

PROJECT TITLE: SRENGTHEN HIV/AIDS  
PREVENTION, EDUCATION AND  
ADDRESSING HIV/AID IMPACT  
IN RURAL YOUTH, WOMEN AND  
ORPHANS AND HOME BASED CARE

PROJECT PERIOD: TWO YEARS  
2013 – 2014

PROJECT BUDGET: US \$ 73,715 UGX- 191.659,000=

IMPLEMENTING AGENCY: CHRIST THE KING  
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NGO REG. NO: S5914/8486

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Executive Director

DATE OF SUBMISSION: FEBRUARY 2013

## **EXECUTIVE SUMMARY**

This proposal seeks a total of \$73,715 an equivalent of UGX 191.659,000=

(Uganda shillings) to strengthen HIV/AIDS prevention, education and impact mitigation in rural youths, women and orphans of three Districts in Uganda namely; Kamuli, Mukono and Buikwe.

The project will run for two year in two different phases beginning 2013 – 2014 this project is built upon the current HIV/AIDS, STDs and Sexual Reproductive Health (SRH) situation and needs of HIV/AIDS orphaned children through lessons learnt while implementing activities in the past 15 (fifteen) years.

13 support staff and 40 peer educators/volunteers. 50-trained First Aiders will be involves in the implementation of this project. The project staff includes one Programme Officer Project accountant. Project Secretary, Project Coordinator and clinical staff in the Districts.

The Project Executive director will ensure the smooth implementation of the project as per the project document 2013 – 2014 while directory supervising the implementation of the project. The Executive director will work closely with the local authorities in the beneficiary community responsible for HIV/AIDS prevention.

In Uganda HIV/transmission is mainly through hereto sexual intercourse and Mother to child transmission (EMTCT). AIDS in Uganda has yielded effect to all members of the community ranging from the smallest setting namely – the family.

Directly or indirectly. The age distribution of those mainly infected, show a high percentage of 80% between the ages of 16 – 40 years. AIDS has posed a great catastrophe to the country's economic and social structures.

This proposal is built to target the young people especially those in the areas aged between 10 – 24 in school youth and 15 – 35 out of school youth, the parents, guardians and caregivers and child bearing women in family planning (reproductive services) not forgetting elders.

In Uganda, young people from the largest percentage at 68.9% of the total population below 25 year. By the age of 15.30% of the young women have had at least a sexual intercourse and by the age of 18.56% have married. Teenage pregnancy and child birth often lead to school dropouts and unsafe abortions. Records from Mulago hospital indicate that over 50% of the unsafe abortions occur among adolescents. As a consequence, there is high maternal and infant mortality rate and morbidity in these

age groups. And hence need to encourage family planning majorly elders are responsible to keep orphans.

## **ORGANISATION BACKGROUND**

Since 1986 when the intervention programmes against HIV transmission were started in Uganda. Focus was mainly on creating awareness, treating opportunistic infections. Counseling and HIV testing Research indicated that maternal mortality rate was at 600 out of 100,000 live births. These rates at the national level posed a very serious health problem especially in the central district of Mukono, Buikwe and Kamuli District.

In view of this problem, a group of community people under the guidance of medical personnel one Mr. Julius Paul Muzaale, in union with local authorities of Nyenga Sub county of Buikwe District (before separated from Mukono) formed themselves into an organized force to fight the challenge. This need resulted into the formation of Christ the King Medical unit and Maternity Home Care and of recent changed the name to CTKHSCCN. It was primarily to address community health needs through Education Programmes. Community mobilization and sensitizations (NGO) Act of Uganda. This was again for the purpose of improving the quality of life of the rural communities and involving the youth in the fight against HIV infection and reducing maternal and infant mortality rates and morbidity.

It is against this preliminary study that Christ the King Health Support Care Centre for the Needy started a project to improve on the quality of life of the rural Ugandans, present further spread of HIV in the rural communities, treat opportunistic infections to those living with HIV and mitigate the impact the epidemic leaves with the orphans widows and widower, elders and disabled.

## **PROJECT LOCATION**

The Project currently operates in three districts of Uganda namely; Buikwe, Mukono, Kamuli. There is an intention to extend to three other District namely; Kayunga, Mukono, Buyende.

### **Mukono and Buikwe Districts**

Mukono is one of the central region District of Uganda bordering Wakiso, Luwero and Nakasongola to the West. Kamuli and Jinja to the East Lake Kyoga to the North and Kale Victoria to the South. The total land area is 14,241 sqkm with a total population of 966,000 people. Today Kayunga and Buikwe Districts created from Mukono District.

Mukono has 590 primary schools, 55 Secondary schools, 2 teachers-training colleges and one University. It has 4 major hospitals and many health Units among them Christ the King. Mukono is accessible by road and water. (At the time of this document various geographical demarcations were taking place in District).

## **Kamuli**

Kamuli shares borders with Jinja, Mukono, Iganga and Pallisa District with Lake Kyoga to the North. The total land area is 4,348sqkm with an appropriate altitude of between 14 and 110 mtrs above sea level. Kamuli registers a population of 561,000 people.

There are 280 primary school, 2 Technical Institutions, 2 Teacher training colleges, one University, one Nursing and Midwifery training school, one hospital, 44 health Units, 10 Doctors, 49 Nursing Aides and 34 Midwives.

Kamuli is accessible by road and water with 752km of intra-district network.

## **PROJECT JUSTIFICATION**

In Uganda today, over 2.2 million people are living with HIV. Since the epidemic started, over 1.7 million children have been orphaned as a result of HIV/AIDS according to data provided by the "US bureau of census and World Bank. The socio-economic fall-out from the epidemic in hard hit communities effects more the children orphaned by HIV/AIDS.

Study estimates that almost 590.000 children of the 22million are infected with HIV. Prevalence is highest on main road trading centers with a high of 26% of men and 47% of the women infected. In most villages, 8% of men and 9% of women are infected with HIV, quite higher that the national 6% prevalence rate.

Cases begin to increase particularly in the girls of 15-19 years of age, infection having occurred with the start of sexual activities between the age of 10 and 15. Cases peak in the age range of 10-40 years.

HIV is known to be the world's number one health threat to mankind ever before and Africa's number one killer. The AIDS epidemic in Uganda is still severe elsewhere in the world and the most recent findings indicate that the number of infestations by far increase daily in the rural areas of Uganda. Females between the ages of 20-24 show the highest rates of infection with HIV/AIDS. Adolescent females are more vulnerable than their male counterparts in the same age group.

Today, over half of the new cases occur in the between 12-24 years. Uganda is one of the worst hit by the AIDS epidemic in the world with 1.7 million children orphaned at the loss of either one or both their parents. These orphans are stigmatized. Denied inheriting property left behind by their parents. They face excrement economic uncertainly are at risk of malnutrition, illness, sexual abuse and exploitation compared to children orphaned otherwise. This goes hand in hand with causing psychosocial

suffering to these children resulting into other social problems as influx of street children resulting into other social problems as influx of street children, retarded growth drug abuse and addiction among others.

