

# International project grant 2009-2012



## Annual narrative report

Please complete all sections of this form in a font no smaller than size 11. Your report should not exceed 20 pages in length. All information should be provided in English.

Please complete this narrative report, the data report and the financial report. Please append any supporting information requested.

When you have completed your report, please send one hard copy to the International Grants Team, Comic Relief, 5th Floor, 89 Albert Embankment, London SE1 7TP and one electronic copy to [reportinternational@comicroelief.com](mailto:reportinternational@comicroelief.com). We will ask you for feedback on your experience of completing the end of year report in the separate 'Feedback on the end of year report' document.

### Part A: report summary

#### **A1** Basic Data on the grant (please also complete basic data in footer section)

Grant Programme	People Affected by HIV and AIDS
Grant Code	GR002-01910-DQUI
Grant Title	HIV+ Survivors Integration Project (SIP)
Grant start date	1 <sup>st</sup> October 2010
Grant year	2010 - 2011
Period covered by the report	1 <sup>st</sup> October 2010 – 30 <sup>th</sup> September 2011
UK Organisation	Survivors Fund (SURF)
Local Organisation(s) & their country of operation	AVEGA Agahozo - Rwanda Solace Ministries - Rwanda
Planned total expenditure for this year (£)	£256,192
Actual total expenditure for this year (£)	£254,601

#### **A2** Basic Data on the local organisation(s)

Please provide the following information for each local organisation supported by this grant for the last financial year for which you have accounts.

Local organisation name	AVEGA Agahozo
Accounts year ending (DD/MM/YY)	31/12/10
Income (£)	£1,274,497
Expenditure (£)	£1,037,032
Uncommitted reserves (£)	27,185
Number of staff in regular full-time and regular part-time employment	Full-time staff: 143 Part-time staff: 32

Local organisation name	Solace Ministries
Accounts year ending (DD/MM/YY)	31/12/10

Income (£)	£677,988
Expenditure (£)	£562,128
Uncommitted reserves (£)	N/A
Number of staff in regular full-time and regular part-time employment	Full-time staff: 25 Part-time staff: 12

**Part B: What difference has the grant made – Summary of achievements**

**N.B. Where the grant is working with more than one local organisation please note which local organisation is related to which achievement throughout the report.**

**B1** Please describe the most significant achievements that the grant has made over the last year, in terms of changes to the lives of your target groups.

Without doubt the most significant achievement of the project has been the high-quality of support delivered to HIV+ women survivors by the partner organisations – AVEGA and SM – and its impact in reducing the projected mortality rate of this target group that had been the greatest concern from the closure of the DFID-funded Care and Treatment Project for HIV+ Women Survivors (CTP). Though there have been a number of reported deaths, most notably four members of AVEGA Western Region, these have been restricted to those women that came to CTP late in the programme and as such their HIV was at a more advanced stage. The many HIV+ women survivors receiving treatment through public health clinics not in ownership of the partner organisations have maintained their treatment regime, and are more healthy, confident and secure. A notable achievement is that there are now more HIV+ women survivors choosing to receive treatment from their local clinic than travelling to a partner clinic. Such a scenario was remote at best at the point of closure of CTP before funding from CR had been secured.

A concurrent achievement has been the strengthening of the capacity of AVEGA over the past year since the commencement of the project. This in no large part has been due to the commitment of their staff, and in particular the leadership of Odette Kayirere, who was promoted from Coordinator of AVEGA Eastern Region to Executive Secretary of AVEGA Agahozo in March 2011. Her contribution was recognised with the Guardian International Development Achievement Award in October 2010, and the work of the organisation was recognised with the Gruber Foundation Prize for Women’s Rights in September 2011. SIP, and in fact the earlier CR grants too, is serving as a foundation on which AVEGA is now building the ambitious extension of their work. Securing a new grant from FARG for a national network of trauma counsellors has enabled AVEGA to open an office in the Southern and Northern Regions for the first time to serve a population of over 10,000 genocide widows and 40,000 dependents. In partnership with SURF a new grant has been provisionally agreed from DFID for a new three year programme to replicate the IGA model developed through SIP to these two new regions, and to scale it up in the Western Region. Without this current grant from CR it is likely that the office of the Western Region would have closed and none of this would have been achieved.

The target group in Solace Ministries has been proportionally smaller than in AVEGA and is more disparate which has proved challenging to maintain the level of support required by some women in more remote areas. SM has succeeded though in supporting the 59 communities, in which their HIV+ members are based, ensuring that they continue to benefit from wraparound support.

**B2** Please provide a story which best summarises the successes and/or challenges of your work to date

There are many individual stories that convey the success of the project to date, but one in particular of note is that of Esperance Mukandemezo of AVEGA Eastern Region. Her weight and her CD4 count had fallen post CTP, and she had lost hope for the future. However, through SIP she was provided with support and accompaniment to ensure that she continued to receive the treatment she needed from her local public health clinic, and she has assumed a position of leadership in her association, undertaking the IGA management training and learning how to run a business. She is keen to prove herself as an entrepreneur and is currently leading the development of a new business idea, and providing support to other women in her group, in particular those who are illiterate. She has learnt how to register and manage her property through the modules on form filling, and she is now well on her way to learn how to be a bookkeeper as well. She is a model for what we are hoping to achieve through the project, not only developing the confidence to successfully integrate and to learn the skills to develop a sustainable livelihood but also helping and supporting others less strong than herself to do so as well.

However, the most compelling story concerns that of the development of AVEGA Western Region. Following the completion of our earlier CR Bridging Grant Project (GR001-12074) which funded AWR, there had been serious concern that the organisation may not be able to sustain its vital work – which supports almost 3,000 genocide widows and over 10,000 dependents in this most under-developed region of Rwanda. AWR had a strong management team in place, but had struggled relative to its sister branches (ACR and AER) as it had not been included within CTP so had not benefited from the core funding that had strengthened their capacity. SURF funded the organisation over the first half of 2010 with a skeleton staff of just 3 employees, contending that with the right support and resources the office could emulate the success of its sister offices and not only survive but thrive. In only one year, AWR has transformed into a thriving hub in the Western Region. Additional funding has come on stream since the start-up of SIP that has brought to life the previously disused building originally constructed as a health clinic in 2005, underutilised due to lack of funds. Recognising that a health clinic was not required, due to HIV+ women survivors in membership of AWR already being integrated into other local health clinics, the building has been converted into a Wellness Centre, providing non-clinical support services, as well IGA training too.

