### JOINT PROGRAMME DOCUMENT

### **Cover Page**

Country: Rwanda

**Programme Title**: Supporting Development in Education and Health for Communities, Families and Vulnerable Adolescents and Youth

Programme Duration: 3 years Total estimated budget\*: \$4,636,405 Anticipated start/end dates: July 2015-June Out of which: 1. Funded Budget: Fund Management Option(s): Combination \$1,630,559 (Parallel, pooled, pass-through, combination) 2. Unfunded budget: \$ 3,005,846 Managing or Administrative Agent: \* Total estimated budget includes both UNFPA (if/as applicable) programme costs and indirect support costs Sources of funded budget: Government UNFPA : \$190,000 UNICEF: \$1,086,850 UNWOMEN: \$150,002 One Fund: \$ 150,000 UNDP: \$53,704

Names and signatures of (sub) national counterparts and participating UN organizations

13/10

UN organizations	National Coordinating Authorities
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Signature Management	Signature Minister of Finance and Economic
UN Resident Coordinator	Planning
Date   8   08   20   5	Date
Auke Lootsma	Mr. Ted Maly
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Date 24/12/2019	Date 0109/2015
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### 1. Executive Summary

Imbuto Foundation is implementing the One UN project aimed at "Supporting Development in Education and Health for Communities, Families and Vulnerable Adolescents and Youth." The project is technically and financially supported by One UN Rwanda, specifically UNFPA, UNICEF, UNDP and UN Women. The proposed programme will cover the period of July 2015 – June 2018. It will consist of the following five components:

**Early Childhood Development and Families:** Imbuto Foundation will implement a package of high- impact interventions, consisting of Social Protection, Child Protection, Water, Sanitation and Hygiene, Health, Education, Centre-based and home-based organized early learning and care of young children, Parenting Education and Communication for social change.

**Education component:** Promotion of Girls' Education Campaign will be continued and strengthened. Approaches employed will involve media and promotional campaigns. These channels will drive thematic messages on issues related to girls' performance and dropout, increase awareness and identify sustainable solutions. Imbuto Foundation will continue rewarding the Best Performing Girls in National Examinations. The "Inkubito z'Icyeza Forums for Excellence" (IZIFE), will be continued and expanded. 20 best performing girls will also be provided with internships.

**Family Package component:** The PMTCT Family Package offers pregnant women who test HIV+ counselling and voluntary enrolment as a member of a community based association of women in the PMTCT program from the health center. Partners of these women are also engaged. The associations are also supported with IGA's. In order to improve access to ASRH information and services, the project uses health clubs in schools which are facilitated by trained peer educators. In this phase, the project will also support expansion of youth friendly services in Rubavu, Ngororero, Rusizi, Nyamasheke and Karongi districts. The programme also facilitates support groups for young people living with HIV, male circumcision, and community outreach activities.

**Youth Empowerment and Mentorship Programme:** Rwanda Speaks! is an Imbuto Foundation youth empowerment initiative, with the objective of enhancing skills in public speaking, leadership and mentorship. Furthermore, the programme will partner with universities to support youth to develop leadership and communication capacities. This activity builds on the existing Rwanda Speaks! Toastmaster Clubs Program.

**IMALI - Rural Women's Economic Empowerment:** The Imali project aims to enhance knowledge and skills of beneficiaries in high-productivity agriculture technologies (intensification of crop production, seed production), access to seed funding (purchase of inputs), greenhouse management and access to agricultural markets (value chains). The main strategies will involve: Training in efficient horticulture techniques, training in effective greenhouse management processes, training in tomato transformation and basic business skills, supporting cooperatives in greenhouses installation, facilitate the construction of transformation unit and financial and technical opportunities to farmers to improve the efficiency of the cultivation of marshlands.

The next three years' joint programme will build on lessons learnt from the previous joint programme and evaluation including the need to have a long-term strategic view of One UN – IF priorities and engagement framework, strengthen Result Based Management (RBM) capacity, and set realistic funding targets and commitments from One UN.

The programme has a total estimated budget of \$5,504,839.

The Summary of available budget from July 2015 - June 2016

Agencies	2015	2016	Total
One Fund *	150,000	0	150,000
UNDP	0	53,704	53,704
UNFPA	88,326	101,674	190,000
UNICEF	596,582	490,271	1,086,851
UN Women	105,850	44,152	150,002
Total	940,758	689,801	1,630,559

<sup>\*</sup>The 150,000 \$ has been given to UN Women and will be implemented trough parallel modality

### 2. Situation Analysis

There is strong evidence that the early years of life play a major role in a child's development. Risk factors for poor development include poor maternal nutrition, lack of stimulation and learning opportunities, and exposure to violence, but protective factors such as breastfeeding and maternal education can reduce these negative effects. There is strong evidence that increasing investment in ECD programmes is a highly cost-effective strategy that could provide considerable returns, with the potential to promote long-term growth and significantly reduce inequality in low and middle income countries.

In Rwanda, only 13% of children between the ages of 3 and 6 have access to early childhood development (ECD) or learning opportunities, and those that do generally reside in urban areas or come from wealthier backgrounds. As the vast majority of ECD centers are provided by the private sector and located in urban areas, children from poorer and rural backgrounds are generally excluded. Investments in ECD in Rwanda would be an effective means of ensuring all children are prepared to start school at the right age and to combat the current primary drop out (12.2%) and repetition rates (14%). This programme responds to these challenges and seeks to model integrated ECD and Family services in nine locations.

The Joint Programme is also focused on supporting the Government of Rwanda (GoR) to provide quality education and skills to all children, respond to disparities and inequalities in the education system. Rwanda has known a steady progress in education. The primary net enrollment rate for girls has grown from 95.1% in 2008 to 97.5% in 2013 and the net enrollment rate for boys has grown from 93.3% in 2008 to 95.7% in 2012. The government and its partners' efforts to promote education have enabled Rwanda to remove gender disparities in primary enrollment. Though the access to education for girls has improved, gender disparities are still observed in school performance. National Examination pass rates indicate an improvement for both girls and boys, and a narrowing gender gap between 2008 and 2013, yet, girls are still underperforming compared to boys. Available statistical data indicate that the gender gap is reducing with time, but widens from one grade to the next. These disparities in performance in national examinations call for action to increase girls' performance.

Furthermore, the programme seeks to strengthen prevention of HIV, both through PMTCT activities and through primary prevention among adolescents and youth by providing comprehensive ASRH information and services. In Rwanda, the latest available data indicates that teenage pregnancies

have increased in the last ten years, and are now at 7.3 %. By age 19, one fifth of Rwandan girls have started childbearing. Only 33% of sexually active adolescents use contraception. HIV infections among young people are on the rise, underscored by the fact that only 60 % of adolescents 15-19 have knowledge about HIV prevention. Girls are disproportionally affected compared to boys.

This situation creates high demand for sexual and reproductive health information and services for adolescents and young people. Meeting this demand coupled with continued investments in family planning and girls' education will enable Rwanda to achieve a rapid fertility decline, maintain a healthy adult workforce to spur economic productivity and to realize a demographic dividend. Investing in the health and education of this young population is the surest way Rwanda's aspiration to be a middle income country by 2020 can materialize.

As highlighted above, youth represent the largest demographic group (75%) of the population, in which an estimated 83% are in the economically active age group. They are one of the key constituents and stakeholders in the national development process demonstrating considerable potential as development resources and as agents of social change. While youth have always been seen as an important beneficiary in terms of receiving developmental services, sufficient emphasis needs to be placed on strengthening the competencies and professional skills of youth and channel them towards development, particularly developing leadership and other skills to achieve Millennium Development Goals.

Access to gainful employment is not only a fundamental right but one of the key factors for sustainable development. Rwanda recognizes this and has entered into reforms aiming at accelerating job creation leading to faster economic growth and poverty reduction. A major development challenge for the country is the high level of youth unemployment which is strongly linked to the high population growth, its youthful nature, skills mismatch and a job creation rate that lags behind that of new entries into the labor market. This Joint Programme will focus on youth empowerment to address some of these challenges.

The Joint Programme will also contribute to economic empowerment by improving the living standards of vulnerable groups, especially women. The majority of women in rural areas are engaged in unpaid or low-paid work, either domestic or in the informal sector. Traditionally, Rwandan women do all household chores such as childcare, cooking, fetching water and firewood, among many others. This comes on top of their responsibilities in income-generating activities like agriculture. Over 80% of people involved in agriculture are women in rural areas. Women today account for about 54 per cent of the Rwandan population, and many households are headed by women and orphans as a result of the genocide. The programme aims to improve the living standards of vulnerable groups, especially women. This will be achieved by partnering with selected members of the community in income generating activities, particularly the intensification of tomato and mushroom growing. The overall purpose is to strengthen capacities built in the 22 cooperatives created in Phase I and build additional skills in new ones to be selected in Phase II. The specific purpose is to provide increased and improved training to beneficiaries in horticulture techniques and productivity, greenhouse management and connectivity to food markets for economic profit.

### 3. Strategies, including lessons learned and the proposed Joint Programme

### 3.1 Background/context

This Joint Programme between the One UN and the Imbuto Foundation contributes to several result areas of the United Nations Development Assistance Plan (UNDAP 2013-2018) (Table 1). The UNDAP has been developed as the UN contribution to national results established in the national

poverty reduction strategy EDPRS II, and to support the Government of Rwanda to realize the MDGs and other international development goals.

The overall objective of the UNDAP Human Development/Foundational result area is: 'Health including HIV, nutritional status, care and protection, and learning outcomes improved for all Rwandans: children, youth, families, especially those from vulnerable groups'. It contributes mainly to the *Foundational Issues* thematic area of EDPRS II but also the *Productivity and Youth Employment* and *Rural Development* thematic areas of. The government has communicated that it sees the UN as the lead partner in achieving results under Human Development/Foundational Issues, and Imbuto Foundation is seen as a key partner by the UN in supporting the achievement of these results.

