

FXBVillage

2015 Toolkit and Planning Guide

A step-by-step guide to the proven FXBVillage methodology to eradicate extreme poverty in the developing world





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Francis-Xavier Bagnoud

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Learn: The Model

Introduction

1.1 A New Approach to Eradicating Extreme Poverty

Today, nearly 1.2 billion people in the world are living in extreme poverty. While poverty is often defined in absolute terms, such as living on less than \$2 (USD) a day, those living in extreme poverty—defined as living on less than \$1.25 (USD) per day—face a complex variety of challenges that perpetuate the poverty they live in.

Impoverished families not only lack sustainable income or enough food to eat, but their poverty prevents access to the critical resources they need to survive. They are unable to treat and prevent illness. Their children cannot attend school. Their livelihoods and housing are unstable. And without support, they struggle to cope with and overcome the significant hardships they face. Thus, poverty, hunger, disease, illiteracy and stigma are interlinked and form a vicious circle that is very hard to break.

More than two decades ago, in 1989, Albina du Boisrouvray founded FXB, an international development organization with a **mission to eradicate poverty and, in full accordance with the United Nations Convention on the Rights of the Child (CRC), raise children who were orphaned or cast away because of HIV/AIDS, war or poverty, eventually drifting to become a discarded generation.** Du Boisrouvray named FXB after her son



“My son, François, was passionate about rescuing people. As a helicopter pilot, it was his job – but also his life. When he died, I wanted to keep François’ passion alive – by promoting the things he cared about, and by rescuing orphans and people around the world from extreme poverty. And so, FXB was born, with the ultimate aim to bring about peace and security in the world by investing in children, young people and women.”

—Albina du Boisrouvray,
FXB Founder and President Emerita



“The global vision to eradicate poverty by 2030 remains an ambitious challenge and the urgency to act is clear. Through her personal dedication over the past 25 years, Albina du Boisrouvray has touched the lives of thousands of people across the world; however, the power of the methodology and the opportunity it provides to bring about long-term sustainable change will continue to touch the lives of thousands more in the years to come. Albina du Boisrouvray’s methodology plays a huge role in making a vision a reality by equipping others with the skills and framework they need to develop similar projects across the world.”

—Albert II, Prince of Monaco



“I think one of the things that FXB as an approach intended to do is to concentrate on the building of the capabilities of the families and, through that, their ability to help their children. And so much so that then of course when the children grow up, they have their individual capabilities to pursue their own life.”

—Amartya Sen, Laureate of the Nobel Prize in Economics Sciences

François-Xavier Bagnoud, a search-and-rescue helicopter pilot who lost his life at the age of 24 during a helicopter relief crash in Mali, as a way to honor and perpetuate the values of generosity and compassion that guided his life. In the years since its founding, the organization has transformed the lives of tens of thousands.

Using a pioneering, comprehensive and field-tested model known as the FXBVillage program, FXB simultaneously tackles the five drivers of poverty—food, health care, education, housing and income—while building families’ capacities to overcome poverty and become self-sufficient in the long term.

Active in eight countries over the past 26 years, the FXBVillage program has been recognized by UNAIDS as a “best solution” to support children affected by AIDS and recommended among the examples of community-based programs for vulnerable children in “Children and AIDS Stocktaking Report” published by UNICEF.

Today, all several entities of the organization are collectively known as FXB, and include the Association François-Xavier Bagnoud, the FXB Foundation, FXB International and FXB USA. As the work of FXB continues to grow, it continues to be guided by its original vision: that everyone in the world should have a chance not just to survive, but to thrive.

1.2 A Guide to the FXBVillage Model

The establishment of the United Nations Millennium Development Goals (MDGs) in 2000 helped reduce global poverty rates significantly, but with the expiration of the MDGs in 2015 and global consideration of a new set of Sustainable Development Goals, the need for fresh thinking on extreme poverty is more urgent than ever.

Unlike other development and advocacy organizations, FXB is not a charity or a micro-credit operation. Instead, it represents a carefully calibrated, cost-effective investment in families living at a level of poverty few can comprehend.

Drawing upon a deep knowledge base developed over more than 25 years through work in more than 150 FXBVillages, FXB is now sharing its field-tested model with the public for the first time. This information, organized in the comprehensive toolkit that follows, has been carefully developed with input from experts at Harvard University.

This toolkit provides step-by-step guidance on the FXBVillage methodology, from its history and guiding principles to specific details of FXBVillage operations, organized into four sections:



Learn, Understand, Do and the Planning Guide.

Learn The “Learn” section provides a history and overview of FXB’s operations for those seeking a basic understanding of the FXBVillage model. Testimonials, case studies and independent evaluations are included to demonstrate the effectiveness of the program and provide inspiration for those interested in taking on similar work.

Understand The “Understand” section provides critical information for those considering establishing an FXBVillage by delving deeper into each phase of our three-year program. Here, we present the all-important guiding principles that form the philosophical basis of our methodology.

Do The “Do” section is a technical field manual that guides readers on how to operate an FXBVillage. This section includes information on required personnel resources; the critically important process of assessment, identification and selection of FXBVillage participants; precise details of program components; and tools for monitoring and evaluation of FXBVillage programs. This section is required reading for all FXBVillage field staff and FXB partners (and indeed includes valuable contributions from our staff), and is highly recommended as well for any potential FXBVillage partners.

Planning Guide As a practical companion to this toolkit, the FXBVillage Planning Guide provides additional tools to help you complete a project plan that you can use to implement your FXBVillage. An interactive version of the FXBVillage Planning Guide, with links to templates, activities and other essential documents, is available online at www.fxb.org/toolkit.

It is our hope that the toolkit will also be a learning tool in academic settings, incorporated into existing poverty relief efforts or implemented as best practice for a start-up organization. In section 1.7 Audiences, please see specific recommendations for additional audiences and uses.



1.3 An Innovative Solution



The FXBVillage model was based on the Public Health Paradigm taught by the late Dr. Jonathan Mann of Harvard University, which emphasizes the inextricable link between health and human rights. Mann’s paradigm proved that in public health there can be no sustainable impact unless the social and cultural factors that heighten disease risk and prevent people from having basic, essential rights are addressed simultaneously.

Indeed, what is the purpose of building a health clinic if sick people don’t have any access to safe drinking water at home? What is the point of operating a school if children have to learn on empty stomachs? Why should people cultivate a field if they cannot preserve and store the harvest or bring it to market for sale? How can one encourage the accumulation of savings without knowing how to manage it as well?

FXB Founder and President Emerita Albina du Boisrouvray understood early on that providing access to opportunity in isolation is an insufficient solution for communities in extreme poverty, and that the only true way to break the cycle of extreme poverty is through a holistic model. By adding a key link missing from Mann’s approach (i.e., providing business training that enables people in poverty to build an Income Generating Activity for long-term sustainability), du Boisrouvray translated Mann’s public health paradigm into a development paradigm for FXB.

Day one of the program brings the most dramatic transformation: It starts with a knock on the door. Families that previously had nothing are suddenly provided with food and resources to improve their housing. Their children are now able to attend school. Their families receive health care to treat long-time ailments, including HIV/AIDS. And they have access to the training and resources needed to start a business. With the heavy burden of daily needs lifted, families are on their way to becoming self-sufficient, independent and able to provide a brighter future for their children.

FXB tackles all the drivers of poverty by giving participants immediate access to the full range of critical resources simultaneously: food, health, education, housing, employment, safe drinking water and a healthy environment. Then, it coaches families to set up businesses, allowing them to take responsibility for their own future income by enabling them to pay for their needs once FXB support has been withdrawn. Additionally, FXB tailors its FXBVillage program to to address the diverse social, cultural, economic, geographic and political dimensions of each country where the program is active. The simultaneous linkages of these resources are essential for long-term success as participants begin the process of overcoming poverty.

The FXBVillage methodology also recognizes and addresses the underlying determinants of family capacity. Family capacity has many facets, but it



“All children, no matter where they live, have the right to education and a safe and secure environment in which to grow. The FXBVillages help children orphaned and affected by AIDS, and their guardian families, to enjoy these rights.”

—Kofi Annan,
Former UN Secretary-General



Living in extreme poverty “is like living in a basement with no windows.”

—Harvey Fineberg,
Former FXB board member

can be loosely divided into social capacity and financial capacity. *Social capacity* consists of a mix of skills, ability, education, culture, attitudes and ambition, coupled with a belief in the future. *Financial capacity* is the ability to support oneself. The value of the FXBVillage model is that it recognizes the need for financial capacity to be aligned with social capacity.

FXB recognizes that those who are poorer have less of both types of capital, and tries to build both social and financial capital to make the playing field more level and fair between the privileged and the poor. Financial capital alone, if it is charity, is not helpful in the long term—but social capital with no financial capital is also likely to go to waste.

It is important to note that the FXBVillage program is different from other poverty eradication programs because it works with the extreme poor. It marked a change in the way aid is distributed globally, as well as in the way of working closely with the extreme poor, as the FXBVillage program doesn’t involve micro-credit: It comes a step before micro-credit. FXBVillage participants, at the start of the program, cannot access micro-credit because they lack sufficient income and would not be able to repay these small loans.

The analogy coined by Harvey Fineberg, former FXB board member and former president of the Institute of Medicine, is that living in extreme poverty “is like living in a basement with no windows.” The goal of the FXBVillage methodology is to move people from the basement to the ground floor where they can let in the light, walk out the door and truly become engaged as empowered citizens of the world.

<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

1.4 Children and Families

Among the most powerless in society, children are highly vulnerable to the multipronged assaults of poverty on families and communities throughout the world. Upon its founding, FXB focused on children in extreme poverty who were orphaned by and infected with HIV/AIDS at a time when this population was widely ignored by aid organizations. FXB implemented the articles of the United Nations [Convention on the Rights of the Child \(CRC\)](#), the most widely ratified, international human rights treaty in history, which documents the rights of children.

FXB’s work soon expanded to include families and children affected by multiple causes of vulnerability that lead to extreme poverty. As specified by the Convention, a “family focus” is critical to tackling poverty given that families represent the primary means through which children have access to their rights for care and protection. It is in communities’—and indeed, everyone’s—self-interest to provide orphans and vulnerable children with this support. Without loving parents to protect and raise them, orphans are at risk of sexual trafficking, drug dealing and recruitment into criminal gangs or armies. They drift away from their communities and fuel the “discarded generation” syndrome, threatening the future of civil society.

FXB strongly believes that an investment in women and children is, ultimately, an investment in the peace and security of the world. Building its development programs around the family and community, with children in mind, FXB strives to enhance family and community capacity to realize children’s rights. In this context, external support can play a fundamental role in reinforcing the capacities of families as well as communities to care for and protect vulnerable children.

Learn



1.5 What Makes the FXBVillage Model Successful?

Although relief programs have long provided support for those in need, their assistance has not been comprehensive enough to disrupt the poverty cycle on a global scale. FXB stands apart because it alleviates the root causes of extreme poverty simultaneously, while building families' capabilities to manage on their own.

Through a structured, three-year, holistic program, each FXBVillage targets 80–100 families (totaling more than 500 people) and offers them a package of essential health, education and financial supports. As the ability of families to meet their basic needs increases, FXB gradually lessens support so they can become independent and permanently escape poverty.

Year 1 Year 1 of the program provides 100% support of a family's needs, as described above.

Year 2 Year 2 provides 75% of support.

Year 3 Year 3 provides 50% of support.

–See the “Understand” section of this toolkit for a detailed breakdown of each year of the program.

Additionally, the following key features make FXBVillage a unique, long-term, cost-effective and integrated program rooted in the communities they support:

- **Cost-Effective:** With an average investment of \$260,000 to \$300,000 per FXBVillage over a three-year period—or about \$125 to \$230 per person, per year—FXB staff guide, evaluate and monitor participants' progress towards self-sufficiency.
- **Community-Based:** The FXBVillage program is embedded within the targeted communities, and participants take an active role in making decisions concerning them. Program staff are always locally recruited to ensure that local economic, political and cultural factors are respected and understood. Moreover, FXB places local stakeholders at the center of the program. Program design, implementation and evaluation are conducted in close collaboration with local stakeholders. This participatory, consultative strategy ensures sustainability, accountability and ownership of each FXBVillage. Local stakeholders are also an integral part of all FXBVillage-related processes.



“The FXB Model is a grassroots solution that transforms despair into hope”

—Stephen Lewis,
Special UN envoy for HIV/AIDS



What's the IGA?

Some examples include:

- Operating restaurants and refreshment booths
- Creating sewing, stitching and basketwork workshops
- Creating vegetable gardens
- Beekeeping
- Brewing and selling beer
- Raising small livestock and poultry
- Manufacturing furniture
- Renting washing machines

For more on the IGA, see [section 3.3.9](#) of this toolkit.



FXB's “vision, understanding, courage and the necessary determination to give voice to AIDS orphans” is commendable.

—Peter Piot,
Former head of UNAIDS

- **Integrated Services:** Support services are not fragmented or sequenced, but delivered in an integrated fashion.
- **Local Staff:** FXB's programs are implemented on-site by locally recruited staff who understand the unique cultural and community contexts of each location.
- **Tailored Approach:** The program employs local professionals to manage and coach participants according to the specific needs and abilities of each household, with attention to community context.
- **Achieving Sustainability:** The ultimate goal of the project is to overcome poverty permanently in targeted communities by giving thousands of families the tools they need to thrive and raise future generations who might otherwise drift away to become part of the discarded generation.

Additionally, the FXBVillage model helps families become more self-sufficient by adding the IGA (Income Generating Activity) element, which coaches families in starting and operating a successful small business, both in urban and rural settings. This ensures that families can continue to survive long after FXB ends direct support.

Another key foundational element of the model is training staff to approach participants with “tender loving care” and a special attention to detail, applying the principles of the UN Convention on the Rights of the Child. It is the synergies of all the services simultaneously accessed and the added synergies of the IGA that set the FXBVillage model apart and strengthen its impact.

1.6 Successes

The establishment of FXBVillages in Africa, Asia and South America has had a substantial impact on the lives of participant families as well as their surrounding communities. As noted previously, the FXBVillage program has been recognized by both UNAIDS (2002) and UNICEF (2008) as a best practice approach for addressing challenges in developing nations.

Additionally, as the following studies, research initiatives and awards demonstrate, the FXBVillage model has had considerable success. The overwhelming majority of participants achieve economic and social independence after three years and manage to meet both their needs and the needs of orphans and vulnerable children in their charge.



2007: An external evaluation led by the Human Sciences Research Council (South Africa) of the FxBVillage program demonstrated remarkable results: Children in FxBVillages enroll, remain and advance in school at higher rates than their peers. Additionally, 86% of the participating families were found to be living above the poverty line at least four years after the program's end.

2007: In China, the results of an assessment conducted by UNICEF in a pilot FxBVillage in Yunnan showed a significant increase in family incomes and a 25% reduction of debts as well as significant improvements in pediatric health, education and psychosocial well-being.

2012: The book published by the FXB Center for Health and Human Rights at Harvard University, *The Cost of Inaction*, by Professor Sudhir Anand and others, analyzes the wide range of social and economic costs that result when governments or institutions fail to respond appropriately to the needs and challenges faced by children across the globe. The book examines a scaled-up FxBVillage program in Rwanda (among other initiatives) as the basis for his analysis.

2013: The Yi Culture Research Center of Central University of Nationalities (CUN) and China Social Welfare Foundation (CSWF) awarded the FxBVillage Program in Bu Tuo with a Special Contribution Award for its involvement in the Yi Community development in China. This ethnic group is marginalized and has an alarming rate of poverty and illiteracy, especially among women.

2014: An external evaluation of the FxBVillage program in Uganda conducted by the Oxford Poverty & Human Development Initiative highlighted that participants are multidimensionally less poor than their peers, even three years after they graduated from the program. The dimensions in which former FxBVillage participants are better off include house and land ownership, savings and access to child immunization, food diversity and improved water sources—as per the definition given by the Joint Monitoring Program of the WHO/UNICEF.

1.7 Audiences

FXB's entrepreneurial vision has given tens of thousands of people around the world a new reality and a hope for the future.

FXB is now actively seeking to engage allies and partners in the international development community to share the results of this breakthrough approach and identify—or create—opportunities for establishing new FXBVillage sites.

FXB invites:

Social entrepreneurs: Individuals, such as FXB Founder and President Emerita Albina du Boisrouvray, who are actively seeking innovative solutions to society's most pressing social problems.

Venture philanthropists: Individuals, corporate foundations, mission-based investment groups and other entities seeking an entrepreneurial, cost-effective way to make an impact on extreme global poverty.

NGOs: Nonprofit organizations that are engaged in anti-poverty efforts, or that wish to engage in such efforts.

Foundations: Foundations seeking to inform their grantees working on poverty eradication, children's rights and HIV/AIDS.

Governments: Local government organizations that work for and with populations living in extreme poverty and national, state and regional governments that seek a cost-effective solution to extreme poverty in their countries.

Policy makers: Policy makers that serve as an important bridge to all of the above entities—particularly governments—in advising on effective solutions to pressing problems in civil society.

Educators and students: Teachers, students, researchers and others in academia who are working in the international development or human rights field.

FXB Founder and President Emerita Albina du Boisrouvray offers this information to the world as shared knowledge on an “open-source” basis for the simple reason of wanting as many people as possible to benefit from the FXBVillage model. She believes the best way to accelerate change is to share the keys to success.



1.8 Case Studies

- 🔍 [China](#)
- 🔍 [Uganda](#)
- 🔍 [Rwanda](#)
- 🔍 [India](#)
- 🔍 [Colombia](#)





China

In June 2006, FXB started working in the rural, western part of China, where many families are challenged by poverty, HIV/AIDS, drugs and alcohol abuse.

The Challenge China's Bu Tuo district of the Sichuan province is located in a remote, mountainous area where nearly half the population lives on less than \$2 a day and 20% are considered to be extremely poor. The inhabitants, of the Yi ethnic minority, are typically prey to severe drug and alcohol abuse and there is a high incidence of HIV infection.

According to a recent government census, 2,500 children in the province have lost both parents, many to HIV/AIDS and/or substance abuse. These orphans are taken in by their extended family or by the community, both of which face difficulties raising them.

FXBVillage Results The four FXBVillages established and managed in Bu Tuo between 2008 and 2013 successfully moved 1,171 participants toward social and economic autonomy. In addition, hundreds of indirect participants benefited from FXB's presence in the community.

Participant Demographics for Bu Tuo IV

100 Households:

- 14 led by mother and father
- 41 led by widow or single mother
- 6 led by widower or single father
- 29 led by grandparent(s)
- 10 children in foster care

439 Participants:

- 182 Adults (98 women, 84 men)
- 257 Children (127 girls, 130 boys), 210 of whom are orphans
- 21 Adults and Children with HIV (6 women, 13 men, 2 children)

Four FXBVillages from 2008 to 2013:

Bu Tuo I: 2008–2010

Bu Tuo II and III: 2010–2012

Bu Tuo IV: 2011–2013



Household Economic Status (between years 0–3)

97%

of households had savings after Year 3

0

households accessing micro-credit in the second or third year of the program

1150

Average income of the IGAs per month increased by 1150 RMB (\$191 USD) by Year 3

647 ¥

Avg. household savings per month (\$104 USD)

Nutrition (between years 0–3)

0

Number of children under 5 showing signs of malnutrition / kwashiorkor decreased from 50 to 0

550%

increase in number of active kitchen gardens

98%

of households reporting consuming at least 2 meals daily

533%

increase in number of households reporting consuming fruits daily

98%

of households reporting consuming vegetables daily by Year 3

Health and Medical Support (between years 0–3)

63%

decrease in cases of diarrhea in children under 5

67%

decrease in cases of severe cough in children under 5

Year 0: 2

Year 3: 98

Number of households reporting access to health care facilities and health insurance

Bi Ji Me's Story:

A Path to the Future



When Bi Ji Me joined the FXBVillage in 2011, the 33-year-old mother of five was taking care of her children alone following the suicide of her husband. While this tragic event deeply affected the whole family, Bi Ji Me in particular had become passive and depressed as a result. She considered suicide, but couldn't bear to abandon her children.

At the start of the program, the family was living in desperate circumstances in a house with mud walls, poor sanitation and a leaking tile roof. Their main source of income was a single pig. Only one child—an 8-year-old boy—was attending school since Bi Ji Me's 10-year-old girl had dropped out to help her mother care for the three youngest, all of whom were under the age of 5.



In Year 1, the FXB team began by conducting constant home visits and providing much-needed resources for the family. By distributing nutrition and food supplies, the team gradually won the trust of Bi Ji Me. Next, the team initiated a plan to improve the family's hygiene/sanitation. They constructed a sty for pig raising as an Income Generating Activity and designed a drainage system for the roof to address leakage during rainy seasons. Gradually, as the family became more stable, Bi Ji Me also regained her strength and hope for the future.



By the end of Year 2, the family had earned \$162 from its pig raising activity and was able to build a sanitary toilet to vastly improve family hygiene. The FXB team also helped the mother build a vegetable garden to promote a more nutritious diet for her and her children. As the family situation improved, the FXB team was able to persuade the Bi Ji Me to let her two older daughters return to primary school.

At the beginning of Year 3, the family had already managed to construct a new house of brick and mortar, and was earning income from its stock of three pigs, one cow, one calf and 10 chickens.

According to Bi Ji Me, after overcoming many challenges, she and her family are now "on the right path."



Uganda

In Uganda, civil conflict, displacement and HIV/AIDS have left millions of people vulnerable and living in extreme poverty. In 1991, FXB started working in Uganda to address the hardships faced by the millions of orphaned and vulnerable children living there.

The Challenge FXB’s work with residents in the exurb of Bulenga in northeastern Uganda presented numerous obstacles. The mostly urban poor live in shanty houses where the rent is affordable but sanitation is substandard. Homes flood frequently and typically do not contain toilets or pit latrines. The majority of economic activity relies on petty trading (food vending, charcoal, fire wood and water selling), in addition to casual labor (washing clothes, loading vehicles and cleaning compounds).

Without a regular income, nutrition remains poor for the majority of households. Families also face difficulties keeping their children in school, as they can’t afford the fees and the scholastic materials required. Some children can’t go to school because of ill health. At 10–12%, the rate of HIV/AIDS is higher in Bulenga than the national average and because of its location in the heart of the wetland, the area is also host to a high Malaria prevalence—one of the main killers in the region.

FXBVillage Results The FXBVillage program in Bulenga, consisting of 80 households (515 individuals) brought stability, improved nutrition, education, sanitation, economic security and a brighter future to its participants. By the end of the program, initiated in 2011, participants experienced dramatic improvements in all areas of their lives. The benefits also were felt by the more than 1,200 members of the surrounding community.

Learn

Participant Demographics for FXBVillage Kyongera

80 Households:

- 14 led by mother and father
- 54 led by widow or single mother
- 2 led by widower or single father
- 10 led by grandparent(s)

515 Participants:

- 141 Adults (105 women, 36 men)
- 374 Children (197 girls, 177 boys), 90 of whom are orphans
- 42 Adults and Children with HIV (29 women, 5 men, 8 children)



Household Economic Status (between years 0–3)

100%

of households had savings after Year 3

80

households accessing micro-credit in the second or third year of the program

\$75

Average monthly income of the IGAs (USD)

\$11

Avg. household savings per month (USD)

Nutrition (between years 0–3)

100%

Number of children under 5 showing signs of malnutrition / kwashiorkor decreased from 4 to 0

100%

increase in number of active kitchen gardens

100%

of households reporting consuming at least 2 meals daily at program's end (9% increase from start)

100%

of households consuming fruits daily at program's end (92.5% increase from start)

100%

of households consuming vegetables daily at program's end (34% increase from start)

Health and Medical Support (between years 0–3)

0

cases of diarrhea in children under 5 at program's end

0

cases of severe cough in children under 5 at program's end

Year 0: **81**

Year 3: **100**

Number of households reporting access to health care facilities and health insurance



Jamila's Story: From Widowhood to Businesswoman

Jamila Namakula was born into a family of 30 in Uganda. Due to family constraints, she dropped out of primary school, and by the age of 14, started working as a maid. At 16, Jamila married, and she and her husband had six daughters together. But in 2008, her husband was killed in a traffic accident on his way to work and the family was left in financial dire straits. Jamila's only source of income was selling fruit and vegetable peelings for livestock food, and she struggled to afford rent, medical costs and food. When she could no longer pay her children's school fees, all were forced to drop out of school. Many days, the family picked up scraps and leftovers from the market or shops as their main form of sustenance.



In 2009, Jamila and her family were enrolled in the FXBVillage program and were immediately provided food, hygiene and health supplies (such as mosquito nets and water purifiers) and medical care. Jamila received training and coaching on nutrition and health as well as financial management. With the support of FXB, she was able to start her own small business selling cloth in the market, which grew to include other goods and helped her purchase additional resources such as livestock, land, storage space and even a motorcycle. The health of Jamila and her family also greatly improved with counseling on HIV/AIDS prevention, sanitation and hygiene. They are leading healthier lives.



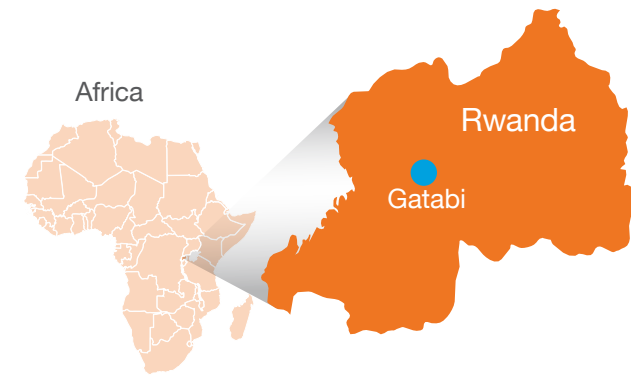
Today, Jamila's business has expanded and she sells a variety of products. Her children are also completing their education and she hopes they will attend the university; one is already beginning her own sustainable employment. **As Jamila's business has grown and her family's health improved, their life has likewise become more comfortable, stable and, most of all, sustainable.**

Learn



“Before FXB, my dad used to sell all mangoes before they were ready for consumption, thus we had to look after ourselves because the money was already consumed. Now, with FXB’s knowledge, we know how to test the fruits and we like them so much. Every child has his own fruit tree. Mine is papaya and it is delicious and rich in vitamin A.”

—FXBVillage Gatabi participant



Rwanda

In 2012, an FXBVillage was established in Gatabi, Rwanda, located in the Southern Province, Muhanga District. FXB has also operated in other locations in the country, including the nearby village of Kamegeri.

The Challenge Many families in Gatabi, like other communities in Rwanda, are extremely poor and typically live in shanty homes that provide limited privacy or protection against the elements. Poor hygiene and sanitation, including limited access to safe drinking water, has contributed to high rates of illness among residents, including malaria. The cost of school fees is unaffordable for many families, who have been forced to remove their children from school when they can’t afford to pay. Child abuse and family violence are not uncommon, and many young mothers report unwanted births. The prevalence of HIV/AIDS in Gatabi is also higher than the national average.

FXBVillage Results The FXBVillage in Gatabi was highly successful, helping to raise participating families above the poverty line and into better health. After three years of the program, the rates of schooling and nutritional health improved, and the rates of illness/disease declined. Lessons on sanitation and hygiene contributed to better practices among residents, and with startup assistance, all families were able to begin Income Generating Activities that will help elevate them out of poverty and into sustainability.

Participant Demographics for FXBVillage Gatabi

<p>80 Households:</p> <ul style="list-style-type: none"> 60 led by mother and father 18 led by widow or single mother 0 led by widower or single father 2 led by grandparent(s) 	<p>571 Participants:</p> <ul style="list-style-type: none"> 247 Adults (134 women, 113 men) 324 Children (148 girls, 176 boys), 30 of whom are orphans 3 Adults and Children with HIV (2 women, 1 child)
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Household Economic Status (between years 0–3)

<p>80</p> <p>Number of households with at least one IGA</p>	<p>21</p> <p>Number of IGA-related trainings held</p>	<p>687</p> <p>individuals participating in IGA-related trainings</p>	<p>43</p> <p>household IGAs managed by women</p>
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Nutrition (between years 0–3)

<p>672</p> <p>Number of individuals receiving food support</p>	<p>96</p> <p>households received kitchen garden supplies/training</p>	<p>22</p> <p>nutrition/diet training sessions held</p>	<p>288</p> <p>individuals participating in nutrition/diet training sessions</p>
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Health and Medical Support (between years 0–3)

<p>25</p> <p>malaria nets provided</p>	<p>22</p> <p>health/hygiene training sessions held</p>	<p>543</p> <p>individuals attending health/hygiene training sessions</p>	<p>0</p> <p>cases of severe cough or diarrhea in children under 5 at program's end</p>	<p>701</p> <p>HIV prevention or VCT counseling sessions</p>	<p>80%</p> <p>of households reporting access to health care facilities</p>
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Education Support (between years 0–3)

<p>288</p> <p>children received total support for primary school</p>	<p>30</p> <p>youth received support for vocational training</p>	<p>121</p> <p>parents of caregivers trained in early childhood education (ECD)</p>	<p>197</p> <p>children (aged 0–8) whose parents have been trained in ECD</p>
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Mukama's Story: From Struggling Alone to a Community of Support

As a mother of eight children, Mukama Zimpaka Dancilla was burdened by significant hardships that perpetuated the deep poverty her family faced. While circumstances had long been challenging, when her husband went to prison in 1997, her struggles intensified. She also took on child care responsibilities for her two grandchildren so their mothers—her daughters—could remain in school. As the weight of her responsibilities grew, Mukama says she felt more and more alone and eventually became depressed.



