

# RAKELLZ DREAM INITIATIVE CONCEPT NOTE

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**PROJECT TITLE:** CAMPAIGN FOR CERVICAL CANCER SCREENING AMONG WOMEN IN ZAMBIA

**ORGANIZATION:** RAKELLEZ DREAM INITIATIVE

**TYPE OF ORGANISATION:** NON GOVERNMENTAL

**PROJECT LOCATION:** ZAMBIA

**COVERAGE:** NATIONWIDE

**BENEFICIARIES:** MEN & WOMEN;  
- General awareness for 15 years and Above (54.6% of Population)  
- Awareness and screening for 25 – 50 years

**PROJECT DURATION:** 5 YEARS

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## **ACRONYMS AND ABBREVIATION**

<b>ADFHS</b>	Adolescents Friendly Health Standards
<b>CBO</b>	Community Based Organisation
<b>CCPPZ:</b>	Cervical Cancer Prevention Program Zambia
<b>CDH:</b>	Cancer Diseases Hospital (of Zambia)
<b>CSE</b>	Comprehensive Sexual Education
<b>DSD</b>	Department of Social Development (of GRZ)
<b>GRZ:</b>	Government of the Republic of Zambia
<b>HIV</b>	Human Immunodeficiency Virus
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organization
<b>OVC:</b>	Orphaned & Vulnerable Children
<b>POA</b>	Process Oriented Approach
<b>RDI</b>	Rakellz Dream Initiative
<b>SRHS</b>	Sexual Reproductive Health and Rights
<b>UTH:</b>	University Teaching Hospital
<b>WHO:</b>	World health Organization

## **EXECUTIVE SUMMARY**

This project on campaigns on cervical cancer screening is centered on building the capacity of females in Zambia, for intervention to save life. The project will raise awareness of the challenges faced by women and girls who are affected by cervical cancer, particularly those in rural areas. It will be solution focused and encourage the strengthening of health policies that can improve women's access to cervical cancer prevention, screening and treatment.

In 2012, the World Health Organisation (WHO) produced a report that revealed that, Cervical cancer is one of the leading causes of death among women in sub-Saharan Africa, accounting for one in five cases of cervical cancer reported globally, killing a staggering 18 million women each year –exceeding that of communicable, maternal, prenatal and nutritional conditions combined. Today, cervical and breast cancer cause an estimated 800,000 deaths each year, 70% of which occur in developing countries. Even in high-income countries, poor women have higher risks of cancer death due to unequal access to healthcare services that provide early detection and treatment (WHO 2012).

According to our observations, although cervical cancer poses a major threat to women's sexual and reproductive health, many women are unaware of health risks, methods of prevention or the need for early diagnosis. This situation is unacceptable, especially that cervical cancer is preventable.

Social determinants such as poverty and low levels of education may lead to challenges and barriers for women who are affected by or susceptible to cervical cancer. Yet these inequities can be addressed through targeted policy and programmatic interventions such as universal access to health care services. Innovative approaches to empower women with knowledge about preventing cancer, to increase access to screening and early diagnosis and for effective treatments may be employed. 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 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 various media interventions, benefits of early detection, linking patients to healthcare providers for treatment and provide on-going support to women affected by cervical cancer.

## 1. PROJECT BACKGROUND

**Rakellz Dream Initiative (RDI)** is a non-governmental organisation 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** – go back to school on a serious note and improve her GCE results and go to college.
- **Businesswise** – 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 and get her pride and self esteem back

Cervical cancer robbed the world of a determined and visionary young life in Rachael as she did not live to accomplish the goals listed above. Rachael was survived by a husband, a daughter and two sons.

During Rachael's sickness and her eventual passing on, her family agonised at the fact that with little awareness on the importance of early cervical cancer detection, her life would have been spared. In this regard, a passion was birthed in the heart of her husband to spread the message of the importance of early cervical cancer detection. He vowed to help save lives of as many women as possible through spreading cervical cancer awareness. To achieve this, RDI was established.

