

PROJECT TITLE: Cancer and HIV/AIDS services to 20,000 Lango

ORGANIZATION: Behemax Medical and Development Group

TYPE OF ORGANISATION: National Not for Profit Organization

ORGANISATION LOCATION: Lira District- Uganda

PROJECT LOCATION: Lira, Alebtong and Oyam districts

SCOPE: Lango Sub Region

PROJECT DURATION: 36 months

FUNDING: \$266,663

CONTACT PERSON: **Otwii Emmy**
Program Coordinator
behemaxmc@gmail.com
+256776304604

CONTACT DETAILS: **Behemax Medical and Development Group**
Boroboro Road, Lira Central Division
Lira District
C/o P.O Box 985, Lira- Uganda
Tel; +267776304604

1. Executive Summary

In Uganda, with the major challenges in the healthcare system due to corruption, services are being diverted and fail to reach intended recipients. At the district levels throughout Uganda, 85% of the Hospitals don't have the necessary materials for screening prostate cancer, Cervical and other Cancers and HIV; only 15% are carrying out cancer screening and HIV/AIDS programs compared to over 45% in other East African Countries. In the Northern Uganda, Lira regional and Lachor Hospital remain the few government funded hospitals carrying out prostate cancer, Cervical and breast cancer screening. Of the men and women screened, most are screened by chance most likely out of the range of treatment disease. Due to limited capacity to screen and treat prostate, cervical and breast cancer especially at advanced stages, all cases are being referred to Mulago Hospital of which most men in Northern Uganda cannot even raise transport costs to Kampala where Mulago is located.

Despite prostate Cancer, Cervical and breast cancer being preventable, most men and women in Northern Uganda especially those living rural areas of Alebtong, Lira and Oyam lack information on the disease, diagnosis and funds for treatment especially when the disease is at an advanced stage. Most men and women continue to succumb to premature death simply because they do not have access to information on the cancer and HIV. Looking at the remoteness and high illiteracy levels especially amongst the majority men and women in Northern Uganda, this will be the first time most people especially men will be hearing about prostate cancer. Most men in these areas 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 Hospitals 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 men and women followed by massive community sensitization will be tantamount to the successful fight and prevention of prostate, cervical and breast cancer among the rural men and women in Northern Uganda.

Despite the fact that most of health workers in the districts health centers know about prostate, cervical and breast 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 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 500 health workers within the project area shall be trained and provided with adequate information on prostate cancer. For those men found with prostate cancer, they will need continuous support and encouragement from people near them and more especially their wives and other caregivers. Wives need to be sensitized and actively involved so as to support their husbands both psychologically.

This project is therefore intended to respond to concerns and needs of persons affected and infected with cancer and HIV/AIDS, and other key populations in recognition of the gaps and challenges that they face, through support from Global Giving Partners, BMDG shall use comprehensive approaches to programming, implementation, monitoring and evaluation of interventions aimed in order to achieve the intended results.

The major activities of the project among others shall include, Cervical cancer, HIV and Prostate cancer awareness, screening and linkage for treatment, HIV Counselling and testing, Condom promotion, Community social mobilization, Small groups intervention, facility based outreaches to provide services; support to health facilities to conduct integrated outreaches, community linkages to the core services, training of service providers to provide minimum packages to the vulnerable persons, enhancing collaboration and partnership between various stakeholders.

It is expected that by the end of the project, 9,000 men aged 30's and above 10,000 women provided cancer awareness, screening, testing and treatment, 8,000 Youth provided HCT and SRH education; 12,000 PLHIVs utilizing comprehensive HIV care, treatment and support, 500 TB patients to accessed HCT; 1,700 ART eligible PLHIVs to referred for ART programs; 350,500 male and female condoms distributed; 105,000 IEC for BCC distributed. BMDG is seeking for a total of **\$266,663** towards the implementation of this project within 36 months.

2. Problem Statement

Most African countries have similar political, economic and administrative structures. They are also beset by poverty, the HIV/AIDS epidemic, a hoard of communicable diseases and a number of other serious health problems including Non-Communicable Diseases (NCDs) of which cancer is one which presents as a major public health concern. In Uganda prostate, Cervical and breast cancer are the most common cancer and the incidence is increasing at 5.2% annually¹. It is most common among men and women and the second commonest cause of cancer related death in men² and women. The estimated number of new cases per year is at 1,547, age-standardized rate of new cases 38.0/100,000, number of death per year at 1,314, estimate age-standardized number of death at 32.5/100,000, 1 year prevalence at 1,207 and 5 year prevalence at 4,014³. The median age at which Ugandan men are diagnosed with prostate cancer is 70 years.

The prognosis of men and women diagnosed with prostate, cervical and breast cancer in Uganda is poor, only 46.9% will live 5 years after diagnosis compared to 98% among developed countries⁴. However, most prostate cancer victims are diagnosed with late stage, incurable tumors, pointing to the need for better detection programs.

The majority of Ugandan men are simply not aware of prostate cancer and do not take early urinary symptoms seriously, therefore 60–80% present with very advanced prostate cancer⁵. Although much emphasis has been placed on cancer in women in Uganda, especially breast and cervical cancer, little attention has been given to the cancers affecting men. Currently, there is no formal program targeting prostate cancer which may explain the lack of awareness about prostate cancer among the population.

Over a decade of civil war, Northern Uganda remains among the most remote and under developed region in Uganda with limited access to quality health care services, poor communication and transport systems, and high poverty and illiteracy levels across the region. There are no published data on the prevailing knowledge, attitudes and practices regarding prostate cancer in the region. This project will undertake to assess the current knowledge, attitudes and practices about prostate cancer in the region. Hopefully, findings will provide a starting point for Behemax Medical and Development Group to raise awareness among Northern Ugandan poor populations about cancer HIV. Conduct trainings, Screening and linkages for treatment.

This project will enable us to inform and enable all eligible men within the region to have a maximum access to quality prostate 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.

The Project will be implemented in the 3 districts of Lango sub region targeting at least 20,000 vulnerable populations between the ages 30's and above. Community outreach visits shall be organized and conducted at each site. Upon successful implementation of this project in this project area, considerations to enroll to project in other districts shall be reviewed and discussed with the donor

¹ Prostate cancer burden at the Uganda Cancer Institute (UCI); [2015 Genitourinary Cancers Symposium](#)

² Changing cancer incidence in Kampala, Uganda, 1991–2006 - Int J Cancer, 126 (2010)

³ The GLOBOCAN 2002 database compiled by Ferlay et al. for the International Agency for Research on Cancer in Uganda

⁴ A Gondos, H Brenner, H. Wabinga, DM Parkin. Cancer survival in Kampala, Uganda may 9 2005

⁵ Facts about Prostate Cancer- (2011) Available at: <http://www.movember.ug/movember/facts-about-prostate-cancer>

3. Project Goal, Objectives and Activities

To contribute to the reduction of mortality due to Cancer and HIV among rural men and women in Lango sub region through cancer and HIV awareness, screening and referral services.

