



New Partners Initiative – Round Three
FY 2010 Annual Report
François-Xavier Bagnoud (FXB) USA
USAID Cooperative Agreement No GHO-A-00-09-00011-00
December 1, 2008 – November 30, 2011
Reporting Timeline: October 1, 2009 – September 30, 2010

October 30, 2010

TABLE OF CONTENTS

TABLE OF CONTENTS	ii
Acronyms	iii
1. Executive Summary	1
Objectives	1
Project Areas	1
General Overview of Activities and Results Achieved	2
Challenges and Lessons Learned	3
Planned Activities	4
Budget (Estimated Budget and Actual Expenditure)	4
2. Summary table of PEPFAR Indicators	5
FXB Rwanda	5
FXB Uganda	6
3. Project Implementation	7
SO1: Comprehensive Services and Compassionate Care to OVC	7
SO2: Increase Fidelity, Enable Abstinence and Be Faithful; Increase Recognition of Factors Increasing Vulnerability to HIV	12
SO2: Increase Recruitment and Access to Counseling and Testing	13
4. Monitoring and Evaluation	14
Midterm Assessment: Summary of Results	14
Data Collection Tools	15
5. Program Management	16
6. Other Issues	16
Sustainability and transition	16
Coordination with Government and Local Partners	17
7. Budget	17
8. Success Stories	18
Prossy, Kyamutasa, Kyenjojo District, Uganda	18
Helen, Bwaise, Kampala District	19
Violet, Nyabisindu, Muhanga District	20

Acronyms

AB	Abstinence, Be faithful
ABC	Abstinence, Be faithful, and Condom use
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CSI	Child Status Index
FY2009	Fiscal Year 2009
FY2010	Fiscal Year 2010
FY2011	Fiscal Year 2011
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

During FY2010, FXB achieved the following: (1) provided comprehensive and compassionate care so that 8,169 OVC develop physically, socially, emotionally, and intellectually; (2) strengthened 1,960 households 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 18,305 individuals; and (4) increased recruitment and access to HIV counseling and testing for 8,022 individuals.

Objectives

The project endeavors to respond to the following strategic objectives:

Care of Orphans and Vulnerable Children:

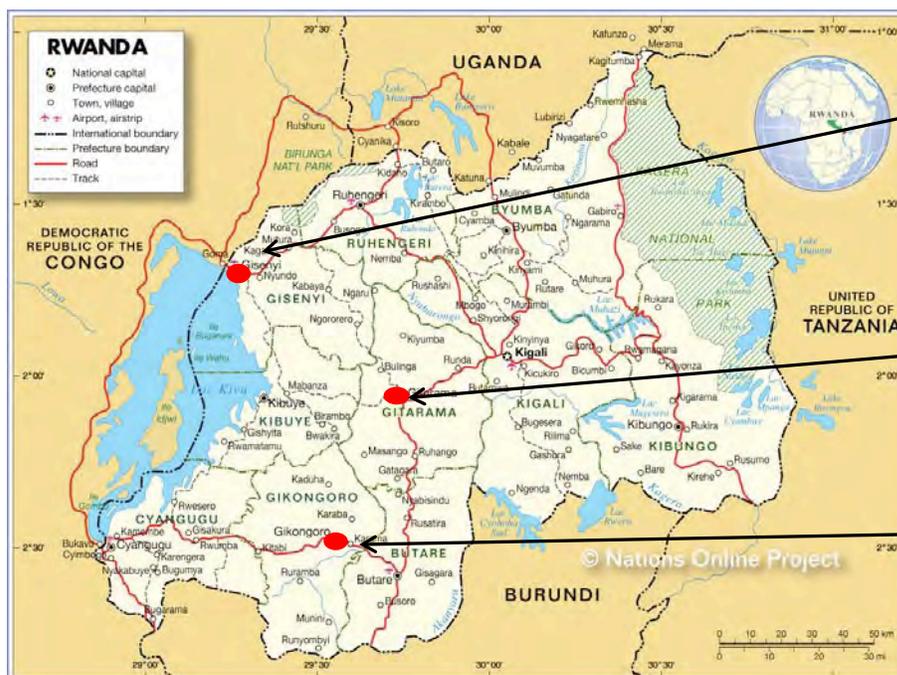
- Provide comprehensive services and compassionate care so that orphans and other vulnerable children develop physically, socially, emotionally, and intellectually
- Strengthen family, community and government systems to help families, community members and groups to implement and monitor the delivery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

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 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.



Rubavu District:
Basa, Kabirizi,
Rubavu, and
Rukoko

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

Nyamagabe
District: Gasaka,
Kigeme,
Mubuga and
Nyabivumu,

counseling (VCT). This identified 303 additional HIV positive individuals, increasing the number of PLWHA in the project to 756.

