

**PROJECT PROPOSAL: EMPOWER 600 RURAL WOMEN AND CHILDREN IN
RWANDA**



**RWANDAN YOUTH DEVELOPMENT AND VOLUNTARY ORGANIZATION
(RWAYDAVO)**

Rulindo District

15 March, 2014

A. ORGANIZATION	
1. Name of organization	RWANDAN YOUTH DEVELOPMENT AND VOLUNTARY ORGANIZATION (RWAYDAVO)
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6. Website	www.rwaydavo1.weebly.com
10. Main aims and objectives of your organization	
Rwandan Youth Development and Voluntary Organization is local non-governmental, non-profit, community-based organization, whose main goals are health empowerment and volunteer capacity building. These goals are achieved through projects focusing on improving the health and the standard of living in underprivileged urban and rural communities, primarily in the Rulindo District of Rwanda.	
<i>Organization target groups</i>	
Our organization broadly targets groups who are vulnerable, underrepresented, and underserved. Specifically, we work with marginalized women, including widows, and those facing extreme poverty, at-risk youth, including secondary school students, street children, and young sex workers, disabled persons, gays and lesbians, prisoners, as well as soldiers, police, and security agents.	
<i>c) Vision, mission or values statement</i>	
<u>Vision:</u> The development of self-reliant communities and skilled citizen.	
<u>Goals of the organization:</u>	

1. To improve the standard of living in underprivileged communities in Rwanda and to develop the capabilities of volunteers through sustainable development projects that are community-owned, intersectorial, and coordinated by RWAYDAVO volunteers
2. To build community and collaboration by working in cooperation with other associations or NGOs in Rwanda.
3. To promote a culture of science and research within RWAYDAVO members

Values:

- Professionalism
- Volunteerism
- Equity
- Gender balance
- Respect
- Confidentiality
- Teamwork
- Sustainable development

ACHIEVEMENTS

Projects carried out by RWAYDAVO

- ✚ **Rulindo Health Education Project:** This is an ongoing project carried out by medical students working under the RWANDAN YOUTH DEVELOPMENT AND VOLUNTARY ORGANIZATION (RWAYDAVO), which has been running since January 2013 in partnership with Rulindo district and Sulfo Rwanda industry. It works in 12 health centers, 12 secondary schools, 1 youth center and 1 sub-sector in Burega. The main focus is teaching basic health skills, and the prevention of communicable and non-communicable diseases in youth.



Community Events:

- **RWAYDAVO World Women’s Day in May 2013**
- **World Malaria Day celebration 2013**
- **World TB Day celebration 2013**
- **World No Tobacco Day 2013**



I. BACKGROUND

EMPOWER 600 RURAL WOMEN AND CHILDREN IN RWANDA

RULINDO District is located in Northern Province of Rwanda. Rwanda is the most densely populated country in central-Eastern Africa and faces a multitude of development and health challenges. Our target groups are mothers and children under five years old in the BUREGA sector of RULINDO District. The RULINDO community suffered greatly from the consequences of the genocide, and this has contributed to an increase in poverty and a high number of low-income families.

Trends in maternal mortality published by UNICEF, WHO, UNFPA, and World Bank 2010 estimate that 358,000 women die each year due to complications during pregnancy and child birth. This number has decreased by 34% from an estimated 546,000 in 1990. The 204,000 of these 358,000 deaths are in Sub-Saharan Africa.

Although Rwanda has made significant steps in achieving Millennium Development Goal (MDG) #4 which is to reduce child mortality, and MDG #5, which is to improve maternal health, the current status of maternal and child health is still poor in Rwanda. The achievements made to-date include reductions in the spread of malaria and pneumonia, a new insurance plan that

covers 90% of treatment costs for families, and the empowerment of community health workers (CHW) to help promote preventative and public health measures.

Approximately 383 per 100,000 women die each year in Rwanda due to complications during pregnancy and childbirth according to Health Management Information System (HMIS 2010). According to the Rwandan Demographic Health Survey of 2010, the deliveries attended by skilled Health Workers increased from 38% in 2005 to 52% in 2007/08 and up to 69 % in 2010 (DHS 2010). The mortality rate is reported to be 62 per 1,000 live births (DHS 2007/08), neonatal mortality (death before the end of the first month) stands at 28 per 1,000 (DHS 2007/08). Child mortality for those less than 5 years of age was 103 per 1,000 live births in 2007/08. With respect to malnutrition rates in children less than 5 years of age, 45.3% have chronic malnutrition, and 19% are severely malnourished (DHS 2005). UNAIDS estimated 3.1% of the adult population aged 15 to 49 who is infected with HIV (UNAIDS 2011).

