

Hope for the Future:
Income Generation as a Bridge to
Build Adherence in HIV-Positive
Rwandan Youth

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OUT LINE

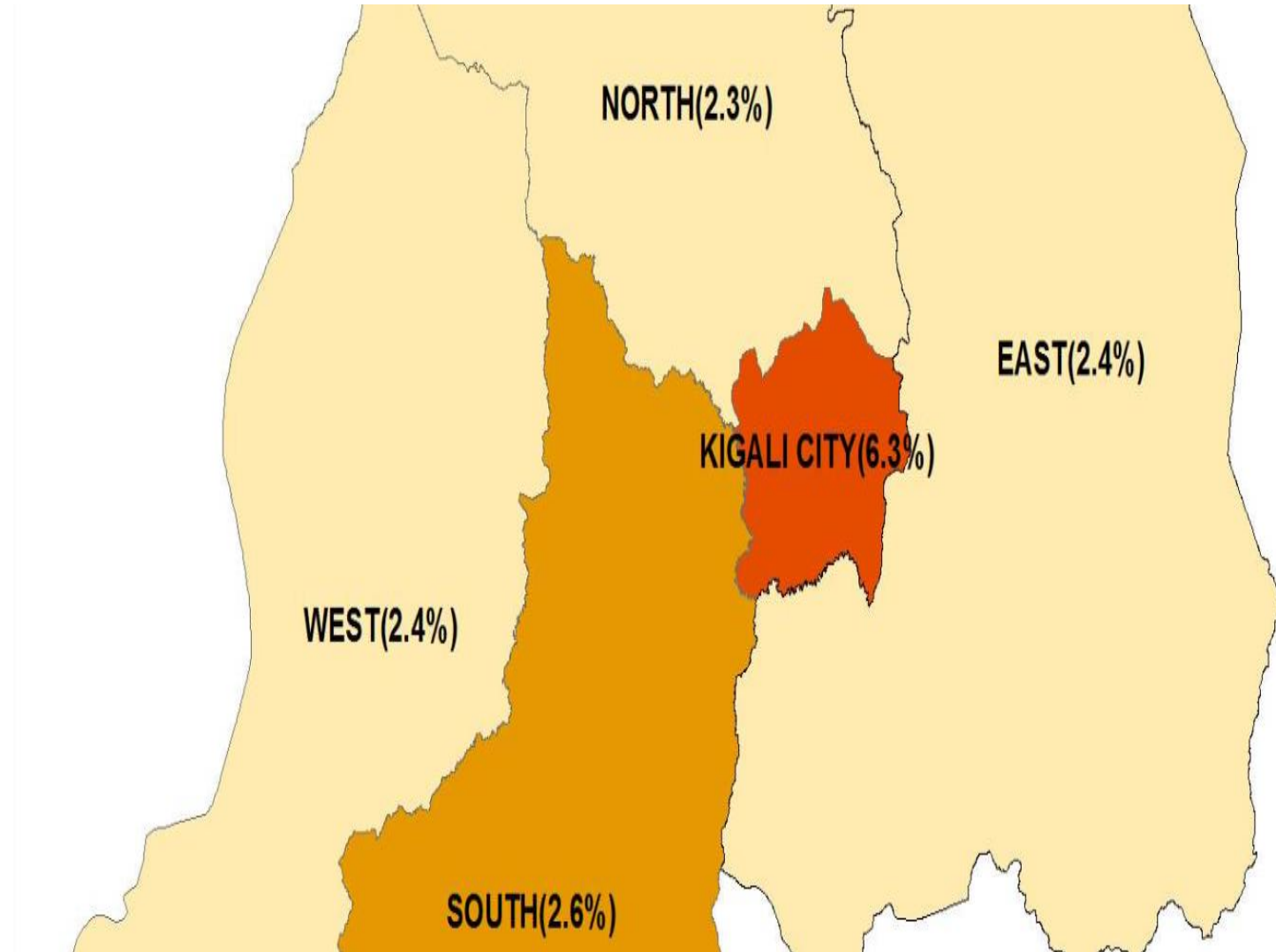
- HIV Epidemiological Landscape in Rwanda
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HIV Epidemiological Landscape in Rwanda