### Figure 1 Correlation of JP Components to UNDAP Outputs

Output 2.1: Equitable Development And Innovation in Agriculture, Post-Harvest And Value Addition Technologies, Best Practices And Marketing Promoted And Strengthened

IMALI

Output 2.5: Increased Participation Especially of Women and Youth in Decision Making and Democratic Processes at all Levels  Youth Empowerment and Mentorship Component

Output 3.1: Improved Capacity Of Government Institutions And Communities To Expand Equitable Access To Quality Integrated Child And Family Services ECD

 Early Childhood Development and Family Component

Output 3.2: Strengthened National and Sub National Capacity to Provide Quality Integrated Health Services

Output 3.5: Quality Integrated Comprehensive HIV Prevention Knowledge and Services for Pregnant Women, Children And Young People

Family package Component

Output 3.3: Strengthened Capacities of the Education Sector to deliver inclusive Quality Basic Education

Education component

### 3.2 Lessons Learned

This sub-section provides a summary of relevant lessons learned from experiences, opportunities and challenges which may support or constrain achievement of results, for each programme component, respectively.

### **Component One: Early Childhood Development**

- Unclear support and implementation strategy from local authorities
- · Ineffective management of caregivers support
- Uncertain continuity of ECD operations and results
- Insufficient training for caregivers
- Inappropriate physical infrastructures of ECD&F Centres

### **Component Two: Education**

- Limited available data on the quality of girls' education
- Decreasing support to in-school club activities from schools' administration and/or the Joint Programme
- Limited inclusiveness of youth camps for girls not among the "best performing"
- Limited capacity in primary schools to sustain Rwanda Reads campaign

### Component Three: Family Package

- Insufficient support for Peer Educators
- Unclear reasons for discontinuation of relevant PE activities
- Resistance to support PEs in communities and among some opinion
- Inadequacy of trainings and supplies
- Need to maintain interest in youth corners, especially through activities which are attractive for youth

### Component Four: Youth Empowerment and Mentorship Programme

- Limited support of youth empowerment activities by schools' administration
- Limitations in strategic design of youth empowerment activities
- Limited girls' participation in mixed environments
- Inadequate follow up and monitoring of youth empowerment activities and results

### Component Five: Imali

- · Lack of greenhouse management skills among beneficiaries
- Unsuitable greenhouse location
- Inadequate skills in cooperative management among beneficiaries

### 3.3 The proposed Joint Programme

The programme consists of 5 main components:

- 1. Early Childhood Development and Family
- 2. Education
- Family Package
- 4. Youth Empowerment and Mentorship Programme
- 5. Economic empowerment: IMALI

Each programme component is explained in further detail in the following section.

### 3.3.1 Component I: Early Childhood Development and Family (ECD&F)

Total budget in USD: \$ 1,845,847 Participating Agencies: UNICEF

Imbuto Foundation will implement a package of interventions, using the model developed by UNICEF in 2013, and building on the package tested in the Kayonza prototype. To date, IF has already successfully implemented the ECD&F model in six additional districts: Rwamagana, Ngoma, Gicumbi, Gakenke, Nyamagabe, and Nyamasheke. Going forward, IF will take into account the lessons learned and recommendations emanating from the Kayonza prototype and the operational ECD&F centres in the six mentioned districts.

The packages of interventions for which capacities will be developed are represented in the diagram below:

## ECD & F: Menu of Integrated "High-Impact" Services

### REALTH

- training of community health workers
- Promotion of keyhousehold health

### CENTRE- & HOME-BASED ECD

- Construction of ECD & F facilities

  Provision of adequate equipment,
- play and reading materials

  Centre-based services for anilaten

  Home-based services for anilaten

### PARENTING EDUCATION

- Group session with porents
- Home visits
- Demonstration kitchens

### NUTRITION

- Growth monitoring and therapeutic treatment
- Micronutrient supplementation
- Promotion of proper nutritional practices

### WASH

- Provision of water and sanitation facilities to households
- Hygiene promotion

### EDUCATION

- Support to pre-primary programmes
- Link with primary schools

### CHILD PROTECTION

- Development of a National curriculum for Child Protection
- Establishment of Community based child and family protection workforces
- Counselling and psycho-social support to children and families
- Development of M&E instruments

### SOCIAL PROTECTION

- Expansion of the scope of public work
- Mobile crèches

### COMM FOR SOCIAL CHANGE

- Development of communication materials
- Mass media communication
- Social mobilization through FBOs and street theatre

The essential package of high-impact services consist of:

**Social Protection:** In integrating ECD & F into the design of "Vision 2020 Umurenge Programme" (VUP), a few options are currently being reviewed: (i) providing (soft) conditions cash transfer linked to behavioral change around ECD (ii) provide child-care facilities at/for public works, mobile crèches. The options will be tested for feasibility and acceptability in 2015 and costed.

**Child Protection:** In supporting child care reform the main intervention planned at the grass root level are: prevention of violence, child abuse and neglect; prevent family separation; modelling the implementation of care programme to the most marginalized; establishing strong child protection workforce at decentralized levels (community / district ); ensure referral with other child protection services (birth registration, justice).

**Water, Sanitation and Hygiene:** provision of water and sanitation facilities in centres and catchment communities, including safe handling, usage and maintenance; establishing clean and protective play space for children; hygiene promotion in 10 neighboring communities.

Nutrition: micronutrient supplementation; growth monitoring and therapeutic treatment / referral of severe malnutrition, promotion of proper nutritional practices ("1000 days communication campaign").

**Health:** health promotion and behavior change communication, link with package of services provided by community health workers (immunization; deworming; antenatal care; maternal and newborn care; safe delivery, etc.); use of rapid SMS to support real time monitoring, training of CHW and caregivers, monthly supportive supervision of CHW.

**Education:** development of pre-primary facilities and programmes and link with primary schools (development / testing / implementation of pre-primary quality standards, curriculum, monitoring, supervision, professionalization of child care).

Centre-based and home-based organized early learning and care of young children: Play-based learning & school readiness (reading, numeracy and writing); Early socialization and socio-emotional development; Physical/motoric development; Communication and language development; Imagination and creative expression; Hygiene; Cultural values. Group session with parents, provision of play and reading materials, capacity development of mother leaders, procurement of children books/mobile libraries, mentoring and supervision.

**Parenting Education:** Home visits and organized group sessions with parents to support adoption of key care and protection practices, including involvement of fathers in child rearing; facilitate income-generation activities; demonstrate proper cooking / feeding practices; roll-out Care for Child Development intervention to strengthen bonding and attachment.

**Communication for social change:** Communication strategy development, development of communication materials, theatre for development(Street theatre), mass media, social mobilization in 10 districts through FBOs and frontline workers, development of training module on interpersonal communication.

Social protection, child protection, health, Water Sanitation & Hygiene (WASH), nutrition and communication interventions will be managed by the respective sectors. Imbuto Foundation will provide / organize the following services: centre-based early learning and care of young children, as well as parenting education. Imbuto Foundation (IF) will be in charge of overall coordination of activities at the centre-level. In this regard, IF will systematically and regularly share information/knowledge across the different partners involved (UN, Government, NGOs). IF will work closely with all relevant sectors to coordinate linkages with essential services at the community, cell, sector and district level, ensuring complementarities of services and avoiding overlap and duplication. For this purpose, IF will establish a focal person system, with specific staff responsible for follow up with the respective sectors. In addition to the focal point system, the proposed coordination mechanism between IF and the different sectors, will include regular coordination meetings with decision-makers, sharing of activities' monitoring reports and documented data, and field visits. Actual modelling of the delivery of the services will be restricted under a one year PCA, as much time will be consumed by construction and equipment as well as preparations and capacity

development activities. A review in the 3rd quarter may establish whether more time is to be granted for continued modelling of actual service delivery.

To expand services and improve their quality and chances of sustainability, more capacity development of caregivers, management and local authorities is required. With a view of sustainability upon project phase-out, Imbuto Foundation will be working closely with UNICEF to help the centers generate their own resources to sustain their operational and staffing costs. A strategy will be developed based on the community's specific conditions and capacities (looking at potential parental contributions but also potential community-based IGA through e.g. women's NGOs, agricultural or handicraft production etc..) whilst tapping into regional and national potential support systems, such as the CHW cooperative-scheme and the VUP Public Works programme. This strategy will be piloted, monitored and evaluated. To do so, UNICEF will provide consultancy support to design IGA models for the 7 operational centers and the 3 under construction.

### 3.3.2 Component II: Education

Total budget in USD: \$ 91,625

Participating Agencies: UNICEF, UNFPA

For the last ten years, the *Promotion of Girls' Education Campaign* contributed to the achievements in the girls' education sub-sector through raising awareness and calling for action against gender impairments in education from all concerned stakeholders. On the agenda for the next three years, the campaign will address disparities regarding performance, transition to higher grades and completion. Focus on empowering girls will be increased, and involvement of local leaders will also be underlined even more to ensure sustainability.

Approaches employed will involve media and promotional campaigns that target local communities, and involve dialogues between communities and role models. Role models are successful men and women in various walks of life who share testimonies about their education, inspire young girls to work hard and well in their studies, and engage conversations with communities to find solutions to challenges faced by girls in their education. Social media will be used with a particular focus to engage the youth in this initiative. All these channels will drive thematic messages on issues related to girls' performance and dropout, increase awareness and identify sustainable solutions.

Strategic focus is laid on ensuring that girls stay in school till completion, and achieve good results as boys do. Through this campaign, for the next three years, Imbuto Foundation intends to continue rewarding the Best Performing Girls in National Examinations to recognize their excellence, which encourages them to continue hard work and inspire their peers. The Best Performing Girls are rewarded during public campaign events in their communities, to encourage other girls to perform well too.

