries with advice and guidance regarding the management of the fund. Moreover, in FY2009, social workers and logisticians started assisting beneficiary groups in the opening of a formal bank account with local micro-credit institutions.

In 2010, after the successful start up of individual/household IGA and small group projects, each group is encouraged to submit a “group project proposal,” composed of a description of the process of implementation, a budget and a diversification plan, to FXB. Social workers and logisticians fully participate in this process by guiding participants through project design, preparation, and implementation. This assistance also requires regular group visits from FXB to make certain that discussions are constant. Once the project is approved by FXB teams, supplies, materials and tools are procured by FXB and provided to caregivers as a first in-kind grant (valued at approximately \$100 per group in Rwanda and \$200 per group in Uganda). Following the initiation of collective IGA, additional livelihood trainings will be organized by FXB to provide skills specific to collective IGA, as well as banking and savings, responsible credit, and basic financial literacy and management.

a. HIV Prevention

During FY2009, FXB organized information sessions, each four days in length, targeting program beneficiaries and community leaders to raise awareness about HIV and its prevention. Sessions were organized for 960 caregivers and 1,269 other adults from beneficiary households in Rwanda. In Uganda, 797 community leaders attended training workshops of five days in length.

To better promote the three components of ABC accurately and appropriately among adult beneficiaries, discordant couples, local leaders, or other audiences, FXB endeavored to improve its prevention material, especially its HIV prevention curricula. Finalized in September in collaboration with USAID and NuPITA, these curricula could not be used extensively during FY2009, thereby explaining the fact that FXB could not fully meet its HIV Prevention targets, particularly those pertaining to peer educators during FY 2009. Through the life of the project, this shortfall will be made up.

SO2: Increase fidelity, enable abstinence and be faithful; increase recognition of factors increasing vulnerability to HIV

During FY2009, FXB in Uganda held outreach HIV sensitization sessions in the community to equip young people with the skills and information needed to avoid transmission and promote healthy and risk-free behavior. These sessions were provided to 2,015 young people and particularly promoted messages of dignity, self-worth, and individual rights; the importance of abstinence and delaying sexual debut; and the development of skills to practice abstinence and healthy behaviors. In parallel, FXB in Rwanda and Uganda concentrated trained 1,754 youth belonging to anti-AIDS clubs in Rwanda and 47 in Uganda in HIV prevention through abstinence and be faithful. During these sessions, FXB also disseminated information on factors increasing vulnerability to HIV and AIDS such as rape, sexual coercion, transactional sex, cross-generational sex, gender norms, peer pressure, and substance abuse increase vulnerability to HIV. These themes were also covered during child rights sensitization sessions organized for all 1,600 caregivers as well as for 1,624 children and 47 youth in Uganda.

In parallel, FXB organized targeted HIV sessions for 255 PLWHA in Rwanda and 198 PLWHA in Uganda, promoting be faithful strategies and skills and the correct and consistent use of condoms. Moreover, to prevent transmission to HIV-negative sex partners, and reduce the risk of acquiring other STIs, FXB also provided condoms to PLWHA and their partners. Moreover, counseling sessions were also organized for PLWHA – generally through home-visits – to encourage sexual abstinence, reduce the number and concurrency of sexual partners, and ensure correct and consistent use of condoms. Throughout these training sessions, the importance of faithfulness and eliminating casual sex; the importance of learning about their HIV status and how to access voluntary testing and counseling; and the provision of full and accurate information about condom use to reduce – but not eliminate – the risk of HIV infection were underlined.

In FY2010, FXB will endeavor to build the capacities of 53 youth anti-AIDS clubs in Rwanda and youth 48 anti-AIDS clubs in Uganda. Members – generally aged 12 to 24 – will benefit from awareness-raising sessions on HIV Prevention as well as life-skills training: 4 sessions of one day in Rwanda and 5 sessions of one day in Uganda. Simultaneously, 360 peer educators in Rwanda and 240 peer educators in Uganda will be trained so as to disseminate HIV-related information and provide counseling in an efficient and youth-friendly manner. Conversely, material support – in the form of collective income-generating activities capable of sustainable financing prevention activities and information, education and communication material – will be provided to 12 anti-AIDS clubs in Rwanda and 8 in Uganda.

