

Project Contact

Organisation - Applicant details

Name of Organisation

BEYOND SUNCARE

First Name of main contact

[REDACTED]

Last Name of main contact

[REDACTED]

Position within the organisation

[REDACTED]

Email address

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Full postal address

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Contact telephone number

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Organisation website

<https://beyondsuncare.org/en/>

Does an ILDS Member support this application

Yes

What is the name of the supporting ILDS Member?

[REDACTED]

To support your application, please upload a support letter from the ILDS Member here

[REDACTED]

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Important

Please confirm that you have read the grant type and grant guideline here

Yes

Have you received DermLink grants in the past 5 years?

Yes

About the project

Project start date:

01/01/2025

Project end date:

31/12/2026

PLEASE NOTE: All grants **MUST** be used within 24 months of being awarded. Extensions may be considered, where necessary)

What country will the project take place in?

Rwanda

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About the project

What would you like to call your project?

"Defense and promotion of the right to health for people with albinism in Rwanda, through strengthening of public healthcare system"

Describe the project.

The project aims to improve the quality of life for 305 people with albinism (hereinafter referred to as PWA) in Rwanda's Musanze, Gisagara, Rutsiro, and Kirehe districts. To achieve this, it will implement an integrated social and healthcare service package recognized by the United Nations as a "Best Practice." This package includes educational and capacity-building sessions, dermatological consultations, surgeries, and the distribution of customized sunscreen, sunglasses, and wide-brimmed hats to protect PWAs from the sun. The General Objective of the project is to ensure equitable, quality health services and social inclusion for PWAs in these four districts. The Specific Objective is to improve access to sun protection resources, such as sun education, dermatological care, and protective equipment for 305 PWAs, facilitating both their health and social inclusion. The project aims to achieve two main outcomes: O1. Expanded healthcare coverage for people with albinism in 4 districts of Rwanda, through the improvement of primary care services in 4 district hospitals and 8 health centers. To accomplish this, dermatological clinics will be organized every four months, where project beneficiaries will gather. During these clinics, local health workers will provide a range of services: - Educational Sessions: Each clinic will begin with a 30-minute session on albinism, skin cancer prevention, and sun protection. This will not only educate but also foster social inclusion by normalizing albinism and creating a platform for PWAs to share experiences. - Dermatological Examinations: Health professionals will examine beneficiaries to detect new skin lesions or monitor existing ones, while also addressing specific health concerns of each individual. - Distribution of Sun Protection Tools: Trained pharmacists will distribute sun protection materials, including creams, hats, and sunglasses, at each clinic. O.2. Strengthened the clinical skills and knowledge of 36 health workers in the 4 mentioned districts in early diagnosis of skin cancer and in specialized clinical care for people with albinism. Training for these healthcare professionals is essential for carrying out the dermatological clinics mentioned in O1. Additionally, one person from the Rwandan Albinism Network (RAN) will be trained in each district, totaling four trainees, and one District Disability Officer (DMO) will be trained in each district, also totaling four. These DMOs are responsible for

assisting people with disabilities in the districts and maintaining connections with local leaders to facilitate access to services. The training of these 44 individuals—health workers, DMOs, and RAN members—will be crucial for mobilizing and engaging PWA to assist the clinics, ensuring they can receive the medical attention they need. In summary, this project aims not only to provide healthcare but also to raise awareness and empower communities with albinism in Rwanda. These stakeholders will be trained by the local counterpart of Beyond Suncare (hereinafter referred to as BSC) in Rwanda, Health Alert Organization (hereinafter referred to as HAO)

What is the need you have identified; how did you identify it and how will your project meet it?