Objectives

1. To create awareness about cancer and HIV, its effects and the availability of prevention services in the districts of Lira, Alebtong and Oyam by 2020.
2. To provide prostate, cervical cancer screening and referral services to men and women between 30 years of age and above within the community of Lira, Alebtong and Oyam districts by 2020.
3. To build local capacities for cancer screening and referral by 2020.

PROJECT ACTIVITIES

Objective 1: To create awareness about cancer and HIV, its effects and the availability of prevention services in the districts of Lira, Alebtong and Oyam by 2020.

Conduct 150 community Health educations; BMDG shall conduct health education at the community targeting the general population with the key information about prostate, cervical cancer and HIV its effect and availability of prevention services. This community education will be mobilize by the community health workers, local leaders, political leaders, religious leaders and peer educators.

District sensitization meeting

We shall begin with a district sensitization meeting where we shall educate and sensitize district officials, district councilors, sub-county chiefs, LCIII 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.

Conduct 150 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 prostate, cervical cancer, HIV and its prevention. These awareness activities shall target all men aged 30 years and above and residents in our catchment area. The activities shall be conducted by the project staff who 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 women and encourage them to participate in our sensitization meetings, provide them with adequate information and ensure they are present during the screening of their men. This will enable them to provide support to their men especially those found with prostate cancer.

We shall design and produce information, education and communication materials (IEC) on prostate, cervical cancer, HIV and prevention that we shall disseminate during these community awareness and sensitization activities. **IEC materials** shall be simplified and tailored to suit the target group which are the local men and community members and will be aimed at motivating men to come for screening.

Media 50 campaigns and engagements

We shall engage in media campaigns to raise awareness for continued prostate and cervical cancer screening and early detection and HIV prevention and care. With the privatization of communication systems in Uganda, Radio stations have become one of the major forms of public communication in Uganda. In the Northern Uganda, 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 Lango, 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.

A 60 seconds Radio Spot; Radio-Unity, Voice of Lango, Radio Apac and Radio Waa are the most listened to radio station in Lango and the entire Northern region. Partnership will be sought with the radio station to have a 30 seconds radio spot every Saturday. Listeners will call in and ask questions to a physician on issues of prostate, cervical cancer and HIV prevention, treatment and referral services. Questions will also be asked and listeners will win prizes ranging from capes, T-Shirts and key baby hampers.

Targeted sensitization meeting for Journalists; A targeted sensitization meeting for all local journalists covering issues of health shall be organized and conducted targeting at least 30 journalists from several media houses including radio, print and Television. These will be educated and sensitized on issues of HIV, prostate and cervical cancer screening, treatment and oriented about the project.

Participate in International Health days; BMDG shall participate in cancer awareness days alongside other stakeholders. This will also be an opportunity to recruit more men for Cancer screening.

Distribute 350,500 condoms in 3 project supported Districts; to increase accessible, the project shall link up with MoH to obtain and distribute free condoms totaling to 350,500 both male and female. The project will work with VHTs, Community linkage facilitators, peer educators, PHAs network, Bar and Hotels owners to distribute the condoms targeting individuals within the hotspots and Village health teams, peer educators and other community resource persons will be utilized.

Distribute 105,000 IEC materials on prostate, cervical cancer & HIV Prevention, treatment and Care.

BMDG shall link up with USAID Communication for Healthy Communities project (OBUALAMO) project to get free IEC materials on prostate, cervical cancer and HIV Prevention and care for distributions and where necessary with the approval of Ministry of Health to reproduce existing materials for distribution.

Provide HCT to 20,000 individuals of the key populations; The project will conduct HIV counseling and testing (HCT) services to key populations such as CSW, truckers, bodaboda, people in long-term relationship, fisher folks, and uniformed personnel, Adolescent and youth. With support from Linkage facilitators, peer educators, Beach Management Unit (BMUs) and VHTs in the respective districts will mobilize individuals for HCT. The project shall use the 4-tent model to achieve its HCT targets. The four-tent model is an approach where prevention and care services are provided at one-stop centre to individuals who seek HCT service. Those who test HIV positive shall be immediately linked onto care.

Provide HCT and SRH education to 20,000 youth; the project will conduct HIV counseling and testing (HCT) services targeting youth. With support from Linkage facilitators, peer educators, Beach Management Unit (BMUs) and VHTs in the respective districts will mobilize youth for HCT.

Refer 1,700 persons tested HIV+ to ART program; BMDG shall continue working with existing support groups of Mama Club, papas club, young and positive clubs, peer educators, linkage facilitators and VHT members to identify and refer from communities HIV+ persons to institutions providing HIV care. Follow-up all HIV+ persons referred to ensure that they are eventually enrolled into care shall be done by linkage facilitators and VHT. HIV+ persons already enrolled into HIV care shall be followed-up to ensure that they are receiving and adhering to care and treatment protocols

Objective 2: To provide access to cancer screening and referral services to men and women between 30 years of age and above within the community of Lira, Alebtong and Oyam districts by 2020.

Conduct counseling of 20,000 eligible men and women for treatment

Before screening, all eligible men shall be counseled about prostate cancer, risk factors and prevention. Screening will be done both at the community during community sensitization meetings and outreach clinics. This will be done by a team of health workers who will be specifically trained on issues of prostate, cervical cancer and referral. Men 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, and their follow-up schedule.

They will be referred for further care at regional and national referral hospitals, further follow up shall be conducted at community level for psychosocial support.

Conduct 150 community visits and follow-up of men with a positive test

Men who will have been found with prostate cancer and started on treatment will be followed at home. They will be encouraged to return to clinics whenever they experience passive symptoms. 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.

Provided Palliative care and support to 20,000 positive men and women

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 men with advanced, terminal disease. 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 prostate 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, prostate cancer diagnosis is often discussed quickly & superficially, if at all. In collaboration with MoH, training in client communication shall be organized at BMDG regional office 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.

Objective 3: To build local capacities for cancer screening and referral by 2020

A five-days training shall be organized for all Project staff, community health workers and volunteers and will be conducted by an experienced doctor. Staff will be taken through the history of prostate and 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 ensure proper diagnosis of prostate cancer. 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 on other methodology for further cancer treatment, so that a comprehensive programme is run and men are offered adequate treatment.

4. APPROACHES AND STRATEGIES

Integration: Health impacts will be optimized by integrating health education, health promotion, and service provision for client treatment and care. Outreaches will encompass multiple service areas to provide a comprehensive continuum of care to clients at one point of service.

