RDI CERVICAL CANCER AWARENESS PROJECT

AWARENESS CAMPAIGN FOR CERVICAL CANCER SCREENING AMONG THE WOMEN IN ZAMBIA

RDI Marketing Department

7/2/2018

In this project proposal, we highlight the need and possible implementation strategies that aim at reducing fatalities associated with Cervical cancer complications through the promotion of early detection by encouraging women to go for Cervical cancer screening.

Cover letter

Rakellz Dream Initiative (RDI) is a non-governmental organisation established and dedicated to raising cervical cancer awareness and prevention programs in the Northern Province of Zambia. The programs will aim at promoting messages of early detection and providing an effective information dissemination system using the performing arts.

RDI is named after Rachael Mulenga Zulu who died from the complications of cervical cancer in the year 2015. Rachael was only 31 when she lost her life to cervical cancer. Rachael was a theatrical and performing artist and had a lot of passion for the Arts.

Before her untimely death, Rachael had written down 4 dreams to achieve for her life upon recovery. These dreams were;

- Academically – She wanted to go back to school and improve her GCE results and go to college.
- Business – open a boutique (restart) and a unisex salon. Open a nail bar and learn how to do eye lashes and makeup.
- Health – by god's grace, she wanted to get healed
- To get her pride and self esteem back

RDI seeks financing partners to help implement a cervical awareness and screening projective in Zambia, with the pilot site being Northern Province. This project on awareness campaigns on cervical cancer screening is centered on promoting and building the capacity of females in Zambia so that they get to understand their medical status on cancer as early as possible so that any intervention to safe life and seriousness of the disease is done earlier.

To date, RDI has been able to make more people aware of ways to prevent cervical cancer fatalities through various activities such as door to door awareness campaigns in Kasama, and open field campaigns were drama and poetry has been performed. These activities have allowed us to reach out to the communities as we look to enhance our programming and really change the world. Since its establishment in December last year, RDI has been steadfastly serving the needs of Kasama families in the Northern Province. We have since undertaken outreach activities in Musenga and Location compounds within Kasama where we have managed to have 23 women successfully screened for cervical cancer. RDI has also partnered with Kalomo community radio where we run a series of cervical cancer awareness program every Thursday, at 11:00. We have also established an audience of over 1,500 members using social media (WhatsApp & Facebook) where we have been sharing information.

We recently finalized filming and production of a short film titled ***The Monarch of Dreams*** which we intend to premiere on **Wednesday and Thursday August 29th and 30th 2018** respectively**, at 6:30 pm,** at Freshview cinema in Lusaka. This is a film that highlights the causes of cervical cancer and its effects on a family. This film will showcase both talent and information designed specifically to make people informed on cervical cancer. We also want to use this platform as a fundraising tool for several of our other activities that we are engaged in, such as community outreach programs in 7 provinces namely, Northern, Eastern, Southern, Western, Lusaka, Central and Copperbelt Province.

Narrative proposal

Cervical cancer screening programme is an organised screening programme to facilitate regular cervical smears for all women at risk of cervical cancer.

Cervical cancer is the most common cancer and the leading cause of cancer death among women in sub-Saharan Africa, accounting for one in five cases of cervical cancer reported globally. Zambia has disproportionately high rates of cervical cancer incidence and mortality. In order to implement the ultimate aim of reducing the incidence and mortality due to cervical cancer in women of the Northern part of Zambia, Rakellz Dream Initiative will launch a territory-wide cervical cancer screening programme in collaboration with other health care professionals to facilitate and encourage women to have regular cervical smears.

Cervical cancer most often develops in women after age 40 and peaks at around age 50. Dysplasia generally is detectable up to 10 years before cancer develops, with a peak dysplasia rate at about age 35. Unscreened women over 50 remain at relatively high risk of cervical cancer, though women in this age group who have had one or more negative screen in their thirties or forties are at low risk. The project will aim at raising awareness and information dissemination of cervical cancer using performing arts and various media interventions that focus on the benefits of early detection, linking patients to healthcare providers for treatment and provide on-going support to women affected by cervical cancer.