Work is underway on a new proposal to develop a revenue generating project that could parallel the success of the retreat centre of AER and sustain the core costs of the office in future. The funding required by AWR to sustain its work is now looking secure through the provisional agreement of a new proposal to be funded by DFID which will strengthen AWR, and also enable AVEGA to establish offices in the Southern and Northern Regions. It will enable AWR to extend its work beyond the two districts where it currently operates to all seven districts where the members it represents reside. As demonstrated in this report, their success is not only delivering great benefits to HIV+ members in membership of the organisation, and their dependants, but also in reaching out to other target groups as well, and in so doing helping their integration.

**B3** Where relevant, please describe progress on addressing each of the Comic Relief conditions attached to this grant

Condition:	Progress:
Within six months SURF will undertake the planned systems review of SURF Rwanda and partners, including Avega Western	The systems review was undertaken by Health Poverty Action (HPA) and finalised in August 2010. SURF Rwanda undertook

Region. The remit of the review should be broadened to ensure that any organisational capacity needs and required technical M&E inputs are captured and addressed.	the follow-up of the recommendations, with a further review of AVEGA Western Region due in November 2011, ahead of potential new grant from DFID to begin in April 2012.
Within six months SURF and all relevant partners will develop a coherent advocacy strategy with clear objectives, messages, roles and responsibilities.	The advocacy strategy is currently in draft, as work on it has been determined by the publication of the National Social Protection Strategy in July 2011. The strategy will be finalised by December.

**Part C: What difference has the grant made – Target groups**

**N.B. Using the separate data report please provide information about who and how many people have benefited from the grant this year and the ways in which they have benefited.**

**C1** What has worked well and less well this year in terms of the strategies you have used to reach your key target groups, including the most marginalised people within those groups?

The primary innovation of SIP has been the development of a new model of IGA programme developed in consultation with AVEGA and SM on the basis of a successful pilot project developed with Indego Africa in early 2010. The establishment of the IGA programme has been slower than anticipated, however at this point lessons have been learnt from the training of the first tranche of 15 groups which will enable a more accelerated roll-out of the training to a further 30 groups in year two of the programme.

The greatest challenge has been outreach and engagement of older women survivors, many of which are housebound and economically inactive. Those that have participated in the IGA programme have often been exhausted in doing so, and in some extreme cases have even been shunned by other women who fear they may die during the programme and thus increase the burden of the loan of those remaining. Hardship grants have enabled this target group to ensure at least a basic quality of life. However the problem faced by AVEGA and SM is how this will be sustained beyond the life of the grant. A primary focus will be through advocacy in the strategy that is in development to ensure that older survivors are prioritised in the proposed pilot social pension programme to be launched in 2012 in Rwanda.

The greatest success of SIP though has been the integration of HIV+ women survivors into public health clinics. This was the greatest concern of the partners at the point of closure of CTP, however through the funding for accompaniment and supplementary support through SIP has ensured that the fear of the partners and their most vulnerable members have not been realised. Though there have been some deaths due to HIV-related illnesses, these have been restricted to those women that already were enduring the effects of advanced HIV.

**C2** For any groups you have not been able to reach tell us what action you will you take to reach them. Or has your work this year shown that they are not an appropriate target group?

The four target groups that SIP is focusing on have all been reached and received support. The primary focus has been support to HIV+ women survivors and the IGA programme has ensured that these women have been prioritised for support. A

secondary focus though has been support on older survivors and dependents of women survivors. Children born of rape have been targeted for support through supplementary funding secured through Foundation Rwanda, and the enrolment rate has exceeded expectations. Required support for other dependents of survivors for school has been limited by budget, though there will be a renewed focus on this aspect of the programme next year with greater funding made available to partners and further advocacy to secure increased funding in particular from FARG.

**C3** Please tell us about any target groups you are reaching which you had not planned for.

In the development of the project it had never been intended for the partner organisations to reach out to non-survivors, or for them to be beneficiaries of the work. However a critical development has been the evolution of the partner organisations in recognising that the successful integration of HIV+ women survivors must encompass those from outside the target group. As such, the counselling and sensitisation work that AVEGA develops and delivers is not exclusive to survivors but includes non-survivors too in local communities. This is paralleled in the health clinics of the partners, which at the end of CTP opened to all members of the community in which they are based. The greatest success has been the Ntarama Health Clinic as AER opened the clinic from the outset to all members of the community and demand for services has been overwhelming – but a high quality of care maintained.

#### Part D: What difference has the grant made – Progress towards outcomes

Please review progress over the past year towards each of the outcomes you identified at the start of the grant in your grant start up form, and provide some examples of what has changed as a result of your work. Information on numbers benefiting should be provided in the data report.

**D1** Please state your outcome

##### **AVEGA**

- 1: 70% of the 1,433 HIV+ AVEGA members who are not integrated into the public health system will have improved physical and mental health by the project's end
- 2: 70% of the 948 HIV+ AVEGA members currently integrated into the public health system will experience improved physical and mental health by the project's end
- 3: 50% of the 2,381 HIV+ AVEGA members will have an income that enables self-sufficiency by the project's end
- 4: 80% of the 3,061 dependents of HIV+ AVEGA members of school age who have graduated from primary school will be enrolled in secondary school by project's end
- 5: The 3 AVEGA clinics to be sustainable by the project's end, delivering at a minimum 25% of their own running costs

##### **Solace Ministries**

- 1: 70% of the 170 HIV+ SM members who are not integrated into the public health system will have improved physical and mental health by the project's end
- 2: 80% of the 83 HIV+ SM members currently integrated into the public health system will experience improved physical and mental health by the project's end
- 3: 65% of the 253 HIV+ SM members in their communities will have an income that enables self-sufficiency by the project's end
- 4: 80% of the 150 dependents of SM members of school age who have graduated from primary school will be enrolled in secondary school by the project's end
- 5: The SM health clinic will be sustainable by the project's end, delivering at a minimum 25% of their own running costs

**D2** What progress has the grant made towards this outcome this year, including the achievement of any intermediate outcomes? (*Please refer to your outcome indicators in your grant start up/annual planning form*)

**Outcome 1:** Progress has been positive in supporting HIV+ women survivors that prior to the project commencement were not integrated into the public health system. In almost all cases, women have experienced improved physical and mental health, with significant weight gain and improved CD4 count. This can be directly attributed to the impact of SIP and the wraparound support enabled by the funding made available to the partner organisations, in particular accompaniment to health clinics and additional nutritional support when required. However, though a reduction in trauma counselling amongst this target group was flagged as an intermediate outcome, the opposite has been the case. This has been made possible by the additional capacity that AVEGA has developed through funding from FARG for 36 professional counsellors across the five regions in which it operated in Rwanda. This has resulted in additional counselling for all AVEGA members, including the target group, as well as increased group counselling for all members, as well as the wider community. All participants recognise this to be a positive development, enabling them to address their trauma through professional support.

