



The Global Non-Profit For Health Care Volunteers

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HealthCare Volunteer: Uganda Program

Rakai District HIV Education Project (RHEP)

Location: Kagamba and Dwaniiro Sub Counties in Rakai District, Uganda

Project Time Frame: 1 year (2011)

Total Amount Requested: \$65,316

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I. Project Purpose and Background

In the mid 1980s Uganda received world recognition for its early response to the growing HIV epidemic. Yet since 2002 the trends in the disease have been worsening, with an average HIV prevalence of 6.4% in those aged 15-49, climbing to 10.1% in urban communities. With a prevalence of 7.5% in women compared to 5% in men, and with the transmission rate highest amongst married couples (42%), the trends are increasingly affecting young families and children. Escalating numbers of new cases and an ever expanding population have put additional strain on an already overstretched health system, resulting in 94,000 deaths from the disease annually (20% of all deaths).

Rakai District in the South of Uganda, with a population of 470,000, has an estimated HIV prevalence of 12-15% and 38,500 patients already diagnosed with the condition. However, within the district there are only 3 clinics and 5 doctors capable of distributing HIV/AIDS treatment and care. The local industries of fishing and agriculture have been recognized as a driver for this growing epidemic, with "landing sites" being specifically implicated. With many children losing their parents at a young age, orphaned girls are often forced to support their families by taking on jobs at these "landing sites" that result in exposure to HIV/AIDS as well as other sexually transmitted infections. Uganda's National AIDS strategic plan to be completed by 2012 has recognized the landing sites in Rakai as an area for possible significant and substantial behavioral changes through education and health outreach programs. No organizations have begun to address this problem and no work has been proposed for the future by the Government.

HealthCare Volunteer has previously made connections in the area, and now sends volunteer medical staff to clinics throughout the region. We aim to build on these partnerships in order to implement an education and prevention program in the District, in line with the Uganda National Strategic Framework for HIV/AIDS activities. This program will begin as a year long project, which will be expanded into other areas in future years if successful.

The program aims to educate the population, especially the population of orphaned young girls that are running their households, in order to reduce the rate of increase of HIV/AIDS and other STIs in the area. We will achieve this through identifying and training local parish workers, education and support in local schools and youth clubs and through training of health staff in clinics in order to provide increased access to HIV services in the district.

II. Project Framework

Project Overview	Indicators of Success	Monitoring & Evaluation
<u>Strategic Area:</u> The project will directly contribute to the strategic area of HIV/AIDS prevention. It will also contribute to the area of Maternal, Newborn and Child Health through targeting the subpopulation of vulnerable girls who are at increased risk of contracting the disease.	Success will be indicated and measured through a long term reduction in prevalence of HIV/AIDS in the area. This will reflect successful education of both the local population and the health care staff trained through the program. Maternal, Newborn and Child health will be affected by a reduced number of vulnerable girls contracting HIV, and by identifying and supporting young children with whom are responsible for their families to ensure they receive appropriate care.	The program can be evaluated at at strategic level through census data, which should begin to show a reduction in prevalence of HIV long term.
<u>Project Goal:</u> The goal of the project is to reduce the number of newly diagnosed cases of HIV in	The overall indicator of success of the project will be the quantity of new cases diagnosed in the	This can be monitored through the monthly reports from the clinics and hospitals in the area.

