

CARITAS RWANDA - USAID GIMBUKA



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Caritas
RWANDA

Annual report

October 2013 to September 2014

**Cooperative agreement: Strengthening Civil Society to Support Vulnerable Population
(AID-696-A-12-00003)**



OVCs in boarding are provided with hygiene kit as well school kits



The program volunteers' have been motivated with small animal for rearing

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List of acronyms

AIDS	: Acquired Immune Deficiency Syndrome;
BIAT	: Bio Intensive Agriculture Techniques;
BMI	: Body Mass Index;
CBNP	: Community Based Nutrition Program;
CDG	: Cooking Demonstration Group;
CHW	: Community Health Worker;
CRS	: Catholic Relief Services;
FFS	: Farmer Field School;
GoR	: Government of Rwanda;
HQ	: Head Quarter;
HIV	: Human Immune Deficiency Virus;
IPTT	: Indicators Performance Tracking Table;
ISLG	: Internal Saving and Lending Group;
IYCN	: Infant and Young Children Nutrition;
JADF	: Joint Action Development Forum;
MFI	: Micro-Finance Institution;
MCH	: Maternal and Child Health;
M&E	: Monitoring and Evaluation
MoH	: Ministry of Health;
MUAC	: Mid-Upper Arm Circumference;
MIYCN	: Maternal, Infant and Young Children Nutrition;
NCC	: National Commission of Children
OVC	: Orphans and Vulnerable Children;
PDH	: Positive Deviance Hearth;
PEPFAR	: Presidential Emergency Program for Aids Relief;
PLHA	: People Living with HIV/AIDS;
SMILER	: Simple Measurement of Indicators for Learning and Evidence-based Report;
TVET	: Technical and Vocational Education Training;
TOT	: Training of Trainers;
U5	: Under five Children;
USAID	: United States Agency for International Development;
USG	: United States Government;
12YBE	: Twelve years Basic Education;

I. Executive Summary

Caritas RWANDA through the Cooperative Agreement AID-696-A-12-00003 with USAID is implementing USAID Gimbuka program. The program counts two components: Orphans and vulnerable children (OVC) executed throughout 14 districts while nutrition activities cover 9 districts. The duration of the program is 3 year. Starting by September 2012, it will take end by September 2015. Caritas RWANDA sub-granted Catholic Relief Services (CRS) that, from program starting, is providing nutrition technical expertise, monitoring and evaluation.

Caritas RWANDA, is partnering with different governments institutions such as MoH, NCC at National level, districts, sectors, cells, villages and technically with Health centers, different schools at field level. The activities are discussed through meetings initiated either by Caritas RWANDA (cluster meeting, quarterly meetings) or organized by local leaders (JADF at district, sector level).

The program involves in its activities a total of 2,838 of volunteers including Community Health Workers, (CHWs), Caregivers, Cooking Demonstration Groups Leaders (CDGLs), Internal Savings and Lending Groups Leaders, Intermediaries and Farmer Field School Leaders for a total number of 82,775 beneficiaries provided with at least one service.

Through nine districts covered by Nutrition, the activities under this component cover 21 sectors. The OVCs and their families served under OVC component are found in 112 sectors in fourteen districts, apart from some OVCs found in program out of zone area.

The foundation of the nutrition activities is the village. In fact, the Community Based Nutrition Program enrolls all under five children located in the village.

Both nutrition and OVC support and economic strengthening activities that are being implemented by the program are focusing to its main objective which is to contribute to the improvement of beneficiaries' wellbeing.

Along the course of the second year of the program, a total 14,455 OVCs have been supported with school material; 1,382 OVCs in schools for Excellence have been provided with school fees, 78 OVCs enrolled in Technical Vocational Educational Training (TVET) program while 68 graduated during the first year are being followed for creating/getting jobs.

OVCs families 'members are involved in economic strengthening activities: through savings and lending groups (ISLGs) and Farmers field schools (FFS) activities. In this reporting year, 20,494 beneficiaries have been involved in savings-lending activities and this allowed them to achieve the annual cumulative savings totaling 136,487,679 Rwf). The loans distributed to members totaling 192,233,150 Rwf to implement their own income generation activities.

Caritas RWANDA continued the Community activities focusing on malnutrition and stunting prevention: building beneficiaries' capacity on nutrition best practices, hygiene and sanitation, community based growth monitoring achieving a total of 33,420 under-five children among them 7,460 are under two.

Along this fiscal year, nutrition program in the community rehabilitated 655 children while 273 have been referred to health facilities for further treatment and rehabilitation, the feedback has been communicated to CHWs. The program distributed 2,541 small animals to poor pregnant and lactating women, 1,443 small animals to program volunteers for enhancing food security at household level. The program established 30 Farmers Field School (FFS) and trained its members on Bio-Intensive Agriculture Technics (BIATs). 913 pregnant and lactating women participated in these trainings.

The program concentrate efforts on capacity strengthening for nutritionists staff (8) as well as for health centers' staff partnering with the program in nutrition (39).

The program received the visit of high authorities of USAID Washington accompanied with GoR officials. The visit took place in Kamonyi district, Musambira sector where visitors met program beneficiaries and saw themselves how the activities are implemented at community level.

II. Program Main Achievements

In the course of the second year, the program contributed to raise beneficiaries' awareness of nutrition good practices of under five children, pregnant and lactating women. These activities were also oriented to under five growth monitoring to insure of their good nutrition status, identify and enroll those in moderate malnutrition within Positive Deviance/Hearth (PDH) sessions for their community rehabilitation and for eventual referral to health facilities for those with acute malnutrition. For the efficiency of the above mentioned activities, the program distributed Hygiene and cooking kits, growth monitoring kits as well as kit to savings groups.

To sustain these activities, the program conducted various fruitful trainings: staff training on PDH approaches, nutrition tools and data management, CDGs members' training on nutrition, hygiene & sanitation, small animal promotion (rabbit, poultry, pigs and goats), management of malnutrition among others, and new recruited Community Health Worker (CHW) have been trained on community based nutrition program and PDH.

