



New Partners Initiative – Round Three
FY 2011 Annual Report
François-Xavier Bagnoud (FXB) USA
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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 immunodeficiency 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 more than 8,000 orphans and vulnerable children (OVC) by reinforcing the capacities of 1,920 families to meet their own needs, as well as the needs of OVC in their care. Each of the 24 FXB-Villages in this project supports 80 households affected by HIV/AIDS and extreme poverty, comprising children, caregivers, and adult dependants.

Objectives

The project meets the following PEPFAR 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 through 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

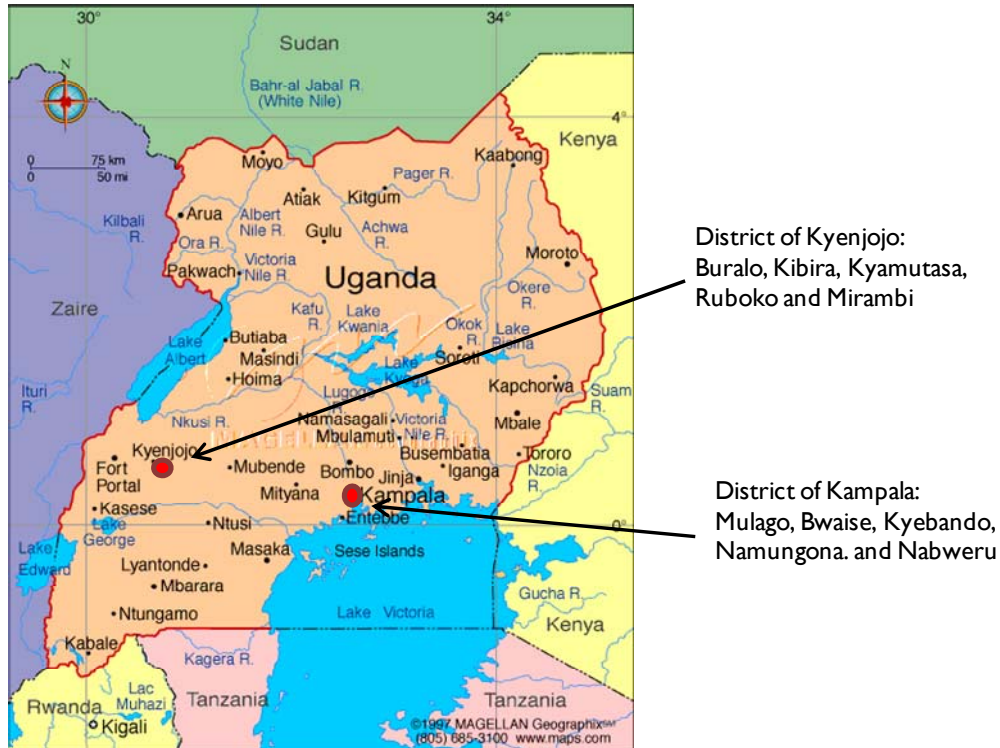
FXB is implementing 20 FXB-Villages, grouped into five units of four Villages: one unit each in Muhanga, Nyamagabe, and Rubavu Districts in Rwanda and one unit in both Kampala and Kyenjojo Districts in Uganda. In addition, FXB is implementing four privately-funded FXB-Villages – in Kampala, Kyenjojo, and Muhanga Districts – as cost share for this project.



Rubavu District:
 Basa, Kabirizi,
 Rubavu, and
 Rukoko

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

Nyamagabe
 District: Gasaka,
 Kigeme,
 Mubuga and
 Nyabivumu,



General Overview

The following key activities were undertaken in FY 2011:

- 1,920 households continued to manage micro-enterprises (also known as income-generating activities) and 168 group enterprises; 442 households received micro-credit from local finance institutions.
- FXB Rwanda and Uganda together provided education support to 4,834 primary, 1,224 secondary, and 256 vocational students.
- In Rwanda, FXB helped 6,922 project participants to attain health insurance. In Uganda, FXB provided basic medical care via mobile clinics (6,644 cases in FY2011). In both countries, staff monitored the treatment adherence and general health of 1,276 PLHIV and referred 17 HIV+ pregnant women to PMTCT services.
- FXB conducted regular community outreach on HIV prevention, reaching some 26,000 individuals in small group sessions with AB or ABC messages. As part of this outreach, 170 HIV prevention peer educators were trained.
- 7,413 individuals accessed voluntary HIV testing and counseling (VCT) with FXB's support.
- FXB constructed 32 borehole or shallow source wells serving at least 2,600 households (18 in Rwanda, 14 in Uganda).
- FXB continued to monitor the growth and health of previously malnourished children and provided 505 adults and children with nutritional supplements.
- In addition to weekly group sessions to discuss psychosocial challenges, such as stigma, grief, and domestic conflicts, FXB staff also worked with caregivers and children to write 211 memory books.
- FXB trained 8,658 adults and 11,332 children in child protection in both countries and helped 2,197 OVC to receive legal birth registration.

Results

To date, FXB has met nearly all project targets (and exceeded targets in several instances). Some key results of the project as of Spring 2011 include:

- 99% of primary caregivers report that they have been tested for HIV
- 97% of primary caregivers report that they have the financial means and support to send all of their children to school
- 99% of primary caregivers report that they have access to health care
- Less than 2% of households reported an incidence of severe cough or diarrhea in children under five during the previous 30 days
- 99% of households consume two or more meals a day; 79% consume three meals
- 76% of children under five have legal birth registration certificates
- 84% of caregivers report being able to save in a typical month (average monthly savings are USD 40)
- Average daily expenditures have increased from USD .34 at baseline to USD 2.34

Challenges and Lessons Learned

In Uganda, recent challenges included: (1) dealing with the seasonal flooding, which compromises sanitation and hygiene efforts in Kampala project sites; (2) reaching out-of-school young people with HIV prevention messages and youth club activities (outreach activities now target them at home); (3) and promoting consistent condom use in the face of entrenched cultural beliefs. In Rwanda, rising costs of living, hidden education costs, and steep increases in the cost of basic health care threaten beneficiaries' economic stability and complicate program exit strategies.