HIV

Prevalence

- General Population = **3.0%***
- Men = **2.2%**
- Women = **3.6%**
- Pediatrics (0-14) = **0.2%**



Background

Move away from family

- Young patients, dependent on their family or a guardian
- Awareness of what the disease involves in social, economic and emotional life
- Young people are going through a difficult period that too often results in a move away from family and socio-medical structures

Background

Reasons for non-adherence

- Lack of economic resources for medication,
- Transportation to attend follow-up clinic appointments, food and nutritional supplements
- HIV-positive youth lacking financial resources and independence are stigmatized
- Lack self-esteem
- Suffer from depression medication regimes

Project objective

- To assist Youths transitioning from adolescence to adulthood
- To empower them through income-generating projects
- To increase independence
- To enhance adherence
- To improve mental health

Description

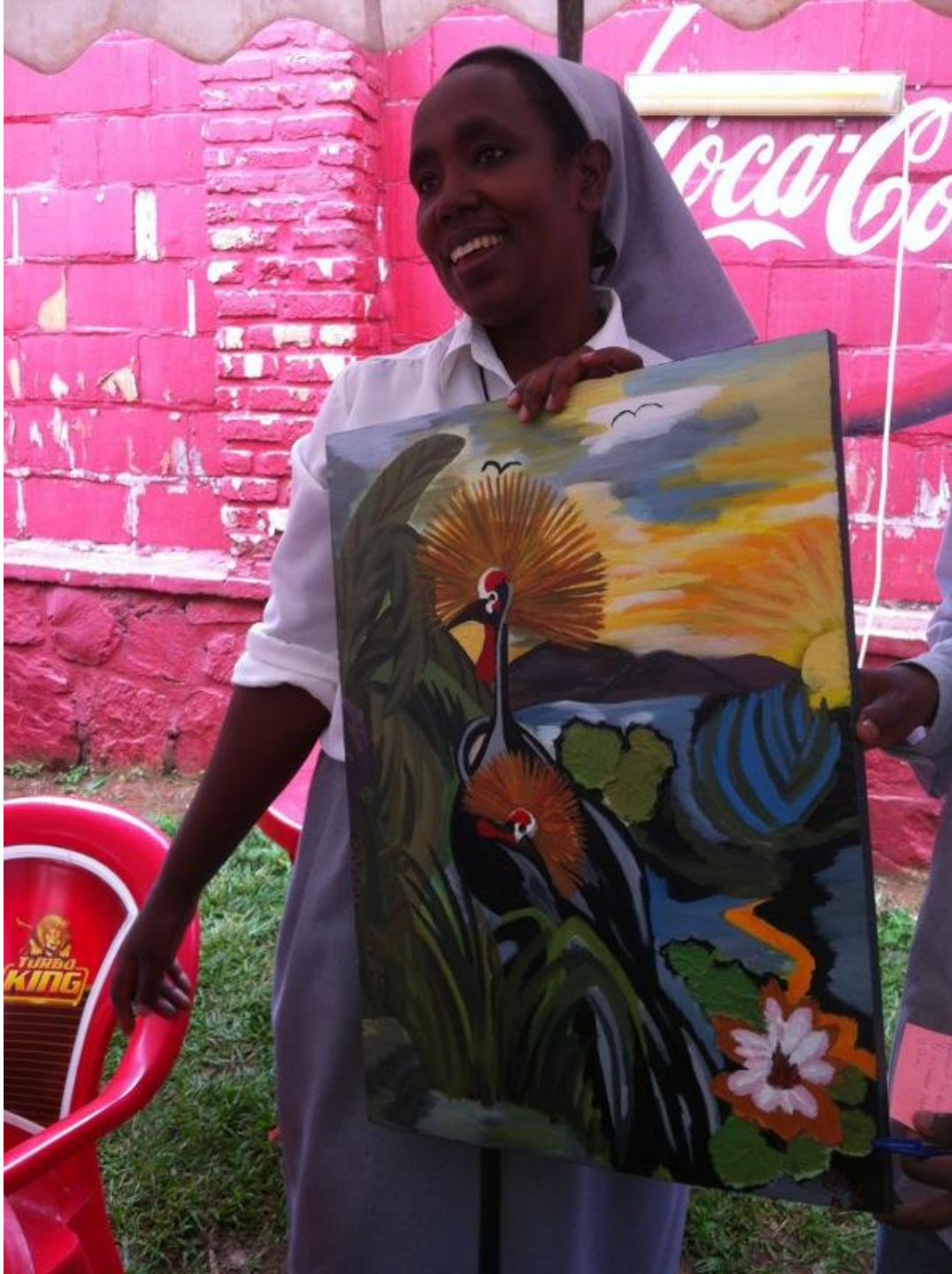
A Bridge to Build Adherence

- In 2013, youth, ages 17--30, attending University Teaching Hospital Kigali HIV clinic, received the opportunity to apply for funds from Groupe ICHEC/ISFSC and Wallonie Bruxelles International for individual or collaborative income-generating enterprises
- 40 projects involving 61 youth (35 male, 26 female) were financed in enterprises such as crafts, farming, bike and car taxi, clothing sales, and hairdressing

Description

A Bridge to Build Adherence(2)

- All received training in creating business plans and leadership concepts from NGOs, including USAID
- Participants were required to open bank accounts and attend bi-weekly supportive group counseling
- A youth committee trained in peer support methods by Women's Equity in Access to Care and Treatment (WE-ACTx) followed all participants regularly for three years and met regularly with the clinic management committee



Art created by one of the youth

My Sister, what will be our future?

The youth who has created this design, asked me during the support group, before project. He is the first one who inspired us to think about a project for adolescent transition.



Motorcycle taxi project

I had a driver's license. To make a living I gave up my drugs because I was called early morning until later night by my boss. Now I'm the boss of my bike and I can take my medicine on time. How to thank? T.W.

