



Rwanda Interuniversity VCT Campaign Project (RIVCP)

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I. INTRODUCTION

Rwanda Pharmaceutical Students' Association is very committed to set up the project titled with "Rwanda Interuniversity VCT Campaign Project" as well as starting the University Students' Coalition on HIV and AIDS control in Rwanda. The main objective to have that initiative come from different trainings and conferences on HIV and after analysis on the impact of HVI and AIDS worldwide, the strategies of our government on reducing the prevalence of HIV in our country. We are very committed to help our country to improve the living standards considering the Rwanda government policy and we strongly believe that the only way of fighting AIDS is through prevention and the only way of prevention is through education.

Voluntary counseling and testing (VCT) for HIV is the process whereby an individual or couple undergo counseling to enable him/her/them to make an informed choice about being tested for HIV and AIDS. This decision must be entirely the choice of the individual/s and he/she/they must be assured that the process will be confidential. VCT is much more than drawing and testing blood and offering a few counseling sessions. It is a vital point of entry to other HIV/AIDS services, including prevention and clinical management of HIV related illnesses, tuberculosis (TB) control, psychosocial and legal support, and prevention of mother-to-child transmission of HIV (MTCT). High-quality VCT enables and encourages people with HIV to access appropriate care and is an effective HIV-prevention strategy. VCT can also be an effective behavior change intervention. VCT offers a holistic approach that can address HIV in the broader context of peoples' lives, including the context of poverty and its relationship to risk practice. VCT offers benefits to those who test positive *or* negative. VCT alleviates anxiety, increases clients' perception of their vulnerability to HIV, promotes behavior change, facilitates early referral for care and support—including access to antiretroviral (ARV) therapy—and assists in reducing stigma in the community. There is demand for VCT (people want to know their HIV serostatus). Demand can also be created when comprehensive services are made available and stigma is reduced. An increasing number of countries are rapidly addressing the quality and quantity of care-related programs. Care-related activities include increased access to ARV therapy. VCT services must be made more widely available given this dynamic context and that access to care (including ARVs) requires people to know their HIV serostatus.

The psychosocial needs of young people and children in relation to HIV/AIDS have been sadly neglected to date. There is a paucity of experience and practical documentation from developing countries to further inform programming, yet there is need for immediate action. Young people are the hope for the future but remain vulnerable as a result of HIV/AIDS. Their vulnerability is perpetuated by social, cultural and biological factors. Orphans and vulnerable children (OVC) attempt to survive often in the absence of adequate parenting and psychosocial support to address the multiple losses occurring in their lives. In addition, children and young people with HIV/AIDS are living longer than had previously been anticipated. Counseling and other interventions that adequately respond to the psychosocial needs of young people and children are crucial. This is a major necessary investment *in addition to* voluntary counseling and testing (VCT) services. It is not possible to provide instant prescriptions on how to address the numerous controversial and ethical complexities related to the provision of VCT and counseling for young people and children, as well as VCT for pregnant women and their partners. Furthermore, program managers have a pivotal role to play in **advocacy** for addressing the **psychosocial needs** of young people and children within family and community contexts. It is important to ensure that these needs are not addressed in isolation. VCT is part of a package; the more general needs of young people, children, families and couples should also be addressed, as should clinical management issues and the range of programs to be covered under the prevention of mother-to-child transmission (PMTCT). Further attempts to deconstruct programs must be discouraged. Communication strategies and materials that relate only to VCT, PMTCT, antiretroviral (ARV) drugs or stigma without consideration of the related themes will quickly become obsolete, as they do not reflect the field reality.

We strongly believe that Talking about sex and HIV is still a taboo in Rwanda and this makes it difficult for every one to get right information on HIV and AIDS. Given also the high illiteracy rate in Rwandan villagers it is difficult for the people to access a diverse source of information. Hence, I think that using more university students if they are well informed on HIV and AIDS as well know they HIV status; as they are coming from different districts and villages in hole the country will help a lot in giving out the message and also promoting discussions on these topics. This requires a development of an environment where people can get that information and gain skills to search for the information. Voluntary counseling and testing (VCT) for HIV and AIDS has the potential to be a powerful intervention for reducing high-risk behavior, and it provides a

gateway to prevention, care and support services. Because high-quality VCT services depend on well-trained and motivated personnel, standardized counselor training is needed. By helping to improve standardized, high-quality VCT services, RPSA hopes this project will contribute to the prevention and control HIV/AIDS in Rwanda as it is sustainable because after the project there will be a set u a university students coalition on HIV and AIDS control.