The Program conducts also the quarterly meetings with different community intermediaries for reporting matters, achievements discussion, hindrances and way forward. The program staff carried out also the monitoring and mentoring visits on the field for ISLGs, CDGs and FFS.

II.1. Performance by Objectives and Results Area

II. 1.1 Improve Nutrition Status of Pregnant Women and Lactating mothers and Children below the age of five years

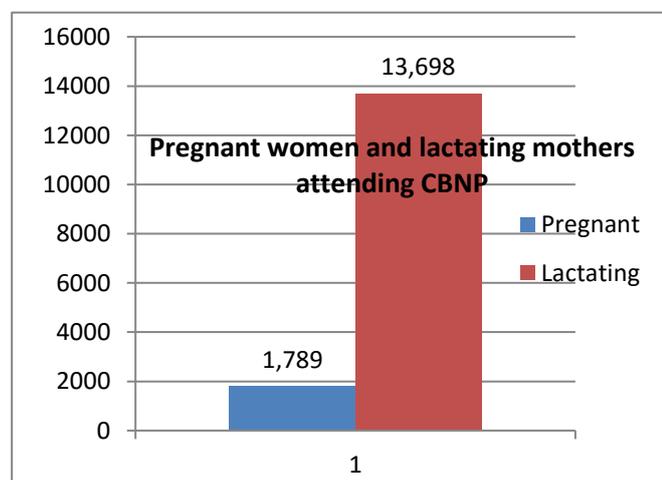
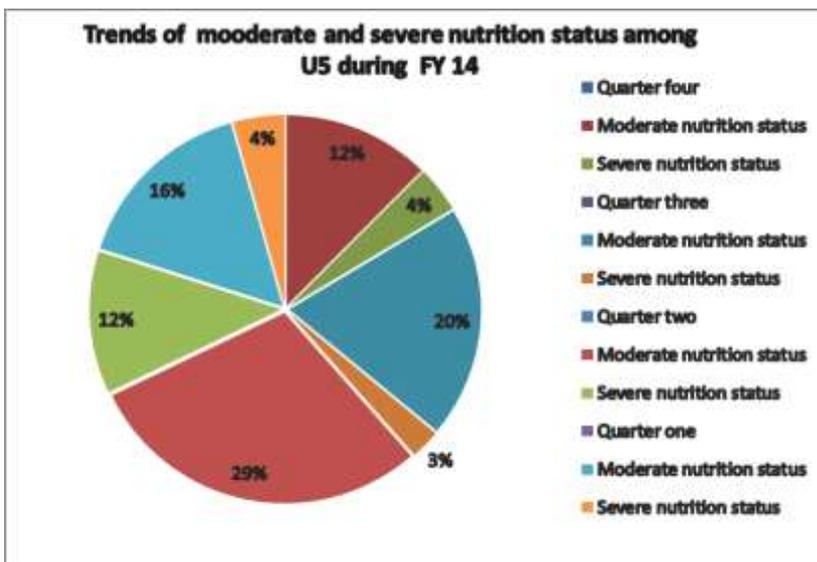
II.1.1.1 Under-five Children Reached through growth monitoring

The activity of Growth monitoring for under five (U5) is conducted by CHWs within covered villages. It is also monitored and mentored by program staff at field and coordination level. 33,420 of five children were reached by the growth monitoring, which gives an achievement rate of 92.8%; among them, 7,460 were under two.

This activity aim at identifying the potential malnutrition cases among these children: moderate for community treatment through PDH Sessions (Agakono k’umwana), severe malnourished cases are referred to Health Centers for medical treatment.

During CBNP sessions, pregnant and lactating women have been provided with Nutrition education and counseling. 25,807 women attended these sessions, a total of 1,789 were pregnant while 13,698 were lactating of under two children.

The participants within the growth monitoring sessions are taught about the nutrition and hygiene and sanitation, exclusively breastfeeding, Infant and young children feeding, lessons related to family planning etc.



II.1.1.2. Children (0-59 months) Rehabilitated through PDH Sessions (“Agakono k’umwana”)

The activity of community rehabilitation of moderate malnourished children is conducted through PDH sessions. The practice consists of gathering mums of children found in this status of malnutrition, they brought from their

respective homes local food and learn how to prepare a balanced diet and the prepared meals are given to their children.

The session lasts 12 days. CHWs weigh all children before starting the session as well as at the end of the session for seeing if there is a weight gain to each concerned child; if there isn’t weight gain, the child who do not recover repeat another 12 days PDH session. In case this second session doesn’t give successful results, a concerned child is transferred to nearby Health Center for further treatment. 655 children have been rehabilitated at community level.

II.1.1.3. PDH established (Cooking Demonstration established)

The program created 540 Cooking Demonstration Groups out of 540 (100%). The members of these groups are lactating mothers and pregnant women and all these groups count a total of 5,400 (100 per cent of target) members.

II.1.1.4. Community Based Nutrition Program (CBNP) Sites Establishment

The program established 279 Growth monitoring sites out of throughout different villages and cells covered by the activities.

The reason behind this overachievement is that in 180 villages set as target of the year, the program was not capable to find out the required number of U5 to reach its targeted number, reason why the program extended its activities to additional villages.

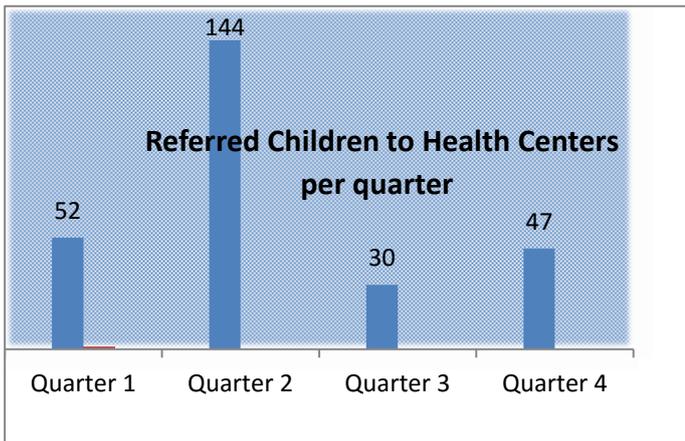
Among these created sites, the program provided cooking demonstration and hygiene kit including: Bowls, Plastic cups, Jerrycans, Sauce pan, Soaps, Chlorine for water (“Sur eau”), Spoons, Plates, Table sauce pan, Plates. The members received individual plastic pans, plastic plates, Soaps and chlorine for water to improve their household level hygiene & sanitation.