The HIV/AIDS problem is so complex that to overcome it, one must take into consideration a series of closely inter-related issues. Through working with women, youth and communities, Christ the King has learnt that:

- The rapid spread of HIV/AIDs among adolescents and young adults (10-24 years is simply a symptom of deep underlying chronic cause. These include poverty, unemployment, gender bias breakdown of family and community structures, insufficient parenting, moral degeneration, rape, defilement, lack of life skills harmful traditional cultural practices and beliefs, peer and social pressure, lack of role models lack of adequate information and alternative services to them.
- For most young people, change of behavior is viewed as being hard and unattainable. Our experience demonstrates that a gap exists between knowledge and information on one hand and change of behavior on the other. Helping individuals develop and internalize life skills can bridge this gap. Life skills, in this case, act as a link between mitigating factors, that is knowledge of positive behavior and their benefit and behavior change, which is action. Life skills therefore create the capacity and will to choose from alternatives and implement the desired choices. In both the short and long run life skills translate knowledge of what to do, into how to do it, and provide the enabling factors for doing it.
- Behavior change is a gradual process that requires continuous support from ones immediate and distant environment. The support young people get from their immediate communities, guardians and givers is invaluable in this process.
- Peer and social pressure: Inadequate access to services due to numerous reasons such as a distance, poor quality services and unfriendly attitudes of health service providers to young people, economic submission of young girls, limited responsibilities culturally assigned to men in regard to reproductive health are among the factors impeding behavioral change.
- Using the "Fear strategy" to effect behavior change is counterproductive. With the advent of HIV/AIDS, some of the presentation strategies that were designed relied on generating fear in the minds of people so as to bring about change in their sexual behavior. This led to some young people resorting to bestiality, incest and defilement as a safe means of venturing their sexual energy.

While implementing our activities, Christ the King has learnt that from positive change to be effected, individuals need to be facilitated to understand how to apply the twin motivating force of “fear and pleasure” to achieve good results. This in our experience helps individuals to examine their perceptions and how perceptions lead to their attitudes and behavior.

- Community sensitization and mobilization, which is the provision of information, Education and Communication (IEC) to communities to ensure their participation, contribution and involvement in solving a common problem, through change of knowledge, attitudes and practices (KAP) is very crucial for the success of any program/project. We have learnt that equipping young people with life skills should be accompanied with programs seeking to sensitize their parents/guardians, teachers and community members. Sustainability of this Project/Program will only be achieved if the community and the beneficiaries themselves recognize it as a goal and if they contribute adequately to the process, rather than as an aspiration of the implementing agency.

The problem to be addressed therefore is the negative modes of behavior that expose youth to risks of the life such as HIV/AIDS infection and its shattering effects on human development. There are two causes to this problem.

- First, the Youth lack adequate knowledge of the cause-effect inter-relationship of life situations.
- Secondly, the youth lack adequate life skills to translate the knowledge and information of what to do into how to do it and how to access and utilize the enabling factors of doing it.

In many societies/communities, children orphaned to HIV/AIDS suffer problems such as social distress, isolation, shame, fear and rejection that often surround people infected with HIV.

There is therefore need for confidentiality and privacy in regard to their HIV status that should be recognized.

Young people experience orphan hood at the age when parental guidance and support is most needed; they suffer loss of loves, and innocent taking care of their infected parents before they die. Often they are denied education and health services especially because their extended families cannot afford them.

In this regard therefore, Christ the King Health Support Care Centre for the Needy wishes to address these community needs through strengthening HIV/AIDs orphan's Education and health and to encourage family planning.

## **PROJECT BENEFICIARIES**

The project will benefit young people, orphans between the age of 10-24 who are under served in schools and colleges and those of 15-35 years out of school youth in the rural areas also targeting their families, guardians, relatives and care givers to enable them qualify reproductive health care based on knowledge and awareness of adequate and accurate information, in order for better Home based Care.

Nearly half of the new infections every day occur in adolescents. Every year at least one adolescent out of every twenty catches an STD, some because of rape, defilement, forced marriages, prostitution and generally lack of adequate knowledge of the risks involved in irresponsible sexual behavior. Most of the infected youth especially in the rural area are victims of lack of information, education and appropriate health services.

The consequences of HIV infection in families have affected more the women and girl child who mostly loose future opportunities as a result of discrimination. As such involvement of caregivers, guardians and most especially women in implementing this project is very crucial.

They will be involved at all levels of project management and will be given responsibilities especially in seeing it that the project meets their deemed health needs. They will be trained by the project staff as community health workers, peer educators and counselors, and field works involved in condom promotion and distribution, family life and family health education, community mobilization and sensitization activities. First Aid to handle emergencies as a result of accidents due to various customers.

The local authorities with members of the local communities will be vital in identifying and recommending those to be trained exceptionally, youth and women councils will be addressed.

Already, Christ the King Health Support Care Centre for the Needy has trained volunteers who currently work as community health workers, these quite often work hand in hand with us they have expressed continued in working with young people, orphans, women and the general community. First Aiders helping Emergencies/causalities and Home Based Care.

## **OBJECTIVES**

The project will contribute to the improvement of the quality of health and education of the orphans in schools. Colleges and training institutions and improve on the quality of life of the communities, reducing on maternal and infant mortality rates and morbidity in the areas of the rural areas of the project areas. Act as service provider for HBC.

As a result of this project therefore, there will be increased awareness of the cause effect interrelation of life situations in the face of HIV/AIDs and increased practice of alternative behaviors in the prevention of HIV transmission resulting into behavior change.

Secondly, the project shall work to increase awareness to the beneficiaries in adolescent reproductive health issues. All this shall be targeting the Youths, Mothers Guardians, Caregivers and Teachers, giving accurate friendly information aimed at reducing the incidence of HIV while increasing community involvement in AIDS campaigns and education and improve on water sanitation hygiene.

The project will directly increase the knowledge and use of available options in adolescent reproductive health, HIV, STDs and STIS prevention, family life and health education and the effects of negative socio-cultural practices, negative peer pressure, acceptance and adoption of the HIV/AIDs orphaned children.

## **SPECIFIC OBJECTIVES**

1. To contribute to the reduction of the incidence of HIV/AIDs, maternal mortality rate, and mobility, in the rural areas of the targeted districts by the end of the project.
2. To improve on the quality of life of the orphans through creation of awareness in communities, education and taking care of their social well-being.
3. To increase knowledge among the communities in how to identify and develop individual potentials especially for the young in a bid to reduce on redundancy which expose youth to risky behaviors and hence HIV transmission.
4. To conduct 93 community awareness seminars in two years targeting to reach 210 people in the rural community, local leaders, guardians, care givers, orphans, religious leaders, women and youth groups of Buikwe, Kamuli and Mukono District by the end of the Project.
5. To conduct 24 Behavior Communication (BCC) seminars benefiting 1680 youth in and out of School.

6. To training 100 Community health workers. First Aiders and Drugs distributors in the community.
7. To train 40 peer educators and counselors.
8. To involve community in campaign for water sanitation hygiene promotion.

## **IMPLEMENTING PLAN**

In an effort to reverse the HIV epidemic in Uganda, Christ the King, our partners and the community in general face a demanding situation. Over 1.7 million orphans to HIV/AIDs are registered, there are highest numbers of orphans so far in the world since the epidemic are. The highest number of orphans so far in the world since the epidemic. Numbers are higher in the rural areas where again care and attention to them is limited by a number of factors especially to people living with HIV who cannot access medical services. There is therefore need to care for the sick, and take care of the orphans they live behind most importantly in strengthening their health and education as a means to secure their future and to include their care takers.

