



New Partners Initiative – Round Three  
FY 2010 Semi-annual Report  
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USAID Cooperative Agreement No. GHO-A-00-09-00011-00  
December 1, 2008 – November 30, 2011  
Reporting Timeline: October 1, 2009 – March 31, 2010

April 30, 2010

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CSI	Child Status Index
FY2009	Fiscal Year 2009
FY2010	Fiscal Year 2010
FXB	François-Xavier Bagnoud
HIV	Human Immune Virus
IGA	Income Generating Activities
OCA	Organizational Capacity Assessment
OVC	Orphans and Vulnerable Children
M&E	Monitoring and Evaluation
NPI	New Partners Initiative
NuPITA	New Partners Initiative Technical Assistance
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
POC	Parish Orphan Committees
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
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 in Rwanda and Uganda by reinforcing the capacities of 1,920 destitute families to meet their own needs and those of OVC in their care. Each FXB-Village supports 80 households – comprising children and caregivers – directly affected by HIV/AIDS and extreme poverty and living in high prevalence communities.

During the first semester of FY2010, FXB achieved the following: (1) provided comprehensive and compassionate care so that 8,1651 OVC develop physically, socially, emotionally, and intellectually; (2) strengthened 1,960 families and 24 communities and government systems to help families, community members, and groups implement and monitor high quality comprehensive services for children; (3) increased the HIV awareness and recognition of HIV vulnerability factors of 8,850 individuals; (4) increased recruitment and access to HIV counseling and testing for 3,557 individuals.

### Objectives

The FXB-Villages endeavors to respond to the following strategic objectives:

a. Care of Orphans and Vulnerable Children:

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

b. HIV Prevention and HIV Counseling and Testing:

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

### Project Areas

FXB is implementing 20 new FXB-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. In addition, FXB is implementing four privately-funded FXB-Villages as part of cost share for this award so as to meet its OVC targets.

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<sup>1</sup> This number includes 6'663 OVC enrolled in FY2009, 1'270 OVC enrolled through FXB programs implemented as cost share in 2010, and 232 newborns across all programs.

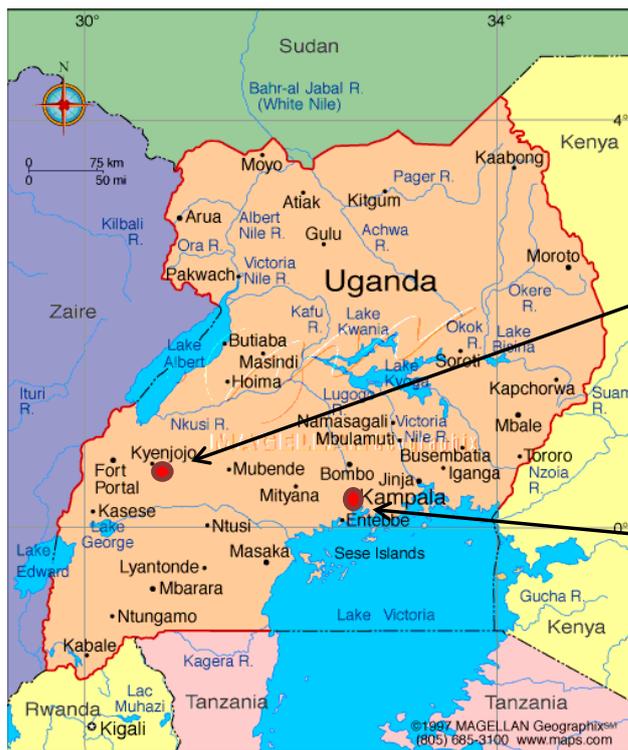


Rubavu District:  
 Basa, Kabirizi,  
 Rubavu, and  
 Rukoko

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

Nyamagabe  
 District: Gasaka,  
 Kigeme,  
 Mubuga and  
 Nyabivumu,

Map 1: PEPFAR-funded FXB-Villages in Rwanda



District of Kyenjojo:  
 Buralo, Kibira, Kyamutasa,  
 Ruboko and Mirambi

District of Kampala:  
 Mulago, Bwaise, Kyebando,  
 Namungona. and Nabweru

Map 2: PEPFAR-funded FXB-Villages in Rwanda

### General Overview of Activities and Results Achieved

The following activities are interdependent and implemented simultaneously to address the root causes of human insecurity in 1,920 families and the OVC in their care:

- 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 mobile clinics in Uganda. FXB also provided regular health education sessions on disease prevention, early diagnosis, and adherence to treatment. Weekly home-visits were also carried out.

- FXB offered food and nutritional supplements to all enrolled OVC and their families. Prior to each monthly food distribution and during weekly beneficiary meetings, nurse counselors educated all enrolled families about nutritional needs and proper diet. All households also continued to grow kitchen gardens. Four bore hole wells serving 3,433 people in program communities were constructed.
- FXB supported 4,745 primary and 1,162 secondary school-aged children. FXB covered parental contributions and provided school materials, including uniforms. FXB also provided vocational training opportunities for 253 young people.
- FXB organized monthly HIV prevention information sessions for 1,058 children under 14; 1,201 youth from Anti-AIDS clubs; 4,896 adults from the community; 900 community leaders and local authorities, and 795 PLWHA. As a result of these sessions, 3,557 individuals carried out VCT with pre-test and post-test counseling.
- Child protection sessions were organized to raise awareness and train 1,920 caregivers in caring for OVC. Sessions targeting 3,503 youth were also held.
- To strengthen caregivers' economic capacities, FXB also provided 1,120 caregivers in Rwanda and 800 caregivers in Uganda with a second in-kind IGA installment to strengthen household micro-enterprises. 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.