II. DESCRIPTION OF THE PROJECT

Now more than ever, the benefit of knowing one's HIV status is apparent. Increasingly, people can take advantage of a variety of prevention, treatment, care and support options when they know their HIV status. Yet few people who need to know their HIV status have access to testing services. Voluntary counseling and testing (VCT) is an important strategy for increasing the number of people who know their serostatus.

HIV/AIDS voluntary counseling and testing (VCT) also serves as a key entry point to care and support services, making it an important complement to other HIV/AIDS prevention and care strategies. Successful communication about HIV/AIDS is best achieved through dialogue. The counselor's ability to create a safe and secure environment—one in which the client can ask questions, share personal information, gather information and make decisions without feeling judged or pressured—is critical to the success of the interaction. To create such an environment, the counselor must offer the client time, attention and respect, while bringing verbal and non-verbal skills to the counseling session that enable the client to explore his or her problems, to reach a better understanding of the problems, and to make choices and take action.

III. PROBLEM STATEMENT

HIV/AIDS has been one of the most disastrous diseases in modern times. Since the HIV virus was discovered in 1981, more than 20 million people around the world have died from AIDS and some 40 millions are estimated to be infected today, according to the joint United Nations Program on HIV/AIDS. Of those infected more than 17 million are women and some 2 million are children. Nearly ever corner of the world has felt the impact of AIDS, but mostly in poor regions, where people have little access to health care. Sub-Saharan Africa has been particularly devastated by the pandemic, accounting for 25 million people currently infected. The disease has

wrecked economies, orphaned children, widowed parents, exhausted health systems, strained education, and deepened poverty. Social stigma and discrimination against those with HIV has only made matters worse.

- The number of people living with HIV/AIDS globally rose from 29.5 million in 2001 to 33 million in 2007 due to continuing new infections, people living longer with HIV, and general population growth;
- The global prevalence rate (the percent of the population aged between 15-49 with HIV), 0.8% in 2007, has leveled off since 2000
- Annual deaths increased from 1.7 million in 2001 to 2.0 million in 2007, but have declined in the last couple of the years due in part to antiretroviral treatment scale up;
- New infections are believed to have peaked in the late 1990s and declined between 2001 and 2007 from 3.0 million to 2.7 million. This decline is attributable to natural trends in the epidemic itself and to prevention efforts. Still, there were more than 7,000 new infection HIV infections each day in 2007;
- Women represent half of all people living with HIV/AIDS, as they have in recent years;
- HIV is among the leading causes of death worldwide and the number one cause of death in Sub-Saharan Africa;
- Most people with HIV are unaware that they are infected

Worldwide, HIV is primary transmitted heterosexually, although risk factors vary within and across populations. In many regions of the world, men who have sex with men, injection drugs users, and sex workers account for significant proportions of infections.

- **Sub-Saharan Africa:** sub-Saharan Africa, the hardest hit region, is home to two-thirds (67%) of people living with HIV/AIDS, or 22.0 million people, but only about 11-12% of the world's population. Most of the world's children with HIV/AIDS (90%) live in the region. Almost all nations in the region have generalized HIV/AIDS epidemics that is, their national HIV prevalence rate greater than 1%.

III.1. Impact on Young People

- Teens and young adults, particularly girls and young women, continue to be at the center of the epidemic. Young people aged 15-24 account for about 45% of new HIV infections. In Sub-Saharan Africa, the HIV/AIDS prevalence rate among young women aged 15-24 is nearly three times higher than the rate among young men in the same age group. Recent data indicate that HIV prevalence among young pregnant women attending antenatal clinics has declined in certain countries.
- Globally, there were 2.0 million children living with HIV/AIDS, 370,000 new infections, and 270,000 deaths due to AIDS among children in 2007.
- There were an estimated 15.0 million AIDS orphans (children who had lost one or both parents to epidemic) in 2007, the majority of which live in Sub-Saharan Africa (77%).

III.2. The Multisectoral Impact of AIDS

The global HIV pandemic has had a deeper, multisectoral impact on the structure of many nations, affecting their development and economic growth, communities, households, and individuals.