Rakai District over a 1 year period.	district over the 12 months period of the project,	
<p>Objectives: <i>The population of Rakai:</i> 1) To educate the local youth population in schools and youth clubs to raise awareness of HIV/AIDS 2) To increase the number of the population accessing testing for HIV and other STIs 3) To train local health staff in methods of HIV education and prevention 4) To identify and train Resident Parish Mobilisers (nominated as a respected member of the village/area) who can support the provision of local HIV support services and promote access to treatment of opportunistic infection and anti-retroviral therapy. <i>Vulnerable Girls</i> 5) To identify the population of vulnerable girls that are the head of their households who are at risk of contracting the disease 6) To educate the vulnerable girls and provide them with ways to avoid risky behaviors 7) To increase access to treatment of opportunistic infections, anti-retroviral therapy and HIV support services for the vulnerable girls identified</p>	<p>We will identify any increases in access to anti-retrovirals and HIV services, as well as the number of the population accessing HIV testing, through census data gathered in each health clinic/hospital. This will be summarized in the project evaluation report at the end of the initial 12 month period.</p> <p>Increases in testing will reflect the outcome of education in youth clubs and schools.</p> <p>The increase in awareness and prevention of HIV/AIDS in the area will be monitored throughout the project by the local Resident Parish Mobilisers who will report any changes in attitudes in their villages at the end of the project during the evaluation phase.</p> <p>The outcomes of the vulnerable girl's subpopulation will be assessed by again monitoring levels of new cases, and by tracking the amount of girls who are able to access appropriate testing and treatment.</p>	<p>The project will be monitored by local volunteer staff on a continuous basis throughout the 1 year period. All activities will be documented, including attendance lists to events and seminars and records of activities within the vulnerable girl population. Records and numbers will be collated on a weekly basis, with bimonthly reports being produced for HealthCare Volunteer to publish. The project will be modified to accommodate any problems that may arise during the project.</p> <p>Upon completion of the 12 month period an evaluation exercise will be held with all members concerned to assess the success, challenges and lessons of the project. This will lead to modification of the implementation strategy for the future.</p>

General Approach

The project will be implemented in the 2 sub counties of Kagamba and Dwaniiro in Rakai District, Uganda. The project will liaise with the District Health Department, 4 participating Health centers' (Kagamba, Buyamba, Kasankala and Lwakaloolo), 2 sub county AIDS committees, Parish AIDS task forces, Village AIDS task forces and Resident Parish Mobilisers (once identified). In addition International volunteers will be recruited by HealthCare volunteer from Europe, the USA and Australia to help with the implementation of the projects. These volunteers (40 in total) will be recruited for the main 4 month period of seminars and education in schools (June-September). This is in addition to 5 paid members of staff – a Project Co-coordinator, an Assistant Project Coordinator, a HIV/AIDS Community Health Educator, an Office Manager and a Driver. In addition to benefits for the population as a whole, the project will target a subpopulation of 824 vulnerable girls (688 orphans and 136 disabled girls).

Objective 1:

This objective will be achieved through HIV/AIDS seminars, education and debates, sports days, video shows, dance, drama, music and through the distribution of IEC anti-AIDS material. These activities will be in schools, youth clubs and at parish meetings, and will be conducted by both the paid and international volunteers. Weekly dialogue meetings will be held as a forum for volunteers and locals from the community to share their experiences and views.

Objective 2:

Within the education program throughout the community, emphasis will be placed on the importance of voluntary counseling and testing for all those at risk. This will be supported by training in counseling HIV patients for both health clinic workers and Resident Parish Mobilisers.

Objective 3:

HealthCare Volunteer staff and international volunteers will move to different health centers to train health workers in methods of HIV prevention and education. This will include training in anti-retroviral therapy, treatment of opportunistic infections and methods of counseling and support.

Objective 4:

20 Resident Parish Mobilisers (RPMs) will be nominated by the local people to be educated about HIV and will be trained in how to raise awareness of HIV in their community, methods of education and prevention and how to promote access to testing and treatment. This will be achieved through a 5 day residential course led by 3 paid volunteers, followed by weekly meetings and follow up to improve the communication network for HIV within the community.

Objective 5:

The project will target the subpopulations of 824 vulnerable girls identified in both the District Development Plan and the District HIV/AIDS Strategic Documents 2007/8-20011/12. This population consists of 688 orphans and 136 disabled girls. The paid staff will aim to identify these girls in a 5 day mapping exercise including gathering information through youth networks, health clinics, schools and local communities. The girls will then be counseled and asked if they would like to participate in the project.