**Outcome 2:** As a result of SIP the HIV+ survivors integrated within the public health system through CTP have continued to access treatment through their local public health clinics. This has been a positive development, due to concerns at the point of closure of CTP that many would revert to requesting treatment through survivor-specific channels. As such the weight and CD4 count of this target group has also risen. Though many continue to access the counselling that is available to them, this is considered to be a sign of strength, enabling those within that group to address not only their own trauma, but also over time to provide them with some tools to support dependants as well. This is particularly pertinent for those HIV+ dependants – whether children or adopted orphans – to live positively as well.

**Outcome 3:** This has been the most challenging of the outcomes flagged up in the original proposal, and the most ambitious.

Though the project started with a number of IGA associations inherited from CTP, there has been the need to continue to closely monitor and where required to sustain support to the women in such groups, whilst concurrently identifying and training a new cohort of women. We are confident that the initial 15 groups that have participated in the first phase of training will continue and over time be not only independent but also profitable. This will be demanded of them through the partnership with the Urwego Opportunity Bank (UOB), as over time they complete their funding cycles, and by the fourth cycle it is expected that they will be borrowing money directly from the bank as opposed to through the loan guarantee fund. By the close of SIP we hope to have a minimum of 45 new IGA groups (three tranches) in operation funded by SIP, which will be complemented by a further 8 groups at AWR funded by the prospective DFID funded GPAF project. Though we have made a slow start on delivering this outcome, we believe that it is still achievable.

**Outcome 4:** The primary focus of the first year of the project has been on the HIV+ women survivors, and though there has been a concurrent focus on their dependants this has not been prioritised. As such, there is more that can be achieved in ensuring that this target group receives the support (educational materials, transport) that is required to improve and maintain educational enrolment (at least above the national average of 85%), and over time enhance educational attainment as well. However, there has been an emphasis on identifying and ensuring that children born of rape – previously the most marginalised demographic in this group – are receiving support. This has been made possible due to the dedicated support of SURF's partner, Foundation Rwanda. The difficulty of extending this approach to all dependants is

that it has been cost and time intensive - and the partners, already overstretched have not had the capacity to dedicate equal resources to ensure universal support to all within this group. There will be a renewed focus on meeting the targets of this outcome over the year ahead.

**Outcome 5:** The partners, as well as the Ministry of Health, have been pleased with the progress of the health clinics and in two of the cases the district authorities have pushed for the clinics to extend their services. Through funding from SURF, this has been possible at Ntarama, and AVEGA Eastern Region opened a hospitalisation ward on site. In Kabuga, Solace Ministries is being called on to raise funding for a similar hospitalisation ward, as well as a dental clinic too. HIV+ members receiving support have not yet been surveyed to assess the quality of care, and ensure that it is being maintained, however through anecdotal evidence – and as demonstrated by the increased number of patients at all clinics – this is evidence that the quality of care is at the least being maintained, if not strengthened.

**D3** Have you brought about the changes you expected by this stage of the grant? Score 0/1/2/3 – 3 fully, 2 mostly, 1 partly, 0 not at all/not yet started.

<b>3</b>		<b>2</b>	2	<b>1</b>		<b>0</b>	
----------	--	----------	---	----------	--	----------	--

Please provide an explanation for your score.

We have made significant progress towards achieving the outcomes included in the original proposal, in particular in ensuring the integration of HIV+ women survivors in membership of AVEGA and SM, as well as the sustainability of the health clinics. The challenge though will be meeting the target of the number of HIV+ women survivors that will have a sustainable livelihood by the project end. This has been due to the delays in the roll-out of the IGA programme – though we expect to meet the target number of those that will have received training in IGAs, we will not know whether their livelihoods are sustainable until sometime after the life of the grant.

**N.B.** Questions D4 – D8 should be completed only once in relation to all your outcomes.

**D4** Describe the activities that have been undertaken to support the delivery of your outcomes, and any resulting outputs, noting any changes from those planned at the beginning of the year. For each set of activities please tell us which outcome(s) they relate to. *(Please refer to the outputs described in your grant start up/annual planning form)*

**Activities on Outcome 1 and 2:** Work on the integration and sustaining the integration of HIV+ women survivors initially proved challenging due to the loss of hope and confidence amongst this target group resulting from the closure of CTP. As such, SURF bridged the gap between that date and the start of SIP, with activities beginning in September in order to ensure as seamless transition of possible. However, already by that time, a number of the women had lost weight and energy, and were experiencing pronounced trauma due to lack of psychosocial support. This also resulted in a number of women experiencing as well a fall in CD4 count. Aligned with the original proposal, the focus of the work of AVEGA and SM has been to ensure that the women continue to benefit from wraparound support, which has included psychosocial support, nutritional support, economic empowerment through access to income generating activities and legal support – as well as educational support for their dependants.

The volunteer network of stronger women survivors at AVEGA and SM have proved critical in accompanying HIV+ members to health clinics, and also undertaking home visits to ensure maintenance of treatment regime and a nutritional diet. When required the volunteers alert the CDWs if additional nutritional support is required. Through funding from FARG, AVEGA has extended its network of counsellors broadening its counselling activities – undertaking individual counselling, as well as group and community counselling. The community counselling is extended to all in the community, so encompasses and benefits non-survivors as well, and helps to build and foster unity.

This has been cemented by the continuing livestock gift programme through which AVEGA and SM members have received small livestock, in particular goats, and are required to gift them to others in the community beyond members of their own association. Farming IGA groups as well employ non-survivors to assist in their work, and commit to paying an equal wage to what they pay association members too. All these activities have contributed to the physical and mental health of HIV+ women survivors, ultimately aiding their integration. This is testament to the continuing work of the partners to sensitise their members, and also reach out to and sensitise the local clinics as well. Some though have chosen to continue to receive treatment at partner clinics, as opposed to local clinics, but the common denominator in every case is that the member has not felt abandoned.