Abbreviations/Acronyms

CCPPZ: Cervical Cancer Prevention Program Zambia

WHO: World health Organization

UTH: University Teaching Hospital

CDH: Cancer Diseases Hospital

RDI: Rakellz Dream Initiative

HPV: Human Papillomavirus

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PROJECT SUMMARY

PROJECT TITLE:	**AWARENESS CAMPAIGN FOR CERVICAL CANCER SCREENING AMONG THE WOMEN IN ZAMBIA**
ORGANIZATION:	**RAKELLEZ DREAM INITIATIVE**
TYPE OF ORGANISATION:	**NON GOVERNMENTAL**
PROJECT LOCATION:	**ZAMBIA**
SCOPE:	**NATIONWIDE**
BENEFICIARIES:	**4,000 WOMEN AGED 20-50 YEARS**
PROJECT DURATION:	**3 YEARS**
FUNDING:	**ZMK5,180,720.64**
REQUESTING INITIALLY:	**ZMK5,180,720.64**
CONTACT PERSON:	**ROBERT ZULU**
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1. Summary

Cervical Cancer remains the major silent killer affecting Zambian women and according to UN World Health Organization, every year 3, 577 women are diagnosed with cervical cancer and 2, 464 die from the disease. By comparison, 1, 100 women die of breast cancer every year according to University Teaching Hospital. The burden of cancer of the cervix in Zambia is one of the highest in sub-Saharan Africa, with the HIV epidemic driving up cases. In 2005, CIDRZ conducted a pilot study evaluating cervical cancer prevalence among HIV-positive women seeking care at University Teaching Hospital (UTH) in the capital Lusaka, Zambia, about 33.6 percent of women in the general population are estimated to harbor cervical human papillomavirus infection the main cause of cervical cancer at any given time. Although this is like this, many local women in Zambia especially those in remote districts remain unaware of it and are therefore dying in silence.

Rural districts remains among the most remote and under developed districts in Zambia with limited access to quality health care services, poor communication and transport systems and high illiteracy levels across the district. With few modern facilities and highly qualified health professionals, and accessibility challenges coupled with the vast country geographical, people would trek over 70 kilometers in search of adequate health services in neighboring districts or provincial headquarters.

There has therefore been need to start cervical cancer screening capacity building initiatives among the women throughout Zambia. This project will enable us to deliver clinical services and enable all eligible women within Zambia to have a maximum access to quality cervical cancer screening and treatment services. We shall partner and work with the local government, community health workers and establish working systems at the grassroots level for purposes of sustainability, increasing awareness and provision of support at the community level.

1.1 Background

Cervical cancer is the infection of the cervix by a sexually transmitted virus called Human Papillomavirus (HPV). Both men and women can easily pass the virus to one another during sex without knowing it. In women the virus first turns into a pre-cancer of the cervix then grows into a cancer over 10-20 years. The HPV virus and the pre-cancer do not cause any symptoms. Many men have this virus and do not know it because it does not cause them problems.

Accordingly, it's estimated that cervical cancer is found in 500000 women and kills 250000. It is the most common cancer found in Africa and Lusaka than any other cancer. If a woman is tested for pre-cancer it can be found and treated before it turns into a cancer.

2. Project Description

This project on awareness campaigns on cervical cancer screening is centered on promoting and building the capacity of females in Zambia so that they get to understand there medical status on Cancer as early as possible so that any intervention to safe life and seriousness of the disease is done earlier. The natural history of cervical cancer suggests that screening initially should focus on women at the highest risk of precancerous lesions; women in their thirties and forties. Cervical cancer most often develops in women after age 40 and peaks at around age 50. Dysplasia generally is detectable up to 10 years before cancer develops, with a peak dysplasia rate at about age 35. Unscreened women over 50 remain at relatively high risk of cervical cancer, though women in this age group who have had one or more negative screens in their thirties or forties are at low risk.

Despite Cervical Cancer being preventable, most women in Zambia especially those living rural areas lack information on the disease, diagnosis and funds for treatment especially when the disease is at an advanced stage. Most women continue to succumb to premature death simply because they do not have access to information on the cervical cancer. Looking at the remoteness and high illiteracy levels especially amongst the majority women in rural Zambia, this will be the first time most people especially women will be hearing about cervical cancer. Most women in this area are dying of the disease silently as some sections of this community refer to it as witchcraft that only need intervention by traditional healers. For those that have been able to go to health centers and tested positive of the disease, the main word they heard was that, they have been diagnosed with '*cancer*', and according to them, cancer is not treatable which means they are condemned to go home and wait for the final day that they will die! Intensive counseling and screening of these women followed by massive community sensitization will be tantamount to the successful fight and prevention of cervical cancer among the rural women in rural Zambian District. The project will reach at least 6 million women between the ages 20 to 50 years within Zambia in 10 provinces.

Despite the fact that most of health workers in the Zambian health centers know about cervical cancer and the fact that it's treatable, they lack the necessary capacity and ability to screen and treat the deadly disease. They have also not taken an effort to explain more clearly to their patients about cervical cancer and its prevention. This category will need to be more enlightened about the disease and continuously encouraged to always provide information about the disease to their patients. At least 10 health workers within the project area shall be trained and provided with adequate information on cervical cancer.