CHWs and CDGs received kits to be used in growth monitoring sessions.

Distributed kits allow cooking demonstration groups to prepare and serve balanced diet during their sessions. 337 CBNPs sites, CDGs sites, 25 Health centers interacting with the program and 462 CHWs received tippy taps for hygiene practice. The program distributed to each of 240 growth monitoring kits composed of: Under five MUAC, scales for under two, scales for under five.

II.1.1.5. Children Referral to Health Center for Health Care and Treatment



The children in severe malnutrition status are referred to health centers for further health treatment. Along the ended year, the program referred a total of 273 children who were found in this situation. The health facilities, after treatment, they do a count referral of each treated child towards the community (CHW). The high number of referred children is due to a high number of new recruited children in CBNP whose parents weren’t involved in the previous program activities. However, the following quarters, the number of severe

nutrition cases reduced. The treatment of all these cases gave the positive results.

II.1.1.6. Pregnant and Lactating women Attending Cooking Demonstration (CDGs) Sessions.

Reference made to the point above showing the program achievement in relation with creation of new 540CDGs, these new created came to be added to 180 CDGs groups totaling 720 with 7,200 women. In details, the activities that are realized by these groups are home to home visits sessions, involving members in nutrition and hygiene activities, learnt about benefits of exclusively breastfeeding, family planning, balanced diet preparation, make and use of tip tap, food processing and utilization, etc. Field reports show that for a total of 7,200 women members of CDGs, 7,168 (99.5%) attended these activities during at least the last quarter.

Study Tours among CDGs Groups, CHWs and Local Leaders

The enhancement of CDGs activities is based on replication of best practices from the best performing existing groups of other districts. For this purpose, the program conducted a study tour for 180 new

CDGs leaders and this trip allowed them to gain experiences on good nutrition habits. The visited groups prepared balanced diet and gave testimonies to visitors.

In the same way, the program organized a visit of CHWs and local leaders to best performing and experienced CDGs group. The objective of this study was to learn good practice and lessons. CHW and Local Leaders visited activities such as kitchen gardens, cooking demonstration sessions in experienced groups to acquire new and good practices and adopt them in their respective villages in total, 180 Community health workers and 253 local leaders (including local authorities and Community Health Agents) participated in this study tour.

II.1.1.7. Number of Mothers trained on Nutrition and Hygiene and Sanitation

The program organized a training of 540 pregnant women and lactating mothers (CDG leaders). The program organized a two days training on Nutrition, Hygiene and Sanitation aiming at providing basic knowledge to CDG leaders. The trained groups will continue sharing acquired knowledge to CDGs members. And the same groups received a two days training session on BCC, IYCN. The participants learnt how to feed and protect a young child, 0 to 59 months, exclusive breastfeeding and complementary feeding and were given in details some stereotypes and practices to avoid around nutrition habits.

II.1.2. Improve Resilience and Economic Shocks, Pregnant and Lactating Women

II.1.2.1. Internal Savings and Lending Groups and Farmer Field School Promotion (Creation and Kit distribution)

The program conducted Savings Leaders training on New Savings and Lending approaches. 268 out 270 targeted (achieving 99%) attend the training. By after, these leaders went back and trained the members of their respective groups at community level. The trained savings groups have been provided with savings kits including: Cash boxes, cash booklet, Cash-bowls, calculator, pens, rubber, sharpener, register, ruler and plastic files.

30 FFS have been created in which served beneficiaries will be acquiring the knowledge on Bio-Intensive Agriculture Technics (BIAT). These groups received kit composed of picks, hoes, shovel, rake, and watering can, plastic bucket, scales, sheeting and sprayer.

II.1.2.2. Poor Pregnant and Lactating Women Training on Small Animal Husbandry

Subsequent to distribution of small animals to poor pregnant women and lactating mothers, the program planned to train these women on small animal husbandry. The program was to reach a total of 1,854 women to this activity.

The target was overachieved as the training was extended to 5,400 women, members of CDGs. The activity was conducted in partnership with local authorities. In fact, these sessions have been facilitated by sector veterinaries. They focused on small animals and treatment.

II.1.2.3. Small Domestic Animal Distribution to Poor Pregnant and Lactating Mothers

Through small animal fair, the program distributed 400 hens, 1,223 goats, 365 pigs, 432 rabbits, 121 sheep totaling 2,541 animals to CDGs groups' members. 4 women per group were served at the first time which gave a total of 2,160 vulnerable pregnant and lactating mothers that received these small animals.

The small animals distributed will help beneficiaries' HHs to improve their nutrition and generate revenue. For the sustainability of this activity, the program will continue to insure the redistribution of these small animals internally among CDGs members.



Mushroom tubes distributed to one CDG members/ Nyaruguru district

The program continues to monitor the reproduction of small animals distributed. Field reports show that after the

distribution of small animals, the total of produced small animals by the ones distributed is 5,928 out of 27,810 achieving 21% underachievement due to the base of calculation which was based on hen and rabbits while during the distribution, the beneficiaries preferred goats, pigs and sheep which are not quickly prolific.

II.1.2.4. Individual who have received USAID supported short-term agricultural productivity training

The program conducted a four days training on Bio Intensive Agriculture Techniques. The training involved both FFS and CDG leaders. The participants learnt the following techniques: various techniques such as Kitchen gardens, double dug bed, sunken bed, mandala garden, Zay pit. The objective of this training is to let CDGs and FFS members acquiring technics that help them to increase the productivity of their small lands. The acquire results are spread among members by trained Leaders.