SO2: increase recruitment and access to counseling and testing

With regards to HIV testing, treatment regimens, and other protocols, FXB nurse counselors and FXB HIV Prevention Officers worked continually to encourage all program participants, adults and children alike, to be tested for HIV as appropriate. As a result, 3,302 individuals in Rwanda and 766 individuals in Uganda were referred to VCT services. FXB nurse counselors – in collaboration with local health services – accompanied beneficiaries throughout the process, providing them with counseling before and after testing. Moreover, counseling was also provided to PLWHA to encourage sexual abstinence, reduce the number and concurrency of sexual partners, and ensure correct and consistent use of condoms.

FXB also referred 37 HIV-positive pregnant or lactating women to PMTCT services provided by local clinics. It also provided women and their spouses with targeted PMTCT awareness sessions providing them with information pertaining to pre-natal PMTCT regimens, suitable infant feeding strategies, roles of spouses and follow-up testing. Counseling sessions were also organized – generally through home-visits – to help pregnant women and their partners better understand and cope with PMTCT.

The 453 participants in the project who are confirmed to be HIV-positive were followed closely by the FXB nurse to ensure that their CD4 counts are measured and that they receive appropriate treatment. Today, 245 people are under antiretroviral treatment and 69 people are under prophylactic treatment. Nurse counselors ensured that PLWHA under treatment are adhering to treatment regimens, especially through the provision of targeted counseling and weekly home visits. In families with HIV positive adults and/or children, the nurse also pays special attention to hygiene practices, water access, and nutrition – asking family members during each visit about adherence, daily diet, and hygienic behaviors.

In FY2010, each FXB-Village will aim to recruit approximately 2,400 individual in Rwanda and 1,200 individuals in Uganda. Moreover, to increase accessibility to VCT and decrease stigmatization and discrimination, FXB will also endeavor to organize outreach services in fixed sites, such as schools, recreational centers or the FXB drop-in centers. In this context, FXB will create a safe and separate space in which children and youth can have access to VCT services and be assured of confidentiality. The organization of VCT community outreach services not only

will increase recruitment for and use of VCT services but will also increase the proportion of children and youth receiving their test results as confidentiality is guaranteed.

4. Monitoring and Evaluation

a. Baseline Survey

To obtain a comprehensive baseline for USAID-funded FXB-Villages, a working group was formed consisting of experienced FXB field staff, M&E specialists and senior epidemiologists from the Harvard School of Public Health. This working group first concentrated on designing a standard questionnaire, using internationally recognized indicators as well as FXB-specific indicators. Design concentrated on the eight major FXB components, namely general health, HIV status, WASH, nutrition, psychosocial status, education, child well-being and economic status. To ensure comprehensive data collection, the questionnaire targeted primary caregivers as they were identified as being most knowledgeable, especially in terms of child development and well-being. To ensure reliability and comparability of data, all questions were written in full on the questionnaire so that it could be read verbatim, thereby avoiding responses being influenced by interviewers.

A list of possible answers was created for each question, with each one number-coded (or letter-coded for questions that could have more than one response). Questionnaire sections (and questions within) were clearly marked with reference codes to aid data entry, processing and analysis. The flow (order) of questions was carefully planned with instructions to skip over certain questions that were not applicable based on the respondent's previous answers.

Once the questionnaire was developed in English, a small team of field staff in each country worked collaboratively to translate it into local languages, namely Kinyarwanda, Rutoro, and Luganda. Subsequently, the questionnaire was piloted in each FXB unit so as to redesigning any problem questions, translation difficulties and time taken to implement the questionnaire. Following the pilot study, a workshop was organized in Kigali (Rwanda) to discuss findings. Issues encountered during the pilot survey were raised and resolved collectively. Field teams emphasized that two questionnaire sections – the psychosocial and economic sections – were of particular concern as they reported that beneficiaries had found them difficult to answer. The psychosocial section proved to be distressing for respondents, reminding them of their worries and troubles and preventing timely implementation of the questionnaire. The group this decided to edit the entire psychosocial section in order to redirect questions towards positive feelings. Conversely, the economic section was felt to be too long and the questions too complicated and confusing for many beneficiaries. It was decided that the economics section would remain largely unchanged, with the exception of some wording clarifications. The group felt that beneficiaries, who could not answer the questions now, might be able to do so during subsequent assessments as it could show improvement in the beneficiaries' understanding of financial matters.