When Mukama and her family enrolled in the FXBVillage in 2012, she first met with a counselor who could listen to her problems and come up with solutions. With FXB's support, she was able to pay the school fees so her older daughters could finish high school and find employment. After receiving a startup loan, Mukama was also able to build a small farming business where she raises turkeys and pigs and tends a small plantation of cooking banana trees. She receives additional income from her savings and lending group of seven women who collectively work on small manufacturing projects, and she reports saving money regularly in her bank account. The group serves another purpose too: The women all have husbands in prison and provide one another the mental support Mukama has been looking for.



"The varied trainings on hygiene, health and respect of child rights have made me another mother confident and full of energy," she said. "I have no words to thank the donor of this project, but wishing to him all the blessings."



India

Manipur is a small, landlocked, hilly state in northeast India, one of 14 regions where FXB operates in the country. Geographically, Manipur is very close to the notorious “Golden Triangle” (linking Myanmar, Thailand and Laos) and has served as the major transit route for illegal international drug trafficking to Myanmar since the beginning of the 1970s. As a result, there is a high level of drug addiction and HIV/AIDS among the population living in the region.

The Challenge Started in January 2011, FXB’s program aimed to strengthen the capacity of 114 families infected and affected by HIV/AIDS in the East Imphal villages of Lilong, Khongman, Kongba, Wangkhei, Khurai and Heingan. This area was identified as one of the worst hit by drug addiction and HIV/AIDS in all of Manipur. The objective of the FXBVillage program was to enable this population to lead healthy, productive lives by improving their environment, health, education and economic opportunities. While India generally has a low prevalence of AIDS (0.91%), the impact of the disease on households and on the economy is dramatic because it mainly affects people of working age—and by extension, their children.

FXBVillage Results The program has significantly improved the quality of life of poor families infected with and affected by HIV/AIDS. It has also been established as a model program in HIV/AIDS care and support in the region. With the benefit of Income Generating Activities, basic education, medical care, health and sanitation and psychosocial support, the HIV/AIDS-infected families have reintegrated into mainstream society and are progressing toward self-sustaining lives. The program has directly benefited 468 participants and 341 non-household participants.

Learn

Participant Demographics for East Imphal Villages

114 Households:
 39 led by mother and father
 58 led by widow or single mother
 2 led by widower or single father
 15 led by grandparent(s)

468 Participants:
 228 Adults (109 women, 119 men)
 240 Children (114 girls, 126 boys),
 139 of whom are orphans
 141 Adults and Children with HIV
 (74 women, 36 men, 31 children)



Household Economic Status (between years 0–3)

189%
increase in number of households with savings

7
households accessing micro-credit in the second or third year of the program

\$16
Average monthly income of the IGAs (USD)

\$24
Avg. household savings per month (USD)

Nutrition (between years 0–3)

636%
increase in number of households reporting consuming 3 meals daily (from 11% to 81%)

520%
increase in number of households consuming fruits daily (from 5 to 31 families)

2000%
increase in number of households consuming vegetables daily (34% increase from start)

During Years 1 and 2 of the program, FXB provided packages of nutrition support to the households in the form of uncooked dry rations because the participants did not have adequate food due to poverty and unemployment. By the end of the three-year-program, the number of households reporting consuming three meals a day had increased from 11% to 81%; the number of households having daily fruit consumption went from 5 to 31, and the number of those reporting daily vegetable consumption went from 5 to 105.

Health and Medical Support (between years 0–3)

Number of cases of diarrhea in children under 5 decreased from **14** to **2**

0 cases of severe cough in children under 5 at program's end

94% of households reporting access to health care facilities

Health Camps were conducted once every two months to meet the immediate health care needs of the marginalized community. These camps offered comprehensive health services—curative, preventive and referral—for the 468 FXBVillage participants as well as the rest of the community in the region.



Bimolata's Story: A New Shawl and a New Life

Born in the remote village of Sagolmang Pukhao in Imphal East, Bimolata belongs to Meitei Community, which is the majority ethnic group of the valley. Shortly after her marriage in December 2000, she realized that her husband, Roshi, was a longtime intravenous drug user. To support his habit, he would often steal money and valuables from their home and disappear for days. There were times when Bimolata and her children did not have enough food to eat and struggled to get by. Because Bimolata couldn't pay her children's education fees, they were forced to drop out of school.



When Bimolata and her family joined the FXBVillage in 2010, her husband was HIV-positive and had been on anti-retroviral drugs since 2007. Upon learning of her husband's HIV status, FXB immediately arranged for testing of Bimolata and her two children. Fortunately, the results came back negative. The empowerment and support Bimolata received from FXB enabled her to confront her husband about his drug use and gradually bring about change in her own family.



Today, Bimolata is one of the most successful members of the Women's Economic Development Group that produce Kauna (water reed) crafts items. Her children, a daughter of 12 and a son of 8, are both back in school and are happy to have regained their father's positive presence in their lives. **Bimolata recently bought herself a new silk shawl to celebrate the change in her husband and the new life that Bimolata has made for herself through the FXBVillage.**

Learn



Colombia

FXB has been working to alleviate poverty in Colombia since 1992. In 2011, FXB initiated a pilot FXBVillage there with 80 families living in the slums in Barranquilla and neighboring communities. Due to death, violence and displacement, eight of the families did not complete the program, but 72 finished with significant success.

The Challenge Many of the families living in the urban slums in Barranquilla, Soledad and Malambo faced forced displacement from illegal armed forces in the past and had endured psychological trauma as a result. The urban poverty in Barranquilla also came with some different struggles than some of the rural FXBVillages. Challenges with garbage disposal and violence were more pronounced, as was general lack of trust and tolerance for outside interventions. As in other FXBVillages, drug abuse and HIV/AIDs were also common challenges. During the program, a spike in Dengue Fever also hit the local residents.

FXBVillage Results At program completion in 2013, 72 families received training and counseling on how to initiate economic activities, which allowed 90% of the families to reach economic independence and improve their living conditions. After three years, 93% of the families saved income, despite the difficulties they faced due to their vulnerable conditions.

Children's nutritional and health conditions also improved substantially, and the families learned how to manage their own businesses and save. All of the families, and particularly those with children affected by HIV/AIDS, received comprehensive health care, support and guidance to help them exit extreme poverty.

Additionally, 84% of the families improved their housing conditions during the development of the program. They remodeled their homes to create safer, more sustainable living conditions and optimize the spaces inside their houses too. The families internalized the importance of the hygiene, home cleanliness and the use of potable drinking water. Additionally, to prevent HIV/AIDS stigma and discrimination in the communities, the teenagers in the families were trained to sensitize and educate their peers and neighbors.

After the conclusion of the project, FXB has continued lobbying with the mayor's office for the successful reallocation of the families living in Bendición de Dios and other neighborhoods that are being reallocated. FXB is also lobbying to ensure that these families receive homes where they can continue carrying out their IGA. Additionally, after joining forces with the local food chain Frisby, FXB is helping support continued employment opportunities for FXB families.

Participant Demographics for Barranquilla FXBVillages

<p>72 Households: 44 led by mother and father 28 led by a single caregiver</p>	<p>411 Participants: 148 Adults 263 Children</p>
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Economic Activities (between years 0–3)

20% increase in number of participants with savings

737% increase in number of participants that reinvest their savings

75% increase in the number of participants with IGA

Nutrition (between yrs 0–3)

89% decrease in the number of cases of children with malnutrition

Education (between yrs 0–3)

17% increase in the number of children and youth enrolled in school, technical training and university

Health and Medical Support (between years 0–3)

75% decrease in cases of diarrhea

50% decrease in cases of respiratory infections

70% decrease in cases of skin infections



Otilia's Story: A New Home for Six

When the youngest of her five children was only two years old, Otilia Perez Santiago's partner abandoned the family after being unfaithful. Already living in poverty, Otilia and her family's hardships were exacerbated. Her family's one-room house of dirt and wood had neither utilities nor indoor plumbing and left limited privacy or protection from the elements—in rainstorms, the entire house flooded. Like Otilia, her five children had little to no schooling. The older children worked in the local coal factory and the others stayed at home. While she received some financial assistance from her former partner and neighbors, Otilia and her family continued to struggle. Hardship deepened when Otilia was involved in an accident that resulted in brain damage and memory loss.

When Otilia was enrolled in the FXBVillage program, her family's conditions immediately begin to stabilize. She was able to start a small business selling candy and snacks that expanded to include produce, meat and other goods. Today, Otilia and her children's quality of life has substantially improved. The growth of her business has helped her afford a larger home built of more stable materials that includes a separate kitchen and bathroom. Her children, who eat three meals a day, are also enrolled in school and are learning how to read and write. **Otilia, now 50 years old, is hopeful for even better opportunities to come.**







Understand: Program Structure and Guiding Principles

2.0 The FXBVillage Model: An Overview

Each FXBVillage addresses the root causes of human insecurity by providing families with basic services and supports: education and health care, housing, hygiene, nutrition, training in income generation, support for psychological well-being and awareness of their human rights (as well as their application).

The FXBVillage model is firmly bound within a three-year period, where FXB's financial support decreases each year as participants began taking an active role in building lives of greater self-sufficiency. Independent income gives access to health and education, which is linked to human rights—both of which are the pillars of efficiency and sustainability for Income Generating Activities (IGA).

Although program components are explained separately, they should be understood in an integrated manner, underlining their organic interdependence. The logic of the three-year program timetable should also be respected, as it is essential to the participants' progress towards self-sufficiency.

Each FXBVillage is guided by three FXB full-time employees:



A Coordinator/Driver A Nurse Counselor A Social Worker

In addition, a **Child Rights Promotion Officer**, an **HIV/AIDS Prevention Officer** and a **Bookkeeper** (also responsible for monitoring and evaluation) are engaged part-time, as needed.

Goal: The primary objective of this core team is to invest in and gradually strengthen the capacities of 80–100 vulnerable families in each FXBVillage over the course of three years. To achieve this goal, participants are equipped with a comprehensive, integrated package of supports centered around five main pillars: health, education, nutrition, business and housing. With these targeted investments, FXB helps families become self-sufficient, enabling them to raise their children to contribute to local economies and communities rather than drift away to become part of the discarded generation.

The five “pillars” of the program include the following activities:



Health

- Provide participants with basic medical care and nutritional support to ensure sound health.
- Prevent HIV/AIDS and other diseases through educational sessions on the most effective ways to respond to the pandemic, including the roles played by hygiene, health, nutrition, the environment, sexual practices and community development. These sessions target participants, community leaders, teachers, youth club leaders and representatives of professional associations.
- Provide access to voluntary counseling and testing (VCT) services and to HIV/AIDS treatment.
- Provide psychosocial support to participants to help them deal with the disease and the stigmatization and discrimination problems they encounter. Restore adults’ and children’s self-worth and dignity.



Housing/WaSH

(Water, Sanitation and Hygiene)

- Train participants on good personal hygiene, environmental management and sustainable community development.
- Improve living and housing conditions related to sanitation and hygiene.



Nutrition

- Provide participants with nutritional support to ensure sound health.
- Provide participants with nutrition strategies to ensure long-term health.



Education

- Enable children to pursue or resume their primary and secondary education.
- Provide vocational training to adolescents and adults who have not been able to attend school on a regular basis.
- Provide participants with legal assistance (e.g., defending rights).
- Provide children with life skills, particularly through educational sessions on health, including HIV/AIDS, hygiene, family planning, nutrition, the environment and community development.
- Raise awareness of children’s rights.
- Decrease the stigma and the discrimination of HIV/AIDS-infected individuals among adult guardians, schools and the community at large.



Business

- Provide income-generating activities (e.g., training, resources such as in-kind grants, teaching families how to save income, etc.) to impoverished families so that they are able to raise and support their children.
- Provide collective IGA for participant groups to complement income and facilitate access to micro-credit schemes to make their small businesses bigger and thus more able to participate in the wider economic system.
- Create support groups where participants are encouraged to share their experiences, support one another, run collective activities, build savings and access micro-credit.

To fully participate in the program and become proactive implementers of change, FXBVillage participants need to reach a satisfactory health status by undertaking hygienic living practices and eating a balanced, regular diet. From the beginning of the three-year program, FXB directly distributes the goods necessary for families to uplift their living conditions and health status. Overall human security—including housing security—is essential for enabling heads of households to better develop their IGA, to integrate information disseminated through trainings into their daily lives and to ensure the well-being of children, as well as facilitate their regular school attendance.

FXB focuses both on addressing the collective needs of participants and the specific needs of individual households. Regular home visits from household-to-household enable the FXB team to assess household-specific needs and implement tailored, timely responses to their individual

problems. This is a creative process whereby the Nurse Counselor, the Social Worker and the Coordinator/Driver collaboratively develop strategies capable of substantially improving participants' living conditions.

The team initially intervenes on emergency issues presenting a health risk for participants. Lack of shoes, for example, can render children vulnerable to worms and other infections. Lack of roofing represents a health risk since it can lead to the development of chronic and acute respiratory tract infections. Additionally, the amount of immediate assistance provided can be scaled up for children suffering from malnutrition: They will receive food supplements in parallel to the nutritional assistance typically provided for FXBVillage families. Often, fruit and milk are added to children's diets, for example. The number and types of strategies applied are many and depend on the socio-economic status of the families, as well as the family environment in which they are implemented.

Following are details on activities for each year of the program in a summarized version of what is found in the "[Do](#)" section. It does not review feasibility and community assessment.

2.1 Year 0

Before the program implementation starts, it is important to establish a team and acquire necessary resources to run an FXBVillage. If an FXBVillage has never been implemented in an area before, then this preparation should be done before the three-year period begins to allow sufficient time for planning and preparation.

Staff Recruitment

FXB recruits one Social Worker, one Nurse Counselor and one full-time Coordinator/Driver who support participants throughout the three years of the FXB program. In addition, one Sensitization Officer in charge of children's rights and family legal support, one officer in charge of HIV/AIDS and other disease prevention, one Monitoring and Evaluation (M&E) Officer and one Administrative Officer work part-time (25%) on the project (these three people are involved in roughly four FXBVillage programs, on average, called a unit). Most of the time, these people will have already been integrated into other ongoing FXB programs. The staff are provided foundational, professional development training and also receive specialized training in psychosocial support, the development of IGA and HIV/AIDS prevention.

Establish mode of transportation and community center

To facilitate and improve access to participants, many of whom are dispersed and living in remote areas that are hard to access, a community vehicle should be purchased or a mode of transportation identified for the program. This vehicle also enables the efficient support and supervision of participants' progress, and facilitates the carrying out of timely and regular home visits to advise, help and assess participants, as well as monitor their evolution.



2.2 Year 1

The first year of the program is dedicated to the implementation of the program's foundations and focuses on collaborative training and behavioral change as well as the introduction of IGAs. Participants are also introduced to internal savings and credit through the establishment of group savings plans (i.e., a tontine).

Family Selection and Identification

To target impoverished families and avoid duplication of assistance, FXB works closely with basic administrative authorities, heads of PLWH (People Living with HIV) associations, heads of community groups, representatives of religious denominations, anti-AIDS clubs for young people and the few organizations that provide care for AIDS victims.

The selection process takes into account:

- Degree of vulnerability of recipients
- Integrity
- Number of children receiving care
- Capacity and willingness shown by recipients to achieve the program objectives

Once the families have been selected to be part of FXBVillage, FXB identifies a head of household for each family. Each head of household has a file established that includes their identity, the names of people in their household, the ages of their children and the schools they attend, their physical address/domicile and their socio-economic status. FXB then records an assessment at the health care center where they would go to receive any necessary health services/treatments.

Program Implementation

Nutritional support

Most FXBVillage participants need to first recover a satisfactory health status, particularly through good nutrition, before they can become fully self-sufficient. From the first month of effective start-up, FXB directly distributes foodstuffs to families and continues distribution for approximately nine to 12 months. Participants are also encouraged to cultivate an individual kitchen garden to enable continued access to fresh vegetables, which have typically been absent from their diets in the past. They are also typically able to sell the surplus they grow for additional revenue.

Health (including access to water, sanitation and hygiene)

Participants are registered in a health center where they can go whenever they need to receive adequate treatment. They are all also enrolled in a mutual health insurance plan.

The health intervention includes weekly information sessions on the principles of basic hygiene, with a focus on disease prevention. Basic tools of hygiene, such as treatments against various infections (including verminosis), soap, mosquito nets, blankets, containers for transporting water and pans for the preparation of drinking water are distributed to families who are often too poor to afford these essential items.

During weekly home visits, the FXB team ensures that families build latrines, clean their houses regularly and organize their lives so as to minimize health problems. For example, participants are urged not to cook in the living areas and are instead asked to build improved stoves and use outside racks to dry pots and pans.

With essential information to responsibly manage their own health, participants learn how to prevent diseases and minimize their consequences through early detection and treatment. They are also becoming advanced users of health services.

Psychosocial support

Frequent psychosocial support can improve the quality of life, relations with the family and community, as well as compliance with medical care for FXB participants who have faced significant hardships. It helps build confidence, self-esteem and restores dignity for all participants, particularly for women who often become role models for the rest of the community by sharing their stories.

FXB organizes counseling sessions at the local and collective levels,



as necessary. Examples of psychosocial (e.g., mourning), social (e.g., discrimination, exclusion, etc.) and domestic (e.g., family conflict) problems should be discussed to help participants realize that their situation is not unique and that it can be addressed. On an individual level, these collective sessions contribute to reducing the guilt and anxiety among heads of households that inhibit their care for the family. Collective counseling also addresses the stigmatization that people living with HIV face within their community.

Education and professional training

FXB identifies the school-age children in each household and works with the appropriate authorities toward their (re)education. Professional training is offered to adolescents who did not have the opportunity to pursue a normal education. Schooling costs and school materials related to secondary education and professional training are completely covered in the first year of the FXBVillage program.

Income-generating Activities (IGA)

Often concerned about their immediate survival, program participants are confined to subsistence activities that do not allow them to generate sufficient financial income to support themselves and their families. FXB guides participants in the selection, development and diversification of their IGA, training them to become entrepreneurs and self-sufficient rather than relying on the community for their welfare.

Individual IGA distribution

After several training sessions on developing and managing an IGA, the participant submits his or her project to FXB for approval. The funds necessary to start and develop the IGA will be granted (in kind) in two or three payments during the first year of the program. Once a week, the participant receives a visit from the FXB team that helps him or her overcome the potential problems related to the management of the project. (Note: A seed grant of around USD \$150 per household is provided to support a livelihood based on meaningful economic activities. The idea behind providing a seed fund instead of micro-finance is to protect destitute families from further vulnerabilities that loans may engender. The focus on promoting gradual self-sufficiency keeps micro-finance out of the FXBVillage model in the initial years. In later stages, information on and access to micro-finance is provided for further enhancement and diversification of IGAs.)

Groups, savings and internal credit

Participant groups are the foundation of network support and help in supervising FXBVillage families. Training in savings and tontine (i.e., a group investment plan) is provided, and groups immediately begin to save money for the development of individual IGAs. The group is also trained to facilitate the exchange of information, transfer of knowledge and support. A community system of economic and social security is thus being created.

Training, testing and other supports

Individual and group sessions are undertaken to raise awareness, particularly among the heads of families, regarding family planning, the principles of reproductive health, environmental protection and the rights of the children. Simultaneously, training sessions are organized for the community, especially teachers, community leaders and professional associations.

A legal expert also helps participants overcome legal and social issues. This legal support is vital for families in charge of orphans, who are vulnerable to property seizures, sexual abuse and other deprivations and who often lack identity papers. Collective information sessions on HIV/AIDS and other Sexually Transmitted Diseases (STDs) are provided to participants, including modes of prevention, transmission and treatment.

Participants are encouraged to get tested voluntarily. Although the FXB team does not offer HIV screening, it provides prescreening and post-screening counseling. In confirmed cases of HIV, the team follows the participants (adults and children) to ensure that they adhere to the prescribed treatment. In addition, HIV-positive pregnant women are encouraged to consult a doctor to prevent transmission from mother to child.

By providing trainings, FXB generates a better understanding of HIV/AIDS, both to encourage VCT and fight discrimination and stigmatization of people living with HIV/AIDS (PLWHA).

Monitoring and evaluation

The Social Worker, the Nurse Counselor and the Coordinator/Driver visit families on a weekly basis and support participants in achieving their goals and resolving potential problems. Participants are free to come at any time to the FXB Community Center for counseling sessions that ensure family well-being. These sessions make sure access to health, medical and educational services are provided for households, especially the children under their care—both their own children and orphans welcomed on behalf of the “extended family.” By involving the whole community in the supervision of orphans and vulnerable children, and by continuing the framework at the end of the program, FXB reconstructs the social fabric that had become unraveled.

This close monitoring makes it possible to supervise the development of participants; provide the skills and knowledge necessary for autonomy; strengthen psychosocial and medical status; and consolidate social reintegration. Home visits—an intrinsic component of the program—place the participant at the center of activities, helping them to rebuild, grow and thrive. This approach facilitates participation while meeting the specific needs of the community and families.

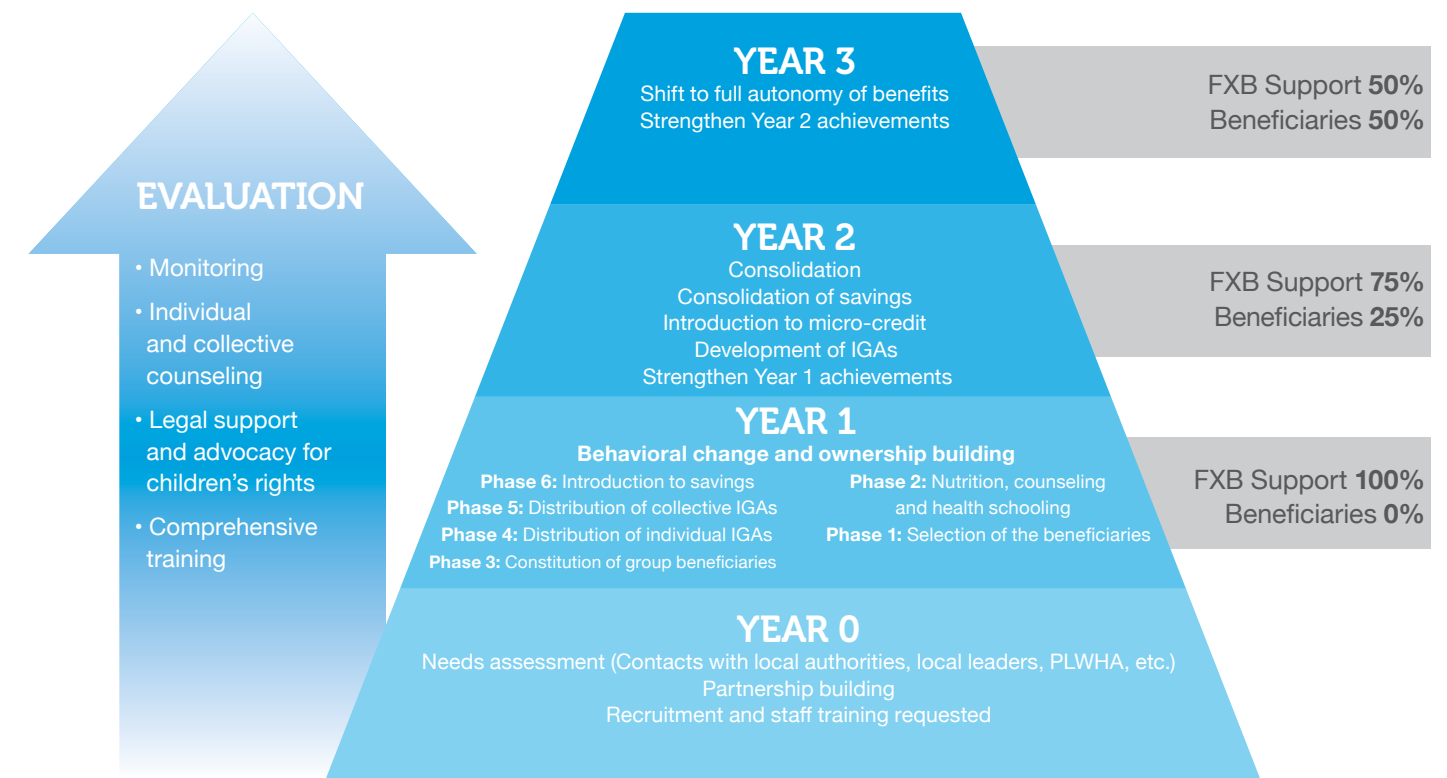
tip

It's essential to be attuned to the cultural sensitivities of different regions. Always watch and listen carefully. Here are resources related to cultural sensitivities in a development context from UNESCO.

<http://bit.ly/1ykJf6W>

<http://bit.ly/1IY15Nw>

More Than 85% of Participants Become Self-sufficient after Three Years



Understand

2.3 Year 2

Program Implementation

The second year of the program is a turning point for families. It enables participants to progress from a dependent learning status to a situation of relative autonomy where they become shareholders of the program. Through the knowledge and skills learned through trainings, the capital generated through IGAs, the improved income saving practices, better health and psychosocial statuses, as well as the implementation of group activities, FXBVillage participants become the center of the program. During this phase, the FXB team focuses on monitoring all program-related activities.

Participants' activities

At this point in the program, heads of households are typically able to manage their IGAs in a nearly independent manner. The capital generated, as well as savings accumulated, enable them to contribute 25% of the total cost of their children's school fees, the family's medical expenses and food, and to extend and diversify their IGAs.

Simultaneously, participant groups become fully operational and launch their collective IGA. It becomes customary for participants to meet weekly and discuss various issues of importance to them. These informal meetings become occasions to help and support each other outside of regular meetings organized by FXB.

In terms of health, participants effectively implement preventive measures taught by FXB staff on their own: regularly using mosquito nets, drinking safe water, eating a nutritious diet, undertaking hygienic living practices and receiving appropriate medical care to prevent disease.

Groups

During the second year, the participant groups develop the collective IGA. Trust and social cohesion established during the first year make it possible to develop activities that can benefit all members of the group. Similar to the process for individual IGAs, project ideas are submitted to FXB. The organization ensures each idea's viability and, when appropriate, provides the necessary means for the project's implementation. The team then supports the group in the development and management of the IGA by providing advice, solving problems and participating in business optimization.

The income generated establishes an economic safety net for participants who can use the capital generated to improve their living conditions, expand/diversify their individual IGA, save, pay unexpected expenses (e.g., health or death) or buy their own land or home.

Training, testing and other supports

These formation sessions are held throughout the three years of the program. Recipients are encouraged to share knowledge with their relatives, neighbors and community members.

At the same time, young people are encouraged to start awareness initiatives to reach their peers in schools and sports centers. Because they are able to make information accessible and understandable to people of their generation, they become agents of change in these community institutions.

These awareness-raising activities not only benefit the community, but they allow participants to play a constructive role in society and, as a result, be reintegrated into it. This is an additional way to fight stigmas and discrimination and to promote information on hygiene practices, AIDS prevention and children's rights.

Monitoring and evaluation

A process that ensures accountability is undertaken by the FXB team. Close monitoring helps provide targeted assistance to meet the specific needs of each family. This close monitoring is also the prerogative of the FXB nurse, who makes home visits that ensure the physical and mental well-being of all participants. Working with local staff who are well-trained and benevolent is essential because these individuals understand the issues and the economic and social fabric of the region in which they operate.

Particular attention is given to people living with HIV (PLHIV). These participants are continuously supported by the nurse, who ensures they adhere to treatment, have adequate nutrition and are psychosocially stable. It goes without saying that the health and nutritional status of children is a priority. Each child is regularly monitored to ensure the absence of disease and malnutrition.

Regular school attendance is also constantly verified during home visits by the FXB team, as poor performance or absenteeism can be indicative of potential illness or family dysfunction.



It's essential to be attuned to the cultural sensitivities of different regions. Always watch and listen carefully. Here are resources related to cultural sensitivities in a development context from UNESCO.

<http://bit.ly/1ykJf6W>

<http://bit.ly/1IY15Nw>



2.4 Year 3

Program Implementation

During the third year, participants are guided toward full independence and self-sufficiency. Through the course of this last year, they are responsible for 50% of their family's schooling and medical costs and are assisted in the development of future projects. For example, FXB helps them initiate micro-credit schemes.

FXB staff focus on home visits and close monitoring of family activities. Moreover, the third year is dedicated to ensuring that child protection remains a central preoccupation of parents, teachers and local authorities. Through the organization of children's rights trainings and the provision of legal assistance, the community develops social responsibility (formal or informal) mechanisms capable of protecting orphans' and vulnerable children's rights.

The sustainability of the program is integrally dependent on the participants' capacity to be autonomous, as well as on the community's ability to apply measures to protect the children.

Training, testing and other supports *(Same as Year 1 and Year 2)*

Monitoring and evaluation

Participants are constantly monitored by the entire FXB team. Indeed, through home visits, family needs are assessed individually to help in the development of strategies that enhance their long-term stability. IGA strengthening, long-term planning, understanding of health and disease prevention precepts, importance of child rights, the need for education, social responsibility and solidarity in the group are all constantly stressed.

During the three years of the program, FXB ensures that the knowledge and skills taught are applied and used by every participating household. The team ensures that the prerequisites of the program are met: health, nutrition, regular school attendance, participation in group activities, etc., and that participants attain economic and social independence.

In addition, during the third year, participants are prepared for the idea that the program will end in a few months. The team works closely with participants to manage any anxieties that arise from losing this support.