In FY 2011, FXB developed new systems that will greatly improve project service provision and monitoring and evaluation in the future. A key lesson learned during FY 2011 has been to translate HIV prevention training materials into local languages, rather than conducting trainings in English and assuming that peer educators can translate appropriately. In Uganda, FXB has also made a concerted effort to involve local cultural leaders, especially where cultural practices put women and girls at elevated risk for HIV. In Rwanda, women in the project have served as peer leaders and elevated their standing in the community and in their homes. Finally, FXB was initially skeptical that it could mobilize community volunteers without the promise of a stipend. In fact, when volunteers were closely involved in activity planning and in site exchange visits, they felt strong ownership of project outcomes and remained motivated.

Planned Activities

During FY2012, FXB will prepare for the conclusion of the project. Most project targets and objectives have been met and direct project services to enrolled households, which have been progressively scaled down over the past three years, will conclude. FXB will spend the first months of FY 2012 preparing families for the transition, meeting all remaining targets, and ensuring that referral networks are strong. FXB staff will then undertake the third and final household evaluation to measure progress and changes in OVC and household well-being since the start of the project and report to USAID on results before the close of the project.

Budget

	Reporting Period Estimated Budget Expenditures	Reporting Period Actual Expenditures	Burnrate
Totals	\$1,178,080	\$1,077,010.34	\$89,750.86

The USAID budget for the conclusion of the project in Rwanda from October 2010 through November 2011 amounts to \$556,710 USD. The budget for FXB Uganda for the same period totals \$410,626 USD. Project management and coordination at headquarters (New York and Geneva) is \$210,744.

2. Summary Table of PEPFAR Indicators

FXB Rwanda October 2010 – September 2011

Program Area	ID Number and Definition of Next Generation Indicator	Target for this reporting period	Achieved this reporting period	Life of Project (LOP) Target for Indicator	Achieved to date
Prevention					
Prevention Sub Area 7 Prevention w/Positives	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	250	258	900	905
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	11730	16561	20700	30409
	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program				
	OVC care support services	70	130	250	337
	Sexual Prevention AB	70	130	250	337
	Sexual Prevention ABC	70	130	250	337
	Total	210	390	750	1011
	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)	8000	10245	14400	13304
Care					
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	3258	3303	3264	3495
	Female	3392	3583	3536	3786
	<18 years old	4070	3649	4000	4071
	18+ years old	2580	3237	2800	3210
Care Sub Area 2: Clinical Care	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service				
	Male	60	57	250	249
	Female	65	201	270	407
	<18 years old	0	124	10	136

	18+ years old	150	134	510	490
101Care Sub Area 5: Support Care	C5.1.D Number of eligible clients who received food and/or other nutrition services				
	<18 years old	100	308	250	577
	18+ years old	300	34	450	211
	Pregnant/lactating women	15	40	50	101

FXB Uganda

Program Area	ID Number and definition of Next Generation Indicator	Target for this reporting period	Achieved this reporting period	Life of Project (LOP) Target for Indicator	Achieved to date
Prevention					
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	500	672	500	1103
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	8333	9974	13680	15321
Prevention Sub Area 8: Sexual and other Risk Prevention	H2.2D Number of community health and Para-social workers who successfully completed a pre-service training program				
	OVC care support services	35	80	80	184
	Sexual Prevention AB	35	80	80	184
	Sexual Prevention ABC	35	80	80	184
	Total	35	240	240	552
	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)	6604	4836	9820	9897
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	2809	2484	2793	5293
	Female	2922	3135	2907	6057
	<18 years old	4098	4114	4000	8212
	18+ years old	1633	1505	1700	3138
	C5.0D0 Number of eligible children (OVC) provided services in 3 or more OVC Core Programme Areas (CPAs) beyond psychosocial / spiritual support during the reporting period				
Male	1990	1878	1987	3868	

	Female	2156	1810	2153	3968
	<18 years old	3346	3375	3500	6721
	18+ years old	800	313	640	1113
101Care Sub Area 5: Support Care	C5.1.D Number of eligible clients who received food and/or other nutrition services				
	<18 years old		112	800	722
	18+ years old		322	200	390
	Pregnant/lactating women		57	23	78
Care Sub Area 1: "Umbrella" Care Indicators 1: "Umbrella" Care Indicators	C5.0.D1 Number of eligible children (OVC) provided services in 1 or 2 OVC Core Programme Areas (CPAs) during the reporting period				
	<5 years old	720	553	500	1280
	Male	346	256	240	604
	Female	374	297	260	676
	18+ years old	833	302	1080	833
	Male	400	96	509	400
	Female	433	206	571	433
	C.5.0.D2 Number of OVC caregivers trained in comprehensive HIV management		781	100	800
Care Sub Area 2: Clinical Care	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service				
	Male	240	161	240	380
	Female	260	517	260	729
	<18 years old	200	134	200	223
	18+ years old	300	544	300	886
	Pregnant/lactating women	2	44	23	91

Project Implementation

For many of the project activities discussed below, results of the most recent mid-term evaluation (collected in Spring 2011) are also included. These data are pulled from self-reported responses to a comprehensive survey of household and child well-being administered to a random sample of primary caregivers. The survey was administered at baseline and again in FY 2010 and FY 2011, so as to make it possible to track progress over time.