The most resounding success of this process was that, in helping to update and improve the questionnaire, the heads of unit were able to achieve a better sense of ownership for the M&E system as a whole.

b. Training

To circumvent logistical issues as well as resources constraints, FXB decided to conduct a training of trainers with heads of units. To facilitate this training and provide interviewers with guidelines, FXB in collaboration with Harvard University developed an "Interviewer's Manual" containing instructions and protocols to be followed during interviews. This included:

- General code of conduct;
- Recording responses and correcting mistakes;
- Improving reliability;
- Information on each section of the questionnaire;
- Terminology clarifications and explanation of certain questions;
- Guidelines for performing anthropomorphic measurements.

Trainings were then carried out in all units in May and June 2009 using the questionnaire and the protocol as information and education material.

c. Implementation

During the implementation, the heads of unit were asked to maintain a supervisory role, checking questionnaires for completeness and unclear or inconsistent responses. They also performed field “spot checks” to ensure accuracy and integrity of the questionnaires by visiting households and checking that the correct data was recorded. Complete questionnaires were then transmitted to the data entry clerks.

As the data entry clerks began receiving questionnaires, it became clear that protocol was not being followed consistently. The majority of errors were questions left blank and incorrect ID codes. Moreover, as expected, the economic section of the questionnaire was proving very difficult to answer. However the new psychosocial section was also causing problems. The field staff reported that the new, more positive, questions were too similar to each other and the response options did not always translate well into local languages.

After recognizing and assessing errors, FXB decided to carry out training for all field. In addition to review of proper protocol, the refresher training sessions were an opportunity to ask the field staff why certain protocols were not followed and better understand how to improve future trainings. The training took the form of a traditional classroom lecture-discussion with a breakout session for teams to discuss translation issues. Considerable improvement was observed in the questionnaires completed after the refresher training, leading to a significant increase in data quality. The delays incurred in the data collection schedule were therefore deemed to be worthwhile.

d. Lessons learned

The questionnaire proved to be time consuming, both for the data collectors, supervisors and respondents: it was reported that 45 minutes to 1.5 hours was needed to administer it in each project household. The length of the questionnaire and the fact that field teams had parallel duties delayed the data collection process. Following implementation, it was clear that the questionnaire needs to be streamlined; especially with regards to the economic section, and that training of data collectors should be continuous to ensure reliable and efficient data collection. Moreover, translation issues also became apparent. It would be useful to have the “back-translated” into English again to check whether the original meaning has been retained. In general though, the field staff felt the questionnaire was well designed and provided useful data to the program.

e. Database

A software package called CSPro (**C**ensus and **S**urvey **P**rocessing **S**ystem) was chosen by FXB to enter and store the baseline data. CSPro was developed by the US Census Bureau and is used extensively by organisations that perform similar “household surveys”, most notably by UNICEF. A bespoke “FXB Data Entry Application” was created with the package with the

interface mimicking the layout and organisation of the questionnaire itself. The database fields were programmed to recognise the coded response options from the questionnaire and issue warnings to the data entry clerks if a response was out of range. The question flow (including skip-over questions) was programmed into the design, enabling faster and more efficient data entry. Also, the naming of data files was automated so that data could be easily compared and merged later.

The data entry application was extensively tested by the working group (FXB/Harvard), with many mock questionnaires entered. The export procedure was also tested. As a result of testing, many improvements were made to the data entry application. Additional features were added, bugs were ironed out and the user friendliness was improved.

There were a significant number of computer problems encountered during the data entry period. Most of them were related to viruses and malicious software, but some were related to faulty equipment and power shortages. On a number of occasions, computers had to be wiped clean and have everything re-installed. During data entry, the data entry clerks followed a strict backup procedure, including twice daily backups onto flash disks and copies of the data sent to the regional coordination office on a weekly basis. Fortunately, these backups prevented much data being lost due to these computer problems. However, the data entry process as a whole suffered significant delays.