Reducing stigma and discrimination, through this plan, an environment that is conducive shall be created to ensure no man living positively are stigmatized or discriminated against at all levels of society. In conformity with the 1995 constitution of Uganda and other human rights standards, special efforts shall be made to address stigma at District and community level.

Evidence-based and evidence-generating; The project shall document evidence based best practices and successes and share with key stakeholders and policy makers as well as publishing findings in national and international health journals.

A community door to door approach will be used to map vulnerable families and to reduce loss to follow up and turnaround time of results, the project will introduce a "community- facility" feedback mechanism where the " community adherence

committee”(CAC) will be mentored to support community follow up of the exposed men, encourage early cancer screening, encourage positive men to adhere to treatment. The health facilities will provide them with a list of positive men that require follow up and they will give feedback to the health facility.

Behaviour Change Communication; The project will adapt, print and distribute tailored IEC/BCC messages to the target population. Community structures such as cultural and religious leaders and VHTs will be utilized to disseminate IEC/BCC materials to the targeted communities, media practitioners from local media institutions shall be train to enhance accurate and responsible reporting on Cervical, prostate cancer and HIV issues.

HIV Counselling and testing for target beneficiaries and youth; A combination of approaches will be used to serve the communities to provide comprehensive service and use of outreaches. As an entry point to Cancer and HIV Care, treatment and support services the project will use the MoH/WHO HCT guidelines of the 90-90-90 approach and through the existing health facilities structure 90% of our target population will be provided HCT. Overall, the focus will be to scale up a comprehensive prevention package that integrates HIV testing.

Facility based outreaches to track loss to follow-up; To strengthen adherence the project shall conduct a comprehensive evaluation of adherence monitoring and retention 2. Strengthen psycho-social and adherence support groups at facilities and communities 3. Conduct facility based out reaches to track lost to follow-up.

5. THE LOGICAL FRAMEWORK MATRIX

	HIERACHY OF OBJECTIVES	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	RISKS AND ASSUMPTIONS
Goal:	Contribute to the reduction of mortality due to Cancer and HIV among rural men and women in Lango sub region through cancer and HIV awareness, screening and referral services.	% of individuals from targeted districts reached with the project prostate, cervical, breast cancer and HIV awareness, screening and referral services.	Review End-of Project Evaluation Report	Potential district stakeholders accept to participate in project
Objective 1	To create awareness about cancer and HIV, its effects and the availability of prevention and care services in the districts of Lira, Alebtong and Oyam by 2020.	% of individuals from the key population aware about prostate, cervical cancer and HIV, its effects and the availability of prevention services.	Review End-of Project Evaluation Report	The influence of other determinants of access and utility is very minimal
Outcome 1.1	Individuals in targeted district aware and accessing prostate, cervical cancer and HIV prevention services	% of individuals in the targeted district accessing prostate, cervical cancer and HIV prevention services	Review End-of Project Evaluation Report	Project activities create demand for HIV services
Output 1.1.1	65,000 individuals in 3 districts provided with prostate, cervical careening and HIV Combination prevention services.	# of individuals in 3 districts provided with prostate, cervical cancer and HIV Combination prevention services.	Review quarterly Performance Report	
Activity 1.1.1.1	Conduct 150 community Health educations	# of community health education conducted.	Review quarterly Performance Report	
Activity 1.1.1.2	Conduct 3 district sensitization meetings	# of district sensitization meetings conducted	Review quarterly Performance Report	
Activity 1.1.1.3	Conduct 150 community sensitization activities/meetings	# of community sensitization activities/meetings conducted	Review quarterly Performance Report	
Activity 1.1.1.4	Conduct 50 media campaigns and engagements	# of media campaigns and engagements conducted		
Activity 1.1.1.5	Conduct 36 of A 60 seconds Radio Spot	# of radio spots conducted.	Review quarterly Performance Report	
Activity 1.1.1.6	Conduct 3 sensitization meetings with Journalist	# of sensitization meetings conducted with journalist.	Review quarterly Performance Report	
Activity 1.1.1.7	Participate in international health days	# of international health days participated	Review quarterly Performance Report	
Activity 1.1.1.8	Distribute 350,500 condoms in 3 project supported Districts	# of male and female condoms distributed in 19 SCIPHA districts	Review quarterly Performance Report	
Activity 1.1.1.9	Distribute 105,000 IEC materials on prostate, cervical cancer & HIV Prevention, treatment and Care.	# of IEC materials on prostate, cervical cancer & HIV Prevention, treatment and Care distributed	Review quarterly Performance Report	
Activity 1.1.1.10	Provide HCT to 20,000 individuals of the key populations	# of individuals of the key populations Provide with HCT	Review quarterly Performance Report	
Activity 1.1.1.11	Provide HCT and SRH education to 20,000 youth	# of youth provided with HCT & SRH education		
Activity 1.1.1.12	Refer 1,700 persons tested HIV+ to ART program	# of persons tested HIV+ referred for ART program	Review quarterly Performance Report	
Activity 1.1.1.13	Procure HCT test kits to provide HCT to 65,000 individuals	# of HIV test kits procured for HCT services	Review quarterly Performance Report	
Objective 2:	To provide access to cancer screening and referral services to men and women between 30 years of age and above within the community of Lira, Alebtong and Oyam districts by 2020.	% of men and women between 30 years of age in the project area accessing cancer screening and referral for care, treatment and support services	Review End-of Project Evaluation Report	The influence of other determinants of access and utility is very minimal
Outcome 2.1	35,000 men and women accessing cancer screening, prevention care, treatment and support services	% of men and women accessing cancer screening, prevention care, treatment and support services	Review End-of Project Evaluation Report	
Output 2.1.1	35,000 men & women supported to access cancer screening , care, treatment and support services	# of men and women supported to access cancer screening care, treatment and support services	Review quarterly Performance Report	
Activity 2.1.1.1	Conduct counseling of 20,000 eligible men and women for treatment		Review quarterly Performance Report	
Activity 2.1.1.2	Conduct 150 community visits and follow-up of men with a positive test		Review quarterly Performance Report	
Activity 2.1.1.3	Provided Palliative care and support to 20,000 positive men and women		Review quarterly Performance Report	
Objective 3:	To build local capacities for prostate and cervical cancer screening and referral by 2020	% of local persons providing quality prostate and cervical cancer screening and referral		
Outcome 3.1	100 health workers providing quality cancer services	# of health workers providing quality cancer services	Review End-of Project Evaluation Report	
Output 3.1.1	Conduct 3 capacity assessment for health workers	# of health workers capacity accessed using CAT	Review quarterly Performance Report	
Activity 3.1.1.1	Conduct 5 days training for project staff	# of project staff trained	Review quarterly Performance Report	
Activity 3.1.1.2	Conduct 10 days training for 100 health centers staff	# of health center staff trained	Review quarterly Performance Report	
Activity 3.1.1.3	Conduct 5 days training for 300 community health workers and volunteers	# of community health workers & volunteers trained	Review quarterly Performance Report	