## **PROJECT STRATEGY**

The Project will address issues that affect young people and HIV/AIDS orphaned children for example lack of adequate information about HIV/AIDs. STDs, Sex and Sexuality. Use of contraceptives etc and how to prevent the rate of HIV infection that is on the increase in rural areas.

The Project will directly involve the orphans, their families, caregivers and guardians, the youth in planning and implementation of the process. It will also focus on several issues that aim at building capacity of community workers who in turn will train community volunteers and peer counselors to give them skills in reproductive health issues and the considerable potentials of young people. As a result, they will be able to discuss sexual health matters, behavior change, risk reduction and care for the HIV/AIDs orphans and the people living with HIV in general.

The project is expected to train and educate, build capacity of community workers, volunteers, young mothers, nurses, First Aiders who will provide and share health knowledge and information to others in the rural areas in the project area.

The methodology of implementing the project is divided into programmes with each programme again divided into activities as follows:

### **1. Training of peer Education**

This programme has two phases in which the second phase builds on the first. The activities in each phase include:

## **Phase One: Peer Development activities**

- ▲ Community mobilization and sensitization seminars
- ▲ Behavior Change Workshops for in-school and out-of-school youth aged 10-35 years.
  - TOT for Peer counselors
  - TOT for Peer Educators
  - Home Base Care givers

## **Phase Two: Peer Sustainability activities**

- (i) Debates and Discussions Sessions
- (ii) Condom distribution
- (iii) Film shows and critiquing
- (iv) Country Life skills training
- (v) Contraceptive distribution

## **2. Community Health workers and Education Development Programme**

It has the following TOT Workshops:

- i. Community health workers
- ii. First Aiders
- iii. Local Resource awareness Seminars
- iv. Income generating fund
- v. Micro finance projects

## **3. Family Life and Education Programme**

- i) Positive parenting
- ii) Family Health Improvement Activities
  - ▲ Rural Community mobilization and sensitization seminars
  - ▲ Sustainable use of HIV/AIDs IEC materials at home and Workshops
  - ▲ Family Nutrition Workshops/Hygiene
  - ▲ Participatory Rural Appraisal (PRA) Workshops
  - ▲ Water and sanitation Hygiene promotion

## **4. Organization Development Programme**

It has the following activities

### **Staff Empowerment**

- (i) Staff Appraisal Workshop
- (ii) Staff Training Workshop
- (iii) Management Skills training for staff
- (iv) Project Planning and Management for staff
- (v) Resource Mobilization
- (vi) Programme Facilitation methods Workshops

## **5. Monitoring and Evaluation Activities**

- Making Annual Strategic Plans
- Making community plans
- Making quarterly Review of our Plan & Budget
- Meeting to address Management/Administrative issues
- Making community Needs Assessment
- Writing reports
- Paving on sport visits
- Net-working with other organizations

## **6. Resource mobilization & Utilization**

- Writing and marketing Proposals
- Creating an inventory of donor profile
- Conduct Community voluntarism sensitization seminars
- Inviting and Accepting Global Volunteers to work with.

## **7. IEC Material Development Activities**

- Developing, designing, making and reviewing IEC messages through:
  - Brochures
  - Posters
  - Banners
  - T-shirts
  - Placards
  - Publishing research findings and lessons learnt from programmes
  - Video documentation
  - Handouts
  - Training Manual

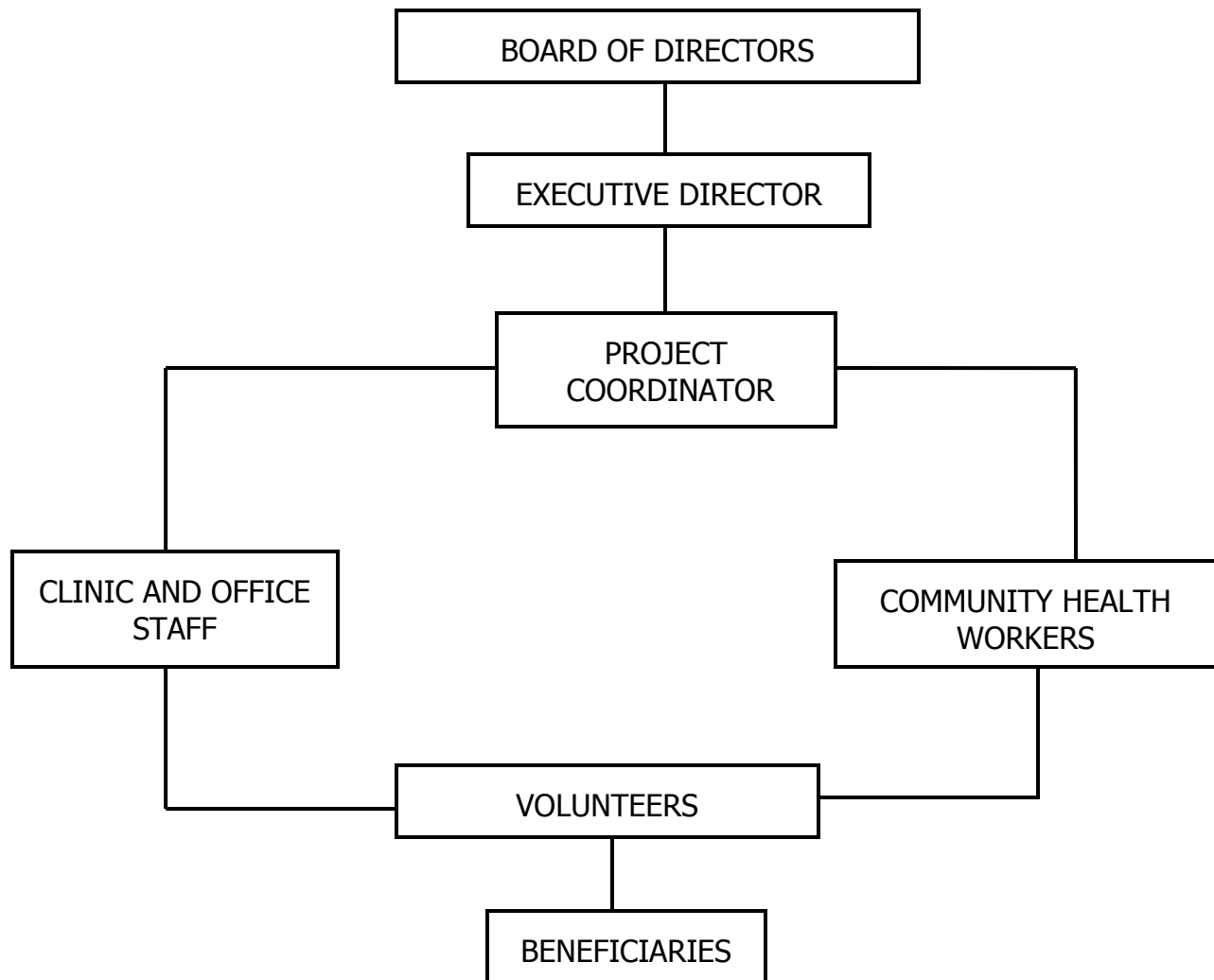
## **THE MANAGEMENT AND ADMINISTRATION OF CHRIST THE KING**

Christ the King has a Board of Directors who formulate policy guidelines for efficient management of the organization. There is a Management team which the Executive Director heads. The Executive Director, the Coordinator, Accountant and the Administrative Secretary, management office. The Executive Director sits on the Board. Programmes and activities are implemented by our community health workers, peer counselors and volunteers and monitored by the community Health workers, volunteers, Local leaders, the management team, the Executive Director and the Board of Directors. First Aiders to manage Emergencies.