Sub-Saharan Africa has the highest global prevalence of albinism, with people with albinism facing severe discrimination rooted in ignorance and superstition. This stigma limits their access to healthcare, education, justice, and employment. Additionally, PWA are highly vulnerable to the sun, with 90% dying from skin cancer before age 30 due to limited awareness and access to UV protection. In Rwanda, healthcare services are decentralized, with 1,700 health posts, 500 health centers, and 42 district hospitals. However, the country has only nine dermatologists, all based in the capital, Kigali. This situation often forces PWA to travel to Kigali with advanced skin cancer, resulting in preventable deaths. To address this, it is essential to decentralize care and train rural health workers to identify precancerous and cancerous lesions in PWA, referring them promptly for treatment. Training should also include educating health workers about albinism and sun protection, empowering them to teach PWA and caregivers about skin cancer prevention and reduce stigma in communities. An assessment mission in March 2022 evaluated BSC's local partner, HAO, which began collaborating in 2020, and explored Rwanda's healthcare access system, focusing on skin cancer prevention services and sunscreen availability for PWA. Key findings included: - Dermatology services and sun protection resources are available only in Kigali, leaving rural PWA without regular access. - Economic barriers delay treatment, with patients often taking months to gather funds and facing long waiting lists. - Sunscreen availability depends on clinics organized by HAO. Although sunscreens are considered essential medicine in Rwanda, many PWA cannot find them at their health centers due to a precarious healthcare system that fails to supply basic sun protection measures. - Health personnel lack training on albinism and sun protection. Myths and prejudice surrounding albinism persist, hindering inclusion. - A national support plan for PWA needs to be put in place, although there is interest in establishing a local sunscreen production unit and occasional donations of sunscreen to the Rwanda Albinism Network (RAN). Currently, HAO, with support from BSC, conducts an annual clinic in seven districts. The aim is to scale this to a National Skin Cancer Prevention Program, providing regular clinics to meet PWA healthcare needs. This project initiates that goal by training 36 healthcare workers, four RAN members, and four District Disability Officers (DMOs) across four of the seven districts. These trained individuals will oversee a total of 72 clinics (three per year at each of the 12 hospitals and health centers). With DermImpact Grant support, the project will assist 305 PWA (52% adults, 48% minors) over two years, providing a comprehensive care package that has proven effective and well-received among PWA, as documented in the International Journal of Dermatology.

What are the planned activities for this project and the planned timeline?

The activities that will be carried out to achieve the two outcomes of the project are the following:

O1. Expanded healthcare coverage for people with albinism in 4 districts of Rwanda, through the improvement of primary care services in 4 district hospitals and 8 health centers.

- O1.A1. Acquisition, shipping, and distribution of sun protection materials, such as tailored-made sunscreens, sunglasses, and hats. 3,660 customized sunscreens will be manufactured in Spain and distributed across clinics in Rwanda by trained healthcare workers in the 4 districts over the 2-year project period, benefiting 305 PWA. Additionally, 305 hats and 305 sunglasses will be provided to new and current program participants in need of these items. This activity will occur in January 2025, with invoices and photographs of the purchased supplies as verification sources.

- O1.A2. Acquisition of medical supplies for the treatment of precancerous lesions, such as liquid nitrogen and a tank for its transportation. To treat the precancerous lesions of those patients in need, liquid nitrogen will be acquired. A tank for its transportation is needed since this specific equipment is not currently available at the health centers. This activity will take place in January 2025, June 2025, January 2026, and June 2026, with invoices and photos as verification sources.

O2. Strengthened the clinical skills and knowledge of 36 doctors and healthcare personnel in the 4 mentioned districts in early diagnosis of dermatological cancer and in specialized clinical care for people with albinism.

- O2.A1. Development of theoretical-practical training materials on specialized clinical care and early diagnosis of dermatological cancer in PWA and clinic questionnaires, aimed at specialist medical personnel and primary care staff in the 4 districts of Rwanda. This material will serve as the foundation for training those healthcare workers who will become part of the program. Activity planned for January 2025, with copies of educational materials as verification source.

