



Health Equity and Rights Organization (HERO)

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CONCEPT NOTE HEALTH PROMOTION PROGRAM

PROGRAM BACKGROUND AND JUSTIFICATION

Health Equity and Rights Organization-Rwanda (**HERO**) is non-governmental, non-profit organization and independent based in Nyamata, Bugesera and with another representation office in Kigali Rwanda. HERO work to improve both the equity and accessibility of healthcare for all through education, social behavior change communications (SBCC) and other community based interventions. HERO was founded in 2014 by a committed and a dedicated group of Rwandan working in development sector, academics and different health sector across Rwanda and it is in process of registering with Rwanda Governance Board (RGB).

HIV PREVENTION

Country context: HIV Epidemiological situation in Rwanda

- HIV prevalence in Rwanda: 3%
- People Living with HIV: 226,225

The New global HIV response mentioned that actors should work together to ending HIV&AIDS in Cities to reach **90%** of people living with HIV knowing the HIV status; **90%** of people living with HIV knowing the HIV positive status and **90%** of people on treatment with suppressed viral loads by **2020** and have possibility to Ending AIDS in **2030**.

MALNUTRITION PREVENTION

Malnutrition is a public health concern in Rwanda and is one of the major causes of infant, child and maternal morbidity and mortality. According to the Rwanda Demographic and Health Survey (RDHS) 2014-15, only 63 per cent of children aged 36-59 months are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains. This indicates that about one-third of children need more care and support for normal development. In addition, 38 per cent of children under five years old in Rwanda are stunted contributing to developmental delays among children. The project will focus on promotion of proper diet and early childhood development programs.

PREVENTION CERVICAL AND BREAST CANCER

Overall, 77% of new cases of cervical cancer and 88% of deaths attributed to such cancer occur in the developing world, where 95% of women have never been screened for the disease. In Rwanda alone there were 1,540 new cases in 2015 and 903 deaths. These figures call for reverse the trends in terms of early treatment and prevention.

One thing that the cancer community across the world has taken up and has gone far on is awareness and screening methods development for various cancer conditions; the rationale being as simple as to make people know about their risks given their family stories, various risk factors related to their lifestyle and so on.

According to the AACR (American Association for Cancer Research) the following are the main factors that have an Impact on incidence of cancer in USA. Tobacco use contribute at 33%, Obesity and Overweight contribute 20%, Cancer -causing pathogens contribute at 16%, Physical Inactivity at 5%, Diet at 5% and then Ultraviolet light at ^2%.

OBJECTIVES

- Design and implement social dialogue and communication programs
- Inform government policies and key advocacy issues that need to be addressed;
- Use of well-established in-country partners and use the communications tools to reach wide audiences.

KEY ACTIVITIES

- Advocacy informs and motivates leadership to create a supportive environment to achieve program objectives and development goals.
- Social mobilization engages and supports participation of institutions, community networks, social/civic and religious groups to raise demand for or sustain progress toward a development objective.
- Behavior change communication involves face-to-face dialogue with individuals or groups to inform, motivate, problem-solve or plan, with the objective to promote and TV shows to sustain behavior change.

Key Interventions	Period
✓ Control Use community dialogue to motivate local authorities and CBOs to cooperate on community-based interventions, particularly targeted to underserved groups.	January to December 2019
✓ Inform Use mass media use the TV series/shows to inform the communities on HIV, Cancer and Malnutrition Prevention.	January to June 2018
✓ Design Programs specific to key target groups (Youth, adults, etc..) more accessible, e.g. offer mobilization campaigns in different locations, where people work and live.	January to December 2019
✓ Educate Linkages between the communities and health services provider to ensure they are health friendly services.	January to December 2019

