

Removing “Unfreedoms” and Decreasing Vulnerability in Economic & Food Security

Year 1 Results of the FXB-Village Network model in Rwanda and Uganda



Photo by Geoff Oliver Bugbee, FXB

Children from households participating in an FXB-Village Network in Rwanda

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Introduction

With the advent of the US Government’s 2010 Quadrennial Diplomacy and Development Review and Feed The Future initiative, dialogue on the opportunities and challenges of poverty reduction and livelihood strategies, including micro-financing, value chains, and cash-transfer initiatives, and their impact on food security and health status, has recently intensified in the international aid and development community.

The FXB-Village Network offers an integrated, holistic and innovative model for extreme poverty reduction, delivered at a grass-roots level and tailored to the specific needs of each individual household. Services cover all aspects of participant wellbeing, including HIV/AIDS prevention & access to Antiretroviral Therapy (ART), health & nutrition, water hygiene & sanitation, education, psychosocial support, family planning, food security, child rights, legal protection and income generating activities. Support is also given to access additional services through the government and private sector.

This paper presents an overview of the 3-year FXB-Village Network model and the results from a recent assessment following the first year of program implementation in two countries. The programs assessed in this paper have been made possible with the kind support of United States Agency for International Development (USAID) under the President’s Emergency Plan for AIDS Relief (PEPFAR).

Preliminary findings suggest that an integrated model of support for basic needs and financial training leads to an increase in economic assets, food security and improvements in children’s school enrollment and attendance. Further study of this innovative model will inform the broader discussion of livelihood and economic strengthening strategies, and their relationship with improved health outcomes.

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The FXB-Village Network model has been recognized by both UNAIDS (2002) and UNICEF (2008) as a best practice

The FXB-Village Network model

The FXB-Village Network is a community-driven model designed to strengthen social and economic capacities of families and communities caring for Orphans and Vulnerable Children by improving well-being, lowering risk of acquiring HIV and empowering them to escape extreme poverty.

Developed over two decades of international fieldwork, the FXB-Village Network is tailored to the diverse social, cultural, economic and political dimensions of each country and implemented on-site by locally recruited staff. It is low-cost, scalable and sustainable and aims to provide destitute families with a basic package of education, health, psychosocial support and income-generation activities (IGA) so they can achieve lasting self-sufficiency and stability.

The FXB Village Network model has been recognized by both UNAIDS (2002) and UNICEF (2008) as a best practice. In 2010 alone, FXB-Village Networks directly served more than 79,000 children and their families, and indirectly served over 350,000 neighbours and other community members.

Underlying Philosophy

The FXB-Villages are founded on the belief that the best way to help orphans and vulnerable children is to empower their families and communities to permanently escape extreme poverty. While poor communities often face very similar challenges, no two are the same. Therefore FXB works directly with individual households and key community members to help them find and follow their own specific route to empowerment.

This approach is in line with the economic paradigm of entitlement described by Economist and Nobel Prize Laureate Amartya Sen. Sen's theoretical framework of "removing unfreedoms" (Sen, 1999) parallels FXB's philosophy of enabling people to improve their own economic conditions through education, financial and logistical support.

The FXB model aims to rebuild capabilities, rather than providing charity, so that vulnerable families can realize their own potential as well as help others in their community. Amartya Sen describes economic facility and social opportunities, including health and human rights, as the basic pillars his "Freedom Framework" (Sen, 1999).

Strategic Three-year Approach

Through a strategic three-year approach, the FXB-Village Network helps vulnerable households to break the cycle of extreme poverty with phased levels of empowerment, education and capacity building. A key feature of the strategic approach is its adaptability to individual households.



Photo by Alain Wicht, FXB

FXB-Village Network Participant in Rwanda

FXB aims to rebuild capabilities, rather than providing charity

More than 85% of FXB participants achieve self-sufficiency after 3 years (Desmond 2007)



FXB-Village Network Participants in Gisenyi, Rwanda

Each FXB-Village Network has 3 dedicated full-time staff members: a nurse counsellor, a social worker and a logistician. FXB also employs specialists in issues such as child rights and HIV prevention who cover more than one FXB-Village Network. FXB staff visit participating households regularly throughout the three year program, providing a regimen of behaviour change communication (BCC) that is carefully tailored to each household's specific needs. The human element, provided by this targeted approach, helps to cement the building blocks of wellbeing into a strong foundation for development.

Stage one of this foundation (the first year of the FXB-Village Network) addresses basic needs including shelter, nutrition, health, sanitation, hygiene and schooling while promoting behavioural change and ownership building. The second year builds on the skills, knowledge and abilities of the first year while focusing on the development of income generating activities. The third year sees the gradual shift of program participants towards full autonomy and stability. A recent study (Desmond 2007) demonstrated that after 3 years more than 85% of FXB participants achieve self-sufficiency.