II.1.3 Strengthen Stability of Families and Communities through Economic Strengthening, Food Security and Capacity Building

II.1.3.1 Number of Crops Adopted to Improve Children Nutrition

By organizing community seed fair in different districts and sectors covered by nutrition component, the program distributed to beneficiaries (CDGs members) existing identified in the first year. The orange fleshed Sweet Potatoes cuttings are cultivated in common Field for multiplication purpose while other seeds are distributed to individuals for cultivation within their households' lands. The

Program volunteers' motivation

Apart from CDGs members who received small animals, the volunteers involved in the program activities have received small animals as motivation for the efforts they are investing in the program activities implementation. The volunteers motivated are the following: CDGs leaders, ISLG leaders and caregivers who are in charge of OVCs follow up. The small animals distributed to them include: 1137 goats, Pigs: 61, 72 sheep, 125 hen and 48 rabbits.



Volunteers choosing their small animals in small fair in Rusebeva sector. Rutsiro district

activity aims at enhancing food security and nutrition improvement for beneficiaries. Seeds distributed include: Sweet potato orange flesh, Mushroom tubes, Carrots, Onion, Spinach, Green paper, Cabbage, Zucchini, Amaranths, Betroth, Fortified beans. These seeds are cultivated using acquired Techniques learned during Bio-intensive Agriculture Techniques.

II.3.1. Individuals Provided with Educational and/or Vocational Training

In fiscal year 2014, USAID Gimbuka supported 14,455 OVCs, in primary, secondary and vocation training. Support to OVC includes: School material provision, school fees payment and Psychosocial support. The program provided school material to 7,728 OVCs in primary (3,818 Females and 3,910 Male), 6,649 OVCs in Secondary including 9YBE, 12YBE (3,736 Female, 2,913 Male) and 78 OVC in Vocation training (44 Female, 34 Male). The school material include: Exercise books, Pens, Pencils, Rules, Mathematic set, sanitary pads for Girls above 12 years old, School bags. Those in boarding received in plus Soaps, Toothpaste, Vaseline, Towels and bucket.

The program paid school fees for 1,382 OVCs who were oriented in “School of Excellence”. In order to prepare parents or guardian to program graduation, USAID Gimbuka is contributing to 50% of the total amount requested by the school; the remaining percentage is the parents or guardians participation and this percentage will decrease to 25% the coming fiscal year.

The program has oriented 78 OVC in Technical and Vocational Training Education (TVET) to gain job oriented skills. These OVCs are selected basing on their vulnerability as the program shouldn’t be able to satisfy all requests considering the budget constraints.

The program graduated 68 OVC in Vocation technical training in various trades: Carpentry, Electricity, Masonry, Sewing, Tailoring, and Welding. They receive startup kit that is helping them to gain their life.

Psychosocial support has been provided to 13,528 through home and school visit talks. Caregivers and staff visited OVC and have talks that help OVCs to speak out their feeling and received advice to better behave.

II. 2. General Achievements

II.2.1. PDH and Farmer Field School Graduation



Showcase of FFS graduation in Kamonyi Distric)

PDH members’ graduation

During this ended year, Gimbuka graduated 57 PDH groups with 112 male and 481 females in Kamonyi, Muhanga and Ruhango. These groups have acquired needed skills to go on their activities without program support and were handled to local authorities for further supervision and sustainability in the community.

Farmer Field School Graduation

In addition, Gimbuka program graduated 105 Farmer Field Schools (FFS) with 2,972 members, 2,047 male and 925 women. The criteria to graduate include that FFS have adopted agriculture techniques at household level, have been monitored and mentored since 3 year. The FFS has been model in the community. The graduation process consisted in handling

the groups to local authorities so that they can insure their sustainability in the future. Local authorities will be using them as resources to share their skills and agriculture techniques in neighboring. Local authorities were happy with FFS achievements and promised to guarantee the sustainability in their respective communities. They wish the program should think about water harvesting system for the dry season.

II.2.2. Monitoring and Mentoring of ISLG, FFS and OVC, CDG

USAID Gimbuka conducted regular monitoring and mentoring to ISLG, FFS, PDH, CDG and OVC at schools. The monitoring of activities on the field allows the program to track progress and performance in order to correct errors on due time. Throughout monitoring activities, program staff field and Head Quarter level in partnership with volunteers conducted various visits on field and exchanged with beneficiaries on successes and challenges and provided them with guidance in order to score high performance. The following are the achievements on this area:

▪ Monitoring and mentoring of internal saving and lending activities

USAID Gimbuka conducted regular monitoring and mentoring to ISLGs members. The program trained ISLG Leaders on Savings and lending approaches. These ones had to go back and train their members in the community. Monitoring and mentoring contributed to track effectiveness of the training in the community and give advice to achieve program objectives. During monitoring activity, program staffs verify how records are kept and provide required advices for improvement.

▪ Monitoring and mentoring of Farmer Field School

The program monitored Farmer Field Schools to ensure that acquired skills bio-intensive agriculture techniques are being adopted at community level. The program has trained leaders so that they can train their fellow in the community. The monitoring is contribution to ensure that acquired skills have been transferred to FFS members. It is also the opportunity of tracking program progress and performance.

▪ Monitoring and mentoring of Orphan and vulnerable children

In this Fiscal year, the program has recruited additional caregivers 708 and trained in OVCs support. It was a challenge to Gimbuka staff to monitor all OVCs. Caregivers are near OVCs in their respective community. In the monitoring activity Caregivers and staff did field visits at household level as well as at school to see how OVCs are performing and hearing OVCs who may have any special problem for linkage aid and counseled on how better they must behave and are encouraged to stay in school.

Earlier to this increasing of the caregivers 'number and due to various causes, the program faced a problem of a certain number of dropouts. After talks with local leaders and seeing that these OVCs couldn't come back to school, the program partnered with local leaders to replace them: a total 1912 OVCs have been recruited to replacement of dropouts.

II.2.3. Technical Support by CRS

Caritas continued the partnership with CRS for supporting the young PDH among others. The partnership with this organization, along the year consist in staff capacity reinforcement (HQ, field and health Centers training): building the capacity of Gimbuka program staff in nutrition and Monitoring & Evaluation through trainings, Positive Deviance/Hearth approach, CBNP / MIYCN, protocol of management of malnutrition.