### **Challenges and Lessons Learned**

During the first semester of FY2010, implementation activities were generally successful, gradually improving the well-being of beneficiaries. Delays, however, have been experienced in terms of vocational school enrollment for young people who have not received much formal education. In Uganda, new selection criteria – requiring youth to have completed primary school – have prohibited the enrollment of many young people in vocational schools in the community. As a result, FXB Uganda is endeavoring to create partnerships with local artisans so as to create an informal apprenticeship system at the district level with youth shadowing professionals.

Additional challenges regarding meeting specific program targets also arose in early FY 2010. Specific discussion of OVC targets is below. In general, some target discrepancies around FXB's prevention activities for the first year of project implementation stem from delays in program services to revise and strengthen FXB's prevention curricula and training methodology. In addition, FXB encountered delays in organizing prevention interventions concentrating on AB for children and young people as target audiences were not as available during school holidays. In the remaining months of the project, FXB intends to address target shortfalls by creating child and youth-friendly sessions, ramping up VCT campaigns and referral networks, and devoting additional staff time to prevention activities as other support objectives are reached.

### **Planned Activities**

During the course of FY2010, FXB will continue to pursue the objectives above and to meet strategic targets for the 1,920 households served. To meet these objectives, activities will be implemented simultaneously in all 24 catchment areas. They include the following:

- FXB will continue providing school support and monitoring attendance and performance of all school aged children. It will also provide vocational training to young people who cannot return to formal education.
- FXB will provide beneficiaries with 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 that they are adhering to treatment regimens. In families with PLWHA, the nurse will monitor hygiene practices, water access, and nutrition. FXB will also refer HIV-positive women who are pregnant or become pregnant during FY2010 to PMTCT services, educate spouses regarding their roles, and ensure that babies are taken for follow-up testing.
- FXB will implement larger development projects to safeguard children's health and well-being. These include 10 new wells in Rwanda and 20 in Uganda.
- FXB will scale up its HIV prevention interventions to meet annual targets. Prevention and awareness workshops of several days 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. Throughout FY2010, FXB will train and build the capacities of 53 youth anti-AIDS clubs in Rwanda and 48 anti-AIDS clubs in Uganda, and train 360 peer educators in Rwanda and 240 peer educators in Uganda.
- Each of the 24 FXB-Villages will aim to facilitate access to VCT for approximately 2,000 individuals.
- FXB will continue to assist each household to expand its IGA by providing additional in-kind resources, training, and on-going support and supervision. Each beneficiary group – composed 8 to 10 caregivers – will be encouraged to submit a “project proposal,” for a group-managed enterprise. Once the project is approved by FXB teams, supplies, materials and tools are procured by FXB and provided to caregivers as an in-kind grant (valued at approximately \$100 per group in Rwanda and \$200 per group in Uganda).

### **Budget (Estimated Budget and Actual Expenditure)**

The FXB Village projects at the end of the 2009 FY had under spent based on the budget projections. Much of this was due to the delayed start date which resulted in the delay of the disbursement of many of the program materials and funds. During the first six months of FY2010 both FXB country offices are now on target, according to the burn-rate for the overall project period. During the first year of the actual program cycle the programs spend 50% of the project total. To date FXB has spent \$1,579,608 of the \$1,613,815 received during the period. This amount spent is 48% of the overall project budget. The expenditures will slow rapidly during the final quarter of this fiscal year - keeping FXB's programs on target.

## 2. Summary table of PEPFAR indicators

### FXB Rwanda

Semi-Annual: October 1 – March 30	Target for this reporting period	Achieved this reporting period	Target for life of the Project	Achieved to date
<b>Prevention Sub Area 7: Prevention with Positives</b>				
P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	450	364	900	619
<b>Prevention Sub Area 8: Sexual and other Risk Prevention</b>				
P8.1.D Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	3900	4042	14400	6270
P8.2.D Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required ( <u>subset of P8.1.D</u> )	5109	913	20700	2700
<b>Care Sub Area 1: "Umbrella" Care Indicators</b>				
C1.1.D Number of eligible adults and children provided with a minimum of one care service				
Male	3'165	3298	3'264	3298
Female	3'428	3572	3'536	3572
<18 years old	4'013	4067	4'000	4067
18+ years old	2'580	2803	2'800	2580
<b>Care Sub Area 2: Clinical Care</b>				
C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service				
Male	183	192	250	192
Female	194	206	270	206
<15 years old	9	12	10	12
15+ years old	368	356	510	356
<b>OVC</b>				
C5.1.D Number of eligible clients who received food and/or other nutrition services				
<18 years old	195	67	250	144
18+ years old	415	74	450	148
Pregnant/lactating women	40	36	50	36