**Activities on Outcome 3:** The primary focus of the project has been on developing the model for the delivery of sustainable livelihoods for members of AVEGA and SM. A systematic approach has been undertaken first with an initial review of the IGAs funded by CTP and the lessons learnt from the issues and challenges of that work. The review was undertaken by the SURF programme team at the commencement of the programme in October, and the results of the review shared with the partners (as well as SURF partners) at a meeting in November.

The primary learning was the challenges of the IGAs under CTP:

- lack of sufficient group managerial skills
- lack of basic infrastructure and transportation
- direct and indirect competition with formal enterprises
- lack of access to credit services
- lack of rigorous monitoring and evaluation at all levels

As such, a programme was developed that addressed these issues, which recognised the importance of building the capacity of the partner organisations to deliver the training and support proven to be critical of the IGA associations. First, a tailored 38 module curriculum was developed which would deliver to the IGA groups a comprehensive induction to starting and successfully running their own businesses – including building skills on group dynamics, market research, value chain analysis, profit and loss, bookkeeping etc. A group of 10 interns was recruited primarily from AERG to lead the training of the associations. The interns, and the IGA officers, along with a number of the women entrepreneurs, took part in an intensive participatory training of the trainers.

There was a delay in the start of the IGA training, due to the commemoration period in April, but training commenced in May with each pair of trainers (CBDs) paired with 3 IGA groups at each partner. The initial focus was to complete the first 12 modules which cover business planning and cooperative formation. By July, most of the groups had developed a business idea and began work on writing up their proposal which the IGA officers and SURF reviewed.

Each group has had to raise at least 10% of the loan that they plan to request, and the level of commitment and savings has been incredible. Within three months, many of the groups had exceeded the savings required, a remarkable achievement considering the financial situation of the women. It demonstrates the importance of encouraging savings, not only loans.



In the meantime, SURF signed a partnership agreement with Urwego Opportunity Bank (UOB), who agreed to provide the IGA groups access to loans at an interest rate of 1.5% a month (0.5% less than its standard business terms). The negotiation had been protracted and followed extensive research and discussion with the partners, but by September the bank began to accept and evaluate the proposals with a view to begin to disburse loans in October. SURF and the partners have had to educate the bank's loan officers as to the sensitivities of the project, and they first agreed to take on four 'pilot' groups to better understand the training needs of the women. They have since been training these four IGA groups once a week, with the view to giving them the loan they require after four weeks. They are now expanding to the remaining 11 groups.

In addition, SURF has been running a baseline survey amongst all the groups as part of the monitoring and evaluation framework for the programme. This baseline survey gathered information on household status, level and sources of income, access to assets and access to credit with an initial sample of 100 women. This information will help to give some understanding of the lives of the target group members as well as help the programme moving forward.

At the end of August SURF also held a mid-term review workshop of the pilot programme with representatives of all stakeholders present. Participants were encouraged to review the work developed so far and to present solutions to current problems for the programme going forward.

SURF will hold an annual review and strategy day of the SIP programme at the end of October to review progress and receive recommendations from the partners going forward to the next phase of the programme.

**Activities on Outcome 4:** Support for dependants of HIV+ women survivors has been challenging due to the number within this target group to be reached, which despite the funding has proven difficult. The greatest success has resulted from the identification and support programme for children born of rape. Though many of this group were amongst the most marginalised children in the community, funding from Foundation Rwanda for school materials and fees has supplemented the outreach made possible by the SIP funding and is delivering a 100% enrolment rate. In addition, there has been a focus on advocating for support for dependants of members of both AVEGA and SM, whether survivors or non-survivors. Even for those survivors which receive sponsorship to school through FARG, the women have to contribute funding for school uniforms and materials. In the case of primary school, where tuition is free, all students have to make a contribution of FRW 5,000 (£6) a term. This has been made possible largely due to the subsistence farming projects that CTP previously made possible, and SIP is now funding. This supplements the income that the women receive from the IGA groups (for those that are already in active groups) and the partners play a critical role in providing the start-up capital, in the form of seeds and small livestock, the produce of which the women consume for vital nutrition, and sell on at markets. The IGA training has proved important in educating the women as to simple steps that can make a big difference in their income, for example taking milk produced from their cow to sell at the market, rather than just from their house, almost doubling the income received.

The outreach and home visits conducted by partner staff and volunteers has helped to track and monitor the progress as well as challenges for the dependants of members and we are now currently working with the partners to more systematically evaluate this component of the work, which is required to advocate for further support from FARG and other donors to education.

**Activities on Outcome 5:** The clinics are progressing well, and continue to deliver high-quality care despite a reduction in staff salaries resulting from the transition of funding from DFID to the Ministry of Health. The management of AVEGA and SM have ensured to commit management time to ensure that they have been effectively integrated in the public health system – and that they have opened their doors to non-survivors in their communities.

A notable success has been the Ntarama Health Centre, which has developed over the previous year to include a hospitalisation ward and health education and training centre (through additional funding secured by SURF). That clinic alone is now serving over 15,000 patients in an inclusive approach. Most encouragingly the clinic is beginning to generate an income, primarily through the revenue generated from the disbursement of drugs, for which the clinic can retain 10% of the cost. With funding from the Ministry of Health, the clinics are now sustaining themselves without additional funding from the partner organisations. The exception is Ntarama, which is still funded by AVEGA Eastern Region though is planned to be transitioned into the Ministry of Health in September 2012. SURF is undertaking an evaluation of the health clinic in November 2011 to ensure that any improvements required are undertaken prior to the government assessment to determine the transition date.

**D5** What has worked well? Please give some examples.

As identified above, there have been a number of innovations in the IGA programme which are proving to be successful. The training and retention of the network of interns to undertake the outreach, training and monitoring of the IGA groups has been critical to the early success of this component of the project, which is also proving to be cost-effective due to the more competitive rates that can be offered to graduates due to the benefit of experience that they accrue from the work.

Following the first phase of the training, it has been agreed with the partners that they will employ the graduates full-time within their organisations. As such, this has created employment for the young survivors and is building the capacity of the partner organisations to undertake further training beyond just the IGA groups.

The relationship between SURF and the partners is much improved as well, and this has been maintained by the increased regularity of our meetings and the greater focus on communication and reporting. This has been aided by SURF incubating the IGA programme for the initial phase of the work, setting the parameters and the expectations for the further roll-out of the programme in year two.