II.2.3.1. Building the Capacity of Gimbuka and Health Centres Staff by CRS

Training on CBNP/MIYCN

CRS conducted a training of trainers on CBNP/MIYCN for 15 Gimbuka staff on 17 February 2014. The topic of the training was mainly the role of CBNP in improving the nutrition status of children, how to organize and conduct CBNP activities at village “umudugudu” level, and how to take anthropometric measurements. The staffs were trained as TOTs that have to spread skills to the Community Health Workers and conducted regular monitoring to CBNP activities.

The training strengthened skills for staff and Community Health Workers to conduct and support the CBNP program in all covered villages and to provide counseling to mothers on improved nutrition of children under 2 years old.

Training on Positive Deviance/Hearth approach

A five days training on Positive Deviance/Hearth approach was conducted by CRS and the beneficiaries were both Gimbuka staff 7 Caritas/Rwanda staff (new nutrition staff) and 29 Health Centers’ staff.

The objective of the training was to strengthen the knowledge of Gimbuka project staff on the implementation of Positive Deviance as one of the approaches that Caritas/Rwanda will use in the management of malnutrition of children. During these trainings, study visits to observe successful PD/H groups were organized at Ruhango district. The study tours were practical session to have testimonies on the approach and the result achieved by the experienced groups.

As result of the training, the PDH approach was used by Caritas RWANDA staff in management and rehabilitation of malnourished cases:

- Staff trained Community Health workers and cooking demonstration group leaders on the use of PD/H in management and rehabilitation of malnourished cases
- Staff conducted regular monitoring of PDH activities
- Cooking Demonstration Group leaders conducted community rehabilitation of moderate malnourished cases

Training Gimbuka staff on the protocol of management of malnutrition

This training was held for 8 Gimbuka staff (3 women and 5 men) and for a total of 39 staff from 13 health centers participated. This training was organized with the objective to help staff to know the Government of Rwanda guidelines on the management of malnutrition. Topics discussed included:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">▪ Presentation of the new protocol of management of malnutrition▪ Treatment of malnutrition | | <ul style="list-style-type: none">▪ Medical treatment of malnutrition▪ Community management of malnutrition▪ Reporting of malnutrition cases |
|--|--|--|

The training of health center staff on the protocol of management of malnutrition was a recommendation from the Ministry of Health from the National Strategy Plan to Eliminate Malnutrition. In implementing Gimbuka activities, malnourished cases from community must be referred to health centers and staff must know how to better manage these cases.

The theoretical training was done on general notions of nutrition, management of malnutrition in the community, health center, and hospital levels regarding anthropometric measurements and interpretation of results, nutrition data management etc.

During this training, the visit aiming at increasing participants’ knowledge on the medical treatment of malnutrition and the integration of activities (vaccination, deworming, nutrition education, agriculture) by the health center was conducted to Nyakinama Health center.

Refresher training of M&E staff

From August 27th to 29th 2014, refresher training on M&E system was organized with all GIMBUKA CARITAS staff. As the project had hired new staff, the refresher training aimed at equipping new staffs with skills in M&E and gets them familiar with data collection tools developed used in the program monitoring. It was also a good opportunity to review tools and adapt them according to the challenges met during the previous quarters of the program activities.

II.2.3.2 Building Capacity of CDGs on Food Processing

Malnourished children (moderate nutrition status) tracked during growth monitoring are rehabilitated using the PD/H approach. In a cooking demonstration group, ten mothers of malnourished children are grouped together. Each group of 10 persons has a trained Cooking Demonstration Group Leader who provides intensive education sessions on nutrition and a demonstration on preparation of a balanced diet made by local food to rehabilitate children with malnutrition.



Participants in Food Processing Training / RAB Huye district

In addition that, the cooking Demonstration Group Leaders train members of the group to prepare a balanced diet using local food for the entire family.

The analysis of gaps faced by those groups’ leaders demonstrated that they lack enough skills on using local food in cooking a balanced diet, as well as adding value to different food commodities.

To address this critical situation, the program partnered with CRS to provide to Cooking Demonstration Group Leaders in food processing technology. The training has been provided through various sessions. At the end this fiscal year, 6 sessions of 176 Group leaders participated in these trainings in theory and practice. The topics covered by training included:

- Processing soy beans into soy milk and tofu;
- Drying vegetables such as potatoes, mushrooms, carrots, orange sweet potato, Irish potatoes;
- Producing juice from fruits such as pineapples, passion fruits and pineapple jam;
- Processing of orange flesh sweet potatoes to “amandazi” (doughnuts), and biscuits;
- Nutritional value of all those processed products;



As a result of these trainings, beneficiaries pass on this knowledge by training the members of their group and the gotten knowledge will help them increasing food value, conduct in good way cooking demonstration activities, and avoid loss of food.

II.3 Achievements by Indicator

These indicators measures progress towards achieving of overall program objective and some of them show the achievement against the set targets for the ending year.

Indicator	Achievements to date	Targets	Percentage completed
C1. Number of adults and children provider with a minimum of one care service	82,775	85,293	97%
C.2. Number of OVC served by OVC program	15,163	14416	105%
C.3. Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)	76.6%	70%	91.3%
C.4. Number of people reached by an individual, small group, or community-level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS.	20,494	26,477	77.4%

Indicator C 1. Unique individuals received support care.

The program uses this indicator to report on the OVC served, caregivers, as well as community members reached with support care including: education support, savings and nutrition services.

In fiscal year 2014 the program reached 82,775 out of 85,293 that come to 97%. These beneficiaries include OVC in primary and secondary schools that have been provided the school material and schools fees for candidates in boarding and ordinary secondary schools and those OVC who preferred to join TVET education and their caregivers. They include also ISLGs beneficiaries, and pregnant and lactating mothers who receive nutrition education and counseling.

C2. Number of OVC Served by OVC programs:

The indicator provides information on active members served by PEPFAR OVC program. It includes OVC and Caregivers who benefit at least one service.