SO1: Comprehensive Services and Compassionate Care to OVC

a. Education

In both countries, FXB subsidized expenses related to OVC education (i.e. fees, tuition, supplies, and uniforms for primary, secondary, and vocational school) in all project households. From October to March 2011, FXB covered 75% of costs. In April this year, FXB and caregivers began to split costs at 50%; this will continue through the end of the project. After the project ends, caregivers are expected to allocate a share of proceeds from their income generating activities towards 100% of children's education and health expenses.

In Rwanda, FXB provided 2,548 primary, 869 secondary, and 109 vocational students with all necessary scholastic fees, supplies, and uniforms. In Uganda, FXB provided 2,286 primary, 354

secondary, and 253 vocational students with scholastic supplies and uniforms. Staff in both countries monitored student attendance and performance. FXB helped vocational school graduates to find employment or apprenticeship opportunities, based on local market assessment findings. To catalyze their professions, graduates also received start-up kits (applicable tools such as sewing machines, carpentry tools, etc.). One lesson learned in FY 2011 was to ensure that financial management training (a version of the training provided to caregivers for their IGA) was also provided to vocational students before they started working.

In providing these services, 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. Additional partners in Uganda include local artisans, District Education Officers (DEO), and local School Management Committees (SMC) and Parent-Teacher Associations (PTA).

Notable results from Annual Household Surveys (Baseline and Year 2):

- 6% of households reported that they had adequate school supplies for all children at baseline; that proportion has increased to 82% as of Year 2
- 42% of households reported that some of their children could not attend school due to lack of financial means; in Year 2, only 3% report this

b. Medical Support

In December, FXB Rwanda subsidized annual enrollment for project families in the national health insurance plan, *Mutuelle de Santé*, a system of government-organized community health insurance. However, the Rwanda Ministry of Health implemented a significant price increase in 2011 to cover expanded services and treatment for chronic conditions and changed the payment calendar to coincide with the Government's fiscal year (July 1). In effect, Rwandans were required to pay twice in 2011 for their health care. FXB thus provided subsidized medical insurance fees for 6,875 individuals (including 3,734 OVC) for the period of July 2011 to June 2012. During the report period, FXB also referred 1,117 individuals in Rwanda to local health care service providers for treatment of respiratory infections, diabetes, malaria, cervical cancer, and for family planning and ante-natal services.

During FY2011, FXB in Uganda addressed 6,644 medical cases via mobile clinics staffed by project nurses that operate weekly in project communities. In general, care provided included provision of first-line treatment for routine illnesses (such as malaria and diarrhea), support to access ART and treatment for opportunistic infections, and quarterly vaccinations and deworming for young children. When needed, cases are referred to partner health providers.

FXB continued to hold monthly health and hygiene education sessions. During these meetings, FXB nurse counselors provided information on prevalent diseases – especially on how they are transmitted – and emphasized good hygiene. In total, FXB conducted 359 group health education sessions for project households in the 24 project communities. Nurses in both countries conducted household monitoring visits to assess the health of each family member and ensure hygienic behaviors were adopted.

Project participants were also encouraged to construct ventilated improved pit latrines (VIP) and external kitchens with ventilated, efficient stoves. The majority of beneficiaries at the start of the project were using open pit latrines; by the end of the first year, 67% of households reported

using a VIP latrine, and 1,085 households in Rwanda and 428 in Uganda now maintain properly ventilated stoves. Thirty-four wells and stand pipes (18 in Rwanda; 14 in Uganda), serving more than 2,600 households, were constructed in FY 2011. In Uganda, water use committees were established by FXB and trained in the use and maintenance of the new water sources. In collaboration with PSI/Rwanda, 320 households in Rubavu District in Rwanda have been provided with training as well as water purification materials, and more than 175,000 water filters were provided to project families in Uganda in partnership with Procter and Gamble's Children's Safe Drinking Water Initiative.

During FY 2011, FXB supported 1,276 PLHIV (adults and children). Project nurses monitored treatment adherence as applicable, ensured that individuals' CD4 counts were measured regularly (as set by national policies), and tracked overall nutrition and health. As of September 2011, 647 PLHIV are on anti-retroviral treatment (ART) and 583 on prophylaxis. Although FXB did not directly provide treatment or testing services to PLHIV, staff worked closely with partners to ensure access, services, and appropriate follow up (for example, routine CD4 count testing). In addition, in 282 families with HIV positive adults and/or children, FXB nurses closely monitored adherence, hygiene practices, water access, and nutrition.

Finally, in FY2011, FXB referred 17 HIV positive pregnant women to prevention of mother to child transmission (PMTCT) services. Nurse counselors closely monitored pre-natal PMTCT regimens and helped women select the most suitable infant feeding strategy as per PEPFAR guidance. FXB nurse counselors also provided women in the project with awareness on PMTCT and general pre-natal care methods during community-wide health training sessions.

During the final months of the project, FXB will complete direct health services and focus on strengthening local referral networks in each project community in collaboration with partner service providers. These partners include: in Uganda, the Baylor College of Medicine-Mulago, the Joint Clinic Research Center (JCRC), the AIDS Support Organization (TASO), the Infectious Disease Institute-Mulago, Namungoona Orthodox Mission Hospital, and Kyenjojo Health Center IV, PACE, and PSI; and in Rwanda, the Ministry of Health, local, government-managed clinics and hospitals, and PSI.