## FXB Uganda

Semi-Annual: October 1 – March 30	Target for this reporting period	Achieved this reporting period	Target for life of the Project	Achieved to date
<b>Prevention Sub Area 7: Prevention with Positives</b>				
P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	425	431	500	431
<b>Prevention Sub Area 8: Sexual and other Risk Prevention</b>				
P8.1.D Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	3805	1394	9820	2131
P8.2.D Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required (subset of P8.1.D)	3840	1201	13680	3216
<b>Care Sub Area 1: "Umbrella" Care Indicators</b>				
C1.1.D Number of eligible adults and children provided with a minimum of one care service				
Male	2663	2809	2793	2809
Female	2773	2922	2907	2922
<18 years old	3920	4098	4000	4098
18+ years old	1516	1633	1700	1633
<b>Care Sub Area 2: Clinical Care</b>				
C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service				
Male	127	219	245	219
Female	255	212	355	212
<15 years old	186	86	200	86
15+ years old	296	345	300	345
<b>OVC</b>				
C5.1.D Number of eligible clients who received food and/or other nutrition services				
<18 years old	381	121	800	610
18+ years old	200	29	200	68
Pregnant/lactating women	12	4	23	21

### 3. OVC Targets

Originally, FXB projected targeting 8,000 OVC in 1,600 households in Rwanda and Uganda throughout the life of the program. In FY2009, FXB enrolled 6,663 OVC in 1,600 families. As a result, there was a target discrepancy of 1,337 OVC. To resolve this issue, FXB – in consultation with USAID missions – expanded the project's reach and services to an additional 1,337 OVC in FY2010 by incorporating four additional FXB-Villages funded by private donors in Muhanga District in Rwanda and Kyenjojo and Kampala Districts in Uganda. The integration of these FXB-villages enabled FXB to increase its reach to 7,933 OVC in 320 additional households in FY2010.

OVC and households in the proposed additional FXB-Villages have been selected and enrolled based on identical criteria and processes to that of the USAID project. FXB conducted needs assessments in the targeted communities and enrollment interviews with all families before selecting 320 households to participate. The needs of OVC and their households are consistent between USAID and FXB-funded Village projects, and services provided in FXB-Villages are relatively uniform, implemented on parallel timeframes, and often co-managed by the same staff. OVC in these projects will be monitored by FXB staff in the same manner as the current USAID Villages and tracked according to PEPFAR indicators.

During the course of FY2010, FXB will endeavor to meet the following objectives in these additional four Villages: (1) provide comprehensive and compassionate care so that 1,270 OVC develop physically, socially, emotionally, and intellectually; (2) strengthen 320 families, 4 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 1,000 individuals; (4) increase recruitment and access to counseling and testing for 2,000 individuals.

### 4. Project Implementation

#### **SO1: Comprehensive Services and Compassionate Care to OVC**

##### a. Education

During this semester, FXB continued providing support to primary and secondary school-aged children by covering parental contributions, providing school materials (including uniforms) and regularly monitoring school attendance and performance.

With the start of the new school year in January 2010 in both Rwanda and Uganda, FXB also enrolled all children who have reached school age but have never attended school. As a result, 194 additional OVC are now benefiting from school support at primary school level. The number of pupils further increased with the integration of 895 children from the 4 FXB-Villages implemented as part of cost-share. In 2010, 97 children finished primary school and began secondary school. At the secondary school level, 113 students from the cost share FXB-Villages and 97 new secondary students were enrolled. Thus, as outlined in the table below, FXB supported 4'745 primary and 1'162 secondary school-aged children during the reporting period.

<b>Primary School Population</b>	
FY2009	3753
Cost share programs FY2010	895
New pupils	194
Completed primary school level	-97
<b>Total primary</b>	<b>4745</b>
<b>Secondary School Population</b>	
Secondary FY09	952
Cost share programs FY2010	113
New entries	97
<b>Total secondary</b>	<b>1'162</b>

FXB continued supporting young people aged 15 to 25 and who have a history of irregular school attendance, poor performance, and/or lack of interest in returning to formal education by providing them with vocational training opportunities. As a result, FXB supported 172 young people in Rwanda and 81 young people in Uganda with vocational training in their communities.

In Uganda, new selection criteria – requiring youth to have completed primary school – presented a challenge for enrolling out of school youth in vocational training centers. As an alternative, FXB Uganda continues to create partnerships with local artisans to construct an informal apprenticeship system at the district level with youth shadowing professionals. FXB works with local artisans to ascertain their readiness to train youth in various vocations. Once an artisan is identified, FXB provides him or her with preliminary training to ensure that he can provide essential knowledge and skills appropriately. Additional partners in education support at the community level include the Ministries of Education of Rwanda and Uganda; public schools and vocational centers. In Rwanda, FXB also collaborates with *Vision Jeunesse* which provides literacy services.

During the remainder of FY2010, FXB will continue providing similar school support services. As per FXB-Village methodology, FXB will cover 75% of school-related costs, including parental contributions, tuitions, school materials and uniforms. With regular generation of income, savings, and internal credit systems, heads of households are now capable of sharing 25% in all school-related costs.