For those women found with cervical cancer, they will need continuous support and encouragement from people near them and more especially their husbands. Husbands

need to be sensitized and actively involved so as to support their wives both financially and psychologically.

3. Statement of Purpose

Cervical cancer has been proven to kill more women in Africa than any other cancer. Its prone victims are women aged 25 to 45 years. According to CIDRZ (2005), Cervical Cancer prevalence is high in which more than two thousand women are diagnosed each year let alone in UTH. This result concurs with WHO report that Zambia and Tanzania have the highest incidence of cervical cancer in Africa. Cervical cancer has been medically attributed to preventable and curable causes like immune systems weakened by HIV and smoking among, early screening, and life style. However, due to little knowledge, many Zambian women fall prey to this fatal sickness. This project therefore intends to intensively and extensively sensitize the women on strategies that lead to early detection and possible curable approaches to Cervical Cancer. Zambian women are targeted for this project because the most of the women in Zambia are lacking awareness, and sometimes they blame witchcraft, neighborhood envy instead of the facts due to limited access to information towards cervical cancer and screening.

Furthermore, cervical cancer is the uncontrolled growth of some cells on the cervix (the mouth of the womb). Cells on the cervix begin to grow slowly and abnormally over the years. These early (pre-cancerous) changes can disappear on their own without causing problems. But in some women, these cells can grow into cancer if they are not identified (screened) and treated early. They spread to other parts of the body and interfere with normal body functions.

Zambia has a population of more the 5 million women of ages 15 years and older who are at risk of developing cervical cancer. Current estimates indicate that every year 3,577 women are diagnosed with cervical cancer and 2, 464 die from the disease (WHO/ICO Information Center 2010). Cervical cancer ranks as the first most frequent cancer among women in Zambia, and the second most frequent cancer among women between 15 and 44 years of age. Data is not yet available on the Human Papilloma Virus (HPV) burden in the general population of Zambia. However, in SADC, region where Zambia belongs, about 33.6% of women in the general population are estimated to harbor cervical HPV infection at a given time.

Cancer of the cervix uteri is the second most common cancer among women worldwide, with an estimated 529,409 new cases and 274,883 deaths in 2008. About 86% of the cases occur in developing countries, representing 13% of female cancers (Zambia Human Papillomavirus and related cancers summary report, 2010). Worldwide, mortality rates of cervical cancer are substantially lower than incidence

with a ratio of mortality to incidence to 52% (IARC, GLOBOCAN, 2008). The majority of cases are squamous cell carcinoma and adenocarcinomas are less common.

4. Goals and objectives

4.1 Project Goal

The project goal is to create awareness toward early detection so as to aid prevention and cure in case of those who have been positively diagnosed.

4.3 Project Objectives

1. To raise and increase public awareness of both literate and illiterate Zambian women and men on earlier screening for cervical cancer;
2. To advocate for a adequate cervical cancer health care facilities in public health centers;
3. To improve overall coverage of the target population in the project area;
4. To build a quality assurance mechanism for better quality screening services in smear-taking, referrals and follow-up management of abnormal smears;
5. To provide cervical cancer prevention initiatives;
6. To advocate for better cervical cancer screening and treatment services from the Zambian government, and
7. To provide better support to the other NGOs and relevant stakeholders.

4.4 Activities

4.5 Objective 1*: To create awareness about cervical cancer, its effects and the availability of prevention services*

4.5.1 District sensitization meeting

We shall begin with a district sensitization meeting where we shall educate and sensitize district officials, district councilors, sub-county chiefs, chairpersons and religious leaders. The exercise will also be used as a platform for introduce and inform the leaders about the project and its purpose. This will help us to earn their support to the project. We shall lobby their participation and support during the project implementation. The meeting shall target at least 70 participants from all sub-counties within the district.

4.5.2 Community sensitization activities/meetings

Community awareness and sensitization activities shall be organized at parish level across the district so as to increase knowledge and create awareness on cervical cancer and its prevention. These awareness activities shall target all women aged 20-50 years and residents in our catchment area. The activities shall be conducted by the project staff that will include physicians, nurses, social workers/community

development offers and we shall work hand in hand with local authorities, religious leaders and community health volunteers. We shall invite men and encourage them to participate in our sensitization meetings, provide them with adequate information and ensure they are present during the screening of their women. This will enable them to provide support to their women especially those found with cervical cancer.
At least ***34 community sensitization meetings*** shall be organized and conducted in all parishes within the district. These will be organized and conducted through church gatherings, in market places, at health facilities and by inviting people to come for the meetings at selected locations mainly at school compounds, churches, parish or sub-county headquarters within their locality. Mobilization shall be done through church announcements, pinning of posters in strategic locations, funeral meetings, radio announcements and through a team of dedicated community health volunteers.
We shall design and produce information, education and communication materials (IEC) on cervical cancer and prevention that we shall disseminate during these community awareness and sensitization activities. ***I.E.C materials*** shall be simplified and tailored to suit the target group which are the local women and community members and will be aimed at motivating women to come for screening.