- AIDS has been identified as serious challenge to development, with both short and long-term economic effects. Because HIV/AIDS often hits working age populations hardest.
- The education sector is also affected, as AIDS claims the lives of teachers and has contributed to serious teacher shortage in several African countries. It also can affect school attendance and enrollment among children affected by HIV/AIDS.
- Increasing demand for health care services is overwhelming the public health infrastructure in many developing countries. At the same time, many countries are losing large numbers of health workers to AIDS.
- The demographic effects of the epidemic may also be significant in hard hit countries, affecting their population growth, mortality rates, and life expectancy. Individuals die at prematurely young ages during their most productive and reproductive years. One consequence of this occurrence is that there are fewer working age people to support children and the elderly. In addition, in some parts of the world, there are disproportionately fewer women compared to men due to HIV mortality.

IV. PROPOSED SOLUTIONS

Facing to the above mentioned problems we are confident that educating young especially university students as future stakeholders about HIV/AIDS, sex and reproductive health through interactive educational sessions and sensitization as well as counselling and testing could contribute enough in providing them with all the information they need to understand changes that occurs in their respective bodies and to be able to live a life that is free of major sexual risks. This education will have a good impact to their course of life, to their social factors and will be helpful for the whole community in which the youth is well equipped. Our project will be addressing the issue through education about STIs, Sex and its consequences, contraception, sexuality, pregnancy, puberty and body image, moral dilemmas and critical thinking, sex and the law, and the main issue with Voluntary Counselling and Testing (VCT) as well as set up the Forum coalition on HIV prevention with proposed name Rwanda Interuniversity Students Coalition on HIV control ...

V. PROJECT SUMMARY

TITLE: Rwanda Interuniversity VCT Campaign Project (RIVCP)

Who?

- Target group: University Students of Rwanda Universities and high institutions
- Direct beneficiaries are the girls and boys who are still in university studies and who are suppose to be the future leaders or stakeholders.
- Partners: Volunteers from Rwanda Pharmaceutical Students' Association (RPSA) who will be working as the students taken that initiatives but the main activities will be done by university students into their universities coming from trained at the beginning of the project to implement that project and supervised by leaders of the created forum coalition and the trainers will coming from the different organization, foundations and national commission to fight against AIDS in Rwanda.

What?

Activities include:

- A 3 days seminar for the selected peer educator from different universities and high institutions of Rwanda who will participate in the sensitization activities and who will be represented in the forum on HIV control in Rwanda universities
- Sensitization campaign on HIV prevention in the different universities of Rwanda as well as the Voluntary Counseling Testing (VCT) activities
- Set up the first Rwandan forum coalition to fight against HIV in their respective universities
- Administrative activities and officially well establish the project
 - Preparation of the activities will be done and the objectives of the forum will be created during the opening ceremony of the project
 - Contacts in all university participants into the project before the opening of that project
 - Preparation of the topics will be discussed in the training and the sensitization campaign
 - Preparation of the evaluation and monitoring activities
- Hold individual and group discussions with students
- Follow-up and evaluation
- Put in place a support system of regular follow-ups of the forum activities
- Design and print quarterly reports of the project
- Step up a fundraising program will be used for sustainability of the forum coalition on HIV prevention in the Rwandan university students

V.1. Projects' Impact

- More than 30000 university students of Rwanda will have the trustable information on HIV and AIDS impact in the world and the role of university students to fight against HIV and AIDS as we will implement the sensitization campaign into 5 universities and the forum coalition on HIV all Rwandan universities and high institutions will be represented and approximately the average number of students are 7000 students.
- Availability of support services (including clinical care, ARVs, etc.) for those who test positive may be increasing demand for VCT. Normalization of VCT (knowing one's serostatus) increases demand and there will be an advocacy to the students tested positive

to get ARVs and to get all necessary facilities as students will be advocated to the government.

- The taboo of talking about sex, use of condom will be broken and students will be able to discuss about all matters in an appropriate and learning way.
- Behavioral change will be reached.
- Every student will have been answered about different questions ask themselves and lack adequate responses according HIV and AIDS.
- University students will participate in MDGs implementation.

Why?

- In our country young people need information about reproductive health and they are very resource-limited due to cultural boundaries and lack of other information dissemination tools.
- A survey showed that many young people are victims of that culture of keeping silence when the matter involves sex.
- This is a critical problem surrounding young people so university students' especially future health professionals who are part of the youth will be highly motivated to participate in solving this.
- For VCT services to be promoted and developed it is important to demonstrate that they are effective as part of HIV prevention and as an entry point for care, and that young people are not disadvantaged following VCT.