Our Empower 600 Rural Women and Children in Rwanda project will address a number of the key causes that lead to these high maternal, neonatal and infant mortality rates. These causes are numerous and include high illiteracy rates, poverty, food insecurity, limited access to education and medical services, lack of knowledge about good nutrition, poor hygiene and water sanitation, gender-based violence, lack of reproductive health access, high numbers of adolescent unwanted pregnancy, as well as behavioral factors such as alcoholism and drug abuse. Current health policies do not go far enough to address the root causes of these issues, and the vulnerable groups who are most affected by these factors are themselves disempowered and lack the political capital to work toward the changes needed to improve their lives and their communities. There is also a lack of skills and professionalism among health providers and community health workers.

This project will seek to encourage behavior change among women, adolescent mothers, community health workers, and health institutes in order to reach MDGs 4 and 5, decrease HIV prevalence, decrease malnutrition, and eradicate poor hygiene. It will seek to achieve these goals through offering teaching sessions about maternal health, malnutrition, immunizations, breastfeeding, water borne illness, hygiene sanitation, HIV/AIDs, sexual and reproductive health, and through advocacy for accessibility of condoms for all. The project will also include income generating activities and promote access to health insurance and the use of health services including family planning and voluntary counseling and testing (VCT).

Our goals are to reach 90% of the Rwandese living in the RULINDO district and through our program help improve maternal, newborn, and child health status of this population.

I. PROBLEM STATEMENT

The Rwanda genocide of 1994 was a tragic period of history, which caused close to one million deaths and over 99.9% of the serving population witnessing violence and/or death. Over 300,000 children were made orphans with over 85,000 children under 18 were left with the responsibility to care their young siblings. This has led to many social problems within the Rwandan population today. Many women became made widows and others were infected with HIV. After finding themselves as the heads of families and destitute, a great number of girls were led into prostitution, as it was the only solution that they saw as available. In addition, due to extreme poverty, many young children are forced to drop out of school at very early stage. The situation is worst for young girls, who are at higher risks of rape, unwanted pregnancy, and HIV/AIDS. Girls who drop out of school at higher risk to fall victim to “sugar daddies” who are much older and may impregnate them and leave them with children. The context of violence, poverty and lack of social support jeopardize those women's quality of life and shape of future of their children. This project targets women aged approximately between 15 to 45 years old and children under five years old in five cells of BUREGA sector in RULINDO district in order to improve their standard of living. These areas were selected because within the RULINDO district, they have particularly high maternal, neonatal and infant mortality rates, malnutrition rate, water borne disease rate, and HIV prevalence.

Although Rwanda has made significant steps towards achieving the fourth and fifth MDG goals, there is much progress to be done. For example, the rate of women who completed 4 antenatal care (ANC) visits or more was only 35.4 % and the rate of low birth weight was reported to be 9% (HDR 2007/08). Only 41.5% of Rwandan children begin breastfeeding within one hour of birth, and only 56.6% begin within one day of birth (DHS: 2005/09). Despite the fact that complementary feeding practices should begin at 6 months, only 69% of infants begin at 6 months (DHS: 2005/09). With respect to malnutrition rates in children under 5 years of age, 45.3% have chronic malnutrition, and 19% are severely malnourished (DHS: 2005/09). Additionally only 36% of couples now use modern contraceptive methods (DHS: 2007/08).

UNAIDS (2010/11) estimated 3.1% of the adult population aged 15 to 49 who is infected with HIV (3.6% of adult women and 2.3% of adult males). World Health Organization (WHO) 2011 report showed that 1.5 million people per one year die from diarrhea and other water borne enteric illnesses. 90% of them are children under 5 year olds and most of them are from the developing countries such as Rwanda. 24% of Rwandese are still unable to access to a safe drinking water source and 42% have no access to improved sanitation facilities as it is indicated in UNICEF 2011 report.