The Data Entry Clerks gave very positive feedback about the data entry application and database design, saying it was very straightforward and easy to use. CSPro all but eliminated the risk of the data being tampered or corrupted after data entry. It ensured that everyone was using exactly the same database and that the templates for data entry remained standard across the board. The export facility in CSPro facilitated the transfer of data to other applications for analysis, and it also allowed the individual identifying information to be removed if required, protecting the confidentiality of beneficiaries. For future data entry (and for the program in general), it is clear that standardisation of the procedures for regular virus checker use and updates are required.

Due to the various delays experienced during the data collection and data entry periods, the results from the baseline are not yet available.

M&E activities Planned

Following an M&E training organized by NuPITA in August 2009, FXB has decided to modify its M&E strategy and design so as to maximize the efficiency of its monitoring tools, thereby better responding to data needs of all stakeholders. Indeed, as the completion of the baseline questionnaire carried out among all 1,600 households required too much human and financial resources, FXB – in consultation with NuPITA staff – decided to concentrate on strengthening the monitoring of process and output indicators and on the planning of a final evaluation at program completion. As a result, FXB will focus on adapting its M&E plan to include constant monitoring of data for mid-term assessments and a final evaluation at the end of the program. It will also endeavour to implement the Child Status Index so as to better capture the level of well-being of enrolled OVC.

To achieve this goal and ensure minimum negative impact on program implementation processes, FXB has created a working group composed of field M&E Officers in Rwanda and Uganda, the Program Performance and Evaluation Officer in Geneva and the Program Officer based in Kigali, Rwanda. The working group aims to develop an M&E system that is fully embraced by the field staff by enabling them to get real benefit back from the data they collect, thereby helping them to implement the program more effectively.

The working group developed a logical framework of core-objectives (and associated indicators) necessary to assess the success of the FXB-Village. The logical framework included structure inputs from NuPITA and JSI. Many of the indicators in the logical framework are “process indicators” that can be collected during the group interventions (using standardised training registers). Of the indicators that relate specifically to individual households, most of the necessary data is already collected by field staff during their weekly home visits, but is often stored in basic note form on disjointed bits of paper.

The plan therefore, is to formalise the home-visit data collection, by means of a simple data abstraction check-sheet. This will enable the data to be entered into an electronic database which would vastly improve the usefulness of the data to the field staff while also enabling the more formalised, data oriented reporting necessary to feed into the M&E system.

Together with the data from more formalised training registers for group intervention activities and clubs, the home-visit check-sheet “information management database” should automatically provide the majority of the information necessary for evaluation and reporting during the course of the program. Regularly backups will be sent to the regional coordination office and head office where additional analysis will be performed. Results of the analysis will help to guide program activities and project direction and will be published in internal quarterly reports. Where possible, the current status of the core-objectives will be included in these quarterly reports.

In parallel, FXB is also planning to carry out focus group discussions to extract additional qualitative information on the progress of the HIV components as well as that of the psychosocial component over time. Providing immediate feedback to the team leaders about beneficiaries’ knowledge of HIV or psychosocial status will help field teams tailor their programs to the particular needs of different groups. Currently, FXB, in collaboration with Harvard University, is finalizing the design of focus group discussions, including pre-testing them at field level. It is expected that this process, including training and question design, will be concluded by the end of November 2009 and implementation begun in December 2009.