In order to continuously empower girl students, since 2011, Imbuto Foundation initiated "Inkubitoz'Icyeza Forums for Excellence" (IZIFE), which are school based clubs that gather rewarded girls and other students for peer mentorship purposes. The clubs have also served as a means to follow up on rewarded girls. Today, 20 clubs are established countrywide, and the number of such platforms will increase to 30 during the next three years. The clubs serve as a means to increase learning and participation of girls in school, as keeping them together breeds competition and the clubs engage them in extracurricular activities as a team. For the next three years, we shall build from the already existing clubs and develop excellence platforms where dialogues and debates shall be conducted between students on what hinders girls' good performance in school, how best they can be approached and how solutions identified can be sustained. These activities will be

monitored closely through regular visits by mentors, who are Best Performing Girls rewarded by Imbuto Foundation, given a platform to help younger girls on their journey to excellence.

As a means to empower girls with a working experience, Imbuto Foundation has started providing internships to Best Performing Girls graduating from secondary school. These internships are conducted at different sites where Imbuto Foundation conducts other projects like in ECD & F centers. For the next three years, 20 girls will be provided with these internships.

Furthermore, in order to enable them to be role models, Imbuto Foundation has been conducting annual empowerment workshops with rewarded girls under the theme "Let us Dream Big and Act". Such workshops empower them with life skills like public speaking and time management, and inspire them to aspire for greater heights.

One of the identified root causes of issues in girls' education, as from discussions with role model speakers in the previous campaigns, lies in cultural barriers. Through community mobilization, Imbuto Foundation will continue to address the issues via dialogues with concerned parties. For the next three years specifically, close follow up on the implementation of identified solutions will be done through workshops with local authorities in districts where performance of girls in national examinations is weak.

In addition to the promotional and media campaigns, this year, Imbuto Foundation will celebrate the milestones achieved during the 10 years since the Promotion of Girls' Education Campaign began. Celebrating the achievements will look at the progress made in girls' access, participation and achievements in education, and the impact the campaign had on them. An impact assessment will be conducted as a means to evaluate the public's change in perception about the importance of girls' education and the results of the campaign in terms of behavioural change among others.

For the next three years, as many activities will actively engage beneficiaries, specifically rewarded girls, Imbuto Foundation will establish and strengthen M&E mechanisms, as well as tracking databases for beneficiaries involved in different activities. In addition, regular M&E activities will be conducted to establish data and generate evidence through reports.

### 3.3.3 Component III: Family Package

Total budget for in USD: \$ 1,113,645 Participating Agencies: UNICEF, UNFPA

The PMTCT Family Package program was initiated by the First Lady of Rwanda as a strategy to complement standard clinical services of Prevention of Mother to Child Transmission of HIV by extending basic care and support to parents living with HIV/AIDS and their children. To date, a total of 27 Health Centres located in 6 districts, are supported by IMBUTO FOUNDATION, under the chairmanship of the First Lady of Rwanda to implement the program.

Typically, the entry point to reach beneficiaries is a pregnant woman who tests HIV positive during routine antenatal services at any of the 27 health centers. She is then offered counselling and voluntary enrolment as a member of a community based association of about 30 to 50 women in the PMTCT program from the same health center. Partners of these women are also encouraged and many of them are members of these associations. Currently, there are 27 associations with a total of more than 13,000 members. The associations are organized and led by trained peer educators, supported by a designated health care worker – usually a nurse in charge of the PMTCT program. Peer educators are HIV positive women and men enrolled through PMTCT program and elected by members of the association

In addition to psychosocial care and support, the PMTCT Family package program initially provided economic empowerment by offering a one off start - up fund to each association for small income generating projects. To date, these associations have been transformed into cooperatives, supported by a community based institution with appropriate expertise. Over the years, the package of services provided and strategies used in the PMTCT Family package have evolved to match national priorities. Empowered peer educators embarked on local community mobilization for HIV prevention by using their own personal testimonies. Some have been elected as Community Health Workers.

More recently, the PMTCT Family Package was redesigned to contribute to a more comprehensive approach to Elimination of Mother to Child Transmission (EMTCT). This was done by focusing beyond pregnant women to primary prevention of HIV among adolescents and young people. In order to improve access to comprehensive knowledge and services on HIV and Sexual Reproductive Health for young people, the project started establishing health clubs in 5 schools and 5 sectors for out of school adolescents and youth in Rubavu district. In each club, a peer education approach is used and selected peer educators received a training of trainers in ASRH&R issues. Their role is to organize and coordinate ASRH activities in clubs which focus on sensitization and mobilization in the community and also refer their peers to nearby health facilities for information and services. In addition, the project has made ASRH services available in 5 health facilities of the above mentioned district by providing equipment for youth corners and building capacities of nurses in training them on how to provide youth friendly services.

In the course of this proposal, the family package peer educators in the 27 sites will continue to support health centers to reinforce linkages between PMTCT services at the health centers at community level. This will be done by using PEs who will be selected from Rwanda network of people living with HIV. The number of PEs will depend on the number of cells in the catchment area of the health facilities. The focus will also be put on strengthening the access and utilization of HIV prevention and ASRH information and services among youth not only in Rubavu but also in Ngororero, Karongi, Rusizi, and Nyamasheke Districts.

In order to address the challenges and discussions on integration of HIV care and follow up in community health program, since May 2015 IMBUTO Foundation in collaboration with UNICEF, RBC, RRP+ and health facilities, has initiated the approach of using members of the network of people living with HIV (RRP+) as a long term strategy to sustain retention and adherence to ART and overall psychosocial wellbeing of PMTCT clients and people living with HIV/AIDS in general. This approach started in 6 health centers of Musanze District. The RRP+ at district level facilitated the selection of peer educators from RRP+ associations in the sectors corresponding to the six HC. At least 2 PEs who accepted to work as volunteers were selected in each of the 41 cells of the six sectors; making a total of have 82 PEs. The peer educators received refresher training on HIV as well as basic concepts on follow up of PMTCT clients, in line with national guidelines and EMTCT agenda. They were also trained to use reporting tools that are simplified to suit their capacity.

This approach has the objective of strengthening community- based care and support to ensure retention in care and treatment for PMTCT clients. So, it is important to monitor the approach for at least one year to test its feasibility and its effect on retention. In the course of year 2015-2016, this approach will be introduced in other FP sites plus 7 remaining sites of Musanze (27). Results will be compiled at the end of the year to inform the decision making for possible future scalability and integration in the national health program.

In order to enhance primary prevention, youth sensitization on adolescent sexual reproductive health issues will be reinforced and provided through youth centers, and health clubs initiated in school and out of school using peer educators and they will be receiving services that are available in health centers as defined as minimum package in the current national ASRH&R policy. (MOH, 2011-2015)

In the previous phase, the programme provided financial and technical support to Rubavu Youth Friendly Center and Youth Council in Rubavu to organize sensitization events on ASRH&R and HIV/AIDS and at the same time youth were receiving Voluntary Counselling and testing services during these events. During this 3 year phase, we will introduce the ASRH interventions in the other 6 Health Centers in Rubavu District and Youth Centers as well as 11 HCs and 1 Youth Center in Ngororero District in year 1. In the next 2 years the project will cover Rusizi, Nyamasheke, Karongi districts. Nurses will be trained on the provision of youth friendly services including M&E tools. In order to have a supporting and conducive environment for youth friendly services, all Health Centers will be equipped with materials like tables, benches, TV, DVDs players and different communication materials in the youth corners.

From previous experience, it has been observed that the demand of youth for Male Circumcision (MC) is high and health service providers take advantage of MC to provide other reproductive health services such as HIV counselling and testing, condom demonstration and distribution, among others. Through this proposal, Imbuto Foundation will support Health Centers to provide male circumcision to 5807 boys aged 15-19 in Rubavu and Ngororero Districts. This will contribute in achieving the national targets of 66% by 2018. (NSP 2013-2018). However sensitization on MC will continue focusing on the message that MC alone cannot provide complete protection against HIV, people should continue to use other prevention methods such as male and female condoms, delaying sexual debut and reducing the number of sexual partners.

Imbuto Foundation will provide technical and financial support to health facilities to create and sustain support groups among young positives, especially girls, to access HIV prevention and treatment services. This will be done through regular meetings of 10 young positives at each of the health centres and nurses to share experiences and have information around positive prevention, living positively, sexuality education, and peer education on availability and use of condoms and family planning methods and adherence to HIV treatment.

In order to create awareness in adults and parents on sexuality education, Rubavu Youth Friendly and Vision Jeunesse Nouvelle Centers and one youth centre of Ngororero will be supported to organize and conduct sector- based Parent Adolescent Communication (PAC) forums. This will be conducted in Rubavu and Ngororero for 20 families in each PAC. In total 10 PAC events will be organized during 2015-2016. The centers will also organize community based sensitization to reach in- and out- of- school youth (4 outreaches in a quarter).

Additionally, an activity focusing on adolescent girls has been planned. Training focused on preventing teenage pregnancy and HIV and STIs among adolescent girls aged 10 - 19 will be organized (6 sessions of 15 girls in a year).

To strengthen the knowledge and skills of young people, a number of ASRH communication materials including DVDs, posters and brochures will be produced / multiplied and distributed during different events with youth.

Based on Imbuto Foundation's previous experience of working with young people, a network of young people is one of the platforms that can be used by youth to share knowledge and experiences regarding their life and concerns including reproductive health. To facilitate this, the establishment of a youth advisory panel is planned, that will in the future create and coordinate a kind of network of youth in targeted districts. In this proposal, we are planning to organize a workshop for the establishment of the Youth advisory panel.