The EICV3 survey results show that the total population of Rulindo district in 2010–11 was 294,000. Females comprise 52.7% of the population of Rulindo district. The statistic shows that the majority is young with 82% of the population aged less than 40 years old. In Rulindo district,

57.1% of the population is identified as non-poor, 23.2% as poor and only 19.7% as extremely poor. Compared with other districts in Northern Province, Rulindo district has the highest percentage of extremely poor residents.

According to RULINDO District Office of Statistics (Field Survey, 2012), BUREGA Sector is home of 21,814 people, of which 10,913 per 21,814 people are women. There are more than 1,000 children and more than 450 families living in BUREGA. The percentage of the poor and extremely poor in Rulindo is 42.9%. The percentage of households that use electricity as the main source of lighting in Rulindo district is only 2.6%, which is below the rural, urban and national averages. Rulindo district is one of the districts with one of the longest mean walking distance to a health centre (65.8 minutes, compared to 35 minutes in urban areas and 64.4 minutes in rural areas). The percentage of orphans in Rulindo among the population aged 0–20 is relatively low at 2.2% for both parents deceased and 11% for one parent deceased. The distribution of heads of household by gender in Rulindo district shows that 26.4% of households are headed by females

Our target population for this project, (15 to 45 years old women and children under five years old), in the BUREGA sector, face a number of challenges which make them particularly vulnerable:

- High illiteracy rate, poverty, food insecurity, limited access to education and medical services due to geographical barriers, and competing traditional beliefs and taboos
- Lack of knowledge or awareness about healthy diet and techniques of low cost nutritious food preparation, water borne illness due poor hygiene and sanitation, low immunization rates, gender based violence, lack of use of reproductive health services and family planning and high rates of HIV/AIDS infection;
- High number of unwanted pregnancy among the youth which contributes to a high child-mother mortality rate
- High levels of alcoholism and drug abuse which exacerbate risk behavior
- Delays to seeking care prior due to ignorance of signs of complications and the competing use of traditional medicine;
- Delay to accessing care due to geographic barriers, access and cost of transportation, and lack of ambulances to reach the health centers
- Delays in receiving adequate medical care due to incorrect diagnosis, insufficient follow-up during labor, and inadequate pre-transfer treatment.
- Lack professionalism among health provider and community health workers

II. OBJECTIVES

The overall aim of the project is to reduce the burden of maternal, neonatal and under-five morbidity and mortality by increasing availability and use of proven health life-saving

interventions. We will seek to improve the health status of mothers and children through teaching sessions, VCT provision, the creation of Voice Clubs for young girls, community health worker empowerment, income generating activities, and the distribution of mosquito nets for pregnant women.

✚ VISION OF THE PROJECT:

“A healthy mother and child, a prosperous community”

✚ MISSIONS OF THE PROJECT:

- ✓ To increase the knowledge of the leading risk factors and causes of high maternal, neonatal and infant mortality rate, malnutrition, and high prevalence of HIV infection
- ✓ To reduce the incidence of childhood illnesses such as including dysentery, cholera and diarrhea due to unclean water, poor hygiene, and unhygienic waste disposal
- ✓ To enhance the capability of mother to look after the normal health and nutritional needs of the child through proper nutrition and health education
- ✓ To reduce malnutrition and improve the mortality and morbidity of children under-5 through preventive measures and basic maternal-child health care and nutrition services, with emphasis on neonatal and post-natal care and maternal-child nutritional rehabilitation services
- ✓ To promote eradication of the poverty through raising income levels and expand employment opportunities of the weaker sections of society, particularly of young girls, women and of those living below the poverty line
- ✓ To promote and educate the women and girls in BURENGA’s community on the important and use of family planning and VCT services
- ✓ Improving health behaviors to promote healthy lifestyles through prevention and appropriate care-seeking practices
- ✓ To create a collaborative project between the public health supervisor, community organizers, community health workers, and volunteers of youth clubs that build capacity to promote maternal and child health
- ✓ To sensitize local authorities, opinion leaders, parents, communities, and journalists about the importance of childhood early development, early childhood development Policy provisions, and their roles in assisting with planning, implementing, and overseeing essential children’s services.