After the third year, former participants who need help solving a potential problem or general advice are free to visit the FXB Community Center in their region. The team also conducts "remote" monitoring services once or twice a year to ensure that participants have the same standard of living as their neighbors.



It's essential to be attuned to the cultural sensitivities of different regions. Always watch and listen carefully. Here are resources related to cultural sensitivities in a development context from UNESCO.

<http://bit.ly/1ykJf6W>

<http://bit.ly/11Y15Nw>





Do: Field Guide

Guiding Principles

3.1.1 Core Foundational Values



The United Nations Convention on the Rights of the Child (CRC)

Among the CRC's 54 articles are:

- the child's right to life, survival and development (Article 6);
- the right to a name, family and national identity (Articles 7-8);
- protection from unjust separation from one's family, including provisions for reunification (Articles 9-10);
- protection from abuse, neglect (Article 19) and exploitation (Articles 34-36);
- the right to an adequate standard of living (Article 27); and
- the right to health, health services and education (Articles 24-29).

FXB is a pioneer in family and community-based programming that integrates health, economic development and human rights concerns into every aspect of its work. For over two decades, the FXB community-based model has been updated and refined—resulting in its present cost-efficient structure that uses three full staff and a vehicle to serve 80–100 families. While a distinctive feature of the FXB model is its flexible approach to program design, **six fundamental values undergird the FXB development approach:**

- 1. Realizing children's rights.** The most widely ratified international human rights treaty in history, the United Nations Convention on the Rights of the Child (CRC), documents the civil, political, cultural, social and economic rights of children. Acknowledging the inherent vulnerability of children, it places special emphasis on the primary caring and protective responsibility of the family.

Do

FXB's mission was to implement the articles of the Convention as they affected children orphaned by and infected with HIV/AIDS. After some time, FXB's work expanded to include families and children affected by multiple causes of vulnerability, including conflict, poverty and disease. As specified by the Convention, a family focus was adopted, given that families represent a fundamental unit of income generation, care, nurturance and affiliation, and the primary means through which children can access their rights. Building its development programs around both the family and the surrounding community, FXB strives to provide an example of good governance for children, enhancing both family and community capacity to realize children's rights to care and protection.

2. **The primacy of families.** FXB acknowledges the critical importance of functional families in promoting children's well-being. Beyond physical needs, all children require affection, protection and nurturing from stable caregivers who promote their social, cognitive and emotional development. A firmly established body of research shows that supportive family environments are associated with higher rates of school attendance and better school performance; greater self-esteem, self-confidence and future orientation among children and youth; and a reduction in behavior problems, among other benefits. But children's basic material needs must be met first for family care and affection to bear fruit. The cumulative effects of endemic poverty, food insecurity and HIV/AIDS constrain the material capacities of family and community networks to provide children with the care they need to develop, learn and thrive. FXB addresses these material constraints by enhancing family economic capacity and by supporting family investment in children's development and education.
3. **Harnessing local expertise.** FXB recognizes the values, skills and networks that define the communities in which it works. In early stages, FXB seeks to identify and harness these attributes, with the goal of building community ownership and social capital. By enlisting the community in the design and implementation of activities and linking with other local organizations active in the vicinity, FXB ensures that its programs respond to the real needs of families supporting children, rather than duplicate what is already provided. Programmatic activities take into account the particular cultural, political and economic contexts of those in need and encourage the participation of those lacking voice or social status.
4. **Building capabilities.** FXB's programs are designed to build family and community capabilities and realize the rights of children. First articulated by Nobel laureate and Professor Amartya Sen, the Capability Approach to development values people's functional capabilities to be healthy and to engage in economic, social and political life. According to this approach, poverty is equated with capability deprivation and not just lack of income. The object of development, therefore, is not simply the achievement of a set of improved economic or social outcomes (income, social status, etc.), but rather the nurturing of the capacities that make

them achievable. FXB's programs engage families and communities in developing their capabilities as ends in and of themselves to achieve children's rights to protection and care.

In addition to providing education and psychosocial support, specific efforts are devoted to strengthening families' capacities for self-sufficiency, such as the ability to generate income and to plan and manage resources to meet the health, nutritional and educational needs of household members.

At the community level, FXB works to support inclusive community networks with the values, skills and tools necessary to provide and advocate for the needs of children and other vulnerable members of society. Working simultaneously at family and community levels, while integrating concerns for health, education, economic development and human rights into every aspect of programming, FXB fosters synergies that strengthen and diversify family capabilities to ensure the well-being of children.

5. **Continuous learning.** As a learning organization, FXB actively seeks to question and refine its programs based on evidence and to critically examine its practice against the defining principles of rights, equity and social justice.
6. **Finally, FXB makes the restoration of human dignity** a central goal of its development approach. Fundamental to dignity is the notion of control over one's environment and the self-esteem and social recognition that results when an individual, family or community is able to overcome hardship and become self-sufficient. FXB nurtures the development of capabilities that are the basis of renewed dignity, well-being and self-esteem.

3.2.1 Additional Values

Sustainability All facets of FXB programs aim to render FXBVillages as sustainable as possible. This avoids creating dependency upon external aid and instead strengthens the existing community resources that ensure long-term survival. It is with this principle of independent sustainability in mind that FXB designed its FXBVillage model to last for three years, leading participants from a state of apprenticeship to a state of relative autonomy and, eventually, to a state of total independence. This three-year implementation period ensures that participants have acquired the capacity to meet their own needs and maintain their satisfactory status in a durable manner by the program's completion.

Environmentally conscious

FXB is an environmentally friendly organization: Services provided through the FXBVillage are intended to inflict minimum harm to the environment. FXB’s vision is to create a society of people who work conscientiously for the continued improvement of the environment and for a greener, cleaner world. To that end, FXB mobilizes community consciousness for self-determination, equity, improved livelihoods, securities and environmental conservation, using tree planting as an entry point. FXB is guided by the values of volunteerism, love for environmental conservation, proaction for self-betterment, accountability, transparency and empowerment.

It is in this context that FXB has embedded environmentally friendly strategies in every component of the FXBVillage. For example, as participants are required to maintain clean households for hygienic purposes, composting has been suggested and encouraged as a means of disposing of waste in a satisfactory manner. Composting enables participants to live in a relatively clean environment while producing a valuable and efficient environmentally friendly fertilizer. Another example is tree planting. This coincides with the nutritional component of the program, according to which participants are encouraged to supplement their diets with fruits and vegetables. In this context, fruit tree seedlings are provided to help participants supplement their diets and contribute de facto to reforestation.

In the same vein, FXB provides training in the practice of crop rotation to prevent and avoid excessive depletion of soil nutrients and reduce erosion. FXB also helps participants create homes that reduce wood consumption and avoid the use of charcoal stoves, which reduces emission of greenhouse gases and the incidence of respiratory diseases due to charcoal smoke inhalation.



3.3.1 Key Strategies

Experience acquired since the early 1990s in impoverished communities in Latin America, Africa and Asia has enabled FXB to adapt its approach to diverse and changing contexts. Particularly significant in FXB’s evolution has been the move from a primary focus on the vulnerable child to a family and the community-based approach that aims to build collective capacities that ensure self-sufficiency and survival. Based on field experience and informed by the fundamental values of children’s rights and family and community empowerment, **four key strategies define FXB’s approach to programming:**

- 1. Family and community engagement.** By directly involving the poor and marginalized in analyzing and addressing the problems that affect them, FXB strengthens social relations, agency and self-determination. Family and community engagement is also critical to ensuring program success at every stage of implementation, for without their involvement and ownership, both the results and sustainability over the long-term are undermined. At the same time, this strategy demands time, patience and commitment from all involved. Program staff may need to adjust the professional culture and priorities, and to listen, learn and adapt, while participants must be ready to invest time and to engage with FXB staff and one another.

Central aspects of FXB’s approach to family and community engagement include:

- Learning from and building on previous or current activities, local expertise and experiences, and existing community networks and infrastructure.
- Identifying and providing the resources and training needed to help families and communities participate fully in FXB programs and to advocate for services.
- Working with families and communities to assess their broad and specific needs and, in particular, the needs of their most vulnerable members.
- Developing context-specific strategies to engage marginalized groups, recognizing that certain vested interests may create barriers to participation.
- Jointly agreeing on how different individuals and groups can engage and contribute at different stages of FXB’s program cycle and on the commitment required from all parties.
- Informing citizens about plans and progress on issues of joint concern through existing community networks or forums.

- 2. Comprehensive, yet specific.** FXB has been a pioneer in the design of integrated family and community-based programs that aim to support and protect children. Early field experiences revealed that supporting vulnerable children requires a multifaceted response, which must be geared to the specific needs of the families and communities on whom they depend. A first step in planning this response is a community assessment in which FXBVillage staff, all of whom are recruited locally, appraise community-level norms, power dynamics, networks, resources and services as they relate to vulnerable children and their families. The second step involves conducting family assessments, whereby FXB social workers consider the needs and aspirations of each family in the community and, with the support of family members, develop a plan to enhance the household's capacity to provide and care for all of its members. This plan may involve ensuring children's school fees are paid, a household enterprise is supported or roofs are repaired.
- 3. Linkage and coordination.** Given the comprehensive scope of the FXB model, coordination and linkage with other organizations and governments is critical. Indeed, in certain instances, specialist organizations involved with childhood nutrition or micro-credit are far better placed to provide quality services at scale to FXB-supported families. In these contexts, the concept of "linkage" is central to strategy. When needed services are already available, FXB facilitates family and/or community access to these services or advocates for their provision in the communities in which FXB is working. The linkage between client and services that is subsequently forged is independent of FXB and it will continue to secure the rights and needs of poor families over the long term. FXB identifies, however, the need to keep duty bearers accountable. Especially in early stages, FXB is actively engaged in ensuring that client-service linkages are functional and that promised services are provided in a timely, coordinated manner and meet acceptable standards of quality.
- 4. Time-limited and cost-efficient structure.** Inherent in the design of the FXBVillage model is its time-limited nature and lean administrative structure. Unlike a charity approach or government subsidies that require sustained outside investment to continue, the FXBVillage model has a three-year lifespan. The model is focused on building the social and entrepreneurial capacities of impoverished families and communities and enabling them to become empowered citizens in control of their own destinies without continued support. The goal of self-sufficiency requires that families and communities acquire the capacities to support the rights and needs of children in their care and that FXB's role be made redundant by the end of the three-year period.

Rather than continue working in the communities it has already served, FXB seeks to move on to initiate its model in other communities in need. **The lean administrative structure and financial costs of the FXBVillage model facilitate this ambition of replication in other community and country contexts.**





Photo by Charly Rappo



3.2.0 Program Preparation

As you work your way through this section of the Toolkit, you will also complete an initial project plan that you can use to plan and implement your FXBVillage. Each of the following sections has a parallel section in the companion [FXBVillage Planning Guide](#) that provides accompanying activities and questions that will support you as you complete each portion of your plan.

tip

Refer to the [FXBVillage Planning Guide](#) for a timeline of all of the program elements in this section.

3.2.1 Budgeting

Preparing the budget for the implementation of an FXBVillage is an important stage in the implementation process. All activities that will be carried out during the three-year implementation phase depend on the accuracy of the budget. Therefore, it is important to allocate enough funds to each activity implemented through the FXBVillage program.

Goal: Appropriately finance all program activities for the duration of the three years and the preparation period.

Start: Before Feasibility Assessment



Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

Duration: Updated and monitored for the duration of the program

- Activities:**
1. Estimate the costs needed to do an initial feasibility analysis of the region. These costs are additional and not included in the \$260,000.
 2. Estimate the number of families and children for the FXBVillage. An FXBVillage enrolls between 80–100 families, which could represent 500–700 people, with more than two-thirds of the participant population being children.
 3. Create an estimated budget for all program costs and activities. The table below provides general categories for program-related costs and the average percentage of the budget allocated for each category for the duration of the program.

Category	% of total budget	Category	% of total budget
Business Support (IGA)	6%	Community Center and Transportation	11%
Educational Support (including Child Protection)	11%	Startup Costs (for first-time implementation)	9%
Health Support	7%	General Supervision and Coordination	9%
Nutritional Support	8%	Staffing	31%
WaSH/Housing	3%	Overhead	10%
Monitoring and Evaluation	1%		

4. Conduct a thorough community assessment, family identification and selection, and readjust budget to account for actual family needs and number of participants (if permissible by donor).
5. Because the budget is estimated over the three years, it is possible that unforeseen circumstances arise in implementation—such as sickness, changes to schooling, inflation, etc.—that will affect the initial estimates. Therefore, it may be necessary to seek additional funding, find innovative solutions or identify resources in the community to compensate. **However, the FXB values and its primary goal and objectives should always form the foundation for any decisions made regarding adaptations to the methodology for budgetary reasons.**



Please note that these percentages are averages and that costs will vary depending on the needs of the families and country-specific costs, constraints and available resources.



Startup costs for a first-time implementation typically include staffing and training costs, purchase of materials, registration fees, etc. These would be incurred in Year 0 before program activities start.



As a rule of thumb, FXB never starts an FXBVillage until at least 80% of the budget has been funded to avoid arriving at any situation that would result in leaving participants on their own mid-way through the program.



See more on Feasibility Assessment and Analysis in the [FXBVillage Planning Guide](#). Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

3.2.2 Feasibility Assessment and Analysis

The feasibility assessment of a potential region is the first step when starting the implementation of an FXBVillage, as it provides an initial image of the economic and socio-cultural framework where the program may be implemented and facilitates informed project decisions.

- Goal:**
- Determine the feasibility of implementing an FXBVillage in a potential region.
 - Develop an understanding of the potential region and its constraints.
 - Initiate relationships with potential stakeholders, organizations and community members.

Duration: Approximately 1–6 months. (Three months is generally a good average for this process, but much depends on the country-specific context.)



- Activities:**
- Identify and assess the local services and infrastructure that would support an FXBVillage through meetings with the local government and by visits to the families and institutions themselves. The minimum infrastructure and support needed to implement an FXBVillage are schools, a market for a small business, a local health system and support from the local government. However, one of FXB’s main strategies is coordination and linkage with other organizations and governments that serve as specialist organizations involved with childhood nutrition or micro-credit. These organizations are far better placed to provide quality services at scale to FXB supported families. **Therefore, when needed services are already available, FXB facilitates family and/or community access to these services or advocates for their provision in the communities in which FXB is working. Potential areas to investigate are:**

- Schools and vocational training centers
- Hospitals, health centers, health dispensaries, family planning or private clinics
- Potable water supply
- Transportation and road conditions



Be sure to review the [Guiding Principles](#) section of the toolkit, which discusses the [Core Values and Key Strategies](#) that inform these activities



When trying to identify a potable water supply, various alternatives should be investigated such as the availability of water purification tablets, using bleach, proximity and access to fresh water streams, or partnering with another organization to construct a water supply.



Local or international NGOs should not duplicate but rather supplement the services provided by an FXBVillage. If they already provide similar services to what an FXBVillage would provide to the target population, then this would not be a suitable region for implementation.

- Types and state of agricultural practices
- Available markets or clients for a small business
- Availability of housing
- Faith-based organizations
- Local NGOs
- Private and governmental services
- Local institutions such as village-level committees



FXB collaborated with Proctor & Gamble (P&G) in Africa to improve health conditions in the community and reduce water-related diseases; increase savings in water management costs at the household level; and promote environment management practices. P&G provided materials and funds so participants and their family members could purify water using PUR filtration and adapt to the use of treated water in their community.

- Identify and assess potential partnerships that can help provide the services needed during program implementation. **Potential areas to investigate are:**

- Food distribution organizations
- Health centers and family planning clinics
- International or local NGOs
- Faith-based organizations
- Schools and universities
- Informal networks
- National and local authorities and leaders
- Local associations or clubs (women, youth, etc.)
- Community members and families
- Volunteers in the area



FXBVillage staff work closely with local leaders and authorities. If leaders are not supportive or committed to the project, then this would not be a suitable region for implementation.

- Identify and assess potential barriers to implementation. When assessing a potential region, it is important to consider the constraints that could be possible risk factors impeding the successful implementation of an FXBVillage. **Potential areas to investigate are:**

- Environmental (i.e., flooding, drought, soil quality, etc.)
- Cultural (i.e., marginalized groups, gender discrimination, discrimination against those with illness, etc.)
- Technological (i.e., cost, access, etc.)
- Political (i.e., conflict or war, corruption, etc.)
- Economic (i.e., high taxes, inflation, market availability, currency depreciation, etc.)

tip

Religious or caste systems can sometimes drive specific factors that need to be taken into consideration. For example, in China, FXB works with Yi, a minority population that faces discrimination, illiteracy and low school enrollment. When starting an FXBVillage and providing an IGA grant, be sure that participants have the basic writing skills to move forward.

- Religious
- Social (e.g., caste systems)
- Legal (i.e., existing policies about orphans and vulnerable children, land and inheritance rights, birth and marriage legalization, etc.)
- Visit the most vulnerable families identified by the local government to assess whether their needs can be met through the FXBVillage methodology. During these visits, it is important not to raise expectations with the community. The purpose for the visits must be clearly stated and mentioned when visiting the local government.

3.2.3 Staff Recruitment and Training



See more on Staff Recruitment and Training in the [FXBVillage Planning Guide](#). Test your knowledge of this section with the [Self-Check](#) questions in the [Appendix](#).

To ensure optimum interaction between the team and participants—fostering trust and disseminating information in a culturally appropriate manner—the team should be recruited within the community where the program will be implemented. Aside from qualification and experience, team members must have good interpersonal skills with the capacity to listen, empathize, be patient, mobilize others and communicate information adequately. A team that inspires trust in its participants is vital to the success of the program.

The FXBVillage model requires a three-person, full-time team consisting of one Nurse Counselor, one Social Worker and one Coordinator/Driver. In addition, a Child Rights Promotion Officer, an HIV Prevention Officer and a Bookkeeper (also responsible for monitoring and evaluation) are needed on a part-time basis.

The responsibilities of each member of the FXBVillage team clearly overlap, which is inevitable in an extremely interdependent and comprehensive program. This overlap is also beneficial in that it encourages the team to work closely together in a harmonized and coordinated manner rather than in silos or with a sense of hierarchy.

In addition to staff responsibilities, the gender composition of the team is also important. In FXB's experience, participants are generally single women who feel more comfortable being counseled by other women. It is also essential to have a man in the team. For example, couples counseling is facilitated by the presence of a man to ensure constructive discussions and to avoid gender inequalities. It is thus recommended to have at least one member of each gender on the team.

Given the comprehensive nature of the program and the wide variety of responsibilities, recruitment should concentrate on experienced staff familiar with poverty reduction initiatives at the community level, both in theoretical and practical contexts. It is also essential to note that this team does NOT need to be highly educated, as it is essential that they remain “close” and relatable to the community so as to foster an open dialogue between staff and participants.

To develop a better understanding of the program, the team should be trained on existing program sites, as working in collaboration with experienced FXB teams will enable them to better understand the objectives, requirements and processes linked to the FXBVillage.

Goal: • To identify and recruit staff who have experience in community development and who can foster strong relationships with families.

Start: After feasibility assessment

Duration: Approximately two months



Activities: Recruit staff members according to the descriptions and responsibilities listed below.

Position: Nurse Counselor

Status: Full-time

Responsible for: Organizing and carrying out collective and individual counseling sessions, ensuring the appropriate diagnosis, care and treatment of diseases, providing health education and establishing satisfactory nutritional status.

- Tasks:**
- **Assessment and identification**—Identify and register potential participants during the family selection process. Register participants into the local health system once they have been selected.
 - **Sensitization, education and training**—Educate participants on program activities, hygienic principles, nutrition, vaccination, family planning, etc.
 - **Monitoring, counseling and support**—Monitor the psychosocial state of participants and provide counseling on a daily basis, visit participants’ homes regularly to assist with daily medical problems and accompany participants through the Voluntary Counseling and Testing process.
 - **Coordinating linkages**—Collaborate with local health systems to ensure participants’ access to health care and participation in all medical activities to facilitate access to health services and ensure satisfactory health status of participants.



Nurse Maria Patricia Larrota shares her advice and experiences from the field. Watch an interview with her here:

<http://bit.ly/1KdUeRb>

Position: Social Worker

Status: Full-time

Responsible for: Education, family monitoring and the organization and implementation of nutritional counseling, HIV prevention and child rights education. Also responsible for economic training, including individual and collective IGA management and development, initiation and development of internal credit systems and the establishment of micro-credit schemes.

- Tasks:**
- **Assessment and identification**—Identify and register potential participants during the family selection process. Ensure that children are enrolled in school.
 - **Sensitization**—Work with other staff to sensitize participants regarding program activities and to build support within the community for the program.
 - **Education and training**—Educate participants in IGA development and help build other financial literacy and management skills.
 - **Monitoring, counseling, and support**—Monitor individual and collective progress regarding school attendance and performance as well as financial progress. Help them manage their savings and provide additional psychosocial counseling.
 - **Coordinating linkages**—Establish relations with banking institutions for training, IGA development or access to micro-credit.



Position: Coordinator/Driver

Status: Full-time

Responsible for: Procurement of supplies, transportation and overall family monitoring.

- Tasks:**
- **Facilitation and support**—Facilitate the team’s movements in the field as well as support of other team members.
 - **Procurement**—Buy any material support provided to participants such as food, mosquito nets, water containers, pots and pans, IGA materials, etc.
 - **Event management**—Welcome participants at various events and maintain order during meetings.
 - **Supply distribution management**—Manage FXBVillage inventory and organize material and food distribution.

Position: HIV Prevention Officer

Status: Part-time

Responsible for: Education of the community about HIV/AIDS and disease prevention through regular training sessions.



- Tasks:**
- **Education and training**—Educate participants and the local community about HIV/AIDS and other disease prevention. Provide background on HIV/AIDS and other STDs, including their history, transmission, symptoms and treatments through regular training sessions. Inform participants about family planning methods.

“In Rwanda, all of our staff are now trained to deliver the workshops and educate the families and communities, so this role is integrated into other staff’s duties allowing us to be more cost-effective. We also collaborate with government staff at local health centers to implement the HIV prevention activities.”

—Emmanuel Habyarimana, FXB Programs Director, Rwanda

Position: Child’s Rights Officer

Status: Part-time

Responsible for: Organization and implementation of child’s rights training, child’s rights advocacy, support and advice for participants and administrative duties.

- Tasks:**
- **Education and training**—Plan, implement and lead information sessions on child rights for participants and the community. Also develop documentation and supporting materials on the Rights of the Child.
 - **Advocacy and support**—Advocate for children with disabilities and serve as a legal advocate to assist uprooted people and caregivers facing legal challenges pertaining to children’s displaced or orphaned status. This includes support to secure inheritance rights, resolving land disputes or formalizing foster relationships and adoptions.
 - **Coordination and linkage**—Prepare internal reports for management as well as external reports for relevant institutions detailing measures that need to be taken to ensure that the Rights of the Child are met.
 - **Administrative duties**—Work with the government and NGO partners to ensure best practices and policy adherence.



Stories from the field:

Hi. My name is Pascal, and I work for FXB in Burundi. My most memorable success story as a Child’s Rights Officer involved a young girl named Leah. Leah was 15 years old and lived in the same compound with another girl, Natasha, and her family. One day, Natasha lost her cell phone and accused Leah of stealing it. Without any proof, Natasha, her mother and brother brutally attacked and beat Leah.

Leah was taken to the hospital, but despite the doctors’ best efforts, her arms were almost paralyzed. Around that time I was contacted at FXB to investigate the situation. Once having investigated the situation, I immediately filed a lawsuit against the offenders.

Because the officers of the judicial police and the magistrates had been sensitized by FXB on the protection of children’s rights, the case was treated expeditiously in accordance with the International Convention on the Rights of the Child. Following the assault, Natasha, her mother, and brother were sentenced to three years in prison and fined \$13,000. Natasha’s father, who had watched the beating but had done nothing, was fined 100,000 Burundian francs for failing to assist a person in danger.

Now Leah is recovering gradually and learning how to be a tailor. I am confident that she will lead a healthy life soon.



Position: Bookkeeper

Status: Part-time

Responsible for: Administrative functions such as ensuring the proper use of funds allocated to the program as well as data collection and entry from monitoring and evaluation activities.



“In Rwanda, Burundi and the DRC, this position is divided into several roles as our operations have grown a lot. We have one full-time staff member responsible for data entry and one for accounting for the region.”

—Damascene Ndaysiaba,
Director of Great Lakes Region
(Rwanda, DRC, Burundi)

- Tasks:**
- **Maintain accounts**—Maintain the books and all financial documentation, pay staff salaries and bills and balance all accounts.
 - **Inventory management**—Maintain the general inventory of FXB equipment.
 - **Procurement**
 - Make purchases and ensure payment.
 - Tax preparation—Prepare tax returns and ensure that taxes are paid on time.
 - Monitoring and evaluation.

Advice from the Field

Ana Margarita Torres, 40, has worked for FXB Colombia for six years as the social worker. She shares her advice and recommendations in the interview below.

What advice would you give to someone in your position?

The advice that I would give is to have a lot of patience with the families and that communication should be constant and clear, so that they really understand what we want to say. It should be, also, in a language that is aimed at them, at a level they can understand, so we can build up trust immediately which allows us to enter into their private lives. This way, they can talk about their issues with us without any barriers and all of the members of the family recognize us. I think that, also, another piece of advice would be to show that you really like the job, that you really like community-based work to be able to do it well, and that you really identify well with what you are doing.

What characteristics would someone need to be successful in this role?

First, you should enjoy community-based work. Second, you can use simple language

and that you can put yourself in their shoes... that you can view the situation from their perspective to know what they are thinking.

What has been your biggest challenge?

My biggest challenge was that all the families were not achieving their goals at the same pace. Some of the families were falling behind little by little and I felt frustrated at seeing them fall behind and not reaching their goals. I wanted to just take a step back and assess their progress, watch and reflect a little. I asked myself, “What strategy could I use to help them move ahead and achieve the same success as the other families who were much further along in their progress?” That was really my challenge.

What has been your most successful experience?

My most successful experience has been to work in a development program like this one and see how the families become self-sustaining in three years. How they attained the things that, initially, they themselves were not expecting. That has been my greatest success with the program.



Social Worker Ana Margarita Torres shares her advice and experiences from the field. Watch an interview with her here:

<http://bit.ly/1db7pHN>



Community Vehicle and Drop-in Center

The community vehicle and community center provide multiple ways to support and access families during program implementation. Because many participants are often dispersed and living in difficult-to-reach areas, a community vehicle must be purchased or a mode of transportation for the program must be identified. This vehicle also enables the efficient support and supervision of participants' progress as it facilitates the carrying out of timely and regular home visits to advise and assess participants, as well as monitor their progress. The community drop-in center enables participants to have constant access to FXB services in accordance with their daily schedules.



See more on the Community Vehicle and Drop-in Center in the [FXBVillage Planning Guide](#). Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

- Goals:**
- To purchase or identify a mode of transportation for the program.
 - To provide a safe and central location for participants to have constant access to FXB services.

Start: After feasibility assessment

Duration: Approximately 2 months



- Activities:**
- Purchase a vehicle or identify a mode of transportation for getting to the FXBVillages. All transportation should be equipped to handle local difficulties/geographical terrain such as floods, unpaved roads, etc., and should last for three years. It should be used, but well-maintained.
 - Identify a space for the community drop-in center. It must include a meeting space capable of holding all heads of households, counseling rooms where confidentiality can be maintained and a storage space to safe keep foodstuffs and other items. The community drop-in center should be identified according to local circumstances and must be:
 - Safe: a neighborhood where movement is not a problem
 - Accessible: centrally located
 - Flexible: allow for various activities (collective meetings, individual counseling, food storage) to take place
 - Welcoming: encourage participants to visit it



“In Colombia we found that it’s too expensive to have a car here, so we decided to collaborate with local businesses and NGOs to help with the distribution of supplies instead of having a dedicated staff member for this role.”
 —Victoria Manjarrés Barros,
 Country Director, Colombia



Staff Training

Staff training is a combination of providing staff information about the FXBVillage approach, supervised practical experience and yearly targeted training sessions and refreshers.

- Goals:**
- Provide staff with a conceptual understanding of the FXBVillage approach.
 - Provide staff with the necessary skills and attitudes needed to achieve the overall program goals
 - Ensure effective and productive performance.

Start: After staff recruitment

Duration: Approximately 3 months plus ongoing training and development



Activities: Year 0 – Year 1

- Organize orientation workshops about the FXBVillage approach and clarify job tasks and responsibilities. (Week 1)
- Develop a work plan or project plan together with staff. This helps staff further understand the methodology and apply the principles from the initial workshops into a concrete implementation plan. (Weeks 2-3)
- Explain the use of the data collection and reporting tools. Emphasis should be placed on the tools that will be needed for the start of the program. (Weeks 2-3)
- Conduct field training for staff. Evaluate and provide feedback on performance on a regular basis via individual and group meetings. Because the FXBVillage methodology is based on a participatory process, staff members should also be involved in assessing and evaluating their own performance.
- Continue to provide feedback through the year with an emphasis on the basic processes, approaches and data collection methods.

Year 2

- Provide more in-depth training for field activities with a greater emphasis on monitoring and evaluation and reporting methods to ensure quality in data collection and strategies to meet program objectives.
- Provide refresher training modules depending on staff needs.

Year 3

- Help staff manage the transition process of handing over the processes to the community for long-term sustainability. Often staff form close relationships with the community, and the transition process can be difficult for both parties.
- Provide refresher training modules depending on staff needs.
- Evaluate yearly performance with staff and look for areas that need development in preparation for the next program implementation.