- O2.A2. Conduct training sessions on specialized clinical care for PWA, aimed at healthcare workers, RAN members, and DMOs. Four training sessions will be held for the proposed districts. These trainings are aimed at educating healthcare personnel without prior instruction on the condition, skin cancer prevention measures, or identification of precancerous lesions associated with the condition, as well as reinforcing the knowledge of those healthcare workers within the program who have been identified, following previous quality control visits, as lacking skills/knowledge in this topic. Before conducting the training sessions, an assessment of healthcare workers' knowledge of albinism is carried out through questionnaires to check their understanding of the subject, as well as after they have received the training. The goal is that, by the end of the project, 36 healthcare workers will have improved their knowledge of albinism and early diagnosis of skin cancer in PWA by 60%. They are also asked about their level of satisfaction with the training received, the content delivered, its usefulness for their work at health centers, the suitability of the space where it was conducted, and so on. These activities will be carried out in February and March 2025. Attendance lists, photographs of the training, and pre-and post-test assessments to evaluate knowledge acquisition after the training will be presented as a source of verification.

- O2.A3. Conduct dermatology clinics for PWA (3 clinical rounds across 12 facilities) every 4 months in the 4 targeted districts. After training, local healthcare workers will lead 72 dermatology clinics over 2 years across 12 rural health centers in Musanze, Gisagara, Rutsiro, and Kirehe. These clinics will be carried out every 4 months in each health center, in February-March, June-July, and October-November of 2025 and February-March, June-July,

and October-November of 2026. A report with the data collected at the clinics regarding the skin condition of the beneficiaries, their sun exposure habits, and other information related to the care received will be presented as a source of verification. - O2.A4. Referral of people with albinism requiring specialized treatment and/or surgical intervention to the capital, as they cannot be treated at the district level. While some patients can be treated at their local health centers, others require advanced treatment at referral hospitals. Economic support will be provided for those needing travel assistance to these facilities, which are often far from their homes. Patients in need to be referred are identified during the clinics, so this activity will be held at the same time as the dermatology clinics. A list of referred patients, including their medical history and condition before and after the Project will be presented.

Please summarise your project in 200 words

The project aims to enhance healthcare coverage for people with albinism in four districts of Rwanda by improving primary care services at 12 district hospitals and health centers. Key activities include acquiring sun protection materials, such as sunscreens, sunglasses, and hats. Additionally, liquid nitrogen and a transportation tank will be purchased for treating precancerous lesions. The project will strengthen the clinical skills and knowledge of 36 healthcare personnel in early diagnosis of dermatological cancer, treatment, and specialized care for people with albinism through the development of training materials and delivery of training sessions in January and February 2025. Pre- and post-training assessments will measure knowledge improvements, to enhance their understanding of albinism and skin cancer by 60%. Furthermore, 72 dermatology clinics will be conducted in the rural health centers of the previously mentioned districts to educate people with albinism on the condition and sun protection measures, to monitor beneficiaries' skin condition, and to deliver photoprotection tools. Patients requiring specialized treatment will be referred to hospitals in the capital. Comprehensive reports, attendance lists, and other verification documents will be collected throughout the project to ensure accountability and measure outcomes.

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Unexpected challenges

Please explain how you will adapt your project in the event of restrictions and/or lockdowns as a result of unexpected events, e.g. changes in political or economic environment, natural disasters, COVID-19, etc

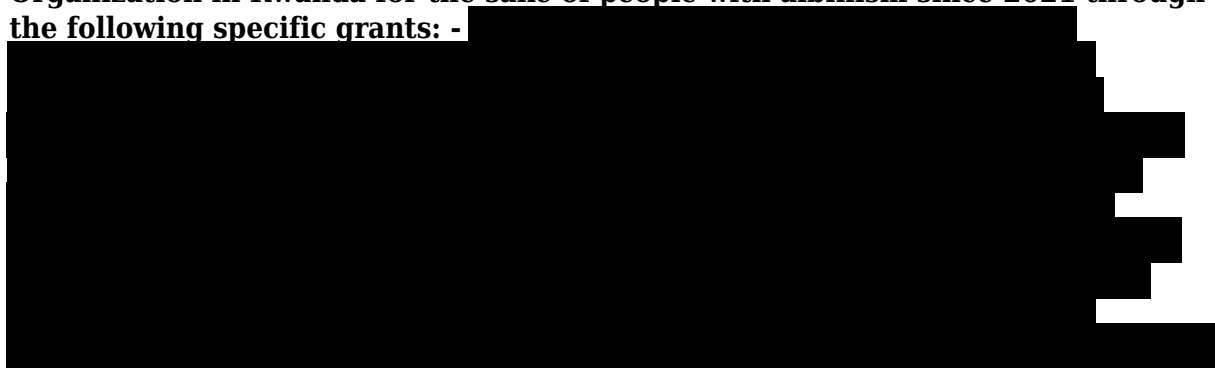
Implementing projects in Rwanda, particularly those focused on health and community development, can present various challenges that need to be addressed effectively for the project to be successful. The potential hurdles outlined below provide a comprehensive overview of the obstacles that may arise, along with proposed solutions to enhance the overall success of the project. - Lack of institutional support for the project from national and local authorities in Rwanda -> A possible solution to this challenge is to use our current grassroots support network of committed stakeholders and community leaders to demonstrate the