6. WORK PLAN

CODE	ACTIVITIES	Year 1	Year 2	Year 3	Quantified Targets	Responsible person
Objective 1	To create awareness about cancer and HIV, its effects and the availability of prevention services in the districts of Lira, Alebtong and Oyam by 2020.					
Activity 1.1.1.1	Conduct 150 community Health educations	x	x	x		Program manager
Activity 1.1.1.2	Conduct 3 district sensitization meetings	x	x	x		Program manager
Activity 1.1.1.3	Conduct 150 community sensitization activities/meetings	x	x	x		Program manager
Activity 1.1.1.4	Conduct 50 media campaigns and engagements	x	x	x		Program manager
Activity 1.1.1.5	<i>Conduct 36 of A 60 seconds Radio Spot</i>	x	x	x		Program manager
Activity 1.1.1.6	Conduct 3 sensitization meetings with Journalist	x	x	x		Program manager
Activity 1.1.1.7	Participate in international health days	x	x	x		Program manager
Activity 1.1.1.8	Distribute 350,500 condoms in 3 project supported Districts	x	x	x		Program manager
Activity 1.1.1.9	Distribute 105,000 IEC materials on prostate, cervical cancer & HIV Prevention, treatment and Care.	x	x	x		Program manager
Activity 1.1.1.10	Provide HCT to 20,000 individuals of the key populations	x	x	x		Program manager
Activity 1.1.1.11	Provide HCT and SRH education to 20,000 youth	x	x	x		Program manager
Activity 1.1.1.12	Refer 1,700 persons tested HIV+ to ART program	x	x	x		Program manager
Activity 1.1.1.13	Procure HCT test kits to provide HCT to 65,000 individuals	x	x	x		Program manager
Objective 2:	To provide access to cancer screening and referral services to men and women between 30 years of age and above within the community of Lira, Alebtong and Oyam districts by 2020.					
Activity 2.1.1.1	Conduct counseling of 20,000 eligible men and women for treatment	x	x	x		Program manager
Activity 2.1.1.2	Conduct 150 community visits and follow-up of men with a positive test	x	x	x		Program manager
Activity 2.1.1.3	Provided Palliative care and support to 20,000 positive men and women	x	x	x		Program manager
Objective 3:	To build local capacities for cancer screening and referral by 2020					
Activity 3.1.1.1	Conduct 5 days training for project staff	X				Program manager
Activity 3.1.1.2	Conduct 10 days training for 100 health centers staff	X				Program manager
Activity 3.1.1.3	Conduct 5 days training for 300 community health workers and volunteers	X				Program manager

7. PROJECT 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 for the project. Monitoring and Evaluation will create an opportunity for learning and the lessons 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 3 Districts for purposes of setting benchmarks. On the whole, the approach taken shall fall under the following lines:

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 BMDG are required to produce monthly reports using given formats as a monitoring process. M&E Officer and 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 test will be incorporated into Health Management Information System. Rates of positive test results, at each screening site shall be monitored over time.

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.

Evaluation

Evaluation will help us to address ongoing activities (for instance, how well the program's screening and linkage for treatment services are functioning and whether men with untreatable disease are receiving palliative care) and long-term impact (for instance, whether the program has helped to reduce prostate, cervical cancer and HIV incidence rates in Northern Uganda 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 BMDG. 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.

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 men 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 men who have never been screened; men who are due for periodic screening; men with abnormal screening results who need follow-up); contact men with screening results; monitor the coverage or response rate of recruitment program; record cytological abnormalities detected on screening; ensure that men 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.

8. PROJECT SUSTAINABILITY AND CLOSE OUT PLAN

To ensure that screening and treatment of precancerous lesions is maintained within the project area, we shall work hand in hand with the district especially the Offices of the District Health Officer. We shall advocate and ensure that project activities are included in District's plans. We shall also engage in lobbying and advocacy activities alongside other development partners including NGOs, civil society organizations and private sector to ensure that Government through Ministry of Health plays a leading role through the national coordinating committee in increasing access to prostate and cervical cancer screening and treatment services at all levels in northern region. We shall participate in partnership meetings aimed at lobbying government to finalize with the cancer-control policy and to have prostate and cervical cancer screening as a national programme.

All equipments bought and staff capacity built in the process of this project's implementation shall be maintained at the end of project and will be used to provide screening and link for treatment services even after the end of the project.

We shall ensure there is full participation of beneficiaries, community members, men, local and religious leaders in activities of the project so as to earn their support and acceptance of the project. During the project implementation, emphasis shall also be put on ensuring that treatment methods are acceptable by patients.

BMDG will raise awareness on HIV, **prostate and cervical cancer, available services** and expected standards to increase knowledge. This will strengthen the capacity of men to access health services and raise issues concerning them in the development processes and follow them up. At the end knowledge gained will be an asset for life which will be channeled through generations

Capacity building of the target population shall be done by providing context specific and needs tailored training. The groups will be provided with the relevant information necessary for them to effectively engage with other community members, the local leadership and demand for the services meant for them.

Working with the local authorities: Involvement of local government technical people such as the CDOs, health workers, VHTs, Teachers and local council members to facilitate dialogue and engagement will ensure internalization and sustainability. Using the local authorities will ensure that the project activities are incorporated in the local government work plan and continue to see funds to support the cancer activities.

Additionally, the following sustainability interventions shall be put in place to ensure sustainability; Train/Mentor the community structures with skills on how to mobilize and sensitize people on HIV, prostate cancer and cervical cancer prevention, care and support services and to also equip them with basic reporting skills. By the time the project closes out, key players in the community (VHTs) shall be equipped with efficient skills to continue mobilizing communities to access prostate cancer services.

Community referral path ways shall be strengthened for the community to access different health service points in the sub counties. This will help in sustaining the project as these are community owned resources which will live on after the project

PROJECT CLOSE OUT PLAN

The close out of the project shall be conducted in the last three months of the project. This period shall be used to ensure that all the activities and commitments as agreed upon with GG are fulfilled. This shall include writing end of project report, conducting exit interviews and appraisal of the project staff, re-deployment of staff to other projects where possible shall be conducted or prepare them for exit in instances where vacancies do not exist. End of project meeting at the district level shall be conducted to share achievements, lessons learnt and success stories. Update of the asset register shall be conducted to ascertain the value of the asset. The register shall form part of the end project report with the GG.