### 3.3.4 Component IV: Youth Empowerment and Mentorship Program

Total budget in USD: \$ 785,286
Participating Agencies: UNDP, UNFPA

Imbuto Foundation will for the next 3 years continue to work with the Ministry of Youth and ICT (MYICT) and ensure that activities conducted feed into the National Sector Strategic Plan for Youth. This will lead to an effective mechanism of coordinating youth empowerment initiatives for a better distribution of those initiatives both geographically and among all youth categories. Foundation will put in place a mechanism aimed at following up and tracing Imbuto Foundation beneficiaries as well as Youth Forum participants after they have acquired skills from the Youth empowerment. This will allow consistently documenting the changes/impacts their initiatives have vielded. Imbuto Foundation will continue to use the creation of Youth Forums to address the issue of inadequate and unsustainable platforms for youth. During these Youth Forums, youth are informed on their rights in nation-building and democratic participation and are inspired and motivated to exercise their rights through role models (international & national) who share experiences and build knowledge. Importantly, the Youth Forum Series creates a platform for youth to engage with leaders and for issues amongst youth to be put on the national agenda. Imbuto Foundation will also address the challenge of lack of sufficient leadership capacity through its current programs that focus on leadership, communication and mentorship amongst youth. Imbuto Foundation employs an 'engage, educate and empower' approach to implement its activities based on Youth Empowerment.

### Rwanda speaks!

Rwanda Speaks! is also Imbuto Foundation youth empowerment initiative, with the objective of enhancing skills in public speaking, leadership and mentorship. Rwanda Speaks !was established in August 2010 by Imbuto Foundation in partnership with UN Women. This youth project aims to contribute to the development of Rwanda's future leaders, by equipping Rwandan youth with confidence in public speaking and communication, which are hallmarks of leadership. In addition, the Rwanda Speaks! Project has a Mentorship Program, which aims to remedy the absence of mentorship as an important activity amongst youth. A key characteristic of activities under the Rwanda Speaks! Project is self-development, carried out either through debate, mentorship and peer-coaching. Our primary focus for enhancing public speaking skills and communication will be through Youth Friendly Centres in Districts across the country. To date, the Imbuto Foundation has established 16 debate clubs in 16 districts. It is expected that by focusing on these already established centres, the programme can strengthen the debating culture, and enhance the public speaking and communication skills.

Furthermore, the programme aims at partnering with universities to support youth to develop leadership and communication capacities. This activity builds on the existing Rwanda Speaks! Toastmaster Clubs Program. Toastmaster Clubs are designed to equip Rwandan university students with dynamic skills in the art of public speaking, analytical listening and building confidence, amongst other things. The University Toastmasters Clubs are affiliated to Toastmasters Club International, a non-profit educational organization that teaches public speaking and leadership skills through a worldwide network of meeting locations.

The Toastmasters Clubs targets university students aged 18 to 30, from all university levels. They meet twice a month to discuss and polish their skills in communication through peer-evaluation and coaching, based on club manuals provided by Toastmasters International. Discussion topics are agreed upon by club members prior to each meeting, which include national and international issues, amongst other topics. All this is aimed at building confidence in public speaking; improving club members' oral expression and thought; promoting the habit of analytical listening; developing capacity for leadership amongst the club members, and fostering and encouraging "Better Listening, Thinking and Speaking". To date these clubs have produced about 50 emerging young leaders and is active in 2 of the main colleges of the University of Rwanda.

Moreover, the Rwanda Speaks! Project also identifies mentorship and mentoring as key attributes to building confidence, self-esteem and resilience among the youth. The mentorship program aims to create a mentorship process whereby vulnerable girls are mentored by Rwandan leaders from different sectors; government, private sector or civil society. These mentors are selected based upon their display of leadership, mentorship and/or communication capabilities.

The mentors equip the young mentees with tools and skills to become responsible adults who are accountable for their actions – capable of confidently expressing themselves and communicating effectively with others, and adopting positive values. This activity aims to increase mentees' knowledge and awareness in areas such as HIV/AIDS and reproductive health; critical thinking and time management; trans-generational parent-child communication, all which enhance the mentees' confidence amongst peers and adults. Currently, there are 300 young but vulnerable girls from universities all over the country being mentored by about 100 mentors.

Through the continuation and scale-up of this successful model, secondary and university students, and young professionals from private, public and civil society sectors will be mobilized, so as to engage them in learning different professional and entrepreneurship skills through Youth Forums and Youth Camps. Several cohorts will go through this empowerment programme for the next year. Imbuto Foundation will put in place a mechanism aimed at following up and tracing Imbuto Foundation beneficiaries as well as Youth Forum participants after they have acquired skills from the Youth empowerment activities such as the Debates programme, Mentorship Programme and Toastmasters programme. This will allow the Foundation to consistently document the changes/impacts their initiatives have yielded.

### 3.3.5 Component 5: Economic Empowerment - IMALI

Total budget in USD: \$800,002

Budget requested to the One Fund in USD: \$ 150 000 Participating Agencies and Funds: UN Women, One Fund

Imbuto Foundation will draw on partnerships developed with technical organizations such as the National Agriculture and Export Development Board, the Rwanda Agriculture Board and the Agriculture Technology Demonstration Centre. These institutions have already collaborated with Imbuto Foundation in Imali and other projects.

The Imali project aims to enhance knowledge and skills of beneficiaries in high-productivity agriculture technologies (intensification of crop production, seed production), access to seed funding (purchase of inputs), greenhouse management and access to agricultural markets (value chains). The main strategies will involve:

**Training in efficient horticulture techniques:** intensify production of horticulture commodities through improved modern agricultural technologies. This involves the recruitment of an agricultural and value chain expert, who will provide beneficiaries with the opportunity to use alternative farming methods such as agricultural extension practices and integrated pest management, as well as effectively grown market products.

**Training in effective greenhouse management processes:** the production of vegetables and fruits in greenhouses can significantly contribute to the decrease of poverty in rural areas of Rwanda. Compared to open-field products, greenhouse crops such as tomatoes tend to have a higher yield, when grown properly. By increasing farmers' income, this new approach positively impacts their well-being through better access to health and education services. Economic opportunities can also expand through new job creation by small and medium-sized farmers who have done well. With potential markets to sell greenhouse products, these can readily become cash crops.

Training in tomato transformation and basic business skills: The main tomato markets in Rwanda are supermarkets, hotels/lodges, restaurants and personal consumers. The only tomato processing done is by SORWATOM in Kigali town. The market does not have concerns over the varieties of tomatoes produced in Rwanda. Max/min prices are determined by seasonal supply patterns with a higher price paid for improved quality and quantity. The clients/beneficiaries will be trained on how to penetrate the market with their produces and retain the market by satisfying the consumer's needs.

**To support cooperatives with greenhouses installation:** Beneficiaries will be offered start-up capital to buy farming inputs and cover related costs. To qualify for this funding, they will need to have completed a micro-project training designed to that effect. Imbuto Foundation will transfer funds to selected associations/cooperatives for management. However, Imbuto Foundation will still oversee implementation of activities and use of funds.

To facilitate the construction of transformation unit: The added value to tomatoes production from greenhouses will offer a sustainable opportunity for the small and medium-sized farmers involved in the project, as they might increase their incomes significantly. The final product derived from greenhouse tomatoes will become a cash crop, as there is a potential market for products transformed from greenhouse tomatoes. These products are used by restaurants, hotels and urban populations.

The programme will provide financial and technical opportunities to farmers to improve the efficiency of the cultivation of marshlands. Imbuto Foundation will hire a consultant or a company to rehabilitate and develop at least 100 ha by increasing marshlands irrigated area. The rehabilitated marshlands area will increase the yields of vegetables and fruits.

### 4. Sustainability of Results

Imbuto Foundation implements its components in partnership with local and national authorities. At national level, Imbuto Foundation works with ministries, such as the Ministries of Health, Gender and Family Promotion, Education and Youth. The interventions designed are in line with the respective ministries' strategic plans. Imbuto Foundation is a member of strategic committees in all line ministries. It is through these committees that Imbuto Foundation strongly advocates for the integration of some of the models, such as Family Package, Early Childhood Development and Youth Empowerment, Economic Empowerment and Mentorship Programmes to be integrated into their plans and programmes.

At local level, Imbuto Foundation builds capacity of Health Centres and schools through trainings, and in communities through outreach activities. It also involves local administrations to mobilize communities and create awareness on topics such as SRH and girls' education, hence transferring capacities to the local administration. Imbuto Foundation will strengthen the capacity of local leaders and the community for ownership of the programmes to facilitate the exit strategies and sustainability.

Imbuto Foundation interventions are based on partnership development, community mobilization, capacity building and sharing lessons learnt with partners to replicate and scaling up of its successful models in the health, education and youth sectors. Furthermore, Imbuto Foundation is working on a comprehensive resource mobilization strategy to fund its strategic plan that ends in 2015. Imbuto Foundation will continue to mobilize funds from international donors and the private sector through writing proposals, sharing resources with other partners and raising resources through bilateral and multilateral agreements in order to fill the financial gaps under this joint programme with One UN for all priorities identified to be implemented. Imbuto Foundation will

continue to use the five-year strategic plan, including results chain and logical framework to articulate its mission in Rwanda as part of fund-raising efforts aimed to place the organisation on a stronger and more sustainable footing. During the course of this partnership, planning and discussions will continue to further support the Imbuto Foundation in this direction, with the eventual objective of ensuring a self-sustaining mechanism.

### For the ECD component specifically:

Strengthening the capacities of parents, caregivers and the wider community in ECD is a key strategy underpinning this project. Their involvement in the project will build understanding and abilities, ensure coordination, form alliances and create sustainable connections that will support ECD initiatives and deliver services beyond the lifetime of the project.