✚ SPECIFIC OBJECTIVES:

1. To reduce the incidence of maternal mortality, child morbidity and mortality, dehydration and malnutrition rates.
2. To promote both antenatal and post-natal care and immunization services to reach at least 90% of the 10,913 women of BUREGA sector.
3. To improve birth outcomes, reduce material and child morbidity and mortality, and reduce high fertility rates through the expanded use of family planning, pre-conception services, HIV prevention and care services, antenatal education, health and nutrition services, and increase the medically attended births
4. To sensitize, educate and provide 450 families in BUREGA with the skills to provide good nutrition, use proper food preparation techniques and have good hygiene in order to prevent food and water borne infectious illness
5. To awareness among the women and children in BUREGA community of basic hygiene, as measured by an at least 90 % hand washing with soap after visiting the toilet, and zero open defecation achievement.
6. To sensitize, promote, and call upon 450 families to fight for poverty, raise income levels, and expand employment opportunities of particularly of women.
7. To create an open space for discussion for 450 families in BUREGA especially women to contribute to their social, economical, and psychological and development issues through the increase the number of associations and groups working with them in RULINDO district.
8. Strengthen the capacity and improve the performance of approximately 80 community health workers in Burega sector through additional of training and workshops to increase knowledge and motivation

III. STRATEGIES AND ACTIVITIES

In order to achieve our project goals and objectives the following strategies and activities will be implanted:

1. PROJECT VOLUNTEER TRAINING

This training aims at empowering medical student volunteers through a three days seminar in which the following topics will be covered: maternal health (prenatal and post natal care);

healthy eating and hygienic handling; physiological changes and nutrition during pregnancy; breastfeeding; HIV/AIDS awareness (Epidemiology of HIV/AIDS; HIV prevention, counseling and testing); cultural issues, reproductive health and sexual transmitted diseases (STDs); gender empowerment program and human rights and communication skills. The project volunteers will be selected after writing a motivation letter, and submitting their curriculum vitae. They will be selected from the students of the National University of Rwanda Medical Student Associations (MEDSAR). Approximately 25 students will be selected with approximately 50% female students. We will also organize additional teaching sessions for continual training.

2. CREATION OF VOICE CLUBS

In order to achieve objective 5 and 6, we will create 3 clubs, one per each cell (KARENGERI, BUTANGAMUNDU, AND TABA) with aim of empowering and promote self reliance through group discussions focused on HIV prevention, nutrition, and hygiene. The young women in these clubs will be ambassadors. There will be monthly presentations by clubs leaders and advisors from our group. We will plan a special event for the Voice Clubs Network at the 12-month mark of the project, with aim of sharing the girls’ experience and advocating for change in the communities. The event will invite the local authorities in BUREGA sector, RULINDO district and will formally present each clubs using theatre and a talent show. Each clubs will have executive committee board, which will help to sustain its activities. We anticipate that approximately 20 women will be involved per one club. These clubs will serve as a platform to involve not only their families but also the whole community.

These Voice Clubs are designed to provide a safe environment for these girls to discuss the issues such as sexual and reproductive health, infectious diseases, hygiene, and nutrition. We hope this support will help the girls face their challenges and confront personal barriers. They also provide an opportunity to build self-esteem and develop leadership skills which will help these girls become future advocate for themselves and their community.

3. TEACHING SESSIONS

In order to achieve objectives 1, 2, 3, and 4, we will provide educational session based on an established curriculum. The topics in this curriculum will include: physiological changes and nutrition during pregnancy, breastfeeding, HIV/AIDS awareness (Epidemiology of HIV/AIDS, HIV prevention including PMCTC, counseling and testing), family planning, reproductive health and sexual transmitted diseases (STDs), gender empowerment and human rights, and drugs abuse. In addition, the teaching session will provide concrete skills related to hygiene, water, and environmental sanitation, family planning, and nutrition. Our family planning skill development will include male and female condoms demonstrations and distribution. We will set a monthly timetable to help us to stay on track with meeting our objectives. We plan to create posters with key messages and photos to be placed in public areas to encourage discussion of these topics outside of planned activities.

4. WORKSHOPS WITH COMMUNITY HEALTH WORKERS (CHWs)

In order to achieve objectives 1, 3, 4, 6 and 7, the project will organize and conduct monthly workshops with aim of improving the performance of, and building the capacity and self-esteem of CHWs in our district. The following topics will be discussed: physiological changes during pregnancy and safe motherhood, breastfeeding and prevention of malnutrition, and diseases such as pneumonia, malaria, HIV/AIDS and waterborne illnesses. Since the community health workers make regular household visits, they are first health personnel who are responsible for child health, reproductive health, and health promotion in the community. They report children found to be malnourished to their local health center and via the cell phone-based rapid SMS system. Thus, providing additional training and skills for the existing CHWs is a direct and simple way to improve community health for the entire population.