Though the partnership with UOB is still in its early phase, it is developing well. It is providing the partners with additional capacity to enable them to undertake outreach and follow-up with the IGA groups, ensuring repayment of the loan. This was the great failing of the IGA activities under CTP. The loan officers of the bank undertake that work on a weekly basis, and the cost of doing so is absorbed by the bank in the interest rate charged on the loan. However, as the bank is a social enterprise, it is not purely profit-driven and as such the agreement reached is more equitable than otherwise would have been possible.

Also, though the partners challenged the initial requirement of the IGA groups to contribute 10% of the loan requested as savings, this is proving to empower the women and give them greater ownership of the process. This has proved to be one of the most remarkable aspects of the programme – the capacity and the ability of the women to save their current modest income (primarily derived from the sale of garden vegetables) as a contribution to the loans. On average, the household expenditure of the women is FRW 10,000 a week – but some of the groups have been able to save over FRW 300,000 within a three month period.

**D6** What has not been achieved or was difficult to do? Why was this?

The major disappointment of this first year of the project has been the time required to establish the new model of the IGA programme. As such, this has resulted in reaching less of the target group than originally proposed. That said, the time taken to rigorously research this component of the project, and to negotiate the right partnerships and recruit the right team, has laid a strong foundation on which we will be building on over the year ahead.

Work with AVEGA Western Region continues to prove challenging, due to their geographical location and distance from AVEGA and SURF based in Kigali. As such it has required time and money for both teams to visit the office and projects there, as well as their management team to attend meetings often held centrally. However, the investment is proving worthwhile as the response to the IGA training has been overwhelmingly most positive in this region due to the lack of such opportunities previously. Testament to that fact was the initial training at one of the groups at AVEGA Western Region where nearly 100 women attended, though the group was planned to be limited to 25. Those additional women will be offered the opportunity to participate in the next phase of training due to begin in January.

**D7** Have there been any unexpected outcomes, either positive or negative?

The major unexpected outcome of the project to date has been the benefit of the work on non-survivors, despite not being specifically targeted. Both AVEGA and SM have made a concerted effort to ensure their work benefits a population greater than their membership alone, recognising that integration is critical to a secure future for the survivors that they represent. This has been particularly the case on a local level where survivors that have benefited from economic programmes, such as receiving livestock, have been requested and have willingly complied with the need to make a gift of the kids and chicks, and even calves, born to the goats, chickens and cows given to them through Good Gifts, which is a component of the SIP programme. There will be a continuing focus to do so in future as well.

**D8** If your work is influencing and/or contributing to the achievement of broader national and international policies, conventions, targets etc in the country/ies where you are not working, please tell us about any significant progress or achievements on this not already noted.

Ultimately the work is contributing to achieving MDG 1, which is a goal as well of Vision 2020. It is recognised that in doing so it "will require a focus on increasing rural incomes and agricultural output". Most of the IGA groups are developing such projects to increase crop yields, and in the process to generate a level of income that will enable them to live above the poverty line (which is set at household earnings of FRW 250, or 25p, a day). The focus of the project is also contributing to reducing hunger amongst the target group, particularly vital for those living with HIV. Equally importantly the project is contributing to MDG 2, empowering women to claim their rights for health and justice services. This was always a particular challenge for the target group, due to their status (and stigmatisation) as genocide survivors. That HIV+ women survivors are now able to access treatment, this is contributing to MDG 6 and through education and information to dependants this is resulting in reducing transmission rates.

A critical publication during the life of the grant has been the National Social Protection Strategy (NSPS) in 2011. This reaffirms the commitment of the Government of Rwanda to Article 14 that: "*The State shall, within the limits of its capacity, take special measures for the welfare of the survivors of genocide who were rendered destitute by the genocide committed in Rwanda from October 1st, 1990 to December 31st, 1994.*" The NSPS asserts as well that "*Where possible, we*

*will integrate support for specific vulnerable groups – such as genocide survivors – into other mainstream social protection programmes, and ensure that effective monitoring of their inclusion takes place.”* SIP is specifically aligned, and can be claimed to have influenced, this policy – but there is additional work required to monitor the integration, on which SURF along with our partners is focusing. The policy goes on to state that *we will ensure that genocide survivors can benefit from the range of mainstream programmes”* again which SIP contributes, but also requires additional monitoring.

## Part E: What difference has the grant made – Sustaining change

**E1** Please describe any internal or external factors, not already highlighted, that have influenced the achievement of your outcomes and outputs either negatively or positively. Please explain what effect they have had, and any actions you took in response.

There have been a number of factors that have impacted the delivery of the project and thus the results achieved. An increase in fuel costs over the previous 18 months (since the original submission of the budget) has placed constraints on the partners in their capacity to undertake outreach. The process of negotiation with the financial institutions that we explored to partner, have contributed to the slower than anticipated roll-out of the IGA component of the project. Originally we proposed a partnership with Umurenge SACCO, where all of the HIV+ women survivors which received support under CTP were set up with accounts. However, at the inception of the programme the number of local branches was too limited and did not provide the coverage required to ensure that all associations could receive loans through that institution. As such, negotiations were explored with a number of other potential partners and it was determined that the best partnership was offered by Urwego Opportunity Bank (UOB). The negotiation has taken longer than anticipated, however we are now at a point where the agreement is in place and the first loans are now being disbursed to the groups.

**E2** If not already outlined in E1, please describe how, if at all, climate and environmental change has influenced the achievement of your outcomes and outputs. Please explain what effect they have had, and any actions you took in response.

The major impact of environmental change has been on the timing of the projects of the associations, in particular those that have selected to pursue farming businesses. The rains this season have not been as heavy as anticipated which has delayed some of the agricultural planting, resulting in later harvests.

**E3** Tell us what work you have done this year in terms of each of the areas listed to ensure that the changes this grant is contributing towards should continue in the long term.

*Building skills in, and transferring responsibility to government agencies, local organisations, target groups and communities as relevant*

A primary focus of the project has been to ensure that the health clinics of SM and AVEGA are fully integrated into the Ministry of Health. The three CTP clinics have been integrated and patient numbers are at a level that is generating income, though not yet at the level targeted.