The summary of the activities and time lines for implementations is indicated below;

Date	Activity
1 st month	Send out circular informing stakeholders of the forth coming closure of the project indicating the program of the closure.
1 st month	Document the project (lessons learnt and success stories)
1 st month	Update the assets register pending disposal
2 nd month	Conduct exit interviews and appraisals of staff to prepare them for transition to other projects
2 nd month	Hold end of project meeting at the district level to share achievements and success stories
3 rd month	Write end of project report for submission to GG

9. MANAGEMENT PLAN AND CAPACITY STATEMENT

BMDG is governed by 7 Board of Directors (BOD) which is chaired by Reverend Father Okuta Paul a livelihood and a Public Health Consultant who has over 20 years' experience in programming and NGO management. The BOD comprises of medical experts, livelihood, legal, financial and Organization Development specialist. The BOD provides oversight and policy direction to BMDG.

Behemax Medical and Development Group has a highly qualified, experienced and competent human resource team of 2 public health specialist, 2 doctors, 2 comprehensive nurses, 2 Laboratory technicians, 4 development specialists, 2 project officers, 1 Finance Manager, 1 accountant, and 1 Monitoring and Evaluation officers. In total BMDG have 11 staffs with 7 male 4 females, Out of the 11 staff only 5 (3 males, 2 females) are full time and 6 (4males, 2 Females) are Part timers.

Management of project funds and reporting; Project funds will be managed through BMDG established financial management system and streamlined procurement system that ensures value for money. BMDG uses the Quick Book Systems accounting software, and has a strong system of internal controls and clearly documented financial management and procurement guidelines, in addition to other policies that are essential for efficient funds management. Over the past 2 years, BMDG has efficiently and effectively utilized and accounted for over US \$10.000, with funding collected from its members.

BMDG has gained experience in managing and reporting on donor funds and the capacity of the finance team has been improved with clear accounting, procurement and financial reporting mechanisms. BMDG will adhere to the reporting timelines as stated in the Upper Nile Welfare Foundation Programs. BMDG will make quarterly reports detailing the project achievements against the set project objectives and targets.

CAPABILITIES STATEMENT

Founded in 2014, Behemax Medical and Development Group is non-profit health and social development organization. The mission of the organization is to provide high quality health care, social and livelihood services to the vulnerable communities. Over the last 2 years, BMDG targeted key populations in its community programming with strategic focus on vulnerable groups such as women in child bearing age, HIV orphaned children; youth; PHAs; HIV+ mothers; HIV exposed infants; adolescents (in & out of school), couples; fisher folks and pregnant mothers among others.

After a vulnerability assessment, we have been able to reach over 24,000 men, youth, women, PHAs, PWDs with key messages on HIV prevention, care treatment and support services, prevention of early marriages and teenage pregnancies, harmful cultural practices and additionally community health education on adolescent sexual reproductive health and rights ,SGV, family planning, TB, ART, CD4 Testing, STI and OIs screening and working through the existing community structures such as village health teams, child protection committees, parish development committees and community development officers.

The organization directly linked over 15,000 HIV positive men, children, adolescents, PWDs and other HIV orphaned children in the communities of Alebtong and Dokolo districts to care treatment and support services. In order to improve the quality of life of the OVC households, the organization formed 12 mamas, papas, youth and disability groups especially those care givers of OVCs, this was done after a needs assessment conducted by BMDG team, the groups were then trained in book keeping and entrepreneurship skills to boost their financial stability and later linked to VSLA groups and encouraged to form SACCOs for sustainability purposes.

The organization has built the capacity of the local resource persons like the VHTs, CORPS and has worked on increasing awareness to comprehensive HIV/AIDS care, treatment and support services including pediatric HIV/AIDS and TB, VMMC, nutrition, malaria, family planning services, increasing partner involvement and disclosure. Working with young people especially the youth has been a key area of collaboration with communities where the young were supported in building life skills and ASRH education.

Capacity to work with the district health Team

With support from members, Behemax Medical and Development Group collected funds to work with the district HIV/AIDS teams to support health facilities to scale up care and treatment services to the affected communities. These have facilitated clear mechanism for activity implementation, coordination and accountability and BMDG has acquired strong skills to implement activities in collaboration with the district local governments. The districts help in monitoring of the project implementation processes. The organization M&E together with the quality assurance officer work alongside with the line departments in the districts to ensure quality of service delivery,

Working with communities

Behemax Medical and Development Group has gained vast experience in implementing community activities. For instance conducting psychosocial support outreaches, strengthening community capacity to address their needs especially in the area of HIV/AIDS, working with PHA groups as well as mobilizing the target communities and creating effective referrals and linkages. The organization has built the capacity of the local resource persons like the VHTs, and has worked on increasing awareness to comprehensive HIV/AIDS care, treatment and support services including pediatric HIV/AIDS and TB, VMMC, nutrition, malaria, family planning services, increasing partner involvement and disclosure. Working with young people especially the youth has been a key area of collaboration with community where the young were supported in building life skills and ASRH education.

Working with Children: The key staff in the organization has experience in implementing a youth friendly health related projects with key focus on adolescents. We look at women and children as key populations and always intentionally focus on projects that are geared towards improving the lives and situation of children by meaningfully engaging communities to fully participate in these activities. We create and maintain protective environments for children in the delivery of services

Working with PWD: The organization considers persons with disabilities as key population with focus of improving their lives and situations by meaningfully forming them into groups and engages into income generating activities. BMDG organized a disability talent show in partnership with NUDIPU Lira Branch and ADINA Foundation with the main aim of empowering them to raise their voices and demand for their rights and demand for services.