5. CONDOM DEMONSTRATIONS, DISTRIBUTION OF INFORMATION, AND PROVISION OF MOSQUITO NETS

In order to achieve objectives 1, 2 and 3, we will include condom demonstrations and distribution during our teaching sessions, CHWs workshops, and our visits to the Voice Clubs. Proper use of condoms can help to decrease HIV/AIDS transmission, infection with other sexually transmitted diseases, and reduce unwanted pregnancy. Many people still are not aware of the proper use of condoms for safer sexual intercourse. Through out demonstrations we hope to address this knowledge gap and also encourage their use by dispelling myths.

We will design and print informational leaflets for distribution in our target group with “take-home” messages about maternal and child health, breastfeeding, HIV/AIDs, sexual and reproductive health and gender-based violence. These will help them to spread the message to their families and friends and reinforce the lessons learned during the teaching sessions.

Finally, mosquito nets will be distributed to pregnant women to help protect them from infection with malaria, which remains as a significant maternal health challenge in Rwanda.

6. KANDAGIRA UKARABE and AKARIMA K’IGIKONI CONSTRUCTION AND ORGANIC SOLUTION DISTRIBUTION

In order to achieve objective 4, which has the aim of increasing of hand washing with soap after using the toilet and reduce infectious illness, we will provide education and also construct KANDAGIRA UKARABE for family. Additionally, we will provide AKARIMA K’IGIKONI to aid in prevention of malnutrition and promote the preparation of balanced diet. The project volunteers, together with technicians will build one KANDAGIRA UKARABE and one AKARIMA K’IGIKONI for the identified poorest three families per each cell of BUREGA sector. This construction and training will be followed by monthly house-to-house visits. We

will distribute one Sur-eau and 5 liters of organic solutions secondary (OSS) per each of 15 poor families in order to improve hygiene in households through food safety. This part of the project will promote the prevention of infectious diseases, promote nutrition, facilitate composting, and improve solid-waste management for these 15 families.



Akarimak'igikoni

7. GOAT AND RABBIT REARING PROGRAM

In order to achieve objective 5, with aim of increasing household income, reducing malnutrition, and improving the living conditions in communities, the project volunteers will work with two groups, BUREGA A (KARENGERI AND TABA) and BUREGA B (BUTANGAMUNDU), to realize a goat and rabbit rearing program. We will first organize educational visits and network with community leaders for support of each family. We will target the families of vulnerable children and their families with the project in order to reduce malnutrition through the regular consuming high protein meat and the additional income gained by selling that animals for a profit. Furthermore we encourage them to save their money in banks, and teach financial planning and management. We also will have the opportunity to provide counseling and additional education to these targeted families through the monthly follow-up visits.

PROJECT SCHEDULE (12 MONTHS)

The project duration is 12 months. It will start in June 2014 and end in June 2015. Activities are planned on the Friday and Saturday of each week and they are forty-eight weeks in total.

Person Responsible	<i>Timeframe</i>	<i>Activities</i>

Project leaders	August, 2014	<ul style="list-style-type: none"> ➤ Project members recruitment ➤ Seminar with project members ➤ Contact with authorities of sectors ➤ 1st workshop of community health workers ➤ Report and evaluation of the formal training / workshop
Project leaders and members	September, 2014	<ul style="list-style-type: none"> ➤ Teaching sessions for pregnant and breastfeeding women in clubs at Karengeri, Taba and Butangamundu, and at Muyanza and Kiyanza health centers on: <i>Maternal health</i> ➤ Leaflets distribution ➤ Creation of Voice Clubs ➤ Election of leaders for BUREGA A and BUREGA B ➤ Evaluation of monthly sessions / report of the monthly activities ➤ Questionnaire to evaluate current knowledge
Project leaders and members	October , 2014	<ul style="list-style-type: none"> ➤ Workshop with Voice Clubs members (topics: family planning, condom demonstration and distribution, importance and construction of kandagiraukarabe and akarimak'igikoni) ➤ Census of 15 poor families pregnant women and children under five years old ➤ Evaluation of monthly sessions / report of the monthly activities ➤ Questionnaire to evaluate current knowledge
Project leaders and members	November, 2014	<ul style="list-style-type: none"> ➤ Teaching sessions for pregnant and breastfeeding women in clubs at Karengeri, Taba and butangamundu, and at Muyanza and Kiyanza health centers on: <i>Maternal health</i> ➤ Leaflet and mosquito net distribution ➤ Follow up of Voice Clubs ➤ Construction of kandagiraukarabe and akarimak, igikoni and distribution of Sur-eau and organic solutions secondary (OSS) ➤ Evaluation of monthly sessions / report of the monthly activities ➤ Questionnaire to evaluate current knowledge