4.5.3 Media campaigns and engagements

We shall engage in media campaigns to raise awareness for continued cervical cancer screening and early detection. With the privatization of communication systems in Zambia, Radio stations have become one of the major forms of public communication in Zambia. Currently, there are 94 radio signals. People have mainly relied on local radio stations as the main source of information inform of news bulletins, announcements, entertainment, social affairs and marketing, among others. In Zambia, at least every family owns a radio station and however much poor the household is, it endeavors to buy at least batteries for a radio, mainly possessed by the man.

5. Objective 2*: To provide cervical cancer screening and treatment services to women between 20-50 years of age both at our center and within the community*

5.1 Counseling of eligible women for treatment

Before screening, all eligible women shall be counseled about cervical cancer, risk factors and prevention. Screening will be done both at the Hospital and in community during community sensitization meetings and outreach clinics. This will be done by a team of social workers and community health volunteers who will be specifically trained on issues of cervical cancer and referral. Women will be offered adequate information on the screening test, how it will be done, and what to expect during the screening procedure. For those found positive, a post counseling session shall be conducted where they will be provided with information about the treatment

procedure, home-care instructions, vaginal discharge, and their follow-up schedule. They will be requested to abstain from sexual intercourse or to use a condom for at least 1 month after treatment, to allow completion of healing.

After treatment, for those found positive, they will again be counseled about expected side effects, such as cramping, vaginal discharge, spotting, or light bleeding, and advised about self-care at home and when to return for review after 12 months to assess the regression of lesions. They will also be given analgesics to reduce cramping. They will be advised to abstain from sexual intercourse for four weeks following therapy/treatment, and will be provided with condoms (for those that can't abstain).

6. Methodology for screening and treatment

6.1 Mobile based cervical cancer education and Mobile screening

Rakellz Dream Initiative plans to carry out extensive district and ward based VIA screening services through a mobile based approach. This is a cost effective intervention in that the mobile screening unit can cover a larger geographical area and helps to bring the service to the people rather than the people travelling long distances to seek for the screening services. VIA also enables a client to receive her results on the same day unlike pap smears, hence the client will leave the screening centre well informed of the decision she has to take.

The prevention cervical cancer through screening using visual inspection with acetic acid (VIA) and treatment with cryotherapy has been widely recommended as the most workable and cost effective method for cervical cancer screening and treatment in developing and low income countries like Zambia. VIA has come as the best replacement for Pap smears which require skilled practitioners and good laboratories to be effective, and HPV tests which come at a non-trivial expense. VIA sounds like a scary way to test for cervical cancer, but in reality it's quite simple. Unlike an HPV test (which looks for HPV DNA) or a Pap smear (which looks for small cellular changes in the cervix), VIA allows doctors to directly see lesions and other changes in the cervix that are large enough to, presumably, need treatment. The proposed methods (VIA and cryotherapy) has already been used in six African Countries of Madagascar, Malawi, Nigeria, Zambia, Tanzania and Uganda and has been found very effective and recommended for cervical cancer screening and treatment.

Before screening and cryotherapy, each woman will sign a consent form. Women with a positive screening test will be offered treatment using cryotherapy if they met eligibility criteria. A positive test will be defined as any aceto-white lesion at the squamo-columnar junction of the cervix. Cryotherapy will be provided by either a doctor or clinical officer using nitrous oxide and a cryotherapy unit (Wallach Surgical Devices, Orange, CT).

The table below will be followed for exclusion criteria for screening and eligibility criteria for cryotherapy

Exclusion criteria for screening	Exclusion criteria for treatment	Eligibility criteria for treatment
• Women who are very ill • Women who are more than 20 weeks pregnant • Women less than 12 weeks after delivery • Women with cauliflower-like growth or ulcer; fungating mass • Women with previous history of treatment of cancerous lesions • Women with known allergy to acetic acid • Women with a history of total hysterectomy	• Women with a history of prior treatment for pre-cancer • Women suspected with cancer • Women with known pregnancy and until 12 weeks postpartum • Women with a lesion occupying more than 75% of the surface area of the cervix • The cryotherapy probe not covering the lesion or leaves space of more than 2 mm • The lesion extends more than 2mm into cervical canal or onto the vaginal wall	• Women with a positive test and an entirely visible lesion on the ectocervix, not extending to the vaginal wall or into the endocervix • The lesion can be adequately covered with a 2.5 cm cryopherapy probe • Women with no evidence of pelvic inflammatory disease or cervicitis, and with no polyps • Women who are not pregnant • Women who will have given consent for treatment