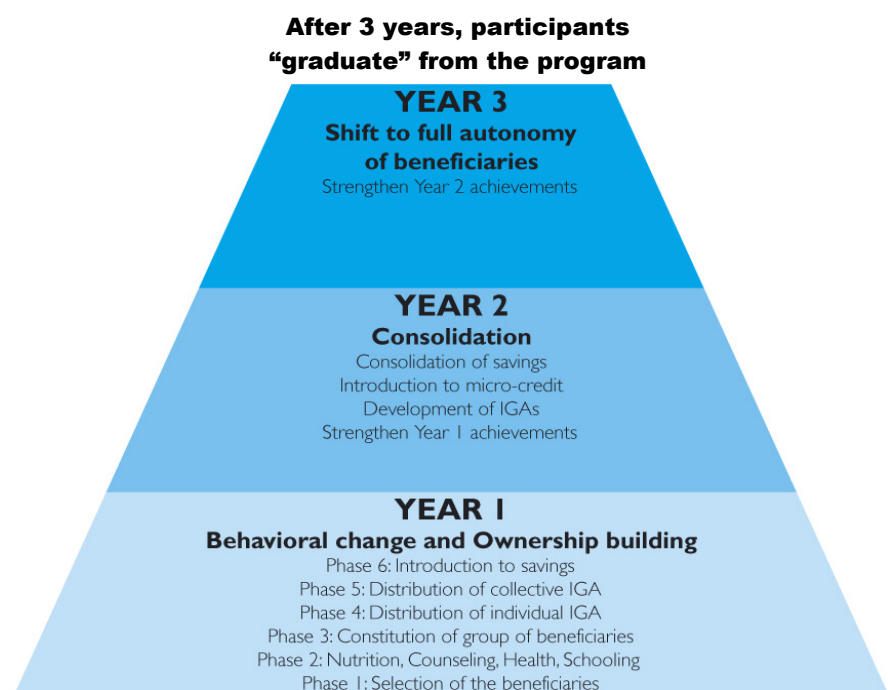


Figure 1: The FXB Village Network Model

The average cost per participant over the three year program is less than \$450 (i.e. less than \$150 per year)

During year 1, participants receive full financial support to cover their nutritional, health care, and the costs of children's education, including school fees, school uniforms and other school materials. FXB's financial input is scaled down each year as participants increasingly contribute to their families' school and medical costs, taking an active role in building lives of greater self-sufficiency as they gain a progressively stronger foothold each year with improved economic stability, food security, and health. In the second year, participants cover 25% of the household costs themselves, increasing to 50% in year three in preparation for the shift to full autonomy.

Health-promoting behaviours are facilitated by counselling, training and education

Health Promotion and HIV Services

Counselling and education to facilitate health-promoting behaviours, including appropriate hygiene and sanitation, the use of insecticide-treated mosquito nets, treating drinking water and adequate kitchen ventilation are among the many services that FXB staff provide to participating families. Training and material support to access and maintain clean water and sanitation facilities are also provided as well as assistance with improving the housing conditions and living environments.

The FXB program facilitates access to basic medications and ARVs, as well as the necessary support and referrals to improve treatment adherence. Nurse Counsellors facilitate group and individual sessions to provide psychosocial support – a vital part of all FXB interventions. This helps to reduce feelings of isolation and the fear of being stigmatized due to poverty and/or HIV status. HIV testing and risk reduction are promoted during regular household visits and community awareness-raising sessions, as well as through referrals to services provided by government and private sector providers.

Food Security

To address malnutrition and food security FXB provides food to all participating households for the first nine months of the program and continues to monitor the nutritional status of program participants, especially children and PLHIV, throughout the program. The food provided is generally flour and/or cornmeal, sugar, beans, dried fish, and vegetable oil. Households with PLHIV and child-headed households receive additional food support, usually dairy products and fruit to promote good health. Nurse Counsellors provide nutrition education, for all enrolled families, including cooking tips and advice on providing a balanced diet to all household members.



Photo by Alain Wicht, FXB

FXB-Village Network Participants harvesting food in Gisenyi, Rwanda

By alleviating malnutrition, illness and immediate financial needs, the program empowers participants to move towards skills development and increase economic stability

FXB provides households with raw materials and sufficient training to start small kitchen gardens, as a complementary source of food for the household and potential income once FXB's direct food assistance ends. Gardens generally consist of local produce such as tomatoes, cabbage, eggplant, carrots, other root vegetables, as well as fruit. FXB staff conduct bi-weekly home visits to deliver targeted family health advice and to track malnutrition, stunting, growth and development among children using the Child Status Index tool (developed by MEASURE Evaluation), mid-upper arm circumference and weight-for-age measures.

The intensive and holistic household-tailored approach to the delivery of support and services during Year 1 is designed to give extremely impoverished, vulnerable families a foothold on overall household security, and to prepare them for subsequent phases of the FXB-Village Network. By alleviating malnutrition, illness and immediate financial needs at the start of the program, the acute vulnerability of the family is reduced and they are empowered to move to the second phase of the program: skills development and increased economic stability.

FXB training helps participant households to develop an Income Generating Activity suited to the local market, their skills and any previous experience



Photo by Geoff Oliver Bugbee, FXB

FXB-Village Network Participants showing their own food production in India

The FXB-Village Network responds to the specific needs of individual households and communities

Economic Security

By the start of the second year of the program, participants are expected to have started an Income Generating Activity (IGA) and to take responsibility for 25% of their household expenses. An intensive, week-long training session helps participant households to propose and develop a business plan for their IGA, specifically suited to the local market, their skills, abilities, interests and any previous experience.

The project is reviewed by FXB and peer program participants for its viability and suitability to local conditions. Social workers and logisticians then support participants through the specific design, preparation, and implementation of their chosen project.

To help them start the business, FXB provides participating households with in-kind livelihood support of approximately \$135 in value. Depending on the chosen IGA, this in-kind support can include anything from livestock to tools and equipment. FXB trains households in skills specific to their IGA, as well as banking and savings, establishing responsible credit, and basic financial literacy and management. Households are also assisted to open a bank account and begin saving money. FXB staff monitor families' progress through bi-weekly home visits, tracking income levels, children's health status, and other key indicators, with further targeted assistance offered to participants where necessary.