**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, 6,870 individuals were provided access to basic health care services. This insurance plan enabled all patients to access public health centers and hospitals to treat all 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 October 2009 to September 2009, 6,012 individuals in Uganda were provided with medical assistance to treat respiratory tract infection. In both Rwanda and Uganda, FXB teams also continued the de-worming treatment for beneficiaries. To date, 5,731 young children and caregivers in Uganda and 4,067 children in Rwanda received treatment.

FXB also provided weekly health education sessions regarding disease prevention, early diagnosis, and adherence to treatment. During weekly general FXB-Village meetings for all program beneficiaries nurse counselors provided information on prevalent diseases - especially on how they are transmitted – and emphasized good hygiene. All households were

equipped with malaria nets in 2009 and use continues to be monitored. Beneficiaries were also encouraged to construct ventilated pit latrines and external kitchens equipped with “improved” cooking devices. As a result, 388 households now possess ventilated pit latrines and 320 possess external improved kitchens in Rwanda. In Uganda, 300 households are now equipped with appropriate sanitation and 400 households possess improved kitchens.

Weekly home visits by FXB nurses are carried out (biweekly in Kyenjojo district) to ensure that hygienic principles are well integrated at the household level and to assess each member’s health, identify any problems, and help resolve any outstanding health issues.

The 795 participants who are HIV-positive were followed closely by FXB nurses to monitor treatment adherence when applicable and ensure that CD4 counts were measured regularly and remain at healthy levels (as set by national policies). Currently, 447 PLWHA are under antiretroviral treatment and an additional 109 individuals are receiving prophylactic treatment, under supervision of FXB nurses to ensure adherence. In families with HIV positive adults and/or children, nurses monitored hygiene practices, water access, and nutrition. FXB also referred HIV-positive women who are pregnant or lactating to PMTCT services provided by local clinics. During this reporting period, 36 pregnant or lactating women in Rwanda and 24 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.

At the community level, FXB has also assisted 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. As a result, 4 wells tapping directly into natural sources (bore holes) serving 3,433 people have been constructed in Rwanda. In Uganda, all participating households have been provided with water filters in partnership with Procter & Gamble’s Children’s Safe Drinking Water Initiative.

During the second semester of FY2010, FXB will continue providing similar services. At the community level, FXB plans to construct 10 additional wells in Rwanda and 20 wells in Uganda (in rural communities). Moreover, in both countries, all medical costs will be covered at a rate of 75% by FXB and 25% by heads of households; this includes in many cases meeting costs of and facilitating access to anti-retroviral treatment (ART), treatment for HIV-related opportunistic infections and vaccinations and de-worming for young children that is instigated quarterly.

To ensure appropriate access to health, FXB partners with existing medical services so as to create a sustainable referral network capable of meeting the health needs of beneficiaries. In Uganda, this referral network is composed of government run health centers, the Orthodox Church health center, JCRC, the AIDS Information Centre, and The AIDS Support Organization (TASO). Moreover, FXB in Uganda receives technical support from PACE Uganda for water purification. In Rwanda, FXB refers all beneficiaries to local health centers and hospitals.

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 was 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. As part of this, FXB teams provided 1,920 households with raw materials to start kitchen gardens. 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 also covered parental contribution for midday meals offered at primary and secondary schools.

To ensure that nutritional principles are well integrated at household level, assess each member's nutritional status, and provide household-specific guidance, weekly home-visits were carried out (bi-weekly in Kyenjojo district in Uganda). These home-visits enabled nurse counselors to monitor the nutritional well-being of HIV infected children as well as of those suffering from Kwashiorkor (malnourishment or stunting).

During the second part of FY2010, FXB will cease its nutritional support. Indeed, with regular generation of income, savings and internal credit systems, and supplies from kitchen gardens, heads of households will typically be capable of covering all food-related needs. FXB will provide ad hoc food support to vulnerable individuals or households outside the project. They will be identified by FXB staff, beneficiaries in the program, or other service providers such as teachers or health clinic staff. FXB's support to these people will also consist of nutritional training and guidance to ensure that the person in need will fully benefit. FXB teams will carry out home-visits to ensure that food is prepared and consumed by the appropriate individual. Families will also receive clothing and blankets as needed.

#### d. Child Rights

FXB staff held monthly awareness-building sessions for all caregivers to discuss children's rights, child abuse, exploitation, and domestic violence as well as parental rights and obligations. As a result, 1,120 caregivers in Rwanda and 800 caregivers in Uganda were trained in caring for OVC. Moreover, FXB encouraged child participation in age-specific and child-friendly training sessions to help children understand their rights and responsibilities. FXB helped children share their experiences, their ideas, and provide insight on their needs. Using debates and role play, this consultative process enables children and youth to address issues affecting their lives. These activities were implemented quarterly in local schools and youth clubs in Rwanda and Uganda, reaching 632 children in Rwanda and 2,871 children in Uganda.

Now that sensitization on child protection has reached caregivers, FXB Child Rights officers have begun providing legal advice and guidance as well as referral services to beneficiaries, both children and adults. Services include:

- 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 enrollment, 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.

To implement this component, FXB partners with probation officers, police officers as well as local authorities and councils. In Uganda, FXB also collaborates with Bantwana Initiative and JSI.