Before explaining RDI mission and vision, we would like to highlight important information pertaining to National demographics, cancer situational analysis in Zambia, its causes as well as its consequences

## **2. NATIONAL DEMOGRAPHICS**

According to the 2010 census of population and housing, Zambia's 2010 population was at 13,092,666, with the growth rate of 3.2% per Annum (CSO 2010). This would bring the estimated population for the 2018 to 17,383,826. Further, the 2010 Census revealed that the population was disaggregated as 14,080,899 (81%) rural based and 3,302,927 (19%) urban based with the population density of 14.2 persons per square kilometre. It also showed that the population comprises of 8,622, 378 males and 8,761,448 females with a percentage population of 49.6 and 50.4 respectively.

### **THE PROBLEM OF CERVICAL CANCER IN ZAMBIA**

#### **What Cervical Cancer is**

Cancer is a disease in which cells in the body grow out of control. Cancer is always named after the part of the body where it starts from, even if it spreads to other body parts later. When cancer starts in the cervix, it is called cervical cancer. The cervix is the lower, narrow end of the uterus of a woman. The cervix connects the vagina (the birth canal) to the upper part of the uterus. The uterus (or womb) is where a baby grows when a woman is pregnant.

#### **Causes of Cervical Cancer**

According to the a paper by the American Society for Microbiology, the main causes of cervical cancer are the infection from the Human Papiloma Virus (HPV). HPV is common and it is normally found in the male genital foreskin. Most sexually active women come into contact with HPV during their lifetime through sexual intercourse. But for most the virus causes no harm and goes away on its own. (CMR 2003)

Other known causes include, Human Immunodeficiency Virus, Sexually Transmitted Infections (STIs), Smoking, Contraceptive Pill, Number of children, Family History, Previous Cancer, Early sexual encounter e.t.c

Smoking tobacco increases a person's risk of getting cervical cancer. The risk increases with the more cigarettes they smoke a day and the younger their age when they started smoking. In 2004, International Agency for Research on Cancer (IARC) listed cervical cancer among those casually related to smoking. Smoking interferes with incidence and prevalence of HPV infection and is associated with cervical intraepithelial neoplasia and invasive cervical cancer. Researchers have found cancer causing chemicals (benzyrene) from cigarette smoke in the cervical mucus of women who smoke. The research findings indicate that these chemicals damage the cervix. There are cells in the lining of the cervix called Langerhans cells that specifically help fight against disease. These cells do not work so well in smokers. The Langerhans cells are less able to

fight off the virus and protect the cervical cells from the genetic changes that can lead to cancer. (IAR 2004)

According to the Cancer Research UK – 2017 publication, the longer a woman takes the combined Pill for, the higher her risk of cervical cancer while she is taking it. Taking it for only a short time may not have any noticeable effect, but women who have been using it for 5 years or more have nearly double the risk of developing cervical cancer compared to women who have never used the combined Pill. The research finding further showed that 1 in every 10 cases of cervical cancer is linked to taking the contraceptive pill.

Furthermore, women who have had children are at an increased risk of cervical cancer compared to those who haven't. One having their first baby before the age of 17 also gives a higher risk, compared to women who have had their first baby after the age of 25. The reasons for this are unclear. (American cancer society, year)

The risk of cervical cancer is increased if one has a mother, sister or daughter who has or has had cervical cancer as well as in survivors of vaginal and vulval, kidney, urinary tract, or skin cancers. One of the reasons for this might be previous radiotherapy treatment. (American cancer society, year)

Scientists have also said, one of the reasons why cervical cancer is more common among poorer women could be because they start having sex at a younger age than more affluent women. (American cancer society, year)

However, most of this cervical cancer information has not been as publicized as other disease cases such as HIV – AIDS. Hence when the sickness comes, it is likely it is never understood by the majority affected. This in most cases has forced rural women to consider associated the sickness to traditional myths and have in most cases administered traditional medicinal interventions before seeking proper medical help from a health facility. (American cancer society, 2012)