Objective 6:

Seminars will be held to educate the vulnerable girls through a variety of means, including debates, music and drama. This will be done by both paid staff and international volunteers. These activities will try to provide counseling for the girls in methods of avoiding risky behavior, in addition to educating about the facts of HIV.

Objective 7:

The vulnerable girls will be counseled and encouraged to access HIV testing if appropriate, in addition they will be educated in testing for other STIs. They will be educated about the implications of testing and importance of early treatment. This will be facilitated by both paid staff and RPMs, who will ensure they are able to attend the health clinics when necessary.

Objective 8:

In partnership with the participating health centers, the project will conduct a health out reach program to extend the access to HIV support services and anti-retroviral treatment into hard to reach areas. In addition vulnerable girls will be regularly monitored by both paid staff and RPMs, who will encourage and facilitate access to health clinics.

Major Assumptions

The main outcome of the project is a reduction in new cases of HIV diagnosed. If the project works there should be an increased uptake in testing and access to treatment for HIV, thereby increasing the number of new cases diagnosed. This may also increase the prevalence in the area, but will be beneficial to the population both through education and prevention of new cases in the future. It will also give an idea of the true infection rate in Uganda, which is widely thought to be under-reported.

Organizational Experience and Collaborative Partnerships

HealthCare Volunteer is a growing International network of online connections that provide volunteering opportunities to anyone interested in health care, whether a doctor, dentist, student or lay person. This gives an ideal cohort of International volunteers, able to assist with the project. The project will be directed on the ground by our local representative **Ponny Bukenya**, who has 8 years experience , in communities Diagnosis, implementing HIV/AIDS Vulnerable Children projects at both urban and rural levels and over 2 years experience as a Trainer/ Provider of Clinical Mentoring skills to local Healthcare providers in resource poor Countries. The project will be overseen by **Sarah Richardson**, Director of International Programs who has over 7 years experience in coordinating and running charities both locally, nationally and internationally.

The project will be done in partnership with participating health clinics in Rakai district, which will benefit from the education of their staff and support in the local community support.

Budget for RHEP- (Jan –December, 2011)

	OBJECTIVE 1: To educate the local youth population in schools and youth clubs to raise awareness of HIV/AIDS	UNITS	UNIT COST (\$ USD)	UNITS COST(\$ USD)
A.	To Conduct and facilitate 4 HIV/AIDS Education and Prevention Seminars for Vulnerable Girls- Each for 2 days at Sub- County Headquarters Venues:			
	Facilitation Costs (5 Volunteers for each seminar for 4 Seminars)	20	-	-
	Material Inputs			
	10 Dozens of books (for 100 participants /vulnerable girls for 4 seminars)	40	1.00	160
	4 packets of Pens (for 100 participants /vulnerable girls for 4 seminars)	4	8.00	32
	4 Reams of News print for 4 seminars	4	25.00	100
	4 packets of Markers for 4 seminars	4	8.00	32
	4 batches of Photocopies of hand outs for 4 seminars	4	10.00	40
	• 8 rolls of Masking Tape (2 per seminars for 4 seminars)	8	2.50	20
	Meals and Refreshments			
	Breakfast (105 people x4 seminars x 2 days of each seminar)	840	1.00	840
	Break tea (105 people x4 seminars x 2 days of each seminar)	840	1.00	840
	Lunch (105 people x4 seminars x 2 days of each seminar)	840	3.00	2520
	Mobilization for 4 seminars	4	25.00	100
	Transport facilitation for vulnerable girls/ participants (100people x 2 days x 4 Seminars)	800	3.00	2400
	Refreshments (1 crate of 24 bottles x 6 crates x 2days x 4 seminars)	48	6.50	312
	8 Additional litres of Fuel for collecting Breakfast, Break tea, Lunch and sodas at each seminar venue (8 litres x 5 days x 4 Trainings)	64	1.25	80
	SUB TOTAL			7,476
B.	Conduct Debates on ABC Strategy in Schools and Communities:	15		
	Facilitation Costs (for 24 Volunteers)	24	Voluntary	Voluntary
	Pens (1 packet per month for 12 months)	7	8.00	56
	Short hand books (20 books per month for 12 months)	140	1.00	140
	Transport for volunteers (Fuel and Vehicle)	0	0.00	0
	SUB TOTAL :			196
C.	Conduct Music, Dance and Drama activities in Schools and Communities on HIV/AIDS Awareness.	10	-	-
	Set of Drums	2	245.70	491
	Costumes	2	184.00	367

