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| NAME OF THE ORGANISATION: Empowerment Mission For Africa P.O BOX, Rakai Telephone No. +256 753421273, +256 704584835 ,E-mail; sentemaedward@yahoo.com , website; |
| Type of Organization; Community Based Organization  |
| Project title : GOOD HEALTH FOR MOTHERS: Community Health Empowerment Initiative  |
| Project Location:Phase one: Lwanda Sub-county Rakai District, Southern UgandaPhase two: Spreading to other parts of Uganda. | Project time frame: Phase one Start Date:Aug.2017End Date: continuous  |  |  |
| ESTIMATED PROJECT BENEFICIARIES;(PHASE ONE) | Children ;Girl child1020 | WOMEN;9000 | TOTAL;10020 |
| INDIRECT BENEFICIARIES  |  |  |  |
| TYPE OF PROJECT (Area of intervention): Behavior change, sensitization/Awareness (community health empowerment initiative).  |
| Key contact persons; Mr. Edward Sentema;  sentemaedward@yahoo.com :Telephone; +256753421273,  +256704584835 | Project Manager: Mrs. Immaculate NaggitaTel; +256702078228, +256784012327, |
| Date of Proposal: April 2016 |  |

SUMMERY OF GOALS:

* HIV/AIDS sensitization/ awareness
* Compile community response
* Sanitation ( clean water ).
* Provide care and training of career for AIDS patients.
* Safe guard and improve health of rural communities
* To stabilize and re assure the girl child ( education)
* To form support groups
* To set up women income generating groups
* Improve the status of orphans and unprivileged children.( nutrition and education)

**Total Funds needed** (**$20,000)**

Aim:

To improve the health status of rural communities through community sensitive approaches that motivate, take initiative in fighting HIV/Aids, which will boost income generating activities.

Statement:

To carry out the great commission among those who have been either affected or infected by HIV/Aids.

Purpose:

To overcome the causes, affect and spread of HIV/Aids

Overall objectives:

Empowerment Mission for Africa; will empower and develop skills of 1020 vulnerable children ( Girl Child ) and 9000 women in all the sub-counties of Rakai District, impacting and influencing every aspect of society for the betterment of life.

Background;

According to the UNAIDSfigures-2001, it is stated that 23% of men living in selected urban areas registered for STI treatment and up to 720,000 people were living with AIDS here in Uganda. The report shows that 6% of girls and 2% of boys in Uganda were infected with AIDS virus. The report also shows that more than half of Uganda’s population is either below the age of fifteen and above fifty years. Most amazing is the fact that it is reported that up to 25% of women in the range of 15-24 years didn’t know that a health looking person can infect you with the virus that cause AIDS. It is also estimated that over one million children are orphaned by AIDS. All these figures and many more realities that may never find there way into any books of statistics are our actual living environment. The strain on both government and individual families of the catastrophes of AIDS will be here with us for years, if not decades. Some one has to help. There must be a way for all of us to help wipe out this disaster. Consequently, local statistics shows an increase of HIV/Aids among youths and married couples.

Empowerment mission for Africa is already involved in improving livelihoods of poor communities in the district. The organization now wants to involve the communities in restoring good health in communities, improve livelihood through sensitization and awareness, nutrition, sanitation, income generating activities and education. The organization aims to create behavior change in local communities.

Since HIV/Aids carries with it social, economic and cultural stigma, our program help bridge the gaps created by these stigma. The vulnerable children, widows and widowers are mostly affected by these stigmas. Our work is to empower them with social and economic skills so that they don’t feel isolated and left out of life .we have specially chosen to work among these groups since they are the easiest targets in the spread of HIV. We focus on the vulnerable and all life around the vulnerable, since they are the most vulnerable category. They are needy, out of school, culturally destabilized, segregated, illiterate, diseased and young. And nearest to them are the widows, widowers and married couples.