### **The Prevalence of Cervical Cancer**

The Annual Health Statistical Bulletin 2012, issued by the Ministry of Health revealed that of all cancers, Cervical cancer was the leading type of cancer in each of the years 2010, 2011 and 2012 followed by breast cancer. The highest proportion of cervical cancer patients was found to be in the age group 30 to 39 followed by the age group 50 to 59, with the third highest being 60 to 69 years age group. Further, the bulletin revealed estimates from the top 9 non communicable diseases that new cervical cancer cases recorded in 2010, 2011 and 2012, were 1,660, 1,545 and 2,504 respectively. In addition, cervical cancer ranked as the highest cause of cancer from 10 major cancers (for all ages

combined) with 484 cases recorded in 2010, 436 cases in 2011 and 632 cases in 2012 (MOH, 2012). In the year 2018, the Cancer Disease Hospital indicated in a report that, the hospital had attended to more than 18,000 cancer patients since it was opened in July 2007 and currently, 193 patients were admitted there while its inpatient facility had the capacity to accommodate 252 patients. The hospital management did however indicate that there is need for decentralization of cancer services to ensure that patients are attended to in a faster and timely manner (**CDH Report 2018**).

However, although there are various screening facilities in selected parts of the country, all cancer cases from across Zambia are managed by Cancer disease Hospital (CDH) in Lusaka. According to the USAID paper on Health Benefits of Linking Women to Cervical Cancer Screening in Zambia, almost 90% of cervical cancer cases occur in low- and middle-income countries. In sub-Saharan Africa, it is the leading type of cancer among women. Cervical cancer screening can prevent up to 80% of cases, but most women in the region, particularly those in high HIV-burden countries, are not regularly screened. Zambia is no exception. (**USAID - AID-OAA-A-12-00026**)

### **Why Cervical Cancer is so Prevalent?**

Our research findings indicate that although most people in Zambia have heard of cervical cancer, it has been observed however that most are not aware of the causes, effects and where they can get help if found with a positive test during screening. Cervical cancer is a fatal disease whose knowledge is highly limited in all sections of the Zambian society, especially the rural setup of Zambia. Prevention is the best way to fight cervical cancer. This means getting people to do things that will protect their health—like get screened, quit smoking, and exercise more. It also means bringing together local leaders to support local cancer prevention efforts. This is what RDI will concentrate its efforts in Zambia. We know that most people are usually only aware of the disease when affected. Most deaths arising from cervical cancer illnesses are as a result of the lack of knowledge of the condition. Cancer that is detected late is impossible to treat. Most deaths can be avoided if adequate information is provided to the people.

Most of the material available, which gives information to the disease, is usually printed and in English, making it difficult for those that can't read to gain knowledge of this disease. Our research has shown that, the Zambian society lacks adequate translations of cervical cancer information in a localized language which may be a barrier to effective dissemination. The Cervical Cancer Prevention Programme of Zambia (CCPPZ) has done some Bemba language translation of cervical cancer information however, it is not adequately distributed. Further, although Bemba language is widely spoken in Zambia, there are areas where it is not used. It is also our belief that when this



sort of information is translated into a more interfacing medium such as drama, poetry and song, it will easily reach the understanding of the masses.

It is also very common in our rural setup for young girls to be married off early, thereby exposing them to earlier sexual indulgence than those in urban areas. Interactions with various medical practitioners have revealed that, early sexual encounter has been scientifically identified as one of the causes of cervical cancer.

## **CONSEQUENCES**

The effects of cervical cancer like all other fatal ailments is a deteriorating effect to a family as in most cases it takes away the life of member highly depended upon. This may lead to increased numbers of orphans that become vulnerable to illicit activities such as prostitution and drug abuse. This in itself perpetuates the problem vicious cycle of cervical cancer.

## **OUR RESPONSE**

Considering the matters discussed in the previous sections, RDI was formed to participate in the fight against Cervical Cancer in Zambia. The following sections outline our mission statement, our values, our goals and our strategies.

## **PROJECT VISION, GOAL, MISSION STATEMENT, OBJECTIVE AND ACTIVITIES**

### **Vision**

To educate at least 60% of Zambians aged 15 to 50 years on the causes, symptoms, importance of early detection and risk reduction of cervical cancer through screening in order to enhance effective treatment by the year 2025.