6.2 Community visits and follow-up of women with a positive test

Women who will have been found with cervical cancer and started on cryotherapy will be followed at home. They will be encouraged to return to clinics whenever they experience passive symptoms such as fever for more than 2 days, severe adnominal pain, heavy bleeding unrelated to menses, or bleeding with clots. They will be provided with health education and psychosocial support on copying with the disease. Appointment cards will be given and reviewed to remind them about the next appointment. At 1 year post-cryotherapy, they will be rescreened using VIA, and managed appropriately. Those that had been VIA positive will be referred for further evaluation and those that were VIA negative will be advised to seek rescreening after 3 years. For patients who will not be eligible for cryotherapy will be referred to UTH Hospital for further evaluation and treatment. For women who will have tested negative, they will be recommended for a repeat test at 3 years.

A simple management information system/or database shall be setup to ensure proper information management and sharing. Proper data capture tools shall be developed and we shall ensure that proper record keeping is done.

6.3 Palliative care and support

Palliative care will help to address the needs of patients with advanced disease. Efforts shall be put on ensuring that palliative care is available to women with advanced, terminal disease. Palliative care is the active total care of patients whose disease is not responsive to curative treatment or for whom curative treatment is not available. Palliative care will be done inform of controlling pain, psychological, social, and spiritual problems. The overall goal shall be to achieve the best possible quality of life for patients and their families.

Palliative care will help to affirm life and will regard dying as a normal process. The process neither hastens nor postpones death but provides relief from pain and other distressing symptoms. Addressing psychological and spiritual needs of patients will help patients to live as actively as possible until death and will offer a system to help families cope with the patients' illness and their bereavement.

A training shall be organized for all project staff on cervical cancer diagnosis and its implications. This is because it's always difficult for physicians and nurses to discuss the prognosis of the grave disease and death without special training. Cultural norms dictate against informing the patient about a cancer or treatment diagnosis. As a result, cervical cancer diagnosis is often discussed quickly & superficially, if at all. In collaboration with Hospice Zambia, a training in client communication shall be organized at Selected Hospital for project staff & community health volunteers to develop skills needed to talk with patients and their families about cancer and death. Trainees will also receive skills in managing pain, addressing other symptoms of the disease, and providing counseling support to patients and their families.

7. Objective 3*: To build local capacities for cervical cancer screening and referral*

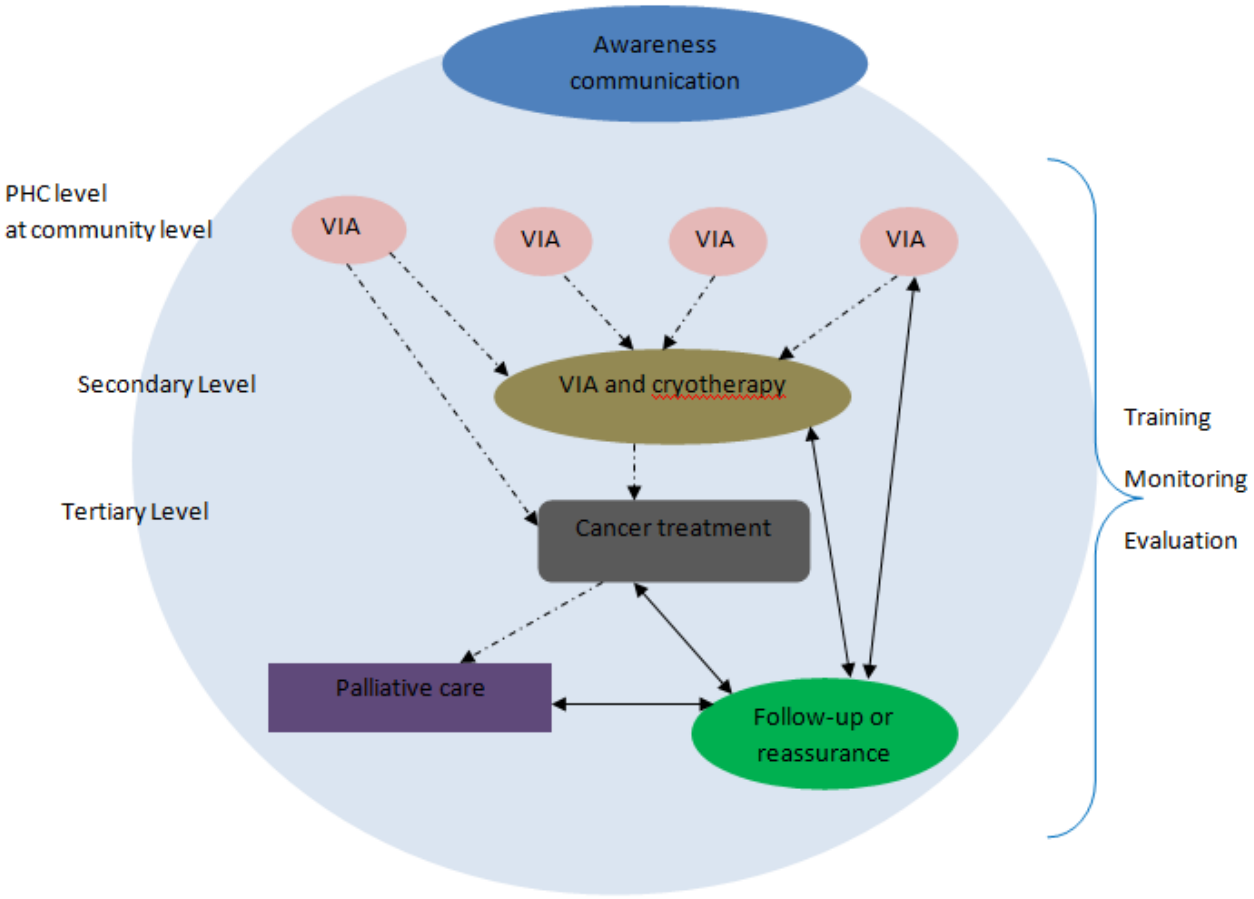
Although VIA gives immediate results, it requires training and supervision. A-five-days training shall be organized at the Hospital for all Project staff, community health workers and volunteers and will be conducted by an experienced gynecologist. Staff will be taken through the history of cervical cancer, signs, screening methods, prevention and control of the disease. This will enable staff to manage the project effectively. To gain confidence and to assure proficiency necessitates continual screening and coaching on how to adequately perform cryotherapy. Physicians and nurses will be provided with continuous in-service training. Training materials shall be adapted and standardized to include updated scientific information. A training program will be developed in collaboration with competent trainers to ensure that a