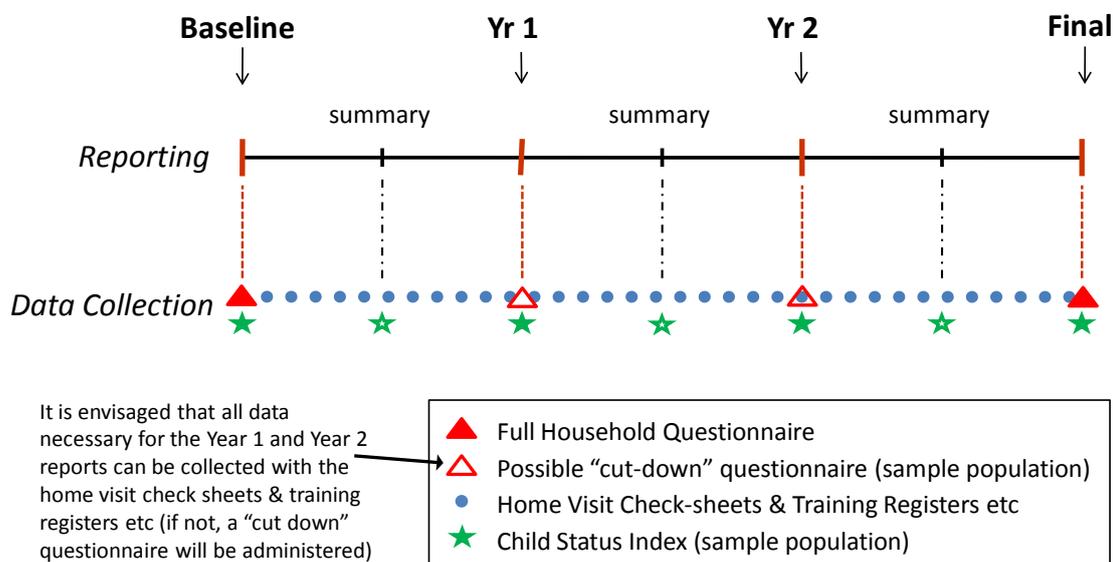
FXB is also looking at using the “Child Status Index” (developed by “MEASURE Evaluation”), which would provide a different perspective on the long term well being and physical health of child beneficiaries. Used correctly, this tool will add considerable value to the monitoring and evaluation data and the program implementation itself. It would be implemented every six or twelve months to a pre-selected, random sample of the child beneficiary population.

Throughout the development and evolution of the M&E system, the M&E working groups will continue to work closely to ensure that the two main principles of the new M&E system are upheld: namely, minimal disruption to the project implementation and direct benefit from the data collected to field teams.

At the end of the program, an updated version of the full household questionnaire (used for the baseline) will be implemented to provide another comprehensive “snapshot” of beneficiary status that can be directly compared to the baseline data. It will retain a focus on “outcome indicators”, which the mid-term continuous assessment does not. For the continuity of specific “outcome indicators”, it may be necessary to implement a very short questionnaire during the program. However, if required, a sample of the beneficiaries will be selected to receive the questionnaire and it should be short enough to implement in parallel with the day to day activities of the field staff.

Below is a diagrammatic representation of the M&E Data Collection and Reporting plan.

M&E Data Collection & Reporting



Throughout all future M&E data collection, training, reporting and management, strict attention will continue to be paid to the issues of data quality (including accuracy, reliability, precision, integrity and confidentiality).

5. Program Management

During FY2009, FXB concentrated on strengthening its capacities in terms of management, including standard procedures, administrative and financial systems and overall knowledge of USAID policies. This process was first initiated in February 2009 with the New Partners Initiative – Round Three Launch which enabled the management team to better understand USAID requirements and adapt as well as strengthen its systems accordingly. In parallel, Organizational Capacity Assessments (OCA) carried out by NUPITA in Geneva as well as in Kampala in March 2009 and Kigali in May 2009 also participated in strengthening FXB's grant management capacities as it provided FXB with clear corresponding Action Plans that are currently being taken up. With strengthened capacities and understanding, FXB – at both headquarter and field levels – has endeavored to improve and implement new human resources procedures and regulations, procurement regulations, financial monitoring and reporting as well as overall program management processes.

In February 2009, FXB launched its recruitment process in both Uganda and Rwanda. As a result, FXB hired 43 staff in Rwanda and 22 staff in Uganda. Once the recruitment process was concluded, all personnel was asked to attend a 3 days training workshop focusing on FXB general policies and procedures as well as providing refresher training in HIV/AIDS prevention including PMTCT, health education, IGA management, and new governmental policies to be followed. To strengthen acquired knowledge, all new personnel was asked to shadow their colleagues from existing FXB villages to better acquaint themselves with the program and understand its objectives. In parallel, FXB also recruited a Regional Finance Manager to ensure financial compliance with USAID requirements as well as efficient coordination, harmonization and application of financial procedures.