### **Mission Statement**

Our Mission is to mitigate and prevent cervical cancer related deaths through spreading awareness across all sections of Zambia, on the importance of early cervical cancer detection and treatment.

### **Core Values**

Our core values include Integrity, Innovation, Wisdom, Information, Service, and Sustainability

## **SMART Objectives**

In order to archive our vision, and in collaboration with the relevant authorities, our main objectives will be;

1. To create awareness about cervical cancer, its causes and effects and the need for cervical cancer screening and treatment services in the rural districts of Northern, Central and Lusaka provinces of Zambia by 2021
2. To help build local capacities for cervical cancer screening and referral services to 15,000 women aged 30 years and above in Zambia by 2021
3. To advocate for increased cervical cancer screening and treatment services from the Zambian government from the current 21 (December 2018) to 35 screening centres by 2021
4. To build youth capacities in cervical cancer prevention programs in 20 secondary schools and colleges by 2021

## **PROJECT STRATEGIES**

In order to achieve the objectives of the Project, various strategies have been devised whose implementation is already underway. Below are the goals with details of strategies that have been developed to achieve them.

### **Objective 1:**

***To create awareness about cervical cancer, its causes and effects and the need for cervical cancer screening and treatment services in the rural districts of Northern, Central and Lusaka provinces of Zambia by 2021***

### **Strategies**

- i. **Targeting popular areas** - the project activities will be conducted in places that are normally frequented by women in rural areas such as churches, markets, traditional ceremonies etc.
- ii. **Engaging District Leadership** - Our activities will involve educating and sensitizing district officials, district councillors, sub-county chiefs, chairpersons and religious leaders.  
We have already started implementing this strategy at a smaller scale with encouraging results. During 2018 we carried out 8 sensitization activities in Kasama, Kabwe and Lusaka See pictures below:



Sensitization in Kasama 2018



Community sensitization in Kasama 2018

### iii. **Creating of Community Chapters**

About 10 community chapters shall be created in 12 townships in Northern, Central and Lusaka provinces in the first year of implementation. Change will start with the education of one individual, who in turns will be able to transform their surrounding with the knowledge that we will teach about cervical cancer. We therefore intend to engage every member of the community to foster this change. We envisage educating at least 15,000 people on how cancer affects our communities. We will give people tips on how to lower their cancer risk. We have already established 3 chapters in Kasama and Kabwe. See pictures below;



Members of Musenga ward chapter being sensitised 2018

**iv. Media campaigns and engagements**

We shall engage in media campaigns to raise awareness for continued promotion of cervical cancer screening and early detection. We shall undertake 20 radio broadcasts in the first year with presentation on cervical cancer on radio and television stations.

During the year 2018, RDI was able to undertake 5 radio and 2 TV interview. RDI has also partnered with Kalomo community radio station in Southern province, where we run a series of cervical cancer awareness program every Thursday, at 11:00.



RDI members at Radio Christian Voice



We have also established an audience of over 1,500 members using social media (WhatsApp & Facebook) where we have been sharing information.

- v. **Information, Education and Communication (IEC) Material Distribution -**  
We shall produce IEC materials on cervical cancer and prevention for dissemination during the community awareness and sensitization activities.
- vi. **Design Website -** RDI will set up a website for the organisation which will act as a platform to be used to post all the activities undertaken by the organisation. The RDI website will be linked to continental and regional networks, that advance cervical cancer prevention initiatives.
- vii. **Use of arts -** The organisation will form a theatrical group of six artists to disseminate cervical cancer awareness in a minimum of four local languages, through stage performance drama, poetry, music performance and dance. By using the performing arts as the key vehicle for disseminating this awareness, we will be able to convey a message across various cultures, languages.

A series of films will be produced to sensitize people about Cervical Cancer and its causes. Production and distribution of a short film based on the life of Rachael Mulenga Zulu and her struggle with cervical cancer will initially be produced and launched for public screening in cinemas and TV stations in the second quarter of the NGOs being established. The film will endeavor to highlight the need for early detection and screening in order to foster effective treatment. The film will also highlight life style attitudes in line with known cervical cancer causes such as early age of first sexual intercourse, multiple sexual partners, smoking, HIV infection e.t.c.