Imbuto Foundation's integrated approach, combined service delivery approach and capacity building through training and advocacy, will be effective in mobilizing communities, integrating ECD into several government policies and promoting commitment to ECD in Rwanda. Financial sustainability of the project will require further elaboration throughout the project. Caregivers are initially provided with incentives from the project budget, but Imbuto Foundation will work closely with the districts to ensure that ECD is integrated in the District health plans. For operational and other staffing costs, the centre will have to rely partially on community contributions, partially and income generating activities. A focus will be put on building a strong partnership with the District and strategizing together during the transition and hand over period to the District. With a view of sustainability upon project phase-out after one year of operation, Imbuto Foundation will be working closely with UNICEF to help the centres to generate their own resources to sustain its operational and staffing costs. A strategy will be developed based on the community's specific conditions and capacities (looking at potential parental contributions but also potential community-based IGA through e.g. women's NGOs, agricultural or handicraft production etc..) whilst tapping into regional and national potential support systems, such as the Community Health Workers cooperative-scheme and the Vision 2020 Umurenge Program (VUP) Public Works programme. This strategy will be piloted, monitored and evaluated. To do so, UNICEF will provide consultancy support to design IGA models for Kayonza as well as for the 9 new centres.

### 5. Results Framework

The Results Framework for the proposed programme is presented below. The Results Framework is presented according to the five components. The outputs of each component are presented according to the relevant UNDAP outcome.

Table 1: Results Framework

Impact indicators: Increase of children who are	cators : Ir	Impact indicators: Increase of children who are developmentally on track; Reduction of stunting	who are	developmentall	y on track; Re	duction o	of stunting	
UNDAP	Outputs	Output indicators	Baselin e	Target for 2015-2016	Target for 3 years	Source of data	Key interventions	National Priorities (ESSP)
Outcome 3.1. All Rwandan children, youth and families, especially the most vulnerable, access quality early childhood developme nt, nutrition, education, protection and HIV prevention and treatment services	Output  1.1 Parents/ primary caregiver s have increase d knowledg e and skills in positive parentin g and child stimulati on  Output  1.2 Young children access home based ECD services	% of parents/primary caregivers with increased knowledge of positive parenting; % of parents/primary caregivers demonstrate increased skills of stimulating young children # Children participating in the home based ECD services	to be establis hed based on training pre-test; and first home visit	80% of parents/primar y caregivers with increased knowledge of positive parenting; 80% of parents/primar y caregivers demonstrate increased skills	95% of parents/prim ary caregivers with increased knowledge of positive parenting; 95% of parenting; 95% of parents/prim ary caregivers demonstrate increased skills 4200	Centers	Act. 1.1.1 Organize regular home visits for families with children 0-3 years, teaching postive parenting and child stimulation  Act. 1.1.2 Organize weekly group sessions with parents Act. 1.1.3 Collect data to inform the development of an essential Package of ECD&F Services  Act. 1.2.1 Provision of play and reading materials to home-based ECD groups (children's books for 0-3 years will be designed and printed)  Act 1.2.2 Organize production of local toys (e.g. with parents /community members)  Act 1.2.3 Capacity	1) To enforce a comprehensive/holistic approach to the provision of ECD services across at each stage throughout the child development cycle.  2) To encourage equal participation, ownership and support by male parents

						Act 1.2.4 Mentoring and supervision of mother	
Output 1.3 Children in the	# of home-based ECD groups that have access to children books	0	300	420		Act 1.3.1 Procurement of children's books (for children 4-6 years), and distribution to ECD&F centres	
catchme nt communi ties of ECD&F centres have access to children's books		à				Act 1.3.2 Establish and run mobile libraries	
Output 2.1: ECD caregiver	# ECD caregivers/centre managers with	36 cargiver s &	60 caregivers & centre managers	84	ECD Centers reports	Act 2.1.1 Recruit ECD caregivers & centre managers	3) To enforce equality and equal access
ECD&F centre	capacity to	manage					to ECD services irrespective of
manager s have increase d	ECD&F services	7				Act 2.1.2 Capacity development of ECD caregivers & centre managers	location, sex, race and religious
capacity to							4) To enforce
provide quality ECD&F services					8	Act 2.1.3 Mentoring and supervision of ECD cargivers and centre managers	comprehensive/holistic approach to
Output 2.2: Young	# of ECD&F centres that offer integrated ECD	6 centres	10 centres	14		Act 2.2.1 Supervise the completion of construction of ECD&F centres in 3 districts	of ECD services across at each
children have increase	services (early learning, nutrition, health,					(Nyabihu, Gasabo, Nyarugenge)	stage throughout the child

development cycle.	5) To develop and implement a clear ECD coordination and reporting framework 6) To enforce Intergrated/joi nt planning by all the stakeholders party to provision of ECD coordinates
Act 2.2.2 Social mobilization in communities to promote attendance at ECD&F centres  Act 2.2.3  Enrollment/registration of children at ECD&F centres  Act. 2.2.4 Provide integrated ECD services (including nutrition for children, cooking demonstartions/kitchen gardens for parents, health services/growth monitoring, early learning curriculum implemented)	Act 3.1.1 Establish coordinating mechanism at centre level (including community, cell and district representatives)
	ECD Centers reports
2800	14
2000 children	10
1581 children	9
# of young children accessing ECD&F services	# of ECD&F centres with at least 1 functional link to different services (primary schools, health centres, family protection programme, etc.); # of ECD&F centers with at least 3 functional liks to different
d access to ECD&F centres	Output 3.1: Coordina tion of integrate d ECD services improved (at centre- level / district- level)

in Rwanda.  7) To develop an appropriate communicatio n and outreach plan to all intended beneficiaries  8) To enforce	integrated/joi nt planning by all the stakeholders party to	provision of ECD service in Rwanda 9) To develop and implement a	clear ECD coordination and reporting framework	
Act 3.2.1 Advocate with districts to increase ownership of ECD&F centres	Act 3.3.1: Recruit ECD caregivers & centre managers	Act 3.3.2 : Capacity development of ECD caregivers & centre managers	Act 3.3.3: Mentoring and supervision of ECD cargivers and centre managers	
	14	14	420	420
10	10	10	300	300
0	0	0	30	0
# of districts who agree to reflect ECD&F in their plans/budgets/pe rformance contracts	# of ECD&F sites with a functioning monitoring system in place	# of ECD&F centres regularly monitored by sector and district authorities	# of stakeholders with improved knowledge on how to plan and monitor integrated ECD&F services	# local authorities taken for a study tour
Output 3.2: District ownershi p of ECD&F centres strength ened	Output 3.3: Capacity to plan and	monitor integrate d ECD service provision improved	(at centre- level / district- level)	

EDUCA	<b>EDUCATION COMPONENT</b>	LN						
Outcome	Outputs	Output indicators	baselin e	Target for 1	Target for 3	Source of data	Key interventions	National Priorities (FSSP)
3.1. All Rwandan children, youth and families, especially	Rwandan girls in primary and secondary school are mobilized to stay in school and perform well	# of girls rewarded for academic excellence	4256	4727	5669	Reports	Act1.1: To reward Best Performing Girls in National Examinations	Output 1.2. Evidence-based policies and strategies addressing barriers to barriers to
the most vulnerable, access quality	2. Platforms for excellence and empowerment of young girls	# of excellence clubs established	20	24	32	Reports	Act 2.1:To empower girls with life skills, positive attitudes and attributes through peer mentorship clubs	participation and learning for the most vulnerable
early childhood developm	established	# of girls provided internships	7	11	20	Reports	Act 2.2: To provide internships to Best Performing Girls	children, including adolescent girls,
nutrition, education		# of workshops conducted	4	2	7	Reports	Act 2.3: To equip girls with life skills through empowerment workshops	children with disabilities, children living with HTV and
protection and HIV preventio	3. Community level stakeholders' awareness and	# of campaigns conducted	campaig ns	12 campaig	14 campaig	Reports	Act 3.1: To conduct awareness raising campaigns	children from poorer backgrounds
n and treatment services	engagemet in supporting girls' education are increased	# or people reached	55,000 people reached	ns 60,000 people to be reached	ns 70,000 people to be reached		Act 3.2: To celebrate 10 years of empowering girls	implemented.
		# of districts reached	15	15	30	Reports	Act 3.3: To hold consultative workshops with stakeholders and partners at district level	
	4. Institution capacity for Monitoring &	# tools reviewed	0		8 tools	Reports	Act 4.1: To redesign M&E tools	
	evaluation strengthened	# of reports produced	7		25	Reports	Act 4.2: To collect and analyze data	

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FAMILY PACKAGE	AGE							
Project outcome	Outputs	Indicators	Bas elin e	Target Year1	Target s for 3 years	Data sour ce	Key activity	National alignment: HSSP 3 and NSP
Outcome 3.1: Holistic child, youth and family development: All Rwandan children, youth and families, especially the most vulnerable, access quality early childhood development, nutrition, education, protection and HIV prevention and treatment services Outcome 3.2:	1. The peer education approach using RRP+ members in community based care of HIV+ families in retention of women and infants is implemented in 33 health centres.	(1) % of PMTCT clients who accepted the approach in health centres ( year 1: 33 health centres and for year 2,3 TBD according to MTCT rates) (2) % of women and exposed infants in continuum of care. (3) % of exposed infants who are tested negative at 18 months	6, TBD, TBD	33 80 80	%08	HCS	Introduce the approach using RRP+ PEs in the follow up of HIV+ families in the community in health facilities of Musanze, Huye, Gatsibo, Bugesera and Rubavu Districts  Training of services providers and Pes  To monitor the approach	NSP 2013- 2018: Outcome 1.1: Reduction of new HIV infections by sexual transmission ; Outcome 1.2: New infections in children are reduced
Improved equitable access to, and utilisation of high-quality promotional, preventive, curative and rehabilitative health services for all people in Rwanda.	2. ASRH Youth friendly services are available in 17 health facilities and 2 youth centres and approximately 7000 adolescents and youth are provided with HIV prevention information and services	1) # nurses are trained in the provision of ASRH&R services. 2)# (18) facilities (17HC and I YC) are supported with equipment to create youth corners . 3) # adolescents and youth are tested for HIV 4) # adolescents boys are circumcised	0,0,0	38, 18 (17HC and 1 YC, 7000, 5829	HCs and youth centres in Karongi and Ngoror ero		Training of services providers in health centres Equip youth corners in health centres in health centres To support health centers and youth centers and youth centers and youth centers to provide HIV prevention services: VCT, VMMC, peer support groups among young positives,	

c	c	)
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	C	33

Conduct baseline survey on services utilization of ASRH in Rubavu, Karongi, Ngororero, Nyamasheke, Rusizi Organize awareness campaigns for youth and community on ASRH and availavility of services (community based services (community based services (communication forums,)  To produce/multiply and distribute ASRH communication materials including DVDs, posters, brochure.  To support financialy youth organizations to establish Youth advisory panel (workshops for the network)  Organize adolescent girls (10-19) focused trainings on antiteenage pregnancy and prevention of HIV and STIs.
60% of youth 10-24
90% of youth 10-24
TBD
# of youth especially girls reached by ASRH and HIV prevention messages and utilized related services
3. Improved access & use of quality ASRH&R services and information among 10 – 24 years old (in and out of schools including young positives) in Rubavu, Karongi, Rusizi, Nyamasheke and Ngororero

