AKUN

**Project HOPE for Networking**

**KASSAGAM YOUTH EMPOWERMENT CENTRE BUILDING, LEFT WING, AT NYABERA CHIEF CAMP, KISUMU-NAIROBI ROAD**

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**FINANCIAL LITERACY PROJECT**

**CONCEPT NOTE**



**Project HOPE for networking**

**CONCEPT NOTE**

**Project Title:** FINANCIAL LITERACY PROJECT

**Total Estimated Cost: Ksh.2,839,000 {1st Year}**

 **Ksh.2,793,000 {2nd Year}**

**Collaborators:** Equity Bank (Kisumu Branch),Green Zone Agencies [GZA] under the USAID-Kenya “Feed The Future” Project, Cadif, Liverpool VCT Western Region office, NCPD (National Council for Population & Development), Youth Enterprise Development Fund, Department of Youth Development under Ministry of Devotion & Planning, Vi AGROFORESTRY and Women Fund

**Background Information**

At the end of 2011, an estimated 34 million people were living with HIV worldwide, with two-thirds of them living in sub-Saharan Africa. This reflects the continued large number of new HIV infections and a significant expansion of access to antiretroviral therapy, which has helped reduce AIDS-related deaths, especially in more recent years. The number of people dying of AIDS-related causes fell to 1.7 million in 2011, down from a peak of 2.2 million in the mid-2000s; in 2012 alone 700,000 AIDS related deaths were averted.

It is estimated that at least 8 million people in low- and middle-income countries are currently receiving HIV treatment, reflecting an increase of 63 percent from 2009 to 2011. However, HIV continues to spread – in 2011, 2.5 million people were newly infected with HIV. Although this number remains sobering, it is also important to note that 25 countries have seen their numbers of new infections drop by 50 percent or more, and that half of the infections averted worldwide were among newborns, demonstrating that it is possible to eliminate new infections in children.

Following our research and survey that was done among the Commercial Sex Workers in Kisumu District, it came to our realization that 89% these women, girls and adolescents who get involved in these activities are only doing so out of desperation of just trying and striving to put food on the table for their children as it is for the elderly women while the adolescent girls struggling to take care of their siblings after losing their parents, being disposed/abandoned by their parents and many other reasons. Others get involved due to drug abuse addiction and they make up the 8%, while the remaining 3% is made up of negative influence, attitude and negative personal drive.

These huge numbers of commercial sex workers are always under dangerous conditions making them vulnerable and susceptible to millions of evil things that can affect them and more so the danger of contracting HIV/AIDS and TB asthe two go together. It’s now recognized that no Health Center gives them any special attention apart from the Pambazuko Project under the Family Health Options Kenya (FHOK) and Liverpool VCT which runs a P.S.C (Patient Support Centre) dedicated to the commercial sex workers so that they can get access to treatment and in turn get to inform the others about the services that they get and this makes a network connecting them to the Health Center so as to get the special attention and more importantly, the Medical reception( Reproductive Health and Family Planning). Liverpool VCT also care for MSMs (Men who have sex with men)

It’s therefore important not only to give them the Medical reception but also to try and give them another package that will help them get out of their dangerous zones/vulnerability that they are in and not to be used inhumanly as sex objects, but to be seen as Human beings who deserve respect. This in turn has its own benefits as indicated in this concept note and in the Millennium Development Goals (MDGs).

**Current Status**

More than 34 million people are currently living with HIV, and more than 30 million have died from HIV-related complications. New HIV infections have fallen by more than 20 percent in the past decade, but each year the newly infected outnumber those who gain access to treatment by two to one. Only about half of those who need treatment for HIV are currently receiving it. While huge progress has been made in increasing access to HIV treatment in the past decade and new HIV infections have substantially declined in some regions, the pandemic continues to outpace efforts to control it. The number of newly infected people each year outnumbers those who gain access to treatment by two to one.

Statistics show that Kenyan women face considerably higher risk of HIV infection than men. About 1.4 million Kenyans aged 15-49 were living with HIV in 2009 with 8.0% prevalence among women and 4.3% for men. Two out of every three HIV-positive Kenyans are female. HIV infection is highest in women aged 40-44. Young women of age 20-24 are four times more likely to be infected than men (6.4% compared with men 1.5%). Women and girls often face considerable higher risk of HIV infection than men and are often at an invariably greater disadvantage due to biological, social, economic, political and cultural factors.

According to the UNGASS Report 2010 on Kenya, the sources of new HIV infection in Kenya are as follows:

Table 1: **Sources of new adult infections** (Spectrum model, KMoT, 2008)

|  |  |
| --- | --- |
| Sources of incidence | % of national incidence |
| Heterosexual sex with union/regular partnership | 44.1 |
| Casual heterosexual sex | 20.3 |
| MSM and prison | 15.2 |
| Sex work | 14.1 |
| Injecting drug user (IDU) | 3.8 |
| Health facility related | 2.5 |

**Justification**

Defeating HIV requires a comprehensive response, and effective programs scaled up to treat people already infected and prevent new infections. New tools are also needed to defeat the pandemic, and investment in research and development for new products remains essential.