Notable results from Annual Household Surveys (Baseline and Year 2):

- 99% of households report that they have access to health care as of 2011
- The percentage of household with access to improved sanitation services has increased from 36% at baseline to 69% in Year 2; 86% of primary caregivers report access to an improved water source and 99% report that they treat water to make it safe to drink
- 92% of households report using a ventilated stove

Table 1:

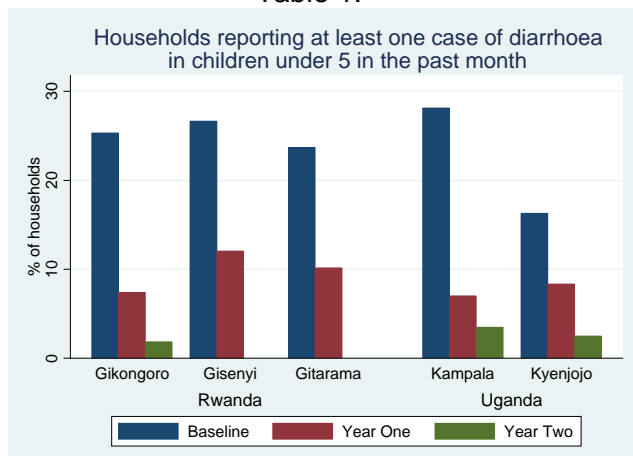
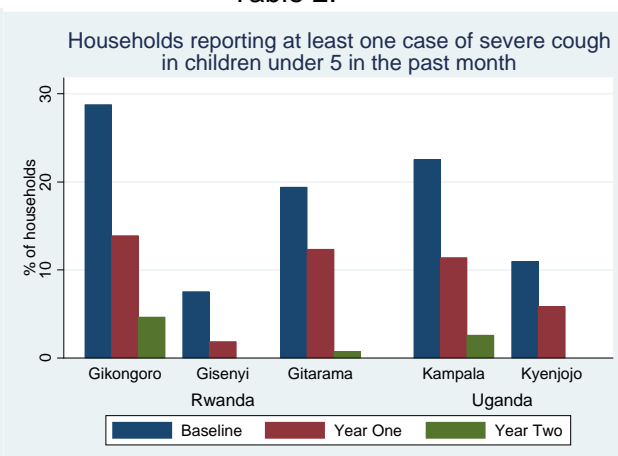


Table 2:

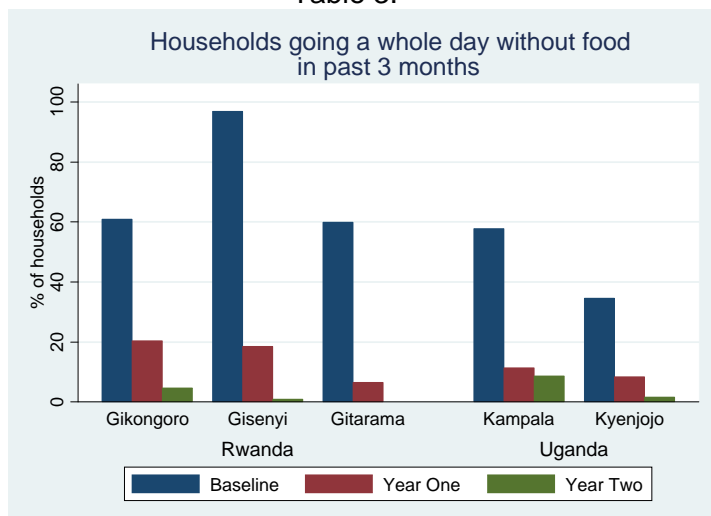


c. Nutritional Support

During FY 2011, FXB provided nutritional supplements to 402 children who were at risk for malnourishment and/or living with HIV, 45 adult PLHIV, and 58 pregnant/nursing women. Supplements typically included fortified foods, dairy products, legumes, and fruit. To provide sustainable food sources, FXB helped beneficiaries start kitchen gardens in 2009 and 2010. There are currently 1,120 kitchen gardens in Rwanda and 543 in Uganda. Unfortunately, many kitchen gardens were affected by the dry season in Uganda. In response, FXB provided households with new vegetable seedlings to cultivate in the second semester of FY 2011. Because it is difficult to cultivate individual kitchen gardens in Kampala due to space constraints and theft, FXB helped 11 groups with about 137 individual members to cultivate group vegetable gardens.

For the remainder of the project, FXB will seek to meet final targets, strengthen referral networks for occasional nutritional support and reinforce messages about home-grown sources and balanced diets. To enhance staff and community member capacity in responding to the needs of malnourished children and PLHIV, FXB in Uganda networked with the Uganda Health Marketing Group. Partners in Rwanda include local government-managed clinics, hospitals, and nutrition centers.

Table 3:



Notable results from Annual Household Surveys (Baseline and Year 2):

- The average percentage of households who report eating three meals daily has increased from 20% at baseline to 79% in Year 2
- 99% of households consume two or more meals daily

d. Child Rights

FXB conducted quarterly child protection awareness sessions in Rwanda and Uganda to train community peer educators on child protection issues and to liaise with local authorities to protect children's rights. In FY 2011, FXB trained 8,658 caregivers, teachers, community members, and local authorities from project communities in support of children's rights in both countries. In addition, FXB worked with 11,332 children – via local schools and child protection clubs – to train them on their rights and responsibilities (including sexual and reproductive health and abstinence) and community resources. To foster a protective environment for children, FXB in Uganda trained 51 teachers and 48 club leaders as peer educators for the Ugandan national child protection modules developed by UNICEF.