pool of qualified health professionals is trained in LEEP, cold knife cognition, and other methodology for further cancer treatment, so that a comprehensive programme is run and women are offered adequate treatment.

7.1 Beneficiaries/products

Project activities shall be organized and implemented in a chronological manner and at different levels of health care so as to ensure impact creation. At the community level, activities shall include creating awareness, communication and educating targeted women between the ages 20-50 years. For patients with advanced disease, palliative care shall be arranged and provided. At the Primary Health Care (PHC) level, VIA shall be performed and women with positive tests will be referred to the next (secondary) level, where VIA and cryotherapy could be provided. For instances where the lesion will not meet the criteria for cryotherapy, women will be referred to the tertiary level for further evaluation and treatment. At the next level, we shall have training of health-care providers, monitoring and evaluation of services that will be required.

Figure 1: Operational framework for the activities to be undertaken at different levels of healthcare.



8.0 POLICY IMPLICATION

Effective mechanisms shall be developed and put in place so as to meet women's needs for cervical cancer prevention, information and services. Apparently, Zambia lacks a clear policy and guidelines on cervical cancer screening and treatment but one is being developed and shall be in-force soon. We shall follow WHO standard guidelines which ensure that policy implementation should include linkages with HIV and sexual and reproductive health, as well as related programmes. During the project implementation, we shall involve women at risk in the design, implementation, and evaluation of cervical cancer prevention programs. We shall ensure that outreach efforts reach the majority women aged 20-50 years. We shall help and support women to develop communication skills that strengthen their ability to discuss cervical cancer prevention with friends and/or family members. The training of health workers will ensure that women seeking services are effectively and respectfully communicated to. The project shall ensure that cervical cancer prevention services are accessible to all women in our catchment area by minimizing costs and offering services at convenient times and places. Cervical cancer prevention services shall be mainstreamed in our programme and more especially the programme areas considered important to women like maternal and reproductive health.

9.0 OUTCOMES/EXPECTED RESULTS

The detailed outcomes (and their indicators) of the project will be presented in the logical framework to be developed in participatory with partners. However the following are some of the key expected outcomes of the project.

- At least 90% of people screened provided with counseling services
- 30% of women in the target population screened within the first year of project implementation
- At least 60% of women aged 20 to 50 years screened for the first time in the past 5 years
- The capacity of at least 10 health workers within the project area built on cervical cancer screening and are able to perform or refer women for screening
- At least 60% of women aged 20 to 50 years within the project area knowing basic screening message
- At least 60% of women aged 20-50 years having a positive attitude towards screening services
- At least 10% of women with positive screening results diagnosed within the first three months and provided treatment
- At least 60% of all women treated followed-up annually
- Reduced incidence of cervical cancer within the project area by project end
- Reduced mortality rate from cervical cancer within the project area

- Increased capacity of SELECTED foundation to provide support and adequate care to people infected and affected by cervical cancer.