YOUTH	I EMPOWERNMENT AND MENTORSHIP PROGRAM	ENT AND ME	NTORSH	IP PROGR	MA			
UNDAP Outcom e	Outputs	Indictors	Baseline	Target 1 year	Target 3 years	Data Sour ce	Key Interventions	UNDAP alignme nt
e 2.1: Citizen participat ion and empower ment: accounta bility and citizen participat ion in sustaina ble	Output 1: Leadership and communication skills for secondary and university students, and out of school youths improved.	2015-2018: #  of emerging Leaders; Youth in leadership positions; Youth inspiring others; Youth leading initiatives; # of Debate clubs at youth centers; # of youth undergoing mindset change for more civic engagements	835 students; In TM clubs & Debate clubs & YFS		1655 students	RTS	Activity 1: Facilitate joint sessions with toastmasters clubs; Activity 2: Creation of TM clubs at Universities Activity 3: Organize training sessions on debating skills and debate formats; Activity 4: Organize youth dialogues on lifeskills	outcom e 2.1: Citizen participat ion and empower ment: accounta bility and citizen participat ion in sustaina ble develop
ment and decision- making processe	Output 2: Young women equipped with life skills for success	# of young women with empowered life- skills	300 Young women	300 Young women	300 Young women		Activity 1: Coordinate mentorship of 300 young women on critical thinking, decision-making, and confidence building	ment and decision- making processe
s at all levels improved	Output 3: A platform established for excellence, innovation, and entrepreneurship amongst Rwandan Youth	# of platforms conducted annually discussing youth relevant issues/topics;	3 YFS conducted annually	6 YFS conducted annually	6 YFS conducted annually		Activity 1: Conduct youth forum series of targeted groups on wide range of relevant topics;	s at all levels improved
	Output 4: Monitoring and evaluation of projects strengthened	# of regular supervision and monitoring visits for project activities;	4 field visit supervisions and monitoring per activity annually	6 field visit supervision s and monitoring per activity annually	6 field visit supervisio ns and monitoring per activity annually		Activity 1: Conduct monitoring & evaluation, supervision field visits; Activity 2: To generate M&E reports	

# IMALI COMPONENT

### 6. Management and Coordination Arrangements

UNFPA is the lead agency for this joint programme and will provide overall coordination, including joint monitoring and in reporting. Each agency will contribute to the achievement of the programme results through funding and through the support of agency technical staff. As highlighted above, the total budget indicated in the joint programme document is not a firm commitment from One UN, there is a clear breakdown within the budget year 1 of each agency-specific contribution to the joint initiative and the commitments shall be made at yearly basis. This is matched in the results framework in terms of indicators and targets, to which each agency is responsible for achieving, under the overall leadership of UNFPA.

The project management structure proposed for this programme is as follows:

### **Technical Committee:**

- Co-chaired by Imbuto Foundation and UNFPA
- Technical staff from different agencies involved (UNFPA, UNICEF, UNDP, UN Women,) and relevant technical staff from Imbuto Foundation.
- Quarterly meetings to assess progress on project implementation, discuss bottlenecks and propose way forward, followed by the steering committee meeting
- Daily financial and technical support to the Imbuto Foundation for implementation of activities will be given by UNFPA and other agencies to ensure compliance with the rules

### **Steering Committee:**

- Chaired by UNFPA
- Bi-annual meetings between senior management (head of agencies or their representatives with Imbuto) to assess progress and give guidance to technical committee.
- Approve any required change in the approved work plans and /or budget allocations.

The UN agencies will continue to give technical oversight to each element of the programme through regular joint planning and review meetings with the Imbuto Foundation team. One UN will also support IF in resource mobilization efforts including providing technical assistance to supplement annual contributions from the UN agencies.

To effectively implement the Joint Intervention, Imbuto Foundation, will employ 29 programme support staff (at national and district levels). This will include 1 Joint Programme Director, 1 project officer for the Youth Empowerment and Mentorship Project, 1 project officer and 1 communication officer for Education component, 5 project officers, 1 community mobilizer, 1 M&E officer, 1 Finance officer, 10 field officers and 1 technical advisor for the ECD&F component, 2 project officers,1 M&E officer and 1 technical advisor for the Family Package component, and 2 project officers and 1 M&E officer for the IMALI component.

The Joint Programme Director will be responsible for delivering results through mentoring, coaching, planning, implementing and reporting processes aimed at building capacity within the institution and at the programme staff level. She/he will take on the following tasks: 1) ensure that activities set forth in the action plan are effectively implemented and completed at the end of each year; 2) support the Youth Programme Officer in effectively implementing the youth empowerment component and building on its achievements for a further scale-up; 3) offer support to the ECD project so that it is effectively implemented in a timely manner and; 4) share results and lessons learnt from the pilot ECD model with the relevant Ministries for a possible scale-up of this initiative; 5) Support the comprehensive approach towards adolescents and youth through schools, health centres and community activities.

The project officers will have overall responsibility for technical, programmatic and administrative support to the different components. They will report directly to the heads of the Health and Socio-Economic Development Units, under the guidance of the Joint Programme Director and overall leadership of the Director General. In the upcoming 36 months, Imbuto Foundation will build upon the technical support provided by the One UN technical committee in the last 42 months to consolidate its institutional capacity.

### 7. Fund Management Arrangements

To ensure smooth implementation of the programme, a combined funding modality will be established consisting of parallel and pooled funding. The majority of funding will be through parallel funding. Pooled funding will be managed by the lead agency in conformity with the implementation modalities guidelines.

### 8. Monitoring, Evaluation and Reporting

**Monitoring:** The monitoring and evaluation of the programme will be based on the indicators and targets which are set out in the results framework. The overall monitoring will be undertaken by both Imbuto Foundation and UN staff. Imbuto Foundation shall also provide short updates or progress reports to the UN on a quarterly basis, reporting against the planned results and activities.

**Annual/Regular reviews:** Imbuto Foundation has been working well with the various UN agencies over the last 3,5 years through joint planning and review meetings and this will continue over the next 3 years. As part of the monitoring of the program, joint field visits with members of the technical committee will be conducted every quarter to ensure programme quality, standardization and checking whether activities are implemented as planned. Monitoring visits will be guided by a field visit objective plan, which will examine progress in the various indicators outlined in the results framework. All monitoring visits will include the involvement of the relevant Government counterparts, either at the central or local level.

**Evaluation:** At the end of this programme, a final evaluation will be conducted to appraise the programme achievements against the outcomes and outputs indicators and targets and inform the next planning cycle.

**Reporting:** To build on inputs from M&E tools and strategies, Imbuto Foundation will continue to document achievements, opportunities, challenges and impacts in various programs. Preparations for implementation, progress reports and other updates will be shared and discussed during the quarterly technical meetings as well as at the bi-annual Steering Committee meetings. Reporting responsibilities will be shared by all Agencies involved in the Programme and will be coordinated by UNFPA, the lead Agency for the Programme. Imbuto Foundation will submit results based quarterly progress reports which will provide a basis for managing outputs vs. expenditures. Furthermore, annual progress reports will be prepared by the Implementing partner, and will report on how the programme attained the annual set targets. A final report will be prepared upon joint programme completion, summarizing project achievements in details.

For the Family Package Component Specifically:

For sustainability and ownership purposes, Imbuto foundation will work with the network of people living with HIV as a community based structure that will help in close monitoring of activities of peer educators in 26 sites and ASRH&R activities in Youth Canters and Health Centers of Rubavu, Ngororero, Rusizi, Nyamasheke and Karongi Districts. Imbuto Foundation has already requested for

partnership in this regard, and the network agreed to mandate district coordinators to support these activities in the 27 Family Package sites. All these Youth Centers or CBOs will be technically and financially supported to conduct supervisions activities data and report collection in the community, HCs and schools (transport for PEs who report every quarter). The RRP+ district coordinators will be supported financially to conduct monthly meetings with PEs in 26 FP sites (transport for PEs, nurses, RRP+ and communication fees for RRP+ coordinators and nurses). For the monitoring of the PEs and nurses work, monthly meetings conducted by RRP+ coordinators at the HCs (for the first 3 months by each health center) in 33 HCs and after quarterly meetings will be conducted with Imbuto Foundation (Musanze, Rubavu, Bugesera, Gatsibo and Huye. A baseline survey on gaps in service utilization of ASRH in Karongi, Ngororero, Nyamasheke, Rusizi districts will be conducted to provide baseline data which will help in the evaluation of the project.

In order to share lessons learnt, challenges and solutions, Imbuto Foundation will be organizing quarterly meetings with RRP+ coordinators, nurse's focal points and presidents of PEs and Rubavu Youth centres from 5 Districts. Finally, it is planned that Joint supervisions visits by IF staff and partners will be happening for a better coordination and experience sharing.