*Ensuring strategies are in place to secure any required post grant resourcing*

Work has been undertaken by SURF and AVEGA to develop a new proposal to strengthen support to HIV+ women survivors and their dependents in the Western Region in particular, as well to extend support to those in the Southern and Northern Regions which have received no support to date (as AVEGA until this year have not had offices based there). A proposal has been provisionally agreed by DFID for a three-year programme which will extend the IGA programme in the Western Region to the 5 districts not covered by SIP. This will be critical in ensuring that the support still required by the most vulnerable and marginalised AVEGA members will continue to be available to those in need.

An additional success since the project launched has been the funding secured by AVEGA for a nationwide counselling network funded by FARG. This has enabled them to supplement the funding from SIP to provide critical psychosocial support for women survivors which had not been guaranteed beforehand. It is expected that the one year grant will be renewed on an annual basis.

A critical component of work ahead is the advocacy required by AVEGA and SM to ensure that survivors continue to be prioritised for support as identified in the national social protection strategy. There is work to ensure that support delivered is monitored to ensure that the most at-risk and vulnerable survivors, in particular the elderly and disabled, can be accessed through government programmes such as VUP (Vision Umurenge 2020 Programme) and the pilot social pension scheme.

*Any other activities to ensure sustainability*

The success of the IGA component of SIP will ensure the sustainability of this component of the work for both AVEGA and SM. This is being delivered through several conjoined approaches. Skills building of the staff of AVEGA and SM (in particular IGA officers) will ensure that they have the tools to continue to support the IGA groups established under SIP beyond the life of the grant. In addition, those tools are benefiting other IGA groups established prior to and outside of SIP. The interns as well have built the capacity of the partners to provide greater and more intensive support to the programme participants, and this will have a legacy beyond the life of the grant as well. Once the women are receiving their loans, it is expected that their confidence will strengthen to enable them to request and fulfil greater loans in future to build their businesses and deliver the sustainable livelihoods that we are working to secure. Most importantly the repayment of the loans (which the partners and UOB are hoping to be at 100%) will maintain the loan fund that will enable new groups to access capital beyond the life of the grant. As well, the women will graduate from the AVEGA/SM loan fund to access funding from bank which then will sustain and extend their businesses in future too.

Part F: Learning how your grant has made a difference – Approaches and methodologies

**F1** Tell us what you have done this year to monitor, evaluate and learn from your work.

SURF has developed a more high-engagement M&E system for SIP through the network of AERG interns which have strengthened the capacity of the partner organisations to undertake this critical component of work. The interns collected household data of a sample of 100 of the beneficiaries of the programme in order to ensure that we have a baseline against which to measure progress. This complements the preliminary review of IGAs before the programme commenced to assess the learning of the failing of that component of work under the earlier DFID-funded CTP. An ongoing learning programme has been established with coordinators of the partner organisations meeting with SURF once a month to review the general

progress of the programme, as well as IGA Officers meeting with AERG interns and SURF once a month to review specifically the IGA component of the programme and ensure that lessons are shared to improve the programme. However, the compilation of the annual data forms still proved challenging, as though the partners retains good data on outputs to the direct target group it is still working to strengthen its monitoring of outcome indicators and indirect beneficiaries. As such some data on the reports are estimates, but there will be a renewed focus on this component of the programme over the year ahead.

**F2** What have you learned about what works and what the challenges are in terms of monitoring, evaluating and learning from the grant?

The greatest problem of the IGA programme of CTP was that funding for the groups was perceived and treated to be a grant as opposed to a loan. As such repayment rates were far below even the low benchmark of 40% set by the PMU. Changing this mind-set not only in beneficiaries, but also in programme staff of the partners, has proved to be challenging – however by the end of the first year of the programme we have succeeded in educating staff and beneficiaries of this change in structure of funding for IGAs, and most importantly to secure their buy-in of the rationale and benefit of it.

As importantly has been the process of decision-making, and the lessons learned from the Comic Relief Review of SURF (1997-2009) in ensuring that key decisions on the project were discussed full and taken collaboratively despite the additional time required to do so. It took over six months to negotiate and agree with the partners on the financial institution to serve on the project, however the investment is proving justified as the partnership is now stronger, and the terms better understood, with Urwego Opportunity Bank of Rwanda (UOB).

A critical challenge over the year ahead is to ensure that the AERG interns continue to have the capacity to monitor the IGA groups and provide support where required, despite their primary focus being on the training of new IGA groups.

**F3** What, if anything, will you do differently next year?

Our main focus will be on accelerating the development of the IGA groups. A strategic decision has been taken for the interns to be recruited and contracted to the partner organisations, rather than SURF, with SURF maintaining a supervisory and coordinating role. The IGA Officers at the partner organisations will thus be made accountable for the delivery of the IGA component of the project, and the interns will report in directly to them. SURF will closely monitor this transition to ensure that the interns continue to deliver the work at the high standard that they have done to date. The benefit of the transition is in the sustainability of the project beyond the Comic Relief funding, as the partners assume more responsibility and control of the work.

**F4** What have you learned over the course of this year about the following:

*The overall strategy you are using in your work. Has what you have learned confirmed your strategy, or can you see where you might need to make changes?*

The primary learning has been the critical importance of the high-engagement approach made possible by the team of AERG interns to provide the necessary support to the IGA groups to ensure that they have the learning and the tools to sustain the businesses they set up. They have also provided an invaluable support network for the women, assisting them with issues of group dynamics, business ideas etc. This has validated the strategic approach proposed in the application and builds on the learning from the IGA review that SURF commissioned at the start of the project.

As well the importance of the incubation of the IGA component of the project before transition to the partners has proven to be an effective model. This enables SURF to maintain close supervision of the work, defining the approach and enabling the partners to learn how to most effectively undertake the work before making them accountable to do so independently. The importance of this approach was developed from the learning of our earlier Bridging Grant Project (GR001-12074).

*The most effective ways of doing the different activities you undertake (e.g. involving local people, strengthening the capacity of local organisations, working with other key players, advocating with policy makers, income generation etc)*

A great amount has been learned on the most effective model for income generation on which we have expounded through this report. SIP was built on the foundation of the failure of CTP – in which many IGA groups established under that project dissolved and the repayment rate of loans did not even meet the modest target of 40%. The partners and their members are in a radically different place today, as a result of the IGA model developed through SIP – and this is said only one year into the project. The level and intensity of training has enabled the women to understand better what is required of them, and though it has been a challenge to achieve, has changed their mind-set from dependency to self-sufficiency. Admittedly, this has not been universally achieved; in particular there have been challenges with members of SM, though in the majority of the participants in the first tranche of the IGA groups the change has been transformative.