10.0 Monitoring and Evaluation

Monitoring and Evaluation (M&E) of project's operations and impact will be essential to determine whether the project is meeting its objectives effectively and efficiently. Results obtained from M&E will be used to mobilize continued financial support and political support for the project. Monitoring and Evaluation will create an opportunity for learning and the lesions learnt will be fed back into the programme on an ongoing basis. Monitoring and Evaluation will be based on the logical framework which sets out all the indicators for assessing progress. We will embark on collecting baseline information from the proposed project area, in collaboration with the District Health Office Staff and partners within Zambian District for purposes of setting benchmarks. On the whole, the approach taken shall fall under the following lines:

10.1 Monitoring

Data collection for monitoring purposes will be an ongoing process based on data collection tools which will be developed before the start of the project. Currently all departments at SELECTED Foundation are required to produce monthly reports using given formats as a monitoring process. Project staff will be at the fore front of all monitoring process and they will ensure that together with our partners they capture all the required data and prepare monthly reports. Quarterly project monitoring visits shall be organized and conducted by the senior project staff to assess the progress and these will be done in partnership and collaboration with local authorities and community health volunteers. The progress of coverage rate of screening and treatment will be monitored and data collection shall be simplified to retain only minimal indicators such as test result of the screening test and the compliance to treatment. Data on VIA and cryotherapy will be incorporated into Health Management Information System. Rates of positive test results, at each screening site shall be monitored over time.

10.2 Reviews

Based on the information in the monthly monitoring reports participatory quarterly reviews will be conducted involving all staff that are directly involved in project implementation. These reviews will assess the achievements and strong points as well as challenges experienced and learn lessons from them. The lessons learnt will be fed into the plans for the subsequent quarter. Annual review meetings shall also be conducted involving all our partners, district officials, community health workers and volunteers, and local leaders within the project area.

10.3 Evaluation

Evaluation will help us to address ongoing activities (for instance, how well the program's screening and treatment services are functioning and whether women with untreatable disease are receiving palliative care) and long-term impact (for instance, whether the program has helped to reduce cervical cancer incidence rates in Zambian cost effectively). At the end of each year there will be a one-day participatory review of the project involving all partners and representatives of beneficiaries from all sub-counties. This review will be based on a project status report with input from partners and community health volunteers. This will be an evaluative review of the project and lessons learnt from the process will be used to review the plans for the subsequent year. This Action, Learning and Planning process ensures that the people who are involved with the programme on a day-to-day basis are involved in its review and evaluation. Guidelines for the participatory performance assessment will be prepared by SELECTED Foundation. An external evaluation facilitated by an external consultant will be conducted at the end of the 3 year period to assess project effect or impact and to learn lessons.

11.0 Setting-up and efficient Health Management Information System

To ensure a successful Monitoring and Evaluation process, a well-functioning Health Management Information System shall be established and setup. With such a system, it will be easy to track individual women overtime, including a client's screening results, diagnosis, referrals, and treatment outcomes by just using client records. Ideally, client records will be linked into sub-county tables within the system to allow easy data aggregation on key evaluation indicators. The Health Management Information System will help to: identify those most in need services (for example women who have never been screened; women who are due for periodic screening; women with abnormal screening results who need follow-up); contact women with screening results; monitor the coverage or response rate of recruitment program; record cytological abnormalities detected on screening; ensure that women receive adequate follow-up care; collect and assess data on laboratory and diagnostic quality; permit comparison of data on program outcomes at the sub-county and district level. A Data Clerk shall be assigned the responsibility of managing data entry and the Health Management Information System.

12.0 Organizational information

Rakellz Dream Initiative
Plot No. 41 VAP Street, New Town, Kasama, Zambia
PO Box 410624, Kasama, Zambia

12.1 Contact information

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Second Name	Zulu
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13.0 Partnership

Our implementation partners include;

- Ministry of Health – Zambia
- Ministry of community Development and Social welfare
- Kasama General Hospital
- Mungwi District level Hospital
- Mpulungu District level Hospital
- Luwingu District level Hospital
- Mbala General Hospital
- Mporokoso District level Hospital
- Destiny Wisdom Centre Church
- Christ Envoys Church
- FAWEZA
- Women's Lobby
- World Vision
- YWCA

14.0 Budgets and Financial Resource proposal

This project will require a total budget of ZMK5,180, 720.64 (**$518, 072.06 (US)**) to start implementation in Kasama. This budget will need partnerships to implement. Depending on the availability of funding, the project will be rolled out to the rest of the Province in the next 3 years and eventually the rest of the country.