- Child protection sessions were organized to continue training all children, caregivers, and community members in caring for OVC. These sessions sensitized 8,174 children, 1,569 adults, and 514 community leaders on parental rights and responsibilities, as well as on the fact that child rights violations increase vulnerability to HIV. As a result of these sessions 562 couples registered their marriages and 2,197 births were formally registered.
- To strengthen caregivers' economic capacities, FXB also provided 1,120 caregivers in Rwanda and 800 caregivers in Uganda with a second in-kind capital grant to strengthen household micro-enterprises. 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. In September 2010, beneficiary households were earning sufficient income to contribute at a rate of 25% to medical and education costs; 9 households and 80 beneficiary groups in Uganda and 479 households in Rwanda have accessed micro-finance loans to strengthen their income-generating activity.

Challenges and Lessons Learned

During FY2010, implementation activities were generally successful, gradually improving beneficiary well-being. However, some challenges were experienced in the enrollment of vocational trainees, as well as in meeting OVC and HIV prevention targets.

In regards to vocational school enrollment, new selection criteria in Uganda – requiring youth to have completed primary school – have barred the enrollment of many youth who had dropped out of school many years prior. As a result, FXB Uganda has forged partnerships with local artisans, so as to create an informal apprenticeship system between youth and professionals. This strategy has increased the number of project-supported vocational trainees in Uganda from 81 to 195.

Additional challenges regarding meeting OVC targets also arose. 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 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 1,506 additional OVC in 320 households in FY2010.

FXB also experienced difficulty reaching its HIV prevention targets. It was especially challenging to bring small groups together over a series of four to five day-long sessions due to the high mobility of urban populations, long distances in rural project areas, and school holidays. In light of this, FXB will adapt its strategy to boost efforts and ensure that prevention targets are met by the end of FY2011. To do so, it will first strengthen partnerships with anti-AIDS clubs so as to provide better outreach services, thereby facilitating the dissemination of prevention messages in small groups and in an age-specific manner during follow up meetings and home-visits. FXB will also train additional peer educators to reinforce messages. As project strategies more generally have shifted from direct service delivery in areas of nutrition and income generation, to guidance and monitoring, FXB staff will also have more time to focus on community-wide prevention efforts.

Planned Activities

During FY2011, FXB will continue providing capacity-building and monitoring services to help beneficiaries attain self-sufficiency. It will concentrate on further development of caregivers' economic and social skills, improving health and psychosocial status, as well as fostering respect for children's rights and preventing HIV. FXB-Village teams will advise and guide beneficiaries towards full independence, as well as concentrate on outreach and skills-building activities for the wider community. Planned activities include:

- Providing educational support to all school-aged children and vocational training opportunities to youth. FXB will monitor school attendance and school performance. As per project strategies, caregivers will share in school expenses at a rate of 50% from April 2010 through the project's conclusion.
- Providing access to basic medical care through the Mutuelle de Santé in Rwanda and mobile clinics in Uganda. Nurse counselors will monitor beneficiaries' health status and provide referral services. Through home-visits, they will also ensure that hygiene principles are followed.
- Constructing 14 wells in Rwanda and 16 in Uganda.
- Scaling up HIV prevention interventions in project communities to meet targets. FXB will work with peer educators from anti-AIDS clubs to extend outreach services, facilitating the dissemination of prevention messages in small groups and in an age-specific manner during follow up meetings and home-visits.
- Facilitating access to VCT for approximately 2,000 individuals in Rwanda and 3,000 in Uganda. FXB will also provide pre-test and post-test counseling to all individuals carrying out VCT.
- Assisting each household and each beneficiary group to strengthen their IGA by providing additional training, and ongoing support and supervision. FXB will also work to build beneficiaries' access to micro-credit, as a sustainable source of capital and future enterprise growth.

Budget (Estimated Budget and Actual Expenditure)

FXB budgeted \$1,184,359 for FY 2010. Actual expenditures were \$1,200,867, exceeding the budget by approximately 2%.

2. Summary table of PEPFAR Indicators

FXB Rwanda

Annual: October 1 - September 30	Target for this reporting period	Achieved this reporting period	Target for Life of Project	Achieved to date
Prevention Sub Area 7: Prevention with Positives				
P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	450	392	900	647
Prevention Sub Area 8: Sexual and other Risk Prevention				
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	5109	9833	20700	13848
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)	3900	1272	14400	3059
Care Sub Area 1: "Umbrella" Care Indicators				
C1.1.D Number of eligible adults and children provided with a minimum of one care service				
Male	3165	3399	3'264	3399
Female	3428	3537	3'536	3537
<18 years old	4013	4071	4'000	4071
18+ years old	2580	2865	2'800	2865
Care Sub Area 2: Clinical Care				
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
Care Sub Area 5: Support Care				
C5.1.D Number of eligible clients who received food and/or other nutrition services				
<18 years old	195	192	250	269
18+ years old	415	103	450	177
Pregnant/lactating women	40	61	50	61

FXB Uganda

Annual: October 1 - September 30	Target for this reporting period	Achieved this reporting period	Target for Life of Project	Achieved to date
Prevention Sub Area 7: Prevention with Positives				
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
Prevention Sub Area 8: Sexual and other Risk Prevention				
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	10'202	13680	12'954
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>)	3840	3046	9820	5061
Care Sub Area 1: "Umbrella" Care Indicators				
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	4'000	4098
18+ years old	1516	1633	1700	1633
Care Sub Area 2: Clinical Care				
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
Care Sub Area 5: Support Care				
C5.1.D Number of eligible clients who received food and/or other nutrition services				
<18 years old	381	137	800	626
18+ years old	200	31	200	71
Pregnant/lactating women	12	30	25	47

3. Project Implementation

SO1: Comprehensive Services and Compassionate Care to OVC

a. Education

During FY2010, FXB provided support to primary and secondary school-aged children by covering parental contributions, providing school materials (including uniforms), and regularly monitoring school attendance and performance.