As the program reaches to the third and final year, FXB further reduces its financial support to participating households as they take responsibility for 50% of their household, schooling and medical costs. FXB home visits continue to provide targeted support and encouragement.

Program Completion

At the end of Year 3, families complete the program and "graduate". A 2007 study documented that over 85% of the FXB families who graduate from the program have achieved self-sufficiency (Desmond, 2007).

Preliminary findings from a recent study (Epstein, 2011) that looks at FXB participants several years after graduation (participants who graduated in Uganda in 2008 and in Rwanda in 2003) indicate that for many families, the impact of the FXB approach is successfully sustained over the years following the program.

FXB believes that part of the reason for this success is the responsiveness of the program to the specific needs of individual households. While there are many standard components in the model, FXB strives to avoid a "cookie cutter" approach, preferring instead to adapt to the unique situation of each community and household with carefully targeted behaviour change communications (BCC). Appropriately tailored support from dedicated Nurse Counsellors and Social Workers (in collaboration with relevant specialists) helps the individual interventions to flourish and strengthens the opportunities for empowerment.

A total of 1,675 households were enrolled into FXB-Village Networks in Rwanda and Uganda in early 2009



Photo by Adam Collins, FXB

Conducting the FXB household questionnaire in Gitarama, Rwanda

Initial results reveal statistically significant improvements in many components of participant wellbeing

Evaluation Design and Study Population

FXB-Village Network program was introduced in 12 communities in Rwanda and eight in Uganda in early 2009 with support from the United States Agency for International Development (USAID) under the President's Emergency Plan for AIDS Relief (PEPFAR). The 12 communities in Rwanda are all in rural settings, whereas those in Uganda are split with 4 rural and 4 urban.

In each of these 20 FXB-Village Networks, 80-100 households were enrolled in the program, with a total of 1,675 participating households. Selection was based on the vulnerability of household members, including the number of Orphans and Vulnerable Children, the level of poverty and the health status of primary caregivers.

All 1,675 households participated in a detailed baseline survey at the start of the program in 2009. The survey used a structured questionnaire, developed by an experienced team of field staff, M&E specialists and epidemiologists from Harvard University, which covered all components of the FXB-Village Network.

For the entire study population (n=1,675), 74.7% of the household primary caregivers were women or girls, 25.3% were men or boys, and the mean age of primary caregivers was 42 years. Nearly one-third reported that they had no formal education (29.0%), although this was higher in Rwanda (32.2%) than Uganda (23.7%). The mean household size was over six people (ranging from one to 21).

A sub-sample of approximately 1 in 3 households (n=615) was selected randomly from the complete list of participating households and invited to participate in a follow-up survey in 2010, one year after the program started. The same questionnaire was used, allowing for comparison between baseline and year one data. Analyses of the socio-demographic characteristics of the sub-sample suggest it is an accurate representation of the full participant population.

Year 1 Results

Data from the baseline assessment was compared with data collected one year later. The comparisons were made using paired data from the subset of households that had information available for both the baseline and Year 1 assessments (n=584). Paired t-tests and McNemar's tests were performed to compare continuous and categorical variables, respectively.

The structured questionnaire included outcomes related to nutrition and food security, general health, water, hygiene and sanitation, HIV prevention, treatment and psychosocial support; children's education, children's rights and legal protection, and household economic situation. Initial results reveal statistically significant improvements in many components of participant wellbeing. For purposes of brevity, this paper will only present findings related to food and economic security.

Food Security

At baseline, 70.3% of respondents in Rwanda and 43.2% in Uganda reported that their household had experienced an entire day without food at least once in the past three months, with 31.7% of households in Rwanda and 16.2% of households in Uganda indicating that their household averaged only one meal per day.

After one year of the program, 99% of households averaged 2 or more meals a day

To address food security and malnutrition, FXB provides food and to all participating households for the first nine months of the program. During this time participants are encouraged to start their own kitchen gardens and given training in maintaining a nutritious and balanced diet. When the period of food support comes to an end, participating households take over responsibility for their own food again.

Three months after the end of the food support period (at the end of year one), the households reporting an entire day without food had dropped to 14.6% ($p<0.0001$) in Rwanda and 9.8% ($p<0.0001$) in Uganda, with 99% ($p<0.0001$) of respondents in both countries indicating that their household averaged 2 or more meals per day (ie. only 1% averaged one meal per day). There were no significant differences in the results from households with male or female primary caregivers.

The households that were able to grow most of their own food at home, increased from 27% to 59% ($p<0.0001$) in Rwanda. In Uganda, where half of the participants are in urban areas without access to land to grow their own food, the increase is smaller from 45% to 50% ($p<0.0001$).

Households growing most of their food at home increased in both countries during the first year of the program

Interestingly, this indicator showed statistically significant differences between households with male and female primary caregivers. At baseline 31% of female primary caregivers said they grew most of their food at home, compared to 44% of male primary caregivers ($p<0.0041$).

After 1 year of the program, 50% of female primary caregivers said they grew most of their food at home, compared to 70.3% of male primary caregivers ($p<0.0001$). FXB is looking into possible reasons for this difference and hopes to adjust the program in the 2nd and 3rd years to reduce the gender disparity.

Those who reported that overall they had an inadequate amount of food available for their household went from 70.6% to 16.6% ($p<0.0001$) in Rwanda and 77.4% to 29.5% ($p<0.0001$) in Uganda, with no significant differences between households with male and female primary caregivers.