The Board of Directors is charged with the duty of fundraising, preparing meetings, monitoring, and supervision of activities in the project area, together with ensuring proper and up-to-date record keeping, both for accounts and data bank. The board also is responsible for formulating policies and overall priorities.

The management team has the responsibility of formulating and evaluating specific project programmes according to the laid down policies and priorities. The office and clinic staff takes charge of the day-to day running of activities, diagnosis of clients, description and administration of treatment drawing and implementing monthly programmes for the project together with volunteers.

## CHRIST THE KING ORGANNOGRAM



## THE ACCOUNTING PROCEDURE

Our records of accounts are centrally kept at the office. We keep cash books to records, all payments and receipts. There are quarterly budgets and activity work plans. Disbursements are made every month after the funds for the previous month are fully accounted for.

Budgets for activities are prepared by team leaders. Certified by the Coordinator approved by the Executive Director and presented to the accountant for payment. Payment vouchers are prepared by accounts, which pay to the team leaders after they have signed the payment vouchers. After the activity, the team leader prepares financial reports to accounts and activity reports to the Coordinator.

Every quarterly management team sits to review reports of the previous quarter vis-a-vis the plans and re-evaluate the plan for the next quarter. There is also an annual planning and evaluation meeting by all staff.

## **HUMAN RESOURCE**

Effective Programme implementation requires staff with technical skills to manage programme operations. Likewise those working directly with youth, women and orphans must be comfortably knowledgeable about the programme philosophy and goals. Christ the King has personnel who have worked in HIV/AIDs and STD's education and management, youth and orphans, now with vast experience in the implementation of HIV/AIDs education and health programmes.

The Executive Director/Corps Superintendent  
Mr. Julius Paul Muzaale  
Senior Medical Laboratory Technician

Board Chairperson  
Aggrey Musumba  
Civil Engineer

Secretary  
Batala Peter  
Diploma in Education

The Project Accountant  
Kiiza Willy

The Programme Officer  
Aidha Mbwali Bayiga  
BA (Social Sciences)

The Training Officer  
Francis Nsanga  
Degree in Information Communication Technology

Publicity Secretary  
Proscovia Nankya

## **OUR EXPERIENCE**

During the year 1995, Christ the King implemented a Project on HIV/AIDs education and prevention funded by the local communities and the Ministry of Health through local District authorities, where 45 Community health Workers were trained.

35 trained in First Aid, in 2008, 20 Nurses First Aid Trained, Home Based Care.

24 Community Based distribution agents trained

30 Reproductive Health Workers, Pre-nurses and Pre-midwives were trained to deliver and access maternal services to the rural mothers.

60 Peer Educators were trained in life skills and Behavior Change Communication Skills.

3203 Mothers have received Health Care Services since 1986.

5846 Children have completed Immunization Cycles at Christ the King.

Over 5000 people have participated in Health Education workshops on prevention of Communicable diseases in 250 sessions.

50 Parents were trained in family health education and family life training skills.

## **ACTIVITY DESCRIPTION**

### **1. Community Mobilization and Sensitization**

This involves facilitating parents/guardians, teachers, community leaders and the general community to change their knowledge, attitudes and practices (KAP). Participants are sensitized on the challenges young people face, the orphans, HIV/AIDs, STDs and what they can do to help. It also entails encouraging parents to participate, get involved and contribute part of the physical and financial organizational resources to the Project programs/activities.

Community Mobilization and Sensitization involves the provision of information Education and Communication (IEC) to communities to ensure their participation, contribution and involvement in solving a common problem, through change of Knowledge, Attitudes and Practices (KAP) towards young people orphans and those living with HIV/AIDS.

The objective of soliciting for community participation and involvement through change of knowledge, attitudes and practices in this project ensures that the community is a full member of the planning, implementation and evaluation team which designs and implements programmes for the benefit of all people. Secondary, promote a sense of belonging amongst stakeholders through opportunities for community participation and contribution in key area of HIV/AIDs prevention and life skills development.

Communities will be given the opportunity to contribute ideas during planning implementation and on-going monitoring. Community participation will be ensured through the utilization of existing community structures and institutions such as local council leadership, churches and NGO's/CBO's to mobilize the communities for involvement and participation.

To ensure ownership of the Project by the Communities, efforts will be made to utilize community structures and institutions to:

- Participate in supervision of community – based structure and activities.
- Contribute materially and physically in programme implementation.
- Participate in planning, implantation, monitoring and evaluation.

- Participate in the development and operation of the community based information systems.

### **Tools to use in mobilizing and sensitizing communities:**

- Letter to local council, church and Ngo's/CBO's leaders.
- Meeting with local council, church and NGOs/CBOs leaders.
- Seminars
- Media radio & Television
- Music, dance, drama campaigns
- Debates and discussions on topical issues
- Community video shows
- Personal testimonies from people living with AIDS

## **2. Training of Volunteer peer educators, counselors and community Health workers and home based care providers.**

The use of peer educators as a means to effect behavior change is born out of studies in social psychology with various types of peer groups, which showed that behavior patterns in issues of dress speech patterns, entertainment and preference for food or drink tend to be influenced by the group.

In youth groups and communities at large sexuality is a frequently discussed topic and group norms are built about how they relate to the opposite sex. Group pressure is brought to bear on members to succumb to acceptable sexual standards of the group. The standards may be negative or positive. If negative, they may lead to premarital sex, adultery, and promiscuity and eventually to STIs including HIV/AIDS. Today, it is not uncommon to hear youngsters saying their peers led them into having sex.

Selection Criteria for Peer Educators and Community Health Workers and home based care providers.

- Experience Criteria for Peer Educators and Community Health Workers and home based care providers.
- Ability to communicate in local language.
- Basic leadership and inter personal communication skills.
- Gender in Uganda, the impact of HIV and AIDs on women has been considerable due to a number of factors including the fact that women have a greater chance of becoming HIV infected sexually for biological, social and economic reasons. Women also have less access to information about how to care for themselves. For these reason, Christ the King feels it is important to include women in its selection criteria for training.

- Ability for relate easily with and influence others.
- Recommendation from local council, church and NGO's/CBOs leadership.

### **3. Family Life and Family Health Education Programme.**

- **Positive Parenting**

It is a life skills training for parents and guardians in the following area:  
 Disciplining young people: family fun: developing a confident child:  
 Parent-child communication; development values in the child; relationship with a teenager; sensible sexually; helping a child study and helping the youth make the most of their time at home. It is an on-going support to our programmes for children and youth. Knowing that our good approach to develop life skills in the children and youth can easily be do at home should the parents not be of help in this area.

The Family Life and Health Education Programme empowers low-income rural women and men with the necessary life skills to make a tangible improvement to the quality of their lives. It builds on the knowledge and skills that the women and men already have in the areas of hygiene, health and childcare. It facilitates the sharing of knowledge and gives technical input where needed in the above areas. Those trained are expected to share other skills and knowledge they have learnt with at least 5 of their neighbors/friends. When working with a given community, the programme is divided into three phases.