Primary School Population	
FY2009	3753
Cost share FY2010	895
New pupils January FY2010	194
New pupils April FY2010	174
Completed Primary	-97
Total	4919
Secondary School Population	
FY2009	952
Cost share FY2010	113
New pupils January FY2010	97
Completed Secondary	-39
Total	1201

With the start of the new school year in January 2010 in Rwanda and Uganda, FXB enrolled all children who have reached school age but have never attended school. As a result, 194 additional OVC have been enrolled at primary school level. The number of pupils was also increased with the integration of 895 children from the cost-share FXB-Villages. FXB also took on 174 additional primary school-aged children from enrolled families who were formerly supported by another international organization. In 2010, 97 children finished primary school and began secondary school. At the secondary school level, 113 students from the cost share FXB-Villages were

enrolled. Thus, as outlined in the table above, FXB supported 4,919 primary and 1,201 secondary school-aged children during the reporting period.

In parallel, FXB supported young people aged 15 to 25 with a history of irregular school attendance, poor performance, and/or inability to return to formal education by providing vocational training opportunities. In 2010, FXB supported 182 young people in Rwanda and 195 in Uganda. Among them, 15 in Rwanda and 38 in Uganda completed their training in FY2010. Upon graduation, students received start-up kits (vocational tools and materials that help students begin their professions; typical kits may include sewing machines, carpentry tools, vehicle mechanics tools, or hair dressing and salon tools).

As per project methodology, FXB covered 100% of education-related costs, including parental contributions, tuitions, school materials, uniforms/work clothes, and – in Uganda – mid-day meals, for new students until April 2010. Since April and as a result of regular income, increased savings, access to internal credit systems, heads of households are able to share in 25% in all education costs.

In FY2011, FXB will continue supporting school-aged children and vocational trainees. With the start of the new school year in January 2011 in both Rwanda and Uganda, FXB will also enroll all young children who have reached primary school age. The project will also enroll new vocational trainees: 140 in Rwanda and 80 in Uganda. FXB will cover 75% of school-related costs for current students and new enrollees through March 2011. From April 2011, caregivers' share of expenses will increase to 50%, in preparation for the end of the project and to build their ability to meet these expenses independently.

For education, FXB partners with the Ministries of Education of Rwanda and Uganda, as well as public schools and vocational centers. In Rwanda, FXB also collaborates with *Vision Jeunesse*,

which provides literacy services. In Uganda, FXB cooperates with local artisans to foster an informal apprenticeship system at the district level.

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, 6,936 individuals were provided access to basic health care services. This insurance plan enabled all patients to access public health centers and hospitals to treat 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. During FY2010, 4,632 individuals were provided with care for respiratory tract infections and malaria. In Uganda, FXB teams also continued de-worming treatment for beneficiaries, reaching 5,358 children and 1,613 adults. In Rwanda, de-worming treatment is now covered by the *Mutuelle de Santé*. FXB thus no longer provides this service directly.

FXB also provided weekly health education sessions regarding disease prevention, early diagnosis, and adherence to treatment. During weekly project meetings for all 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 staff monitor their use. Beneficiaries were also encouraged to construct ventilated pit latrines and external kitchens equipped with “improved” cooking devices. As a result, 983 households have constructed ventilated pit latrines, and 961 have procured energy saving stoves in Rwanda. In Uganda, 300 households are now equipped with appropriate sanitation, and 400 households possess energy saving stoves. However, routine flooding and space constraints prevented the construction of many latrines in Kampala.

The 756 PLWHA in the project were followed closely by FXB nurses to monitor treatment adherence and ensure that CD4 counts were measured regularly and remain at healthy levels (as set by national policies). Currently, 383 PLWHA are under anti-retroviral treatment, and an additional 290 individuals are receiving prophylactic treatment. FXB also referred HIV-positive women who are pregnant or lactating to prevention of mother to child transmission (PMTCT) services provided by local clinics. During this reporting period, 62 pregnant or lactating women in Rwanda and 30 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 projects to safeguard children’s health and well-being, especially through 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, 14 wells (bore holes) tapping directly into natural sources and serving 2,940 individuals have been constructed in Rwanda. In Uganda, all project households have been provided with water filters in partnership with Procter & Gamble’s Children’s Safe Drinking Water Initiative, and 1,854 people were sensitized to WASH principles. In addition, 97 teachers received WASH training as well as water purification equipment for use in 97 schools in Uganda.

During FY2011, FXB will continue providing similar services. FXB plans to construct 14 additional wells in Rwanda and 16 wells in Uganda (in rural communities). Moreover, in both countries, all medical costs will be equally shared between FXB and project beneficiaries starting in April. This includes 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, which is implemented quarterly.