The total achievement at the end of this year is **15,163** with 7,873 Female and 7,390 Male. The Target is over achieved because prior to change in this indicator the program had set target for only OVC, and at end, the program included the caregivers in targeted population.

C3. Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)

The program uses this indicator to report the number of female beneficiaries participating in ISLGs and activities. These activities aim to build their resilience in order to improve the health and well-

being of their families. The proportion achieved is 76.6%. The annual target (70%) is overachieved due to large sensitization among women in the community.

C.4. Number of people reached by an individual, small group, or community-level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS.

This indicator serves to report the number of male and females beneficiaries participating in ISLGs activities. These activities aim to build their resilience in order to improve the health and well-being of their families. In total 20,494 Male and Female ISLG members who are benefiting from ISLGs activities representing 77.4 % of the annual target.

R1: Improve national status of women (pregnant and lactating) and children below the age of year

Under Result 1, USAID Gimbuka is addressing the nutrition issues among under-five children, pregnant and lactating women in a community based services. Services include Growth Monitoring and promotion, cooking demonstration sessions, nutrition education, Life skills, behavior change and psychosocial support to parents or guardians.

Indicator	Achievements to date	Targets	Percentage completed
1.1.1.a.Number of children under five year reached through nutrition programs	33,420	36,000	192.8%
1.1.1.b.Number of children (6_59 months) rehabilitated through young PDH (Agakono k’umwana)	148	258	57.3%
1.1.1.c.Number of PDH established	540	540	100%
1.1.1.d.Number CBNP sites established (for growth monitoring and promotion)	279	180	155%
1.2.1.a Number of people (health providers) trained in child health and nutrition through USG-supported health area program	7,380	8,160	90.4%
1.2.1.b Number of mothers trained on nutrition, hygiene and sanitation	5,400	5,400	100%
1.2.1.c.Number of pregnant and lactating women adopting general hygiene at home	6,110	7,200	84.8%
1.2.1.d. Number of families adopting acquired knowledge in nutrition at house hold level	7,167	7,200	99.5%

The following are some of the Keys indicators that need explanations

a. Number of children under five year reached through nutrition program

This indicator provides information on children under five year, attending Growth Monitoring and promotion. At the end of the Fiscal year 14, the program reached a total of 33,420 out of 36,000 targeted which is 92.8%. This includes 7460 under 2 year who participated in growth monitoring and promotion to prevent stunting.

1.2.1. C. Number of pregnant and lactating women adopting general hygiene at home

The program uses indicator to report on number of pregnant and lactating trained and are adopting general hygiene at their respective household. In this report, we considered pregnant and lactating women who have cleaned compound, cleaned kitchen assets, soap availability, clean and covered latrine and tippy tap. 6110 pregnant and lactating women have adopted hygiene at their household.

R2: Improve resilience and economic shocks for Vulnerable PLHA, lactating and pregnant women

Under Result 2, the program is strengthening OVC families' members, pregnant and lactating women's economic status through saving and Lending and Famers Field School activities and capacity building of the community to support most vulnerable.

R2: Improve resilience and economic shocks for Vulnerable PLHA, lactating and pregnant women

Indicator	Achievements to date	Targets	Percentage completed
2.1.1. a. Number vulnerable and pregnant women trained on internal saving and lending.	5,400	5,400	100%
2.1.1.b. Number of vulnerable and pregnant women who received a credit from ISLG or MFI	43,134	NA	
2.1.1.c. Number ISLGs that received saving Kit	270	270	100%
2.2.1 a. Number of new crops adopted to improve family nutrition status	10	7	142%
2.2.1.b. Number of seeds of bio-fortified crops introduced	2	2	
2.2.1.d. Number sweet potato yellow-fleshed cuttings multiplied for house hold lever production	0	0	
2.2.2.a. Number poor pregnant/lactating women and HIV people trained on small animal husbandry	5,400	1,854	291%
2.2.2.b. Number poor pregnant/lactating women and HIV people receiving small animals	2,160	1,854	116.5%
2.2.2.c. Number small animals produced by pregnant/Lactating women and PLHA	8,667	27,810	31%

The following are some of the Keys indicators that need explanations

2.2.2.a. Number of poor pregnant and lactating women trained on small animal husbandry

The program uses this indicator to track pregnant and lactating women who attended the small animal rearing. The target of 1,854 beneficiaries has been overachieved because all 5,400 pregnant and lactating women participated.

2.2.2.b. Number of poor pregnant/lactating women and HIV people receiving small animals

The program uses this indicator to track pregnant and lactating women who received small animals. The target of 1,854 beneficiaries has been overachieved as the program served 2,160, due to the fact that the budget allowed the program to serve at least 4 people within a group. And these will distribute to other once their animals produced.

2.2.2.c. Number of small animals produced by pregnant/Lactating women

This indicator provides formations on number of animals produced by the distributed one. The animals produced are 8,667 out of 27,810 that are 31%. The program is far away the target, because in project conception, the end result was over targeted.

R3: Strengthen stability of families and communities through economic strengthening, food security, and capacity building

Indicator	Achievements to date	Targets	Percentage completed
3.1.1. a. Average cumulative value (Us Dollars) of saving per saving group	\$532.6	\$35	1521.8%
3.1.1.b. Average cumulative value (Us Dollars)loans distributed per group	\$649.4	\$30	2164.8%
3.1.1. c. Number groups trained/supported in savings group's methodology.	270	270	100%
3.1.1 d. Percentage of loans paid back on due date per group	71.6%	95%	75.4%
3.1.2.a.Number of eligible adults and children provide with psychosocial, social or spiritual	82,775	85,293	97%
3.1.2.b. Number of community based service points providing services to households.	112	112	100%
3.1.2. c. Number of supported community volunteers who completed in-service training.	2,838	2,852	99.5%
3.1.2.d. Number of eligible adults and children provide with economic strengthening services	20,494	26,477	77.4%
3.2.1.a. Number of individuals provides with education and or Vocation training	14,455	14,416	100.2%
3.2.1.b Percentage of supported OVC ending their school year			
3.2.2.a Percentage of supported TVET graduates who gain employment	60%	35%	171.4%
3.4.1.a. Number of individuals received food and/or other nutrition services	47,118	43,200	109%
3.4.1.b. Number of eligible individuals who have received USG-supported short-term agricultural productivity training	5,400	5,400	100%
3.4.1.c. Percentage of adults Positive Deviance Hearth members with good nutrition status(BMI:18.5-25)	72%	75%	96%
3.4.2.a. Percentage of sampled household who have adopted bio-intensive agricultural techniques	94%0	70%	134%
3.4.3.a. Percentage of targeted households with appropriately use of mosquito net	95%	85%	109.2%