Furthermore, the newly recruited Program Performance and Evaluation Officer, based at FXB International Headquarters will be responsible for the overall coordination of all M&E efforts for FXB-Villages in Rwanda and Uganda. This involves close collaboration with FXB M&E officers in each country and direct liaison with USAID representatives. Responsibilities include supervision of the monitoring and reporting system, consolidation and analysis of the data, and provision of evaluations for USAID and for continued program improvement.

6. Budget

The estimated budget for FY 2009 for the project was \$1,450,406.00, including cost share. Actual expenditures on the project during the period were \$ 1,139,262.00. FXB launched the 20 USAID villages in June 2009. This was a bit more than a month later than planned for in the FY2009 workplan and budget. Both the USAID and cost share funds requested and expended were less as a result of the delayed start date.

For the Dec –Sept 2009 period FXB requested from USAID a total of \$1,067,255.10, of this amount \$874,038 was spent during this period. FXB has also expensed \$265,224 in cost share funds in FY2009. Because of the delay the field offices were not initially clear whether the monthly requests in 2009 should be based on the original budget or based on programmatic need. During the 3rd quarter program offices over-requested funds in an effort to adhere to the original budget. It is now clear that requests and expenditures should be based on programmatic need and should have been smaller overall due to the delay in the program start. The initial monthly requests in the first part of the new budget cycle will be less as a result of the offices' spending down this excess from the 08-09 budget cycle.

7. Sustainability

All facets of FXB programs are designed to make the households enrolled in all FXB-Villages as sustainable as possible. This allows FXB to avoid creating dependency upon external aid and instead strengthen the existing community resources. It is with this principle of independent sustainability in mind that FXB designed its FXB-Village to last for three years, leading beneficiaries from a state of apprenticeship, through a state of relative autonomy and eventually to a state of total independence. This three-year implementation period ensures that beneficiaries have acquired the capacity to meet their own needs and maintain their satisfactory status in a durable manner by the program's completion. In FY 2010, FXB will begin to share OVC education and health expenses with caregivers to promote their eventual financial autonomy and help engender good financial behaviors.

Moreover, by facilitating beneficiaries' access to health and education services in the community (e.g. health care, schools, VCT services) in FY2009 and throughout the project, FXB nurtures long-term relationships between partner service providers, especially government-run health care providers and educators, and families in need. This ensures in particular that families affected by HIV and AIDS have sustainable access to comprehensive and integrated care (prevention, treatment, and support).

The sustainability and capacity of the organization, especially at country level, is also an important project objective. With this in mind, FXB has worked with NuPITA and USAID to ensure that the appropriate skills and knowledge are available throughout the organizations. Staff from the field offices have attended OCAS and several other training sessions, including the following Capacity-Building Activities in 2009: Compliance training for Finance and Program staff, M & E workshop, a reporting and data management training, Human Resource training, Understanding PEPFAR Indicators training, a session on Sharing Best Practices. In addition,

multiple consultations have been held in both countries with NuPITA staff to review various program components and training curricula, to visit project sites and review progress, and to seek guidance on other matters related to the award.

All our community volunteers (POCs/VOCs) have received the first basic training in FXB-Village project ideals, follow-up and reporting to service providers of need for support for children, patients and families facing hardships. Note that, while POCs/VOCs are not CBOs yet, we consider their groups as a starting point to initiating community operational structures which could later graduate to CBO status with proper mentorship. Twenty schools have been selected to benefit from the first training on youth to youth support programs for HIV prevention and Child rights clubs.

Coordination with partners, and in particular newly formed relationships with USAID mission offices in both Rwanda and Uganda, has been a significant activity during this period. Meetings with the Ministry of Gender and Family Promotion in Rwanda and the Ministry of Gender and the Uganda AIDS Commission in Uganda have been organized so as to inform them about FXB's expansion and gather their support in the implementation of activities. Moreover, in preparation to program implementation, project staff in both countries made several reconnaissance visits to project areas, meeting local leaders and acquainting themselves with their respective geographical divisions. These meetings with local authorities are the premise to creating/strengthening partnerships with other key stakeholders such as local leaders, community-based organizations, religious leaders, local associations, national NGOs and international NGOs as well community-based organizations.