Behind the scene production of the short film Monarch of Dreams

## **Objective 2:**

***To help build local capacities for cervical cancer screening and referral services to 15,000 women aged 30 years and above in Zambia by 2021***

### **Strategies**

#### **i. Counseling of 20,000 eligible women for treatment**

Women shall be counseled about cervical cancer, risk factors and prevention. The counseled women shall then be referred to a nearby health facility that conducts cervical cancer screening. 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.

- #### **ii. Palliative care and support** - 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 in form of controlling physical pain and psychological, social, and spiritual problems. The overall goal shall be to achieve the best possible quality of life for patients and their families.

## **Objective 3:**

***To advocate for increased cervical cancer screening and treatment services from the Zambian government from the current 21(December 2018) to 35 screening centres by 2021***

### **Strategies**

#### **i. Partnerships with government and other Ngo's**

RDI will work collaboratively with the MOH and other NGOs will also make use of these partnerships to lobby and advocate for the development and rollout of cancer management protocols as well as resource mobilization for the necessary equipment that would facilitate early detection and diagnosis.

- #### **ii. Capacity building** - There will be need to undertake training and mentorship from experts, such as nurses, doctors etc. A-five-day training workshop shall be organized at the Hospital for all Project staff, community health workers and volunteers and will be conducted by an experienced gynecologist.

## **Objective 4:**

***To build youth capacities in cervical cancer prevention programs in 20 secondary schools and colleges by 2021***

### **Strategies**

#### **i. Periodic Cervical cancer Preventive Talks in schools**

We will endeavor to organize and undertake trips around selected schools in Zambia, giving cervical cancer health talks to youths from grade 10 to 12 about cervical cancer. With this, we are certain of creating a web of learned youths that will in turn impact their various communities and families with this knowledge. During these trips we will take time to distribute readable material on cervical cancer in schools, public libraries and various communities.

#### **ii. Creation of Social clubs**

From the selected schools visited and through the Ministry of education and respective school authorities, we will identify resilient and enthusiastic volunteers from the pupils that can create social groups which will meet regularly to discuss health issues relating to cervical cancer and other situations such as early marriages. We hope to use positive peer pressure in fostering this positive impact. Through these groups, we will be able to arrange special events for campaign activities such as;

- Match past during special events
- Branding of T-shirts and caps bearing cervical cancer awareness messages
- Organizing of School calendar events etc
- Through public shows and school/community outreach programs, bring the public to the awareness of the importance of HPV vaccination programs that have been envisaged to prevent cervical cancer by about 90%
- We intend to undertake school outreach programs to educate pupils on the need for cervical cancer awareness and access to screening facilities.
- 5 Anti cervical cancer clubs formed in 4 colleges and 2 universities across the country
- 5 secondary school groups created in the first year





## THE LOGICAL FRAMEWORK MATRIX

	<b>Objectives</b>	<b>Indicators</b>	<b>Means of verification</b>	<b>Risks and Assumptions</b>
<b>Goal</b>	Contribute to the reduction of mortality due to Cancer among rural men and women in Zambia through cancer awareness, screening and referral services.	% of individuals from targeted districts reached with the project cervical cancer awareness, screening and referral services.	Review Quarterly, yearly and End-of Project Evaluation Reports	Potential district stakeholders accept to participate in project
<b>Objective 1</b>	<i>To create awareness about cervical cancer, its causes and effects and the need for cervical cancer screening and treatment services</i>	<i>% of individuals from the key population aware about cervical cancer, its effects and the availability of prevention services.</i>	Review Quarterly, yearly and End-of Project Evaluation Reports	<i>The influence of other determinants of access and utility is very minimal</i>
<b>Outcome 1.1</b>	<i>Individuals in targeted district aware and accessing cervical cancer prevention services</i>	<i>% of individuals in the targeted district accessing cervical cancer prevention services</i>	Review Quarterly, yearly and End-of Project Evaluation Reports	<i>Project activities create demand for prevention services</i>
<b>Output 1.1.1</b>	<i>65,000 individuals in 3 districts provided with cervical cancer prevention services.</i>	<i># of individuals in 3 districts provided with cervical cancer prevention services.</i>	Review quarterly Performance Report	
<b>Activity 1.1.1.1</b>	<i>District sensitization meeting</i>	<i># of district sensitization meetings conducted</i>	Review quarterly Performance Report	
<b>Activity 1.1.1.2</b>	<i>Community sensitization activities/meetings</i>	<i># of community sensitization activities/meetings conducted</i>	Review quarterly Performance Report	
<b>Activity 1.1.1.3</b>	<i>Creating of Community Chapters</i>	<i># of community chapters created</i>	Review quarterly Performance Report	
<b>Activity 1.1.1.4</b>	<i>Media campaigns and</i>	<i># of media</i>	Review quarterly	