3.2.4 Community Assessment and Analysis



See more on the Community Assessment and Analysis in the [FXBVillage Planning Guide](#). Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

The community assessment is a more in-depth analysis of the potential target population that will determine the specific area of implementation, help to identify participants and facilitate informed project decisions. It must be carried out by the whole team, as participation will enable all staff members to develop a better knowledge of the region, to identify future partners, to immediately engage with participants and to understand participants' baseline situations.

- Goals:**
- Select the area in which families and communities experience the most difficulties in protecting and providing for the most vulnerable.
 - Assess the size as well as the socio-economic background and prevalent health issues within the target population.

Duration: 1 month



- Activities:**
- Conduct a **situation analysis** with local governments and community leaders to foster better understanding of the community context and potential target population.
 - Research existing poverty data for a region and talk to local government officials and community leaders to identify zones with the greatest levels of poverty. These target areas should be where families and communities experience the most difficulties in protecting and providing for the most vulnerable. Criteria for determining zones for the potential target population include:
 - Impoverished families affected by extreme poverty.
 - Impoverished families affected by conflict, displacement or natural catastrophes.
 - Impoverished families affected and infected by HIV/AIDS and other diseases, caring for orphans and vulnerable children infected with and/or affected by or at risk for HIV/AIDS and other diseases.
 - Conduct further analysis of priority problems faced by orphans and vulnerable children (OVC) in the area based on initial findings from feasibility assessment.



A **situation analysis** is an inclusive and participatory process. It provides a more comprehensive view of the economic and socio-cultural framework in which the program is being implemented. It is an essential tool that has to be constantly updated on the basis of contextual changes. These constant updates will ultimately enable program activities' impact to be contextually appropriate and thus be much more accurate and effective.



Try starting your research with The World Bank's online hub for data on poverty at:

<http://data.worldbank.org/topic/poverty>



Extreme poverty is defined as families whose income is insufficient to meet just the minimum food requirement of 2,100 kilocalories per day. For more on this, see page 89 of “The Cost of Inaction: Case Studies from Rwanda and Angola.”

<http://www.hup.harvard.edu/catalog.php?isbn=9780674065581>



See more on the Family Identification and Selection in the [FXBVillage Planning Guide](#). Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

3.2.5 Family Identification and Selection

The FXBVillage model targets destitute families who typically live under the extreme poverty line and have a high number of orphans and vulnerable children in their care.

Goal: To identify 80–100 of the most vulnerable families in an area.

Start: Beginning of Year 1, after program preparation activities

Duration: One to two months



This process could take longer if the initial number of families is large or if there are not enough families on the initial list that fit the criteria.

Activities: **Step 1:** Through participatory discussions with stakeholders, determine the location of the most vulnerable population. (Typically, FXB provides local authorities (social welfare) and organizations with a list of criteria.) Then, the government provides local authorities and organizations a list of the most vulnerable families living in the area, based on the criteria. This helps narrow down the number of potential families that need to be interviewed.

The criteria of eligibility established by FXB include:

1. Poverty level and level of vulnerability.
2. Number of orphans and vulnerable children (OVC) in the household and their educational status.
3. Level of interest, commitment and motivation (or willingness shown to achieve the program objectives).
4. At least one member of the household is able to undertake an IGA

- Identify and analyze existing community coping responses.
- Identify and analyze current and potential stakeholders to plan future activities.
- Identify and analyze existing policies pertaining to orphans and vulnerable children (OVC) care and protection.
- Conduct further analysis of existing services based on initial findings from feasibility assessment.



Participants must remain in the area and be fully present for the program. Those who leave the community frequently will not be successful in the program.

5. Health status of the head of household and dependents.
6. Honesty and reliability: the reputation of the head of household is guaranteed by the community. This is important because people have to collaborate with the group participants (tontine, IGAs, micro-credit).
7. Sedentary status—participants who intend to remain in the area.

Step 2: In collaboration with partners—public and private—carry out home visits to interview potential participants using the Family Identification and Selection Tool. (Please see the Family Identification and Selection Tool in the Appendix.) Note down any additional observations not captured by the tool, as this will help in the final selection of families.



When visiting a potential participant’s house, it is essential to:

- Explain the goals and criteria of visits.
- Explain the structure and necessity of the questionnaire, including sometimes underlining that these are confidential documents.
- Ensure that the head of household has given his/her approval before the interview.
- Emphasize—various times, if necessary—that this interview does not signify automatic enrollment.
- Ensure privacy when interviewing and avoid asking personal questions in public, even if they seem trivial.

Step 3: Tally the resulting data to identify the most vulnerable families in the area. If, once families have been identified using the Identification and Selection Tool, the number of eligible families is still larger than the FXB cohort size of 80–100, then use observations taken during the interviews to get a more nuanced view of each family’s vulnerability. This filtering process may need to be done several times if the initial number of families is large.

Step 4: Firmly determine a cohort of 80–100 families that will become FXB participants. This could represent between 500 and 700 people, with more than two-thirds of the population being children.

Step 5: For families that are not chosen, there are a couple of alternative tactics to pursue. These include:

1. Indirect participation in the current FXBVillage program, which means they may participate in the program activities and training, but do not receive any financial or material support.
2. Placement on the waiting list for substitution or the next FXBVillage.



3.3.0 Implementation: Program Components

The following components are interdependent and occur simultaneously—they jointly address the root causes of human insecurity among families affected by extreme poverty, post-conflict or natural catastrophe situations, HIV/AIDS and other diseases, and they work towards the realization of families’ rights. Given the flexibility of the FXBVillage structure, the components can be qualitatively and quantitatively modified to better respond to participants’ unique needs in specific settings.

Each component has a strong training dimension. However, the FXBVillage does not include uniform curricula for its training components. As FXB endeavors to provide information in a culturally specific manner, most of its training is dependent on the nature of the environment in which it is implemented, on the specific policies of the country targeted and on services available.

Locally recruited staff should collectively define the framework in which training curricula will be established so as to meet FXB-specific program objectives. Their local education, experience and their knowledge of the program site will help them define participants’ training needs.

Staff should concentrate on using their personal training methods, mainly linked to their studies and professional experience as social workers and/or as nurse counselors. In terms of counseling, their interpersonal skills—sense of compassion, listening capacities and so forth—are crucial.



Throughout this section, you will find sidebars with tips, examples, best practices, resources and advice from FXB leaders, country directors and staff.



See more on Implementation in the [FXBVillage Planning Guide](#). Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

Trainings and counseling are implemented in accordance to the audience, the level of awareness of the audience on a specific subject and the specific socio-medical profile of participants, etc. There are many factors that have to be considered for training to be tailored to participants learning needs. Behavior, however, is key to the successful implementation of the FXBVillage model.

Team members are hence expected to:

- Remain professional at all times.
- Respect people and give consideration to people’s feelings.
- Remember that the FXBVillage is a participatory process where discussion is a must!

Always remember that team members are role models and they should behave as such.

3.3.1 Health

Extreme poverty often negatively impacts the health status of participants since constant deprivation takes a heavy toll on a person’s well-being. In this context, the primary aim of this program component is to provide FXBVillage participants with the essential resources necessary to regain energy and a satisfactory health status. This is understood as “absence of disease” since other components of the program address participants’ social, economic and psychosocial well-being.

To do this, FXB educates participants on basic health principles and illness prevention, particularly concerning prevalent diseases and STI, as well as reproductive health, to change established behaviors. In parallel, FXB also concentrates on facilitating participants’ access to available services—such as registering them under the National Insurance scheme in Rwanda—and informing them of health care centers available locally, as medical visits and treatment for participants take place in local health care centers and referral hospitals. This process encourages disease prevention, early diagnosis and the search for appropriate treatment. Increased awareness on health issues and knowledge of simple preventive measures can also considerably decrease the burden of disease on the household.

Because the health component of the program is considered to be dependent on the success of the Income Generating Activity (IGA) and the success of the IGA is dependent on the health of participants, raising the health status of participants is essential to overall program success. At the start of the program, families are typically financially unable to provide



“In China, one of the biggest challenges is changing customs that have been practiced for years. The trick is to show them the benefits of changing their ways and letting them recognize the advantages. We often use families or individuals who have improved their health using FXB’s methods as role models for others.”

—FXB Country Director Bruce Li



necessary medical care for family members who need it. Therefore, during the first year, FXB covers the costs of basic drugs to treat opportunistic infections and other highly prevalent diseases. FXB also partners with organizations providing anti-retroviral drugs to ensure access for its participants. It provides the necessary support through its community networks to ensure proper follow-up and maximum adherence to the course of treatment.

During the following two years, the participants pay for their medical care according to their individual financial capacities. The IGA and the implementation of a savings system gradually enable families to meet their own needs.

Goal: Provide participants with the tools necessary to maintain a good health status and become responsible for their own health.

Staff: Nurse Counselor for referrals, sensitization and training, and Coordinator/Driver for supply distribution

Start: Immediately in Month 1

Duration: Three months



- Activities:**
- Identify participants who need immediate medical attention and refer them to a health center.
 - Register participants in a health center immediately. Identify private or public health centers, depending on the quality of service provided. If and when available, it is recommended to facilitate access to affordable and practical health insurance schemes. This further promotes social protection of resource-constrained households.
 - Organize health education sessions. Sessions should focus on prevalent disease, hygiene, reproductive health and family planning, as well as modes of transmission, prevention methods and screening procedures.
 - Provide material support. Distribute medicine only if local health services cannot provide it.
 - Encourage disease prevention measures.
 - Encourage participants to join self-help groups and sustain these groups in Years 2 and 3. These self-help groups provide long-term support networks once FXB has withdrawn support.
 - Encourage participants to become community role models. Role models serve as examples for others and promote and sustain long-term behavior change. This activity is continued in Years 2 and 3.
 - Monitor health status through weekly home visits and provide medical advice for all three years; respond to specific needs. Ensure appropriate



“In India, knowledge of basic health is very poor and is not a priority as the families are struggling hard to meet daily needs. Also, there is a lack of awareness on the implications of poor health practices. One of our approaches has been to use intensive communications through wall paintings, plays performed by the children, and one-to-one visits to promote the importance of improved health and hygiene practices.”

—FXB Country Director Mamta Borgoyary



During the first year, FXB guarantees full coverage of participants' medical costs to ensure that consequences of illness do not plunge families further into destitution. During the second and third year, the individual IGA and the savings system will enable participants to contribute at a rate of 25%, and later 50%, to all medical costs, including health insurance when available.



3.3.2 Psychosocial Counseling

The psychological and social issues surrounding poverty and HIV/AIDS can be devastating for children and families alike. The reconstruction of family ties is an essential psychosocial process for children affected by and/or infected with HIV/AIDS and/or extreme poverty. Dealing with issues of mourning and loss, discrimination, stigma and domestic conflict are common and often left unaddressed. Furthermore, an HIV-positive status can lead to social isolation for both the individual and all members of an individual's family. However, frequent psychosocial support can improve quality of life, relations with the family and community and willingness to be compliant with medical care. Therefore, FXB organizes counseling sessions at the local and collective levels, as necessary.

Frequent psychosocial support can improve the quality of life, relations with the family and community as well as compliance with medical care for FXB participants who have faced significant hardships.

FXB organizes counseling sessions at the local and collective levels, as necessary. Examples of psychosocial (e.g., mourning), social (e.g., discrimination, exclusion, etc.), and domestic (e.g., family conflict) problems should be discussed to help participants realize that their situation is not unique and that it can be addressed. On an individual level, these collective sessions contribute to reducing the guilt and anxiety among heads of households that inhibit their care for the family. At the community level, collective counseling addresses the stigmatization that people living with HIV/AIDS face.

Goal: Help families cope with the psychological, social and familial issues that can negatively affect their well-being and their participation in the program.

Staff: Social Worker

Start: Immediately in Month 1

Duration: All three years



Best Practice

"In China, we have been using the **Memory Book** in conjunction with a curriculum we developed, which has been cited as a best practice by UNICEF. Known as 'I am Who,' it works with children who have suffered loss and trauma over many months to help them explore their family history, special people in their lives and their own strengths and individuality. Each child receives a book that documents this process for posterity. The 'I Am Who' activities started in the second year of the project implementation. Currently, our staff in China and Africa are being trained to encourage and help families with sick parents write a Memory Book so the children can trace their roots and grow up aware of their background and identity."

—Bruce Li, Country Director



Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

Activities: Organize collective discussions on specific psychosocial issues. These discussions considerably help reduce feelings of fatality, guilt and anxiety while increasing feelings of self-worth. Use various case studies and examples of psychosocial (e.g., mourning), social (discrimination, exclusion, etc.) and domestic (e.g., family conflict) problems to encourage debate and exchange between participants. These help participants gain a better understanding of various issues, resolve some of their individual issues, and realize that their situation is not unique and that it can be resolved. Collective sessions also encourage participants to attend individual counseling sessions later on as the value of this type of personal support is gradually understood and the fear of being stigmatized is gradually reduced. Many participants go on to become peer educators and role models.

tip

“Make sure your staff listen well before offering advice, and manage the situation tactfully as counseling sessions can be emotional and intense. Use role models who have had similar life stories/paths but who have a positive outlook on life, who are successful in running their IGA and/or who are open about their HIV status. This inspires others and reduces feelings of social isolation and stigma attached to poverty and HIV infection. It also encourages VCT and responsible living. Through learning from others, participants learn to cope with the difficulties of their daily lives.”

—Emmanuel Habaryimana, Programs Director, Rwanda

- Organize the Community Center’s schedule for individual counseling. Welcome participants who want to discuss any personal issues. Attendance is voluntary and discussions are confidential. The first responsibility of the nurse counselor is to the person she is counseling, not to the family or peers, even though they might also be benefiting from the program. Additionally, the problem resolution process is dependent on the participant and is a progressive and participatory process. It is NOT forced or rushed.
- Start by using the “Memory Book” if necessary. The “Memory Book” is a journal written by parents living with AIDS that passes on vital information to their children. It is made up of photos and family stories, which help extremely vulnerable orphans develop self-esteem and confidence and to grow up aware of their identity. It has been used when appropriate to deal with the loss of parents.



Talking about one’s private life, which has often been marked by drama and disappointment, frequently leads to intense reactions. FXB workers must therefore be able to manage these situations tactfully.

These collective discussions should considerably help reduce feelings of fatalism, guilt and anxiety among heads of households. Through debates and problem resolution exercises, they realize that alternative solutions exist and that their situation is not as desperate as they thought.

Moreover, reducing feelings of isolation is essential to helping participants cope with the difficulties of daily life. It helps build confidence, self-esteem and restores dignity for all participants, particularly for women who often become role models for the rest of the community. The use of “role models” who have had similar life stories/paths but who have a positive outlook on life, who are successful in running their IGA and/or who are open about their HIV status provides inspiration for others. It can also substantially help reduce the stigma attached to poverty, HIV infection and/or encourage VCT and responsible living.

The use of community members or beneficiaries to set an example and underline that beneficiaries’ problems are not unique is instrumental in attaining collective psychosocial counseling goals.

3.3.3 HIV and AIDS: Prevention and VCT



Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.



Best Practice

“In Colombia, our team meets with families to discuss HIV/AIDS prevention, VCT and to stimulate dialogue on discrimination and stigma prevention. To help engage families and youth in learning about the topics, we often use games and other active learning strategies to help stimulate discussion on these topics.”

—Victoria Alicia Manjarrés Barros, Colombia

Typically, only a few people in the community carry out voluntary counseling and testing (VCT). As a result, one of the constant focuses of the nurse counselor is to encourage VCT through collective information sessions.

This sensitization and counseling work is a long-term process that inscribes itself in a Knowledge, Attitudes, Behavior and Practice (KABP) continuum. By providing trainings, FXB generates a better understanding of HIV/AIDS, both to encourage VCT and fight discrimination and stigmatization of people living with HIV/AIDS (PLWHA). Disseminated information—by the Nurse Counselor, by people living with HIV/AIDS, by members of anti-AIDS clubs—enables the gradual modification of people’s perceptions. Eradication of stereotypes and stigmatization, reduction of fear and increase in empathy for PLWHA, combined with empowerment of participants, bring about changes in attitudes and in behavior that will then have a positive impact on participants’ practices.

It is essential to note, however, that this process cannot be time-sensitive. Each individual functions in a different manner and is receptive to different information dissemination strategies. This is why HIV prevention work, especially voluntary counseling and testing, is administered both at the collective and individual level, so as to respect people’s processes of change.

Goal of Prevention: Prevent HIV infection as well as fight stigmatization and discrimination of PLWHA.

Staff: HIV Prevention Officer, Social Worker and Nurse

Start: Varies by activity

Duration: Throughout the program (All three years)



- Activities: Month 1**
- Encourage participants to carry out voluntary counseling and testing (VCT). This starts immediately.
 - Organize periodic community sensitization sessions focusing on teachers, community leaders, local authorities, health care personnel and anti-AIDS clubs members. These trainings will help foster a protective



Best Practice

At the start of any FXBVillage, it is important to identify individuals who are HIV positive, so they can start receiving anti-retroviral treatment immediately. However, participants, particularly men, do not want to take the HIV/AIDS test because of the potential stigma and discrimination they may face. In addition, participants cannot be required to take the HIV/AIDS test as it would be a violation of their basic human rights. Therefore, the community, families and individuals must be informed and involved in the process from the beginning. Also, regular training and sensitization sessions must be held to encourage discussion and reduce stigma and discrimination, which will create an environment where participants feel safe to volunteer for the testing. Special effort should be made to encourage men to get tested, as they are often the ones who are the least involved or who choose not to get tested.

and preventive environment in which OVC can safely evolve. Important adults in the community are not only able to disseminate accurate and practical information, but are able to confer sustainability to the preventive aspect of the FXB program. This starts in Month 1.

Month 3–5:

- Organize periodic collective training sessions on HIV/AIDS’ modes of transmission, prevention, screening and treatment for all participants. Organize periodic training sessions on prevention of mother-to-child transmission (PMTCT) for expecting parents. Fathers should be fully involved in the process.
- Help participants organize in anti-AIDS youth clubs or associations of PLWHA. This should be a **voluntary process** for which FXB provides support in terms of training and moral support. In this context, participants—adults as well as youth—acquire the knowledge and skills to become peer educators.
- Organize regular workshops on sexual and reproductive health—including family planning—for children and youth during school breaks and for husbands. Organize targeted training sessions to respond to the specific needs of certain socio-demographic groups such as children, adolescents, conflicting couples where only one spouse is HIV positive, PLWHA and single women heads of households, etc.



Challenge:

In Rwanda, families often do not discuss sexuality and reproductive health with their children. This leads to a misunderstanding of HIV/AIDS in general and a lack of information for youth on reproductive health.



Solution:

To address these issues, we use multiple strategies. First, we work at the community level in collaboration with the local authorities, health centers and anti-AIDS clubs to organize community sensitization sessions on HIV prevention. This helps eradicate the stigma associated with HIV/AIDS and creates a safe environment for people living with HIV (PLWHIV) to get tested and start anti-retroviral

therapy. Next, we focus on youth by encouraging them to join anti-AIDS clubs to learn more about HIV/AIDS prevention and reproductive health measures and organize different sessions on reproductive health and HIV Prevention. Finally, we work at the family level by organizing sessions with couples and their children to stimulate and enable them to have discussions around sexuality with their families.

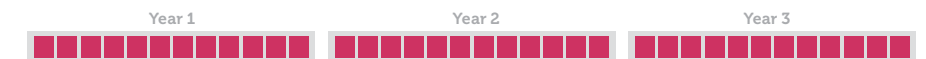
Goal of treatment and care:

Improve the living conditions of PLWHA

Staff: Nurse Counselor, Social Worker and HIV Prevention Officer

Start: Around the end of the first quarter

Duration: Throughout the program (3 years)



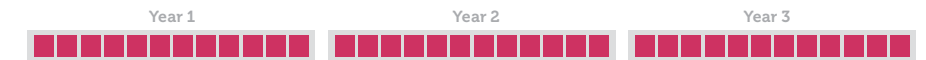
- Activities:**
- Encourage HIV positive participants to carry out CD4 counts.
 - Encourage HIV positive participants to seek appropriate treatment.
 - Ensure adherence to and appropriateness of treatment through home visits and through individual consultations in the community drop-in center.
 - Prevent the occurrence of opportunistic diseases by promoting healthy living (exercise, appropriate nutrition and hygiene).
 - Monitor participants’ progress and potential specific medical needs.

Goal of VCT: Knowledge of HIV status to adopt appropriate behavior.

Staff: Nurse Counselor, Social Worker, HIV Prevention Officer

Start: Varies by activity

Duration: Partnerships take a couple of months to establish. Other activities are ongoing throughout the three years.



VCT involves informed consent, confidentiality and counseling.

Activities: Month 1:

- Create partnership with official VCT centers so that participants can easily access services. Create partnerships with organizations providing ARV or prophylactic treatment so that HIV-positive participants can access treatment in a sustainable manner.

Month 3:

- Provide pre-counseling
- Accompany participants to VCT center
- Complement post-counseling provided by the VCT center
- Provide individual counseling services at the community-drop in center



SUCCESS STORY: RWANDA

“In the past, many PLWHIV experienced stigma and discrimination. Through the work of FXB, we’ve had both community and individual-level successes here in Rwanda. In the past, the community and the participants in particular avoided testing because they were afraid that the results of the HIV test would be positive. But now, with regular workshops and support groups, they are not afraid to get tested and are open about their HIV-positive status. In addition, those who had HIV in the past did not receive ongoing treatment because they had poor access to health care. Through FXB’s collaboration with local health centers and efforts to provide access to health insurance, many participants have learned of their HIV status and taking actions to receive appropriate care and treatment in an ongoing manner.

For example, one participant is 20 years old and takes care of her two brothers and her sister. She and her sister were very weak and often sick. Through Voluntary Counseling and Testing, she learned that they were both HIV-positive. They started anti-retroviral therapy (ART) and now they have regained their strength and are moving forward with their lives.

Another participant living in the eastern province of Rwanda is also HIV-positive and was always sick. When we started working with her, she didn’t have health insurance and was not able to access health care. With FXB’s help, she gained access to the local health center for ART therapy, regained her strength and is running a successful income generating project.”

—Emmanuel Habyarimana, Programs Director



3.3.4 Nutrition

tip

“When distributing food supplies, it is important to educate families on how to plan and use their food supplies wisely until the next distribution. Sometimes, families will eat everything they have been given for the month in the first week, or they will give food away to their neighbors!”

—Christine Eggs, General Director, FXB International



Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

Good nutrition is the first line of defense against all diseases and plays a key part in improving all aspects of a person’s life. To fully participate in their own development, participants need to regain energy from their daily diet: regular and balanced food intake will enable adults to run their IGA appropriately and children to attend school with greater regularity and success. Nutrition is of prime importance for people living with HIV/AIDS since it can reduce the incidence of opportunistic infections.

FXB provides food supplements to families during the first nine months of the first year (or the entire year, if needed) to allow them to meet their daily needs and to encourage them to develop their IGA. This support fights malnutrition. Extra food supplements are provided to people suffering from severe malnutrition, children and people receiving HIV treatment.

Goal: Improve the nutritional status to reinforce participants’ health status by improving their immunity level, thereby facilitating their productivity.

Staff: Nurse Counselor for sensitization and training. Coordinator/Driver for supply distribution.

Start: Month 1

Duration: Approximately 9 to 12 months, as IGA will then enable participants to cover their own nutritional needs.



- Activities:**
- Organize monthly information sessions on nutrition. Promote the preparation of regular and balanced diets responding to daily caloric and nutritional needs. Concentrate on locally available foodstuffs that are easily accessible to participants.
 - Organize cooking workshops to teach nutritious meal preparation.
 - Encourage the creation of a small garden, when possible, so that participants grow their own vegetables and include them in meal preparation.
 - Explain the specific needs of people living with HIV/AIDS (PLWHA) and malnourished people.
 - Buy foodstuffs monthly in local markets. The Coordinator/Driver is responsible for this activity.



- Organize monthly food distribution according to the number of family members in the household and to participants' specific needs.
- Monitor participants' nutritional status and activities through weekly home visits. **Monitor the following:**
 - Appropriate food preparation and intake
 - Nutritional status of PLWHA and malnourished people
 - Children's nutritional status and diet



Challenge:

Improving nutrition among the urban, homeless poor has been the hardest challenge in our program. The urban poor do not own their own homes. Rather, they rent shacks in slums that are often prone to floods, especially around Kampala City. There is also too much congestion and poor sanitation, which leaves no room for agricultural activities. Additionally, stray animals in the city often entered the property destroying any crops around homes and on verandahs. About a quarter of the families in the program suffer from this problem.



Solution:

As a solution, we encouraged families to suggest alternative means of farming which could fit their situation. Among the many listed, we zeroed in on mushroom cultivation and duck raising. Mushrooms would grow quickly indoors with little light and space, and could be sold for consumption. Ducks were chosen because they are considered a delicacy, their eggs are highly prized and they are resistant to most poultry diseases. Also, because they thrive in water, they were perfect for an area that floods often. However, families did have to be careful that stray animals

UGANDA

—William Kibaalya, Country Director

did not eat them. In only one year, families were reaping the rewards from these enterprises. The profits from these activities were then used to supplement their diets, which was previously not possible to do through homegrown food.

Another option is to use indoor vegetable gardens. These gardens are inexpensive, require little soil and space, and are grown in sacks that can be placed in the house.



Challenge:

What has been really difficult for us is to change the eating and nutrition habits of the families. We've found that families often don't eat healthy meals because they are not educated on proper nutrition, particularly mothers who are responsible for young children. Very few breast-feed their children who are under 6 years of age or they mix cow's milk with a starch such as corn flour. Thus, the children don't get the nutrients they need and often become obese from too many carbohydrates and low protein in their diets.



Solution:

Therefore, the FXB team has worked with the families to first find out what they eat and their nutritional habits. Then, we have sensitization and training sessions on good eating habits, the value of eating locally sourced foods and where to get them, and the benefits of breast-feeding children under a year old. We also work at educating both parents and extended family to get the entire community involved. We've also tried to create support groups for nursing mothers within the community and to educate HIV-positive mothers on how to get

COLOMBIA

—Victoria Alicia Manjarrés Barros, Country Director

access to baby formula offered by the government, as they cannot breast-feed their babies.



Challenge:

The most important problems are mainly related to participants being unable to find sufficient food of good quality and the lack of land to set up vegetable gardens and fruit gardens, especially for landlords. At the beginning of the program, participants were also ignorant about the importance of eating well-balanced meals, using locally sourced ingredients, and appropriate food handling techniques to prevent disease.



Solution:

To remedy this situation, during the first nine months of the program, we stepped in to supplement their nutrition by providing regular food once a month and additional support for children with malnutrition and children on anti-retroviral therapy to strengthen their immune systems. We also held multiple sensitization and training sessions on the preparation and consumption of balanced meals and proper food handling techniques for the participants. These concepts were then reinforced with individual and group IGAs so they could self-finance easily to cover their nutritional needs.

RWANDA

— Emmanuel Habyarimana, Programs Director

Throughout the rest of the program, we continued to raise awareness through home meetings, monitoring and evaluation, and organized training sessions. We typically covered topics such as how to categorize foods according to their nutritional values, prepare balanced meals, proper management of their IGAs and personal hygiene. After Year 1, we had eliminated the malnutrition cases and all participants were able to find necessary foodstuffs to improve their nutrition and have received sufficient training on preparing balanced meals.





Hand washing station
RWANDA

3.3.5 Housing/WaSH (Water, Sanitation and Hygiene)



Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

Lack of access to clean water, poor sanitation and unhygienic practices lead to illness and disease, both of which prevent participants from living full and productive lives.

Illness slows down children’s development and prevents parents from caring for themselves and their children. Furthermore, lack of access to a clean water source and adequate sanitation has further repercussions for women and girls who often bear the burden of fetching water. They often fail to pursue educational opportunities and can be at risk for harassment or assault on their way to the water supply or to communal defecation fields. Therefore, FXB focuses on educating participants on appropriate sanitation and hygienic practices both in their daily habits and living spaces, providing access to a clean water supply and developing separate and private washing and sanitation facilities. Changes in these areas will decrease the burden of disease on a household allowing participants greater attainment of their rights to an adequate standard of living and the highest attainable standard of health. *(The foregoing was adapted from www.unicef.org/wash.)*

Goal: Provide access to clean water and encourage participants to use appropriate sanitation and hygiene practices to prevent disease and maintain a healthy status.

Staff: Nurse for sensitization and training, and Coordinator/Driver for supply distribution.

Start: Immediately in Month 1

Duration: 6–9 months with additional training if participants are still having difficulties



- Activities:**
- **Distribute supplies**
 - Carry out material distributions on the basis of local needs. Essential items include: soap, mosquito nets, blankets, water containers, pots and pans to boil water and cook, etc.
 - **Assess state of living spaces and outside environment**
 - Check condition and cleanliness of rooms, cooking areas, sanitation facilities, roof, floor, walls and outside environment. Check for appropriate ventilation if cooking is done inside.

tip

When implementing the use of mosquito nets, it can be challenging to get participants to use them because they are not used to them. Often they complain about feeling stifled or too hot when they sleep at night. Some families even use them for fishing instead of for sleeping! Therefore, we recommend continuous monitoring, education, and training during home visits to ensure proper use of the nets. Eventually, they become accustomed to using them. The government has also started enforcing their use, which has improved the situation tremendously.