ABOUT US;

EMPWERMENT MISSION FOR AFRICA (Em-AFRICA), is a registered Community Based Organization and pending to register as an NGO licensed to work and operating in Rakai District. It was founded in 2010 by Edward Sentema and Immaculate Naggita to creating an environment of hope through supportive, taking care of children at risk in the community. With meager resources, the organization has since expanded and now runs various programs at community level which include;

* Community outreach programme-including schools outreach
* The program owns over 6acres of land for future programs like African Mission academy, a health centre, youth centre and a vocation school.
* Supporting over 67 vulnerable children (Girls) under education support scheme.
* Supporting 67 women under empowerment program under 25 women groups.

Problem statement;

Uganda is here to stay and the earlier all key stakeholders, friends get to know and take immediate action, the better. As the country’s population continues to grow, local communities will increasingly get affected and infected as a result of HIV/Aids in Uganda. This could ultimately result in a generation of vulnerable children an irreversible state of a humanitarian crisis. “*Global success in combating HIV/Aids must be measured by its impact on our children and young people. Are they getting the information they need to protect themselves from HIV/Aids? Are girls being empowered to take charge of their sexuality? Are infant safe from diseases and are children orphaned by AIDS being raised in loving and supportive environment?” “These are the hard questions we need to be asking, these are yard sticks for measuring our leaders. We cannot let another generation be diver stated by AIDS*”. A quote from Carol Bellamy of UNICEF.

With an estimated population of 471,806 people, Rakai district has a confirmed number of 60000 of people living with HIV/Aids and similarly a number of 45,000 Aids orphans, and only 500 on ARV’s. Rakai district is where the first AIDS cases in Uganda were identified in 1982 and it has been terribly devastated and depopulated due to the epidemic. Some house holds were completely erased by the Aids epidemic living no one behind.

This situation however will increase if communities sit back and do nothing about this impending catastrophe. Uganda’s experience with HIV/Aids has proved that when faced with issues that adversely affect their livelihoods, local communities can mobilized and respond positively.

If the efforts into the fight against HIV/Aids are going to have lasting and positive results, there is need for our communities to start asking these hard questions raised by Carol. There is need for clear headed leadership to tackle these issues and to rally communities to the same. We therefore call for both personal and co-operate responsibility in participating where correct information has been disseminated.

Causes of the problem;

Social setting is a factor in considering the spread of the HIV/Aids virus. We still live in a world that find its explanation to diseases and sickness as originating from the spiritual unseen world and whose answer therefore must be from the same spiritual ancestors. We believe that every sickness has an angry spirit as the cause. This breads an attitude that frees humans from responsibility and fate is left to chance to take its course in finding the course of the spirit’s anger.

Another bid fact to consider is that large parts of our culture allow for the elders to have the final say in the decision making process of young where young people can not make personal responsible decisions. This leads to forced marriage and involvement in risky cultural practices.

Our culture has rituals, beliefs and traditions that force sexual matters into the background and never and never to be spoken about in the public. Since we are partly designed as sexual beings, we involve in sex and in this kind of setting, young people are left to experiment in their own without adult guidance.

Young people up to now do not have a strong voice in the society. Their contributions and problems are never given good listening.

Existing efforts to solve the problem;

Government of Uganda.

Community Health Empowerment Initiative (project summery)

Community health empowerment initiative supports local communities in Uganda and Africa to understand effect of AIDS among the community, and works with the community to take action through behavior change to improve livelihood preserve the future generation.

The overall aim of the project is to improve the health status of rural communities through community sensitive approaches that motivate, take initiative in fighting HIV/Aids, which will boost income generating activities.

The first phase of this project will run in Rakai District, starting with Lwanda Sub-County but will later spread to four other sub-counties (Lwanda sub-county has fifty villages with a population of over 50,000 people). Rakai district is located in the south western Uganda bordered by Tanzania in the south, Mbarara district in the West, Masaka district in the north, Sembabule in the N/ West and kalangala district in the south east. Rakai district is situated about 190 km from the national capital of Kampala. The district covers an area of about 4989 sq. km. over 75% of Rakai soils are ferralitic, the project will benefit 10020 female creatures in the district.

BASE LINE SURVEY;

Empowerment mission for Africa has conducted a survey within the district to get the views of the community about community health empowerment initiative. The district has welcomed the project and key sectors like health, education, administration, local councils and families have pledged their support. EM-Africa has set aside its staff, time, land or a successful program and is also looking for funds to support the program.