These sessions helped to persuade many caregivers to safeguard their children's legal rights. In FY 2011, FXB helped to coordinate 2,197 birth registrations and 101 marriage registrations in both countries. In addition, 308 caregivers were trained in permanency planning and will preparation in Uganda. Leveraging a partnership with Bantwana Initiative/World Education, FXB helped 48 child protection clubs in the community to meet and network with local counterparts within School Management Committees, Parent Teacher Associations, and the local police's Child and Family Protection Units as a foundation for creating formal (and more permanent) child protection committees. These committees serve as a legal partner of the organizations listed above and are tasked with safeguarding children's welfare in local communities.

FXB also provided legal guidance to project participants (adults and children) for cases of child abuse, neglect, or violence. As a result, FXB in partnership with local authorities in Uganda responded to 28 cases of child abuse. In Rwanda, FXB facilitated 30 project participants in making use of courts for comparable infractions, and accompanied them before court.

Child participation and peer support are critical aspects of FXB's work in this area. To enhance child participation in local clubs and networks, FXB Uganda trained members of 48 child protection school clubs on a leadership training program developed by Creative Commons, Olive Leaf Foundation, and REPSSI. Seven FXB staff also participated in a structured learning visit to Health Alert-Gulu in Uganda to build skills in implementing community child participation models – especially among children living with HIV/AIDS.

FXB partners with probation officers, parent-teacher committees, police officers, family welfare services, and local authorities and councils in both countries to undertake its child protection support services. Child protection activities were informed by the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), and harmonized with national laws. In addition, FXB in Uganda worked closely with Ministry of Gender, Labor and Community Development and National Council for Children, as well as with UNICEF, the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN), Raising Voices, Child's i Foundation, and local probation officers.

Notable results from Annual Household Surveys (Baseline and Year 2):

- The proportion of children under five with official birth registration has increased from 51% to 75% in Year 2
- The net increase in birth registration is likely higher, as many caregivers were under the false impression at baseline that birth registration was provided free for all children born in a clinic in Uganda; in fact, birth registration is a more costly and laborious process, which FXB Uganda has now helped caregivers to complete.

e. Psychosocial Support

During the reporting period, nurse counselors in the project organized regular support sessions for groups of ten adults to consider case studies and discuss challenges they face. Similar sessions were organized quarterly for age-specific groups of children and youth to discuss issues like peer pressure, discrimination, and family problems. Confidential individual counseling sessions for adults, children, and youth were carried out daily at community drop-in centers or during weekly home-visits. As a result, 1,647 group counselling sessions targeting adults, 4,202 individual sessions for caregivers and adult dependents, and 1,932 individual sessions for children over 12 were carried out in Rwanda. In Uganda, staff held some 9,936 individual counseling sessions and 2,600 group sessions for adults and children in the project. Finally, with FXB's guidance, 211 children created memory books to prepare for and cope with the loss of a parent and regain a sense of belonging. Written in close collaboration with parents and family members, memory books chronicle a child's family history and genealogy, childhood anecdotes and memories, and other important events.

Notable results from Annual Household Surveys (Baseline and Year 2):

- The proportion of HIV positive primary caregivers who report being treated differently or stigmatized as a result of their status has decreased from 30% at baseline to 11% in Year 2.
- 73% of caregivers report having a confidant or someone to whom they can talk

SO1: Strengthen Family, Community and Government Systems

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

During the course of the project, FXB assisted each of the 1,920 project households to start and expand a small business by providing in-kind resources, training, and on-going support and supervision. As of FY2011, all households are pursuing IGAs and are generally able to meet basic needs, improve living conditions, contribute to medical and school costs at a rate of 50%, and put aside savings. Agriculture, animal-rearing, and commercial endeavors remain the most common activities.

As of September 2011, there are 111 beneficiary groups active in Rwanda and 57 groups in Uganda. Groups held regular meetings and organized shared income generating activities in coordination with FXB staff. Following the successful launch of all group IGAs in FY2010, FXB organized additional livelihood trainings to provide skills specific to each group's income project, as well as trainings in banking and saving, responsible credit, and basic financial literacy. At an appropriate point in each group's evolution, FXB also provided a second in-kind installment to help groups further develop their economic ventures in early FY2011. This second installment was used to strengthen existing group activities or to develop new activities.

Group participants also continued implementing and managing internal savings and credit circles. Every week, members of each group placed a previously agreed-upon amount of money in a joint savings account. This money is subsequently loaned to one individual group member on a rotating basis. Members can use the money to pay for potential medical bills, improve their household's living conditions, or develop/diversify an IGA. The revolving fund provides a financial safety net and helps households absorb shocks or unplanned expenses without tapping into other savings. FXB social workers monitored the use of this fund and provide participants with advice and guidance as to its management.