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

c. Nutritional support

Until April 2010, FXB provided enrolled OVC and their families with monthly food assistance as part of cost share to help beneficiaries meet their nutritional needs. Simultaneously, FXB organized trainings on nutrition to encourage caregivers to prepare regular and balanced diets and ensure sustainable access to foodstuffs. As a result of these trainings, 977 households in Rwanda and 784 in Uganda now possess kitchen gardens. In parallel, 115 children and 61 pregnant/lactating women living with HIV in Rwanda, as well as 16 children and 31 adult PLWHA in Uganda, received additional food support. This typically consists of fortified food, dairy products, and fruit. FXB also covered parental contribution for midday meals offered at primary and secondary schools in Uganda. 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).

In April 2010, FXB ended its provision of general food support to project families. With regular income and savings, as well as cultivation of kitchen gardens (and where possible the rearing of small livestock) as a source of sustainable nourishment, heads of households are now capable of meeting the nutritional needs of their families. FXB will continue to monitor – and occasionally supplement through cost share – the nutritional intake of beneficiaries, especially children and PLWHA. Staff will also continue to monitor the development of previously malnourished children and support households in expanding kitchen gardens.

During FY2011, FXB will provide temporary nutritional support to PLWHA not enrolled in the program. This takes the form of one-time supplementary food assistance for very malnourished OVC, PLWHA, and child-headed households and will be covered by cost share. Individuals in need will be identified by project staff, project beneficiaries, and other service providers. Support will include nutritional training and guidance to ensure that the person in need will fully benefit. This ad hoc assistance reduces discrimination towards enrolled beneficiaries and fosters goodwill in the communities targeted by the project.

d. Child Rights

To ensure that the basic human rights of all children, no matter their circumstances, are honored, FXB organized monthly awareness-building sessions focusing 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. These trainings prompted 2,197 birth registrations and 562 marriages registrations in FY2010. To further ensure child protection, 390 local leaders, 64 community healthcare workers, and 60 teachers were sensitized to child rights in Rwanda. Conversely, 40 peer educators and 40 community volunteers were trained in child rights promotion in Uganda.

In the same vein, FXB reached 1,569 members of project communities with child rights trainings in Rwanda. FXB also encouraged child participation through age-specific and child-friendly training sessions to help children understand their rights and responsibilities. These activities were implemented quarterly in local schools, reaching 4,562 children in Rwanda, and via 48 child protection clubs – in and out of school – reaching 3,612 children in Uganda. These child protection clubs were also provided with material support – particularly posters, drama kits, and FXB’s Child Rights booklet developed in collaboration with Bantwana Initiative – to facilitate the dissemination of child protection messages in a child-friendly manner and encourage peer to peer support.

FXB also provided legal support to project beneficiaries (adults and children) to help them access their basic rights. As a result, eight cases of child rights violation were reported and responded to in partnership with local authorities and the child and family units of Kampala and Kyenjojo districts in Uganda. Thirty-six beneficiaries were accompanied before the courts for similar infractions in Rwanda.

In FY2011, FXB staff will continue hosting quarterly awareness-building sessions targeting local members of government, educators, and faith-based leaders, to discuss issues around child protection, e.g. child abuse, exploitation, and domestic violence. In parallel, FXB will continue encouraging child participation to help children understand their rights and responsibilities and empower them to make healthy decisions. FXB will also continue providing legal advice and guidance, as well as referral services to beneficiaries, both children and caregivers, in the context of birth registration, parental recognition, legalization of marriage, and instances of child abuse.

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

e. Psychosocial Support

In 2010, project 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 for adults, children, and youth were carried out daily at the community drop-in centre or during weekly home-visits. During the reporting period, 1,504 group sessions and 1,079 individual sessions were carried out in Rwanda, and 1,602 group sessions and 1,333 individual sessions in Uganda. Moreover, in Rwanda, FXB also developed 41 memory books to help OVC cope with the loss of a parent, reduce grief, and help children regain a sense of belonging. In Uganda, FXB trained 38 Village Orphan Committee members in memory book writing.

During FY2011, FXB will continue providing psychosocial support to caregivers, youth, and children. FXB will also develop additional memory books: 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. Agriculture, animal rearing and commerce are the most common activities. Following the provision of the first IGA in-kind grant to households in FY2009, FXB organized livelihood training sessions with a focus on diversification and optimization of activities. This included lessons in long-term planning, savings, and how best to access micro-credit. To further reinforce IGA and facilitate diversification, FXB provided enrolled caregivers with a second in-kind installment.

In September 2010, all IGA were developing satisfactorily, allowing for household saving, contributions at a rate of 25% to medical and school costs, and improvements in living conditions through the purchase of either household equipment or the renovation of homes. During this reporting period, 42 families in Rubavu District in Rwanda – with FXB's support as part of cost share – have refurbished the roofs, walls, and other structures in their homes. Furthermore, 992 households in Rwanda possess a bank account with a reputable bank in the community. In FY2010, and with assistance from staff, project beneficiaries began accessing micro-finance loans to further reinforce their IGA: 9 households in Uganda as well as 479 households in Rwanda were granted loans. In this context, beneficiaries are exploring local strategies for accessing future capital and growth opportunities responsibly and sustainably. They are also investing in additional livestock, land, and/or in purchasing houses.