Project Budget

BEHEMAX MEDICAL AND DEVELOPMENT GROUP (BMDG) BUDGET

PROJECT TITLE: Cancer and HIV/AIDS services to 20,000 in Lango

Activity code	Budget	Period						Year 1 - Year 3		
		Units	Type	Freq	Type	Cost per person/unit (USD)	Total (USD) (1\$ -3624.71 UGX)	Year 1 (USD)	Year 2 (USD)	Year 3 (USD)
1	PERSONEL									
	<u>1.1 Salaries</u>									
	Executive Director (15%)	1	Person	36	Monthly	\$331.06	\$11,918.16	\$3,972.72	\$3,972.72	\$3,972.72
	Program Manager Health (doctor) (45%)	1	Person	36	Monthly	\$275.88	\$9,931.68	\$3,310.56	\$3,310.56	\$3,310.56
	Program Manager Social Services (45%)	1	Person	36	Monthly	\$248.30	\$8,938.80	\$2,979.60	\$2,979.60	\$2,979.60
	Project Officer (100%)	2	Person	36	Monthly	\$220.71	\$15,891.12	\$5,297.04	\$5,297.04	\$5,297.04
	Field Assistant (100%)	1	Person	36	Monthly	\$165.53	\$5,959.08	\$1,986.36	\$1,986.36	\$1,986.36
	Monitoring & Evaluation Officer (70%)	1	Person	36	Monthly	\$193.12	\$6,952.32	\$2,317.44	\$2,317.44	\$2,317.44
	Project Accountant (70%)	1	Person	36	Monthly	\$193.12	\$6,952.32	\$2,317.44	\$2,317.44	\$2,317.44
	Data Clerk	1	Person	36	Monthly	\$137.94	\$4,965.84	\$1,655.28	\$1,655.28	\$1,655.28
	Front Desk Manager (100%)	1	Person	36	Monthly	\$110.35	\$3,972.60	\$1,324.20	\$1,324.20	\$1,324.20
	Driver (100%)	1	Person	36	Monthly	\$82.77	\$2,979.72	\$993.24	\$993.24	\$993.24
	Total Salaries						\$78,461.64	\$26,153.88	\$26,153.88	\$26,153.88
	<u>1.2 Fringe Benefits</u>									
	NSSF (10% of the total salaries)						\$7,846.16	\$2,615.39	\$2,615.39	\$2,615.39
	Total Fringe benefits						\$7,846.16	\$2,615.39	\$2,615.39	\$2,615.39
	Sub Total Personel						\$86,307.80	\$28,769.27	\$28,769.27	\$28,769.27
2	PROJECT MANAGEMENT SUPPORT									
	Office rent contribution (50%)	1	space	36	Monthly	\$55.18	\$1,986.48	\$662.16	\$662.16	\$662.16
	Laptop computers	2	Laptop	1	Time	\$331.06	\$662.12	\$662.12	\$0.00	\$0.00
	Computer desktops	2	desktop	1	Time	\$248.30	\$496.60	\$496.60	\$0.00	\$0.00
	Digital cameras	2		1	Time	\$124.15	\$248.30	\$248.30	\$0.00	\$0.00
	Modems	2		1	Time	\$41.38	\$82.76	\$82.76	\$0.00	\$0.00

	Vehicle	1		1	Time	\$20,691.31	\$20,691.31	\$20,691.31	\$0.00	\$0.00
	Motor cycle	3		1	Time	\$2,207.07	\$6,621.21	\$6,621.21	\$0.00	\$0.00
	Utilities (water, sewerage, electricity)	1		36	Monthly	\$16.55	\$595.80	\$198.60	\$198.60	\$198.60
	Stationary	1		12	Quarterly	\$55.18	\$662.16	\$220.72	\$220.72	\$220.72
	Internet subscription	2		36	Monthly	\$13.79	\$992.88	\$330.96	\$330.96	\$330.96
	Printing Catridge	1		12	Quarterly	\$41.38	\$496.56	\$165.52	\$165.52	\$165.52
	Photocopying	2		36	Monthly	\$13.79	\$992.88	\$330.96	\$330.96	\$330.96
	Postage (Curior)	1		36	Monthly	\$2.76	\$99.36	\$33.12	\$33.12	\$33.12
	Financial Audit	1		3	Annually	\$275.88	\$827.64	\$275.88	\$275.88	\$275.88
	Bank Charge	1		36	Monthly	\$13.79	\$496.44	\$165.48	\$165.48	\$165.48
	Sub Total Management cost						\$35,952.50	\$31,185.70	\$2,383.40	\$2,383.40
3	DIRECT COST									
Objective 1	To create awareness about cancer and HIV, its effects and the availability of prevention services in the districts of Lira, Alebtong and Dokolo by 2020.									
Activity 1.1.1.1	Conduct 150 community Health educations									
	Mobilization	2	persons	150	Times	\$2.76	\$828.00	\$276.00	\$276.00	\$276.00
	Day out allowance for staff	2	persons	150	Times	\$3.31	\$993.00	\$331.00	\$331.00	\$331.00
	Fuel for motor cycle	10	Ltrs	150	Times	\$0.97	\$1,455.00	\$485.00	\$485.00	\$485.00
	Total						\$3,276.00	\$1,092.00	\$1,092.00	\$1,092.00
Activity 1.1.1.2	Conduct 3 district sensitization meetings									
	Fuel for Vehicle	30	Ltrs	3	Times	\$0.97	\$87.30	\$87.30	\$0.00	\$0.00
	Paricipants refreshments	70	persons	3	Times	\$3.31	\$695.10	\$695.10	\$0.00	\$0.00
	Staff SDA	6	persons	3	Times	\$3.31	\$59.58	\$59.58	\$0.00	\$0.00
	Stationaries									
	Note books	75	pcs	3	Times	\$0.55	\$123.75	\$123.75	\$0.00	\$0.00
	Pens	1	box	3	Times	\$4.97	\$14.91	\$14.91	\$0.00	\$0.00
	Markers	1	pks	3	Times	\$3.31	\$9.93	\$9.93	\$0.00	\$0.00
	Masking tape	1	roles	3	Times	\$1.93	\$5.79	\$5.79	\$0.00	\$0.00
	Flip charts	1	pcs	3	Times	\$4.41	\$13.23	\$13.23	\$0.00	\$0.00
	Total						\$1,009.59	\$1,009.59	\$0.00	\$0.00