### **4. Condom contraceptives procurement and Distribution**

In this activity, condoms will be increased in supply specifically in the rural areas. Where condoms appear to be hardly available. It will be too good to extend condom awareness and promotion. As well it will be a chance to clear the contradicting messages passed on to the rural from both government religion and cultural barriers. Increased awareness of condom use, distribution and clarity of messages in the urban area have paid off as it may be one of the leading factors to the down word trend of infection in urban areas of Uganda . In the areas about aoo cartons will be procured and distributed free of charge to the sexually active men and women.

### **5. Home Based Care**

### **6. Resource identification and Awareness Seminars**

- (i) **Training in Micro Finance and Entrepreneurship skills.**

This will be aimed at increasing awareness for the clients in business management through practices of book keeping and prepare the clients for loan disbursement.

This will be based on the understanding that people learn effectively from members of their own communities who share similar cultural values experiences, needs and examine their sexual behavior to identify the effectiveness, the effects of irresponsible sexual activities specially HIV in off setting their lives. Clients will be given skills to start income generating activities; small will be given skills to start income generating activities, small business and small trade management, resource and savings mobilization, record keeping and group dynamics. This will be implemented in the rural communities targeting HIV/AIDs orphans, widows and widows and widowers in our training workshops.

**(ii) Income Generating Fund.**

This will target the widows and widowers in selected communities of Mukono, Buikwe and Kamuli Districts. This is aimed at strengthening and empowering people living with HIV in the community and HIV/Aids orphans to acquire business skills and start income generating activities.

The essence is to encourage more people be involved in effective HIV/AIDS education and prevention to the rural communities. Thirty families will be reached to and supported according to what project each one will have identified. Examples of income generating activities may include poultry, bee keeping, small-scale retail business, agriculture, and brick laying among others. Each individual will be given funds raging from 150,000= to 300,000= as the maximum. However, this will mainly depend on the kind of proposals they submit.

Both Christ the King and the individuals themselves at their respective homes will maintain records of their activities. The clients will be involved in visiting each other to see how other community members are benefiting from the funds and also learn from each other's experiences.

**7. Behavior Change worker shops targeting adolescents and youth between 10 – 24 years.**

The workshops models are grounded on the belief that people can change and to change one's behavior, is a process. Utilizing participatory approaches/methods, participates in the Behavior Change workshop are equipped with knowledge attitudes and skills (KAS) that about its rapid spread. Alumni of the workshop are in a better position to cope with and/or solve any other problems encountered in side. More importantly, beneficiaries of this program are started on the journey of evaluating every step and action that they take.

The formation of peer support groups wherever the workshops is conducted helps in the sustainability of the new ideas, attitudes, values and perceptions that alumni are adapting and at the same time makes it easier to follow them up.

### **The workshop modules aim at:**

- (a) Helping young people explore the risky health behaviors that they may be involved in.
- (b) Facilitating individuals to explore reasons/factors that lead to such behavior.
- (c) Initiating change in present risky health behavior.
- (d) Facilitating individuals to develop and internalize life skills that enhance their capacity to avoid engaging in risky health behavior such as casual sex, taking drugs & drinking alcohol/substance abuse.
- (e) Reinforcing positive and safe health behavior.

By the end of the workshops the participants will have been equipped with the following skills.

- (i) Skills of knowing and living with oneself which includes self awareness, self image, self esteem, assertiveness, coping with emotion, and stress.
- (ii) Skills of knowing and living with others. These include interpersonal relationships, friendship formation and empathy, peer-resistance, negotiation, non-violent conflict resolution and effective communication skills.
- (iii) The skills of making and problem solving skills.

## **8. Country Life skills Education Workshop**

The life Skills Education programme targets adolescents and youth between 10-24 years.

This programme is aimed at helping the learner appreciate, analyze and recognize Life Skills in the various programmes offered by our trainers.

This is a professional approach to life skills, whereas the other programmes emphasize internalization of the life skills internalized.

Skills of knowing and living with oneself which includes: Self awareness, self image, self esteem, assertiveness, coping with emotion, coping with stress.

Skills of knowing and living with other: these involve interpersonal relationships, friendship formation and empathy, peer resistance negotiation, non-violent conflict resolution and effective communication skills.

The skills of making effective decision: these include: critical thinking, creative thinking, decision making and problem solving skills.

Life skills education teacher's skills as an integral part of a variety of other programmes such as:

- Drug abuse prevention
- Prevention of adolescent pregnancy
- Protecting young people from abuse
- HIV/AIDS education
- Programmes for vulnerable youth such as orphans, street children
- Abortion
- Proper and effective Condom use
- Use of safe clean water and sanitation at house holds

## **9. Community Leaders' Workshop**

Two (2) HIV/AIDS/STDs peer education workshops each lasting seven (7) days involving 90 participants will be conducted. Participants in the 7 days and 8 contract hours peer education workshop will for the first three days be taken through a Behavioral change, life skills development workshop module. The last four days will be spent on equipping participants with the knowledge, skills and attitudes (KAS) required of a peer educator. We believe that for individuals to effect behavior change they must be changed themselves and/or engaged in the continuous process of change.

This is where we place great emphasis on the need for all peer educators and community health workers to undergo the name process before they can help others do the same.

## **10. Documentation, Education and Communication (IEC)**

This involves the retrieve of documents, collection of data, making relevant statistics and documentation on activity profiles, lessons learnt in the target districts etc. The documentation provides data for report writing research and the information centre.

To reach the target beneficiaries, the project will utilize communication media such as music, dance, drama and publications to inform, educate and communicate to communities. These IEC media brings out messages on issues affecting youth such as depression, lack of family planning, moral decay, corruption, poor leadership, stress, poverty, abortion, conflicts, AIDS, early marriages, unemployment. Etc. Group discussions after each IEC presentation is carried out so that the participants can outline the tools they have picked from the IEC media and how these can be used in real life situations.

## **11. Choose Freedom Workshop**

This is to follow-up programme aimed at helping young people 10-24 years internalize life skills. Values and adapt positive attitudes that lead to enduring behavior change.

The main activities involve face-lifting a two-hour session to enable youth to:

- Clearly understand the meaning and value of freedom
- Develop a positive self-image and self-discipline
- Develop a positive self-image and self-discipline
- Cultivate effective communication skills
- Appreciate the importance of building value based relationship
- Understand how values influence behavior
- Appreciate what it means to love and be loved.
- Escape HIV/AIDs

## **12. Debates & Discussions**

## **13. Music & Drama**

A growing body of evidence indicates that using this approach in educating informing and communicating to the masses is the cheapest and one of the most effective means of training especially when applied in indigenous languages, symbols and ideas. Individuals identify with the characters being portrayed in the drama. This enables them to relive practical experiences. Participants usually open up, and talk about the situations/problems afflicting them and how they intend to overcome them.

Drawing from the ideas, individuals are helped to appreciate the dynamics of problems thereby imparting decision and problem solving skills and mechanisms.

In communities where we have used this approach, evidence abounds that people easily remember a message they have seen and heard in a drama or song. Scene in a drama or song keep echoing in the minds, which makes them emulate the scenes that they viewed as being helpful in their circumstances.

Knowledge imparted in this manner has indelible imprints on the minds of people. We will, therefore, use this midmonth to sensitize, inform and educate communities. During the project period, women, children and youth will be encouraged to participate in music and drama, concerts aimed at:

Educating the public about the causes and effects of AIDS.