#### e. Psychosocial Support

Nurse counselors organized weekly group psychosocial support sessions, for groups of ten caregivers, 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. In parallel, confidential individual counseling sessions were carried out daily at the community drop-in centre or weekly during home-visits. During the reporting period, 910 group sessions and 407 individual sessions were carried out in Rwanda, and 808 group sessions and 606 individual sessions in Uganda. Counseling services in the first twelve months of implementation tend to concentrate on caregivers to encourage participation and build trust in guardians; in the second part of 2010, FXB counseling will concentrate more on reaching children and young people in beneficiary households.

During the second part of 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.

## **SO1: Strengthen Family, Community and Government Systems**

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

FXB continued strengthening the economic capacities of caregivers so that they can gradually meet their households' needs. FXB assisted each household to begin or expand a small business by providing in-kind resources, training, and on-going support and supervision. Following the provision of the first IGA in-kind installment in FY2009, FXB continued providing livelihood training sessions that concentrated on diversification and optimization of activities, with an emphasis on long-term planning, including savings and access to micro-credit. The 1,920 households enrolled in the program have been provided with a second in-kind IGA grant, used to strengthen existing activities or diversify activities. The great majority opted for agriculture, animal rearing, artisanship or commercial endeavors (particularly in urban areas) as their secondary IGA. As of March 2010, all household IGA were developing satisfactorily, gradually allowing household saving and helping beneficiaries create a financial record that will expedite future access to micro-credit. In this context, 832 households in Rwanda have opened bank accounts with local reputable bank or credit organization in the community.

To further ensure that economic principles are well integrated and respected at household level and assess each household's progress, identify problems, and help resolve any outstanding issues, weekly home-visits have been carried out (bi-weekly in Kyenjojo district in Uganda). Home visits enable FXB social workers and logisticians to provide household-specific advice and guidance and ensure optimum management of IGA as well as appropriate spending and saving.

FXB will continue to provide regular livelihood training sessions, and beneficiary households who have not yet done so will be assisted to open a bank account with a local reputable bank or credit organization. FXB will continue working in collaboration with NuPITA and Harvard University to improve its monitoring and documenting of income levels and determining most suitable proxies for economic development and progress at the household level. During the second part of FY2010, FXB plans to carry out a midterm assessment to determine income levels and evaluate economic progress. This data collection exercise will enable FXB to better address the economic development needs of enrolled households.

To facilitate economic development, FXB in Rwanda works closely with micro-credit institutions such as CAF Isonga, Réseau Interdiocésain de Microfinance, Coopec Intarutwa, SACCO and Banque Populaire. In parallel, FXB works with the Bureau d'Appui aux Initiatives Rurales which concentrates on agricultural development, specifically in the context of organic

farming. In Uganda, FXB works with privately hired micro-enterprise consultants to further train FXB teams, as well as local commercial enterprises to pilot IGA models.

b. Beneficiary Groups

The beneficiary groups formed in FY2009 continued holding weekly meetings with FXB staff to support group IGA implementation and management of internal credit systems. Every week, members of the group placed a previously agreed amount of money in a collective savings account. This money was subsequently given to one group member every week following a rotational system; this member was free to use the money to pay for potential medical bills, improve the household's living conditions or develop his or her IGA. This fund enables beneficiaries to create a financial safety net and immediately improve their living conditions without depleting their daily income. Social workers closely monitored the use of this fund and provided beneficiaries with advice and guidance as to its management.

After the successful start up of individual/household IGA group revolving funds, each group will be encouraged to submit a "project proposal", including a description of the process of implementation, a budget and a diversification plan, to FXB. Social workers and logisticians will fully participate in this process by guiding participants through project design, preparation, and implementation. Once the collective project is approved by FXB teams, supplies, materials and tools will be procured by FXB as an in-kind group 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 group IGA, as well as banking and savings, responsible credit, and basic financial literacy and management. Weekly group-visits will be carried out to help beneficiaries address any potential problems related to managing the project.

c. HIV Prevention

During this reporting period, FXB organized information sessions targeting program community members and leaders to raise awareness about HIV and its prevention. In Rwanda, training workshops of four daily sessions were organized for 3,502 adults from the community in Rwanda and 1,394 adults in Uganda. Conversely, 5 sessions – each lasting a day – were organized in Rwanda for 900 community leaders, teachers and local authorities.

In terms of HIV prevention, 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, which largely explains why FXB could not fully meet its HIV Prevention targets, particularly those pertaining to peer educators. A list of partners in these areas is included below.

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

During this reporting period, FXB 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 913 young people in Rwanda and 145 in Uganda. They 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. FXB also trained 1,201 youth belonging to 48 anti-AIDS clubs in Uganda, also focusing on HIV prevention through abstinence and be faithful.

In parallel, FXB organized targeted HIV sensitization sessions for 364 PLWHA in Rwanda and 431 PLWHA in Uganda, promoting be-faithful strategies and skills and the correct and

consistent use of condoms. Moreover, to prevent transmission to HIV-negative partners, and reduce the risk of acquiring other STIs, FXB also provided condoms to PLWHA and their partners. Counseling sessions were also organized for PLWHA – generally during home-visits – to encourage sexual abstinence, reduce the number and concurrency of sexual partners, and ensure correct and consistent use of condoms. During this reporting period, 5 sessions of one day each were organized in Uganda and 4 sessions of one day each were organized in Rwanda for each target group.