Detailed performance against Performance Monitoring Plan (Targets)

The following are some of the Key indicators that need explanations:

3.1.1. a. Average cumulative value of saving per saving group

The program uses this indicator to track average saving per saving group from the starting of ISLG activities. Up to now, the average savings per group is \$532.6, which exceed the 35\$ annual target. The discrepancies are due to the fact that the program considers the savings from HIGA UBEHO while target was set for GIMBUKA.

3.1.1. b. Average cumulative value (Us Dollars) loans distributed per group

The program uses this indicator to track average loans distributed per group from the starting of ISLG activities. Up to now, the average of loans' amount is \$649.4 while the annual target is 30\$ target. The discrepancies are due to the fact that the program considers the savings from HIGA UBEHO while target was set for GIMBUKA.

3.2.2. a. Percentage of supported TVET graduates who gain employment.

The program use this indicator to provide information on those OVC oriented in Vocation training trade and got a job after graduation. The achievement is high than the target because they have received startup kit and some is self-employed. The target is over achieved due to daily sensitization by community health workers.

3.4.2.a. Percentage of sampled household who have adopted bio-intensive agricultural techniques

This indicator is used to track percentage of pregnant and lactating's household who have adopted bio-intensive agricultures techniques. The percentage is higher than planned due to intensification of sensitization and home visit activity.

3.4.1.a. Number of individuals received food and/or other nutrition services

This indicator measures the number of children under 2 year who participated in growth monitoring and promotion and pregnant and lactating women receiving nutrition education and counseling.

III. Administration and Management

III.1 Personnel/issues

At the beginning of the year, USAID approved changing of key personnel of USAID Gimbuka on 29th January 2014. In fact, the former Program Director in the person of Father Oreste INCIMATATA resigned to the post of Sectary General of Caritas RWANDA, at the same time to the post of Program Director of USAID GIMBUKA. Caritas RWANDA proposed to this position Father Dr. Anaclet MWUMVANEZA, who was appointed by Catholic church Bishop Conference to overtake the lead of the organization, to take the Program Director position. USAID approved the proposition.

With consent of USAID, the program starts the year with new staffs for nutrition component activities: 6 staff on the field and one Nutrition Coordinator at National level. The program managed with CRS support to reinforce their capacities in various areas, and brought them to understand the orientation of the program. The trainings they got are among others: A 5 day session focused on PDH (moderate Nutrition treatment within the community, referral to Health centers for acute malnutrition cases and visiting the well-functioning PDH and CDGs; a 3 day session about "the protocol of management of malnutrition" for staff to gain Government guidelines to manage malnutrition, medical treatment and reporting.

To improve the M&E system for the program, 7 staff at coordination level have been trained on data management using advance excel and access attended with objective of improving the staff in data screening and analysis.

III.2 Summary table for financial information

October 2012 through September 2014				
Funding Account	Current Obligation	Expended this quarter	Cumulative Expenditure	Funds Remaining
HIV/AIDS	2,495,028	249,201.41	1,770,028.67	724,999.08
MCH (if applicable)	619,665	61,891.63	439,604.12	180,060.69
Nutrition (if applicable)	897,540	89,646.60	636,735.05	260,805.00
GH-C-POP	643,048	64,227.17	456,192.96	186,855.43
TOTAL	4,655,281	464,965.81	3,302,560.8	1,352,720.20

III.3 Cost share

Description	Amount (USD)
Parents contribution to school fees	12,172
School materials contribution by parents	72,207
TOTAL	84,379

III.4 Issues

- The replicated ISLGs need deep training and materials (kits) assistance;

As the program has not yet the financial resources that can allow this to be done, while waiting for future opportunities, the replicated groups were advised on what can be done at cost effective manner for them to overcome challenges: using simple kits to record their savings and loans, open immediately bank accounts.

- It occurred some delays in loans repayments: Members of savings groups were advised to involve local authorities in the loan recovery process where necessary;
- The program faced continuing dropout, especially in primary, 9 and 12YBE: To sort out this issue, the program started advocacy to local authorities and meetings are held with them, caregivers as well as parents / guardians on the importance of keeping their children at school;
- Delay of some suppliers in providing services (ex. Scholastic materials): To deal with this, Caritas RWANDA started to apply performance guarantee to suppliers before awarding them contracts.

III.5 Challenges/Opportunities

- The program has not been able to conduct the baseline survey of its activity. This hindered the set of some indicators which have not been set at the beginning of the program. It may cause some difficulties to measure the program progress and achievements at a certain level. In fact, the implementation of this survey was subject to a certain number of pre-approval and approvals, USAID, Research committee and Ethical committee.

GIMBUKA activities visit by USAID team and GoR officials.

Gimbuka Program, especially Nutrition activities, have been visited on 11th July 2014 by Ms. Katie Taylor, Deputy Assistant Administrator for Global Health, USAID/Washington, accompanied by Amy Cotter, Seema Johnson, Rob Cunnane, Judy Chang, Silver Karumba and MoH representative: Ms. Catherine MUGENI, Kamonyi district JADF permanent Secretary, Musambira sector representatives, and Musambira Health Center team. The visit took place in Kamonyi district, Musambira sector where visitors met at field level with program beneficiaries and insured of the effect of the activities implemented towards the improvement of beneficiaries' wellbeing.