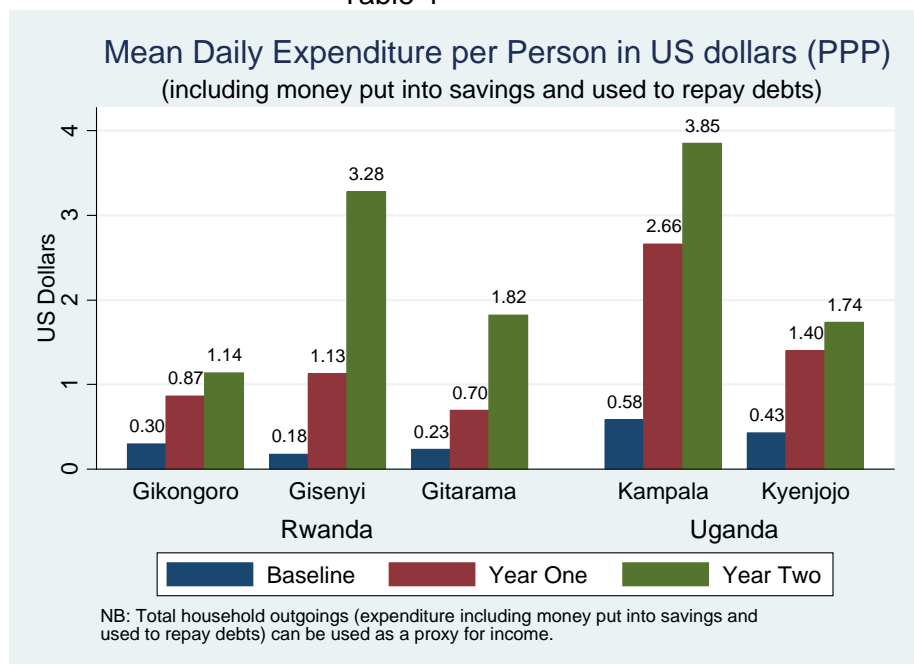
Throughout the year, social workers and logisticians organized monthly trainings – for groups of about 10 caregivers – to introduce beneficiaries to micro-credit principles and guide the informal lending process in each group. In FY 2011, 399 households in Rwanda and 43 in Uganda successfully received small loans from formal micro-finance institutions in local districts.

FXB Rwanda also assisted groups interested in registering as formal cooperatives with the Government of Rwanda. As of September 2011, there are 8 cooperatives (each composed of 5-7 FXB-fostered beneficiary groups and 50-70 members), which have officially registered at the district level and are finalizing the required documents for certification from the national Rwanda Cooperative Board.

Evidence indicates that participants are becoming increasingly resilient and forward-looking, especially important as the project comes to its close. Many households have continued to invest in and grow their IGAs, as well as implement loss/risk-mitigation strategies. Investing in land is one risk-management strategy in the project that has been utilized by project participants. Land provides them with a stable asset, as well as the opportunity to cultivate food and other commodities. Other strategies that FXB staff have encouraged include widening the IGA client base, increasing productivity through the purchase of a mobile phone or other technologies, transitioning from retail to wholesale, and/or further diversifying products.

To build capacity of both staff and group members in household financial management skills, FXB in Uganda worked closely with Saving and Internal Lending Communities (SILC), HOFOKAM and BRAC in Kyenjojo as well as Centenary Rural Development Bank and Uganda Micro-Credit Limited in Kampala. FXB in Rwanda worked with micro-credit institutions such as CAF Isonga, Réseau Interdiocésain de Microfinance, Coopec Intarutwa, SACCO, and Banque Populaire. FXB Rwanda also partnered with the Bureau d’Appui aux Initiatives Rurales, which concentrates on agricultural development, specifically organic farming.

Table 4



Notable results from Annual Household Surveys (Baseline and Year 2):

- 90% of primary caregivers report receiving training in micro-credit
- 84% of households report being able to save in a typical month, up from less than 15% at baseline
- Average monthly savings (converted to USD using the purchase power parity index) have increased **tenfold** from baseline to Spring 2011, from an average savings per month of USD 4 to USD 40

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

During this reporting period, FXB organized lengthy information sessions targeting members of the community, both adults and youth, to equip them with the skills and information needed to avoid transmission of HIV and promote healthy and risk-free behavior. During FY2011, FXB reached 16,561 individuals in Rwanda and 9,974 individuals in Uganda with ABC or AB messages during these training sessions.

Of these targets, during FY2011, FXB reached about 15,000 individuals (largely students and young people) in project communities with AB messages. Many outreach activities were organized in concert with local youth HIV prevention clubs fostered by the project. Outreach encompassed messages on 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 organized child rights awareness sessions focusing on the factors that increase vulnerability to HIV. FXB also trained 120 young people as peer educators. In Rwanda, FXB must reach approximately 1,000 more young people with AB messages to meet its target for the project. This work is underway and should be completed by the end of October.

A key challenge for this work remains how best to target young people who are no longer in school. In response, FXB Uganda has begun offering AB and other prevention trainings to young people at their homes. A second challenge remains the persistence of cultural practices, including avoidance of condoms, polygamy, and early marriage, which can undermine HIV prevention efforts. To counter this, FXB invited leaders to participate in focus group discussions alongside other community volunteers, in order to influence and gradually change community values. Although condom use remains low, particularly in rural areas, self-reported consistent condom use among beneficiaries has more than tripled since the project began.

In the context of HIV prevention, FXB in Rwanda collaborates closely with CARE International, TROCARE, local health clinics and hospitals, and with the Treatment and Research AIDS Center (TRAC). In Uganda, FXB partners with JCRC, the AIDS Information Centre, and The AIDS Support Organization (TASO).

SO2: Increase Recruitment and Access to Counseling and Testing

Project staff encouraged all project participants, adults and children as appropriate, to be tested for HIV. FXB also organized outreach services at fixed community sites, such as schools, recreational centers, and the FXB community centers, to create a 'safe' space where children and adults could access VCT information and be assured of confidentiality. As a result, 2,670 individuals in Rwanda were referred to VCT services. FXB nurse counselors – in collaboration with local health services – accompanied participants throughout the process, providing them with counseling before and after testing, as well as referrals for treatment and other services.