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# ANNEX 1: WORK PLAN July 2015 - June 2018

	TWO THE									
UN organization- specific Annual targets	Organ izatio n					Time Frame	ne			
		01	0,4	Om	64	Year 1	Year 2	Year 3	Amount USD	Source of Fund
JP Output: Expected joint programme										
	=		CP	00	MP	DNENT	COMPONENT 1: ECD AND F	NDF		
UNDAP RESULT AREA 3:	1	ì	1	1	1				•	
Outcome 3.1. Holistic child, youth and family development. All Rwandan children youth and families, especially the most vulnerable access quality early childhood development, nutrition, education, protection and HIV prevention and treatment	d, youth	and most	fami t vulr tecti	ly de nerak on ar	velop ole ac	ment. All F cess qualit V preventic	ily development. All Rwandan children, nerable access quality early childhood ion and HIV prevention and treatment	nildren, Idhood tment		
UNDAP Output 3.1.3 Capacities of the education sector to deliver inclusive quality basic education strengthened	cities of 1	the ed	ucatio	on se	ctor to	deliver incl	lusive quality	y basic		
Output 1.1 Parenting education	cation								1	UNICEF
Annual Indicator: % of parents/care givers with increase knowledge in positive parenting, % parents/care givers demonstrate increased skills of stimulating young children	arents/ e givers	care g	giver	s wit	h inci ncrea	ease know sed skills	vledge in po of stimulat	ositive ing young		
Activity 1: Group sessions with parents		×	×	×	×	39,878	43,489	27,600	110,968	
Activity 2: Home visits		×	×	×	×	156,507	205,572	124,412	486,491	
S/Total	-					196,385	249,062	152,012	597,459	
Output 2: Provision of home based services in 10 communities	ne base	d ser	vices	in 1	0 con	munities			ı	UNICEF
Annual Indicators: # of children participating in home based ECD services	ildren	partic	ipati	ni gr	hom	e based EC	D services			
Activity 1: Provision of play materials and reading materials	-	×		×	×	60,764	60,764	60,764	182,292	
<b>Activity 2:</b> Capacity development of mother leaders		×	×	×	×	73,783	57,474	34,230	165,487	
	50									

Activity 3: Monitoring and				<					
supervision		×			49,913	47,813	47,813	145,538	
S/Total					184,459	166,051	142,806	493,317	
Output 3: Procurement of children books	Idren boo	KS							UNICEF
Annual Indicators: # of home-based ECD	-based E	CD di	dno	thai	groups that have access to	ss to			
Cilial Cilian	-								
Activity 1: Printing of			×						
children's books					36,111	9,028	9,028	54,167	
Activity 2: Mobile library	×	×	×	×		8		19,861	
S/Total					45,000	14,514	14,514	74,028	
<b>Output 4: Community based ECD centers</b>	ECD cente	rs							UNICEF
Annual Indicators: # of ECD centers that off	centers th	at of	fers	integ	rated ECD	ers integrated ECD services (Nutrition,	utrition,		
Teath, Early learning, Cr.								8	
Activity 1: Capacity development of ECD				×					
caregivers	×				55,556	0	0	55,556	
Activity 2: Running cost									
of ECD&F centers	×	×	×	×	221,997	29,943	35,660	287,600	
Activity 3: Mentoring and									
supervision	×	×	×	×	69,111	53,045	53,956	176,112	
S/Total					346,664	82,988	89,616	519,267	
Output 5: Implementation of child sensitive	child sen	sitive		policies					UNICEF
Annual Indicators: # of Districts who	icts who	gree	s to	refle	agrees to reflect ECD and F in their	F in their			
plans/ punget/ periormance contract	יסווניםכר								
Activity 1: Establishment	>	>	>	>	23,669	8,280	6,253		
Activity 2: Canacity	<	< ×	<	<				20,202	
development of district,		(							
sectoral, community					28,991	45,883	35,444	110,318	
stakeholders									
Activity 3: Capacity			×		17.00 180 100 100 100 100 100 100 100 100 1	and the second	SHANGSHAN ST	13,256	
development of staff	×				4,419	4,419	4,419		
S/Total					57,079	58,582	46,115	161,776	
Grand total-ECD					829,587	571,197	445,063	1,845,847	3

UN organization- specific Annual targets	UN Organiza tion					Time Frame				
		01	0'1	63	04	Year 1 Ye	Year 2	Year 3	Amount USD	Source of Fund
		0	CPC	OM	PO	NENT 2:E	COMPONENT 2:EDUCATION	z		
UNDAP RESULT AREA 3:										
Outcome 3.1. Holistic child, youth and family development. All Rwandan children, youth and families, especially the most vulnerable access quality early childhood development, nutrition, education, protection and HIV prevention and treatment services.	c child, yout amilies, esp lopment, nu ment service	and fa ecially t trition,	mily he m educ	deve ost v ation	ulne , pro	nent. All Rwa rable access tection and I	ndan quality HIV			¥1
UNDAP Output 3.1.3. Capacities of the education sector to deliver inclusive quality basic education strengthened	. Capacities on strengthe	of the e	duca	tion	ecto	or to deliver i	nclusive			
Act 3.1. Celebrate 10 years of empowering Rwanda girls						91,625				
		01	07	03	0,4	Year 1	Year 2	Year 3	Amount	Source of Fund
S/Total						91,625			91,625	

Q1         Q         Q3         Q4         Year         Year 2         Year 3         Amount USD           CP         COMPONENT 3: FAMILY PACKAGE	UN organization- specific Annual targets	Organi zation	-	Time	Frame	O	Budget				
Expected joint  CP COMPONENT 3: FAMILY PACKAGE  SULT AREA 3:			01		63	94	Year 1	Year 2	Year 3	Amount USD	Source of Fund
CP COMPONENT 3: FAMILY PACKAGE	JP Output: Expected joint programme										
i i			CP	8	MP	ONE	NT 3:	FAMIL	Y PACKAG	щ	
	UNDAP RESULT AREA 3:	- E	i	ì	ı.	ı		1	i		T

children and young people expanded

especially the most vulnerable, access quality early childhood development, nutrition, education, protection and HIV Project Out comes (1):1. Holistic child, youth and family development: All Rwandan children, youth and families, prevention and treatment services Output .1: 1. The peer education approach using RRP+ members in community based care of HIV+ families in retention of women and infants is implemented in 33 health centres. Annual Indicators: (1) % of PMTCT clients who accepted the approach in health centers ( year 1: 33 health centres and for year 2,3 TBD according to MTCT rates) (2) % of women and exposed infants in continuum of care. (3) % of exposed infants who are tested negative at 18 months: Baselie: 6, TBD, TBD Targets: 33, 80%, 99%

Act. 1.1. Organize an		2,704	2,8	2,981	8,525	UNICEF	
Advocacy/orientation		j Š	39				
meeting with RBC,							
Community Health Desk and							
RRP+ to involve the heads							
of health facilities (DH, HC)							
in supporting the approach	- 19						
using RRP+ PEs in the follow							
up of HIV+ families in the							
community							

UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF
89,925	27,090	1,182	5,876	22,764	0	63,733
31,449	9,474	413	2,055	7,961	I.	22,289
29,951	9,023	394	1,957	7,582	Ĭ.	21,228
28,525	8,593	375	1,864	7,221	Ē	20,217
		3			E	
Act 1.2: Training of 270 PEs from 27 HCs for 3 days on the implementation of the approach ( integration of HIV/AIDS and STI's in community health) including M&E tools ( Average of 10 Pes per HC)	Act 1.3. Refresher training of 54 PMTCT nurses on PMTCT national guidelines, counselling, and use M&E tools (2 nurses for 4 days)	<b>Act. 1.4</b> Capacity building session of RRP+ coordinators on M&E of the approach ( 1 day)	Act.1.5 Collect baseline data on PMTCT program in the 27 HCs	Act. 1.6 Monthly meetings with nurses and Pes conducted by RRP+ coordinators at the HCs( for the first 3 months by each health center) in 36 HCs	Act.1.7 Using peer educators to mobilize PMTCT clients and create linkages with health facilities to improve access and utilization of PMTCT services	Act.1.8 Quarterly meetings with nurses, Pes and RRP+ coordinators conducted with Imbuto Foundation ( Musanze, RUBAVU, BUGESERA, GATSIBO and HUYE)

L		۰	
7	₹	3	۰
		4	

financial support to facilitate communication for staff (Monthly communication for 4 staff, modem subscription		4,900	5,145	6,395	16,440	UNICEF	
for 3 staff) S/Total		74,399	78,119	83,017	235,534		

Output 2: 2. ASRH Youth friendly services are available in 17 health facilities and 2 youth centres and approximately 7000 adolescents and youth are provided with HIV prevention information and services

Annual Indicator: 1) # nurses are trained in the provision of ASRH&R services. 2)# (18) facilities (17HC and I YC) are supported with equipment to create youth corners. 3) # adolescents and youth are tested for HIV 4) # adolescents boys are circumcised. Baseline:0,0,0,0 Targets: 38, 18 (17HC and I YC, 7000, 5829

are circumstage : Baseline: 0,0,0,0 raigets: 30, 10 (17 nc and 1 1c, 7000, 3029	0	ונטי ל	OT TO	TYUC AUG T	C, 1000, 3629			
Act 2.1: To introduce the								UNFPA
project in other 6 HCs of				1,667	1,833	2,017	5,517	
Rubavu District, 11 HCs of				e.		e e		
Ngororero Districts and one								
Youth centre								
Act 2.2: Training of nurses								UNFPA
from 17HCs and youth				8,038	9,139	10,053	27,230	
centres of Rubavu and				E				
Ngororero Districts on ASRH -								
& R service provision								
including M&E tools								
Act 2.3 Equip youth corners								UNFPA
in health centres and youth				56,194	61,814	67,995	186,004	
centres to improve								
supporting environment for								
youth friendly services 17						-		
HC in Rubavu and Ngororero								
and 1 Youth centre						•		
Act 2.4: Support health								UNFPA
facilities and youth centres				4,375	4,813	5,294	14,481	
to conduct VCT services						1		
Act 2.5: Support health								UNICEF
facilities to provide male				56,456	62,103	68,313	186,872	
circumcision for <b>5807 boys</b>								
in Rubavu and Ngororero								