	Project T-Shirts for each participating Drama Group (20 T-shirts for each Drama Group for 10 Groups)	200	3.50	700
	Refreshments (5 Crates of Sodas per function)	50	6.50	325
	Mobilization	10	25.00	250
	SUB TOTAL :			2,133
D.	Reproduce and Disseminate IEC Materials :	1		
	Production of T-shirts (200 T-shirts)	200	3.50	700
	Production of Posters (200 Posters)	200	0.75	150
	SUB TOTAL :			850
E.	Organize Community Sports Activities to Promote HIV/AIDS Awareness:	4		
	Balls (5 Balls per Sub -County for the 2 Sub County)	10	20.00	200
	Refreshments (2 Boxes of Water per Competition for 4 competition)	8	6.50	52
	Energizers (Various)	20	2.00	40
	Mobilization	4	25.00	100
	Transport For volunteers (Fuel and Vehicle)	0	0.00	0
	SUB TOTAL			392
	OBJECTIVE 2: To increase the number of the population accessing testing for HIV and other STIs			
A.	Community Weekly Dialogue to share experiences, Knowledge and skills on ABC Strategy: (out of school)			
	Transport for volunteers (Fuel and Vehicle)	0	0.00	0
	Short hand books (20 books per month for 12 months)	240	1.00	240
	Pens (1 packet per month for 12 months)	12	8.00	96
	Newsprint (1 ream of news print per months for 12 months)	12	25.00	300
	Markers (1 packet of markers per month for 12 months)	12	8.00	96
	Photocopies of hand outs (for a batch of 100 copies)	1	10.00	10
	Venue	12	50.00	600
	Mobilization	12	25.00	300
	SUB TOTAL :			1,642
	OBJECTIVE 3: To train local health staff in methods of HIV education and prevention			
A.	Training of 20 Health workers at the 4 participating Health Centers in ART & basic treatment of opportunist infections:	20	-	-
	Facilitation Costs (5 Volunteers for each Health Center training for 4 Trainings)	20	Voluntary	Voluntary
	Material Inputs			
	Short hand books (20 Books for 20 participants for 4 Trainings)	20	1.00	20
	Pens (1 packet for 20 participants for 4 Trainings)	1	8.00	8

