

## **BCSM PROJECT PROPOSAL**

AESD (Action des Eglises Evangéliques pour la promotion de la Santé et Développement)

Districts: Rwamagana (6 sectors), Ngoma (6 sectors) and Nyagatare (3 sectors) - population ~20,000/sector

### **HEALTH CONTEXT**

AESD, has information from the government of Rwanda says that up to the year 2015 it has what they HIV/AIDS and malaria are currently the leading causes of death among Rwandan adults, and accounts for more than 10% of the overall burden of disease. The needs for medical care and social support for persons living with HIV/AIDS are overwhelming the healthcare system, as well as a significant drain to household resources and other social coping mechanisms.

#### ***Key factors in AIDS spread and vulnerability***

The spread of HIV in Rwanda has been attributed to a number of social, economic and cultural factors, often acting together in a mutually reinforcing manner across many communities. The main factors include the socio-cultural construction of sex, sexuality and gender relations, poverty and economic need, as well as geo-political factors contributing to armed conflict and displacement of people. Inadequate knowledge and awareness about the infection in the early years, and the still evolving nature of the epidemic have contributed to continuing spread. While the bulk of HIV infections in Rwanda continue to be attributable to sexual behavior, one in ten cases of HIV infection still occur in children born to parents (usually mothers) with HIV. Some cases in both children and adults may still be attributed to contact with infected blood such as blood transfusion in situations where HIV testing is not available, as well as accidental injuries at work, e.g., in health care, research etc

The Government of Rwanda has actively embraced the ‘Three Ones’ principles which provide a framework for its overall national response towards AIDS, Malaria and Tuberculosis. These are:

- One coordinating body (Government of Rwanda)
- One strategy having synergistic interaction between the three epidemics
- One monitoring and evaluation framework tackling the three epidemics

The National AIDS Control Commission (CNLS) was established in 2000 with the mandate to assist Rwandan Government translate the three ones principles into a coherent national strategic plan. The five strategic objectives for AIDS control for the years 2005-2009 are:

- Strengthening preventive measures of HIV transmission
- Strengthening epidemic surveillance
- Improving the general quality care of persons infected by HIV and affected by AIDS
- Strengthening measures of poverty alleviation and mainstreaming gender in AIDS mitigation
- Promoting partnerships and strengthening coordination of cost effective multisectoral response

### **TARGET GROUP ANALYSIS**

The chart below shows the specific behaviors to be promoted – and the target groups for the BCSM Project as a whole. Given the nature and strengths of AESD, we will focus on the following target groups in Year 1:

- Out of school 10-18years olds

- Couples
- PLWHA
- Pregnant mothers and caregivers of children below 5 years of age
- Women and men of reproductive age

Health	Target Group	Promoted Behavior
<b>HIV/AIDS</b>	Out-of-School Youth <sup>1</sup>	Abstinence
	Couples	Fidelity, Couples VCT, Condom use as FP method
<b>Malaria</b>	Pregnant Women	LLITN use
	Caregivers of Children below 5 years old	LLITN use, 24-hour treatment of fever/malaria w/ ACT
<b>RH and FP</b>	Women and Men of Reproductive Age	Modern contraceptive use, Condom use as FP method
<b>Child Survival (CS)</b>	Caregivers of Children below 5 years old	Use of safe water system <sup>2</sup>

## GOAL

To improve the overall health of Rwandan families and individuals in Rwamagana, Ngoma and Nyagatare districts.

## OBJECTIVES

Increase the use of health products and promote healthy behaviors amongst BCSM target groups.

## STRATEGIES

1. Advocacy
2. Training/Capacity Building of Local Organizations and Associations
3. Integrated Behavior Change Communication (iBCC) Interventions
  - Interpersonal communication (IPC)
  - Compassionate community (CC)
  - Community dialogue (CD)
  - Entertainment Education

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<sup>1</sup> In-school youth are currently targeted by the CDC-funded project "Healthy Schools Initiative"

<sup>2</sup> Safe water system defined as point-of-use water treatment, proper handling and storage, proper hygiene