Deputy Assistant Administrator for Global Health, USAID/Washington Ms. Katie Taylor and Ms. Catherine MUGENI from MoH briefing mothers in CDG working with Gimbuka on Young Infant feeding/ Kamonyi district, Musambira sector.

The team visited among others: Farmers field schools, Cooking Demonstration Group activities (CDG) and Community based Nutrition Program (Growth monitoring for under five children) and discussed with program beneficiaries on improvement they are getting due to program interventions.

The delay on obtaining all these approvals, didn't allow the program to be allowed to start this activity timely and the final approval was gotten in October, 2014, time which was too late to start a baseline survey for the program at the end of its second year of activities.

- The Government institutions facilitate the programs implementation by facilitating where necessary the activities at different level. In fact, the program is partnering in implementation of its activities with districts (JADF), sectors, cells, villages and health facilities.

- A large network of committed volunteers that are involved in program activities implementation.

- The best practices (e.g bio-intensive agricultural techniques, savings and lending activities) are being replicated within the surrounding communities constitute an opportunity to achieve food security.

- Joint Action Development Forum is a platform for partners to share the plans and achievements. USAID Gimbuka participated in different JADF meetings organized at district, sectors levels.

- The program also work closely with MoH, especially through Nutrition Technical Working Group network where the nutrition activities, achievements and way forward are discussed with different partners in the Area.

- For the OVCs activities, Caritas RWANDA cooperates closely with NCC. This brings the program to provide the services to OVC in the line of Government priorities.

IV. LESSONS LEARNT

- The use of bio-intensive agriculture techniques is improving productivity at household level and allows families to get from their small lands products for making balanced diet. The savings and

lending activities are boosting the economy of savings' groups' members as they are taking loans to implement Income Generating Activities.

- The partnership with local Government institutions strengthens the implementation of the program activities and led to the sustainability of the program activities even after its end.

V. PLAN FOR NEXT QUARTER

Activity	Beneficiaries	Timeline	Responsible
Refresher training on ISLG to PDH Representatives	Volunteers	Nov. 2014	USAID Gimbuka
Training of PDH representatives on Nutrition, Hygiene and sanitation	CDG leaders	Nov. 2014	USAID Gimbuka
Exchange Visits among CBNP groups	Volunteers	Dec. 2014	USAID Gimbuka
ISLGs quarterly meetings	Volunteers	Dec. 2014	USAID Gimbuka
CDGs leaders quarterly meetings	and Volunteers	Dec. 2014	USAID Gimbuka
FFS Leaders Quarterly meeting	FFS Leaders	Dec. 2014	USAID Gimbuka
CHWs & local leaders quarterly meetings	Volunteers and Local leaders	Dec. 2014	USAID Gimbuka
Monitoring of ISLG, kitchen gardens, small animal rearing, PDH	Group members	Oct., Nov., Dec. 2014	USAID Gimbuka
Support to OVC in primary and secondary education (School materials)	OVC in primary and secondary schools	Oct. and Nov. 2014	USAID Gimbuka, Caregivers and Local leaders
Support of out of school OVC to attend TVET (School materials)	OVC in TVET	Oct. and Nov. 2014	USAID Gimbuka, Caregivers and Local Leaders
Quarterly meeting with caregivers	Caregivers	Dec. 2014	USAID Gimbuka
Link to legal services	OVC, Caregivers and Local leaders	Oct, Nov and Dec 2014	USAID Gimbuka
Monitoring & Mentoring of existing ISLGs, OVC	ISLG and OVC members	Oct., Nov. and Dec. 2014	USAID Gimbuka
Training on MIYCN Gimbuka (combined with 1000 days and anthropometric measurements)	USAID Gimbuka staff	Oct. 2014	CRS
Refresher training of existing+ new CDGs on Nutrition, Hygiene and Sanitation (90 members/5 days)	CDG Leaders		CRS
Training Gimbuka on Bio intensive techniques (5 days)	Gimbuka field staff	Oct. 2014	CRS
Training on data collection tools; Train on M&E and Evaluation of IPTT	Gimbuka staff	Oct. 2014	CRS
Production and dissemination of nutrition messages; and messages on hygiene and sanitation	Different sites of program activities	Nov. 2014	CRS
Production training manual and documents on the protocol of management of malnutrition	USAID GIMBUKA	Nov. 2014	CRS

VI. Success story

“With USAID/Caritas, I realized my ambition to become a tailor of career”.

I am called Bampire Patricie, I am 48 years old, I am married and I am a member of Duteraninkunga ISLG in Rambura Sector, Nyabihu District.



Before joining the ISLG by the intervention of USAID /CARITAS, I was a peasant farmer but with an ambition of being a tailor of career. This brought me to follow free sewing training at the nearest commercial center of Gasiza.

At the beginning, I received a loan of 10,000 Rwf on the 05/12/2010. By that loan I bought a piglet which I reared and after almost one year it gave birth to 8 piglets. After the piglets had 3 months, I sold them at 75,000 Rwf. By this amount, I bought a sewing machine at 65,000 Rwf and I saved on my account 10,000 Rwf. On 16th, September 2012 I gained another loan in the ISLG and I received 20,000 Rwf and together with my savings I bought clothes tissues and I started to train 4 children and paid me 140,000 Rwf which makes me more progressive in my business. USAID/CARITAS also permits me to not have fear of taking loans, either in ISLG or in MFIs and I pay back loans without any problem.



Bampire Patricie is training a young girl to

VII. Conclusion

Among planned activities that have not been achieved is the program baseline survey. However the program is planning, upon approval by the donor, to conduct another study showing the progress of activities and aiming at tracing if the program is on a good way in achieving its results.

The distribution of seeds (vegetables, Orange fleshed sweet potatoes cuttings and mushroom tubes) is still waiting from approval by the donor. The will be conducted in coming year after receiving the approval.

Caritas RWANDA remains thankful to USAID and GoR: USAID, for good mentoring and guidance for financial management as well as in program activities implementation. For the Government of Rwanda, through MoH, decentralized institutions, they facilitated the implementation of activities and this partnership stands for a good foundation of program activities sustainability.