project's value to authorities. - Lack of motivation and engagement in the training processes and the implementation of clinics by the selected healthcare staff -> This issue can stem from inadequate training methods, ineffective communication, or a disconnect between staff expectations and the training content provided. A possible solution to this challenge is to enhance training sessions by incorporating feedback from trainees, which could boost motivation and engagement among medical staff. - Lack of acceptance of the project and the group of people with albinism within the communities -> A possible solution to this challenge is to implement awareness activities that highlight the contributions of individuals with albinism, eliminate myths and stereotypes, promote positive narratives, and foster community acceptance and support. - A devaluation of the local currency and the subsequent increase in the prices of supplies hinder the financing of all proposed activities -> In this case, BSC would seek to reduce costs by redesigning certain activities of the project and/or eliminating them, while always ensuring that the overall and specific objectives of the project are met. By prioritizing essential activities and seeking creative solutions to resource allocation, the project can maintain momentum and effectiveness despite financial constraints. - Those responsible for the duties of the project do not meet their commitments on time, resulting in delays or non-compliance with the activities outlined in this document -> In this case, BSC would establish a clear timeline with accountability checkpoints and regular progress updates to ensure all parties meet their commitments on time. At the same time, BSC would study how to adjust the timing of activities in the schedule to complete the project within the established timeframe, always without compromising its quality. This proactive approach can help keep the project on track and ensure timely completion. - A natural disaster occurs, or weather conditions prevent the planned training sessions and clinics from taking place -> A possible solution to this challenge is to develop a flexible training and clinic schedule that includes virtual sessions, alternative venues, and alternative dates to ensure continuity despite adverse weather conditions. In conclusion, while the challenges of implementing this project in Rwanda can be significant and multifaceted, strategic solutions focused on community engagement, stakeholder accountability, and flexibility can pave the way for successful and sustainable outcomes.

Engagement and experience

What relevant experience do you and the implementing team have in organising and delivering these activities? (if you have been a grantee of DermLink Grants Programme, please list the year, project title, and the ILDS Supporting Member)

Since 2017, Beyond Suncare has been carrying out international development actions in the health sector in several countries in Africa, focusing on preventing skin cancer in people with albinism and promoting their social inclusion. The project presented aims to implement these services in four districts of Rwanda. The intervention strategy developed by BSC, through which the project will be implemented, has been declared a "Best Practice" by the United Nations. Although the organization has been active for seven years, its founders have been working in the field in Sub-Saharan Africa for nearly 15 years, receiving several international awards and recognitions that validate their capacity and knowledge to implement this project, which they have transferred to BSC. Notably, the president and co-founder, Mafalda Soto, was named "Champion of the Albinism Cause" by the United Nations in 2015 and was included in the ranking of the Top 100 Women Leaders in Spain in 2022 in the category of Third Sector and Social Impact. Specifically, in the four districts where the project will take place, the organization has been present since 2020, when it began to collaborate with Health Organization Alert. HAO is the local counterpart of BSC and will be those who will carry out the project on the ground. HAO's project began with the aim of identifying people with albinism in Rwanda, learning more about the problems they face, and helping them move forward with better health. In 2017, they began serving a group of PWA in Kigali, supported financially by a small fund from the monthly contribution of the organization's members. Between 2018 and 2019, HAO expanded its services to Musanze and Rutsiro districts. In 2020, BSC became aware of the work of the local NGO and supported its expansion to 5 more districts, Gisagara and Kirehe among them. The International Foundation for Dermatology has been supporting the work of Beyond Suncare and Health Alert Organization in Rwanda for the sake of people with albinism since 2021 through the following specific grants: -



2024 DermImpact Grant would allow us to ensure the program's sustainability by consolidating the knowledge of local healthcare workers already involved in the project, strengthening relationships with the Ministry of Health and the Rwandan Albinism Network (RAN), and training new healthcare personnel. All these actions would enable the involved parties to take ownership of the program independently, ensuring its long-term viability.