	<i>engagements</i>	<i>campaigns and engagements conducted</i>	<i>Performance Report</i>	
<b>Activity 1.1.1.5</b>	<i>IEC Material Distribution</i>	<i># of IEC materials on prostate, cervical cancer &amp; HIV Prevention, treatment and Care distributed</i>	<i>Review quarterly Performance Report</i>	
<b>Activity 1.1.1.6</b>	<i>Provide SRH education to 20,000 youth</i>	<i># of individuals of the key populations Provide with SRH education</i>	<i>Review quarterly Performance Report</i>	
<b>Activity 1.1.1.7</b>	<i>Design Website</i>	<i># of health related articles posted on the website</i>	<i>Review quarterly Performance Report</i>	
<b>Activity 1.1.1.8</b>	<i>Theatrical Arts</i>	<i># of plays rehearsed and performed</i>	<i>Review quarterly Performance Report</i>	
<b>Activity 1.1.1.9</b>	<i>Film Production</i>	<i># of short films produced and distributed</i>	<i>Review quarterly Performance Report</i>	
<b>Objective 2</b>	<b>To help build local capacities for cervical cancer screening and referral</b>	<i>% of local persons providing quality cervical cancer screening and referral</i>		
<b>Activity 2.1.1.1</b>	<i>Counseling of 20,000 eligible women for treatment</i>	<i># of local persons provided with free counselling on cervical cancer</i>	<i>Review quarterly Performance Report</i>	
<b>Activity 2.1.1.2</b>	<i>Palliative care and support</i>	<i># of local persons provided with palliative care</i>	<i>Review quarterly Performance Report</i>	
<b>Activity 2.1.1.3</b>	<i>35,000 women supported to access cervical cancer screening, prevention care, treatment and</i>	<i>% of women accessing cancer screening, prevention</i>	<i>Review End-of Project Evaluation Report</i>	

	<i>support services</i>	<i>care, treatment and support services</i>		
<b>Objective 3</b>	<b>To advocate for better cervical cancer screening and treatment services from the Zambian government</b>	<i>% of cervical cancer screening services provided across the districts</i>		
<b>Activity 3.1.1.1</b>	<i>Partnerships with government and other Ngo's</i>		<i>Review End-of Project Evaluation Report</i>	
<b>Activity 3.1.1.2</b>	<i>Medical equipment Advocacy</i>	<i># of equipment for cervical cancer screening acquired across the districts</i>	<i>Review End-of Project Evaluation Report</i>	
<b>Activity 3.1.1.3</b>	<i>Capacity building</i>	<i># of health personnel and project staff trained</i>	<i>Review End-of Project Evaluation Report</i>	
<b>Objective 4</b>	<b>To build youth capacities through Coordinated School and College Health Programming</b>			
<b>Activity 4.1.1.1</b>	<i>Periodic Cervical cancer Preventive Talks in schools</i>	<i># of Periodic Cervical cancer Preventive Talks undertaken in schools/colleges/universities</i>	<i>Review End-of Project Evaluation Report</i>	
<b>Activity 4.1.1.2</b>	<i>Creation of Social clubs</i>	<i># of social clubs created</i>	<i>Review End-of Project Evaluation Report</i>	

## **PROJECT MONITORING AND EVALUATION**

A Results-Based M&E System will be used to track the project's progress towards achieving the desired results. Central to this system will be Monitoring and Evaluation plan guided by clear results statements, indicators for measuring these results and the dissemination and communication plans.