Livestock project

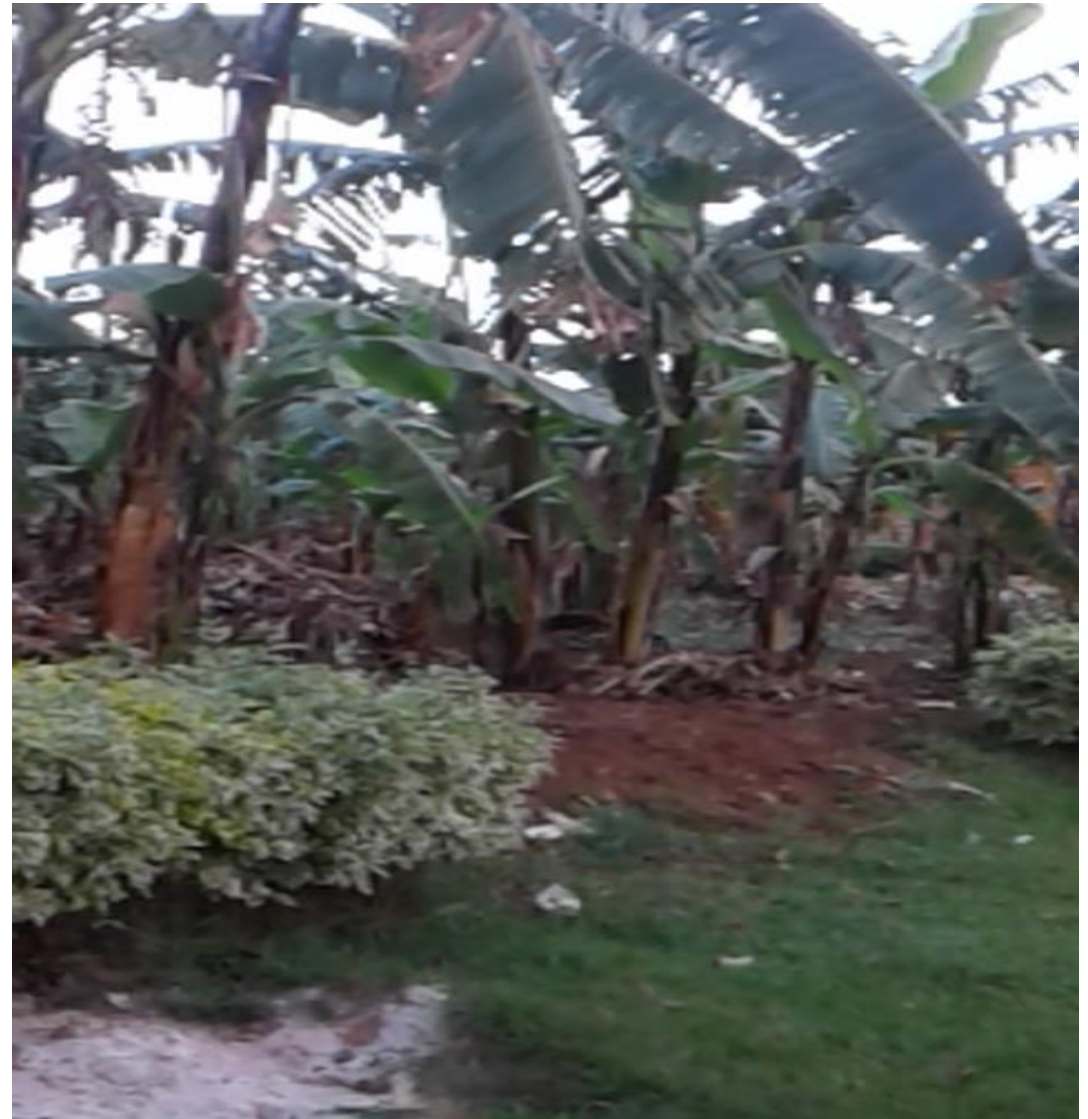


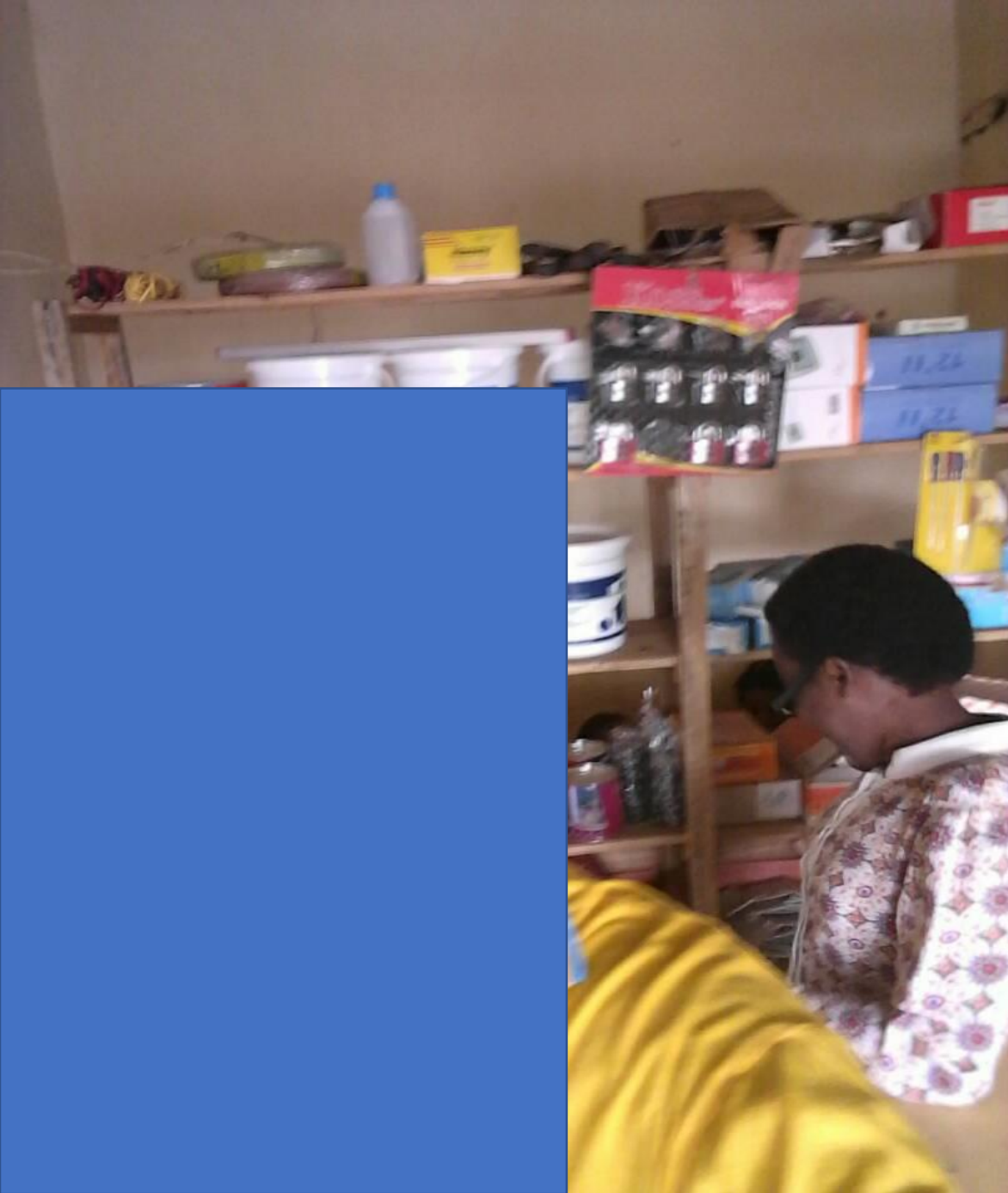
Yes, I have suffered stigma and discrimination, I have been nasty names, I have played alone for years, I have been rejected from schools and family... But now I have hope, I have my one business... I have a cow and milk, I can manage my life myself!

S.G

Banana project

You were able to give the hope, showing me that there is second chance for me, lighting light that was never there in first place, today this youth that you managed to pull out of duty of stigma are praising God because of you. K.Z





Small store selling useful items

This young patient had a difficult life, suffered from the kaposi, , impaired vision due to the side effects, attempts of suicide ,..She told me: *Well after the period of the doctors called and told me the bad news. I felt like dying. She has hope today. With my project, I am in charge of nobody.*