	News print (4 reams for 20 participants for 4 Trainings)	4	25.00	100
	Markers (4 packets for 20 participants for 4 Trainings)	4	8.00	32
	Photocopies of hand outs	1	10.00	10
	Masking Tape (1 per training for 4 Trainings)	4	2.50	10
	Meals and Refreshments			
	Breakfast (12 people x4 Trainings x5 days of each training)	240	1.00	240
	Break tea (12 people x4 Trainings x5 days of each training)	240	1.00	240
	Lunch (12 people x4 Trainings x5 days of each training)	240	3.00	720
	Evening tea (12 people x4 Trainings x5 days of each training)	240	1.00	240
	Trainees Transport facilitation (5people x 5 days x 4 Trainings)	100	7.00	700
	Refreshments (1 crate of 24 bottles x 5 days x 4 Trainings)	20	6.50	130
	8 Additional litres of Fuel for collecting Breakfast, Break tea, Lunch and Evening Tea at each Training center (8 litres x 5 days x 4 Trainings)	160	1.25	200
	SUB TOTAL			2,650
	OBJECTIVE 4: To identify and train Resident Parish Mobilisers who can support the provision of local HIV support services and promote access to treatment of opportunistic infection and anti-retroviral therapy.			
A.	Identify and Train 20 Resident Parish Mobilizes in BCC and ABC Strategies.	10		
	Facilitation costs 3 volunteer facilitators per day for 10 days	15	Voluntary	Voluntary
	Material Inputs			
	Short hand books (for RPM for 10 days)	20	1.00	20
	Pens (1 packet for 10days)	20	0.15	3
	Newsprint (1 ream for 10 days)	2	25.00	50
	Markers (1 packet for 10 days)	2	8.00	16
	Photocopies (Various)	40	2.00	4
	Meals and Refreshments			
	Breakfast (for 10 days for 13 people)	130	1.00	130
	Break tea (for 10 days for 13 people)	130	1.00	130
	Lunch (for 10 days for 13 people)	130	3.00	390
	Evening tea (for 10 days for 13 people)	130	1.00	130
	Supper (for 10 days for 13 people)	130	3.00	390
	Sodas (1 crate per day for 10 days)	10	6.50	65
	Accommodation (for 10 days for 10 people)	100	10.00	1000
	Venue (l for 10 days)	10	50.00	500
	Mobilization	2	25.00	50
	Transport refund	20	10.00	200

	SUB TOTAL :			3080
	OBJECTIVE 5: To identify the population of vulnerable girls that are the head of their households who are at risk of contracting the disease.			
A.	Facilitate 3 Volunteers to conduct a Project Mapping exercise for 5 days	15		
	Facilitation costs 3 Volunteer facilitators per day for 5 days	15	Voluntary	Voluntary
	Material Inputs			
	Short hand books	3	1.00	3
	Pens	3	0.15	1
	Ream of duplicating papers	1	6.50	7
	Meals and Refreshments			
	Breakfast (for 5 days for 3 people)	15	1.00	15
	Lunch (for 5 days for 3 people)	15	3.00	75
	Sodas (1 crate for 3 people for 5 days)	1	6.50	7
	Fuel and Vehicle	0	0.00	0
	SUB TOTAL :			108
	OBJECTIVE 6: To educate the vulnerable girls and provide them with ways to avoid risky behaviors.			
A.	Purchase Video equipment, local language translation of VCDs/MP3s and conduct video shows in community and in schools.			
	21 inch TV screen	1	250.00	250
	DVD/ VCD/ MP3 deck	1	100.00	100
	HIV/AIDS translated CDs / MP3 / VCDs	10	5.00	50
	SUB TOTAL			400
	OBJECTIVE 7: To increase access to testing and counseling for HIV and other STIs			
A.	Conduct Weekly VCT sensitization Meetings	-	-	-
	Mobilization	12	25.00	300
	Pens (1 packet per month for 12 months)	12	8.00	96
	Short hand books (5 books per months for 12 months)	60	1.00	60
	SUB TOTAL			456
	OBJECTIVE 8: To promote access to treatment of opportunistic infections, anti-retroviral therapy and HIV support services for the vulnerable girls identified.			
A.	Conduct Health Outreaches in hard to reach Areas:			
	Mobilization	6	25.00	150
	Facilitation of 2 Health Workers for 6 Months	12	10.00	120
	Transport (Fuel and Vehicle)	-	-	-
	SUB TOTAL			270