In Africa, Poverty is one of the main root cause for the spread of HIV/AIDS, and this is why we as an organization are using entrepreneurship training to empower our beneficiaries so that they can be able to raise their standards of living so that they can withdraw from their current practices that they engage in just to get money so as to feed their families. Through this project, we will be able to empower almost 1,200 sex workers and MSM’s directly and almost 24,000 people indirectly every financial year assuming that every client trained will be able to reach out to 20 or more people a year.

Through Capacity Building and Empowerment training on Entrepreneurship, they will be able to learn new mechanisms of making enough money through Entrepreneurship and to have a decent livelihood away from danger. This will reduce their vulnerability to HIV/AIDS & TB.

**Overall Objectives**

The overall objective is that there are No more new HIV infections, No more AIDS deaths and No more discrimination.

**Specific Objectives**

1. To impact in the fight against HIV/AIDS by Empowering our target participants economically apart from the aspect of Medical and psychological attention.
2. Tackle the marginalization, stigmatization and discrimination against the commercial sex workers so that they can get support and hopefully change their way of life i.e. behaviour change communication
3. To address the problem of vulnerability by not only influencing individual behavior but also dealing with the societal context
4. T o empower them in Developing Business Ideas, Starting a Business, Improving a Business, Market Economics, Financial Literacy, Business Ethics, Entrepreneurship, Success & Leadership Skills, Environmental sustainability & Project Sustainability.

**Approach**

* Partnering with Liverpool VCT so that they can introduce us to the support groups one at a time.
* During each phase, the training shall include Financial Literacy, Business Ethics and Entrepreneurship by Equity Bank and Eco Bank, this will be followed by Reproductive Health by our health partners. The last session will include success & Leadership Skills, Environmental Sustainability and Project sustainability by Project HOPE for Networking and Vi AGROFORESTRY. This session will also include providing small starting capital to the formed groups through the help of the Agents from the Youth Enterprise Development Fund.
* At the end of every phase, there will be networking & linkages, mentoring & coaching after training on Reproductive Health from our partners and bonded with referral to the Health Centre for more information and training.

**Selection Criteria for Beneficiaries**

1. We shall work together with the Liverpool VCT so as to create a rapport with the commercial sex workers, and only those who are willing to come on board and take active participation so as to change their lifestyle/way of life (most importantly have a attitude) and thus raise their standards of living will be enlisted to the project.
2. The participants must have a good track record with the Clinic showing that they have been out of adherence and are serous with their medication.

**Project implementation Methodology**

**Key Methodology:**

* Implementation as per the Resource schedule
* Implementation as per the Activity schedule
1. Work together with the Liverpool VCT so as create a rapport with the commercial sex workers and come up with the number of those who wish to be engaged in the empowerment project
2. During the first session of the workshop in each phase, we will have them interact and encourage them to form and register groups of 10 per group. They can also decide to do sole proprietorship.
3. The Equity Bank and Eco Bank will train our participants on Financial literacy.
4. Project HOPE for Networking will facilitate on the following topics:
* Entrepreneurship
* Developing a Business Idea
* Generating a Business Idea
* Business Success
* Business Risks
* Business Management Skills
* Customer Care
* Marketing Plan
* Skills in Market Research & Linkages
* Financial Planning
* Business Capital Estimation & Costing
* Business Plan
* Mentoring & Coaching
1. Each training phase shall be blended with REPRODUCTIVE HEALTH Training and referrals by our Health partner {Liverpool VCT}
2. Giving them financial capital to start group Businesses (Small Enterprises) or individual enterprises through our partners Youth Enterprise Development Fund and Equity Bank of which we will be monitoring closely and carefully.
3. When they reach the bridge of expansion, we can connect them with the Youth Enterprise Development Fund, the Social Department, Equity Bank and Women Fund respectively for the purpose of expansion.

**Monitoring and Evaluation**

Project HOPE for Networking together with Liverpool VCT and Equity Bank will do the M&E on the following:

1. Liverpool VCT will ensure that the participants continue visiting the Clinic as Stipulated
2. Equity Bank will do Enterprise and Financial M&E for the small Enterprises started by the participants in each phase
3. Project HOPE for Networking shall ensure that there is constant and active participation during the training period, after the training we shall see to it that they are mentored and coached by our partner Equity Bank.

**The Key Monitoring Areas**

1. **Logical Framework Matrix**

The Management Team will use this tool (logframe prepared during the formulation phase) to keep track of the project. This is important as it entails the indicators of performance in respect to the activities and results expected. The management team will keenly attend to the assumptions contained in the logframe matrix so as to ensure the success of the project

1. **Work plan/Activity schedules**

The Management Team will use this tool for the purpose of tracking the progress of the project as it has a clear stipulated indicator of what ought to be done, when and by whom.