To further ensure that economic principles are well integrated, assess each household's progress, and identify and help resolve any problems, 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.

In FY2011, FXB will continue to provide regular livelihood training sessions that concentrate on diversification and optimization of activities and emphasize long-term financial planning, including savings and micro-credit schemes.

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 Rwanda works with the Bureau d'Appui aux Initiatives Rurales, which concentrates on agricultural development, specifically 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

Beneficiary groups formed during FY2009 have become fully operational during FY2010. It has become customary for members to provide each other with support during weekly meetings, via open discussions and peer counseling. This moral support strengthens social cohesion, reducing isolation and depression and helping to reintegrate beneficiaries in their communities. In parallel, these weekly meetings also enabled the implementation and management of internal credit systems. Every week, members of the group place a previously agreed amount of money in a collective savings account. This money is subsequently given to one group member every

week; this member is 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. This financial safety net is further strengthened by the initiation and development of group IGA. During FY2010, FXB assisted 84 groups in Rwanda and 80 groups in Uganda to begin a small business by providing in-kind resources, training, and on-going support and supervision. The majority of groups opted for agricultural, commercial and/or artisanal ventures. In September, group economic performances were very encouraging, with 80 groups in Uganda accessing formal micro-finance loans together and FXB groups in Rwanda holding an average quarterly savings of 57,375Frw (approximately 100 USD) in their shared bank accounts.

During FY2011, on the basis of each group's evolution, FXB will provide a second in-kind installment to further help groups develop their economic ventures. This second installment will be used to strengthen existing group IGA or to diversify activities. FXB social workers and logisticians will carry out weekly group visits to track progress and help beneficiaries address any potential problems related to managing the project. These visits also enable social workers and logisticians to ensure that taught principles are applied, to monitor progress, and track income levels. Towards the final months of the project, FXB staff in Rwanda will assist interested groups in pursuing a formal cooperative license with the government of Rwanda in order to sustain and develop their activities further.

c. HIV Prevention

During this reporting period, FXB organized information sessions targeting members of the community – adults and youth – as well as adults in the project to equip them with the skills and information needed to avoid transmission and promote healthy and risk-free behavior. These training workshops enabled FXB to reach 7,541 individuals in Rwanda and 8,561 individuals in Rwanda with ABC messages.

In the context of HIV prevention, FXB in Rwanda collaborates closely with Care International and with the Treatment and Research AIDS Center (TRAC). In Uganda, FXB works with JCRC, the AIDS Information Centre, and the AIDS Support Organization (TASO) to deliver HIV prevention messages.

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

During this reporting period, FXB held 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. As a result, HIV prevention sessions were organized for 1,272 children and youth in Rwanda as well as 1,845 children and youth in Uganda. These sessions promoted messages of dignity and self-worth, individual rights, the importance of abstinence and delaying sexual debut, and the development of skills to practice abstinence and healthy behaviors. To further reduce risk of HIV infection, FXB also organized child rights sensitization sessions focusing on the factors that increase vulnerability to HIV. As a result, FXB sensitized and provided life-skills to 4,562 children in Rwanda, and 3,612 children in Uganda.

Moreover, FXB formed and built the capacities of 60 youth anti-AIDS clubs in Rwanda and 48 anti-AIDS clubs in Uganda. These youth groups were provided with material support and education focusing on HIV prevention and other life-skills to motivate their peers to learn about HIV and to delay sexual activity. FXB trained 207 peer educators in Rwanda and 60 peer

educators in Uganda 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 financing sustained prevention activities (performances, meetings, and trips) and IEC materials designed by young people – has been provided to 32 anti-AIDS clubs in Rwanda and four in Uganda. FXB teams provided ongoing support and supervision to these anti-AIDS clubs to ensure appropriate management and implementation of activities.

FXB also organized targeted HIV sensitization sessions for 392 PLWHA in Rwanda and 431 PLWHA in Uganda, promoting abstinence and 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, five sessions of one day each were organized in Uganda and four sessions of one day each were organized in Rwanda for each target group.

During FY2010, FXB had difficulty reaching its HIV prevention targets. In light of this, FXB will adapt its strategy to boost efforts and ensure that prevention targets are met by the end of FY2011. To do so, it will first strengthen partnerships with anti-AIDS clubs so as to provide better outreach services, thereby facilitating the dissemination of prevention messages in small, groups and in an age-specific manner during follow up meetings and house visits. FXB will also train additional peer educators to reinforce messages. As project strategies have more generally shifted from direct service delivery in areas of nutrition and income generation, to guidance and monitoring, FXB staff will also have more time to focus on community-wide prevention efforts.