Where? In hole the country especially in universities of southern province

When? The project will start immediately after its acceptance to be launched in the country in June if possible

How? The project will be implemented by peer educators from Rwanda Pharmaceutical students' association as the initiators of the project and the peer educators from different universities participants in that project and the university students who will come to the launching of the forum coalition on HIV prevention.

VI. ORGANIZATION OF THE PROJECT AND CONTACT PERSONS

Project location: Rwandan universities and high institutions

Beneficiaries: More than 30000 student's participants from different universities and high institutions of Rwanda.

Project Costs: 9,669,200 RWF or approximately 17,266.429 USD

Project Managers and Contact Persons:

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VII. METHODOLOGY

Interactive educational sessions and sensitization campaign will be conducted in the involved universities or high institutions. Groups composed of volunteers from RPSA and from different university students clubs will interact with their trainers in the training on specific designed topics. At the end of the session or sensitization campaign the evaluation will take place and this will be referred on during the next activities plan.

VIII. GOALS AND OBJECTIVES OF THE PROJECT

That project has the potential objectives to the community of Rwanda through the university and high learning institutions students. University students are still a small number in Rwanda if they are well educated on HIV and know their HIV status the country can be secured to the leaders of tomorrow. We know that University students are very trustable in their respective community and also with their small brothers and sisters who are still in secondary or primary schools; so if

they are very committed to reduce the HIV prevalence can put a big role in educating the people in their families and surrounding neighborhoods.

VIII.1. GLOBAL OBJECTIVES OF THE PROJECT

- VCT offers **benefits to those who test positive as well as those who test negative**. VCT alleviates anxiety, increases client's perception of their vulnerability to HIV, promotes behavior change, facilitates early referral for care and support, including access to ARV therapy, and reduces stigma in the community.
- To sensitize university students to talk about HIV and AIDS in the community, in their family and to all their brothers or sisters who are in secondary schools or primary because they are very respectfully in their families.
- To reduce the prevalence of HIV and AIDS in universities and high learning institutions through knowing our HIV status and well educated on HIV and set up the Rwandan University Students Coalition on HIV and AIDS Control.
- To encourage university students to make many researches on HIV and AIDS in Rwanda and how the prevalence is in young people who have now a big number of all the population in Rwanda.

TO THE INDIVIDUAL LEVEL:

- Creates more realistic self-perception of client's vulnerability to HIV
- Promotes or maintains behaviors to prevent acquisition or further transmission of HIV
- Alleviates anxiety and facilitates understanding and coping
- Facilitates entry to interventions to prevent mother-to-child transmission of HIV
- Helps client plan and make informed choices for the future
- Leads to early referral to HIV-specific clinical care, treatment and support

TO THE COMMUNITY LEVEL:

- Creates peer educators and mobilizes support for appropriate responses
- Reduces denial, stigma and discrimination and normalizes HIV/AIDS

IX. EXPECTED OUTCOMES FOR THAT PROJECT

As that project will be the first in Rwanda combined all the university students the outcomes are more not on HIV issues but on relationship between all those participants students' and a new initiative of university student will be set up like the University Students Coalition on HIV and AIDS Controls in Rwanda.

The following outcomes following VCT are also expected:

- Sexual behavior change;
- Uptake of services:
 - ✓ HIV-prevention services (including male and female condom supplies);
 - ✓ Emotional support;
 - ✓ Health education and capacity for increased dialogue regarding negotiation and life skills, etc.;
 - ✓ Medical care (including treatment of STIs, preventive therapies and ARV interventions, PMTCT interventions, family planning services);
- Increased capacity to cope — inclusion of family and/or peer support — where helpful and appropriate; as VCT has been shown to help people cope with their HIV infection and make plans for themselves and their family. However, as previously mentioned, operational research is required for a more in-depth understanding of young people's coping capacity following VCT.
- Adverse consequences following VCT and disclosure because there is little published data on adverse consequences for young people especially university students of Rwanda following VCT in various universities or institutes contexts and issues relating to disclosure. However, it is evident that adverse consequences may follow VCT, and these consequences are inextricably linked to stigma, discrimination and gender-based power relationships.