The number of households without enough food dropped significantly in the first year in both countries

Figure 1a. Food Availability in Rwanda

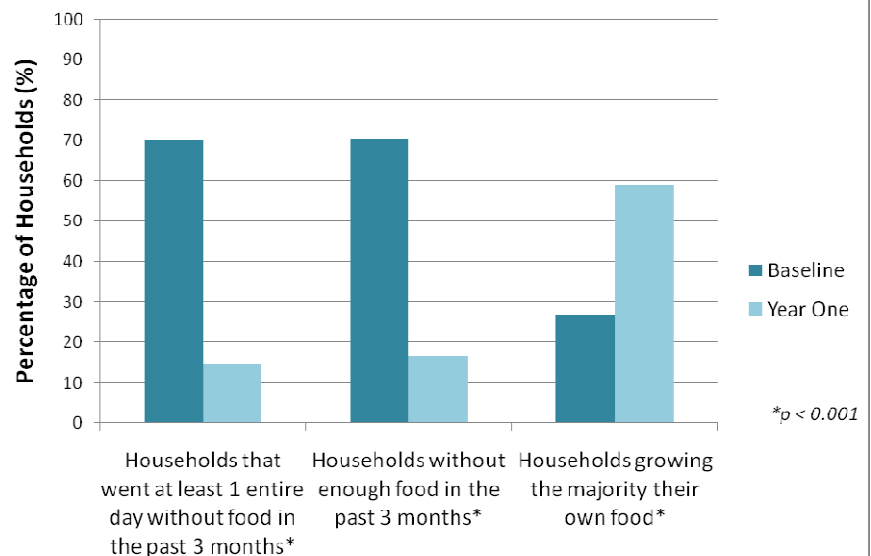
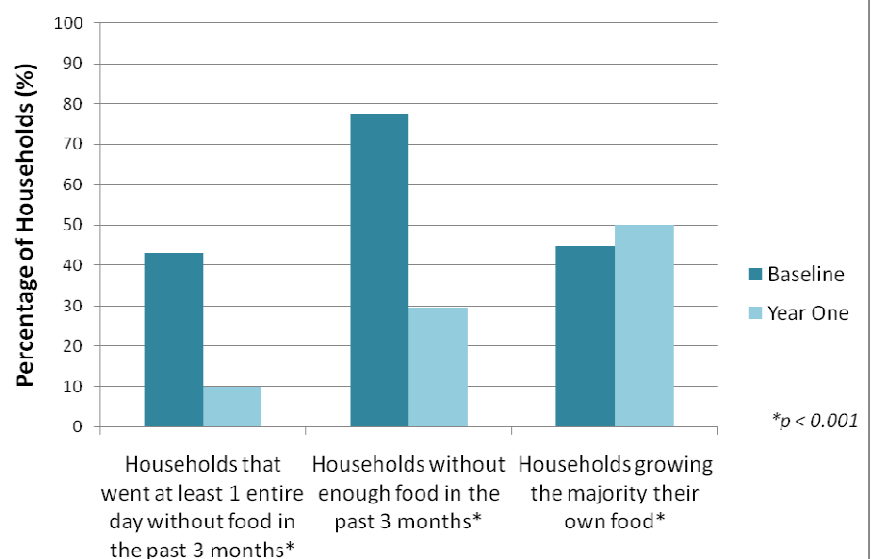


Figure 1b. Food Availability in Uganda



Economic Security

During the first year of the FXB-Village Network, participating households are given basic IGA training and introductions to banking and saving. Any significant changes to household income from the development of Income Generating Activities are expected to become apparent in the 2nd and 3rd year of the program.

Therefore, instead of assessing changes in income generation during the first year, four proxy measures are used to compare economic security at baseline to year one: (i) ownership of household assets, including livestock and a home; (ii) household savings; (iii) lack of financial means as a reported reasons for children's non-attendance in school, and (iv) living conditions, specifically: access to improved water and sanitation facilities, adequate number of beds for all household members, treatment of drinking water, and prevalence of diarrheal disease among children.

(i) Asset Ownership (livestock, other assets, home)

One of the most popular Income Generating Activities chosen by participants in rural areas is animal husbandry. Therefore, many households are given livestock as part of the in-kind livelihood support provided by FXB. The livestock form a valuable component of the household's economic security.

In Rwanda, owning **small livestock** rose from 28.6% to 52.6% ($p < 0.0001$) and in Uganda, where only half the programs are in a rural setting, this rose from 35.5% to 54.3% ($p < 0.0001$); owning **large livestock** rose from 20.3% to 48.3% ($p < 0.0001$) in Rwanda and from 15.8% to 25.6% ($p = 0.0008$) in Uganda.

A statistically significant increase in other household assets was also observed. For example ownership of **mobile phones** - a vital lifeline to the outside world and a useful source of information and a resource for making small business and other financial transactions by text message - increased significantly for participants in Rwanda from 10.6% at baseline to 34% ($p < 0.0001$) at the end of year one, and in Uganda from 40.2% at baseline to 55.1% ($p < 0.0001$) at the end of year one.

At baseline, only 4.6% of households in Rwanda and 9.8% of households in Uganda said that they had **adequate clothing and blankets** for use by all household members in all seasons. After year one, this had increased significantly to 61.1% ($p < 0.0001$) in Rwanda and 39.3% ($p < 0.0001$) in Uganda.

