**Project Summary**

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| **Project Name** | Empowerment of Women and Teenage Mothers Affected by HIV/AIDS |
| **Goal** | The goal of our project is to improve the lives of women and teen mothers impacted by HIV/AIDS through social economic empowerment. |
| **Project Location** | Masaka Sector, Kicukiro district |
| **Background** | HIV continues to be a major global public health issue. In 2017 an estimated 36.9 million people around the world were living with HIV (with 1.8 million of them being children). Around 25% of these same people do not know that they have this virus.[1](https://www.avert.org/global-hiv-and-aids-statistics#footnote1_p5orh2o)  The vast majority of people living with HIV are located in low and middle-income countries, with an estimated 66% living in [sub-Saharan Africa](https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa). Among this group, 19.6 million are living in Eastern and Southern Africa. This region also saw 800,000 new HIV infected people in 2017.[3](https://www.avert.org/global-hiv-and-aids-statistics#footnote3_l0yd03e)  According to 2016 UNAIDS HIV/AIDS, it estimated around 210,000 adults aged 15 years old and above lives with HIV in Rwanda.  Of them, 120,000 are women and 85,000 are men. According to Ugandan academic Dr David Tigawalana, in Africa, young girls have sex with older men (sugar daddies), for money, gifts or status. Even culturally, women are found to marry men who are much older than them and more sexually experienced, thus exposing them to the risks of HIV.  In spite of the progresses that have been achieved to combat this deadly disease by the national HIV response, negative stigmas associated with HIV infection is still prominent (as documented by the Stigma Index Surveys and the DHS). Autostigmatization by PLHIV continues to be cited as a challenge in this area. The mentality of PLHIV vis-à-vis their health status often serves as a barrier to them accessing services and work for their future development. |
| **Problem statement** | Despite the many advances in the fight against and control of HIV/AIDS in the last decades, HIV/AIDS still remains a major health problem in developing countries. In Rwanda, there are around 200,000 people living with HIV/AIDS. Several interventions have been made to combat HIV/AIDS. For example, antiretroviral treatment has expanded to reach all patients. This has strengthened the prevention of HIV by increasing knowledge about this disease and by demanding counseling and testing for those affected. In addition, this has reduced stigma and discrimination against people affected by this disease.  The aim of this project is to bring hope for women and teen mothers affected by this disease by providing them counselling sessions for social reintegration and equipping them with employable income generating skills and knowledge so that they will be able to fight against dependency syndrome and be self-reliant. Sewing and knitting vocational training intends to provide them with employable skills coupled with the knowledge of saving their income. This will improve their economic status and reduce their vulnerability to HIV/AIDS. |
| **Target Population** | The target populations are women and teen mothers affected by HIV/AIDS and their families from Masaka Sector, Kicukiro District |
| **Outcomes** | **Outcome 1**: Women and teen mothers with HIV/AIDS are socially integrated and regain hope for their life.  **Outcome 2**: Women and teen mothers with HIV/AIDS gain invaluable skills.  **Outcome 3**: Women and teen mothers with HIV/AIDS create income generating activities and functional cooperative and savings groups. |
| **Assumptions** | * Women and teen mothers with HIV/AIDS accept their status and committed to work for their development * Families of Women and teen mothers with HIV/AIDS undurstad them and committed to support them * Women and teen mothers finished and performed well their vocational training * Women and teen mothers committed to make a cooperative and saving group * Women and teen mothers have information on Sexual and Reproductive health, HIV/AIDS, etc. * Women and teen mothers with HIV/AIDS accept to ask others needed |
| **Program activities** | In order for this program to achieve its goals, the following activities will be carried out:   1. Psychosocial support: During the implementation period of this program, beneficiaries (HIV/AIDs positive women and teen mother) will receive counselling sessions which will be continuous throughout the program. 2. Training on HIV/AIDs, Gender Based Violence, SRH: During the implementation training, they will be informed about different topics relating to their status in order to create awareness of their situation. 3. Sewing and knitting vocational training will be provided to the beneficiaries to improve their skills and economic status. 4. Linkage with Key Stakeholders: Meetings will be conducted to link beneficiaries with key stakeholders, such as health centers, hospitals and sector social affairs department. |
| **Project implementation Dates:**  Start date: October 2019  End date: April 2021 | * October to November 2019: We will prepare to implement this program and introduce it to local leaders in order to identify beneficiaries. * December 2019: We will begin initial training of beneficiaries on various topics to increase awareness. * January to June 2020: Vocational training for sewing and knitting will be conducted for 10 HIV/AIDS women and 10 teen other. * July to September 2020: Internships for trained women and teen mothers will begin. * October to December 2020: Trained beneficiaries will gather to form and register cooperatives. * January 2021: Training on cooperative management and saving culture will begin, plus sustainability plans by beneficiaries will be brainstormed. * February to March 2021: Sector authorities will organize a meeting, documentation about this program will be administered, and the closeout phase will begin. * April: Follow-ups on the sustainability of the intervention will be conducted.   NOTE: Counselling, home visits, training of awareness will be ongoing activities during this program. |
| **Program budget** | The program will cost 24467 USD |
| **P**rogram Stakeholders | * Health facilities: health centers and Hospitals, we will collaborate with these health facilities for medical support and different discussion about health * Local authorities: We will work will local leaders for them to continue supporting the group as is their responsibility to support vulnerable group * Schools: We will work with schools trying to negotiate market of beneficiaries’ product * ECD: we will work with Early Child Developments centers for babies of teen mothers |
| **Program monitoring and evaluation plan** | This program will have a full-time program coordinator who will monitor everyday effectiveness and efficiency of the program. The project will have a well-designed action plan and schedule for every activity to be done and a good M&E plan. Quarterly basis plans and reports will be developed and shared to the donor. Furthermore successes stories about the program will be documented and shared. |
| **The sustainability of the project** | 1. Beneficiaries will be facilitated to form a cooperative and savings group. This will help them continue working together and supporting each other. 2. Beneficiaries’ products after vocational training will be market oriented, and they will work together to improve their economic status. 3. The cooperative will be linked with different stakeholders, like sector social affairs officials, who can continue follow-ups and support the cooperative. 4. The implementers of the program will continue follow-ups to measure the sustainability of the intervention. |