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Impact measurement

How many participants are you expecting to engage? Please list the number of individuals involved per category (please write N/A if not applicable):

Dermatologists (please specify if they will be delivering care or training or receiving it)	Healthcare workers (please specify if they will be delivering care or training or receiving it)	Patients served (seen or received care), please specify if a particular group of patients will be involved	Any member of the general public in the area? If so, please provide number served	Other (please specify)	Who are the stakeholders you plan to collaborate with? Please list their names, a brief description of their role in this project, and your previous experience of engaging with them
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<p>1 dermatologist who works within the team of HAO will be involved in the project. This person will be responsible for delivering the health workers.</p>	<p>36 healthcare workers will be trained to deliver care to people with albinism through this project. Thirty-six positions at each hospital and health center will be trained by HAO in understanding albinism, self-care measures, identification of severe skin lesions, and dermatological follow-up of lesions. Healthcare workers are the ones who mobilize the human and material resources of public health services to carry out the clinics that will regularly serve individuals with albinism. Additionally, through this project, four representative members of RAN and four DMOs will be trained, as previously mentioned.</p>	<p>This project will provide care to 305 people with albinism, based on data from HAO clinics since 2016 and BSC's 2022 mapping. Of the beneficiaries, 52% are adults and 48% are minors. They will receive educational sessions on sun protection, skin checks for precancerous lesions, and treatment or referral if needed. Sun protection tools, including UMOZI MAX sunscreen, will be provided, with each person needing six bottles per year (12 sessions).</p>	<p>305 family members and caregivers of persons with albinism will benefit from this project. This group will enhance their knowledge about the condition of albinism, its origin, how to address it, and how to care for their loved ones with the condition. They will receive this information during educational sessions held at the clinics, where they accompany their family members with albinism for safety reasons, to avoid attacks and abuses. In these sessions, individuals with albinism and their families also share the challenges they face, creating a social network of mutual support.</p>	<p>As indirect beneficiaries, the households of rural communities to which the persons with albinism belong in the four mentioned districts are counted as well. Each district consists of around 15 sectors, each sector has 5 villages, each village contains 3 communities, and each community consists of 50 families, with an average of 5 members per family. Therefore, it is estimated that the project will reach approximately 225,000 people, who will be educated on the condition by word of mouth from caregivers and family members of PWA.</p>	<p>BSC will collaborate with three main stakeholders to implement this project: Health Alert Organization (HAO), Rwandan Albinism Network (RAN) and Rwanda Biomedical Center (RBC) - HEALTH ALERT ORGANIZATION (HAO) Health Alert Organization (HAO) is responsible for implementing BSC's program on the ground; therefore, they will be the implementers of this 2-year project. Founded in October 2016, HAO is an organization that aims to unify the efforts of health professionals to raise awareness and advocate for the prevention and control of risk factors associated with non-communicable diseases (NCDs), malnutrition, mental health, and albinism through awareness programs. HAO consists of health professionals from various backgrounds, including dermatology officers, public health officers, nurses, and mental health officers. It also has non-health professional members, including accountants and IT specialists. As of today, HAO covers 7 of the 30 districts in the country, offering an annual clinic per district for the care of people with albinism in its 7 district hospitals. To formalize and consolidate its actions regarding the right to access healthcare of PWA, HAO signed an agreement in 2023 with the Ministry of Health of the country and another with the National Council of Persons with Disabilities (NCPD). The NCPD is a public, independent institution with legal personality and financial and administrative autonomy. It serves as a forum for advocacy and social mobilization on issues affecting people with disabilities, aiming to enhance their capacity and ensure their participation in society. BSC has been working with HAO since launching its program in Rwanda in 2020. Both organizations held regular meetings on the program's implementation, the challenges faced, the satisfaction of the beneficiaries, and the outcomes of it. - Rwandan Albinism Network (RAN): RAN was founded in 2008 by Father Twambazimana Bonaventure, who witnessed the exclusion faced by children with albinism from their families and society. Initially, the organization aimed solely to help children, but over time, people with albinism of all ages began to join the network, and RAN included them as beneficiaries of its fight for PWA's social inclusion. Today, the organization's goal is to "leave no one behind," considering not only people with albinism but also others with disabilities. To achieve this, they conduct awareness-raising activities, promote support networks among beneficiaries to strengthen and improve their livelihoods, and advocate for the right to education and health for all of them. The leader of RAN is Jayden Uwimana Fikiri, who will be the point of contact between RAN and HAO. RAN's efforts will focus on mobilizing people with albinism to attend the clinics, coordinating with HAO for this purpose. To perform that task adequately, four of their representatives will be trained previously. Both organizations have worked together since HAO began to develop its mission in the country. - Rwanda Biomedical Center (RBC): RBC is the national health execution agency in the country. It was established in 2011 through the merger of fourteen key health institutions. The institution strives to improve the health of the Rwandan population by providing preventive, treatment, and rehabilitation healthcare services. This institution is responsible for following and overseeing every healthcare project carried out in the country, including this one.</p>
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What are you aiming to achieve at the end of first year?