Project leaders and members	December, 2014	<ul style="list-style-type: none"> ➤ 2nd workshop of community health workers ➤ Purchase rabbits & give one rabbit per child of 3-5 years old in BUREGA A ➤ Purchase goats & give one goats per identified poorest 15 families ➤ Construction of Kandagira Ukarabe and Akarima K'igikoni and distribution of Sur-eau and organic solutions secondary (OSS) ➤ Report and evaluation of workshop / visits
Project leaders and members	January, 2014	<ul style="list-style-type: none"> ➤ Teaching sessions for pregnant and breastfeeding women in clubs, at Karengeri, Taba and Butangamundu and at Muyanza and Kiyanza health centers on: <u>Nutrition, breastfeeding, immunization, hygiene and water sanitation</u> ➤ Leaflet distribution ➤ Follow up of Voice Clubs ➤ Purchase rabbits & give one rabbit per child of 3-5 years old in BUREGA B ➤ Evaluation of monthly sessions / report of the monthly activities ➤ Questionnaire to evaluate current knowledge
Project leaders and members	February, 2015	<ul style="list-style-type: none"> ➤ Teaching sessions for pregnant and breastfeeding women in clubs at Karengeri, Taba and Butangamundu, and at Muyanza and Kiyanza health centers on: <u>Nutrition, breastfeeding, immunization, hygiene and water sanitation</u> ➤ Leaflet and mosquito net distribution ➤ Follow up of Voice Clubs ➤ House to house visit of 15 families ➤ Evaluation of monthly sessions / report of the monthly activities ➤ Questionnaire to evaluate current knowledge
Project leaders and members	March, 2015	<ul style="list-style-type: none"> ➤ 3rd workshop of community health workers ➤ Follow up of Voice Clubs ➤ House to house visit of 15 families ➤ Report and evaluation of workshops / visits
Project leaders and members	April, 2015	<ul style="list-style-type: none"> ➤ Teaching sessions for pregnant and breastfeeding women at Horezo, Kabuga and Nyamiyaga Cells, at Gihembe Camp and Muhondo health centers on: <u>HIV infection, Reproductive health, STDs</u>

		<ul style="list-style-type: none"> ➤ Leaflet distribution ➤ Follow up of Voice Clubs ➤ House to house visit of 15 families ➤ Evaluation of monthly sessions / report of the monthly activities ➤ Questionnaire to evaluate current knowledge
Project leaders and members	May, 2015	<ul style="list-style-type: none"> ➤ Teaching sessions for pregnant and breastfeeding women in clubs at Karengeri, Taba and Butangamundu, and at Muyanzena and Kiyanza health centers on: <u>family planning, condom demonstration and distribution</u> ➤ Leaflets distribution ➤ Evaluation of monthly sessions/ report of the monthly activities ➤ Questionnaire to evaluate current knowledge
Project leaders	June, 2015	Visit of Voice Clubs Preparation of closing ceremony
Project leaders and members	July, 2015	Closing ceremony Project evaluation and reporting

Project Principles:

1. FINANCIAL MANAGEMENT:

The project will have a treasurer who will be responsible for financial management of the project as planned. As an additional safeguard, we will require that three people (Coordinator, Treasurer and Program Officer) will have to sign each bank-slip in order to ensure the money is withdrawn only for agreed-upon project activities and avoid the potential for mismanagement.

2. TIME MANAGEMENT:

We will prioritize time management throughout this project and will set and respect project timetables to our best ability. We will seek to establish a culture among project members of the value of time management, so that they may naturally support our timely completion of each planned activity according to schedule.