Exposing and tapping the enormous talents that young people have encouraged positive interaction among young people.

## **14. Organizational Development Activities.**

This group of activities involves capacity building on issues of organization and its members for effective and efficient delivery of services to the beneficiaries. Broadly, it operates at three levels, which comprises of the following:

### **(i) Planning, Monitoring and Evaluation**

Internal planning, monitoring and evaluation include the following:-

- Board meetings
- Management meetings
- Staff meetings
- Supervision of activities by the Board and the Executive Director
- Keeping records and statistics
- Processing records and statistics into information and reports
- Processing financial disbursement and office administration
- Evaluation and impact assessment
- Internal evaluation at the end of the year

### **(ii) Networking with other organizations**

There is need to share information, experience and lessons learnt where our activities complement other interventions and where other interventions compliment our activities. In this process, we can identify services of other interventions that can benefit our target group. We are therefore able to link our beneficiaries to organizations that can empower them otherwise.

Therefore, we engage in net working activities aimed at enhancing our capacity to meet the needs and concerns of our target beneficiaries.

### **(iii) Specific Networking activities**

- (a) We organize or send staff, community workers and volunteers to seminars, symposium and conferences addressing issues that affect our target beneficiaries.
- (b) Meetings to deliberate on issues affecting women, children and youth.
- (c) Exchanging programmes, experiences and benefits with other organizations.

## **Sustainability**

Sustainability of the Project will be the primary responsibility of Christ the King, the management and the entire beneficiaries. Since most of the concerns the project addresses them within the community, schools and institutions, it is expected also that

active involvement of the youth themselves and women will sustain the project. The community who will play a vital role and religious authorities will have a substantial impact and their success will determine the future direction of the project. It is important to emphasize the bigger role of community health workers and peer counselors can play in promoting its goals after its completion.

The project in the community is centered. The peer counselors and community health workers, nurses and midwives and trained First Aiders will be got from the project area, to a large extent, it's anticipated that they will remain in their respective communities. They will still be in position to carry on the project viably.

The local authority and districts will be involved at each stage of project leadership of the various activities done to local communities will be autonomous at the end of the project.

The beneficiaries would have acquired capacity to design and manage HIV/AIDS activities. STDs, family health, education, country life skills, condom contraceptives, distribution, community mobilization and sensitization and income generating activities in their respective places, involving a broad base of different groups, youth leaders and women/beneficiaries.

### **PROPOSED PROJECT BUDGET 2013 – 2014**

<b>No.</b>	<b>ACTIVITY</b>	<b>QTY</b>	<b>UNIT COST (UGX)</b>	<b>TOTAL(S) US\$</b>
1.	Community mobilization & sensitization	30	1,000,000	384.615

2.	Mobilization for the Youth	60	4,000,000	1538.461
3.	BCC for in school youth	15	4,800,000	1,846.153
4.	BCC for out of school youth	9	2,500,000	961.538
5.	Resource Identification	3	2,100,000	807.692
6.	Peer Educators TOT	2	3,300,000	1,269.230
7.	Debates and Discussions	15	1,141,000	438.845
8.	Film shows and critiquing	48	2,360,000	906.6
9.	Community Life Skills Training	6	995,000	382.69
10.	Family health education	3	1,240,000	2,600
11.	Community health workshops		10,800,000	4,153.846
12.	Staff training	2	2,360,000	907.6
13.	Policy systems development	1	2,500,000	9615.38
14.	IEC Development	-	3,198,000	1,230
15.	Executive Board meeting	2	160,000	61.53
16.	Board meetings	4	535,000	205.76
17.	On sport supervision	8	500,000	192.30
18.	Report writing, management meeting & in-house evaluation	18	1,150,000	442.37
19.	Community needs assessment	3	1,600,000	615.3
20.	Annual strategic plan	2	2,215,000	851.92
21.	Family health community workers		1,340,000	515.38
22.	Monitoring & Evaluation		7,400,000	2,846.15
23.	Programme & Office equipment		2,210,000	8,500.0
24.	Motor vehicles		55,000,000	2,1153.846
25.	Personnel Allowances		9,300,000	3,576.923
26.	Material procurement		27,000,000	10,384.615
27.	Protective materials		15,000,000	5,769.23
28.	Income generating facility		15,000,000	5,769.23
29.	Program Review and design	1	1,000,000	384.615
30.	Net working		1,000,000	384.615
	<b>GRAND TOTALS</b>		<b>191,659,000</b>	<b>US\$73,715</b>

No.	DESCRIPTION	AMOUNT	AMOUNT	AMOUNT
<b>1.</b>	<b>Phase One: PEER/COMMUNITY DEVELOPMENT ACTIVITIES</b>			
<b>1.1</b>	<b>COMMUNITY MOBILIZATION AND SENSITIZATION</b>			
1.	Pre Programme Communication (Letters, fax, Phone)		100,000	

	Transport (Ushs. 5000 x 36 litres) X 2		180,000	
	Refreshment for facilitators (Ushs.		40,000	
	Refreshments for participants (Ushs 5,000= x 50 people x 2		500,000	
	Facilitation Allowances (Ushs 20,000 x 2 pple x 2)		80,000	
	<b>Materials</b>			
	Newsprint (1/10 ream x Ushs. 30,000/=) x 2		60,000	
	Masking tape (1/2) packet x 5000) x 2		10,000	
	Markers (1/2) packet x 15,000) x 2		30,000	
	<b>Total Unit Cost</b>			<b>1,000,000</b>
				<b>\$384.615</b>
<b>2</b>	<b>MOBILISATION AND SENSITIZATION OF THE YOUTH</b>			
	Pre-programme communication		100,000	
	Facilitation allowance 100,000 x 2 facilitators x 2		400,000	
	Refreshments (5 facilitators x 5,000=) x 2		500,000	
	Transport for facilitators		1,000,000	
	Post programme reporting		2,000,000	
	<b>Total Unit Cost</b>			<b>4,000,000</b>
				<b>\$1538.461</b>
<b>3.</b>	<b>BEHAVIOR CHANGE WORKSHOP (FOR IN-SCHOOL YOUTH)</b>			
	<b>Pre-Programme communication (Letters, fax, phone)</b>			
	<b>Materials</b>			
	Newsprint (1/2 ream)		60,000	
	Masking Tape (2 rolls)		20,000	
	Markers (2 packers x 15,000) x 2		60,000	
	Tape hire x 2		140,000	
	30 sweets (700 @) x 2		42,000	
	2 cakes (15,000@) x2		60,000	
	2 envelops 1,000@ x 2		4,000	
	1 glass (2,000@) x 2		4,000	
	Refreshments and meals for resource persons (Ushs. 5,000 x 20 people x 7 days) x 2		1,400,000	
	Transport for participants (22 people x Ushs, 10,000 x 2 journeys) x 4		880,000	
	Facilitators allowances (Ushs 50,000 x 2 facilitators x 7 days + fuel 13 ltrs)		130,000	
	Post Programme reporting		2,000,000	
	<b>Total Unit Cost</b>			<b>4,800,000</b>
				<b>\$1846.153</b>
<b>4</b>	<b>BEHAVIOUR CHANGE WORKSHOP (FOR OUT OF SCHOOL YOUTH)</b>			
	Requirements – same as above x 2		630,600	
	Meals for participants (70 x Ush. 10,000= x 3 days) plus Airtime and venue		1,139,400	
	<b>Total Unit Cost</b>			<b>2,500,000</b>