X. TIMELINE

Activity	Implementer	Indicator of Success
Final Draft of The Project Proposal	Project coordinator	A project proposal is available
List of eventual founders and first proposal submission	Project coordinators	Proposal submission
Continue fundraising contacts and Call for Volunteers Applications	Project coordinators	Proposal Follow ups, Volunteers application letters received
Assess Volunteers Applications + Proposal Follow ups	Project coordinators	Proposal follow ups, List of volunteers
Volunteers Notification and Proposal Follow Ups	Coordinators	Follow ups, Letters to selected volunteers
Proposal Follow ups + Contacts in the participant university students in that project	Coordinators	The target group is informed on the project
Final Proposal follow ups + Final Contact in universities or high institutions	Coordinators	Available funds Target group is fully informed
June or lately Summer 2009: Official Launch of the Project of the Project volunteers.	All the volunteers	A general assembly of all volunteers will be held
Formal Training for the Volunteers in 3 days with volunteers, invited guest honors and administrative of participants universities or high institutions	All the volunteers	A common understanding of the activities and set up of the Rwanda university students Coalition on HIV and AIDS control.
June or lately in Summer 2009: Implementation universities and high institutions Interactive education sessions, sensitization campaign activities and Hang posters in different universities or high institutions.	All the volunteers will be divided into small groups	-Number of attendees -Posters in the universities -University or high institutions participating in

		the implementation of the project
Report activities	Coordinating group of the project	A report book is printed
Strategic plan to the future activities and the organization or coordination of the created forum coalition in its sustainability	All volunteers	The sustainability, objectives, coordination and the future fundraising activities will be available.
Official closing of the project	All volunteers, invited honors and the patrol of the forum	A cocktail and the strategic plan of the forum will be available.

XI.EVALUATION PLAN

Evaluation is an opportunity to assess participants' levels of understanding, competence and feeling.

- After the end of the each activity the participants will face tests and questionnaires.
- Also the trainers will be followed up and meet regularly to evaluate their achievements in order to continue to achieve their goals.
- Results will be evaluated for all target groups : Students will attend talks which will be held in their respective universities
- Purpose of evaluation: Accountability and Improvement
- Indicators of Achievement:
 - Number of trained students
 - Number of students who can freely engage a conversation about sexual issues with an educator or their colleagues
 - Number of students who can pass the evaluation test

- Number of university students involved
- Number of students who will participate in discussion forums and who will participate into the activities of the forum coalition on HIV prevention
- Evaluation tools and techniques to be used:
 - Regular evaluations at the end of each activity
 - At the end of the project activities questionnaires will be designed for a small sample of participants universities in that project
- Time, money and people consideration :
 - Time – this will take about 2 weeks after the end of the project activities to complete the reporting activity
 - Money – needed money in the evaluation is for photocopies of the questionnaires
 - People – the project executive committee will be sufficient but we could also include a donor if available and the elected President of Rwanda University students coalition on HIV/AIDS control
- Approach to the analysis of information: This will be done by the people in the evaluating team together. All the conclusions will be decided together.
- Reporting and Outcome communication: the final report will include the chronological narration of the activities, outcomes of the evaluation process, and pictures taken during the activities. Failures will be mentioned if present and explanation on their reasons and the way to prevent them. Recommendations will be provided as feedback of learnt lessons.

XII. DETAILED BUDGET

Activities and Descriptions	Number of quantity	Times	Amount (RWF)	Total (RWF)
Preparation of the project				
Preparation, contacts to the participants universities (Transport)	10 Persons	3	7000	210000
Meals	10 persons	3	3000	90000
Communication (Airtime)	10 persons	3	1000	30000
Administrative cost				

Printing and Photocopies of invitation	forfeit			70000
Papers	2 rims	1	3000	6000
Airtimes for communication	forfeit			50000
SUBTOTAL				456000
Three days training for volunteers				
Transport for participants	50 persons	1	7000	350000
Accommodation for participants	50 persons	3	4000/person	600000
Lunch	50 persons	3	3000/person	450000
Dinner	50 persons	3	3000/person	450000
Coffee break	50 persons	3	1500/person	225000
Breakfast	50 persons	3	1500/person	225000
Handbooks	50	1	500	25000
Pens	50	1	100	5000
Flipcharts	2	3 days	8000	16000
Markers	12	1	500	6000
Hiring a room	1	3 days	100000	300000
Mineral water for volunteers and trainers	200 bottles	3 days	300/each	180000
T-shirts for volunteers	50 persons	1	6000/each	300000
Burner	1	1	50000	50000
Printing of training manuals	forfeit			50000
Closing event and official launching of the university students forum to fight against HIV	forfeit			200000
SUBTOTAL				3432000
Sensitization and VCT Campaign				
Transport for volunteers including transport of materials such as sound materials....	50 persons+ materials	4 times	9000	1800000
Hiring Sound materials for 5 universities	5	4	30000	600000
Mineral water	50 persons	4	300/each	180000
Printing of teaching materials	Forfeit			60000