This has only been possible due to the intensive level of training made possible by the cost-effective network of interns. The curriculum which has been tailored to the needs of the target group is practical, and the additional focus on the business ideas selected by the groups (in guidance by the interns) will prove critical in ensuring that the projects are successful.

The interns (CBDs and JPOs) initially have been contracted to SURF, which has helped in ensuring the monitoring and coordination of the work to date. The interns have reported into the SURF project officer, as well as the IGA officers of the partners, which ensured that the many problems and issues that have arisen with the groups could be collectively addressed in a timely manner. However, this approach has resulted in a lack of communication at times between the interns and the IGA officers – which will be resolved with the interns now being contracted to the partners for this second phase of the IGA programme onwards.

This approach of incubating new projects in SURF and once established transitioning them into the partners has definitely proven to be effective, and which we are now replicating in other projects with other partners. It ensures that SURF can play a more active role in developing the parameters and expectations of the project, and ultimately serves to build the capacity of the partners – in the skills, tools and staff that then transferred to them to strengthen their organisations.

**F5** Where relevant tell us about any information you have gathered this year in relation to any of your own learning questions, or any of the learning questions outlined in the relevant Comic Relief programme strategy. *(Please refer to the learning questions in your grant start up/annual planning form).*

The primary learning, as outlined above, has been addressing the question of the support required by HIV+ women survivors to enable their participation in profitable IGA associations. The review undertaken at the inception of the programme, shared with all partners of SURF, highlighted in particular the needs and sensitivities of this target group – and as such the formation and training has been adapted to ensure that their exceptional circumstance is considered.

As well, though no formal research has been undertaken on the cause of deaths of HIV+ women survivors, the reasons for such deaths are better known. Ensuring the

timely and regular maintenance of treatment regime is critical, and ensuring that nutritional support is available to those within the target group whose CD4 count has fallen. The most vulnerable are those that started on treatment when their HIV has been at an advanced stage. As such, ensuring that all members and dependents of the partners are sensitised and tested for HIV is critical to ensure that those requiring treatment know how to access it, and have the required support to do so. The model of wraparound support for HIV+ women survivors was known to be effective prior to the commencement of the project, however developing an approach that enables the partner to sustain such support is the challenge ahead, in particular in context of the rising fuel costs and increasing cost of public transport, as outreach and home visits is such a critical component.

**Part G: Learning how your grant has made a difference – Applying and sharing your learning**

**G1** How have you, local organisations or grant participants changed the way you do things, and your workplan for next year, based on learning gained from your experience in implementing the project and interactions with others outside the project?

What significant changes have you made to your activities and workplan for next year?	Describe the key lessons learnt that have influenced your thinking.
The IGA interns are contracted to the partner organisations (not to SURF)	This will improve communication and reporting between the IGA Officers and the IGA interns
We will be accelerating the training of the IGA groups to enable them to access to loans sooner	Though training is already intensive, the beneficiaries want to be working and generating an income sooner.
We plan to increase the transport budget for the partner organisations	Greater outreach is required to engage and mobilise the more marginalised and hard to reach beneficiaries

**G2** If you or the local organisation(s), and/or the grant was reviewed or evaluated this year, tell us about the actions you have taken in response to any key recommendations.

Describe the key recommendations or issue or analysis arising from your most recent evaluation	Describe the actions you have taken in response to this.
Recommendations for SURF Rwanda: - Strengthen procurement process - Update asset register - Improve financial controls	The recommendations arose out of the systems review undertaken by Health Poverty Action. SURF has revised its financial procedures manual in response to the report, and has received further consultancy from HPA on the development of policies and procedures to strengthen its financial management. The practical measures proposed have all since been implemented.
Recommendations for AVEGA:	SURF has provided support to AVEGA to implement the recommendations of the HPA report. Principally this has



- More regular internal audits - Development of an organisational budget	been through the in-person support provided by the SURF Rwanda accountant. AVEGA still requires funding to recruit an internal auditor, to provide additional capacity to their finance team – which SURF hopes to address.
---	---

**G3** Have you shared what you have learned more widely and with what results? Tell us what learning resources, if any, you have produced this year.

The recommendations of the IGA Review, undertaken at the inception of the project, has been shared with all partner organisations of SURF at the SURF Forum of Partners through a briefing and written report. The new model developed for the IGA programme is being shared with the partners, which are adapting some of the lessons of that work to strengthen their own IGA programmes. The hope is that additional funding can be raised to enable them to replicate and scale up IGA work in future. SURF will be sharing this end-of-year report with all partner organisations.

## Part H: Relationships

**N.B.** This section of the report should be completed separately by each of the local organisations and by the UK organisation/Comic Relief grantholder.

**H1** Which relationships with other partners and stakeholders have been most helpful to you this year in enabling you to do, and learn from your work, and why? Which have been most challenging and why?

SURF – The work with Health Poverty Action has been invaluable in strengthening our financial management, as well as determining recommendations to improve the systems of AVEGA. The most challenging relationship to navigate has been with Urwego Opportunity Bank (UOB) in terms of developing a mutually agreeable system of loans to the women – in particular, the assessment of when groups are ready to receive a loan. This has caused delays of loans being agreed, but we are now at a stage where loans are to be disbursed and the process is now in place for the partnership to progress more smoothly in future.

AVEGA – The continuing relationship with the Global Fund and the Ministry of Health has been critical in progressing and sustaining the integration of HIV+ AVEGA members into public health clinics. CAFOD has made a valuable contribution in supporting the psychosocial programme of support for members of AVEGA Eastern Region. Over the previous year, new funding from FARG has enabled AVEGA to recruit and retain 36 counsellors which is providing counselling to the beneficiaries which has further aided integration.

SM – As with AVEGA, the Global Fund and the Ministry of Health have been important partners for us in supporting our health clinic. SM continues to receive funding from other donors, a number of churches, which has helped to complement the funding from CR to enable us to deliver support to our members. We have learnt much from SIP to date, but the relationship with UOB (Urwego Opportunity Bank) has been challenging in terms of educating the beneficiaries that the support that they will receive for IGAs is in the form of loans, not grants.

**H2** Has the type and timelines of the support and funding provided from Comic Relief to the UK partner/Comic Relief grantholder, and from the UK partner/Comic Relief grantholder to the local partner organisation(s) enabled you to carry out your work effectively? If yes, what worked well? If no, what were the problems and how did you resolve them?