During the next semester, FXB will endeavor to build the capacities of 53 youth anti-AIDS clubs in Rwanda and youth in 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. Simultaneously, 360 additional 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.

FXB will also concentrate on reaching targeted populations with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful to meet its target for FY2010.

In the context of HIV prevention, FXB in Rwanda collaborates closely with Care International and with the Treatment and Research AIDS Center (TRAC). FXB also works with Right to Play in the support of youth anti-AIDS clubs. In Uganda, FXB works with JCRC, the AIDS Information Centre, and The AIDS Support Organization (TASO) to deliver HIV prevention messages.

## **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 a result, 1,725 individuals in Rwanda and 1,832 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.

In FY2010, each FXB-Village will continue recruiting individuals for voluntary counseling and testing. Moreover, to increase accessibility to VCT and decrease stigmatization and discrimination, FXB will continue 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.

As FXB does not provide VCT services directly, it refers clients to local VCT services as well as to services/organizations directly providing such services. In Rwanda, FXB also works with SWAA specialized in pre- and post-test counseling as well as with Africare in the context of outreach VCT services.

## **5. Monitoring and Evaluation**

During this reporting period, FXB continued strengthening its existing M&E strategy to maximize the efficiency of its monitoring tools and better respond to data needs of all

stakeholders. FXB focused in particular on adapting its M&E plan to include constant monitoring of data, a mid-term assessment and a final evaluation at the end of the program.

In the context of newly integrated FXB-Villages as part of cost share, FXB will align its above mentioned M&E plan to ensure the implementation of a harmonized system using standardized tools and mechanisms. This system will be rolled out as part of cost share following the same timeline as PEPFAR-funded villages.

In terms of monitoring, FXB created a standardized logical framework for the FXB-Village program to communicate a clear and harmonized understanding of objectives, inputs, outputs, and outcomes of the FXB-Village. The refining of such a document also enabled to identify and fill existing monitoring gaps. It was recognized that monitoring registers and forms needed to be strengthened so as to meet the needs of field teams as well as other stakeholders' needs. These monitoring tools are the program register, the household form, and the child status index. A user's guide has been developed for each registry.

a. Program Register

The FXB M&E working group has developed two standard household registers to track all direct beneficiaries in the program. Each household is provided with one register for adult beneficiaries (over 18) and one for child beneficiaries (under 18). These registers are kept up to date by FXB field staff throughout the program and stored in the household's file at the community drop-in center.

Register information includes socio-demographic information for each household member as well as invariable data such as disability, HIV positive status, or most recent VCT. The child register also tracks child birth registration status. A specific section allows tracking of people leaving the program, including date of departure as well as reason for departure (if known), or household deaths or other changes in composition. This can later inform data analysis as well shed light on existing gaps, particularly in the context of FXB's medical support. These program registers are already being rolled out throughout FXB programs in Rwanda and Uganda.

During the remainder of FY2010, FXB will develop the register to better record daily support activities and participation in outreach events and HIV prevention trainings. It will also concentrate on creating a data entry system allowing FXB teams to enter data from the registers daily. Spot checks will continue to be performed by supervisors to ensure that a high standard of data quality is maintained and that FXB field teams update registers appropriately.

b. Household Visit Forms

The household visit forms have been modified to respond to the needs of field teams and stakeholder and to enable consistent monitoring of beneficiaries' well-being and progress. Two new one-page forms have been created:

- Nurse Counselor Household Visit Form, focusing on health, nutrition, psychosocial well-being, and WASH.
- Social Worker Household Visit Form, focusing on income generating activities, group activities, and school support.

These forms consist solely of questions with "yes/no" responses, with additional space for comments, specifications, and additional notes. A recommendation box has been included to allow field teams to follow-up specific issues with households. These forms are being rolled out across all FXB programs. This process will be ongoing during the second semester of 2010.

c. Child Status Index

In order to better measure the direct impact of the program on OVC, FXB has adopted the CSI. The CSI enables field staff to assess and categorize the well-being of individual children based on observations and discussions with the child and other family members. During each home visit, field teams will complete CSI assessments for all children present in the household, ensuring that each beneficiary child (under 18) is assessed through the CSI at least every two months.

FXB is planning to create a database that will allow field teams to enter data on a daily basis and make it accessible to all FXB teams. This will also allow FXB to address issues of data quality.