Lessons Learned

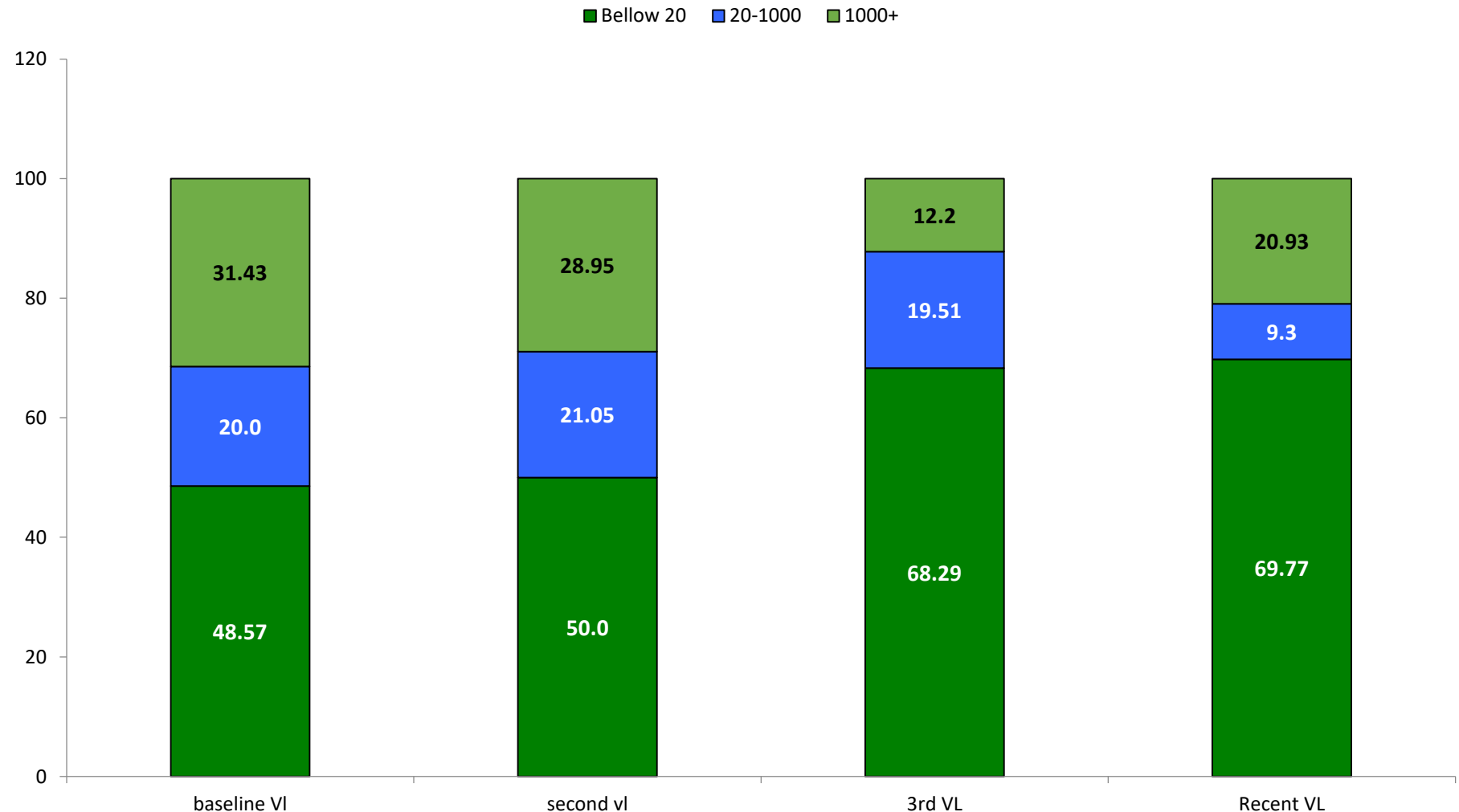
There is HOPE

All youth participating in the project continued their clinic treatment regime regularly:

- 17/55 youths (31%) had a viral load <20 in 2013
- 39/55 (71%) had a viral load <20 in 2016
- 45 completed the business project; 10 are working or in school
- (6 of the original 61 left before viral-load evaluation).

Change in VL Suppression

17/55 youths
(31%) had a
viral load <20
in 2013 and
39/55 (71%)
had a viral load
<20 in 2016.



Conclusion

The data suggest :

- Income generation,
- Training
- and support,

Enable youth to increase adherence to prescribed HIV medication regimes and regain hope for the future.

Recommendations

Based on these encouraging results,
the project continues in 2 health facilities outside Kigali

A small message

In working with ALWHIV, I experienced the transformation of life, : today at the door of death and tomorrow the rebound or the burst of life'. All this pushes me to say : there is hope. In front of deep despair and anguish , tears do not replace action. Our lamps will always be lit!



Acknowledgments

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