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 project beneficiaries, adults and children as appropriate, to be tested for HIV. As a result, 5,071 individuals in Rwanda and 2,951 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 FY2011, each FXB-Village will continue recruiting individuals for voluntary counseling and testing, reaching approximately 2,000 individuals in Rwanda and 3,000 in Uganda. To increase accessibility to VCT and decrease stigmatization and discrimination, FXB will continue to organize outreach services at fixed sites, such as schools, recreational centers, or the FXB drop-in centers. In this context, FXB will create a safe and separate space where children and youth can access VCT information and be assured of confidentiality. This guarantee of confidentiality and access through safe community spaces will not only increase recruitment for and use of VCT services but will also increase the proportion of children and youth receiving their test results. As FXB does not provide VCT services directly, it refers clients to local VCT

services as well as to organizations directly providing such services. In Rwanda, FXB also works with SWAA specialized in pre- and post-test counseling, as well as with Africare.

4. Monitoring and Evaluation

During this reporting period, FXB continued to strengthen 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 both a constant monitoring system (consisting of program registers, household visit forms and the child status index) and a periodic evaluation assessment (consisting of a comprehensive household questionnaire, implemented annually). In the context of newly integrated, cost-share FXB-Villages, FXB aligned this M&E plan across all current project sites to ensure implementation and standardized tools and mechanisms.

Midterm Assessment: Summary of Results

In June-July 2010, FXB implemented a midterm assessment of a random sample of beneficiary households following the first year of implementation of FXB-Villages. Lessons learned from the baseline questionnaire were used to improve the household questionnaire, update protocols, carry out trainings, and monitor data collection. FXB also revised the data entry software used during the baseline study. Following midterm assessment data collection, data was compared against baseline data to identify statistically significant changes.

Generally year one progress data indicates that FXB-Villages are successfully enabling beneficiary households to:

- Improve their financial status through improved saving capacity and increased asset ownership. Indeed, the number of caregivers reporting being able to save regularly rose from 11.7% to 86.4% in Rwanda and from 23.1% to 65% in Uganda. Similarly, the number of households with mobile phones have increased from 9.4% to 34.4% in Rwanda and from 39.6% to 55% in Uganda. The number of households possessing furniture has increased from 25.2% to 50.7% in Rwanda and from 55.9% to 71.8% in Uganda. Finally, the number of households with small livestock has risen from 27.3% to 54.3% in Rwanda and from 32.6% to 54.3% in Uganda.
- Reduce the incidence of prevalent diseases through the respect of hygienic principles, the construction of appropriate sanitation, and water treatment. This is partially demonstrated in a reduction in the occurrence of diarrhea among children under five in the project, with rates declining from 25.3% to 8.5% in Rwanda and 30.5% to 8.7% in Uganda.
- Reduce the incidence of malnutrition and improve nutritional status through increased food security and access to a balanced diet. The number of caregivers reporting that the quantity of food at their disposal is *not quite enough* or *not nearly enough* decreased from 74% to 16.8% in Rwanda and from 78.3% to 29.5% - with only 1.7% reporting not having nearly enough food – in Uganda. Moreover, the number of households consuming three meals a day has increased from 5.3% at baseline to 40.2% in Rwanda and from 44.3% to 81.5% in Uganda. These nutritional changes have permitted a diminution in the number of children under five suffering from Kwashiorkor, which shrank from 22.1% to 7.2% in Rwanda and from 5.3% to 0% in Uganda.
- Reduce social isolation and strengthen psychosocial statuses: the number of caregivers reporting having someone they can talk to about their feelings or their personal life has increased from 55.2% to 89.7% in Rwanda and from 68.7% to 86.8% in Uganda.

- Reduce stigma and discrimination through HIV prevention sessions and counseling: the number of HIV positive caregivers who reported being treated differently because of their HIV status decreased from 22.9% to 7.1% in Rwanda and from 42.3% to 19% in Uganda.
- Improve regular school attendance: the comprehensive support provided to families has also enabled the number of children *always* attending school to increase from 84.3% to 96.4% in Rwanda and from 82.1% to 85.6% in Uganda.

Data Collection Tools

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 staff 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. The tools created and adopted in 2010 are:

- Program Registers: 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 now being used throughout FXB programs in Rwanda and Uganda.
- Household Visit Forms: two forms have been created to permit consistent monitoring of beneficiaries' well-being and progress. They are: (1) Nurse Counselor Household Visit Form, focusing on health, nutrition, psychosocial well-being, and WASH; (2) 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 were rolled out to FXB programs throughout Rwanda and Uganda during the second semester of 2010.
- The Child Status Index (CSI): 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. CSI assessments are completed for all beneficiary children (under 18) every 6 months.
- Management Information System: FXB is currently developing a database that will allow field teams to enter monitoring data from the registers and visit forms on a daily basis and make it accessible to all FXB teams. This will also allow FXB to address issues of data quality and timeliness of reporting. The database will be referred to as the Management Information System (MIS) and will be used at both field level and coordination level to inform decision making.
- Qualitative data: FXB has 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.