## ACTIVITIES BY STRATEGY

Strategies	Activities
<i>1. Advocacy</i>	
	Contact local authorities at district and sector level
	Map schedule of relevant coordination meetings (e.g. umbrellas)
	Map FBOs, CBOs, forums (e.g. women's and youth forum), associations, and in each district, by sector
	Select representatives from above, in order to cover all target groups in all sectors
	Hold workshops in each sector, with representatives from selected local organizations and associations, and other relevant local leaders to introduce BCSM project
	Maintain contact with local leaders by attending relevant local meetings and by telephone
<i>2. Training/Capacity Building of Local Organizations and Associations</i>	
	Obtain relevant training modules from PSI/CCP in Kinyarwanda (e.g. TOT, integrated health training module (IHTM), etc...)
	Carry out 5-day TOT of representatives from selected local organizations and associations in each district; using 3 trainers (1 from AESD, 1 BCSM District Focal Person, 1 other)
	Carry out monthly 1-day trainings on "chapters" of IHTM for trainers in each district, make reports and monthly action plans for iBCC activities
	Carry out 2-day sensitization for Pastors and Evangelists on IHTM (all health areas, FP, condom use, fidelity) in each district, make action plan for Q1
	Meet to report results and make quarterly action plans
	Support and supervise Pastors and Evangelists on a monthly basis
	Carry out 2-day training (Abstinence, Fidelity) of 120 out-of-school youth peer educators (40 in Rwamagana, 40 in Ngoma and 40 in Nyagatare), with input from PSI/Youth Team for first training; make action plan
	Meet peer educators to report results and make quarterly action plans, have prizes for those who reach the most of their peers, for creativity, etc...
	Carry out 2 day training with 120 model couples identified through church leaders and associations (40 in Rwamagana, 40 in Ngoma and 40 in Nyagatare)
	Meet model couples to refresher train, report results and make quarterly action plans.
<i>3. Integrated Behavior Change Communication (iBCC) Interventions</i>	
3.1 Interpersonal communication (IPC)	
	Couples carry out a series of 1-day sensitizations on parents on BCSM issues (communication with children, Fidelity, Couples VCT, Condom use as FP method, SWS, Malaria), integrate into church action plan
	Trained couples to carry out weekly interfamily dialogues on good example on iBCC
	Pastors and Evangelists give sermons each Sunday on IHTM subjects
3.2 Compassionate community (CC)	Youth peer educators hold weekly meetings to hold IPC sessions with peers in community, at church groups, and at community events (e.g. sports)
	Hold 4 advocacy meetings (1-day) with representatives from all umudugudu (in 2 sectors in Rwamagana and 2 in Ngoma) to introduce CC and establish members of CC committee
	Hold 1-day meeting with CC direction committee in each sector for training about responsibilities on committee

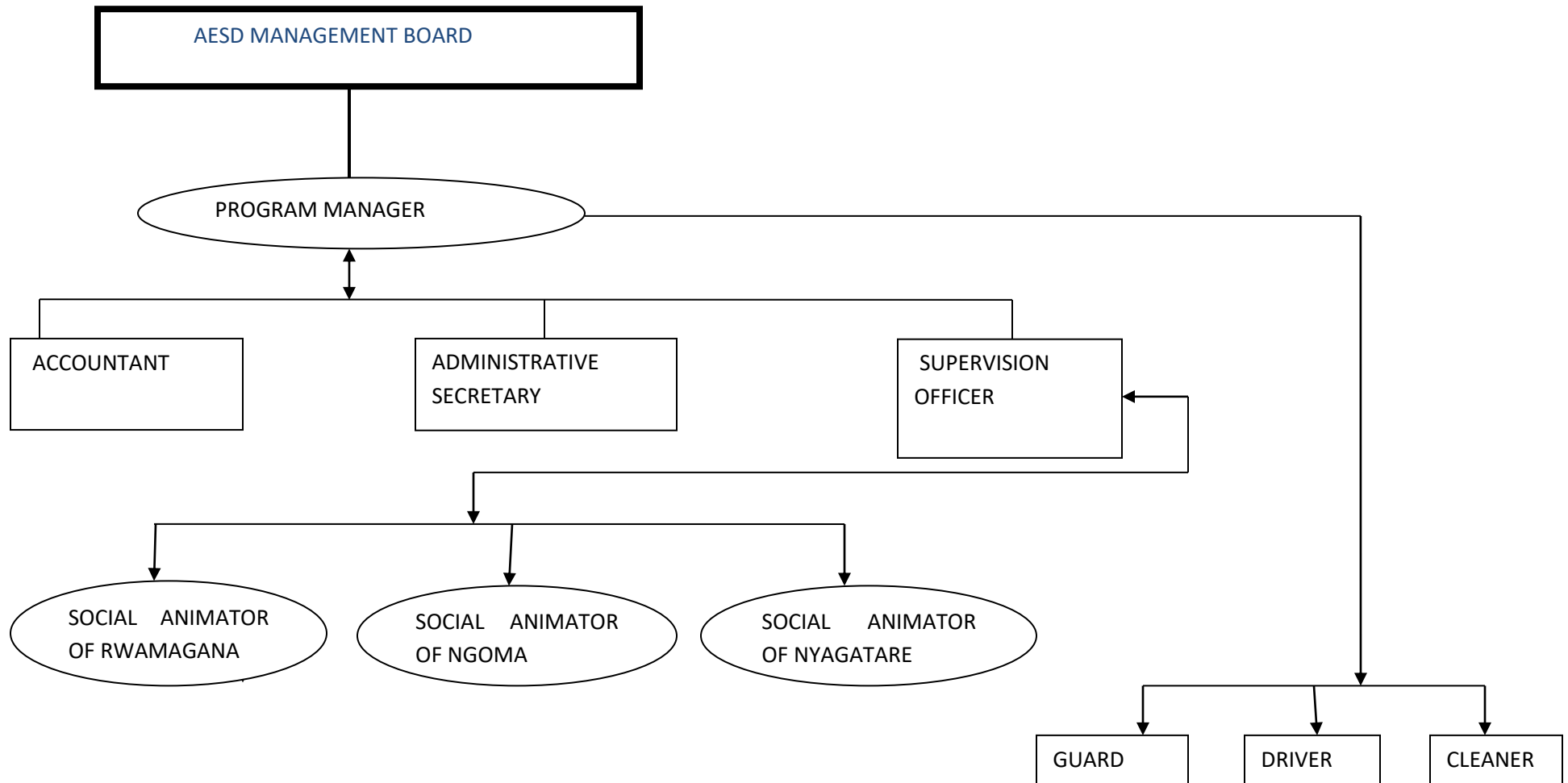
	Hold 2-day meeting of CC direction committee and enlarged committee (50 people) in each sector to identify problems and solutions and make quarterly action plan (using trainers, resources provided through other BCSM activities)
	Meet monthly with enlarged committee (1-day) to present results, collect statistics, celebrate achievements and discuss challenges
3.3Community dialogue (CD)	Organize 3 community dialogues, with 50 participants, per district on sensitive subjects, like modern contraceptive use, condom use for FP
	From recommendations, make linkages to relevant ongoing activities organized by selected local organizations and associations
3.4 Entertainment Education	Convene 1 “family day” per district, inviting all trainers, peer educators, trained couples, with input from URUNANA to integrate theatre approach to reach at least 500 per district
	Youth will disseminate messages at sport events held in each district