RDI will work on fundraising ventures through the theatrical play shows and production of a short movie that will be staged and performed in selected places and towns. The returns will go towards paying artists and other logistics in the staging of the play.

The rest of the realized funds shall be used to finance further outreach programs and sourcing of cervical cancer material for distribution.

Form 4
(Regulation 7)

REPUBLIC OF ZAMBIA

The Non-Governmental Organisations' Act, 2009
(Act No. 16 of 2009

The Non-Governmental Organisations
(Forms and Fees) Regulations, 2011

CERTIFICATE NO. DRNGO 101/0756/17

CERTIFICATE OF REGISTRATION

(Section 13 of the Non-Governmental Organisations' (Act, 2009)

Holder's name ..... RAKELLZ DREAM INITIATIVE .....

Address..... KASAMA .....

The certificate is granted for a period of five (5) years commencing on the .....21st December.....day of 20...17.....

The conditions of grant of the certificate are as shown in the Annexures attached hereto.

Issued at ...Lusaka.....this .....21st.....day of ..December....20....17....

HENRY NKHOMA
.....
Registrar

ENDORSEMENT OF REGISTRATION

This Certificate has this...21..day of...12.20..17.been entered in the Register.

HENRY NKHOMA
.....
Registrar

BOARD AND MANAGEMENT

BOARD MEMBERS

SN	NAME	ROLE	PROFESSION
1	Robert Zulu	Interim Chairman	Auditor
2	Bertha Mumba	Secretary	Social Worker
3	Martha Bwalya Chanda	Treasurer	Auditor
4	Annie Mambwe	Member	Business Lady
5	Mwape Barbara Kumwenda	Member	Journalist
6	Weston Chewe	Member	Pastor
7	Emmanuel Nyalazi	Member	Auditor
8	Mwaba Mulenga	Member	Physiotherapist
9	Ruth Mkandawire	Member	Dental Assistant
10	Fumbata Mukuni	Member	Accountant
11	Nicholas Kawinga	Member	Theatre Director
12	Florence Nakamonga Mulimba	Member	Pastor/Social Worker

MANAGEMENT MEMBER

	NAME	POSITION	OCCUPATION
1	Robert Zulu	Executive Director	Auditor
2	Deborah Ruth Tembo	Country Coordinator	Business Lady
3	Owen Chinyonga	Human Resource and Administration	Contractor
4	Martha Bwalya Chanda	Finance Manager	Auditor
5	Shadreck Phiri	Marketing Manager	Surveyor
6	Grace Mkokweza	Procurement Manager	Procurement Officer
7	Sheba Mukena	Publicity and Information Manager	Accountant/Media Practitioner
8	Hornsby Kasongo	Health and Nutrition Manager	Medical Nurse
9	Emeria Zgambo	Monitoring and Evaluation Manager	Associate Counsellor
10	Juliet Mambwe	Arts and Culture Manager	Film Director

14.1 Detailed Budget Analysis

Summary

Timeframe: 1/1/2018 - 12/31/2020					
	TOTAL BUDGET (1/1/2018 - 12/31/2020	Year One (1/1/2018 - 12/31/2018)	Year Two (1/1/2019- 12/31/2019)	Year Two (1/1/2020- 12/31/2020)	**Name of the organization incurring expenses**
RAKELLZ DREAM - suggested budget items*					
Personnel (including benefits)	3,274,040.16	989,136.00	1,088,049.60	1,196,854.56	TBA
Consultants/Collaborating Institutions	67,292.30	20,330.00	22,363.00	24,599.30	TBA
Travel	66,431.70	20,070.00	22,077.00	24,284.70	TBA
Equipment	80,747.45	24,395.00	26,834.50	29,517.95	TBA
Communications/Publications	36,575.50	11,050.00	12,155.00	13,370.50	TBA
Conferences/Meetings	43,238.53	13,063.00	14,369.30	15,806.23	TBA
Evaluation/progress review	49,749.30	15,030.00	16,533.00	18,186.30	TBA
Projects	642,140.00	194,000.00	213,400.00	234,740.00	TBA
Events	310,064.25	93,675.00	103,042.50	113,346.75	TBA
Other Direct Program Costs	105,589.00	31,900.00	35,090.00	38,599.00	TBA
Office Expenses	33,877.85	10,235.00	11,258.50	12,384.35	TBA
Sub-total Direct Costs	**4,709,746.04**	**1,422,884.00**	**1,565,172.40**	**1,721,689.64**	
Overhead @ 10%	470,974.60	142,288.40	156,517.24	172,168.96	
TOTAL	**5,180,720.64**	**1,565,172.40**	**1,721,689.64**	**1,893,858.60**	