Increases in household assets were also observed for the following items/goods:

- **owning a radio** rose from 44.9% to 51.7% ($p = 0.0143$) in Rwanda and from 55.6% to 74.8% ($p < 0.0001$) in Uganda
- **owning furniture** rose from 24.6% to 49.1% ($p < 0.0001$) in Rwanda and from 57.7% to 71.8% ($p = 0.0005$) in Uganda

Figure 2a. Livestock Ownership in Rwanda

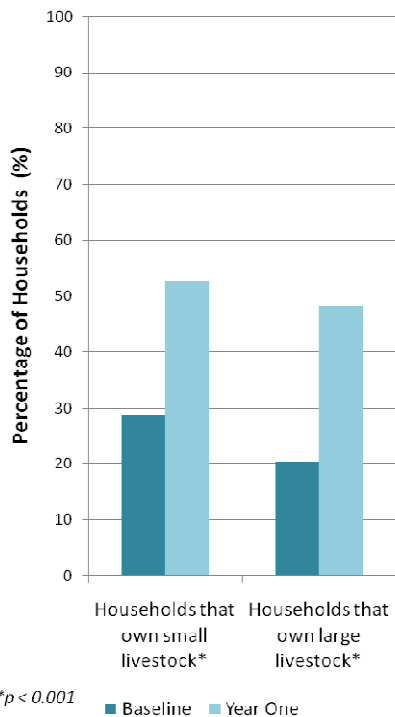
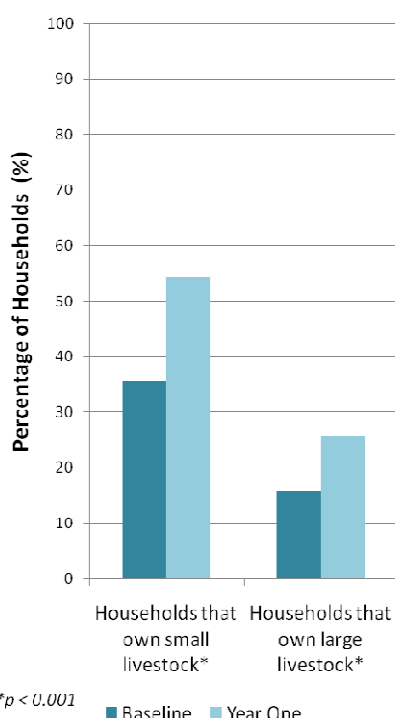


Figure 2b. Livestock Ownership in Uganda



- **owning a mattress** rose from 14.6% to 27.4% ($p < 0.0001$) in Rwanda and from 76.5% to 92.3% ($p < 0.0001$) in Uganda

Percentage of **home ownership** also improved significantly in Rwanda, from 57.4% to 77.7% ($p < 0.0001$), but remained roughly unchanged in Uganda between baseline and year 1, at approximately 64%.

Households in both countries showed a significant increase in asset ownership

Figure 3a. Other Household Assets in Rwanda

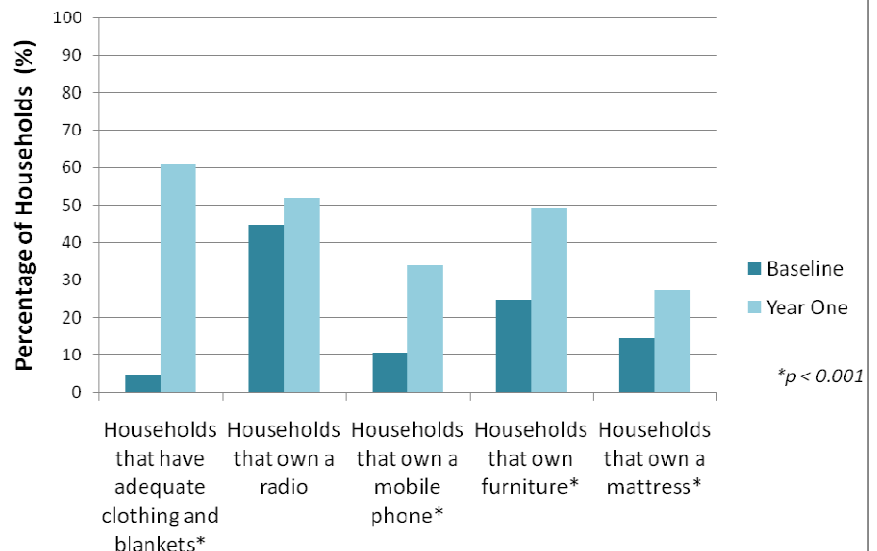


Figure 3b. Other Household Assets in Uganda

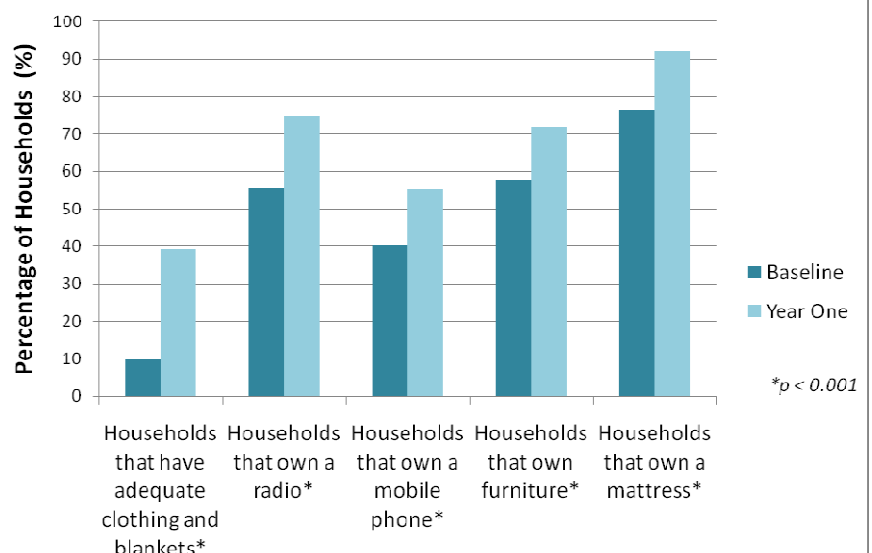
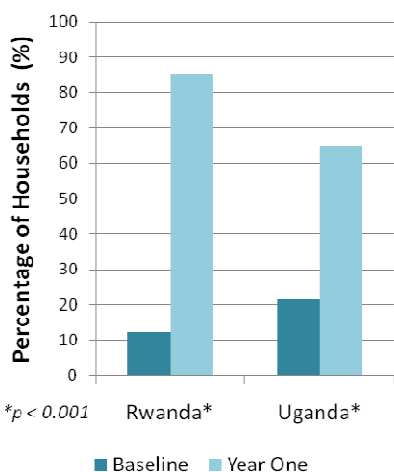