The first year will be the launching of the project when mostly all the activities will be carried out by HAO and BSC. The second year will be a continuation of the activities, specifically the implementation of clinics. In 2025, all necessary medical supplies and equipment will be acquired to carry out the project, to protect and treat the skin of individuals with albinism, including UMOZI MAX sunscreen, sunglasses, wide-brimmed hats, liquid nitrogen, and the tank for its storage. This procurement ensured that individuals with albinism have access to vital protective measures against skin damage from the sun. All educative materials needed for training local healthcare workers and for the implementation of clinics will also be developed in this first year. The tools that will be developed for the training of healthcare staff are as follows: - Handbook: This manual is aimed at individuals who interact with and provide services to people with albinism and their caregivers. Its main objective is to educate and advise individuals with albinism about their condition and the importance of sun protection. It will be updated for this project. - Questionnaires to be filled at the clinics: --Registration questionnaire --Follow-up questionnaire --Knowledge and attitudes questionnaire - -Adverse reactions questionnaire --Satisfaction questionnaire --Standardized procedure for completing the questionnaires - Other training materials: --Training presentation --Sheets with illustrations of skin lesions --Sheets on the application of UMOZI MAX Theoretical and practical training sessions will be conducted in the four districts of the country as well in the first months of the implementation of the project. The objectives of the training are: - Education on understanding albinism and sun protection measures. - Skin examinations. - Application of sunscreens. - How to use the necessary tools for data collection and management.

- Planning and management of clinics. - Logistics, functions, and responsibilities of the program By training local healthcare workers, the project laid the groundwork for sustainable healthcare practices in the health centers, ensuring ongoing support and education for individuals with albinism long after the initial project implementation. After their training, healthcare workers will carry out half of the proposed dermatological clinics, a total of 36. Thanks to them, 305 persons with albinism will benefit from educational sessions, skin check-ups and sun protection measures supplies. During these clinics, the health workers will treat precancerous lesions through cryotherapy as well, to prevent their evolution into cancer. In individuals with albinism, two types of cancers appear due to sun exposure: Basal Cell Carcinoma and Squamous Cell Carcinoma. BCC appears directly on the skin—no treatable precursors—but there are precancerous lesions that can develop into SCC. These lesions, called Actinic Keratoses (AK), are easily treated with cryotherapy. Cryotherapy is a treatment that uses intense cold to freeze and destroy cancerous cells and abnormal tissue. For this, liquid nitrogen is applied with a cryo gun. These achievements will establish a framework for continued support and advocacy for individuals with albinism in the second year and beyond the period of implementation of the project.