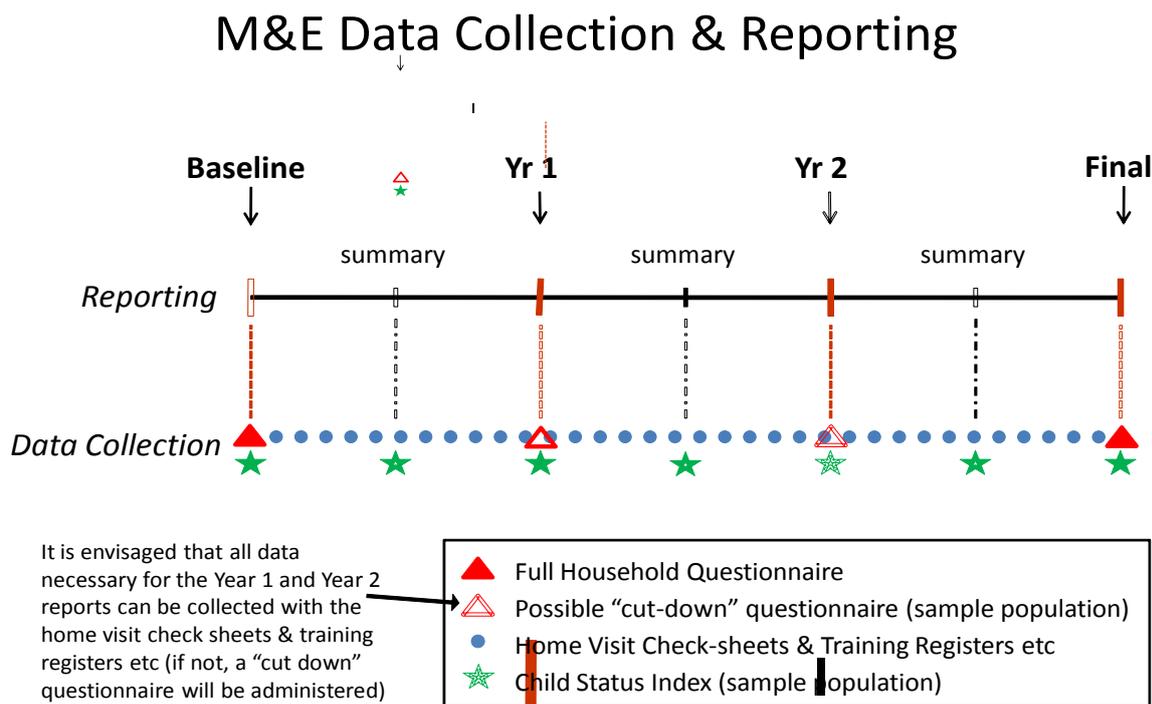
d. Qualitative Monitoring

In addition FXB encouraged field teams to collect stories and other qualitative data to provide supplementary insight on program outcomes and to contextualize statistical data. Currently, FXB uses the training protocols provided by NuPITA to conduct refresher trainings with its field teams. During the remainder of FY2010, FXB will instigate focus group discussions to particularly monitor the impact of HIV prevention interventions. It is expected that first focus group discussion will be implemented in the summer of 2010. Currently, protocols and trainings are being prepared.

e. Midterm Assessment Tool

In June-July 2010, FXB plans on carrying out a midterm assessment on a sample of beneficiary households. For this purpose, FXB is endeavoring to streamline the questionnaire used for the baseline study as it was deemed too lengthy and some sections were considered confusing. The FXB working group is working in close collaboration with Harvard University to render the questionnaire easier to implement while remaining statistically comparable to the original. Lessons learned from the baseline questionnaire will be used to update protocols, carry out trainings as well as monitor data collection and data entry.

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



## 6. Program Management

In November and December 2009, NuPITA staff conducted a financial capacity assessment of FXB field offices in Kampala and Kigali. An organizational capacity assessment (OCA) was also conducted in the New York office of FXB USA in January 2010. The resulting reports and action plans prompted a meeting in Kigali for all financial and program staff for training and implementation of these recommended systems. Additional action points are being implemented over the course of FY 2010.

In September 2009, FXB began recruitment for a new Executive Director. A Selection Committee comprising Board Members and staff and based in the FXB Headquarters office in Geneva reviewed applications received during two rounds of recruitment in late 2009 and early 2010. Following discussions with the FXB International Board of Directors and representatives of USAID and NuPITA, it was decided that the recruitment process should remain open through April 2010. FXB's former CEO, Bilg  Bassani, has been serving as interim CEO during this process, and so organizational management has continued smoothly.

At the regional level, in an effort to reinforce its organizational capacities and in line with NuPITA's suggestions, FXB modified its management structure so as to optimize its implementations processes and ensure the sustainability of activities. In this context, a regional structure has been created to ensure coordinated operations and avoid duplication of efforts. The recruitment of new staff, as well as capacity building, has been completed at both the regional and country levels.

## 7. Budget

The FXB Village programs in Rwanda and Uganda are now on target for the project cycle. At the end of the FY 2009 both programs were not meeting the expected burnrate. This was largely due to the delay in the start of program operations in FY 2009. FXB is now on target for the remainder of the FY year and project cycle; 48% of the overall project budget has been expensed, including for major program expenses during the first half of FY 2010, e.g. school fees and uniforms and IGA grants.

To date FXB has spent \$1,579,608 of the \$1,613,815 received during the period. This amount spent is 48% of the overall project budget. At the end of March 2010 FXB has expensed 70% of the total of year one and year two (\$2,228,723). The expenditures will slow rapidly during the final quarter of this fiscal year, which will keep FXB's programs on target.

FXB has also exceeded the target expenditure rate for cost share. The total cost share budget is \$1,020,000, and to date FXB has expensed 58% of the total cost share which equals \$594,177. This is primarily due to the inclusion of the cost share Villages introduced in FY 2010.