Figure 4: Households with money left over for saving in a typical month



(ii) Household Savings

The number of households reporting that they had enough money left over for saving in a typical month increased dramatically from baseline to year 1. In Rwanda at baseline, only 12.3% of households had enough money left for saving in a typical month – this rose to 85.4% ($p < 0.0001$) after 1 year of the program. In Uganda at baseline, only 21.4% of

households had enough money left for saving in a typical month – after 1 year of the program this had risen to 65.0% ($p < 0.0001$).

(iii) Lack of Financial Means as Reason for Children Not Attending School

When respondents were asked about reasons for children in the household not attending school, the main reason given, both at baseline and year one, was lack of financial means. In total at baseline, 30% of households in Rwanda and 59% of households in Uganda said that lack of financial means prevented school aged children in the household attending school on a regular basis. After 1 year of the program this had dropped to 2.6% ($p < 0.0001$) in Rwanda and 9.8% ($p < 0.0001$) in Uganda.

In Rwanda at baseline, households with female primary caregivers were statistically more likely to give financial hardship as a reason for children not attending school. After 1 year of the program, there was no statistically significant difference between households with male and female primary caregivers.

Rwanda Baseline: female = 34.7% male = 18.2% $p = 0.0029$

Rwanda Year One: female = 2.3% male = 2.0% $p = 0.682$

In Uganda, even though the data appeared to show differences between male and female primary caregivers, none of the differences were statistically significant.

Uganda Baseline: female = 61.1% male = 51.0% $p = 0.203$

Uganda Year One: female = 10.8% male = 6.1% $p = 0.327$

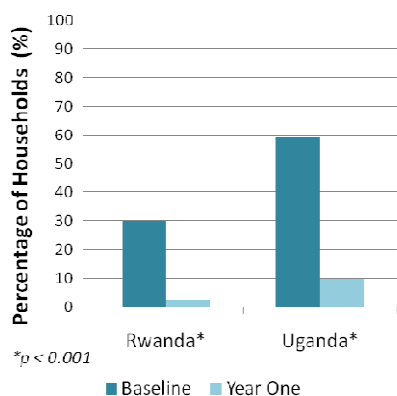
(iv) Living conditions

To assess differences in living conditions between baseline and year one, this paper will look at the following five different indicators:

- **Access to “improved sanitation facilities”** (According to definitions from the WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation)
- **Access to an “improved water source”** (According to definitions from the WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation)
- **Adequate number of beds for all household members**
- **Treatment of drinking water**
- **Prevalence of diarrheal disease among children under 5**

According to definitions from the WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, at baseline only 21.4% of households in Rwanda and 41.0% in Uganda had access to “improved sanitation” facilities. After one year of the program this increased to 90.0% ($p < 0.0001$) in Rwanda and 58.1% ($p < 0.0001$) in Uganda.

Figure 5: Households reporting lack of financial means as a reason for their children not attending school

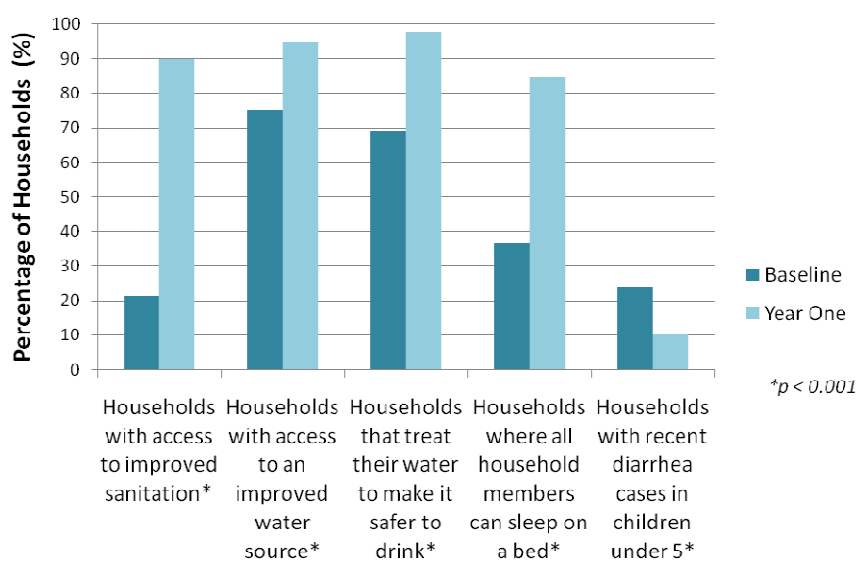


WHO / UNICEF definitions are used to assess access to improved water sources and sanitation

Definitions from the WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation were also used to measure access to improved water sources. The data shows that 75.4% of households in Rwanda and 69.2% of households in Uganda had access to “improved water sources” at baseline. After one year of the program, this increased to 94.7% ($p < 0.0001$) in Rwanda. In Uganda, there was no significant increase, (year one value = 70.5%, $p = 0.6744$).