3. PERSONNEL MANAGEMENT:

The project will be executed by volunteer project members who will have been selected based on a rigorous selection process. The project will follow a set curriculum and teaching manual so that every project members will be aware of project goals and objectives. This document will be

available to everyone and we will have regular meetings to inform the project team members about these principles. Coordinators will be responsible for monitoring and assuring the quality of the teaching provided by project members.

IV. PROJECT BENEFICIARIES

The project beneficiaries are classified into two broad categories, those who will be directly affected by the project and those who will be affected indirectly.

Direct Beneficiaries:

The direct beneficiaries of the project are pregnant and breastfeeding women, children, and female youth from BUREGA sector of RULINDO District. They will benefit from this project as our primary target group because they will be trained, empowered, and gain skills on different topics such as, maternal health, malnutrition, breastfeeding, hygiene and water sanitation, HIV infection, STDs, family planning and drug abuse. In addition to the skills they will gain, they will also be encouraged to change their behaviors to allow them to live healthier and happier lives.

The second set of participants that will be affected directly are project members, community health workers, and executive board. They will benefit from this project as part of their academic and/or professional training because they will be putting into practice what they have learned in theories thus gain valuable experience. In addition, they will each be given certificates as trainers at the end of the project to recognize their skills and experience.

Indirect Beneficiaries:

The indirect beneficiaries of this project will be the families in RULINDO District and whole Rwandan community in general. In this project, the women, female youth and CHWs will be trained so that they can transmit the knowledge they gain and help change the mindset and behaviors of their community on maternal health, malnutrition, breastfeeding, hygiene and water sanitation, STDs, family planning, drug abuse, HIV/AIDS, and associated conditions such as stigmatization, discrimination and poverty.

V. EVALUATION OF THE PROJECT

Both quantitative and qualitative methods will be used to evaluate this project. Specific methods include observation, focus group discussions, questionnaires, and individual interviews. The project programs and approaches will constantly review and adapt as an outcome of the work. Results of the evaluation will be discussed together with our monitoring and evaluation team. The team will be comprised of the project leaders and BUREGA authorities, as well as

project participant representatives. The team will develop an interview protocol to determine the following:

- ✓ Effectiveness of the implementation strategy including the teaching sessions, income generation activities, and Voice Clubs
- ✓ Sustainability of Voice Clubs and ongoing income generating activities
- ✓ Impact of rabbit and goat rearing programs on the involved families
- ✓ Impact of the distribution of condoms, mosquitoes’ nets and organic solution for latrines
- ✓ Impact of the KANDAGIRA UKARABE and AKARIMA IGIKONI construction in this society

During the evaluation of project activities we will seek to identify and share with the following information with our funders, project supporters, and project members:

- Achievement of key project objectives
- Level of motivation and engagement of project beneficiaries
- Ability of project team members to fulfill the project mission
- Achievement of project activities as planned
- Detailed budget and expense report
- Obstacles met by beneficiaries
- Identify possible solutions to overcome obstacles.

Indicators of Achievement:

Outcomes	Indicators
An improvement in health longevity among Rwandese in project catchment area	<ul style="list-style-type: none">▪ Average life expectancy Source: (Demographic & Health Surveys)
Reduction in maternal and neonatal morbidity and mortality	<ul style="list-style-type: none">▪ Percentage of births attended by skilled health personnel▪ Percentage of home deliveries▪ Percentage of children who received all WHO-recommended vaccination. Sources: MOH of Rwanda statistical abstract
Increased skills on maternal health care, malnutrition, and breastfeeding, hygiene and water sanitation HIV/AIDS, family planning, STDs, and drug abuse.	<ul style="list-style-type: none">▪ Number of community health workers trained in disease prevention, antenatal care and family planning▪ Number of mothers and adolescent girls trained

Improvement in standard of living through project to generate income and reduce malnutrition	<ul style="list-style-type: none">▪ Number of rabbits distributed▪ Number of AKARIMA KIGIKONI constructed
Increased knowledge and behavior change among of adolescent girls in sexual and reproductive health	<ul style="list-style-type: none">▪ Number of youth clubs members▪ Number of activities achieved
Stabilization and reduction of HIV infection rate among women and adolescent girls	<ul style="list-style-type: none">▪ Number of women attending VCT program▪ Prevalence of HIV in BUREGA Sector▪ Number of condoms distributed