—William Kibaalya,
Country Director, Uganda

• **Improve living spaces to promote proper health and hygiene practices**

- Starting immediately, encourage construction of improved latrines, hand-washing area, showers and external kitchens. Encourage construction of external stables to avoid animals sharing living space with the family. Separate living spaces from cooking spaces and construct an elevated dish-drying shelf so that utensils do not dry on the ground. Elevate beds from the floor. Encourage cleanliness both inside and outside of the home

• **Encourage proper roof and wall construction**

- Ensure that roofs are sturdy and prevent leakage during rain, particularly over children’s beds and food storage areas. FXB typically encourages participants to make housing improvements; in emergency situations, FXB may construct housing and/or seek additional funding and partnerships to rebuild.

• **Promote proper personal hygiene practices and disease prevention**

- Promote clean water use and appropriate hand-washing behavior. Prevent charcoal cooking in the households. Encourage appropriate mosquito net use.

• **Provide access to clean water supply**

- Identify the main water source used by the family. Explain methods that can be used to make water safer to drink such as boiling, adding bleach/chlorine, using a water filter, etc. If necessary, construct a well or pipe in water from another water source through additional donor funding or through group Income Generating Activities.

• **Monitor and evaluate**

- Carry out material distributions on the basis of local needs. Essential monitor weekly for health status and verify observance of hygiene principles. Check for evidence of parasites. Ensure use of mosquito nets and potable water. Check state of housing, walls, roof and external spaces.

tip

Depending on the extent of the community’s needs, sometimes it is not financially possible for FXB to pay for all the materials and equipment needed to improve hygiene and living conditions. As a solution, FXB will look for partnerships with other NGOs in the area who might be able to provide materials, such as toilets, and tools for construction.

—Albina du Boisrouvray, FXB Founder and President Emerita



Challenge:

Our main challenge in this area has been working to change the knowledge, behaviors and attitudes of families, particularly as hygiene is quite poor when we start an FXBVillage. We often start with the basics of teaching them handwashing and the benefits of using latrines. However, if they don’t really understand why they are doing something, it takes longer for them to change their behaviors. For example, we’ve had some unsuccessful cases where we’ve told families to build latrines and they have either not built them correctly, did not use them, or did not have proper hygiene practices after using them. We have found that this is the result of years of not using a latrine and not being aware that it was a problem.



Solution:

During our community assessment and regular home visits, we find out what their needs are. Then we break the final goal, in this case, having all families use latrines, into smaller phases and set up a pilot activity. For this case, our pilot activity was to build latrines using model families, which may be only one or two families of the total. Once those were built, we analyzed where they were having problems, how they were reacting to the use of the latrines, what they thought about them and what we could do to help them change their behaviors.

CHINA

—Bruce Li,
Country Director

Then using that initial feedback, we revised our plan and made improvements, often focusing on telling the families why they need to use them, how to use them, when to use them and what to do before and after using them. Once those families were successful, we started on the rest of the community, breaking them into small groups and working with them to continuously improve and refine our process until we achieved our objective. In fact, with our programs now, we are in Year 3 and have over 80% of the families using the latrines regularly and correctly.



3.3.6 Education



Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

The first priority of the FXBVillage is the education, appropriate rearing and care of children.

One of the central efforts of the FXBVillage model is thus the facilitation of children’s access to primary and secondary schools and appropriate vocational training. FXB believes that children who receive continuous education in its varied forms will be better equipped to face the challenges of adulthood and to better understand their rights and capabilities as adults. It is a process that contributes to helping children become responsible and productive members of adult societies. FXB hopes that such early empowering initiatives, in the forms of education and training, will lead children towards more self-sufficient and economically stable futures. FXB believes that investing in children and youth also invests in global security and peace. Furthermore, FXB contributes to the improvement of equality between boys and girls in education.

Goal: Reintegrate children in school in a sustainable manner, ensuring regular attendance and satisfactory school performance.

Staff: Social Worker and Coordinator/Driver for supply distribution.

Phase 1: Register children for school and provide educational support.

Most often, FXB works in communities that already have adequate educational services. It is therefore neither necessary (nor desirable) for FXB to circumvent local resources by providing alternative means of formal education. The problem for participants and other disadvantaged families and children is that they are often unable to access the available schools and training programs due to a lack of knowledge or resources (financial or material).

Despite the useful relationships forged with local educational providers, FXB’s primary responsibility is still to its participants. Given that many of FXB’s child participants are HIV-positive or come from families in which there are HIV-positive family members, FXB must be sensitive to this issue and ensure confidentiality for those infected. FXB does not give out any health information on its participants to local schools or training facilities. Divulging such personal details would not only be a breach of confidentiality but, more importantly, would damage the participants’ trust in the staff.

Start: Month 1

Duration: 1-2 months



SUCCESS STORY – CHINA

Due to historical and cultural reasons, the school attendance rate in Bu Tuo has always been very low and the drop-out rate high, especially for girls. This is the result of most children being orphaned, or needing to help with family farming and housework. Also, for those families who have more than one child, the older children have to take care of the younger ones and therefore do not have time to attend school.

To address this issue, we have worked very hard with the families, especially with those who wanted their children to stop going to school, and have encouraged them to allow their children to get a stable education. We have also used the participant groups to help individual families collectively solve their problems, further easing their concerns about the lack of income from their children and allowing them to feel more secure sending their children to school. Over the three year period, we were able to significantly increase school attendance at both the primary and secondary levels as well as for vocational training.

—Bruce Li, Country Director

Activities for primary and secondary education

- Identify school-aged participant children.
- Establish partnerships with local schools to facilitate reintegration of schoolchildren, as well as the establishment of a monitoring system.
- Establish educational level on the basis of former school records.
- Register school-aged children in appropriate grades.
- Purchase educational materials such as school books, pens and school uniforms. The nature of this material support will depend on the requirements established by local institutions.
- Distribute school materials.
- Ensure that a midday meal is provided.
- Ensure equality between girls and boys.
- Ensure that the school has separate latrine facilities for boys and girls.
- Determine how children get to school, including the length of the walk or bus ride and the safety of the journey.
- Lobby governments to provide better curricula and train teachers to follow the pedagogical example of Escuela Nueva that was adopted as national policy in Colombia and has been replicated in 16 countries around the world.

Activities for vocational training

- Identify youth for vocational training, mainly youth who have not been able to attend school for a long period of time or youth who do not want to integrate in formal schooling.
- Identify vocational training opportunities.
- Ensure equality between girls and boys.
- Establish relationships with vocational training centers to ensure sustainable enrollment of students.
- Carry out individual interviews with youth to assess their capacities and aspirations on the basis of available trainings.
- Register youth in vocational training centers.
- Cover all training/apprenticeship costs.
- Monitor training and performance compliance.
- Distribute appropriate work clothes and tools at the end of the training.
- Identify vacancies and help youth into job placements (resume preparation and interview coaching).

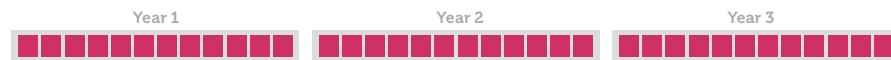
Vocational training is often a one-year process. In this context, the activities listed above have to be replicated every year—e.g., three times during the program. However, financial support is tapered off to 75% in Year 2 and 50% in Year 3.

Phase 2: Monitor regular school attendance and school performance.

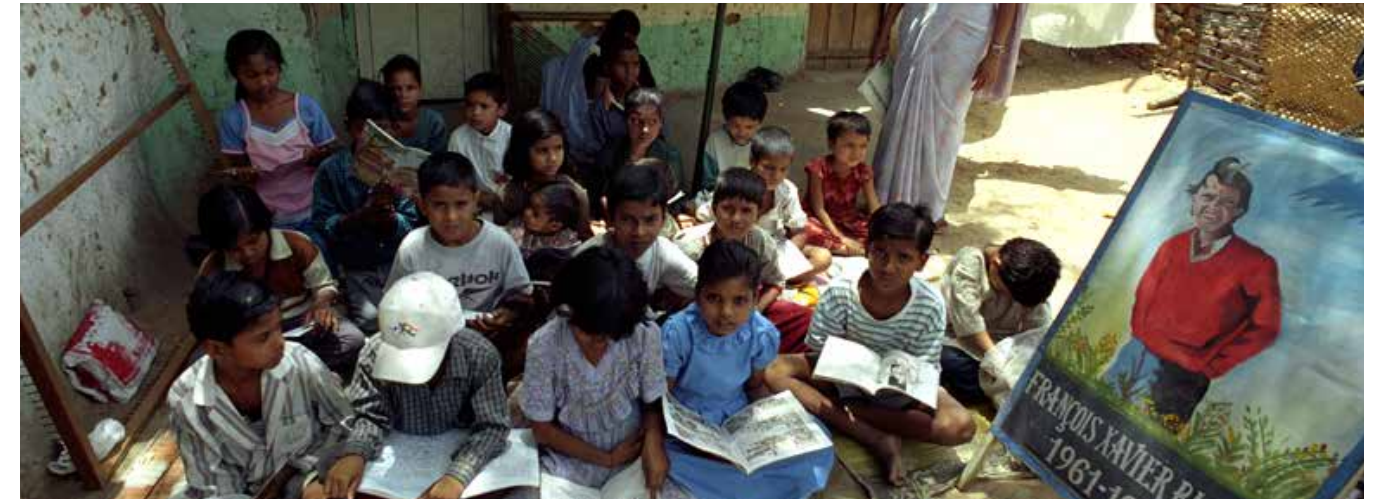
FXB closely monitors children’s progress in order to ensure both that they are using the opportunity to learn and that the institutions are meeting the children’s educational needs and rights. FXB receives the quarterly grades of all children participants in order to monitor their progress and encourages families and children alike to take the importance of education very seriously. FXB often succeeds in changing the attitude the families have towards education and encourages families to create an environment that is more conducive to learning for both boys and girls. FXB also works to sensitize school officials about HIV and child rights, and through such interventions, forms positive relationships with school personnel. This monitoring is carried out by the Social Worker and the Coordinator/Driver.

Start: Month 1

Duration: Throughout the program (3 years)



- Activities:**
- Maintain regular contact with heads of schooling facilities
 - Encourage parents to provide children with moral support
 - Register children’s quarterly school results
 - Carry out home visits



Challenge:

The biggest challenge is to change the mindset of parents and get them to understand and emphasize the importance of education for their children. Specifically, a few of our main challenges have been dealing with an increasing number of dropouts from school (especially after primary schooling), a lack of mentoring for improving performance that leads to dropouts, and a lack of interest from parents due primarily to poverty and ill health.



Solution:

To address these challenges, we consciously work with the children, their parents and the local schools, both government and private, where the students study. Some of our strategies have been to:

1. Have meetings with parents to first explain the support structure available from the program. We discuss and jointly agree that the children will be attending school and it will be our joint responsibility to ensure that this happens. Over the course of the program, we also do individual counseling with parents and have monthly meetings with them to foster stronger relationships.
2. Work very closely with the local schools and with the school teachers. We identify the poor performers and continuously monitor their performance. Weekly

and monthly meeting as required, are organized with the school and after-school tutoring sessions are provided for those that need more support.

3. Encourage extracurricular activities like sports, dancing and painting to motivate and sustain the interest of the children.
4. Advocate strongly for children and ensure that they finish their schooling beyond primary to complete secondary. We counsel and talk to parents and work as liaisons with school authorities to ensure that they are admitted.
5. Use theater and acting to send messages to parents and the community emphasizing the importance of education, particularly education for girls.

INDIA

—Mamta Borgoyary,
Country Director

3.3.7 Early Childhood Development (ECD)



During the first year of the program, FXB guarantees full coverage of participants' school-related costs. During the second and third years, the individual IGA and the installed savings system will enable them to contribute at a rate of 25% and, later, 50% to all school costs.



Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

Young children living in poverty experience many factors that threaten their development.

As critical brain development processes take place in the first three years, the brain is especially vulnerable during this time to stressors such as violence and neglect. Thus, children who experience stress are more likely to have learning difficulties and behavioral problems later in life (Garcia et al., Africa's Future, Africa's Challenge: Early Childhood Development in Sub-Saharan Africa, The World Bank: 2008: 79.). Children born to HIV-positive parents, children who have been orphaned and children living in extreme poverty are particularly susceptible to these developmental challenges. This puts them at a high risk for becoming developmentally delayed due to inadequate stimulation, chronic ill health or malnutrition (Ibid). Research has shown that perhaps the most significant factor in a child's development is the relationship he or she has with a nurturing caregiver (Engle, Lhotska, and Armstrong, The care initiative: Care for nutrition. UNICEF, 1997 and Garcia et al., 2008: 286). These earliest interactions with a caregiver may be as strong a determinant of future well-being as poverty or orphan status.

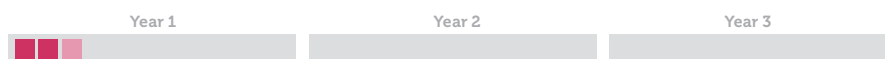
Goal: Teach caregivers play-therapy methods to use with their young children to reduce the impact of HIV/AIDS and poverty on children's development.

Staff: The Nurse Counselor or FXB Field Facilitator is the coach. He or she is trained and becomes responsible to train caregivers and/or parents and other stakeholders in the community.

Phase 1: Design a training curriculum using Filial Play Coaching (FPC) before the program starts. FPC is a play-therapy technique designed to increase attachment and interaction between caregivers and very young children. It targets caregivers of young children to boost attachment, intimacy and the quality of parent-child relationships (Guerney, "Filial Play Therapy into the 21st Century," International Journal of Play Therapy, 2000:1-17). FPC has been demonstrated to increase caregiver self-esteem, decrease parent stress and child behavior problems and improve child health outcomes—especially in nutrition-poor settings and in developing countries (McGregor et al., "Development Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world," The Lancet, 2007: 369. See also Naudeau et al." Investing in Young Children," The World Bank, 2011 and Walker et al., The Lancet, 2007).

Start: Year 0

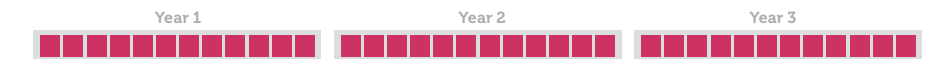
Duration: 2-3 months



Phase 2: Start training sessions. Meeting sessions for parents and children are organized in the afternoon with two hours of training for caregivers, times for games with children and parents two times every month during the first year of the program, and once a month during the second year and once a quarter during the third year.

Start: Second quarter of Year 1

Duration: Throughout the program (3 years)



- Activities:**
- Identify families with young children. Look for families with children under eight years old in the area of intervention.
 - Train peer educators and stakeholders. Training sessions last 10 hours or two days and typically involve teachers of nursery and primary school, community health workers and local authorities.
 - Conduct awareness sessions about ECD. Sessions are held with participants and community members during the community meetings.
 - Create a group of caregivers. Caregivers should have children from 0–5 years of age.
 - Conduct a coaching session for parents/children. Training sessions, called "special time for you, my child," are typically held biweekly for one hour; caregivers are encouraged to use the methods at home and to be peer educators for others in their community.
 - Advocate for the creation of a nursery school when it is needed. Support community to renovate available buildings to be used as a nursery school and involve the community in the creation of a pre-primary school that can be run by volunteers.
 - Monitor and evaluate. Monitor growth for children using the mid-upper arm circumference (MUAC) test.



What makes the FXBVillage model unique is its emphasis on serving children and families directly affected by both HIV/AIDS and poverty (or just poverty) and its strategy of integrating ECD services within a program designed to strengthen families' social and financial capital. A family-based approach is the key to the success of ECD transformation and its sustainability. Evidence compiled by the Joint Learning Initiative on Children and HIV/AIDS (JLICA), of which FXB was a founding member, proves empirically that one of the best strategies for protecting children and preventing new infections is to implement family-based interventions and social protection programs (such as livelihood projects) for the most vulnerable households. JLICA research also demonstrates that it is within the family structure that children's physical, cognitive and emotional needs are best addressed.

3.3.8 Child Rights



Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.

The FXBVillage’s main rationale is to give each child access to his or her rights as spelled out by the CRC. While FXB provides a set of services during the course of the program to allow children to develop their full potential and to achieve full development, it also endeavors to create a protective environment in which child rights will be upheld and help children and/or their caregivers instigate legal action to ensure access to basic child rights.

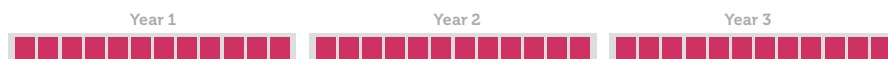
Given OVC are often prey to all types of abuses, FXB endeavors to sensitize children, parents, teachers and adults within the community to ensure that OVC rights are respected and protected. Child rights sensitization is thus an essential component of OVC protection. It encourages parents and communities to take responsibility for children’s well-being and allows parents, as well as children, to understand how to ensure that their basic rights are respected.

Goal: Realize the rights of children by creating a protective environment as well as providing support to instigate legal action that ensures access to basic child rights.

Staff: Child Rights Officer and Social Worker

Start: Second quarter of Year 1

Duration: Throughout the program (3 years)



The training protocols must be designed on the basis of the Convention on the Rights of the Child and on the basis of country-specific legal structures.



- Activities:**
- Organize periodic training sessions for children and youth on child rights principles.
 - Organize periodic training sessions for children and youth on how to behave in the face of abuse and how to protect their rights. These life skills are instrumental in enhancing children’s understanding of their rights and responsibilities as members of society.
 - Organize training sessions for parents focusing on their responsibility as primary caregivers and protectors of OVC. These trainings should also encourage parents to carry out legal procedures which can, for example, help a child access his/her rights to a legal identity or his/her inheritance rights through birth registration, legal recognition of children, the legalization of marriages, etc. In the case of orphans, FXB staff must take on this role.
 - Organize training sessions for local authorities, community leaders, heads of associations, teachers, etc. to encourage the creation of a protective environment where child rights will be respected. This typically starts later in the program around Month 7.
 - Ensure that the rights of girls are equally respected.

Moreover, the lack of legal status of many OVC often jeopardizes their future opportunities. A child who is not legally recognized by his/her parents, and who consequently does not have access to his/her inheritance rights experiences multiple traumas: loss of a parent, loss of identity, loss of patrimony and, to a certain degree, loss of future prospects, including education. This major legal impediment to children accessing their basic rights has to be addressed through the provision of legal advice.

Usually, FXB provides legal advice and guidance as well as referral services to participants, both children and caregivers, in the context of:

- Birth registration to ensure that children have access to legal identity documents, which in turn will provide access to health care, provide access to immunization, guarantee school enrollment, etc.
- Parental recognition and legalizations of marriages to further ensure access to the right to an identity, as well as to family rights.
- Protection against violence, exploitation and abuse: FXB handles reported cases of child abuse and, when necessary, refers cases to appropriate authorities for further management.

The FXB child rights component not only ensures sustainable protection of orphans and vulnerable children by their communities, but also the setting up of a legal framework in which a child can meet its full social and economic potential.



Test your knowledge of this section with the [Self-Check questions](#) in the Appendix.



3.3.9 Income Generating Activity

The Income Generating Activity (IGA) is a crucial component of the FXBVillage program in terms of poverty reduction, sustainability of all activities—both in the short- and long-term.



Challenge:

In many of the communities we work in, children's rights are often violated. Some of the challenges regarding Child Rights we've been facing here in India have included violence against children at home or in other public platforms that many times go unreported, the exploitation of children, the risk and vulnerabilities of adolescents and the lack of knowledge or mechanisms to reduce such vulnerability and the violation of the rights of orphans or of the children of single mothers or widows.



Solution:

To tackle these issues, we use a variety of strategies targeted at the community and individual participants. At the community level, we have awareness camps on child labor laws and regulations and the need for education, particularly for girls. We form peer groups of children and adolescents to make them aware of sexual abuse, exploitation, and sexual and reproductive health. We report cases of domestic violence, abuse and exploitation, and support victims in filing lawsuits. For individuals, we provide counseling for both parents and children.



INDIA
—Mamta Borgoyary,
Country Director

The income-generating component of the program is meant to reintegrate participants into a micro-economic cycle embedded in the community. It aims to provide a regular and sufficient income that will help raise participants out of poverty and ensure that they can meet their basic needs and transform themselves into entrepreneurs.

FXB also focuses on women's empowerment not only as a human right, but because empowerment is a pathway to achieving the Millennium Development Goals, poverty eradication and sustainable development. FXB also promotes social entrepreneurship activities.

FXB does not lend money but provides in-kind grants of about \$135 that FXB staff then use to purchase livestock, products or durable goods on behalf of participants, based on the chosen IGA. This allows a family or group to immediately launch a project and make use of any income for the care and support of their families and children.

FXB finances the project in two or three phases during the first year, and the participant runs the project in order to generate income that will allow him/her to gradually meet the needs of his/her family.



The following activities are some of the IGAs that have been developed:

- Trading food products
- Trading charcoal
- Operating restaurants and refreshment booths
- Operating hair salons
- Operating second-hand clothing shops
- Creating sewing, stitching and basketwork workshops
- Operating shops that sell basic commodities
- Creating vegetable gardens
- Manufacturing sanitary napkins
- Breeding cattle
- Beekeeping
- Cultivating crops
- Brewing and selling beer
- Raising small livestock and poultry
- Drying fish
- Recycling cloth and used paper to create handicrafts
- Manufacturing furniture
- Renting washing machines
- Rope making



Goal: To ensure constant and regular income that will enable participants to meet their basic needs and that of the OVC in their care, and to replace the three-year assistance of FXB.

Staff: Social Worker and Coordinator/Driver for material distribution and monitoring and evaluation

Phase 1: Initiate economic behavioral change that focuses participants on long-term economic improvement and self-sufficiency. Typically, people living under the extreme poverty line concentrate on immediate/basic survival. Indeed, poverty often compels them to concentrate on addressing vital needs—most often food—on a day-to-day basis. Extreme poverty—entailing lack of capital (land, property, savings, etc.)—compels people to engage in low-income activities that prevent them from generating sufficient income, comprehensively addressing their needs and searching for viable alternative solutions. Poverty-stricken people are hence locked into a vicious cycle that inhibits their capacity to lift themselves out of extreme poverty. It is in this context that economic behavioral change is essential. Participants must understand that the assistance provided is not momentary and that the basic set of services provided are meant to facilitate their transition towards a long-term economic improvement. This transition is instigated through the organization of sensitization sessions, collective debates on various case studies and the provision of material support.

Start: First quarter of Year 1

Duration: 2 months



- Activities:**
- Introduce participants to IGA.
 - Describe the economic environment in which the IGA will evolve.
 - Promote the need to transit from subsistence activities to activities generating a substantive income.
 - Animate debate where case studies of various activities can be studied. Those case studies are meant to help participants understand how to develop, manage and optimize their IGA.
 - Training in the activity where needed, including budget making.

tip

Cultural awareness, sensitivity to a community's beliefs and patience are essential when implementing the IGA component. For example, we had a community where pig raising was not accepted. Participants wanted to sell goats and cows instead. However, these animals often take longer to provide returns and families needed to start making an income immediately to save for their contributions in the upcoming years of the program. Knowing that the community would not respond well to being forced to raise pigs, our staff worked patiently with participants, elders and local leaders to slowly persuade them of the advantages of pig raising. In the end, despite some resistance, most community members embraced the project and were able to save the money they needed for the following years.

—William Kibaalya,
Country Director, Uganda

Phase 2: Development and creation of IGA project. The FXBVillage program requires participants to fully participate in the elaboration of their IGA. Therefore, they must be fully involved in the creation of project proposals on the basis of their knowledge, skills, experience and market configuration. Projects must be conceptualized and realized by participants themselves, as the creation of a project will guarantee motivation, expertise and ownership. Some points to keep in mind during this phase include:

- Lucrative and sustainable programs differ from one context to another, depending on local needs and markets; most FXB IGA are implemented within the informal sector, mainly pertaining to commercial projects—including making crafts, agricultural endeavors and raising animals. Training protocols for IGA should hence be developed locally so as to respond to local needs and adapt to the local economic structure.
- All IGAs should attempt to be innovative as well as practical and environmentally friendly when and if possible.
- FXB should provide ongoing support to heads of households during the elaboration process.

Duration: 2 months



- Activities:**
- Help in the elaboration of IGA projects.
 - Encourage the definition of a framework of action.
 - Consider factors that include:
 - Physical strength and age.
 - Professional experience and skills.
 - Specificities of the local market.
 - Receive project proposals and study feasibility.
 - Help in the rationalization of the project, ensuring it is sustainable and lucrative.
 - Carry out home visits to ensure the project is adapted to the environment in which it will run.

Phase 3: Start distribution of in-kind grants to participants. Each participant is normally entitled to an in-kind grant of approximately \$135 for his or her IGA. This grant will be provided in two or three installments. The amount to be given per installment differs on the basis of the IGA developed. However, the first installment should enable the development of a principal IGA and the second, as well as the third, should allow the development of smaller, parallel IGAs or the strengthening of the first IGA. Although the first IGA distribution is carried out for all participants, the second and third, if required, are carried out on the basis of individual progress and goals. Indeed, the support provided by the FXB team through ongoing monitoring is meant to both respond to collective economic needs and individual/specific needs.

tip

FXB encourages participants to diversify their principal IGA in order for them not to rely on only one source of income. This helps families to better resist potential economic setbacks that may arise.

Duration: 2 months



tip

It is advisable in some instances that you provide goods yourself so participants are not robbed of their goods or cheated by a middleman who might be interrupting the process.

- Activities:**
- Use the cash grant to buy goods or livestock at local markets with the participants so they won't be cheated by merchants (as happened in the past).
 - Distribute the goods to each family.
 - Monitor IGA development and ensure that participants are complying with program requirements.

Phase 4: Encourage participants to develop and maintain a financial savings strategy. Income often needs to be administered in a structured manner so as to create a safety net. As market circumstances change, the income generated might subsequently drop and cause considerable damage to household security. To avoid being seriously disrupted in such situations, participants should create and maintain financial safety nets. The opening of a bank account, as well as the placement of an appropriate portion of participants' income—determined on the basis of participants' income and needs—can help participants face unexpected events such as loss of income, illness, payment of school fees, household repairs or investments.

Duration: 2 months



- Activities:**
- Organize training sessions on savings, insisting on the necessity of having a good banking history to facilitate participants' eventual access to micro-finance credits (in Year 2 or 3) that must have a reasonable interest rate rather than 18 or 20 percent.
 - Facilitate the opening of a bank account for every household.
 - Distribution of an additional cash grant.

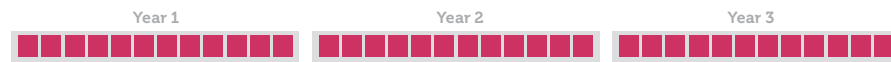
In general, situations usually arise in which:

1. IGAs are successful and participants wish to invest in them for further income generation.
2. IGAs are successful and participants wish to launch a new IGA in parallel with the first one.
3. IGAs are unsuccessful because of circumstantial reasons (bad market conditions, theft, illness, etc.) and the second distribution provides them with a "second chance."

Phase 5 (including Year 2 and 3) Carry out regular visits to supervise the development of the FXBVillage at the individual level.

The FXB team ensures that economic objectives are met and evaluates the progression of individual IGA. Subsequently, the “networks of support” formed by groups of participants take over this supervisory role while still benefiting from the team’s assistance for problem resolution.

Duration: Throughout the course of the program.



Year 1

Home visits: once a week

Group visits: once a week

General Assembly: once a week

Years 2 and 3

Home visits: twice a month

Group Visits: once a week

General assembly: once a month

Home visits should be carried out regularly to respond to participants’ needs. However, when a head of household is experiencing particular difficulties, additional visits should be organized to better assist in problem resolution and further counsel family members.

Activities: Monitor the management, diversification and optimization of the IGA:

- Assist with resolution of problems.
- Support for potential uncertainties.
- Encourage savings.
- Participate in the improvement of IGAs.

The initial implementation process of the IGA component follows a linear, but family-specific, process:



Challenge:

In India, the group IGA continues to be one of our biggest challenges. So far, there have been two types of group IGAs that have been promoted under the program.

The first are traditional income-generating activities like drying fish, weaving, rope-making from coconut husks and kauna handicrafts. Kauna is a reed plant that grows in the water and is used to make products like baskets and bags.

The second category involves the use of technology to manufacture products such as low-cost sanitary napkins, rope and handmade paper and paper products.

While the traditional IGAs have more acceptability and participants adapt to them easily, the returns from promoting them are not that high. Thus, unless we use technology to add more value to the products, they primarily remain an additional source of income rather than the primary source

of income for the household. Yet the use of technology can be a problem because the initial investment is high, more time and training are needed, and there are constraints such as power failures that affect production.

For example, for our sanitary napkin production unit, we invested a significant amount of money, time and training to make the napkins. So just to make a profit, we needed to make and sell large quantities of product. Initially, we bought cheap raw materials to save money, but we soon realized that high-quality raw materials were needed for the finished product or women would not use them. Yet because the raw materials cost more, that also made the final product more expensive. Customers were just not willing to spend more for that particular product. We also had to compete with commercial ventures, which made increasing the number of units sold more difficult.



INDIA
– Mamta Borgoyary,
Country Director

Solution:

From that experience, we learned that it is essential to do a market survey and feasibility study before finalizing the IGA. We also think carefully about a marketing strategy and the time and training needed by the participants to be successful, particularly as we are working with marginalized communities that may not initially have an entrepreneurial mindset. We also seek out subsidies, promote the use of group savings, and link the participants with cooperatives and other banking facilities that can help them gain access to more capital.



Ongoing Monitoring



Test your knowledge of this section with the [Self-Check questions](#) in the Appendix.

3.3.10 Participant Groups

Goal: Create “present and future” social and economic safety nets.