Both countries showed a significant increase in water treatment for drinking water. At baseline 69.1% of households in Rwanda and 48.3% of households in Uganda treated their water to make it safer to drink. After one year, this had increased to 97.7% ($p < 0.0001$) in Rwanda and 99.2% ($p < 0.0001$) in Uganda.

Figure 6a. Living Conditions in Rwanda

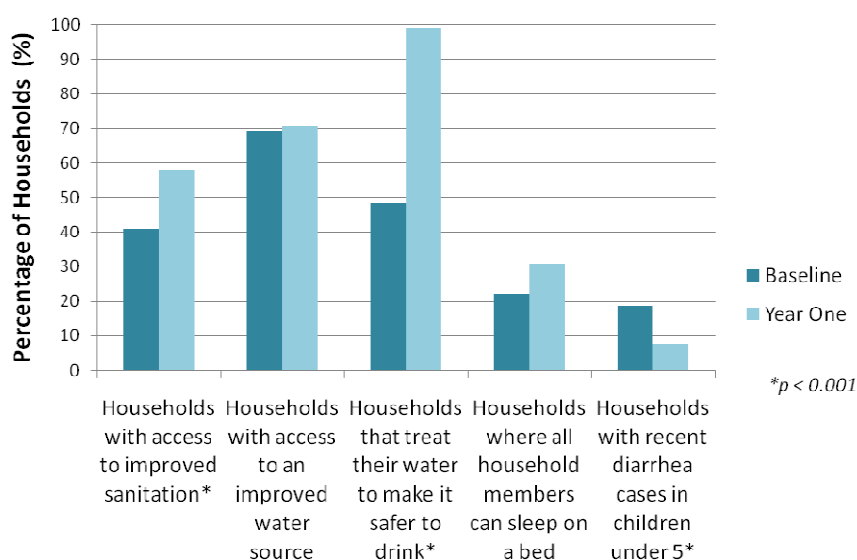


At baseline, only 36.6% of households in Rwanda and 22.2% of households in Uganda said that all members of their household were able to sleep on a bed. After year 1, this had increased to 84.6% ($p < 0.0001$) in Rwanda and 30.8% ($p = 0.0138$) in Uganda.

Diarrhoea prevalence in children under 5, reduced significantly in both countries, with 23.7% of households in Rwanda and 18.8% of households in Uganda reporting cases of diarrhoea in children under 5 in the past month at baseline, falling significantly to 10% ($p < 0.0001$) in Rwanda and 7.7% ($p = 0.0002$) in Uganda.

Both countries showed significant increases in living conditions between baseline and year one

Figure 6b. Living Conditions in Uganda



Discussion: Bridging Poverty Reduction Strategies

Development experts increasingly recognise that community-based organisations which provide a range of services are often best able to meet the diverse needs of vulnerable populations (Joint Learning Initiative on Children and HIV/AIDS, 2009). However programs that take a holistic, community-based approach are much less common than those that concentrate on single interventions. One possible reason for this is that it is relatively easy to evaluate single interventions, but evaluating integrated approaches is far more difficult. This lack of evidence undoubtedly influences the decisions of policymakers and donors.

By undertaking evaluations of holistic community-based poverty alleviation programs such as the FXB-Village Network, and comparing the results to single intervention programs, contributions can be made to the wider body of evidence supporting each type of program, bridging the gap between poverty reduction strategies. This in turn can inform policy decisions by governments, funding bodies and other organisations in the development community.

Findings from this preliminary evaluation of the FXB-Village Network in Rwanda and Uganda, comparing baseline data with data after just one year of the 3 year program, demonstrated significant increases in participant wellbeing and reductions in the “unfreedoms” of economic and food vulnerability.

Single intervention poverty reduction programs have also demonstrated improved economic outcomes. For example, a microcredit program in Uganda demonstrated increased home ownership (an increase in nearly 10% for program clients vs. only 1.6% for non-clients) (Barnes et al., 2001a). Another microcredit program in Zimbabwe by Zambuko Trust, also demonstrated an increase in asset ownership among continuing clients (e.g. stove, refrigerator). However, this increase was, not observed for extremely poor clients, many of whom dropped out of the program (Barnes et al., 2001b). This suggests that the gains achievable with micro-financing are greater when the program participants already have a basic foundation of economic and food stability which they can build upon.

Poverty reduction has also been observed in cash transfer programs in poor communities. For example, in Malawi it was observed that families receiving cash payments during times of economic difficulty were able to postpone the selling assets in order to sustain their basic needs (Miller et al., 2011). In addition, a conditional cash transfer program in Colombia demonstrated a short-term increase in basic items such as clothing and footwear for children (Attanasio et al., 2005). However, while these studies show that cash transfer can postpone the onset of greater hardship, there is little evidence to suggest that the hardship is avoided permanently.