In Uganda, FXB organized 28 VCT campaigns, reaching 4,743 individuals for testing. HIV positive individuals were referred to treatment outlets including the Baylor College of Medicine/Mulago, Joint Clinic Research Center (JCRC), The AIDS Support Organization (TASO), the Infectious Disease Institute - Mulago, Namungoona Orthodox Mission hospital, and Kyenjojo Health Center IV. In addition, 5 people in Uganda were supported (in paying fees and meeting transportation expenses) so they could undergo CD4 cell count and Polymer Chain Reaction (PCR) tests for early infant diagnoses.

Notable results from Annual Household Surveys (Baseline and Year 2):

- 96% of primary caregivers report having been tested for HIV as of Year 2
- 22% of primary caregivers are HIV+
- Although condom use is still not frequent, of primary caregivers who identified condoms as their primary family planning method and also reported ever using condoms for family planning or other purposes, the average number of caregivers who reported that they ALWAYS used condoms has increased from less than 2% at baseline to more than 6%

In October 2010, FXB requested support from NuPITA to hire a consultant to review FXB's Monitoring and Evaluation systems and identify areas that could benefit from further technical assistance within the remaining lifetime of the program. The assessment took place in both headquarters (November 2010) and field office visits (February 2011), and included interviews with multiple staff in each location and reviews of documentation. The final report was distributed by NuPITA/JSI in March 2011 and the recommendations contained therein helped to shape FXB's M&E strategy and M&E activities during this reporting period.

FXB took part in a series of learning visits to NPI partner organizations to learn about the development, management, and operation of their OVC databases. Insights gathered during these visits, together with NuPITA support for a database developer, have enabled FXB to develop its own monitoring database (Management Information System or MIS). Two development workshops for the MIS took place in August 2011 and October 2011 and the system is on target to be completed in November 2011, ready for use in programs throughout Rwanda, Uganda, and other countries where FXB's OVC programs are implemented. The MIS database (together with updated data collection tools and reporting procedures developed during the workshops) significantly builds FXB's capacity for efficient and timely decision making at field level and reporting to stakeholders.

In April and May 2011, FXB staff conducted the end-of-year-2 follow-up assessment, implementing the same household questionnaire used at baseline and year 1 in a random sample of project households. Results are included in this report and will inform final reporting. In addition, FXB staff continue to collect Child Status Index (CSI) information for every child semi-annually. To ensure that project data is available as a learning and management tool at all levels, field staff from each district office take part in reviewing annual evaluation outcomes and other measures as they are available. These discussions are informing decision making during the final stages of the program.

5. Program Management

Project management during this period continued as previously mapped out in 2010. In the third quarter of FY 2011, FXB made a change to the key personnel for the project, substituting a departed Executive Director for the organization's new Chief Executive Officer, Sean Mayberry. In June 2011, Joy Gebre-Medhin, FXB's Deputy Director of Programs, left FXB. Her responsibilities have been transitioned to Country Directors, Program Managers, and to a new Deputy Director position at headquarters. All key staff members continue to meet monthly to share updates and discuss challenges.

During the fourth quarter of 2011, FXB Rwanda and FXB Uganda hosted NuPITA and USAID colleagues for final close out organizational capacity assessments (CLOCA) and program

reviews. At completion of the OCA cycle, FXB has noticed tremendous progress in organizational systems, particularly administration, financial, human resources, and M & E, in both country offices. Brief feedback from the program review conducted by USAID after the CLOCA was also largely positive; several suggestions for areas of improvement have been shared and discussed. The FXB CLOCA in headquarters is planned for November 2011.

FXB staff participated in several trainings and workshops during FY2011. These included several M & E trainings and workshops, resource mobilization, OVC care and support technical trainings, program financial management, gender awareness, support supervision, and compliance trainings. It has been challenging, however, to balance these trainings, which are more numerous in this last year of the New Partners Initiative, with regular implementation duties. In addition, FXB has benefited from the placement of a NuPITA-sponsored M & E Advisor to support overall activities and the development of the MIS.

6. Other Issues

Sustainability and transition

The project is designed to build household capacity and community resources in a sustainable fashion. Over the life of the project, FXB leads participants 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 participants have the resources and capacity to meet their own needs and maintain their well-being in the long-term. Program participants are aware that FXB's material support will soon conclude and that they will be independent, albeit with continued access to resources and networks in their community and to FXB staff for occasional check-in and counseling services.

During the reporting period, FXB continued to share a portion of OVC education and health expenses – first 75% and then 50% of total expenses – with caregivers in the project to promote their eventual financial autonomy and help engender good financial decision-making. FXB has also developed extensive district-level referral networks in both countries for staff use during the program and to ensure continued participant access to resources once the program ends. The final months of project implementation will be devoted to preparing households for the transition, through group and individual meetings, counseling sessions, and consolidation of IGA-related activities.

Coordination with Government and Local Partners

In Rwanda, FXB leveraged its role on the Joint Action Forum, a civil society forum that advises the Government of Rwanda on HIV/AIDS issues, to introduce the formalized referral frameworks and encourage uptake by other parties. In addition, FXB in Rwanda continued to work closely with the Government of Rwanda via the District AIDS Control Committees, national health centers and hospitals, and with USAID mission staff. FXB also collaborated with NGO partners CARE, CHF International, and Save the Children on a future OVC initiative.