1. **Resource schedule**

The Management Team will use this tool for the purpose of establishing if the project is on track as it entails the cost/resources for the various activities.

**The Key Evaluation Areas**

1. **Formative Evaluation**

This will be undertaken by the Management during when the implementation is ongoing. This is aimed at facilitating/deciding on whether to modify or improve the project so that the beneficiaries are empowered entirely and effectively within the stipulated timeframe of each phase.

1. **Summative Evaluation**

This will be undertaken by the Management at the end/after completion of the project. It is important as it helps to indicate if the project’s results/outputs had any effects to the beneficiaries of which in this context are the commercial sex workers.

**Program Are**

The project will be carried out in Kisumu County.

**Expected Outputs**

* Self withdrawal of commercial sex workers from the sex work practice
* Reduced new HIV infections
* No more discriminations
* No more AIDS death
* Decent living to the participants
* Raised standard of living of the participants
* Reduced mother to child transmission
* Empowered girls and women Socially, Economically& Psychologically
* Increased Entrepreneurial initiatives by the women
* The young girls taken back to school and the Elderly taken into Adult Education and even go to college and University for better Careers
* Infant Mortality rates reduced
* Women Rights strengthened
* The project will contribute towards the MDG attainment
* Unwanted pregnancies reduced
* Number of orphans reduced
* More attention and parental care for each child
* Teenage girls to have access to quality Education
* Reduced women and girls SUSCEPTABILITY and VULNERABILITY to HIV/AID



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**FINANCIAL LITERACY PROJECT PROVISIONARY BUDGET**

**Budget Items (KSH)**

1. **STATIONARIES & TRAINING MATERIALSIN (RECURRENT EXPENDITURES)**

|  |  |  |  |
| --- | --- | --- | --- |
| QTY | PARTICULARS | @ | Ksh |
| 4 | Newsprints | 8,000 | **32,000** |
| 10 | Marker pens | 300 | **3,000** |
| 1000 | Preparing of Certificates | 100 | **100,000** |
| 8 | Files | 200 | **1,600** |
| 10 | Printing Papers | 500 | **10,000** |
|  | **TOTAL:** |  | **Ksh. 146,600** |

1. **EQUIPMENTS & MAINTENANCE (ONE OFF EXPENDITURES)**

|  |  |  |  |
| --- | --- | --- | --- |
| QTY | PARTICULARS | @ | Ksh  |
| 1 | Printer | 30,000 | **30,000** |
| 1 | Internet connection & communication | 16,000 | **16,000** |
|  | **TOTAL:** |  | **Ksh. 46,000** |

1. **TRANSPORT FOR FIELD AGENTS & OTHER OFFICIAL DUTIES (RECURRENT EXPENDITURES)**

|  |  |  |
| --- | --- | --- |
| S/N | Activity | Cost in Ksh. |
|  | Transport for Field Agents  | **150,000** |
|  | Transport for official Duties  | **50,000** |
|  | **TOTAL** | **Ksh.200,000** |

1. **UTILITIES (RECURRENT EXPENDITURES)**

|  |  |  |
| --- | --- | --- |
|  | Utility Expenses | Cost (Ksh) |
| 1 | Power *(2,000 for 12months*) | **24,000** |
| 2 | Water *(1,000 for 12months)* | **12,000** |
| 3 | Internet *(3,000 for 12months)* | **36,000** |
| 4 | Website hosting*(4,000 for 12months)* | **4,000** |
|  | **TOTAL** | **Ksh.76,000** |

1. **INFORMATION DOCUMENTATION & SHARING (RECURRENT EXPENDITURES)**

|  |  |  |
| --- | --- | --- |
| S/N | Items | Cost(Ksh.) |
| 1 | Developing of Newsletters | **50,000** |
| 2 | Brochures | **50,000** |
| 3 | Website Development & Hosting | **15,000** |
| 4 | T-shirts {50 pieces at Ksh.800} | **40,000** |
|  | **TOTAL** | **Ksh.155,000** |

1. **ADMINISTRATIVE COST (RECURRENT EXPENDITURES)**
* **Other Staff Members**

|  |  |  |  |
| --- | --- | --- | --- |
| s/n | Staff members |  | SALARY (KSH.) |
| 1 | Financial literacy Coordinator | **23,000 x12months** | **276,000** |
| 2 | Field Agents  | **19,000 x 2 x 12months** | **456,000** |
| 1 | Secretary | **15,000 x 12months** | **180,000** |
|  | **TOTAL** |  | **Ksh.912,000** |

* **Monitoring & Evaluation – Ksh.1,304,000**

**Grand Total for the whole of Year 1- Ksh.2,839,000**

**Grand Total for the whole of Year 2 – Ksh.2,793,000 {2,839,00-46,000 for Equipment & maintenance}**