In 2010, FXB will also work with local partners and stakeholders to improve community awareness of HIV prevention and child protection and to rehabilitate water systems for the long-term. For example, in Uganda, staff plan to partner with key staff and service providers of local partner health centers to help them develop more friendly and accessible services for children and PLWHA. With NuPITA's help, FXB will also be working with all local service providers (e.g. health clinics, child protection and advocacy authorities, schools) in the two project areas to help develop and manage a comprehensive and systematic referral structure. FXB will empower local groups – especially beneficiary groups or the VOCs/POCs and youth clubs – to continue this work in their communities permanently. It will also help individual caregivers form groups to launch secondary income-generating projects, access micro-credit, and offer each other long-term support.

8. Success Stories

Teresa, Mulago, Kampala District, Uganda

This story has been transcribed as told by the beneficiary



My name is Teresa; I am 65 year and I am a widow, living in Mulago with 13 of my grand-children as well as with one of my sons who suffers from psychiatric issues.

Before, I used to sell foodstuffs such as chapattis, vegetables, potatoes and fried chicken. With the meager income I earned, I could not manage to take good care of my family. Everything was lacking. Feeding a family of 15 was a major challenge! I was also often unable to cover school fees and as result, my children could not attend school for long periods of time. They were often at home, idle and hungry. In addition, I could not afford beds so most of my grand-children used to sleep on the floor. Needless to say, I could not afford mosquito nets either and we all suffered from malaria. Disease was rampant in our household and the small income I made was often used to pay for medication as government hospitals experienced shortages.

As soon as FXB entered our lives, our challenges diminished considerably. With the food they provided us, we could start eating appropriately. They also gave use mosquito nets and supplied my household with blankets. This has helped us reduce some sicknesses (skin diseases) such as ring worms and, of course, reduce our medical bills. Not having to cover food costs and medical costs has enabled me to invest in essential household items, such as soap, clothes, additional blankets and furniture. FXB also supplied my grandchildren with scholastic materials and uniforms. They now all go to school daily and I make sure they do their homework. I want them to go as far as possible, maybe even become doctors.



More importantly, FXB informed us various times about HIV and AIDS during group meetings. I also discussed it at length with the nurse counselor during her home-visits. This made me understand how important it was for us to know our HIV status. I hence took my whole family to Mulago hospital for HIV testing. Before we went, the nurse counselor spoke to us individually to explain the process and prepare us to possibly receive positive results. Unfortunately, this is when I discovered that my grandson Marc was HIV positive. It was not easy for me to receive such news and having to tell him that he would carry this disease for life but the nurse counselor was with Marc and I every step of the way. Marc is now under prophylactic treatment and seems to accept his disease. I know it will take a lot of effort to help him fully understand it but I know that with FXB's assistance, it will be possible.

Today, my family is healthy; my grandchildren have started smiling again and I no longer live in despair. The changes are tremendous and I know it is just the beginning. I have learned a lot and gained a lot of energy. I am ready to take on the world.

Florence, Kabirizi, Rubavu District, Rwanda

This story has been transcribed as told by the beneficiary



My name is Florence. I am 32 and I live with my husband and our four children in Kabirizi. My husband and I have always lived in poverty. As we only possess a very small plot of land, we always relied on our neighbors to provide us with work. Needless to say, work was scarce and the income earned was insufficient to provide us with the bare minimum. Our situation was worsened when my husband started developing constant stomach problems and could not work.

We lived in a derelict house where we all slept on the floor, without a mat or a blanket. We also lacked food and were malnourished. Our situation often inspired spite: we were often excluded by our neighbors and perceived as irresponsible.

When FXB told us that they were integrating us in their programs, I could not believe it. Finally, we had a chance to get out of this terrible situation.



Since FXB's intervention, there is no hunger or disease in my house. We have learned how to prepare meals for our children, how to boil water and how to avoid malaria and other illnesses. The improvements in our household are considerable, particularly since my husband no longer suffers from stomach pains. Now we also have an income generating activity which enables us to improve our living conditions. Rearing pigs and selling foodstuffs has already enabled us to construct latrines and an external kitchen. With additional income, we plan to

rehabilitate our roof and create a separate bedroom for our children. In addition, we plan to save and buy a bigger plot of land.

FXB has restored hope, dignity and respect to my household.