Families living in the same neighborhood or in the same FXBVillage area are encouraged to organize themselves into an association of approximately 10 households. These groups are created to facilitate collective training and counseling. In parallel, they are “present and future” safety nets. All participants are encouraged to actively participate in the groups and support their peers, both financially and socially.

Staff: Social Worker and Coordinator/Driver

Phase 1: Create participant groups. Participant groups have an organized structure; at the program’s onset, the group elects a president, a treasurer and a secretary. Meetings are held once a week and group activities are generally organized on a weekly basis, but their frequency depends on the season and on the help needed.

Start: During the second quarter of the first year

Duration: Throughout the program (3 years)



- Activities:**
- Encourage participants to organize themselves into an association of 6–10 households.
 - Encourage the creation of a committee leading the group. This committee is an informal body that helps participants manage their group activities in an optimum manner. This committee is elected by all group members. Typically, it is formed with literate participants who have the capacity and desire to manage the group.

Phase 2: Help foster solidarity and cohesion. Participants can support each other to help ease the many difficulties surrounding HIV. By creating trust and social cohesion, participant groups become safe havens where HIV-positive people can openly speak about their problems, counsel each other, fight stigmatization and promote their rights collectively.

Participants will also help each other improve their living conditions. Groups will mobilize to assist each other with different tasks. Single women are assisted by men in their group to construct shelters for their animals (pigs, goats, etc); ill participants are helped with tilling their land; the participant groups provide sick participants and their families with additional meals and monitor their health status.

To encourage participants to comply with the requirements of this component, these social activities are initially organized by the FXB team, but quickly taken over completely by the participants.

Start: With the creation of the participant groups

Duration: Throughout the program (all three years)



- Activities:**
- Encourage participants to support each other in the face of HIV and other problems.
 - Encourage discussions and mutual support.
 - Encourage group’s mobilization to assist each other with different tasks.
 - For example, single women can be assisted for various constructions; ill participants can be helped with the running of their IGA; sick participants and their families can be provided with additional meals and monitoring of their health status.

Phase 3: Encourage participants to create their own solidarity fund through the development of an internal credit system. Every week, members of the group put a previously agreed amount of money in a collection box, which often becomes a communal savings account. This money is subsequently given to one group member every week following a rotational system; this member is free to use the money to pay for potential medical bills, improve the household or develop his or her IGA. This fund enables participants to create a financial safety net and immediately improve their living conditions without tapping into their daily income.

Start: With the creation of the participant groups

Duration: Throughout the program (all three years)



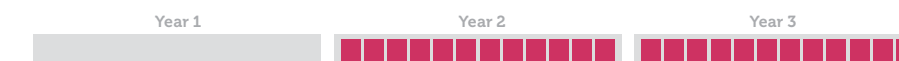
- Activities:**
- Launch internal credit system (tontine or lottery).
 - Help participant groups open collective accounts.
 - Monitor management of fund.

Phase 4: Initiate the start of the collective IGA. Participant groups run a collective IGA, which enables them to generate additional income. It also enables participant groups to initiate long-term micro-credit financing schemes. It is often accessed at a later stage, often towards the end of the three years. Access to micro-credit schemes is not automatic, but when it happens, it guarantees the sustainability of an economic safety net.

First, to further strengthen group solidarity and to urge participants to begin working together, FXB encourages groups to develop a small, common IGA. This activity is exclusively funded by participants who all financially participate in its execution. The management of this IGA will be monitored by the Social Worker and the Coordinator/Driver: they will help with problem resolution and IGA optimization strategies. This activity will supplement individual incomes and provide a learning ground for participants in the development and management of a collective IGA.

Start: Beginning of Year 2

Duration: Years 2 and 3



- Activities:**
- Train participants on the management of collective IGA.
 - Assist participants in the elaboration of a small IGA.
 - Ensure that all participants participate in terms of time and money.
 - Provide advice and guidance in the management of their small IGA.
 - Monitor progress and assist with program resolution.

Once participant groups demonstrate a capacity to work together in a concerted manner, FXB provides them with in-kind support to launch a substantial collective IGA.

- Activities:**
- Encourage the definition of an implementation plan.
 - Consider factors that include:
 - Physical strength for all members.
 - Professional experience and skills of all members.
 - Specificities of the local market.
 - Receive project proposals and study feasibility.
 - Help in the rationalization of the project, ensuring it is sustainable and lucrative.
 - Carry out regular group visits to ensure the project is adapted to the environment in which it is implemented.

The participants are encouraged to give back something of their products or something of their training knowledge to other ultra-poor families in the community who will not have the opportunity to participate in an FXBVillage in the near future.



Challenge:

One of the biggest challenges we faced when implementing this component was building trust and solidarity with the group.

This was mainly caused by different needs and experiences of the group members, as well as having group members who left the community periodically for migrant work. Those who were not fully present often could not concentrate on the program activities, which affected the overall outcomes of the group.



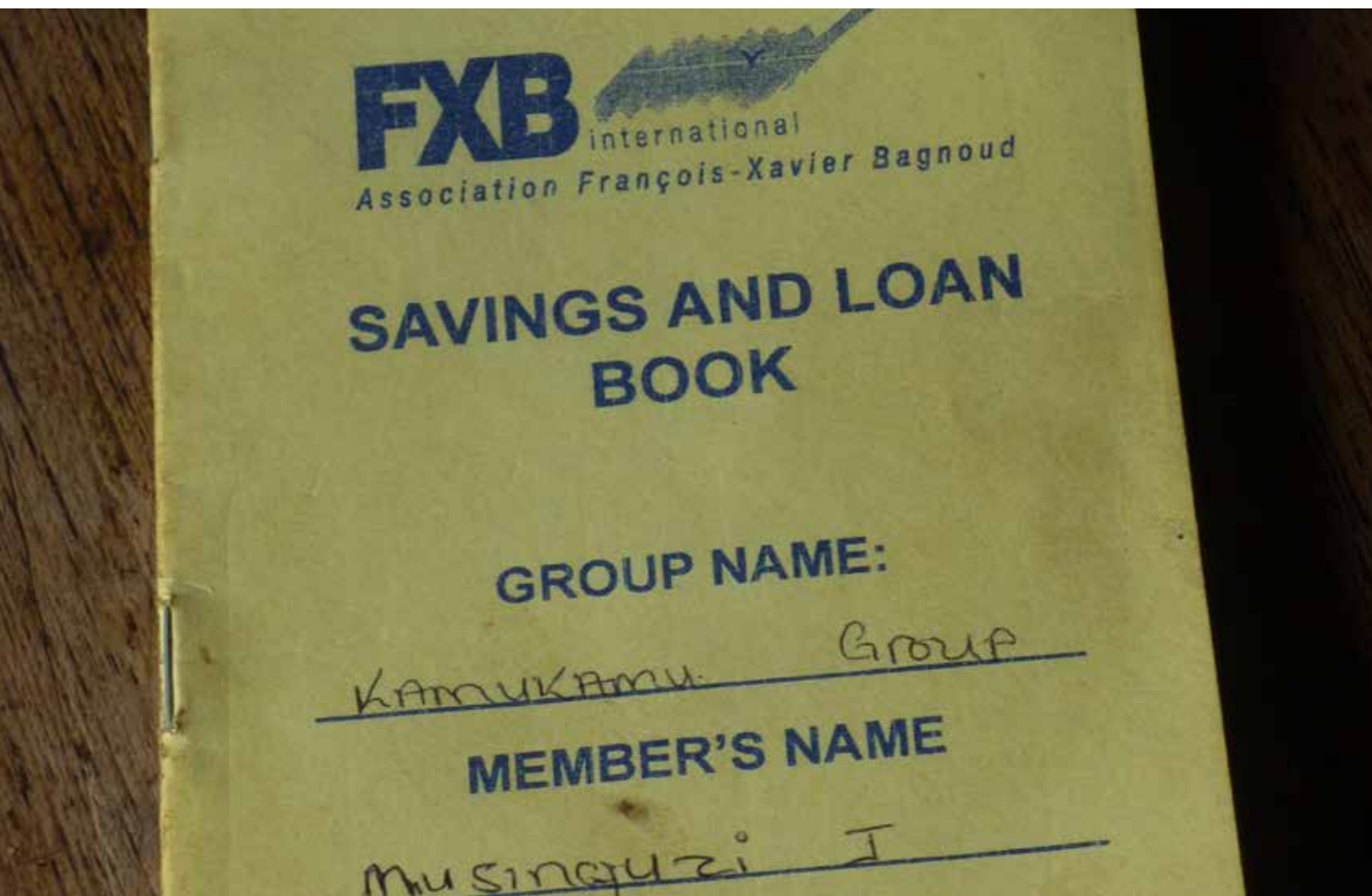
Solution:

During our community assessment, we found that the key was to group participants, especially single mothers, who had similar past experiences. Once in these groups, they started to share their experiences, time and resources with each other. We also continuously emphasized the collective over the individual and helped them to focus on the needs of their children rather than just on their own. To reinforce these activities, we brought in successful

participants from past FXBVillages to share their stories and provide inspiration and encouragement. When dealing with the migrant issue, in the beginning we selected families that were more stable and who could participate fully in the activities.

CHINA

—Bruce Li,
Country Director



3.3.11



Test your knowledge of this section with the [Self-Check questions](#) in the Appendix.



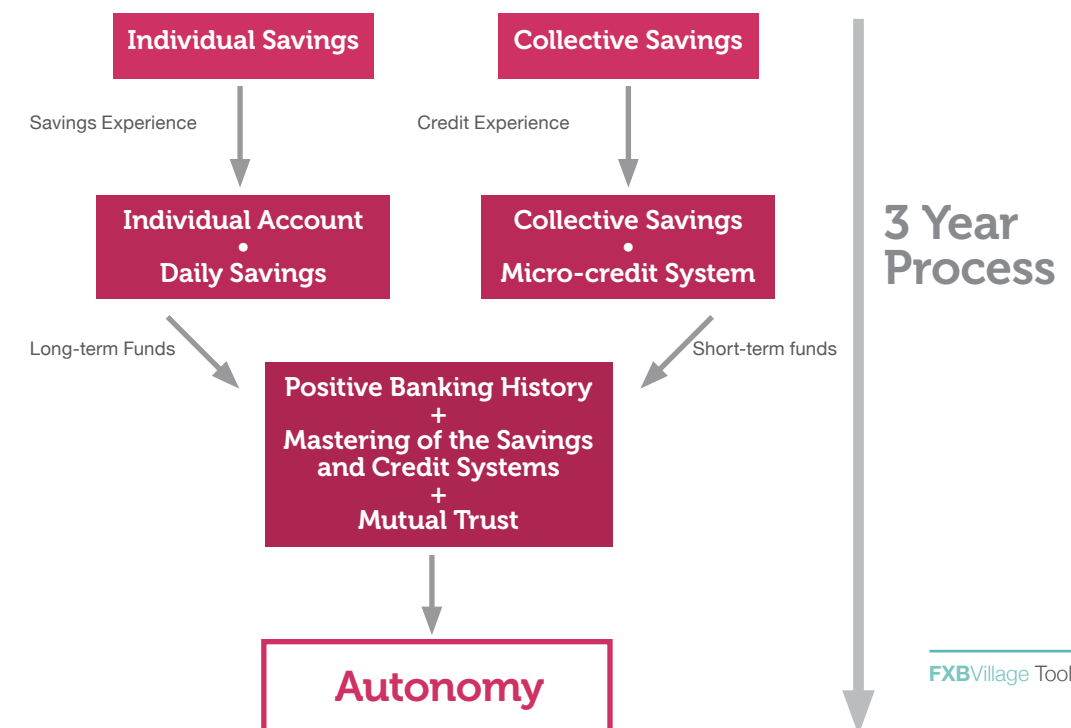
This micro-credit component further ensures the sustainability of the program, but it can only be accessed once the participants have been lifted out of extreme poverty by the three-year program, not when they are impoverished and destitute. It is essential that participants have a reasonable interest rate rather than 18% or 20%. As part of their training, participants are coached in “micro-credit education,” which helps people to learn to read a contract, identify reasonable micro-credit loans with lower rates and do a simple business plan.

Micro-Credit

The micro-credit component of the program derives from two interdependent dimensions of the program: individual savings and the internal credit system through the participant group.

Within the context of individual savings, participants are requested to deposit a portion of their salary—determined by them—into a bank account (being mindful to look carefully into costs and avoid high-interest loans). Although savings are meant to provide a financial safety net to participants, they also help to accustom participants to bank transactions involving deposits and withdrawals. These transactions also help to create a trusting relationship between the participant and the bank: the bank builds trust towards its client and the client develops confidence in its bank. It is this trust that forms a positive banking history for FXBVillage participants, which will subsequently be the basis for potential credits approvals. Individual savings are a sustainable safety net meant to be developed within a long-term perspective. These savings, however, also provide an immediate safety net through the internal credit system, which enables them to improve their living conditions or respond to urgent needs without tapping into their individual savings. The internal credit system facilitates the consolidation of participants’ savings.

Introduction to savings and internal credit systems, as well as the constant deposit of capital and the mutual confidence established over three years, often motivate participants to ask for loans and micro-credit institutions to approve their requests. This process contributes to participants’ autonomy, the development of their IGA and the improvement of their living conditions.







In 2014, an external evaluation of the FXBVillage in Uganda conducted by the Oxford Poverty & Human Development Initiative (OPHI) highlighted that FXBVillage participants are multi-dimensionally less poor than their peers, even three years after completing the program. Additionally, the FXBVillage program meets The Capability Approach, which was pioneered by Nobel laureate Amartya Sen.



3.4.0 Monitoring And Evaluation (M&E)

See more on Monitoring and Evaluation in the [FXBVillage Planning Guide](#). Test your knowledge of this section with the [Self-Check](#) questions in the Appendix.



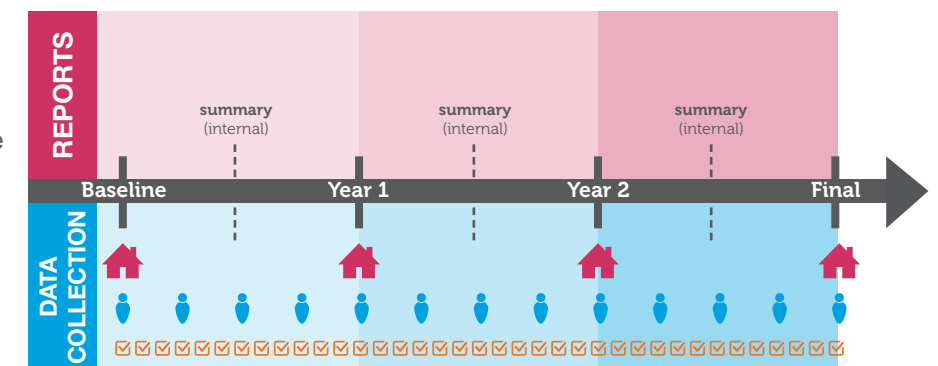
ADVICE FROM THE FIELD:

One strategy FXB is using as part of its continuous improvement strategy is through FXB Center for Health and Human Rights' Field Education internship program to familiarize students with the FXBVillage methodology and its human rights-based approach; evaluate the program through an outside perspective, as evaluators collect their own data; and provide valuable field experience for those wishing to work in development, health and human rights. Students offer observations and suggestions about improvements to the program based on their skills and experience, and theoretical background from the classroom.

The primary objective of all FXBVillages is to invest in and gradually strengthen the capacities of 80–100 vulnerable families over a three-year period, allowing them to escape extreme poverty and take care of the children who need them for long-term prosperity.

To reach this goal, an experienced team of field staff, M&E specialists and experts from the Harvard T.H. Chan School of Public Health, have developed the comprehensive Monitoring and Evaluation system for FXBVillages. Target goals have been established for each of the program components, and the data are regularly collected and analyzed over the three years to measure and report the progress of the families and the impact of the program. The team is constantly working to improve and further develop the tools and processes involved in M&E to ensure the best possible results for field staff, donors and other stakeholders. The general M&E process and timeline is shown below.

- Full Household Questionnaire
- Community Outreach Events & Training Registers, etc.
- Home Visit check-sheets and Child Status Index, etc.



- Goals:**
- Monitor and measure the progress of the families and the impact of the program.
 - Collect and analyze data to improve and develop the tools and processes.
 - Provide regular progress reports to stakeholders.

Start: At the start of Year 1

Duration: 3 years



Data Collection

Units are equal to four FXBVillages, each of which has a unit manager. The unit managers then report to country directors for each region.

Field staff receive thorough training in all the necessary data collection tools and techniques. At all times, strict attention is paid to maintaining data quality and accuracy. For countries that have several FXBVillages, unit managers and their deputies are responsible for overseeing the organization of data collection within their unit and perform regular spot checks (additional home visits and appearances at group events) to ensure that data quality is maintained.

- Activities:**
- At the start of Year 1, FXB field staff administer the household questionnaire to all participant households. This Baseline Questionnaire provides baseline data for the program that measures quality of life from the perspective of the participants themselves. The questionnaire addresses every component of the FXBVillage, including: general health; nutrition; HIV/AIDS; water, sanitation and environment; education; children’s rights and legal protection; psychosocial support; income generation and savings; and participant groups. It takes approximately one hour per household to complete.
 - Perform household visits for all participants at least once every two weeks throughout the duration of the program. Each member of staff completes a “Household Visit Form” and “Household Register Form” during the visit. This form only takes a few minutes to complete and, therefore, doesn’t negatively impact the program’s implementation itself. The form provides an assessment of the participant’s status from the perspective of the field staff and is based upon their observations and discussions with the participants. It records the most essential household indicators and participants’ progress.
 - During each home visit, complete “Child Status Index” (CSI) assessment for a selection of the children present, ensuring that each participant child (under 18 years old) receives at least one CSI assessment every two months. The CSI is part of the Household Visit Form and enables field staff to assess and accurately categorize the well-being of individual children based on observations and discussions with the child and other family members.
 - Throughout the duration of the program, document all group events, training sessions and community outreach activities that participants are encouraged to attend. A variety of tools are used to monitor and evaluate



The CSI international “Child Status Index” (CSI) standard was developed by MEASURE Evaluation. See www.cpc.unc.edu/measure/ for more information.

Data Entry and Analysis

Once the data is collected, it is analyzed at the field, unit and country levels. It is also sent to FXB Headquarters for further analysis, which feeds back into the program to develop and improve operations, procedures and best practices. Today’s FXBVillage is the result of over 24 years of experience and continued development such as this.

- Activities:**
- Enter data in spreadsheet or other data management system at the field level.
 - Analyze the data according to the [program objectives](#) and discuss with the team to inform coordination and assist program implementation. This analysis enables a better response to specific participant requirements and helps identify areas that require additional focus and improvement.
 - Compare baseline data and endline data to measure the overall change in the families for all program components.
 - If there are multiple FXBVillages, field staff should be trained to enter data into the unit database at the end of each day. This process should take no more than 15–30 minutes. If staff are not trained, data is sent to unit managers for data-entry at the unit level. Currently, each unit has a dedicated data entry clerk who is responsible for entering all collected data into the unit’s database.
 - Back up the unit database regularly.
 - Send copies to the country coordination office and to FXB Headquarters for further analysis and evaluation.

Data Reporting

Each FXBVillage has a variety of stakeholders who are interested in analysis and progress reports. The exact requirements vary from one stakeholder to another and a range of reports must, therefore, be produced to address different sets of indicators. Each report is produced by staff at the appropriate level for efficient communication with the relevant stakeholder. Reports are also used within FXB to highlight issues, inform decision-making and drive improvement so that each FXBVillage delivers the best possible results for participants. The reporting lines and feedback loop are shown in Figure 2 below. Please note that this diagram represents a country that has multiple FXBVillages.

- Activities:**
- Send a progress report to the partner or donor every six months.
 - Send a final report three months after completion of the FXBVillage.

Ethics, Privacy and Data Security

Data collected by FXB either through home visits or the household questionnaire might be sensitive, especially when HIV/AIDS is concerned. Therefore, except the nurse, the social worker, the data entry officer and the data analyst, FXB ensures that all data pertaining to participants remains secure and guarantees the privacy of participants. Success stories and case studies used for reporting and promotional materials also refrain from using participants’ real names. Finally, all the datasets sent from the various countries are stored on a protected server based in Switzerland.

Program Evaluation

FXB periodically has external evaluations of program results and outcomes to both ensure that the information collected by FXB staff is accurate and to objectively assess the extent and impact of the intervention. They are also done after the program ends to assess the long-term sustainability of the intervention. These are typically done by outside organization, such as universities or students specializing in the field, who have expertise in this area. For example, external evaluations on FXBVillages have been conducted by the Oxford Poverty and Human Development Initiative at the University of Oxford and, in addition, FXB is working with the FXB Center for Health and Human Rights at the Harvard T.H. Chan School of Public Health on the field education internship program.

3.5.0 ANNEXES

3.5.1 List of Acronyms

- AIDS** Acquired Immune Deficiency Syndrome
- ART** Anti-retroviral Therapy
- ARV** Anti-retroviral
- CBO** Community-based Organization
- CRC** Convention on the Rights of the Child
- CSO** Civil Service Organizations
- FXB** François-Xavier Bagnoud
- HIV** Human Immune Virus
- IGA** Income Generating Activities
- JCRC** Joint Clinical Research Center
- MDGs** Millennium Development Goals
- NGOs** Nongovernmental Organizations
- OVC** Orphans and Vulnerable Children
- PMTCT** Prevention of Mother-to-Child Transmission
- PLWA** People Living With AIDS
- SDGs** Sustainable Development Goals
- STI** Sexually Transmitted Infections
- VCT** Voluntary Counseling and Testing
- WaSH** Water, Sanitation and Hygiene



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Planning Guide:

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Introduction

This FXBVillage Planning Guide is a practical companion to the FXBVillage Toolkit. As you work your way through the toolkit, you will also complete a draft project plan that you can use to plan and implement your FXBVillage. This will also help you consolidate the ideas in the FXBVillage Toolkit and provide you with opportunities to reflect on what you have learned through direct application of the concepts in your own context.

As you make your way through the material in the toolkit, you will have accompanying activities and questions that will support you as you complete each portion of the plan. You should not consider the completed plan as the final version, but rather as a springboard to get you started, and as a plan that you can change as you go along.

Project Overview

In this section, you will state the rationale and goals for your FXBVillage as well as summarize the various country and community factors that will shape the implementation of your FXBVillage. The questions below are intended to guide you through the process. Please note that you will not have all the information to complete this section yet and that you will need to add to it as you progress through the FXBVillage Planning Guide and the FXBVillage Toolkit. Materials, forms and tools mentioned in this section may be found in the Appendix.

To complete this section, use your own document or the space below. You may want to review the [The FXBVillage Model](#) and [Guiding Principles](#) sections of the FXBVillage Toolkit to understand the foundational values and strategies that form the basis for the FXBVillage Methodology.

Instructions: Develop the rationale and primary goal for your FXBVillage.

Rationale: What is the history leading up to this project? What is the rationale for implementing your FXBVillage? You will need to conduct the [Feasibility Assessment](#) and [Community Assessment](#) before completing this section.

Country Context: Can you summarize the country-specific context, constraints and people that will shape the implantation of this project? You will need to conduct the [Feasibility Assessment](#) before completing this section.

Community Context: Can you summarize the community context, constraints and local stakeholders that will be involved in the implementation of this project? You will need to conduct the [Community Assessment](#) before completing this section.

Goal: In a few sentences, can you describe the ultimate goal of this project? What purpose will it serve? Who will it serve and how? How will this goal fit within your country context? Please review the FXBVillage Model: [Program Structure and Guiding Principles](#) in the toolkit to identify the primary goal for an FXBVillage.

General Project Timeline and Budget

	Year 0 ^a	Year 1	Year 2	Year 3
Feasibility Assessment and Analysis	█			
Staff Recruitment and Training		█		
Community Vehicle and Center		█		
Community Assessment and Analysis		█		
Family Identification and Selection			█	
Program Implementation			█	
Monitoring and Evaluation			█	
Total Budget	Feasibility Assessment and Analysis Costs + \$260,000 ^b			
FXB Financial Contribution to Participants		100%	75%	50%
Participant Financial Contribution		0%	25%	50%

a. The Year 0 timeframe and activities are variable. This could range from one to six months depending on existing resources, infrastructure, knowledge of the region and establishment of other FXBVillages nearby.

b. The approximate cost for an FXBVillage ranges from \$260,000-\$300,000 (USD) for the duration of the program. This value may change depending on the cost of living in the country.

Program Preparation

Feasibility Assessment and Analysis

In this section, you will conduct an initial assessment and analysis of the prospective region to determine the feasibility of implementing an FXBVillage there. As you start the investigation process, you will need to identify and engage with key stakeholders, community members, other NGOs and faith-based groups to develop a more comprehensive view of the community and your potential target population. This process may take one to several months depending on your country context.

The questions below are designed to guide you through the process. Feel free to create your own document or add additional pages to this one. You may also want to refer to the [Feasibility Assessment and Analysis](#) and [Budgeting](#) sections of the FXBVillage Toolkit as you complete this section.

Tools: Project Budget Template
Project Timeline Template

Instructions: 1. Conduct an initial assessment and analysis for the target region and determine the feasibility of implementing an FXBVillage.

Infrastructure and Local Services

What local services and infrastructure exist that would support an FXBVillage? You may want to consider and research the following:

- A. Schools, vocational training centers and universities
- B. Hospitals, health centers, health dispensaries or private clinics
- C. Potable water supplies that might come in the form of wells, springs, etc.
- D. Transportation and road conditions
- E. Available/alternative markets or clients for a small business
- F. Availability of housing
- G. Faith-based organizations
- H. Local NGOs
- I. Private and governmental services
- J. Local institutions like village-level committees

Partnerships

What partnerships do you need to form to implement your FXBVillage? Remember that FXB partners with existing service providers (i.e., health centers, schools, other NGOs) and uses existing local infrastructure rather than create its own. You may want to consider the following:

- A. Food distribution organizations
- B. Health centers and family planning clinics



The minimum infrastructure and support needed to implement an FXBVillage are schools, a market for a small business, a local health system and support from the local community leaders.

Participants must have some type of housing by the end of the program. Therefore, related costs should be included in the budget.

Barriers to Implementation

- C. International or local NGOs
- D. Faith-based organizations
- E. Schools and universities
- F. Informal networks
- G. National and local authorities and leaders
- H. Local associations or clubs (women, youth, etc.)
- I. Community members and families
- J. Other

1. What are the factors that may create the greatest risk to successful implementation of your FXBVillage? What are some potential mitigation strategies? You may want to consider and research the following:
 - A. Environmental (i.e., flooding, drought, soil quality, etc.)
 - B. Cultural (i.e., marginalized groups, gender discrimination, discrimination against those who are ill, etc.)
 - C. Technological (i.e., cost, access, etc.)
 - D. Political (i.e., conflict or war, corruption, etc.)
 - E. Economic (i.e., high taxes, inflation, market availability, currency depreciation, etc.)
 - F. Legal (i.e., taxes, existing policies about orphans and vulnerable children, land and inheritance rights, birth and marriage legalization, etc.)
 - G. Other
2. Using the Project Timeline Template, estimate how much time you will need to conduct the Feasibility Assessment. This will be in addition to the three-year timeline for the FXBVillage implementation.
3. Estimate your costs to conduct the Feasibility Assessment. This will be in addition to the funding needed for your FXBVillage program. You may use the Project Budget Template or create your own. You may want to think about the following:
 - A. Accommodation
 - B. Transportation
 - C. Food
 - D. Computer and mobile expenses
4. Using the information you have gathered from this assessment, please return to the [Project Overview section](#) to revise and complete the information for your project rationale and country context.

Staff Recruitment and Training

In this section, you will identify the staff positions, characteristics and training needed for your FXBVillage team. You will also consider how this will impact your budget and timeline as well as identify and describe adaptations you might make based on your country context.

Tools: Example Job Descriptions—China

Example Job Descriptions—Rwanda

Example Job Descriptions—Colombia

Project Budget Template

Project Timeline Template

- Instructions:**
- Review the information [Staff Recruitment and Training](#) and [Budgeting](#) sections in the toolkit. Consider the following questions for your own country context, referring to the toolkit for guidance, examples and general procedures.
 - In addition to the essential qualities mentioned in the toolkit, are there others that may be necessary for your team to operate at its best?
 - What positions do you think will be critical for your operation? Depending on your country context and available resources, what positions and functions could be combined, adapted, outsourced or eliminated?
 - Are there any other positions you will need to hire people for that were not mentioned in the toolkit? If so, how might that affect your budget?
 - Based on the challenges you learned about in the toolkit, what challenges do you anticipate your team might face?
 - How will you evaluate, promote and retain your staff? Be sure both the staff and participants feel a sense of ownership of the program.
 - Write a job description for each of the roles that you determined in Question 1 above or that were mentioned in the toolkit. For further information, look at the Example Job Descriptions.
 - Estimate your costs for staffing based on the information in the toolkit. You may use the Project Budget Template or create your own.
 - Using the Project Timeline Template, estimate when you plan to hire staff and how long the process will take. Are there other sub-activities that you may need to plan for (i.e., posting the job, interviewing, etc.)? If so, include those on the timeline as well.
 - Outline a training program for your staff for the three-year duration of the program. You may want to consider the following:

- How long will your orientation period be and what should your goals be for those initial training sessions?
 - What training goals will you have for each year? Estimate the number of training sessions you will need to accomplish those goals.
 - How will you assess the effectiveness of the training? Some examples of assessment you could develop would be quizzes, tests, role plays, field training and staff self-assessments.
- Using the Project Timeline Template, estimate when your training sessions will be and how long they will take. Are there other sub-activities that you may need to plan for (i.e., developing training materials, staff evaluation and feedback sessions, etc.)? If so, include those on the timeline as well.