Community mobilization and training;

Community mobilization will be done starting with local leaders and key community actors in the project area. These include the local planning authority, the district health officials, education, community welfare officials both at the district and sub-county levels.

The project targets to train two representatives from each of the 50 villages in Lwanda sub-county on community health in the first phase. These will work directly with the project team as community mobilisers; they will also be responsible for keeping the project in the mind of the community after the close of the project.

Sustainability, training in the community will be a continuous process aimed at building capacity of the local community to understand the human aspect of good health environment and be able to engage in constructive dialogue on how the current changes in community health is managed at community level.

Community health awareness days;

A community health awareness day is an informative forum where all stakeholders meet to discuss key issues relating to health. The day’s activities are planned to bring together health experts, donors, policy makers and the community. It is on such days that the community presents their understanding of community health related issues, while the experts guide the community on possible ways of overcoming the problems. The policy maker’s guide’s on policy and decisions are made on the way forward. There is sharing of knowledge on how other communities are responding to good life.

School outreach;

All schools in Lwanda sub-county will be covered by the program through educational programmes on good life. Schools will be encouraged to form drama clubs with the intention of relaying good life massages. Competition will be organized between these clubs at district level.

Media and awareness campaign;

The program will run an awareness and media campaign to promote awareness of the project both within and outside the project areas.

0-12 month’s implementation plan-SEPT 2016-AUG 2017;

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| Activities | Sept | O | N | Dec | J | F | M | Apr | M | J | J | Aug | Out puts  |
| Objective 1: To enable local communities understand the human aspect of good life, empower them to take action through sanitation, HIV/AIDS sensitization/ awareness , set up women income generating groups, Provide care and training of career for AIDS patients, Safe guard and improve health of rural communities , Improve the status of orphans and unprivileged children.( nutrition and education) extra.  |
| Base line survey: |  |  |  |  |  |  |  |  |  |  |  |  | Meeting with key stakeholders:* District Authorities.
* Local Authorities.
* Health officers.
* Education officers.
* District community development officer.
* Families within the community.
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| Fundraise from churches, local authorities, donors for support to various activities.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Community mobilization and training. |  |  |  |  |  |  |  |  |  |  |  |  | Two community mobilisers from each village total (100 people) to be trained.  |
| Project start; organize groups and individuals to benefit. |  |  |  |  |  |  |  |  |  |  |  |  | Empowerment Mission For Africa will employ individuals to implement. |
| Community health awareness days  |  |  |  |  |  |  |  |  |  |  |  |  | Community driven decisions on managing their health. |
| School outreach:  |  |  |  |  |  |  |  |  |  |  |  |  | Organize an inter school drama competition (change play) on the human aspect of good health at district level. |
| Monitoring of the activity implementation and the participation of the stakeholders |  |  |  |  |  |  |  |  |  |  |  |  | Monthly Monitoring report by the project manager. Website launching and update per month. Web registration of a project participants, donors and stakeholders.  |
| Media and awareness campaign: |  |  |  |  |  |  |  |  |  |  |  |  | Community role models involved in discussion. For one hour radio shows per month.  |
| Project evaluation: |  |  |  |  |  |  |  |  |  |  |  |  | Empower and develop skills of 1020 vulnerable children and 9000 women in all the sub-counties of Rakai District in 12 months hence impacting and influencing every aspect of society for the betterment of life.  |
| Month 2016-2017 | Sept | O | N | Dec | J | F | M | Apr | M | J | J | Aug | Outputs |

 **PROJECT BUDGET**

**SUMMARY OF COSTS; FIRST PHASE**

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| **PROJECT COMPONENTS** | **BUDGET** |
| Purchasing of desk top computer and printer | $ 6,000 |
| T.V set, Generator, camera and other teaching Aids | $ 3,000 |
| Facilitators | $ 1,000 |
| Training  | $ 2,000 |
| Schools and community outreaches  | $ 1,000 |
| Media costs | $ 1,000 |
| Administration ( stationary, acquiring of new computer sets) | $ 3,000 |
| Report writing  | $ 1,000 |
|  Awareness days | $ 2,000 |
| **TOTAL**  | **$ 20,000=** |

Referees;

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