## MONITORING AND EVALUATION

AESD will use standardized monitoring, evaluation and reporting tools developed in collaboration with PSI Rwanda.

# STAFFING AND MANAGEMENT

## Management structure of AESD



## **Description of Key Personnel**

### **Roles and responsibilities of Program manager**

- Ensure effective liaison and communication between and among the Supervisor, the Social animator and the field offices, as well as between others departments and stakeholders
- Assist the Supervisor, programs field workers in collecting, analyzing and drafting responses in community
- Assist the Supervisor and social animators in monitoring implementation activities
- Participate and assist the staff in preparing the partners' meeting's agenda and minutes, field visits reports and ensure their dissemination
- Assist the staff in analyzing monthly reports and provision of feedback to the Finance Department
- Liaise with relevant strategic support departments as necessary for procurement to follow up on purchase requests, logistics, Human Resources, Finance etc...
- Share field reports with HIV AIDS program manager and any indicated officials at important events
- Participate in various field supervision visits organized by the community in BCC
- Submit reports to PSI/ Rwanda

### **Roles and responsibilities of Administrative Secretary**

- Preparing personnel's contracts
- Prepare office materials
- Correspondences {letters, communication...}
- Preparing Reports
- Help the manager to maintain his responsibilities
- Prepare the meetings calendar for the project

### **Roles and responsibilities of Accountant**

- ❖ Prepare and do the accountancy documents arrangements
- ❖ Verifying if all documents established are attached
- ❖ Maintain the internal control system as;
  - Cash book
  - Bank book
  - Documents arrangements
  - Bank reconciliation
- ❖ Maintain the BCSM project folder

- ❖ Imputation of documents according to the budget line
- ❖ Computerizing the documents
- ❖ Prepare the internal and external audits
- ❖ Prepare the monthly, term and annually report

#### **Roles and Responsibilities of Supervision officer**

- ✓ Advocate with community stakeholders to identify the project beneficiaries
- ✓ Participate in program design, planning and implementation with a particular focus on community based health activities and iBCC
- ✓ Assess training needs in community based groups
- ✓ Training field agents and Supervise support in all activities of mobilization, training, monitoring and evaluation of the project
- ✓ During regular sites visits, monitor and evaluate the progress of project interventions in relation to community
- ✓ Write reports site visits and reports monitoring and evaluation
- ✓ Share site visits findings, recommendations and best practices with all colleagues, to promote the health in community based in the four districts
- ✓ Known the planning and the period to accomplish the different activities
- ✓ Help the service of Finance to provide account reports and accounts to be able to give the good reports in AESD and PSI/ Rwanda
- ✓ Help in the logistics
- ✓ Facilitate the meetings in the community