## 8. Sustainability

All facets of FXB programs aim at rendering 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 full 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 has begun 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 2010 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).

In order to ensure organizational growth and sustainability, FXB will begin working with staff in field offices to develop fundraising and partnership skills locally. At the international level, the organization will continue to implement revised policies and procedures, design succession plans, and implement other key findings of OCAs conducted in 2009 and 2010.

Although most partnership and capacity building activities in the project take place in the final year of the program, in 2010 FXB will work with local partners and stakeholders to improve community awareness of HIV and child protection and to rehabilitate water systems for the long-term. FXB will empower local groups – especially beneficiary groups or the VOCs/POCs and youth clubs – to continue this work in their communities.

In the remaining months of FY 2010, FXB will provide the following capacity-building services to local CBOs, groups, and networks:

1. Train members of local VOC/POCs and Child Protection networks as peer counselors, and youth club members in peer education, HIV prevention, life-skills, and child rights. Members of youth clubs will also work with FXB to develop IGAs and manage finances to fund prevention and education activities (such as drama presentations, field trips, concerts). FXB also plans to train selected local leaders, school authorities, youth and other interest groups in Child rights management principles.
2. In Uganda, staff plan to work 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.

## 9. Success Stories

### a. Agnes, District of Muhanga, Rwanda



Photo : Eric Dessons

My name is Agnes. I am 21. I live in Kivumu with my three sisters.

Our parents died of HIV/AIDS. They were both infected and they both died of opportunistic infections. When they died I was 14 and I ended up with the responsibility of a 9 month old child, a 6 year old, and a 12 year old.

I would have never imagined that to find food was so hard, so exhausting and so uncertain, especially when you are 14 and no one thinks you are responsible enough to hold on to a job. It would be fair to say in these circumstances that my sisters and I lived in absolute

misery. No adults around, no assistance, no schooling, no food... But one day, there was light at the end of the tunnel: FXB came into our lives and became our godparent.

My parents always deemed education to be extremely important. I remember my mother telling me that it's the only inheritance worth having. Now that my siblings are in school and excited to learn, I have made my parents proud and fulfilled my responsibility as the eldest child. I am sure that my sisters will have a brilliant future.

I work three jobs to build a better life for us all; a life without HIV and an educated life. I work as a mason and as a housekeeper as well as rear pigs for additional income. I am ready to work hard to continue providing for my sisters. I am happy to see them grow; I am happy to see them smile.

Now, my responsibility is to continue constructing a good life for all of them but one day, I will be back in school and I will learn about the wonders of the world. FXB not only helped us survive; it reawakened our dreams and made them possible.

b. Eunice, Kyenjojo District, Uganda



Selling foodstuffs

My name is Eunice. I am 25 years old and I live in Kyenjojo District in Uganda with my husband and our seven children.

In 2007, my husband and I received what we believed to be a death sentence: we were HIV positive. Already poverty-stricken, our illness brought us to abandon all hope.



FXB counseling

I lost interest in everything. Death was on its way and I could do nothing to stop it or to help my family. We were also very isolated with no one to help us; no one to care for our children. We lived in despair.

In 2009, FXB came into our lives and everything radically changed. It provided us with coping mechanisms, particularly with regards to our HIV infection.

Counseling was especially useful: understanding our disease, accepting it, and managing it could not have happened without FXB. I am happy to say that neither my husband nor I have suffered from illness for the past 6 months.

Moreover, our isolation also came to an end with our integration into an FXB beneficiary group, which enables us to talk openly about everything, even HIV. As a result, our family is now an integral part of the community. No more discrimination. No more stigmatization. These changes obviously also positively impacted our children: they are smiling again and playing with their peers. FXB not only gave us hope but also a future.

c. Josiane, District of Rubavu, Rwanda



My name is Josiane. I am 18, and I live in Rukoko with my two brothers.

As far as I can remember, my parents have always been ill. It started with my father being constantly bed-ridden. He was very weak and as such, he was incapable of moving let alone

working. It is during that time that life became very difficult for us. My mother could not always manage to find employment and we spent days without eating. In this context, and as the eldest, I quickly had to learn to take care of my brothers.

After my father's death, the situation worsened. My mother was constantly ill. The doctor told her she was HIV positive and suffering from opportunistic infections. He provided her with antiretroviral treatment. However, without food or access to clean water, the side effects were too difficult to bear. I tried to take care of her as best I could. I stayed by her side all day long. It was a very difficult period for me. Seeing my mother waste away was insufferable.



*Photo: Eric Dessons*

In October 2009, FXB came into our lives. It goes without saying that all the material support they provided us helped us tremendously but, for me, the most useful has been counseling. Being able to speak about my experience, and especially about my anxiety, my fear has been a real blessing.

Moreover, having someone help shoulder the responsibility of my mother's well-being was a relief. Despite their efforts, however, my mother died in January 2010 of tuberculosis. Given we do not have any family to help us; FXB took care of all funeral arrangements. They helped us cope with a very hard situation.

Today, FXB continues to accompany us. They are always present. I am no longer alone. FXB gave me the strength to go forward and fight for a better life for me and my brothers. With their help, I am confident that we shall succeed.