				<b>\$961.538</b>
<b>5</b>	<b>RESOURCE IDENTIFICATION AND AWARENESS SEMINARS</b>			
	Pre-programme communication		50,000	
	<b>Materials</b>			
	Newsprint (1/5 ream) x 2		60,000	
	Masking Tape 1 roll x 2		20,000	
	Markers (1 packets) x 2		30,000	
	Fuel 26 ltrs at 5,000 x 2		130,000	
	Transport (3 facilitators x Ushs 10,000)		30,000	
	Facilitation Allowance including planning day (3 facilitators x Ushs 50,000 x 2 days) x 3 x 2		1,800,000	
	Post-programme reporting		30,000	
	<b>Total Unit Cost</b>			<b>2,100,000</b>
				<b>4807.692</b>
<b>6.</b>	<b>PEER EDUCATORS DEVELOPMENT PROGRAMME TRAINER OF TRAINERS WORKSHOP (TOTs)</b>			
	Pre Programme Communication x 2		100,000	
	<b>Materials</b>			
	Newsprint (1/2 ream x 30,000=) x 2		60,000	
	Markers (2 packets x 15,000) x 2		60,000	
	Masking tape (2 rolls x 5,000) x 2		20,000	
	Resource papers (5 pages x 33 papers x 20 people x Ushs. 500) x 2		60,000	
	Manuals (20 people x 3,000=) x 2		120,000	
	Evaluation Forms (20 x Ushs 20,000) x 2		80,000	
	Fuel: 40,000 x 5 x 2		400,000	
	Venue: 2 x 2		800,000	
	Trainers 2 x 20,000 x 2		1,600,000	
	<b>Total Unit Cost</b>			<b>3,300,000</b>
				<b>\$1,269.230</b>
<b>7</b>	<b>Phase Two: PEER/COMMUNITY SUSTAIBILITY ACTIVITIES</b>			
	<b>Debates and Discussions</b>			
	Pre Programme Communication x 2		100,000	
	Transport for facilitators and equipment x 2		400,000	
	Equipment hire x 2		200,000	
	<b>Materials</b>			
	Manila paper (25 sheets x 5,000) x 2		125,000	
	Markers (1 packet) x 2		30,000	
	Masking tape (1/2 roll x 2,300=) x 2		46,000	
	Facilitation Allowance (2 x Ushs. 10,000=) x 2		420,000	
	Post Programme Reporting x 2		200,000	
	<b>Total Unit Cost</b>			<b>1,141,000</b>
				<b>\$438.845</b>
<b>8.</b>	<b>FILM SHOWS AND CRITIQUING</b>			
	Pre-Programme Communication x 2		500,000	

	Transport for facilitators and equipment x 2		400,000	
	Equipment hire x 2		200,000	
	Tape hire x 2		200,000	
	Materials x 2		150,000	
	Manila paper (25 sheets x 5,000) x 2		250,000	
	Markers (Lockets) x 2		200,000	
	Masking tape (1/3 roll x 5,000) x 2		200,000	
	Facilitation Allowances (2 x "Ushs. 50,000) x 2		200,000	
	Post Programme Reporting x 2		200,000	
	<b>Total Unit Cost</b>			<b>2,360,000</b>
				<b>\$906.6</b>
<b>9.</b>	<b>COUNTRY LIFE SKILLS EDUCATION WORKSHOP</b>			
	Pre programme Reporting		100,000	
	<b>Materials</b>			
	Stationary/Handout materials		30,000	
	Markers (2 packets x 10,000)		20,000	
	Newsprint (1 ream) 10,000		10,000	
	Facilitators' Transport (15 litres x 5,000)		75,000	
	Facilitation Allowance (Ushs. 30,000= x 2 facilitators) x 2		70,000	
	Meals for participating (10,000= x 50)		500,000	
	Refreshments (2 facilitators x 5,000)		100,000	
	Post Programme Report		100,000	
	<b>Total unit Cost</b>			<b>995,000</b>
				<b>\$382.69</b>
<b>10.</b>	<b>FAMILY LIFE AND EDUCATION PROGRAMME</b>			
	<b>Positive Parenting Workshop</b>			
	Pre Programme communication x 2		100,000	
	Resource materials: booklets (15,000 x 50 people) x 2		200,000	
	Facilitation Allowance including planning day (15,000= x 2 facilitators x 25,000= x 3 days)		300,000	
	Resource persons (Ushs. 50,000= x 3 people x 2 days)		300,000	
	Facilitators transport (Ushs. 5,000 x 15 liters) x 2		150,000	
	Materials: Newsprint (1 ream) x 2		60,000	
	Markers (2 packets 10,000) x 2		40,000	
	Masking tape (1 roll x 5,000) x 2		10,000	
	Writing paper (1 ream) x 2		30,000	
	Pens (1 packet x Ushs. 5,000) x 2		10,000	
	Participants allowance Ushs. (6,000 x 50 people) x 2		600,000	
	<b>Total Unit Cost</b>			<b>1,240,000</b>
				<b>\$2,600</b>

<b>11</b>	<b>COMMUNITY HEALTH WORKERS WORKSHOP</b>			
	Pre-program Communication x 2		200,000	
	Materials			
	Newsprint (1 ream x Ushs. 30,000=) x 2		60,000	

	Masking tape (2 rolls x Ush. 10,000) x 2		40,000	
	Markers (3 packets x 15,000) x 2		90,000	
	Tape hire (3 tapes x Ushs. 20,000 x 2 x 10		400,000	
	Work sheets/Stationary (100 pple x 2 sheets x Ushs. 20,000) x 2		400,000	
	Room and Board for participants (100 people x Ushs. 10,000= x 4days) x 2		2,000,000	
	Resource Person' Allowances (4 people x 50,000=) x 2		400,000	
	Transport for facilitators (Ushs. 15,000= x 4 facilitators x 2		120,000	
	Facilitators allowance including planning Day (Ushs 25,000= x 4 people x 3 days) x 2		600,000	
	Room and Board for facilitors (Ushs. 25,000= x 4 people x 4 days) x 2		800,000	
	Transport for resource persons (fuel 10 liters x Shs. Ushs. 5,000) x 2		1,090,000	
	Post Programme Reporting x 2		1,000,000	
	<b>Total Unit Cost</b>			<b>10,800,000</b>
				<b>\$4,153.846</b>
<b>12</b>	<b>ORGANISATION DEVELOPMENT PROGRAMME</b>			
	<b>STAFF DEVELOPMENT ACTIVITIES</b>			
	Staff Training (In house) 6 participants x 2		600,000	
	Professional fee x 2		400,000	
	Stationery x 2		200,000	
	Refreshment & Lunch x 2		200,000	
	½ Out of Station allowance 6 participants x 2		720,000	
	Transport Refund 6 participants		240,000	
	<b>Total Unit Cost</b>			<b>2,360,000</b>
				<b>\$907.6</b>
<b>13</b>	<b>POLICY SYSTEMS DEVELOPMENT ACTIVITIES</b>			
	Writing policy, systems & procedures, professional fee		1,500,000	
	Programme Review & Design		1,000,000	
	<b>Total Unit Cost</b>			<b>2,500,000</b>
				<b>\$9615.38</b>