Act 2.6: Support health facilities to conduct support groups among young positives especially girls to access HIV prevention and treament services	5,922	6,514	7,166	19,603	UNFPA
S/Total	132,653	146,216	160.837	439.706	

Output 3. Improved access & use of quality ASRH&R services and information among 10 – 24 years old (in and out of schools including young positives) in Rubavu, Karongi, Rusizi, Nyamasheke and Ngororero

Annual Indicator: Number of youth especially girls reached by ASRH and HIV prevention messages and utilized related services. Target: 60% of youth 10-24

Act. 3.1: organize					UNFPA
community based	11,111	11,667	12,250	35,028	
sensitization by Rubavu	9		s		
youth Friendly centre					
and Vision jeunesse					
Nouvelle to reach in and					
out of school youth (1					
outreaches in a quarter)					
Act 3.2: Organize Parent					UNFPA
Ado Communication	6,944	7,292	7,656	21,892	
forums for in and out of		8	8		
school youth ( 10 PAC in					
a year) in Rubavu and					
Ngororero District					
Act 3.3: Organize radio					UNFPA
talk shows on ASRH with		15,166	15,924	31,090	
focus HIV prevention and					
anti-teenage pregnancy (			41		
once in 6 months) for					
the benefit of youth from					
Rubavu, Karongi, Rusizi,					
Nyamasheke and					
Ngororero.					

UNFPA	UNFPA	UNFPA	UNFPA	UNFPA
21,017	21,717	15,000	8,757	000'6
7,350	7,595	,	3,063	3,500
7,000	7,233	á	2,917	3,500
6,667	6,889	15,000	2,778	2,000
		Î		
1		ř		
5			a a	1
Act:3.4 Organize adolescent girls (10-19) focused trainings on anti-teenage pregnancy and prevention of HIV and STIs in Rubavu and Ngororero Districts (12 sessions of 15 girls in a year)	Act 4.5 To produce/multiply and distribute ASRH communication materials including DVDs, posters, brochure.	Act. 3.6 Conduct baseline survey on services utilization of ASRH in Rubavu, Karongi, Ngororero, Nyamasheke, Rusizi	Act. 3.7 To support financially CBOs to conduct supervisions activities, data collection in the community, HCs and schools ( transport for Pes and nurses who will bring reports every quarter) in Rubavu and Ngororero Districts ( 25PEs*4*10000)+ ( 22 nurses and 3 youth centre staff*4*10000)	Act 3.8 To support financialy youth organizations to establish Youth advisory panel (workshops for the network)

Act. 3.9 To conduct data						
quality assurance in a		1,600	1,680	1,764	5,044	5,044 UNFPA
quarter through joint	ī			er Fr		
Act o to Ctationarion						
ACL. 3.10 Stationaries,						
Bank charges,		1,500	1,575	1,654	4,729	
C/Total						UNFPA
2) 10001		54,489	58,030	60,756	173,275	
Management costs						
Salaries for 4 staff						UNICEF
		34,786	36,525	38,352	109,663	
		49,315	51.781	54.370	155.466	UNFPA
S/Total	3					
		84,101	88,306	92,721	265,129	
GRAND TOTAL-						
FAMILY PACKAGE		345,641 369,095	369,095	395,678 1,113,645	1,113,645	

joint programme									
		O	PC	MO	ONEN	<b>CP COMPONENT 4: YEMP</b>			
UNDAP RESULT AREA 3:	í	I.	Į.	ŗ	Ĩ		1		1:
Outcome 1: Citizen participation and empowerment: accountability and citizen participation in sustainable development and decision-making processes at all levels improved	ses at all le	npow vels i	erme	int: a	ccountabil	ity and citizen p	articipation	in sustainabl	le developmen
UNDAP Output 2.5: Increased Participation Especially of Women And Youth In Decision Making And Democratic Processes At All Levels.	ed Participa	tion	Espe	cially	of Womer	And Youth In	Decision Ma	king And Dem	ocratic
Output 1: Leadership and communication skills for secondary and university students, and out of school youths improved.	mmunicatio	n sk	IIIs fo	r sec	ondary an	d university stu	dents, and	out of school	youths
Annual Indicator: # of emerging Leaders; initiatives; # of Debate clubs at youth cent Target: 1565 students	rging Leade s at youth c	rs; Y ente	Youth ers; #	in lea	dership pout	Youth in leadership positions; Youth inspiring others; Youth leading ers; # of youth undergoing mindset change for more civic engagements	inspiring otl	hers; Youth le nore civic eng	ading
Activity 1: Facilitate joint sessions with toastmasters clubs;	×	Time to	×			2.177	2.177	4,354	DONI
Activity 2: Creation of TM clubs at Universities		×				1,603	1,603	3,206	
Activity 3: Organize training sessions on debating skills and debate	*						12		
formats;	×	×	×	×		80,556	87,456	168,012	UNDP
Activity 1: Organize youth dialogues on lifeskills	×	×	×	×		1,667	1,667	3,333	UNDP
2/ I Otal					Ť	86,002	92,902	178,905	
Output 2: Young women equipped with life skills for success Annual Indicators: # of young women with empowered life-skills, target: 300 Young women	uipped with	life s	kills	for si	access d life-skill	s, target: 300 Y	oung wome		
Activity 1: Coordinate mentorship of 300 young women on critical thinking, decision-making, and confidence building		×							
S/Total									

Output 3: A platform established for excellence, innovation, and entrepreneurship amongst Rwandan Youth	ablished	for exc	eller	ice, i	Nonn	ation, and	entrepreneurs	thip amongs	t Rwandan Y	outh
Annual Indicators: # of platforms conducted annually discussing youth relevant issues/topics; target: 7 YFS	latform	s condu	cted	annı	Jally	discussing	youth relevan	it issues/top	ics; target:	7 YFS
conducted annually										
Activity 3.1 Conduct			1							
youth forum series &										
targeted groups on wide										
range of relevant topics;		×	×	×	×	40,650	110,196	126,726	277,572	
Act. 3.2 organize Youth										
holiday Camp			×				80,614	92,706	173,320	
S/Total						40,650	190,810	219,432	450,892	
Output 4: Monitoring and evaluation of projects strengthened	d evalua	ation of	proj	ects	stren	gthened				
Annual Indicators: # of regular supervision and monitoring visits for project activities; Targets, 6 field visit supervisions and monitoring per activity annually	egular s ring per	supervis activity	ion	and n	nonit	oring visit	s for project a	ctivities; Tar	gets, 6 field	visit
Activity 4.1: Conduct										
monitoring & evaluation,		×	×	×	×	9,350	66,218	66,218		
management costs							5			
S/Total						20,000	66,218	66,218		
Overheard						3,704		į.		
Activity 4.2: Provide financial support for 2			i			000				
stall salalies						TO'OOO				
Total-YEMP						63,704	343,030	378,552	785,286	

UN organization- specific Annual	UN				Time Frame	9			
targets	tion					D			
		01	92	03 04	4 Year 1	Year 2	Year 3	Amount USD	Source of
JP Output: Expected joint programme									
	CP COMPONENT	NE	T 5:	EC	ONOMIC	ECONOMIC EMPOWERMENT (IMALI	MENT (I	MALI)	
UNDAP Output 1.2.1. Strengthened agricultural innovation and value chain	trengthened	agricul	tural in	novation	and value	chain			
Output .1. Improved partnership between Imbuto Foundation, local authorities and beneficiaries.	artnership b	etwee	u Imbi	ito Fou	ndation, lo	cal authorities ar	nd benefici	aries.	
ANNUAL INDICATORS: # of partnerships established Target 22	:: 4						W		
Act 1.1. To identify the site & conduct meeting with local authorities	ite UN WOME	×			1,500	£	Ę.	1,500	UN
S/Total					1,500	4	,	1,500	
Output 2. Improved skills of new technology production, tomato transformation and mentorship of the vulnerable	kills of new t	echne	o vpolo	roducti	on, tomato	transformation	and mento	rship of the vulne	rable
women									
ANNUAL INDICATORS									
Annual Indicator # of trainings conducted Target: 6			1						
Act. 2.1 To facilitate training for new beneficiaries	aries								
(in green house management, marketing and	and					,		C	WOMEN
seed multiplication)		×	×		46,305	12,000	0	- 58,305	5
Act. 2.2. To support cooperatives with green				====	1			176.389	UN
nouses Installation		×	×		1/6,389	6	1		
Act. 2.3 To facilitate training for new beneficiaries (in tomato transformation)	aries n)							3	UN
Act 2.4 To facilitate the									N

construction of transformation unit			1	174,689	r	174,689	WOMEN
S/Total			222,694	186,689	T)	409,383	
Output 3 Source of production expanded	ction expan	ded					
Act 3.1. To facilitate marshland maintenance			1		174,192	174,192	WOMEN
S/Total			i	E	174,192	174,192	
Output 4. Monitoring and Evaluation Improv	Evaluation 1	ed &	Management cost				
ANNUAL INDICATORS: # of reports shared, Target 7	_						
Number of tools produced Target : 3							
Act 4.1 To monitor activities	WOW	×	12,497	ï	12,497	24,994	UN
S/Total			12,497	ia i	12,497	24,994	
Project Management cost							
	4		63,311	63,311	63,311	189,933	UN
S/Total			63,311	63,311	63,311	189,933	
Total IMALI Component:			300,002	250,000	250,000	800,002	
			Year 1	Year 2	Year 3	Total	
TOTAL all component			1,630,559	1,533,322	1,469,293	4,636,405	