Activity 1.1.1.3	Conduct 150 community sensitization activities/meetings									
	Mobilization	2	persons	150	Times	\$2.76	\$828.00	\$276.00	\$276.00	\$276.00
	Day out allowance for staff	2	persons	150	Times	\$3.31	\$993.00	\$331.00	\$331.00	\$331.00
	Fuel for motor cycle	10	Ltrs	150	Times	\$0.97	\$1,455.00	\$485.00	\$485.00	\$485.00
	Total						\$3,276.00	\$1,092.00	\$1,092.00	\$1,092.00
Activity 1.1.1.4	Conduct 50 media campaigns and engagements									
	Air time for media station	1	Radio station	50	Times	\$413.83	\$20,691.50	\$6,897.17	\$6,897.17	\$6,897.17
	Staff SDA	2	persons	50	Times	\$3.31	\$331.00	\$110.33	\$110.33	\$110.33
	Fuel for Vehicle	30	Ltrs	50	Times	\$0.97	\$1,455.00	\$485.00	\$485.00	\$485.00
	Total						\$22,477.50	\$7,492.50	\$7,492.50	\$7,492.50
Activity 1.1.1.5	Conduct 36 of A 60 seconds Radio Spot									
	Radio spots Air time	3	Radio station	36	Times	\$82.77	\$8,939.16	\$2,979.72	\$2,979.72	\$2,979.72
	Proizes for listeners	5	Prizes	36	Times	\$13.79	\$2,482.20	\$827.40	\$827.40	\$827.40
	Facilitators day out allowance	1	persons	36	Times	\$5.52	\$198.72	\$66.24	\$66.24	\$66.24
	Total						\$11,620.08	\$3,873.36	\$3,873.36	\$3,873.36
Activity 1.1.1.6	Conduct 3 sensitization meetings with Journalist									
	Fuel for Vehicle	30	Ltrs	3	Times	\$0.97	\$87.30	\$87.30	\$0.00	\$0.00
	Paricipants refreshments	30	persons	3	Times	\$3.31	\$297.90	\$297.90	\$0.00	\$0.00
	Staff SDA	4	persons	3	Times	\$3.31	\$39.72	\$39.72	\$0.00	\$0.00
	Stationaries						\$0.00	\$0.00	\$0.00	\$0.00
	Note books	35	pcs	3	Times	\$0.55	\$57.75	\$57.75	\$0.00	\$0.00
	Pens	1	box	3	Times	\$4.97	\$14.91	\$14.91	\$0.00	\$0.00
	Markers	1	pks	3	Times	\$3.31	\$9.93	\$9.93	\$0.00	\$0.00
	Masking tape	1	roles	3	Times	\$1.93	\$5.79	\$5.79	\$0.00	\$0.00
	Flip charts	1	pcs	3	Times	\$4.41	\$13.23	\$13.23	\$0.00	\$0.00
	Total						\$526.53	\$526.53	\$0.00	\$0.00
Activity 1.1.1.7	Participate in international health days									
	Fuel for Vehicle	30	Ltrs	12	Times	\$0.97	\$349.20	\$116.40	\$116.40	\$116.40

	Staff day out allowance	4	persons	12	Times	\$3.31	\$158.88	\$52.96	\$52.96	\$52.96
	Participation	1		12	Times	\$275.88	\$3,310.56	\$1,103.52	\$1,103.52	\$1,103.52
	Total						\$3,818.64	\$1,272.88	\$1,272.88	\$1,272.88
Activity 1.1.1.8	Distribute 350,500 condoms in 3 project supported Districts									
	Fuel for Vehicle	60	Ltrs	36	Monthly	\$0.97	\$2,095.20	\$698.40	\$698.40	\$698.40
	Day out allowance for staff	2	Persons	36	Monthly	\$3.31	\$238.32	\$79.44	\$79.44	\$79.44
	Total						\$2,333.52	\$777.84	\$777.84	\$777.84
Activity 1.1.1.9	Distribute 105,000 IEC materials on prostate, cervical cancer & HIV Prevention, treatment and Care.									
	Fuel for Vehicle	60	Ltrs	12	Quarterly	\$0.97	\$698.40	\$232.80	\$232.80	\$232.80
	Day out allowance for staff	2	Persons	12	Quarterly	\$3.31	\$79.44	\$26.48	\$26.48	\$26.48
	Total						\$777.84	\$259.28	\$259.28	\$259.28
Activity 1.1.1.10	Provide HCT to 20,000 individuals of the key populations									
	Fuel for Vehicle	60	Ltrs	36	Monthly	\$0.97	\$2,095.20	\$698.40	\$698.40	\$698.40
	Day out allowance for health Center staff	4	Persons	36	Monthly	\$3.31	\$476.64	\$158.88	\$158.88	\$158.88
	Day out allowance for staff	2	Persons	36	Monthly	\$3.31	\$238.32	\$79.44	\$79.44	\$79.44
	Mobilization	2	Persons	36	Monthly	\$2.76	\$198.72	\$66.24	\$66.24	\$66.24
	Refreshment	8	Soda & water	36	Monthly	\$0.69	\$198.72	\$66.24	\$66.24	\$66.24
	Total						\$3,207.60	\$1,069.20	\$1,069.20	\$1,069.20
Activity 1.1.1.11	Provide HCT and SRH education to 20,000 youth									
	Fuel for Vehicle	60	Ltrs	36	Monthly	\$0.97	\$2,095.20	\$698.40	\$698.40	\$698.40
	Day out allowance for health Center staff	4	Persons	36	Monthly	\$3.31	\$476.64	\$158.88	\$158.88	\$158.88
	Day out allowance for staff	2	Persons	36	Monthly	\$3.31	\$238.32	\$79.44	\$79.44	\$79.44
	Mobilization	2	Persons	36	Monthly	\$2.76	\$198.72	\$66.24	\$66.24	\$66.24
	Refreshment	8	Soda & water	36	Monthly	\$0.69	\$198.72	\$66.24	\$66.24	\$66.24
	Total						\$3,207.60	\$1,069.20	\$1,069.20	\$1,069.20
Activity 1.1.1.12	Refer 1,700 persons tested HIV+ to ART program									
	Fuel for motorcycle	10	Ltrs	36	Monthly	\$0.97	\$349.20	\$116.40	\$116.40	\$116.40
	Staff day out allowance	2	persons	36	Monthly	\$3.31	\$238.32	\$79.44	\$79.44	\$79.44

	Total						\$587.52	\$195.84	\$195.84	\$195.84
Activity 1.1.1.13	Procure HCT test kits to provide HCT to 65,000 individuals									
	Test kits procurement	217	Packs	3	Annually	\$13.79	\$8,977.29	\$2,992.43	\$2,992.43	\$2,992.43
	Fuel for Vehicle	60	Ltrs	3	Annually	\$0.97	\$174.60	\$58.20	\$58.20	\$58.20
	Staff day out allowance	2	persons	3	Annually	\$3.31	\$19.86	\$6.62	\$6.62	\$6.62
	Total						\$9,171.75	\$3,057.25	\$3,057.25	\$3,057.25
	Sub Total Objective 1						\$65,290.17	\$22,787.47	\$21,251.35	\$21,251.35
Objective 2:	To provide access to cancer screening and referral services to men, women, Youth and children within the community of Lira, Alebtong and Dokolo districts by 2020.									
Activity 2.1.1.1	Conduct counseling of 20,000 eligible men and women for treatment									
	Fuel for motorcycle	10	Ltrs	36	Monthly	\$0.97	\$349.20	\$116.40	\$116.40	\$116.40
	Staff day out allowance	2	persons	36	Monthly	\$3.31	\$238.32	\$79.44	\$79.44	\$79.44
	Total						\$587.52	\$195.84	\$195.84	\$195.84
Activity 2.1.1.2	Conduct 150 community visits and follow-up of men with a positive test									
	Fuel for motorcycle	10	Ltrs	150	Times	\$0.97	\$1,455.00	\$485.00	\$485.00	\$485.00
	Staff day out allowance	2	persons	150	Times	\$3.31	\$993.00	\$331.00	\$331.00	\$331.00
	Total						\$2,448.00	\$816.00	\$816.00	\$816.00
Activity 2.1.1.3	Provided Palliative care and support to 20,000 positive men and women									
	Fuel for motorcycle	10	Ltrs	150	Times	\$0.97	\$1,455.00	\$485.00	\$485.00	\$485.00
	Staff day out allowance	2	persons	150	Times	\$3.31	\$993.00	\$331.00	\$331.00	\$331.00
	Total						\$2,448.00	\$816.00	\$816.00	\$816.00
	Sub Total Objective 2						\$5,483.52	\$1,827.84	\$1,827.84	\$1,827.84
Objective 3:	To build local capacities for HIV and cancer screening and referral by 2020									
Activity 3.1.1.1	Conduct 5 days training for project staff									
	Meals	10	meals	5	days	\$2.76	\$138.00	\$138.00	\$0.00	\$0.00
	Refreshment	12	Water & soda	5	days	\$0.69	\$41.40	\$41.40	\$0.00	\$0.00
	Stationaries	1	stationaries	1	day	\$82.77	\$82.77	\$82.77	\$0.00	\$0.00