Community-based organisations which provide a range of services are often best able to meet the diverse needs of vulnerable populations

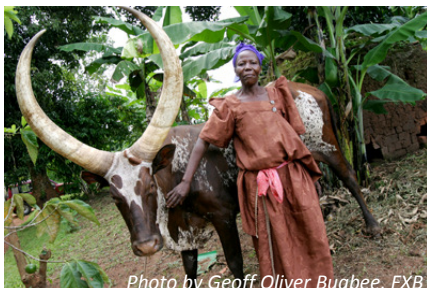


Photo by Geoff Oliver Bugbee, FXB

An FXB Participant practicing animal husbandry to generate an income in Uganda

By conducting detailed evaluations during and after the program lifetime, the outcomes of the FXB approach can be demonstrated to the wider development community

In contrast, preliminary findings from a recent study (Epstein, 2011) looking at FXB-Village Network graduates several years after the end of the program, suggest that FXB's holistic approach, including in-kind livelihood support and economic training, has enabled the majority of program participants to remain self-sufficient following the program.

After just one year of the three year FXB-Village Network, the data suggests that the FXB program has not only improved participant wellbeing and living conditions, but also alleviated food insecurity among participating households. This is evident by a significant decrease in the percentage of households that went without food for at least one day in the past three months, and a significant increase in the average number of meals consumed per day in the past three months.

Other programs focusing on poverty reduction have also demonstrated improvements in food security. For example, a Social Cash Transfer Scheme in Zambia's demonstrated a reduction in the proportion of participant households having only one meal a day from 19 to 13% and increased by 6 percentage points those eating 3 meals per day (Adato & Bassett, 2008; MCDSS/GTZ, 2006). Compare this to the FXB-Village Networks, where the proportion of participant households having only one meal a day reduced from 31.7% to 1% in Rwanda and from 16.2% to 1% in Uganda.

In addition to integrating food security initiatives with economic security, FXB encourages participants to produce more food at home with the introduction of kitchen gardens. The data shows that by the end of the first year of the FXB-Village Network, over half of all participating households were able to grow most of their food at home (compared to approximately one third at baseline).

Another important consideration for planning international poverty alleviation strategies is that the same program can produce different magnitudes of change in different settings. For example, the FXB data demonstrates that improvements in the Rwanda program were generally of greater magnitude than those of Uganda.

This could be for at least three reasons. First, the Rwandan households were poorer and more food insecure from the start, and so the assistance given to them could have made a greater absolute difference in their wellbeing; second, the skills and dedication of the staff in the two countries might be different – however we do not believe this to be the case. The third and most likely reason is that the different development commitments shown by the respective governments in each country have made it possible for the people in Rwanda to realise more benefits than their Ugandan counterparts from poverty alleviation programs. For example, Rwanda has made good use of donations from the Global Fund for AIDS, Tuberculosis and Malaria, and has also made important strides in increasing access to government health and education facilities.



Photo by Alain Wicht, FXB

An FXB Participant family in Rwanda

Conclusions

Preliminary findings based results after year 1 of the FXB-Village Network, suggest that FXB's integrated model of support, covering basic needs, promoting behaviour change and providing financial training, leads to an increase in economic and food security. 'Hybrid' models similar to the FXB-Village Network, that combine up-front investment in families and communities with a transition towards self-sustaining economic stability, appear to have the advantage of reducing the impact of extreme poverty in an immediate sense, but also building towards greater economic security for vulnerable families in the long-term.

Continued monitoring of this program, with assessments after years 2 and 3 is essential in order to demonstrate whether these improvements are maintained and whether further improvements can be gained. Studies of this and other integrated, holistic models will inform the broader discussion and strengthen implementation of poverty reduction and food security strategies, as well as their relationship with improved health outcomes.

Preliminary findings from year one results suggest that FXB's integrated model leads to a significant increase in economic and food security

Studies of the FXB-Village Network and other integrated, holistic models are essential to inform the broader discussion



Photo by Alain Wicht, FXB

School children from FXB participant households in Rwanda

References

Adato M, Bassett L (2008). What is the potential of cash transfers to strengthen families affected by HIV and AIDS? A review of the evidence on impacts and key policy debates.

Attanasio O et al. (2005). The short-term impact of a conditional cash subsidy on child health and nutrition in Colombia. London, Institute of Fiscal Studies.

Barnes, C., Gaile, G., Kibombo, R. (2001a). The impact of three microfinance programs in Uganda. Kampala, Uganda: Makerere Institute for Social Research and Management Systems International.

Barnes, C., Keogh, E., Nemarundwe, N. (2001b). Microfinance program clients and impact: An assessment of Zambuko Trust, Zimbabwe. Washington, D.C.: Assessing the Impact of Microenterprise Services (AIMS), Management Systems International.

Desmond, C. (2007). Evaluation Report: FXB Village Model Income Generation Sustainability. South Africa: Human Sciences Research Council.

Epstein H (2011). Long term follow up of participants of FXB's 3 year community-based poverty alleviation program: A tracer study in rural Uganda and Rwanda.

Joint Learning Initiative on Children and HIV/AIDS (2009). JLICA final report, "Home Truths: Facing the Facts on Children, AIDS, and Poverty"

Miller, Candace M, Maxton Tsoka and Kathryn Reichert (2011). The Impact of the Social Cash Transfer Scheme on Food Security in Malawi

MCDSS/GTZ (2006). Evaluation report: Kalomo Social Cash Transfer Scheme. Lusaka, Ministry of Community Development and Social Services (MCDSS), Government of Zambia, and German Agency for Technical Cooperation (GTZ).

Sen, A. (1999). Development as Freedom. New York, New York: Knopf.

UNICEF. (2008). Children and AIDS: Third Stocktaking Report, 2008. New York: UNICEF.

WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (2006). Core questions on drinking-water and sanitation for household surveys.



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