In Uganda, FXB remains a member of the Civil Society Service Providers (CSO) coalition, which coordinates services for HIV-affected children in all applicable districts. FXB also served on District OVC and Technical Planning Committees and attended quarterly meetings to report on progress and share work plans. In addition, FXB Uganda worked with counterparts at the USAID mission, the CDC, and with NGO implementing partners, including Bantwana, ICOBI, AVSI, PSI, and Procter & Gamble. The team also networked with SDS/USAID program in

Kyenjojo to enhance the USAID Country Development Cooperation Strategy (CDCS) and, as part of the OVC technical working group, participated in the development of the national vulnerability index for OVC. During 2011, FXB also participated in the organization of the National Civil Society conference and attended District OVC Committee meetings (DOVCC) in Kampala and Kyenjojo Districts. FXB also participated in national OVC coordination meetings organized by the Ugandan Ministry of Gender, Labor and Community Development, and worked with a group of international NGOs to collaborate on national HIV programming.

7. Budget

Actual expenditures for the period (\$1,077,010.34) closely matched the estimated budget of \$1,178,080.00. Rwanda's expenses (\$ 606,844) exceeded estimates due to increase inflation in the Rwandan economy and a change in the country fiscal year that resulted in unplanned additional expenditures for education and healthcare. These increases were offset in part by decreased spending at headquarters level. FXB has met its cost share target for this project as of FY 2011.

The estimated burn rate for the reporting period was \$98,173.33. FXB country and HQ offices remain on target for expenditures, according to the burn-rate for the overall project period. To date, FXB has spent \$3,188,474.03. Project expenditures reflect about 97% of the overall project budget.

Currently, \$90,997.97 remains in the budget for use over the final month of FY2011. At this time, FXB is pursuing a no-cost extension request. If the request is approved, FXB will plan to draw down expenses at a decreased rate throughout the project close out and evaluation periods in order to maintain stable funding streams.

Success Stories

Nakele, Bwaise, Kampala District, Uganda

Nakele* is a 62-year-old, widowed grandmother. Her husband passed away in a car accident in 2006, and some of her children have died of HIV/AIDS. The others are casual laborers who cannot afford to take care of their mother, nieces, and nephews. Nakele supports all nine grandchildren on her own.

Nakele had trouble feeding her grandchildren. They usually only had one meal a day. Some children dropped out of school because they couldn't afford to pay the school fees. When her husband died, Nakele no longer had the means to invest in their business, and eventually it collapsed.

However, according to Nakele, the most difficult part was not the lack of food or money, it was the stigma she faced as an HIV positive woman: "The worst challenge I had then was the loneliness I used to feel especially due to the fact that I had HIV/AIDS. I blamed the world for my situation but had hope that one day life would be better for us."

Once Nakele and her grandchildren became beneficiaries in this USAID/PEPFAR project, FXB's integrated model provided services to address many of the vulnerabilities they faced. FXB supports two of her grandchildren in secondary school and all of her grandchildren in primary school receive scholastic materials and money to pay informal fees. This allows Nakele to use her hard-earned income on other basic needs at home.

Nakele also received capital from FXB which helped her start up a charcoal business, earning her at least 30,000shs (USD 11) per day. Once she accumulated 560,000shs (USD 210) in capital from charcoal, she reinvested in chickens. She has used the savings she has generated from her successful charcoal and poultry businesses to begin to make improvements to the house she shares with her grandchildren.



Nakele working on her IGA (Photo: FXB Staff)

Finally, Nakele is no longer feeling as lonely. Her favorite part of being in the USAID/PEPFAR project is the psychosocial support and community building the organization provides. She said, "the most important thing that I have gained from FXB is the psychosocial support that I gain from fellow group members and the FXB staff."

Nakele now has high hopes for the future: "I plan to expand my chicken business and I hope that before the end of the year 2011, I will be completing my house. I hope to educate my [grandchildren] up to the highest level."

Adine, Rubavu District, Rwanda

Adine*, an HIV positive widow of 35 years, lives in Rubavu District, on the border with the Democratic Republic of the Congo (DRC), together with her four children. One daughter is also HIV positive.

Rubavu District, where Adine and her family live, has suffered significantly in the aftermath of the 1994 Rwanda Genocide and the war just across the border in DRC. More than 60% of households in the district live below the poverty line, and HIV/AIDS continues to take its toll. A majority of households are headed by women and children.



Adine and her daughter (Photo: FXB Staff)

According to Adine, before the USAID/PEPFAR project and FXB came into her life: “Like many of us here, I lived in deep vulnerability. I hadn’t any possibility to feed my children, and I even passed a night without eating...I was marginalized by society”. One of Adine’s children dropped out of school, and the other children were not attending regularly and lacked even the most basic school supplies.

To respond to these challenges, FXB, thanks to the generosity of the American people, began 4 FXB-Villages in Rubavu District in 2009. Adine and her children were selected for enrollment in the project, and within weeks they were receiving nutrition, health, and education support – as well as counseling. Adine noted that with this material support from the project, she was able to slowly save some little money.

Soon, FXB and Adine met to discuss her new income-generating activity. With capital support from the project, she began to grow maize and beans and to breed pigs and rabbits. Currently, her stocks are estimated to be worth nearly USD 1,000, and she has managed to save 62,000 Rwandan Francs (USD 110) in her bank account. With these new income sources and savings, Adine is prepared to meet the costs of her children’s education.

Adine said of her time in the project, “Various trainings and sessions on HIV prevention, hygiene, preparing a balanced diet, and income generating activities given by FXB workers have brought me out of ignorance.” She also acknowledged the HIV-related counseling and support she and her daughter received. “We both went on ARV treatment, and now in our group of people living with HIV / AIDS, we share testimonies, work together, and have changed our minds about the future. Instead of death coming, we have hope for ourselves and our children,” she said.

In Rwanda, the USAID/PEFPAR project has changed not only the lives of Adine and her family, but also the lives of hundreds of PLHIV who were once hopeless, but today have bright plans for the future.

* Names changed to protect privacy.

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