1	Conduct a baseline survey									
	Lunch refunds for data collectors during 1 day Orientation for data collectors	30	persons	1	Days	\$5.52	\$165.60	\$165.60	\$0.00	\$0.00
	Lunch refunds for facilitators	2	persons	1	Days	\$13.79	\$27.58	\$27.58	\$0.00	\$0.00
	Refreshment for participants during orientation	34	persons	1	Days	\$0.69	\$23.46	\$23.46	\$0.00	\$0.00
	Lunch refunds for data collectors during data collection	30	persons	5	Days	\$5.52	\$828.00	\$828.00	\$0.00	\$0.00
	Refreshment during Data collection for participants	35	Persons	5	Days	\$1.38	\$241.50	\$241.50	\$0.00	\$0.00
	Lunch refunds for supervisors	5	persons	5	Days	\$8.28	\$207.00	\$207.00	\$0.00	\$0.00
	Printing and Photocopying data collection tools	1	Copies	1	Days	\$55.18	\$55.18	\$55.18	\$0.00	\$0.00
	Lunch refunds for data entrants	5	persons	5	Days	\$8.28	\$207.00	\$207.00	\$0.00	\$0.00
	Fuel for Vehicle	60	Ltrs	6	Days	\$0.97	\$349.20	\$349.20	\$0.00	\$0.00
	Stationary	1		1	Days	\$82.77	\$82.77	\$82.77	\$0.00	\$0.00
	Total						\$2,187.29	\$2,187.29	\$0.00	\$0.00
2	Conduct monthly management support supervision									
	Fuel for Vehicle	60	Ltrs	36	Monthly	\$0.97	\$2,095.20	\$698.40	\$698.40	\$698.40
	Staff SDA	4	persons	36	Monthly	\$3.31	\$476.64	\$158.88	\$158.88	\$158.88
	Total						\$2,571.84	\$857.28	\$857.28	\$857.28
3	Conduct joint quarterly support supervision with district officials									
	Fuel for Vehicle	180	Ltrs	12	Quarterly	\$0.97	\$2,095.20	\$698.40	\$698.40	\$698.40
	Lunch refunds for district officials and staff	6	persons	12	Quarterly	\$3.31	\$238.32	\$79.44	\$79.44	\$79.44
	Total						\$2,333.52	\$777.84	\$777.84	\$777.84
4	Support coordination meetings for district									
	Fuel for Vehicle	90	Ltrs	18	Bi-annual	\$0.97	\$1,571.40	\$523.80	\$523.80	\$523.80
	Staff SDA	2	persons	18	Bi-annual	\$3.31	\$119.16	\$39.72	\$39.72	\$39.72
	Participants Lunch refund	90	persons	18	Bi-annual	\$3.31	\$5,362.20	\$1,787.40	\$1,787.40	\$1,787.40

	Total						\$7,052.76	\$2,350.92	\$2,350.92	\$2,350.92
5	Conduct performance review meetings for community health workers									
	Fuel for Motor cycle	30	Ltrs	12	Quarterly	\$0.97	\$349.20	\$116.40	\$116.40	\$116.40
	Paricipants lunch and transport refunds	80	person	12	Quarterly	\$5.52	\$5,299.20	\$1,766.40	\$1,766.40	\$1,766.40
	Staff lunch refunds	2	person	12	Quarterly	\$3.31	\$79.44	\$26.48	\$26.48	\$26.48
	Stationaries									
	Note books	80	pcs	12	Quarterly	\$0.55	\$528.00	\$176.00	\$176.00	\$176.00
	Pens	3	boxes	12	Quarterly	\$4.97	\$178.92	\$59.64	\$59.64	\$59.64
	Total						\$6,434.76	\$2,144.92	\$2,144.92	\$2,144.92
6	Conduct quarterly review meeting with district and sub counties									
	Fuel for Vehicle	60	Ltrs	12	Quarterly	\$0.97	\$698.40	\$232.80	\$232.80	\$232.80
	Paricipants lunch and transport refunds	120	person	12	Quarterly	\$5.52	\$7,948.80	\$2,649.60	\$2,649.60	\$2,649.60
	Staff lunch refunds	2	person	12	Quarterly	\$3.31	\$79.44	\$26.48	\$26.48	\$26.48
	Stationaries						-	-	-	-
	Note books	120	pcs	12	Quarterly	\$0.55	\$792.00	\$264.00	\$264.00	\$264.00
	Pens	3	boxes	12	Quarterly	\$4.97	\$178.92	\$59.64	\$59.64	\$59.64
	Total						\$9,697.56	\$3,232.52	\$3,232.52	\$3,232.52
7	Conduct end of project meeting with District and Sub counties									
	Fuel for Vehicle	60	Ltrs	3	Times	\$0.97	\$174.60	\$0.00	\$0.00	\$174.60
	Paricipants lunch and transport refunds	120	person	3	Times	\$5.52	\$1,987.20	\$0.00	\$0.00	\$1,987.20
	Staff lunch refunds	2	person	3	Times	\$3.31	\$19.86	\$0.00	\$0.00	\$19.86
	Stationaries									
	Note books	120	pcs	3	Times	\$0.55	\$198.00	\$0.00	\$0.00	\$198.00
	Pens	3	boxes	3	Times	\$4.97	\$44.73	\$0.00	\$0.00	\$44.73
	Total						\$2,424.39	\$0.00	\$0.00	\$2,424.39
	Sub Total M&E						\$32,702.12	\$11,550.77	\$9,363.48	\$11,787.87
	Total Grant						\$266,662.11	\$137,047.05	\$63,595.34	\$66,019.73