SURF – It has been beneficial to receive 15 months of the grant upfront, in order to enable us to maintain funding to the partners seamlessly over this end-of-year reporting period. We have developed a quarterly reporting system with the partners, requiring from them a narrative and financial report at the end of each quarter, with transfers being made on the satisfactory assessment of those reports.

AVEGA – Transfers have been made on-time by SURF, and certainly more timely than was previously the case from DFID and the Ministry of Health, which has minimised problems in delivery of the programme. As well SURF has been responsive to the needs as they have arisen, for example the need to cover the cost of the IGA Officers when funding from DFID ended prematurely. As well, though the funding did not come on stream until October, the programme started up in September, which proved to be critical in terms of bridging the gap left by the end of DFID funding for CTP (Care and Treatment Project).

SM – As with AVEGA we are satisfied with the support and funding received from SURF. We work with SURF as a partner, not just as a donor, and thus are able to raise issues and problems with SURF which they help with us to address. The challenge ahead for our organisation is to sustain the programme with what is still limited funding from SURF / Comic Relief. Our focus is to undertake work more efficiently in order to deliver greater impact going forward.

## Part I: financial report

**I1** Please provide a financial report on the grant for the past year, using the spreadsheet provided, based on the budget you presented to Comic Relief as part of your grant application, noting original budgeted costs and actual expenditure. Describe the reasons for any major variance in a column adjacent to the expenditure column

**I2** Describe any changes in the budget for the coming year where it differs from the budget submitted with your application in a column adjacent to next year's budget column.

The variations from the original budget are flagged up in the financial report. The main variation has resulted in the lower than anticipated contribution to the AVEGA micro-credit loan fund. This has not been to the expense of the activities of the programme as there has been enough capital for all IGA groups requiring loans to be accessed. However, an additional sum of FRW 44 million (£49,000) which AVEGA planned to make available has instead been ring-fenced for a new loan fund for AVEGA Southern Region for the prospective SURF/DFID project in 2012. There is still FRW 70 million (£77,000) in a revolving fund for AVEGA Eastern Region. Two line items that have not been disbursed to date is the contribution to the SM audit – which will be undertaken at the end of this financial year – and the sum for board training for SURF – which will be conjoined together and utilised for a Board Away Day in 2012.

## Part J: communication information

**J1** If you were part of a joint marketing initiative with Comic Relief, e.g. facilitating film making or journalist visits, or hosting visits from opinion leaders, please tell us what went well, and what did not go well. What would you like to happen differently next time?

n/a

**J2** Please provide any facts or statistics relating either to the achievements of your project, or the need your project is addressing, which you think may be useful to Comic Relief for communication purposes.

Comic Relief has challenged SURF and its partners to demonstrate *"how their programme activities are supporting the integration of survivors"* which SIP is proving to be a model of best practice. The partner organisations have surprised even themselves in their delivery of this component of the project – in terms of the integration of HIV+ women survivors into public health clinics. There are still great challenges that survivors face in Rwanda, however with the right support it is possible to overcome such obstacles.

AVEGA is supporting 1,480 HIV+ women survivors out of 19,344 genocide widows in membership of the organisation. Over the course of the previous year only four HIV+ genocide widows have died – and only due to the fact that their HIV was already at an advanced stage by the time they began their antiretroviral treatment. This is a remarkable achievement considering the challenges that the women must face and is testament to the support provided to them by AVEGA.

**J3** Please give examples of what a donation of, say, £1, £5, £30 or £100 will buy in your project.

£1 will buy a round-trip to a local health clinic for the monthly check-up of an HIV+ women survivor to ensure that she receives the antiretroviral drugs and nutritional support critical to living positively

£5 will help an HIV+ women survivor pay the required contribution to primary school for a term which will enable her child, or an orphan that she has adopted, to benefit from the education critical to their future

£30 will buy a goat for HIV+ women survivor which will provide comfort for those that are housebound and lonely, but also provide manure to fertilise their garden vegetables which is critical for their nutrition, as well as milk too

£100 will pay the salary for a month for a graduate student to train and support three income-generating associations of HIV+ women survivors on a weekly basis, enabling them to develop a sustainable livelihood.

**J4** Using the case study templates please provide up to 2 case studies illustrating some of the changes you describe under each of your outcomes. These can be changes experienced by individuals, communities or wider society, or at the organisational level. Where possible, please attach a good quality photograph of the individual concerned.

## Part K: Other information (optional)

**K1** Is there any other information you think we need to know?

The funding has been critical in sustaining the work of AVEGA and SM to support the integration of HIV+ women survivors which would not have been possible without this funding from Comic Relief. At the time of the grant application the future for HIV+ women survivors in membership of the organisations honestly was bleak. Since the closure of the DFID funded CTP in March 2010, many of the women had lost weight, were physically and mentally weaker, and most vitally were experiencing falling CD4 counts. With the commencement of the activities of SIP in September 2010, and the funding coming on-stream in October 2010, it has literally been transformative for the women and the partner organisations. Both have experienced a new lease of life which has directly benefited not only the women but also indirectly thousands of their dependants.

This has not been at the expense of non-survivors, and in fact one of the surprising

outcomes of the work has been the indirect benefit to this community as well. The group counselling that AVEGA and SM have been enabled to lead is open to all in the community. Also, the IGA groups have resulted in employment opportunities for neighbours of the participants who are non-survivors at fair and equal wages. This has been supplemented by the livestock gift programme which explicitly requires survivors to gift livestock to non-survivors in their community. However, challenges for survivors are still many and the work and support required is still great. The focus over the year ahead is to accelerate the project to ensure that as many of the target group as originally proposed benefit from the activities and ultimately are sustainably integrated into the wider community as planned.



Christine, Counsellor of AVEGA Western Region, leads a two-day workshop with HIV+ women survivors on mental health at the AWR Wellness Centre.



Representatives from the partner organisations at the two-day SIP annual review meeting in October 2011 at AVEGA Central Region, preparing their presentation on the progress of the work to date.



Members of the thirty-strong Nyakarenzo association (which consists of HIV+ women survivors and orphans) which is requesting a loan for a maize grinding machine, which will be the first in their district.



Both survivors and non-survivors together await their turn for the vaccination of their babies at the AVEGA Eastern Region integrated health centre in the District of Bugesera which is the first integrated clinic opened by a survivor-led organisation.