VI. SUSTINABILITY OF THE PROJECT

At the end of this project, the sustainability of the project activities will be monitored by:

- We will work throughout the project to develop strategies to allow for continued support of the project beyond the original grant, which may include additional funding and sustainable income-generation for the project itself
- Gender discrimination is the key challenge for sustainable development, so we have built into our project ways to fight discrimination and share ownership, leadership, control of resources, access to information, decision-making, and development activities among project members and participants of both genders
- The group of 20 volunteers who will be selected to conduct the project activities will continue to teach others in the different regions to promote project sustainability
- We will create an association from our target group in order to continue, promote, and protect the income generating activities started through this project
- We will continue to support our associations to help them innovate expand their income generating activities
- The Voice Clubs will supported and will continue to participate in the events such as World Health Day.

VII. BUDGET

To be able to implement all these proposed activities the following facilities will be required:

Activity	Items	Frequency	Qty	Unity	Total
1. Contacting Authorities	Printing of invitational letters	1	10	50	500
(Sector, cell and district leaders)	Envelopes	1	10	100	1000
	Transport, communication, and refreshment	2	2	15000	180000
2. Three day seminar for project members	Meals	3	20	3000	100000
	t-shirt	3	20	10000	600000
	flipchart	3	1	7000	21000
	package of makers	2	2	5000	20000
	notebooks & pens	1	20	1000	20000
Sub-total					942500
	volunteers	20	10	15000	300000
	flipchart	2	5	7000	70000
	package of makers	2	2	5000	20000
1. Teaching sessions; & house-to-house visits	didactic materials (artificial penis)	4	5	1000	20000
	leaflets	1	800	500	400000
	package of condoms	1	20	1500	30000
	mosquitoes' nets	2	100	2500	500000
	package of Sur-eau bottles	1	3	3500	10500
	OSS bottle of 5 liters	1	30	4000	120000
2. Workshops for Voice Clubs	Volunteers	1	6	15000	90000
	T- shirt for clubs members	1	100	5000	500000
	Packages of condoms	1	3	1500	4500
	Refreshments	1	100	2000	200000
	Flipchart	1	4	7000	28000
	package of condoms	1	3	1500	4500
3. Workshops for CHWS	Notebooks & pens	1	80	600	48000
	Insimburamubyizi	3	80	2000	480000
	Volunteers	6	3	15000	270000
	refreshment	6	80	1000	480000
4. Visit of Voice Clubs	Volunteer- Transport, communication & refreshments	1	6	15000	90000
Sub-total					6365500
1. Kandagiraukarabe Construction (KUC)	materials for KUC	15	1	3000	45000
	focal points / technicians	15	1	10000	150000
2. Akarima k' igikoni Construction	materials for Akarimak'igikoni	15	1	5000	75000
	focal points / technicians	15	1	10000	150000
3. Support for Rabbit and Goat Rearing project	Rabbits and goats	2	500	2000	2000000
	Car for transport of rabbits	2	1	30000	60000
	Volunteer	2	2	15000	60000
	Preparation of volunteers	1	2	15000	30000

Closing ceremony	Printing of invitational letters	1	10	100	1000
	Envelopes	1	10	100	1000
	Reward to 1st poems /1st theatre	1	2	20000	40000
	Refreshments & transport	1	10	7000	70000
Sub-total					2682000
	Printing and Photocopying questionnaire	1	2	300	600
	Evaluation materials (camera, computer for data analysis and reporting)	1	1	300000	300000
Evaluation of the	Caterings of Two consultant and three project board for evaluation	8	2	2000	32000
Project	Phone cards (Communication during reports collection and survey)	1	8	500	4000
	Transport (transport during surveys, evaluation and data collection)	1	8	2000	16000
	Final documents and reporting	2	1	3000	6000
					358600
Total					10,348,600

We are looking for the support of 10,348,600 RWF equal to \$15,197 US dollars

✚ Details on RWAYDAVO Account:

Bank name: BPR Ltd/Kabuye-Buriza

Account number: 403-2593158-11

Account name: RWAYDAVO

SWIFT: Bprwrwrw

Approved by RWAYDAVO fundraising team

Jean Damascene UWIZEYIMANA

The president of RWAYDAVO