The results will be based on the results chain and this will be the basis from which indicators to ascertain whether these results have been achieved or not will be developed. The project team will make use of standard data collection tools to collect data relating to these indicators on an on-going basis. Data relating to outputs will be collected, analysed and reported on a monthly basis.

The project's monitoring and evaluation will therefore have the strength of measuring progress and compliance at all levels of the results chain for accountability, organizational learning and performance improvement.

## **PROJECT SUSTAINABILITY/ FINANCIAL STRATEGIES**

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.

Engage members to contribute as little as K5 for the general membership and K50 for the management team every month for operations. We will do this to make the contributor be as comfortable as possible to contribute and sustain the contribution. This will allow the contributor a sense of ownership of the projects as well as create a sustainable source of income for operations. We will get email addresses and contact details from these financiers whom we will be able to give feedback to the financiers on how their money is helping change lives through awareness. These reports of the use of their contributions will be done on a quarterly basis.

The RDI will continue to apply for more funding from other donors so as to support the needy and less privileged groups both medically and socially.

RDI will seek financing partners to help implement a cervical awareness and screening project in Zambia, with the pilot site being Northern Province. 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 and open field campaigns were drama and poetry has been performed in Kasama, Musenga, Mwamba and Chisanga townships. These activities have allowed us to reach out to the communities as we look to enhance our programming and really change the world. We have since had 23 women successfully screened for cervical cancer under our partnership with the Northern Province Ministry of health and Kasama General Hospital.

- Using performing arts to fundraise and raise awareness
- Using short film to fundraise and raise awareness
- Using the website resource library subscriptions to raise funds

## **MANAGEMENT PLAN**

The project has been designed and being implemented with input from members of Rakellz Dream Initiative who have been drawn from diverse professions and skill. RDI has an 8 member Board of Directors for policy planning and implementation. The board is made up of individuals from a cross section of professions. To perform administrative duties, some of our board members have offered their time and resource as volunteers. Their skills will be used to undertake most of the administrative duties. This will save the organization financial commitments towards the payment of emoluments for administrative staff as we begin.

So far, the board members have since contributed the human resource skill, office space for operations and two desktop computers. The members will also contribute 20% of the of the stage play budget to kick start the project, with the expected to be sourced from partners, financiers/donors that will be willing to come on board.

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.

All this has been made possible with the established structure of the Board and Management team.

### **SYNERGIES WITH GOVERNMENT AND OTHER ORGANISATIONS/INITIATIVES**

Synergies with other established institutions and organisation disseminating information on other similar causes such as HIV – Aids, TB, Malaria etc, will be engaged for positive collaborations. The National Aids Council (NAC) which already access funds from the Global Fund for the combating of HIV-Aids prevalence can be a good partner. Other possible local and international collaborators would include;

- Ministry of Health – Zambia
- Ministry of community Development and Social welfare
- Destiny Wisdom Centre Church
- Christ Envoys Church
- Christ Connect Family Church
- FAWEZA
- Women's Lobby
- World Vision
- YWCA
- Zambia Cancer Society
- Bill & Melinda Gates Foundation (BMGF)
- Cancer Prevention Alliance of Zambia (CAPRAZ)
- CDC Foundation
- Centre for Infectious Disease Research of Zambia (CIDRZ)
- Jhpiego
- Project Concern International (PCI)
- The Joint United Nations Programme on HIV/AIDS (UNAIDS)
- U.S. Agency for International Development (USAID)

### **BUDGET ESTIMATE**

This project will require a total budget of ZMK471,987.50 (**\$97, 570.27 (US)**) to start implementation in Kasama. This budget will need partnerships to implement. Depending on the availability of fund, the project will be rolled out to the rest of the Province in the next 3 years at a total budget of ZMK 7,183, 855.91 (USD 595, 676.28)