5. Program Management

In an effort to reinforce organizational capacity, FXB updated its regional structure for the Great Lakes region in FY 2010. This clarified supervisory structures and created new positions in each country, such as the Program Manager, to ensure successful implementation and coordination. All key staff members in each country continue to meet quarterly to discuss progress and address challenges related to program implementation. In addition, key staff from each project office speak monthly to discuss outstanding issues and track progress.

In 2010, FXB continued the recruitment process for a new Executive Director. A Selection Committee comprising Board Members and staff reviewed applications received during two rounds of recruitment in late 2009 and early 2010. However, it was decided that the recruitment process should remain open through 2010, with plans to have a new Director/CEO in place by early 2011. FXB's former CEO, Bilgé Bassani, has been serving as interim CEO during this process.

In November and December 2009, New Partners Initiative Technical Assistance (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. FXB Uganda participated in a TOCA in Spring 2010 and FXB Rwanda in September 2010. Results from these assessments were reviewed and integrated into subsequent work plans and strategies, and progress is reviewed quarterly.

FXB staff participated in several trainings and workshops in 2010. These included an internal financial administration workshop in February 2010 in Kigali, semi-annual OHA (Office of HIV/AIDS) Partners meetings in Washington, the SOTA (State of the Art) meeting in Cape Town in April 2010, a Resource Mobilization training session in Washington, DC in June 2010, and an internal, NuPITA-led work planning workshop in Kampala in July 2010.

6. Other Issues

Sustainability and transition

The project has been designed to build household capacity and community resources in a sustainable fashion. Over the three year project, FXB leads beneficiaries from reliance on a full package of support, to skills-building with subsidized support, and finally to a state of financial autonomy. This ensures that beneficiaries have the resources and capacity to meet their own needs and maintain their well-being in the long-term. The project's implementation period has a known end date, and all beneficiary households sign an informal contract at the onset of the project outlining their shared obligations. Indeed, from the first day of the Village project, beneficiaries are aware that in three years FXB's material support will conclude and they will be independent, with continued access to resources and networks in their community and to FXB staff for occasional check-ins and counseling services.

In FY 2010, FXB began to share a portion of OVC education and health expenses with caregivers in the project to promote their eventual financial autonomy and help engender good financial behavior. Also, by continuing to develop beneficiaries' access to health and education services in the community (e.g. health care, schools, VCT services) in 2010, FXB nurtured long-term relationships between partner service providers and OVC and their families. This ensures in particular that families affected by HIV and AIDS have sustainable access to comprehensive and integrated care (prevention, treatment, and support) upon the project's conclusion.

Coordination with Government and Local Partners

In Uganda, FXB continued to work closely with district and sub-county working committees and is a member of the Civil Society Service Providers (CSO) coalition, which coordinates services for HIV-affected children in all applicable districts. Key government partners in Uganda in 2010 include the Uganda AIDS Commission and AIDS Steering Committees at district level, as well as national health centers, Child Days Plus, and Kampala City Division Health Centers. Conversely, in Rwanda, FXB collaborated directly with District AIDS Control Committee, which coordinates the implementation of HIV programs. It also works closely with national health centers and hospitals, as well as with the Rwanda NGO Forum.

In 2010, FXB worked 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. FXB also worked to strengthen referral networks to ensure continued services for beneficiaries. Activities in 2010 towards this objective include:

- Training 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 worked with FXB to develop IGAs and manage finances to fund prevention and education activities (such as drama presentations, field trips, concerts).
- Staff have worked with key staff and service providers of local partner health centers to help them develop more friendly and accessible services for children and PLWHA.

7. Budget

FXB budgeted \$1,184,359 for FY 2010. Actual expenditures were \$1,200,867, exceeding the budget by only about 2%. As of September 30, 2010, FXB had \$1,204,567 in USAID funds remaining for the project. Actual federal expenditures on the project to date have been \$2,074,905. The workplan budget projections for cost share through 2010 were expected to be 87% of the total (\$1,020,000). However, FXB only spent approximately 78% of the total cost share through FY 2010. This was largely due to over-projections of administration expenses associated with the project in the past years. However, at current rates, the remaining 22% required to meet the budget obligations will easily be contributed during the fourteen months of FY 2011.

FXB has responded well to the new changes in fiscal management that occurred during the FY 2010 period. The programs are now on target to complete the project as planned according to the FY 2011 budget. The estimated budget for FY 2011 for the project is \$1,729, 928, of which \$1,178,081 is USAID funds.

8. Success Stories

Prossy, Kyamutasa, Kyenjojo District, Uganda



Prossy and Fred in their pineapple field (IGA)
Photo: FXB Uganda, 2010

My name is Prossy; I am 18 years old. I live in Kyamutasa with my younger brother, Fred, who is 10. Since our parents passed away in 2005, Fred and I have been living alone. As Fred was only five, I tried to take care of him as best I could while still attending school. However, after a few months, Fred got very sick. I had to stop school to look after him. Finally, because his illness persisted, I took him to Virika Hospital in Fort Portal. There, the nurse advised me to take Fred for a blood test. Unfortunately, the results indicated that Fred was HIV positive. It was a really trying moment for me. I cried all the time. I did not want to lose my brother!