What will be the outcomes of delivering this project? What is improving? e.g. Patient health/quality of life, knowledge, skills, environment, etc

Below are the results of the project, associated with each of the main outcomes: -

O1. Expanded healthcare coverage for people with albinism in 4 districts of Rwanda, through the improvement of primary care services in 4 district hospitals and 8 health centers. --SOV.O1. A1 By the end of the project, 3,660 creams, 305 pairs of sunglasses, and 305 hats have been purchased and distributed to 305 persons with albinism (PWA) in the 4 districts. -- SOV.O1. A2 By the end of the project, a nitrogen tank and liquid nitrogen have been purchased to be used in the clinics. - O.2. Strengthened the clinical skills and knowledge of 36 doctors and healthcare personnel in the 4 mentioned districts in early diagnosis of dermatological cancer and in specialized clinical care for people with albinism. -- SOV. O2.A1. At the end of the project, educational and clinic materials have been developed for training healthcare workers and carrying out the clinics. --SOV. O2.A2.1 At the end of the project, 36 healthcare workers have embraced the content received in the 4 training sessions conducted. --SOV. O2.A2.2. At the end of the project, 36 healthcare workers have improved their knowledge of albinism and early diagnosis of skin cancer by 60%. --SOV. O2.A3. At the end of the project, 72 dermatological clinics have been held in 4 district hospitals and 8 health centers. --SOV. O2.A4. At the end of the project, between 5 and 10 persons with albinism (PWA) with skin cancer have been referred and have successfully undergone intervention/treatment. These project outcomes significantly improve the health and quality of life for people with albinism in Rwanda through enhanced healthcare access. With expanded healthcare coverage, sun protection tools distributed to PWA directly protect them against sun exposure, reducing the risk of skin cancer and improving their quality of life. The acquisition of a nitrogen tank and liquid nitrogen allows the treatment of dermatological conditions, enhancing the clinical care available in local health facilities. The project also focused on strengthening the clinical skills of 36 healthcare professionals and empowering them. By conducting training sessions, healthcare workers increased their knowledge of albinism and early diagnosis of skin cancer by 60%. This improvement in skills directly translates into better diagnosis and treatment

options for PWA in the dermatology clinics carried out, ensuring that they receive timely and effective care, avoiding suffering and, ultimately, preventable deaths among PWA. Furthermore, dermatology clinics foster a supportive environment for PWA and enhance their social support network. At these clinics they and their caregivers learn about their condition and share their daily challenges and fears, supporting each other. These educational sessions eliminate myths and wrong assumptions on albinism and allow them to spread the word to their communities. The successful referral and treatment of PWA with skin cancer signify the project's impact on health outcomes. Overall, these combined efforts lead to a healthier population of PWA, enhanced knowledge among healthcare providers, and a more supportive and safer environment for individuals with albinism in the communities.

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Project costs

What is the total cost of the project? (in USD)

[REDACTED]

What is the grant amount you are requesting via the DermImpact grant? (in USD) Please note that the total amount of fund for this project is 20 000 USD for two years; you can request up to 10 000 USD per year. We will only release the second transfer upon receiving and reviewing Interim Report

[REDACTED]

If you have a shortfall, how will this be met?

If the project experiences a shortfall, BSC would cover the costs to ensure that all activities are carried out and the proposed objectives are met. If it is unable to cover the costs by the organization, the number of trained healthcare workers per district would be reduced to cut expenses without compromising the clinics or the services provided to the beneficiaries. In no case would the number of direct or indirect beneficiaries of the project be affected, as they would receive all the supplies and care outlined in the project.

Costs breakdown

Activity / Item / Service	Total Cost (in USD)	Amount requested from this grant (in USD)	Description
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Declaration

I confirm that I have authority from the project contact to submit this form on their behalf and that the information I have provided is correct and true. Any false or misleading information will result in the application being disqualified, and any funding granted will be stopped or any funding already awarded will be reclaimed.

- Tick here

Full name

[Redacted]

Position

[Redacted]

Email address

[Redacted]