Meals for volunteers	50	4	3000/each	600000
Airtime for communication	50 persons	4	500	100000
Facilitation	50 persons	4	3000	600000
Posters	20 copies	1	3000	60000
Leaflets to be distributed	20000 copies	1	200	400000
Evaluation activities	Forfeit			50000
Reporting and final documents	Forfeit			70000
SUBTOTAL				4520000
General total				8408000
Incidentals including the transfer money (15%)				1261200
Total cost of the project in currency money				9669200
TOTAL COST OF THE PROJECT (IN US-\$)				17266.429

Exchange Rate: **1 USD = 560 RFW**

Total Cost of the project: **17266.429 US-\$**

XIII. INFORMATION ABOUT ASSOCIATION

RPSA/AEPHAR (Rwanda Pharmaceutical Students' Association/ Association des Etudiants en Pharmacie au Rwanda) www.aephar.org , was founded in 1999, in Butare, at the National University of Rwanda (NUR). It regroups about 360 students of the Department of Pharmacy of NUR in Faculty of Medicine including National and International students. RPSA/AEPHAR is the leading National advocacy organization for pharmacy students aiming at improving and promoting public health through provision of information, education, Research, networking with other organization nationally or internationally as well as the improvement and development of the skills and knowledge of participating students. RPSA/AEPHAR is a non political, non-governmental, non profit making, non-religious and voluntary organization. It is linked to other

Pharmaceutical Students' Associations worldwide through the International Pharmaceutical Students' Federation (IPSF) www.ipsf.org.

Our Vision:

- To mobilize, to sensitize, to develop, and to share health information with the aim of improving profession of Pharmacy in Rwanda.
- Safe and developed Rwanda
- To provide a 'youthful voice' that seeks to address the numerous challenges facing leaders of tomorrow by effectively using young resourceful minds to influence the course of global policy formulation and development in a consistent and harmonized manner.

Our Mission:

- To educate and inform the youth on global issues, inspire them to develop Pharmacy education, encourage their participation in global issues, identify needs of our community through Pharmaceutical research and build sustainable Professional of Pharmacy in Rwanda aimed at youth development and provide young people with tools and resources for effective action.
- To educate the community in public health and Pharmaceutical impact in development of our country

Our Values:

- Sustainable development in health sector
- Students based
- Interdisciplinary collaboration in rational use of drugs and developed traditional medicine
- Practical experience in development of Pharmaceutical professional work
- Active community participation and ownership
- Gender sensitive approach
- Team work
- Voluntary work
- International experience in Pharmaceutical education

OUR GOALS AND OBJECTIVES:

- **Education:** Providing updated knowledge and skills as well as pharmaceutical profession is concerned. This is done by organizing Pharmaceutical Days, Conferences, workshops and trainings on different topics in addition of knowledge acquired in class.
- **Research:** Training and involving our members in research in different pharmaceutical domains such as: Traditional Medicine, Rational use of Drugs, and Quality Control.
- **Community service:** Organize different campaigns in public health into main epidemic diseases in Rwanda including: HIV/AIDS, Malaria, TB and other STIs, campaigns against Tobacco use, sensitization on Reproductive Health. To develop the capability of students in problem solving, research, fieldwork and Voluntarism activities as a complement to university education.
- **Internationally:** Participating in students' exchange program internationally and attending international conferences, workshops and trainings. Good collaboration with different organizations worldwide.

CONCLUSION

Given the input and the expect outcomes of this project especially on behaviors change into the university communities, we as the future health professionals who are the health advocates will now embark on health education in public health through in our students' participants. This project is however for multi benefits through in communities, university students and in all the community of Rwanda as well as capacity building of our students' participants. The RPSA executive committee and the university communities appreciate your support for the success and participation in the preparation and implementation of that project proposal.

Details on the RPSA Account:

Our Bank correspondent in USD:

Banque Nationale du Rwanda (BNR)

Suift code: BNRWRWRW

Banque Populaire d Rwanda (BPR)

Account of BPR in BNR: 3208700

Account: 461-1119497-11

Branch of HUYE

Account name: Association AEPHAR

Our Bank correspondent in EURO:

Rabobank/UTRECHT in Netherlands

Suift code: RABONL2U

Account of BPR in Rabo: 390886858A00EUR

Account: 461-1119497-11

Branch of HUYE

Account name: Association AEPHAR