Community Center and Vehicle

In this section, you will identify transportation options and a community center needed for your FXBVillage. You will also consider how this will impact your budget and timeline as well as identify and describe adaptations you might make based on your country context.

Tools: Project Timeline Template

Project Budget Template

- Instructions:**
- Review the information in the [Community Vehicle and Drop-in Center](#) section of the toolkit. Consider the following questions for your own country context.

Community Vehicle

- Would a vehicle be suitable for your country context? If so, what kind of vehicle? If not, what other transportation options exist?
- How much of your budget do you think you should allocate toward a vehicle or transportation?
- Are there other costs related to owning a vehicle that you need to consider (e.g., gas, maintenance, insurance, etc.)?

Community Center

- Are there any locations that might be suitable for a community center based on the characteristics mentioned in the toolkit?
- Are there partnerships you might need to form to access a community center?
- Would there be costs that would affect your budget?

2. Estimate your costs for a community center and a community vehicle based on the information in the toolkit. You may use the Project Budget Template or create your own.
3. Using the Project Timeline Template, estimate when you plan to hire and train staff, purchase a vehicle and acquire a community center. Are there other sub-activities related to these that you need to plan for? If so, include those on the timeline as well.

Community Assessment and Analysis

In this section, you and your staff will conduct a more in-depth assessment and analysis of your target population. Working with key stakeholders, community members, other NGOs and faith-based groups that you identified previously, your aim is to develop a more comprehensive view of the community and your potential target population. You will also plan your budget and timeline accordingly, as this process may be several months long depending on your country context.

The questions below are designed to guide you through the process. Feel free to create your own document or add additional pages to this one. You may also want to refer to the [Community Assessment and Analysis](#) and [Budgeting](#) sections of the toolkit as you complete this section.

Tools: Project Budget Template

Project Timeline Template

Instructions: 1. Conduct a community assessment and analysis for your target region.

Identify Vulnerable Regions

What is the poverty threshold for your region and which groups of people fall below that threshold? Who are the most vulnerable groups and where are they located? You may want to contact your local government center about vulnerable regions and/or use existing governmental data about poverty and vulnerability to select your region. Please refer to the [Community Assessment and Analysis](#) section of the toolkit for information on the criteria related to identifying the most vulnerable populations.

Situation Analysis

What are the demographics of your target population? What country-specific challenges are families facing? What community coping responses currently exist? You may want to consider and research the following:

- A. Access to safe drinking water via springs, wells, using water-purifying pills, etc.
- B. Hygiene and sanitation conditions
- C. Condition, quantity and cost of available housing

- D. Prevalence of HIV/AIDS or other major diseases
 - E. Availability of health facilities
 - F. Number of school dropouts
 - G. Status and performance of schools
 - H. Types of economic activities available
 - I. Presence of a potential market or clients for small business development
 - J. Environmental conditions (i.e., flooding, drought, etc.)
 - K. Conflict or discrimination between various groups
 - L. Policies related to the care and protection of orphans and vulnerable children (OVC)
 - M. Transportation issues (i.e., distances to work, schools and health centers)
 - N. Other
2. Estimate your costs to conduct this assessment. You may use the Project Budget Template or create your own. You may want to consider the following:
 - A. Accommodation
 - B. Transportation
 - C. Food
 - D. Computer and mobile expenses
 3. Using the Project Timeline Template, estimate the time it will take you to conduct this assessment.
 4. Using the information you have gathered from this assessment, please return to the [Project Overview section](#) to revise and complete the information for your project rationale and community context.

Family Identification and Selection

In this section, you will develop a general process to select the 80–100 families that will form your FXBVillage. Please remember that the selection of families is one of the most important stages in implementing an FXBVillage and requires careful thought and planning. You will also plan your budget and timeline accordingly. Feel free to create your own document or add additional pages to this one.

Tools: Project Budget Template

Project Timeline Template

Example Identification and Selection Tool—Uganda

Example Identification and Selection Tool—Colombia

Example Identification and Selection Process—Uganda

Example Identification and Selection Process—Colombia

Instructions: 1. Review the information in the toolkit regarding [Family Identification and Selection](#).

2. Consider the following questions as you decide how best to select the 80–100 most vulnerable families in your area.

- A. Are there organizations or other stakeholders that might be able to help narrow down the number of potential families? Without this help, the identification and selection process could take significantly longer than the suggested month mentioned in the toolkit and impact the overall project timeline.
- B. Are there criteria that should automatically exclude a family (i.e., heavy drug use, migratory status, presence of other families, etc.)?
- C. What criteria will you use to determine the degree of vulnerability of the family and how will you measure it? Remember to consider the following, which are listed in order of priority:
 1. Poverty level
 2. Number of school-aged children and their educational status
 3. Level of interest, commitment and motivation to participate in the program
 4. Participants' capacity to work or their potential to work with proper nutrition and health care
 5. Health status of the head of household and dependents
 6. Family problems that might prevent successful implementation of the IGA (Income Generating Activity)
 7. Housing quality



Are participants engaged in an activity such as seasonal work that requires that they leave the community periodically? If they are not fully present during the program, this will significantly impact their overall success.

If the target family lives with other families, this may impact their success, as families who are not involved in the program tend to have a negative influence on the FXB family.



Ideally, participants own the housing or have the potential to own by the end of the program's three years

- D. Will some criteria be more important than others? If so, how will you incorporate this prioritization into your selection decision?
 - E. How will you handle families who are not selected but are still vulnerable?
3. Develop an identification and selection tool as well as general process that will help you and your team choose the families for your FXBVillage. Please review the documents in the Tools section above for examples of how different countries have designed their Identification and Selection Tools and processes.
 4. Estimate your costs to conduct this identification and selection process. You may use the Project Budget Template or create your own. You may want to consider the following:
 - A. Transportation
 - B. Food
 - C. Computer and mobile expenses
 5. Using the Project Timeline Template, estimate the time it will take you to identify and select the families.



Implementation: Program Components

In this section, you will review FXB’s integrated approach to poverty eradication and plan the implementation of the activities mentioned in the toolkit. You will also identify and describe the potential challenges you might face that could impact your program’s overall success and develop strategies to mitigate these. Feel free to create your own document or add additional pages to this one.

Tools: Example Project Timeline

Project Timeline Template

Project Budget Template

Instructions: Program Component Activities Timeline

1. For each of the program components, list the activities you would need to take to implement each component and estimate the time you think each step would take in the Project Timeline Template. You may want to review the [Implementation: Program Components](#) and [Budgeting](#) sections in the toolkit and the Example Project Timeline as you complete the activities.
2. List any additional steps that you feel are necessary in your context but aren’t listed in the toolkit.

Budget

1. For each program component, estimate the costs related to each activity and add them to the Project Budget Template.
3. List any additional costs you think would be relevant for your context.

Challenges and Potential Solutions

In the following table, list some of the challenges you anticipate implementing in each of the program components in your context and some possible solutions for each. Remember these may change once you start your program implementation. You may want to refer back to the examples in the toolkit in the [Implementation: Program Components](#) section as well as consider information you researched in your initial assessment and analysis. Feel free to use the table below or create your own.

	Program Components	Challenges	Potential Solutions
Health	General Health		
	Psychosocial Counseling		
	HIV/AIDS Prevention and VCT		
Housing	WaSH		
	Nutrition		
Education	General Education		
	Early Childhood Development		
	Child Rights		
Business	Income Generating Activity (Individual)		
	Income Generating Activity (Collective)		
	Participant Groups		
	Micro-credit and Savings		

Monitoring and Evaluation (M&E)

In this section, you will plan and develop a strategy to monitor and evaluate the progress of your FXBVillage. You will start by developing an overall picture of the M&E process and identifying the final outcomes that you will use to measure success in each of the program components. You will then identify the key stages of the M&E process and the tools needed for each stage. Feel free to create your own document or add additional pages to this one.

Tools: [Project Timeline Template](#)

[Project Budget Template](#)

[SMART Objectives Guidelines](#)

[Data Collection Tools](#)

[Household Questionnaire](#)

[Household Register \(Part 1 and Part 2\)](#)

[Household Visit Forms](#)

[Child Status Index Form](#)

[MUAC Information](#)

[Report Template](#)

Instructions: [Monitoring and Evaluation \(M&E\) Stages](#)

1. In the toolkit, review the [Monitoring and Evaluation](#) section.
2. In the Project Timeline Template, plan out when you and your team will complete each stage of the M&E process.

Identify Program Objectives

1. FXB uses SMART Objectives to define its overall program objectives and monitor progress toward success and identify areas that need improvement. Review the information on SMART Objectives below and look over the abbreviated example for the health program component. Feel free to use the official SMART Objectives Guidelines for FXB.
 - A.** Do you anticipate any problems that might prevent your team from meeting these goals? What can you do to mitigate these?

- B.** Are there intermediate checkpoints that you need to plan for that would help you monitor the progress of the families and the overall success of your FXBVillage?

SMART Objectives

Program Component: **Health**

Primary objective/outcome:

Example: To ensure that by Year 3 at least 85% of participant households have access to health care (i.e., being able to obtain treatment when required, including being able to cover the costs).



Please note that the ultimate goal should always be 100% of families, but due to country-specific circumstances, this may not always be possible. Sometimes, because of country-specific challenges, targets are not met. FXB uses these experiences to identify and analyze why specific objectives were not met and what lessons can be learned to improve in the future.

Explanation:

- S** **Specific.** This objective clearly states what will be done, which is to “provide households with the ability to obtain health treatment and cover their costs.”
- M** **Measurable.** The phrase, “at least 85% of participant households,” indicates how this objective will be measured.
- A** **Achievable.** “At least 85%” is a significant number and even implies that more is possible. However, it is not possible given the team’s abilities, resources and skills.
- R** **Results-focused.** This objective focuses on the final outcome of “at least 85% of households having access to health care” rather than the details of how to do it.
- T** **Timebound.** There is a definite timeframe stated to achieve this objective: by Year 3 of the program.

Activities to Achieve this Objective

- Example:**
- Provide disease-prevention material (i.e., soap, mosquito net, jerry cans, etc.)
 - Provide basic medical assistance
 - Provide psychosocial support
 - Provide access to health care services, including reproductive and sexual health services
 - Provide health education
 - Monitor health status, including health-seeking behavior and adherence to treatment

Explanation:

This section indicates the activities, or smaller steps, you and your team will take to achieve each SMART objective.

Indicator	Definition	Target	Data Collection Tool	Frequency of data collection and reporting	Person responsible for data	Reporting
An indicator is a tool that helps to measure your objective. It helps break larger goals into smaller and more manageable chunks.	This section clarifies any wording in the “Indicator” section that may be ambiguous or vague.	This is a measurable quantity for each indicator.	This is where you indicate how you will collect the data. Some forms may already exist (school registers), while others you may need to create.	This section indicates how often data is collected and reporting is done.	This section indicates which person(s) will be responsible for collecting the data and summarizing and writing any reports.	This section indicates to whom any reports will be sent, how they will be sent and what will be done with the reports.
Number of households having received disease prevention materials.	Received refers to full package of mosquito nets, jerry cans, etc.	90% of households.	Purchasing and supply distribution registers.	Data collection at distribution; reporting is quarterly.	FXBVillage team.	Report summarized and sent by Internet to FXB headquarters in Geneva.





The number of tools needed is indicated in the parentheses.

Data Collection

1. Look at the table below. Reviewing the information in the M&E section of the toolkit, identify and list the main forms needed for each main stage of the M&E process. The first one has been done for you. You can check your [Answers](#) at the end of the FXBVillage Planning Guide.

Stage	Data Collection Forms
Beginning of program (1)	Household questionnaire (baseline)
Weekly and bimonthly home visits (4)	
End of Year 1 (1)	
End of Year 2 (1)	
End of program (1)	

2. Please review the Data Collection Tools spreadsheet in the Tools list above and identify and categorize the tools needed for each of the program components below. Write them in the table. Please be aware that you may also need to create other tools depending on your country context.

Program Components	Data Collection Forms
General Health (3)	
Psychosocial Counseling (2)	
HIV/AIDS Prevention and VCT (4)	
Nutrition (3)	
Housing/WaSH (2)	
General Education (6)	
Early Childhood Development (3)	
Child Rights (4)	
Income Generating Activity (3)	
Participant Groups (2)	
Micro-credit and Savings (2)	



FXB uses a variety of software to collect and analyze data. These include spreadsheet applications such as [Excel](#) and [Google Sheets](#) as well as data management systems such as [CSPro](#) and [Kobo Toolbox](#).

Data Entry and Analysis

You may want to think about the following when setting up your M&E system for data entry and analysis:

1. Once you have collected your data, how will you store and analyze the data? If you need to purchase software or hardware, how will this affect your budget? How will this affect your timeline? Are there different types of data that require different databases?
2. Consider how you want to analyze the data.
 - A. Do you want to compare data across families? Do you want to see how each family progresses over time? Do you want to monitor their progress at particular stages in the process? You may want to review the Report Template as you think about how to analyze the data.
 - B. Do you want to use software or analyze data manually? If you use software, which software will allow you to do this as efficiently as possible? Is this going to affect your budget? Will you need another staff member to perform such analysis or is a current staff member able to do this work?
3. How will you use this data to improve your program?
4. Consider what kind of training you and your staff will need to enter data and conduct analyses. How will this affect your timeline and budget?
5. Consider the time it takes to enter data for 80–100 families. Will your staff have enough time to do this in addition to their other responsibilities? In what ways can you streamline the data collection and analysis process while still maintaining data quality?
6. How will you ensure that staff maintains data quality during the collection and data-entry phase?
7. Estimate the time it will take you to collect and analyze data.
8. Estimate your costs for data collection and analysis. You may use the Project Budget Template or create your own.

Data Reporting

After analyzing your data, you will need to consider how you'll summarize it into useful information. You may want to review the Report Template as you consider the following:

1. Who will you need reports for? How often will you need to create reports?
2. What information is the most relevant to capture and how will you display that in the report (i.e., success stories, graphs, etc.)?
3. Estimate the time it will take you and your team to summarize the data and create reports as well as the frequency of reporting. You may use the Project Timeline Template or create your own.

Ethics, Privacy and Data Security

1. How is the data you collect going to be used?
2. How will you ensure that the privacy of all families is maintained?
3. Will you need to encrypt and unidentify your data?
4. What systems and processes do you need to implement to ensure the privacy and security of your data? Will you need any special software to do this? How will this affect your budget?
5. Consider what kind of training you and your staff will need to maintain privacy and data security. How will this affect your timeline and budget?
6. Estimate any costs related to maintaining data privacy and security. You may use the Project Budget Template or create your own.

Program Evaluation

As part of assessing the extent and impact of your FXBVillage program, you will need to consider having a program evaluation done periodically. This may be done later as your program matures and processes are more established. You may want to consider the following for a program evaluation:

1. Who will conduct the evaluation?
2. How will the evaluation be funded?
3. How will you use this information to improve your processes?



Answers

Monitoring and Evaluation and Data Collection

Stage	Data Collection Forms
Beginning of program (1)	Household questionnaire (baseline)
Weekly and bimonthly home visits (4)	Household Register Part 1 and 2 Social Worker Visit Form Nurse Counselor Form Child Status Index (CSI) Table + CSI Form
End of Year 1 (1)	Household questionnaire
End of Year 2 (1)	Household questionnaire
End of program (1)	Household questionnaire (endline)
Program Components	Data Collection Forms
General Health (3)	Medical Treatment Form Attendance List (for events and trainings) Club Activity Form
Psychosocial Counselling (2)	Medical Treatment Form Club Activity Form
HIV/AIDS Prevention and VCT (4)	HIV/AIDS Counseling and Testing Form Medical Treatment Form Attendance List (for events and trainings) Club Activity Form
Nutrition (3)	Items Distribution Form Attendance List (for events and trainings) Club Activity Form
Housing/WaSH (2)	Items Distribution Form Attendance List (for events and trainings)
General Education (6)	Vocational Tracking Form School Progress Summary Form Early Childhood Development Form Items Distribution Form Attendance List (for events and trainings) Club Activity Form
Early Childhood Development (3)	Early Childhood Development Form Attendance List (for events and trainings) Club Activity Form
Child Rights (4)	Child Abuse Reporting Form Child Protection Monthly Tracking Form Attendance List (for events and trainings) Club Activity Form
Income Generating Activity (3)	IGA and Economic Tracking Form Attendance List (for events and trainings) Club Activity Form
Participant Groups (2)	Attendance List (for events and trainings) Club Activity Form
Micro-credit and Savings (2)	Club Activity Form







Closing Thoughts:

Thank You:

A Message from Albina du Boisrouvray, FXB Founder and President Emerita



FXB Founder and President Emerita Albina du Boisrouvray and her son, François-Xavier Bagnoud.

(Photo: Philippe Ledru Sigma par Monique Plemianikoff)

Extreme poverty cuts across geography, ethnicity, race and religion. It affects men, women and children, both young and old. It permeates the social fabric of the societies we build and the communities we call home. And most of all, the cyclical nature of poverty makes it nearly impossible for vulnerable families and children to overcome it without outside support.

When I set out to establish FXB more than two decades ago, I had one goal in mind: tackling extreme poverty throughout the world and fulfilling the passion of my late son François, who dedicated his life to rescue missions. But I knew we had to do something different than the organizations and relief agencies that came before and have come since. The FXBVillage model has been and remains successful because it is unique. Inspired by the human rights framework, the FXBVillage model recognizes the importance of providing people with their basic rights, while also coaching them on how to meet their own needs.



Our model tackles extreme poverty by addressing its many facets simultaneously. We ensure children attend school and families have access to health care and food to eat. We help people build more sustainable homes and start their own businesses. Overall, we coach families on how to remain self-sufficient—long after we leave.

To date, our work has taken us from the rural communities in China to the urban slums in Colombia and many countries in between. We've worked with single mothers and grandparents raising children alone. We've helped raise children who have become orphaned because of HIV/AIDS or war, who would otherwise drift away to a discarded generation. And although we've changed the lives of tens of thousands of people, our work is far from complete. Extreme poverty still permeates the world, affecting children and families who desperately need assistance to overcome it for the long term.

As we look to the Sustainable Development Goals and embark on a journey to improve the lives of the poor by 2030, we must use approaches that recognize the critical links between human rights, public health and the meaningful empowerment of individuals and communities. In the spirit of both François' dedication to serving others and helping us reach these goals, I am deeply honored to share the FxBVillage model with you. This toolkit represents more than 25 years of sustained effort to eradicate extreme poverty in the world by changing lives, one individual at a time. I hope the material helps you in your own new or existing poverty relief efforts, or provides context for your research. Guided by this approach, we can tackle extreme poverty around the world; raise the children who have been cast out and comprise the discarded generation; and give all families an opportunity for a successful future.






Authors

The FxBVillage methodology was developed by Albina du Boisrouvray, FXB Founder and President Emerita, with participation and input from FXB International and FXB field teams around the world. In efforts to share this work with the world, Albina and FXB collaborated with experts from Harvard University who helped turn the methodology into this educational manual.

Many of the photographs in this manual were captured in the field by Jillian Edelstein. FXB is grateful for her beautiful work and contribution.

The release of the FxBVillage Toolkit and Planning Guide would not have been possible without the ongoing encouragement of the FXB board and global circle of FXB supporters, including activists, thought leaders, change agents, program participants and academics who have championed the work of FXB over the past 26 years and continue to do so today.

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Appendix:

Online Resources

[Millennium Development Goals](http://www.un.org/millenniumgoals/)

<http://www.un.org/millenniumgoals/>

[Convention on the Rights of the Child](http://www.ohchr.org/en/professionalinterest/pages/crc.aspx)

<http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

[Financial Literacy Information](http://www.bancadelasoportunidades.com/contenido/contenido.aspx?conID=693&catID=301&pagID=1072)

<http://www.bancadelasoportunidades.com/contenido/contenido.aspx?conID=693&catID=301&pagID=1072>

[WaSH](http://www.unicef.org/wash/index_43084.html)

http://www.unicef.org/wash/index_43084.html

[MEASURE evaluation](http://www.cpc.unc.edu/measure/)

www.cpc.unc.edu/measure/

[SMART Objectives for Public Health](http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html)

http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html

[Cultural Sensitivity](http://www.unesco.org/new/en/culture/themes/culture-and-development)

<http://www.unesco.org/new/en/culture/themes/culture-and-development>

Online Resources

Following are links to the various tools and forms mentioned in the FXBVillage Planning Guide that can be accessed online, downloaded and printed for use in the field.

- [Example Job Descriptions](http://bit.ly/1JvwcDL) (http://bit.ly/1JvwcDL)
- [Example Project Timeline Template](http://bit.ly/1KoS3u8) (http://bit.ly/1KoS3u8)
- [Project Budget Template](http://bit.ly/1OZk5Nq) (http://bit.ly/1OZk5Nq)
- [Example and Identification and Selection Tool—Uganda](http://bit.ly/1HLnkl2) (http://bit.ly/1HLnkl2)
- [Example and Identification and Selection Tool—Colombia](http://bit.ly/1OZjo6X) (http://bit.ly/1OZjo6X)
- [Selection Process—Uganda](http://bit.ly/1JLwLGf) (http://bit.ly/1JLwLGf)
- [Selection Process—Colombia](http://bit.ly/1GqduqO) (http://bit.ly/1GqduqO)
- [Interviewer’s Manual for Household Questionnaire](http://bit.ly/1J4xTo8) (http://bit.ly/1J4xTo8)
- [Household Questionnaire](http://bit.ly/1JvwlXN) (http://bit.ly/1JvwlXN)
- [Household Register \(Part 1 and Part 2\)](http://bit.ly/1EfnC7t) (http://bit.ly/1EfnC7t)
- [Household Visit Forms](http://bit.ly/1GBfT7o) (http://bit.ly/1GBfT7o)
- [Child Status Index Form](http://bit.ly/1bxaW1K) (http://bit.ly/1bxaW1K)
- [Data Collection Tools](http://bit.ly/1b7wfGE) (http://bit.ly/1b7wfGE)
- [Program Checklists](http://bit.ly/1z746ep) (http://bit.ly/1z746ep)
- [Report Template](http://bit.ly/1A7iKgO) (http://bit.ly/1A7iKgO)
- [SMART Objectives Guidelines](http://bit.ly/1PNvlyM) (http://bit.ly/1PNvlyM)

Self-Check Questions

Instructions: Please answer the questions below to test your knowledge of some of the basic concepts for an FXBVillage and then check your answers in the [Self-Check Answers](#).

Budgeting

Please answer T or F to the following statement:

The cost to start an FXBVillage is \$260,000.

Please select the correct answer to the following question:

While creating your budget, you need to estimate the costs for educational fees and supplies for the children. To calculate these costs, you need to estimate how many children (including teens and adolescents) there might be in an FXBVillage. What percentage of the population would you use to estimate the number of children for your FXBVillage?

- a. About half of the population are children
- b. Less than 30% of the population are children
- c. More than 60% of the population are children

Feasibility Assessment

Which of the following are the minimum infrastructure and support that need to exist to start an FXBVillage? Please select all that apply.

- a. Schools
- b. Paved roads
- c. Local health system
- d. Market for a small business
- e. Potable water supply
- f. Local government support

Which of the following would be suitable regions in which to implement an FXBVillage? Please select all that apply.

- a. **Region 1**—This region is located in a desert area where all families are very spread out. The children are usually sent to boarding schools and the access to health care services is limited by the distance to those services. Because of the distance, there is very low access to markets.
- b. **Region 2**—This region is located in a remote and mountainous area. Market availability is quite poor, but the area is inhabited by many people living a traditional life. Education is not free and the quality of the health care services could be better.
- c. **Region 3**—This region is located in a city where income inequalities are noticeable. The poor are living in shanty houses on the hills and the wealthy live in fancy houses in the suburbs. Education and medical services are not a problem, except for the costs incurred. However, because people tend to put all their waste into latrines, the groundwater becomes contaminated which, limits the supply of potable water.
- d. **Region 4**—This region is located in a country in which the quality of life is fair. Education is free, health care services are available and buying the minimum health insurance coverage is cheap. The local infrastructure is also of good quality. However, the area has high unemployment rates for young people and women.

Staff Recruitment and Training

Selecting the right team is essential when starting an FXBVillage and depends on certain characteristics. Which of the characteristics below are necessary for an FXBVillage team? (Hint: There are six.) Select all that apply.

- 1. Local
- 2. Empathetic
- 3. Highly-educated
- 4. Good listener
- 5. Patient
- 6. Good communicator
- 7. Gender-balanced
- 8. Punctual
- 9. Multilingual

A participant has been fighting with other family members over who owns the rights to a plot of land. Which staff member(s) would be the best person to help resolve the dispute? Select all that apply.

- 1. Nurse
- 2. Coordinator/Driver
- 3. Social Worker
- 4. Child Right’s Officer
- 5. HIV/AIDS Officer
- 6. Bookkeeper

If a participant needs advice on how to improve their IGA (Income Generating Activity), which staff member(s) should advise him or her? Select all that apply.

- 1. Nurse
- 2. Coordinator/Driver
- 3. Social Worker
- 4. Child Right’s Officer
- 5. HIV/AIDS Officer
- 6. Bookkeeper

A new shipment of food supplies and equipment has arrived and needs to be organized, sorted and distributed to the families. Which staff member(s) would be primarily responsible for this? Select all that apply.

- 1. Nurse
- 2. Coordinator/Driver
- 3. Social Worker
- 4. Child Right’s Officer
- 5. HIV/AIDS Officer
- 6. Bookkeeper

A participant has just arrived at the community center needing help. She looks extremely malnourished and there are several dark bruises on her upper arms. Which staff member(s) would be the best person(s) to assist her?

1. Nurse
2. Coordinator/Driver
3. Social Worker
4. Child Right's Officer
5. HIV/AIDS Officer
6. Bookkeeper

Please select the correct answer to the following question:

You are just starting to develop your training program for staff in Year 1. What should be your primary focus for this year?

- a. Provide in-depth training on monitoring and evaluation practices
- b. Provide training to help staff achieve program goals
- c. Provide training on the FXB methodology from a theoretical and practical standpoint
- d. All of the above

Please select the correct answer to the following question:

You are a Program Manager developing training for your staff in Year 2. What areas should be your main focus for this year?

- a. Provide in-depth training on program activities that help staff meet program goals
- b. Provide customized training depending on staff needs
- c. Provide in-depth training on monitoring and evaluation
- d. All of the above

Please answer T or F to the following statement:

The final year of staff training should focus on helping staff develop strategies to transition out of their support roles with the families.

Community Vehicle and Community Center

Please select the correct answer to the following question:

What are the four main characteristics needed for a community center?

1. Safe
2. Modern
3. Comfortable
4. Accessible
5. Welcoming
6. Well-equipped
7. Flexible
8. Furnished

What are the benefits of having a community vehicle? Select all that apply.

1. Allows access to remote locations
2. Provides protection from the environment
3. Used to transport staff and supplies
4. Allows for timely and regular visits

Community Assessment and Analysis

Please answer T or F to the following statement:

The primary goals of the community assessment and analysis are to identify and select the families for the FXBVillage.

Please select the correct answer to the following question:

You are conducting a community assessment for a target region and have identified several potential groups to be the focus of the intervention. Which of the following groups would you choose as the most vulnerable?

- a. **Group A**—This group of families is located in a rural area and most of the children have dropped out of school. Most of the families also have to take care of elders, as they are not able to take care of themselves. The families show a high level of willingness to develop and move ahead in life, but their development has been slowed by many problems and they have not been able to figure their way out.
- b. **Group B**—This group of families has no problems sending their children to school and families are headed by both the mother and the father. However, the father is currently unemployed and the mother has to take care of the children.
- c. **Group C**—This group of families has financial problems, struggles to send their children to school and does not often have access to health care services. However, all these families benefit from the help of relatives or friends regarding employment, food and other support.

Family Identification and Selection

Please select the correct answer to the following question

Which of the following families would you select to be part of your FXBVillage?

- a. Family 1—This family is a child-headed family consisting of 4 children. The village leader mentioned that they live in the target area only during holidays, as their grandmother takes care of them during the school year in the capital of the country.
- b. Family 2—This family is headed by a couple with 8 children. The father is hard working and already has 2 hectares of land that produce tomatoes, cabbage and carrots.
- c. Family 3—This family is a single-mother household with 5 children. The mother is currently under ARV treatment for HIV and works doing temporary unskilled jobs.

Please answer T or F to the following statement.

Families who are not selected for an FXBVillage cannot participate in any program activities.

Program Components Health

General Health: Please select the correct answer to the following question:

Which of the following is the primary goal of the health component?

- 1. Provide continuous financial and medical support to families to regain and sustain their health
- 2. Treat families who are sick to help them regain their health and ensure they can maintain their health
- 3. Providing families with the tools and resources needed to regain their health status and stay healthy in the long-term

Please select the correct answer to the following question:

You have just implemented your FXBVillage and are working on implementing the health component with the families. Every week, the nurse gives workshops to the families talking about appropriate steps they need to take to stay healthy. However, you notice that the families do not consistently practice the habits and tend to return to the old way of doing things. Which of the following would be the best way to address this problem?

- a. Use alternative communication methods such as role plays, theater skits and artwork
- b. Consult one-on-one with the families who are having the most trouble changing their behavior
- c. Use role models from the community to demonstrate the advantages of using FXB’s methods
- d. All of the above

Psychosocial: Please select the correct answer to the following question:

What is the purpose of the psychosocial counseling component?