**Budget**

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| **ITEMS** | **UNIT PRICE** | **QUANTITY** | **FREQUENCE** | **TOTAL COST** |
| **Program cost** |  |  |  |  |
| House lent | $ 200 | 1 | 12 | $ 2,400 |
| Electricity water | $ 12 | 1 | 12 | $ 144 |
| Security guard | $ 50 | 1 | 12 | $ 600 |
| Teachers | $ 200 | 4 | 12 | $ 9,600 |
| Machine | $ 200 | 10 | 1 | $ 2,000 |
| Zigzag | $ 400 | 2 | 1 | $ 800 |
| Chairs | $ 10 | 20 | 1 | $ 200 |
| tables | $ 50 | 4 | 1 | $ 200 |
| Baby rooms | $ 1,000 | 1 | 1 | $ 1,000 |
| Food | $ 1 | 200 | 12 | $ 2,400 |
| Materials | $ 100 | 1 | 12 | $ 1,200 |
| Graduation of girls | $ 1,000 | 1 | 1 | $ 1,000 |
| Startup capital | $ 1,000 | 4 | 1 | $ 4,000 |
|  |  |  |  | **$ 25,544** |
| **Awareness raising** |  |  |  |  |
| Outreach campaigns | $ 500 | 1 | 3 | **$ 1,500** |
| **Administration cost** |  |  |  | $ - |
| Program coordinator salary | $ 600 | 1 | 12 | $ 7,200 |
| Administration cost | $ 100 | 1 | 12 | $ 1,200 |
| Bank charges | $ 10 | 1 | 5 | $ 50 |
| JADF contribution | $ 200 | 1 | 2 | $ 400 |
|  |  |  |  | **$ 8,850** |
| Running cost | $ 300 | 1 | 12 | **$ 3,600** |
| **Total budget** |  |  |  | **$ 39,494** |