#### **Roles and responsibilities of social animators**

- Collaborate with the training and supervision officer to accomplish the mission and objectives of the project in identification the people to participate in the different trainings
- Help in monitoring and evaluation of the project
- Help in implementation of the project in community
- Help with the logistics
- Compile all necessary statistics and documents and submit to Supervisor to write reports

#### **Roles and responsibilities of the Guard, Cleaner and Driver**

- Ensure the safety of the Humans Resources, the materials and the offices
- Clean the offices
- Take good care of the project's car

## Management and Accountability

AESD Management Board, Program manager and Accountant are the ones in charge of AESD finance. Annual budget is detailed and is prepared based on needs reported by agents and community. Financial reports are prepared by the Accountant and approved by Program manager. In case of replacement of agents, the Organization informs PSI. In case of these change the signatories, the program manager of BCSM project informs the bank officially.

## INSTITUTIONAL CAPACITY STATEMENT

### Achievements and successes

AESD has been on the forefront in mobilizing the evangelical churches to actively participate in the prevention and control of HIV/AIDS pandemic. As a result, 40 anti HIV/AIDS clubs have been formed in the churches in the provinces of Kibungo, Butare and Kigali for awareness creation and sensitizing the youth through drama, poems and songs. Annual competitions for clubs are organised. All these have translated to increased involvement of the church and many people were reported to have carried out voluntary testing. However, the number of clubs in the area has increased beyond the capacity of AESD. AESD's involvement in AIDS control work started in 1998 focusing on mobilizing evangelical churches for prevention, establishing anti-HIV/AIDS clubs and supporting group initiatives. In 2000, AESD initiated a series of publications under the title Role of the Church in HIV/AIDS prevention, with the aim of promoting positive thinking and practical action in HIV/AIDS care, support and prevention, particularly in Rwanda. In 2002 a module was written on counseling based on Biblical approach to fight against HIV/AIDS. In 2005 AESD translated Tear fund Pillars on HIV/AIDS in the local language (Kinyarwanda) all aiming at disseminating information on prevention and control.

Despite all these efforts, HIV/AIDS rate is still high at 7% in the urban areas and 3% in the rural area. AESD hopes that there is enough information on HIV/AIDS but what is required now are strategic actions in the churches to combat the pandemic. The primary mission of the SFA program in AESD will be to empower local churches, NGOs, CBOs and other agencies in the community involved in AIDS and malaria control to enhance their ability to implement effective and sustainable interventions.

### Past projects

<b>FINANCIAL SOURCE</b>	<b>PROJECT</b>	<b>AMOUNT EN FRW</b>	<b>TIME PERIOD</b>
<b>TEARFUND UK</b>	<b>HOLISTIC DEVELOPMENT AND AIDS</b>	<b>80,000,000</b>	<b>2002-2007</b>
<b>CNLS- SIPAA</b>	<b>SENSIBILISATION ET ENCADREMENT DES CLUBS ANTI-SIDA</b>	<b>8, 874,000</b>	<b>2003</b>
<b>CNLS-MAP</b>	<b>ENCADREMENT DES ASSOCIATIONS</b>	<b>183, 792,920</b>	<b>2004-2007</b>
<b>UNICEF</b>	<b>ALPHABETISATION DES</b>	<b>1,800, 000</b>	<b>2008</b>



	<b>JEUNES</b>		
<b>UNAIDS</b>	<b>LUTTE CONTRE L'USAGE DES DROGUES</b>	<b>7, 194,000</b>	<b>2007</b>
<b>PSI/RWANDA</b>	<b>SANTE DE LA REPRODUCTION ET COMMUNICATION POUR LE CHANGEMENT DE COMPORTEMENT</b>	<b>11, 006,000</b>	<b>2006</b>
<b>PNUD</b>	<b>LUTTE CONTRE L'USAGE DE DROGUE</b>	<b>2, 650,000</b>	<b>2007</b>
<b>BREAKTHROUGH PARTNERS</b>	<b>HOLISTIC DEVELOPMENT</b>	<b>2,650,000</b>	<b>2007</b>

### **Current projects**

<b>FINANCIAL SOURCE</b>	<b>PROJECT</b>	<b>AMOUNT IN FRW</b>	<b>TIME PERIOD</b>
<b>PSI</b>	<b>BCSM</b>	<b>110 000 000</b>	<b>2008-2009</b>
<b>TEARFUND UK</b>	<b>CHURCH MOBILIZATION</b>	<b>10,000,000</b>	<b>2009</b>
<b>BREAKTHROUGH PARTNERS</b>	<b>HOLISTIC DEVELOPMENT</b>	<b>5,000,000</b>	<b>2009</b>
<b>UNICEF</b>	<b>ALPHABETISATION</b>	<b>5,000,000</b>	<b>2008</b>