Fred
Photo: FXB Uganda, 2010

My fear of losing him and my reluctance to hurt him prevented me from telling him about his HIV infection. He only came to know about it at the ART clinic, where the children present all told him he was HIV positive. He was so affected that he isolated himself and would not talk to anyone. Thankfully, nurses continually provided him with counseling and explained the disease to him. It really changed his outlook for the better. Fred was subsequently put on ART but he had a very adverse reaction to the treatment: he did not like the taste and thus refused to take them. It was a constant battle.

In 2008, FXB came into our lives. The counseling was especially instrumental. The nurse counselor never ceased to support Fred so he would better understand HIV and live a long and healthy life with HIV. Fred was not easy to convince, but now he takes his medicine without fault, and I do not even need to remind him about it. His health is constantly improving: no illness in the past three months. I think it reassures him that the nurse is always present to respond to any questions he might have, provide advice, and encourage him. I am obviously very grateful to see my brother have a normal life. Aside from counseling, FXB's nutritional support has been a life-saver. It has helped us fight hunger but also helped Fred better react to the drugs. FXB also taught me to maintain a kitchen garden so as to ensure a constant supply of vegetables. They gave me very important lessons about hygiene and use of clean water. These lessons will keep my brother healthy for a long time. It will obviously help me a lot too!

The FXB team believes in us and always encourages us to reach for the stars. Now that they have helped restore my brother's health and have enabled us to ensure our long-term well-being, we shall try and do exactly that.

Helen, Bwaise, Kampala District



Helen and her 2 daughters
Photo: FXB Uganda, 2010

My name is Helen. I am 27 and I live in Bwaise with my 3 children who are 10, 7, and 4 years old. When I was a teenager, I used to spend a lot of time with “delinquents”. I used to spend my days smoking pot and going to bars. At the time, I thought that I was experiencing real life, and I gradually lost interest in school. At 14, for the first time, I had sexual intercourse. Unfortunately, my father heard about it and became really angry with me. Incapable of facing him, I ran away from home and started living on the street. This is when I resorted to commercial sex work to survive.

Because I used to occasionally sleep with men without a condom, I was pregnant three times. I hence do not know who the children’s fathers are. To feed my children, I carried on with sex work. But it was a hard life: sometimes customers would steal my money, beat me, or rape me. To cope with this situation, I smoked more and more pot and drank more and more alcohol. Thankfully, though, neither my children nor I are HIV positive.

Today, thanks to FXB, I have turned my life around. I have understood that I should take better care of my children: avoid exposing them to violent situations or drugs, avoid HIV infection, and give them future opportunities. I also realized that smoking and drinking helped me cope but made their lives very difficult. My behavior had to change and FXB helped me do so, particularly through the IGA. The team provided me with a sewing machine that I use to make sweaters that I sell at approximately 17,000shs (USD 7.40) each. I also found employment as a tailoring tutor and make 30’000shs (USD 13) per month. With these activities, I not only manage to save regularly but also to buy household items. My children, for example, no longer sleep on the floor since I bought them a mattress. From now on, my first priority will always be my children.

I think it is important to raise awareness about the dangers linked to commercial sex work. As a result, I have become a peer educator in my community. I particularly target commercial sex workers and encourage them to carry out VCT. In the future, I would like to scale up this activity and create a small community center where commercial sex workers can learn a vocation and thus learn how to survive without having to resort to commercial sex work.

FXB’s support has given us life and I will endeavor to make it a good one.

Violet, Nyabisindu, Muhanga District



Violet in School
Photo: FXB Rwanda, 2010

My name is Violet; I am 16 years old and I am HIV positive. My parents died when I was 2 years old. As a result, I was placed in an orphanage. During my time there, I kept on being ill. The nuns thus decided to take me to the doctor, who informed me that I was HIV positive. Given my CD4 count was at 150, he immediately put me under ARV treatment. The nuns made sure that I took my medicine on time and stayed healthy. Although I had some difficulties coping with HIV, I mainly suffered from being alone/not having a family. But, when I turned 9, I was adopted by a very nice lady. She gave me a lot of love and took really good care of me.

Unfortunately, three years later, she passed away. Olive – her daughter – and I suddenly had to fend for ourselves. We experienced a lot of difficulties in generating an income. I had to drop out of school, despite the fact that I had successfully passed secondary school entrance exams. The worst for me, however, was our inability to find food, which led for my health to deteriorate very quickly. Absence of food made ARV treatment very difficult to bear.

It is in this very complicated situation that we met FXB. They immediately gave us food, which helped me regain my strength and increase my CD4 count to 350. FXB also enabled me to go to school again, providing me with school materials and paying school fees. At first, things were very challenging; we could not really concentrate on our studies as well as develop an IGA. Olive and I were afraid to disappoint FXB and lose their support. Our fears were unfounded. FXB was wonderful. They discussed options at length with us. As we both desperately wanted to continue studying, they proposed to integrate us in new families.

Now I have a new mom called Jane. She is really nice and supportive of my studies. So much so that I have been able to study very hard and, as a result, received a distinction. I intend to continue performing well and become an important person. I want to help others and help them fulfill their dreams, as FXB helped me fulfill mine.