<b>14</b>	<b>IEC MATERIALS PRODUCTION</b>			
	Printing programme, curriculum and systems manuals		2,000,000	

	Brochures (5,000 x 4,000 copies)		2,000,000	
	Newsletters (2,000 x 4,000 copies)		3,000,000	
	Posters (2,000= x 2,000=)		1,500,000	
	Greeting cards 5,000= x 800 pcs)		1,000,000	
	Banners (40,000= x 60 banners)		1,500,000	
	T.shirts 15,000 x 1,000 shirts)		5,000,00	
	Music composition		2,000,000	
	Music recording (2,000 x 1,000 tapes)		2,000,000	
	Playcards (1,500= x 320 placards)		480,000	
	Calendars 5,000 x 500 calendars)		2,500,000	
	Publishing Research finding (lump sum)		1,500,000	
	Video documentation		3,000,000	
	Script Writing		1,500,000	
	Hand outs (5,000 x 2,000 copies)		2,000,000	
	<b>Total Units Costs</b>			<b>3,198,000</b>
				<b>\$1,230</b>
<b>15</b>	<b>PLANNING, MONITORING AND EVALUATION ACTIVITIES</b>			
	<b>Executive Board Meetings</b>			
	Incentive (20,000= x 3 people)		60,000	
	Tea and Lunch 5,000 x 5 people)		25,000	
	Stationary (minutes, letter distribution, fuel etc) 15 x 5,000		75,000	
	Communication (phone, fax)		50,000	
	<b>Total Unit Cost</b>			<b>160,000</b>
				<b>\$61.53</b>
<b>16</b>	<b>BOARDING MEETING</b>			
	Transport refund (13 people x 10,000=)		130,000	
	Tea and Lunch (5,000 x 13 people)		65,000	
	Stationery (Minutes, mailing letters, fuel, etc)		50,000	
	Incentive (20,000= x 13 people)		260,000	
	Communication		30,000	
	<b>Total Unit Cost</b>			<b>535,000</b>
				<b>\$222.92</b>
<b>17</b>	<b>ON SPOT SUPERVION</b>			
	Fuel		100,000	
	Accommodation		300,000	
	Refreshments		100,000	
	<b>Total Unit Cost</b>			<b>500,000</b>
				<b>\$192.30</b>

<b>18</b>	<b>REPORT UNIT COST</b>			
	<b>Management Meeting</b>			
	Hire of Venue		300,000	
	Incentive (20,000= x 13 people)		520,000	
	Stationery Lunch (5,000 x 13 people)		130,000	

	Stationary (minutes, letter distribution, fuel etc)		100,000	
	Communication (phone, fax)		100,000	
	<b>Total Unit Cost</b>			<b>1,150,000</b>
				<b>\$442.347</b>
<b>19</b>	<b>COMMUNITY NEEDS ASSESSMENT</b>			
	Transport		200,000	
	Communication		100,000	
	Survey and Report materials		200,000	
	Typesetting		100,000	
	Facilitation allowance 50,000 facilitators x 5 days)		1,000,000	
	<b>Total Unit Cost</b>			<b>1,600,000</b>
				<b>\$615.3</b>
<b>20</b>	<b>ANNUAL STRATEGIC WORK PLAN</b>			
	Pre-program communication		100,000	
	<b>Materials</b>			
	- Newspring (1 ream x 30,000=)		60,000	
	- Manila paper		200,000	
	- Masking Tape (1 Roll x 2,000=)		4,000	
	- Markers 3 pkts		51,000	
	- Transport (10 people x 50,000=)		1,000,000	
	- Meals & Accommodation 1 prsn x 50,000 x 3 days		300,000	
	- Resource person allowance (50,000= x 3 days)		300,000	
	- Post programme reporting		200,000	
	<b>Total Unit Cost</b>			<b>2,215,000</b>
				<b>\$8,051.92</b>
<b>21</b>	<b>FAMILY HEALTH COMMUNITY WORKERS' ASSESSMENT WORKSHOP</b>			
	Materials x 2		200,000	
	Transport x 2		720,000	
	Accommodation (25,000= x 2 x 2 nights)		100,000	
	Meals 5,000 x 6 meals x 2 facilitators) 5,000		120,000	
	Community Worker's Incentives		100,000	
	<b>Total Unit Cost</b>			<b>1,340,000</b>
				<b>\$515.38</b>
<b>22</b>	<b>MONITORING AND EVALUATION</b>			
	In-House Examination		400,000	
	External Evaluation		2,000,000	
	External Auditing		2,000,000	
	Impact Assessment		3,000,000	
	<b>Total Unit Cost</b>			<b>7,400,000</b>
				<b>\$2,846.15</b>
<b>23</b>	<b>CAPITALISATION ACTIVITIES</b>			
	<b>Programme/Office Equipment</b>			
	Video and accessories – 1 Set		2,000,000	
	Overhead projector – 1		2,000,000	
	Generator – 1		1,500,000	
	Computers (2 x ,1,500,000=)		3,000,000	

	Setting computer networking system		3,000,000	
	Photocopying machine – 1		3,000,000	
	Telecommunication		1,500,000	
	Laminating machine – 1		1,000,000	
	Public Address system – 1		5,000,000	
	<b>Total Unit Cost</b>			<b>22,100,000</b>
				<b>\$8,500.0</b>
<b>24</b>	<b>MOTOR VEHICLES</b>			
	Vehicles (2 x 50,000,000=)		50,000,000	
	Motorcycles (5,000,000= x 2)		5,000,000	
	<b>Total Unit Cost</b>			<b>55,000,000</b>
				<b>\$21,153.846</b>
<b>25</b>	<b>PERSONNEL ALLOWANCES &amp; INCENTIVES</b>			
	Director per month		2,600,000	
	Accountant per month		500,000	
	Co-coordinator per month		500,000	
	Clinic staff (500,000 x 6)		3,000,000	
	Programme officer		400,000	
	Administrator		400,000	
	Training officers (500,000 x 3)		1,500,000	
	Office Assistants (200,000 x 2)		400,000	
	<b>Total Unit Cost (monthly)</b>			<b>9,300,000</b>
				<b>\$3,576.923</b>
<b>26.</b>	<b>MATERIAL PROCUREMENT</b>			
	Construction of water supply for the organization		10,000,000	
	Procurement of water holding tanks		7,000,000	
	Renovation and extension of working space (house)		8,000,000	
	Procurement of rapid diagnosis tests strips for TPHA, Brucella, Malaria, Widal, hCG, VDRL, RPR, Glucometer		20,000,000	
	<b>Total Unit Cost</b>			<b>27,000,000</b>
				<b>\$10,384.615</b>

<b>27</b>	<b>Condoms and Contraceptive Procurement</b>		15,000,000	
				<b>15,000,000</b>

				<b>\$5769.23</b>
<b>28</b>	<b>Income generating fund for the Organization maize mill plant</b>		15,000,000	
				<b>15,000,000</b>
				<b>\$5769.23</b>
<b>29.</b>	<b>Programme Review and Design</b>		1,000,000	
				<b>1,000,000</b>
				<b>\$384.65</b>
<b>30.</b>	<b>Networking with partners</b>		1,000,000	
				<b>1,000,000</b>
				<b>\$384.65</b>

**1 US DOLLAR EQUIVALENT TO UG SHS. 2600=**

***Prepared by:***

**MUZAALE JULIUS PAUL  
DIRECTOR**