- a. Reduces feelings of social isolation
- b. Helps participants gain greater perspective on their problems
- c. Reduces stigma and fosters and strengthens relationships between participants, their families and the community
- d. All of the above



HIV/AIDS Prevention and VCT: Which of the following would be the goals for this component? Choose all that apply:

- a. Prevent HIV infection
- b. Organize training and sensitization sessions to educate participants on the importance of HIV and AIDS prevention and VCT
- c. Change people’s perceptions of HIV/AIDS to increase empathy and reduce fear
- d. Improve the living conditions of PLWHA
- e. Encourage men to get VCT and to be more involved in the prevention and care process
- f. Increase participants’ knowledge of their HIV status so they can seek treatment

Please select the correct answer to the following question:

You are just in the beginning stages of implementing an FXBVillage in your area and you need to identify which participants have HIV so they can start receiving anti-retroviral treatment. However, participants, particularly men, do not want to take the test because of the potential stigma and discrimination. Which of the following would be your best course of action?

- a. Make HIV testing a requirement at the beginning and inform participants that the results will be confidential.
- b. Inform and involve all stakeholders at the beginning of implementation. Hold regular sensitization sessions for the community and the families, and ensure confidentiality for all participants. Strongly encourage men to get tested.
- c. Inform participants at the start of the program about HIV/AIDS prevention and emphasize the benefits of getting tested, particularly to the men. Ensure confidentiality for the process and results.

Education

General Education: Please select the correct answer to the following question:

You are about to give a presentation to a potential donor and are planning to talk about the importance of the education component. What reasons will you give to illustrate why this component is so important?

- a. Children who are educated can cope with life’s difficulties and responsibilities better
- b. They can give back to their communities through leadership roles, mentoring or economic activities.
- c. They are more likely to be financially self-sufficient.
- d. All of the above.

Please answer T or F to the following statement:

For areas that do not have schools, one of FXB’s responsibilities is to build a school.

Early Childhood Development: Please select the correct answer to the following question:

What is Filial-play Coaching used for?

- a. A technique used to help adults form better relationships with each other
- b. A technique used to help children develop better social and emotional skills in school
- c. A technique used to increase the interactions and bonding between parents and very young children

Child Rights: Please answer T or F to the following statement:

The primary goal of the Child Rights component is to ensure that a protective legal framework is created to support and ensure that children have access to their basic rights so they can meet their full potential.

Nutrition

Please select the correct answer to the following question:

Which of the following best defines FXB’s goal for the Nutrition component?

- a. Ensure that participants maintain a balanced diet and have enough food to eat
- b. Regain their health to prevent disease and become more productive
- c. Provide nutritional and financial support for families to regain their health

Housing/(WaSH)

Please answer T or F to the following statement:

FXB constructs housing for all participants.

Please select the correct answer to the following question:

What is one of the major challenges faced when implementing this component?

- a. Installing latrines
- b. Finding funding to construct houses
- c. Changing participant behaviors and attitudes
- d. Ensuring distribution and use of mosquito nets

Business

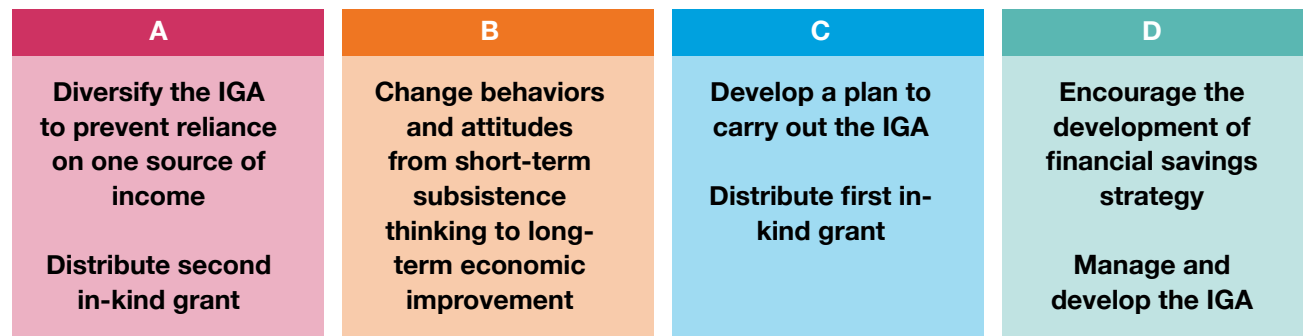
IGA: Please answer T or F to the following statement:

The sustainability of all program activities hinges on the success of the IGA component.

Please answer T or F to the following statement:

FXB gives participants money to start their IGA.

Put the following stages of the IGA development into its correct place on the timeline.



Micro-credit: Please answer T or F to the following statement:

Micro-credit is accessed during Year 1 of the program.

Participant Groups: Please select the correct answer to the following question:

What function(s) do the participant groups provide?.

- a. Provide support and solidarity to help ease difficulties surrounding HIV/AIDS and other challenges participants face
- b. Help each other to improve their living conditions
- c. Create a group savings fund that each member can borrow money from to improve their IGA, pay for medical bills or improve their house
- d. Form a collective IGA for further income generation which allows them access to micro-credit later in the program
- e. All of the above

What significant challenge did China face when forming participant groups?

- a. Gossiping and fighting
- b. Forming trust and solidarity
- c. Failure to launch a collective IGA
- d. None of the above

Monitoring and Evaluation

What are the main components of the Monitoring and Evaluation process? Select all that apply.

- a. Collecting data
- b. Surveying
- c. Entering and analyzing the data
- d. Writing reports
- e. Evaluating the program with an external assessor

Please select the correct answer to the following question:

How often is the household questionnaire administered throughout the duration of the program?

- a. Once
- b. Twice
- c. Three times
- d. Four times
- e. Every three months

Please select the correct answer to the following question:

How often should household visits be conducted?

- a. Once a month
- b. Twice a month
- c. Once every three months
- d. Once every six months



Self-Check Answers

Budgeting

Please answer T or F to the following statement:

The cost to start an FXBVillage is \$260,000.

Explanation: F

The cost to start an FXBVillage could be more than \$260,000. For first-time FXBVillages, there are additional costs incurred for recruiting and training staff, purchase supplies and equipment, as well as the expense incurred to conduct a feasibility assessment of a region.

Please select the correct answer to the following question:

While creating your budget, you need to estimate the costs for educational fees and supplies for the children. To calculate these costs, you need to estimate how many children (including teens and adolescents) there might be in an FXBVillage. What percentage of the population would you use to estimate the number of children for your FXBVillage?

- a. About half of the population are children
- b. Less than 30% of the population are children
- c. More than 60% of the population are children

Explanation: C

Typically, more than 60% of the population are children. An FXBVillage enrolls between 80–100 families, which could represent 500–700 people, with more than two-thirds of the participant population being children.

Feasibility Assessment

Which of the following are the minimum infrastructure and support that need to exist to start an FXBVillage? Please select all that apply:

- a. Schools
- b. Paved roads
- c. Local health system
- d. Market for a small business
- e. Potable water supply
- f. Local government support

Explanation: a, c, d, f

The minimum infrastructure and support that need to exist to implement an FXBVillage are: schools, a market for a small business, a local health system, and support from the local government. Paved roads are not necessary, although there should be some transportation infrastructure for staff to reach families. An existing potable water supply is also not necessary, as FXB can work with other organizations to construct at least one for each FXBVillage or families can use purification tablets or bleach.

Which of the following would be suitable regions to implement an FXBVillage? Please select all that apply.

- a. **Region 1**—This region is located in a desert area where all families are very spread out. The children are usually sent to boarding schools and the access to health care services is limited by the distance to those services. Because of the distance, there is very low access to markets.
- b. **Region 2**—This region is located in a remote and mountainous area. Market availability is quite poor, but the area is inhabited by many people living a traditional life. Education is not free and the quality of the health care services could be better.
- c. **Region 3**—This region is located in a city where income inequalities are noticeable. The poor are living in shanty houses on the hills and the wealthy live in fancy houses in the suburbs. Education and medical services are not a problem, except for the costs incurred. However, because people tend to put all their waste into latrines, the groundwater becomes contaminated, which limits the supply of potable water.
- d. **Region 4**—This region is located in a country in which the quality of life is fair. Education is free, health care services are available and buying the minimum health insurance coverage is cheap. The local infrastructure is also of good quality. However, the area has high unemployment rates for young people and women.

Explanation: b, c

Although Region 2 could be difficult to access, the density of the population shows that operating a small business should not be an issue. In addition, education and health services, although not the best, are available. Region 3 is also suitable for an FXBVillage as, poor families have several needs that have to be met, which could be achieved through the program methodology. Region 1 is not suitable for a classic FXBVillage, as close relationships with the participants are unlikely to be met because they are so difficult to reach physically. Furthermore, the low access to markets would make the development of the IGA component difficult. Region 4 is unlikely to be inhabited by extremely poor households, as the government seems able to provide education and health services. More work needs to be done by the government about improving employment opportunities, but the small businesses developed through the FXBVillage methodology are unlikely to allow families to reach the level of well-being other families may have.

Staff Recruitment and Training

Selecting the right team is essential when starting an FXBVillage and depends on certain characteristics. Which of the characteristics below are necessary for an FXBVillage team? (Hint: There are six.) Select all that apply.

- 1. Local
- 2. Empathetic
- 3. Highly-educated
- 4. Good listener
- 5. Patient
- 6. Good communicator
- 7. Gender-balanced
- 8. Punctual
- 9. Multilingual

Explanation: 1, 2, 4, 5, 6, 7, *8

While efficiency and being able to speak multiple languages are important qualities for teams in international environments, the best FXBVillage team is one that inspires trust among the participants, as this is vital to the success of an FXBVillage. Although not mentioned explicitly in the toolkit, punctuality for the staff is important because they serve as role models for the families. This also demonstrates their commitment to the families and motivates families to do their part to achieve the program goals. Typically, the following characteristics are essential for an FXBVillage team to build trust with participants:

1. Be local. This builds trust and communicates information in a culturally appropriate manner, allowing team members to remain “close” to the community and foster open dialogue.
2. Show empathy.
3. Have experience with poverty reduction initiatives at the community level. The team does NOT need to be highly educated, but they should have sufficient qualifications and experience.
4. Demonstrate a capacity to listen.
5. Be patient.
6. Communicate information clearly.
7. Aim to be gender balanced. Participants are usually single women who feel more comfortable being counseled by another woman. It is also necessary to have a man to facilitate constructive discussions during couples counseling and to avoid gender inequalities.

A participant has been fighting with other family members over who owns the rights to a plot of land. Which staff member(s) would be the best person to help resolve the dispute? Select all that apply:

1. Nurse
2. Coordinator/Driver
3. Social Worker
4. Child Right’s Officer
5. HIV/AIDS Officer
6. Bookkeeper

Explanation: Child’s Right’s Officer

The Child’s Rights Officer can serve as a legal advocate to help participants facing legal challenges related to their displaced or orphaned status. This staff member also helps with other legal functions such as resolving land disputes, securing inheritance rights or formalizing foster relationships and adoption.

If a participant needs advice on how to improve their IGA (Income Generating Activity), which staff member(s) should advise him or her? Select all that apply:

1. Nurse
2. Coordinator/Driver
3. Social Worker
4. Child Right’s Officer
5. HIV/AIDS Officer
6. Bookkeeper

Explanation: Social Worker

The social worker would be the staff member most likely to give advice. However, if the Nurse or the Coordinator/Driver has knowledge in specific practices or markets, they can also help. Because the team is so small, responsibilities can overlap.

A new shipment of food supplies and equipment has arrived and needs to be organized, sorted, and distributed to the families. Which staff member(s) would be primarily responsible for this? Select all that apply:

1. Nurse
2. Coordinator/Driver
3. Social Worker
4. Child Right’s Officer
5. HIV/AIDS Officer
6. Bookkeeper

Explanation: Nurse, Coordinator/Driver, Social Worker

This is partly the responsibility of the Coordinator/Driver. However, the nurse and social worker will also be involved as the supplies have to be distributed to 80–100 families, which is not easy for one person to handle.

A participant has just arrived at the community center needing help. She looks extremely malnourished and there are several dark bruises on her upper arms. Which staff member(s) would be the best person to assist her?

1. Nurse
2. Coordinator/Driver
3. Social Worker
4. Child Right’s Officer
5. HIV/AIDS Officer
6. Bookkeeper

Explanation: Nurse

In this case, the nurse would probably be the best person to handle the situation because he or she could attend to any medical issues related to malnutrition and the bruises on the girl’s arm by providing assistance or facilitating access to a health care center. He or she is also trained to investigate further and identify if domestic violence is the reason for the bruises, and if so, to work on changing the behavior of the person responsible. The Social Worker would also be able to investigate and counsel, but is not necessarily trained to handle the medical side of this situation.

Please select the correct answer to the following question:

You are just starting to develop your training program for staff in Year 1. What should be your primary focus for this year?

- a. Provide in-depth training on monitoring and evaluation practices
- b. Provide training to help staff achieve program goals
- c. Provide training on the FXB methodology from a theoretical and practical standpoint
- d. All of the above

Explanation: C

In Year 1, staff are given orientation workshops that provide the theoretical background to the FXB approach, which includes the foundational values, program implementation, and monitoring and evaluation. This is coupled with supervised work in the field to apply the principles covered in training.

Please select the correct answer to the following question:

You are a Program Manager developing training for your staff in Year 2. What areas should be your main focus for this year?

- a. Provide in-depth training on program activities that help staff meet program goals
- b. Provide customized training depending on staff needs
- c. Provide in-depth training on monitoring and evaluation
- d. All of the above

Explanation: D

The focus of Year 2 is to provide more in-depth training for staff on program activities and monitoring and evaluation to help staff meet program goals. Refresher modules should also be offered depending on staff needs.

Please answer T or F to the following statement:

The final year of staff training should focus on helping staff develop strategies to transition out of their support roles with the families.

Explanation: T

The final year of training should help staff manage the transition process of handing over the processes to the community for long-term sustainability. Often, staff form close relationships with the community and the transition process can be difficult for both parties. You should also evaluate yearly performance with staff and look for areas that need development in preparation for the next program implementation.

Community Vehicle and Community Center

Please select the correct answer to the following question:

What are the four main characteristics needed for a community center?

- 1. Safe
- 2. Modern
- 3. Comfortable
- 4. Accessible
- 5. Welcoming
- 6. Well-equipped
- 7. Flexible
- 8. Furnished

Explanation: safe, accessible, welcoming, flexible

What are the benefits of having a community vehicle? Select all that apply:

- 1. Allows access to remote locations
- 2. Provides protection from the environment
- 3. Used to transport staff and supplies
- 4. Allows for timely and regular visits

Explanation: 1, 3, 4

Community Assessment and Analysis

Please answer T or F to the following statement:

The primary goals of the community assessment and analysis are to identify and select the families for the FXBVillage.

Explanation: F

The primary goals of the community assessment and analysis are to select the most vulnerable areas for families and communities, and to assess the size, socioeconomic background and prevalent health issues within the target population.

Please select the correct answer to the following question:

You are conducting a community assessment for a target region and have identified several potential groups to be the focus of the intervention. Which of the following groups would you choose as the most vulnerable?

- a. **Group A**—This group of families is located in a rural area and most of the children have dropped out of school. Most of the families also have to take care of elders as they are not able to take care of themselves. The families show a high level of willingness to develop and move ahead in life, but their development has been slowed by many problems and they have not been able to figure their way out.
- b. **Group B**—This group of families has no problems sending their children to school and families are headed by both the mother and the father. However, the father is currently unemployed and the mother has to take care of the children.
- c. **Group C**—This group of families has financial problems, struggles to send their children to school and does not often have access to health care services. However, all these families benefit from the help of relatives or friends regarding employment, food and other support.

Explanation: a

Group A is definitely the group with which you want to start your FXBVillage program. Even if the other groups have needs, those needs are unlikely to be met through the FXBVillage Program. Group B basically needs jobs, but the fact that the father is currently unemployed shows that he used to have a job and is likely to find one in the future. Group C benefits from the help of others and may be less motivated to achieve the objectives of the program, as they are used to receiving help. It does not mean that they are not able to change their behaviors and attitudes, but rather that group A is a better target, as they are more resilient when facing problems and usually try to find solutions.

Family Identification and Selection

Please select the correct answer to the following question:

Which of the following families would you select to be part of your FXBVillage?

- a. Family 1—This family is a child-headed family consisting of 4 children. The village leader mentioned that they live in the target area only during holidays, as their grandmother takes care of them during the school year in the capital of the country.
- b. Family 2—This family is headed by a couple with 8 children. The father is hard working and already has 2 hectares of land that produce tomatoes, cabbage and carrots.

- c. Family 3—This family is a single-mother household with 5 children. The mother is currently under ARV treatment for HIV works doing temporary unskilled jobs.

Explanation: Family 3 would automatically be selected in the first position.

Family 1 would not be selected as the members do not live in the area permanently. The number of children in Family 2 is especially high. However, both parents are alive and seem to work hard, which would mean they may not need as much help from the FXB methodology. Further assessment would need to be done to find out what the real needs of the family are, if they are able to send all their children to school, if the land is properly used, etc.

Please answer T or F to the following statement:

Families who are not selected for an FXBVillage cannot participate in any program activities.

Explanation: F

For families that are not chosen, there are a couple of alternative tactics to pursue. These include:

1. Indirect participation in the current FXBVillage program, which means they may participate in the program activities and training, but do not receive any financial or material support.
2. Placement on the waiting list for substitution or the next FXBVillage

Program Components Health

General Health: Please select the correct answer to the following question:

Which of the following is the primary goal of the health component?

1. Provide continuous financial and medical support to families to regain and sustain their health.
2. Treat families who are sick to help them regain their health and ensure they can maintain their health.
3. Providing families with the tools and resources needed to regain their health status and stay healthy in the long-term.

Explanation: 3

The goal of the health component is to provide participants with the tools necessary to maintain a good health status and become responsible for their own health. FXB does not treat patients directly, but rather utilizes existing health infrastructure to provide treatment for patients. Also, support only lasts for three years and financial support is reduced each year as participants start to earn money from their IGA.



Please select the correct answer to the following question:

You have just implemented your FXBVillage and are working on implementing the health component with the families. Every week the nurse gives workshops to the families talking about appropriate steps they need to take to stay healthy. However, you notice that the families do not consistently practice the habits and tend to return to the old way of doing things. Which of the following would be the best way to address this problem?

- a. Use alternative communication methods such as role plays, theater skits and artwork
- b. Consult one-on-one with the families who are having the most trouble changing their behavior
- c. Use role models from the community to demonstrate the advantages to using FXB's methods
- d. All of the above

Explanation: d

In many of the FXBVillages, one of the biggest challenges is changing customs that have been practiced for years particularly as participants are not educated on basic health and hygiene practices. Therefore, country directors and staff have implemented multiple strategies that aim TO diversify communication strategies, using the families themselves as role models and educators to influence the behavior of others. Some of the solutions have been to use families or individuals who have improved their health using FXB's methods as role models as well as intensive communications through wall paintings, plays performed by the children and one-on-one visits to promote the importance of improved health and hygiene practices.

Psychosocial: Please select the correct answer to the following question:

What is the purpose of the psychosocial counseling component?

- a. Reduces feelings of social isolation
- b. To help participants gain greater perspective on their problems
- c. To reduce stigma and foster and strengthen relationships between participants, their families and the community
- d. All of the above

Explanation: d

Psychosocial support can improve the quality of life for participants by reducing stigma and improving relations with the family and community. It also helps participants understand that others are in a similar situation, and that their problems are not unique and can be resolved.

HIV/AIDS Prevention and VCT: Which of the following would be the goals for this component? Choose all that apply:

- a. Prevent HIV infection
- b. Organize training and sensitization sessions to educate participants on the importance of HIV and AIDS prevention and VCT
- c. Change people's perceptions of HIV/AIDS to increase empathy and reduce fear
- d. Improve the living conditions of PLWHA
- e. Encourage men to get VCT and to be more involved in the prevention and care process
- f. Increase participants' knowledge of their HIV status so they can seek treatment

Explanation: a, c, d, f

The primary goals of this component are to prevent HIV infection, gradually reduce the stigma and discrimination associated with HIV/AIDS, increase participants' knowledge of their HIV status so that they can seek appropriate and sustainable treatment, and improve the overall living conditions of PLWHA. Men should be encouraged to be more involved, but this is not the primary focus of this component. Confidentiality should always be maintained.

Please select the correct answer to the following question:

You are just in the beginning stages of implementing an FXBVillage in your area and you need to identify which participants have HIV so they can start receiving anti-retroviral treatment. However, participants, particularly men, do not want to take the test because of the potential stigma and discrimination. Which of the following would be your best course of action?

- a. Make HIV testing a requirement at the beginning and inform participants that the results will be confidential.
- b. Inform and involve all stakeholders at the beginning of implementation. Hold regular sensitization sessions for the community and the families, and ensure confidentiality for all participants. Strongly encourage men to get tested.
- c. Inform participants at the start of the program about HIV/AIDS prevention and emphasize the benefits of getting tested, particularly to the men. Ensure confidentiality for the process and results.

Explanation: b

Participants cannot be required to take the HIV/AIDS test, as it would be a violation of their basic human rights. Therefore, the community, families and individuals must be informed and involved in the process from the beginning. Also, regular training and sensitization sessions must be held to encourage discussion and reduce stigma and discrimination, which will create an environment where participants feel safe to volunteer for the

testing. Special effort should be made to encourage men to get tested, as they are often the ones who are the least involved or who choose not to get tested.

Education

General Education: Please select the correct answer to the following question:

You are about to give a presentation to a potential donor and are planning to talk about the importance of the education component. What reasons will you give to illustrate why this component is so important? Write your answer on the next page.

- a. Children who are educated can cope with life's difficulties and responsibilities better.
- b. They can give back to their communities through leadership roles, mentoring or economic activities.
- c. They are more likely to be financially self-sufficient.
- d. All of the above.

Explanation: d

One of the central efforts behind the FXBVillage model is providing children with access to education. FXB believes that children who receive continuous education are better equipped to deal with life's challenges and responsibilities, will eventually become productive and responsible members of their society, and will most likely be able to support themselves financially in the future.

Please answer T or F to the following statement:

For areas that do not have schools, one of FXB's responsibilities is to build a school.

Explanation: F

FXB does not build schools, as it is too expensive, but rather collaborates with local schools to gain access for children. Therefore, before starting an FXBVillage, it is important that there is already existing educational infrastructure.

Early Childhood Development: Please select the correct answer to the following question:

What is Filial-play Coaching used for?

- a. A technique used to help adults form better relationships with each other
- b. A technique used to help children develop better social and emotional skills in school
- c. A technique used increase the interactions and bonding between parents and very young children

Explanation: c

FPC is a play therapy technique designed to increase attachment and interaction between caregivers and very young children. It targets caregivers of young children to boost attachment, intimacy, and the quality of parent-child relationships, and reduces the impact of HIV/AIDS and poverty on children's development

Child Rights: Please answer T or F to the following statement:

The primary goal of the Child Rights component is to ensure that a protective legal framework is created to support and ensure that children have access to their basic rights to meet their full potential.

Explanation: T

The goal of this component is to realize the rights of children by creating a protective environment and providing support to instigate legal action to ensure access to basic child rights so that a child can meet his or her full social and economic potential.

Nutrition

Please select the correct answer to the following question:

Which of the following best defines FXB's goal for the Nutrition component?

- a. Ensure that participants maintain a balanced diet and have enough food to eat
- b. Regain their health to prevent disease and become more productive
- c. Provide nutritional and financial support for families to regain their health

Explanation: b

The overall goal of the nutritional component is to help participants improve their health through nutrition, preventing illness and disease, which will lead to increased productivity in all aspects of their lives (i.e., running their IGA, attending school, managing their finances, etc.)

Housing/(WaSH)

Please answer T or F to the following statement:

FXB constructs housing for all participants.

Explanation: T

FXB does not construct housing for all participants, as this is not financially feasible. Instead, FXB will look for partnerships with other NGOs in the area who might be able to provide materials such as toilets and tools for construction. Also, the IGA and participant groups are used to finance and provide labor to build and improve housing.

Please select the correct answer to the following question:

What is one of the major challenges faced when implementing this component?

- a. Installing latrines
- b. Finding funding to construct houses
- c. Changing participant behaviors and attitudes
- d. Ensuring distribution and use of mosquito nets

Explanation: b

One of the major challenges to this component is changing the behaviors and customs of participants. Often, knowledge of basic health and hygiene practices is poor and not a priority, as families are often focused on daily survival. They also have long-established customs that are difficult to change.

Business

IGA: Please answer T or F to the following statement.

The sustainability of all program activities hinges on the success of the IGA component.

Explanation: T

The Income Generating Activity (IGA) is a crucial component of the FXBVillage. In terms of poverty reduction, the sustainability of all activities—in the short and long term—is a tributary of this component. This component aims to provide a regular and sufficient income that will help raise participants out of poverty and ensure that they can meet their basic needs and transform into entrepreneurs.

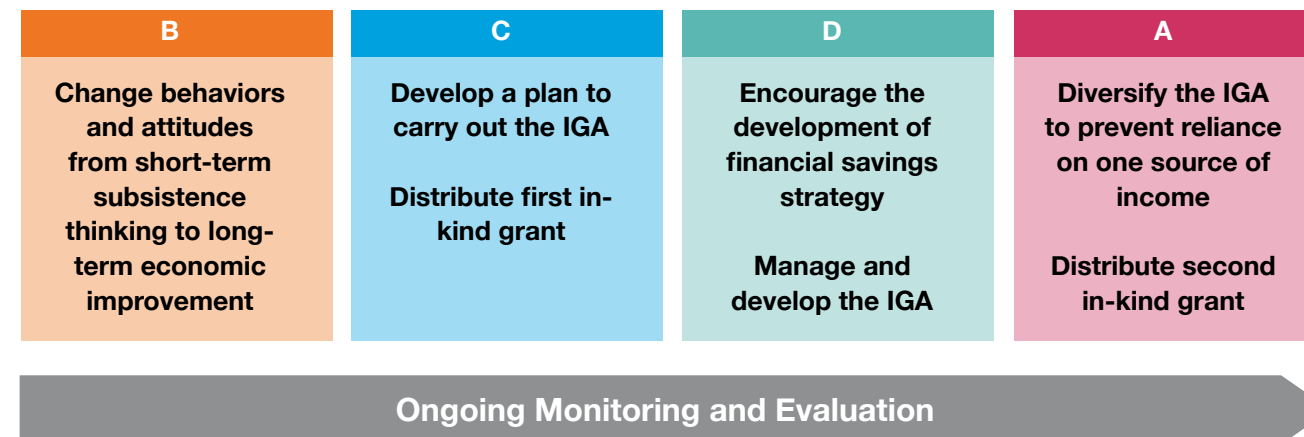
Please answer T or F to the following statement:

FXB gives participants money to start their IGA.

Explanation: F

FXB does not give the participants money directly, but rather purchases any supplies and resources they need to start their IGA.

Put the following stages of the IGA development into its correct place on the timeline.



Explanation: B, C, D, A

Micro-credit: Please answer T or F to the following statement:

Micro-credit is accessed during Year 1 of the program:

Explanation: F

Participants cannot access micro-credit in Year 1 of the program because they are too poor to be eligible and are not financially literate enough to understand the micro-credit system. Typically, micro-credit is accessed at the end of the three years when participants have started an individual savings account and are more knowledgeable about the banking system. They also have access to the collective IGA and communal savings as additional financial safety nets.

Participant Groups: Please select the correct answer to the following question:

What function(s) do the participant groups provide?:

- a. Provide support and solidarity to help ease difficulties surrounding HIV/AIDS and other challenges participants face
- b. Help each other to improve their living conditions
- c. Create a group savings fund that each member can borrow money from to improve their IGA, pay for medical bills, or improve their house
- d. Form a collective IGA for further income generation which allows them access micro-credit later in the program
- e. All of the above

Explanation: e

Participant groups serve many purposes in the FXBVillage, as mentioned above, and are crucial for the long-term sustainability and success of the participants. They provide long-term social and economic support for all participants, particularly once the program has ended.

What significant challenge did China face when forming participant groups?

- a. Gossiping and fighting
- b. Forming trust and solidarity
- c. Failure to launch a collective IGA
- d. None of the above

Explanation: b

One major challenge faced by FXBVillages in China was building trust and solidarity between group members because of the different needs and experiences of the group members, as well as having group members who left the community periodically for migrant work.

Monitoring and Evaluation

What are the main components of the Monitoring and Evaluation process? Select all that apply:

- a. Collecting data
- b. Surveying
- c. Entering and analyzing the data
- d. Writing reports
- e. Evaluating the program with an external assessor

Explanation: a, c, d

The main components of the Monitoring and Evaluation process include data collection, data entry and analysis, and reporting the data. Although program evaluations have been done on FXBVillages, they are not done for every FXBVillage.

Please select the correct answer to the following question:

How often is the household questionnaire administered throughout the duration of the program?

- a. Once
- b. Twice
- c. Three times
- d. Four times
- e. Every three months

Explanation: d

The household questionnaire is administered four times throughout the program. At the beginning and end of the program, it is administered to all the families in the FXBVillage. These are called the baseline and endline questionnaires. It is also administered at the end of Year 1 and the end of Year 2 to a smaller, random sample of families.

Please select the correct answer to the following question:

How often should household visits be conducted?

- a. Once a month
- b. Twice a month
- c. Once every three months
- d. Once every six months

Explanation: b

Household visits should be performed at least once every two weeks throughout the duration of the program.