	Other Activities:			
a)	Launching of the Project in Rakai District	0		
	Mobilization	1	25.00	25
	Public address system and Music entertainment (for one day)	1	150.00	150
	Hire of Music, Dance and Drama Group	1	150.00	150
	Venue (with seats and tables)	1	250.00	250
	Video coverage	1	250.00	250
	Reproduce and Disseminate Project Brochures	200	0.75	150
	Meals and Refreshments			
	Lunch (for 1 day for 100 people)	100	3.00	300
	Sodas (10 Crates, and 10 Boxes of water for 1 day)	20	6.50	130
	SUB TOTAL :			1,405
b)	Facilitation of 10 External Volunteers per month (From Europe, the USA and Australia) for 4 months			
	Hiring of 1 Residential House for 4 Months	4	250.00	1000
	10 Family Kits for 10 Volunteers for 4 months	10	150.00	1500
	Food / Meals requirement for Cooking for 10 volunteers:			
	300 Kgs of Rice per month for 10 volunteers for 4 months	1200	1.10	1320
	300 Kgs of maize flour per month for 10 volunteers for 4 months	1200	0.75	900
	50 Kgs of sugar per month for 10 volunteers for 4 months	200	1.10	220
	30 Kgs of salt per month for 10 volunteers for 4 months	120	0.30	36
	5 Boxes of Tea Bags per month for 10 volunteers for 4 months	20	19.00	380
	1 Trip of Firewood per month for 4 months	4	50.00	200
	Ingredients (Various) of \$ 150 per month for 4 months	4	150.00	600
	1 Cook to do cooking business for 10 volunteers for 4 months, @ \$ 50	4	50.00	200
	Water (Various) of \$ 100 per month for 4 months	4	100.00	400
	SUB TOTAL :			6,756
c)	Protective Wear to 5 full time volunteer supported staff			
	Gumboots for 5 full time volunteer supported staff for the entire project	5	12.50	63
	Rain coats for 5 full time volunteer supported staff for the entire project	5	17.00	85
	Name tags for 5 full time volunteer supported staff for the entire project	5	10.00	50
	SUB TOTAL			198
d)	Administrative Costs			
	Personnel Cost for 5 Full time Volunteer Supported staff for 12 months:			
-	Volunteer Project Coordinator (Transport, Medical care, Food, and housing Expenses inclusive for 12 months)	12	400.00	4,800
-	Volunteer Assistant Project Coordinator (Transport, Medical care, Food, and housing	12	320.00	3,840

	Expenses inclusive for 12 months)			
-	Volunteer HIV/AIDS Community Health Educator (Transport, Medical care, Food, and housing Expenses inclusive for 12 months)	12	220.00	2,640
-	Volunteer Office Manager (Transport, Medical care, Food, and housing Expenses inclusive for 12 months)	12	200.00	2,400
-	Volunteer Driver (Transport, Medical care, Food, and housing Expenses inclusive for 12 months)	12	200.00	2,400
	SUB TOTAL:			16,080
e)	Office Rental, equipments, auditing of Bks of accounts, Bank Account Opening/ Bank charges and stationary			
-	Office Computer and Accessories	1	1000.00	1000
-	Laptop	1	1202.00	1202
-	Office Rental for 12 month, each for \$ 125	12	125.00	1500
-	Office Furniture (Inclusive; 4 office chairs, 10 waiting chairs, 1 shelve, 3 tables	-	1000.00	1000
-	Purchase of 1 Motor vehicle	1	7450.00	7450
-	Fuel (16 litres per day x 4 working days x 4 weeks x 12 months)	3072	1.25	3840
-	Maintenance : Monthly Servicing after 3000km coverage will cost \$ 50 per month and \$ 10 will be saved for buying new tyres per month) (\$50 plus \$10 = \$60)	12	60.00	720
-	Office Based Stationary (various) of \$ 42 per month for 12 months	12	42.00	504
-	Office Communications: (Internet and Telephone service) \$ 40 per months	12	40.00	480
-	Bank charges (for 12 months) and Account opening (Paid once)	-	350.00	350
-	Generator (to be used when power is off and during video shows activities)	1	320.00	320
-	Auditing of Books of Accounts (once with in the project life span)	1	258.00	258
	SUB TOTAL :			18,624
f)	Evaluation of the RHEP in December, 2011	1	600.00	600
	SUB TOTAL :			600
g)	Contingency (for problems that may arise in the period in between)	-	2000.00	2000
	SUB TOTAL			2,000
	THE GRAND TOTAL FOR RHEP			65,316