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PREMIUM



Orphans and Vulnerable Children Care Support Project

INTRODUCTION OF THE PROJECT

The education of the world's children is high on the global agenda. In the context of education for all (EFA), all children should receive free, good quality education. The reality is that millions of the world's children are too poor to benefit from the declaration, unless there are special interventions that target their development. Unfortunately, such children do not form a special social category in poverty eradication intervention programmes. Thus, their inclusion in the achievement of EFA appears to be a hit-or-miss phenomenon. Recognizing the central role of poverty eradication in wider global agendas and acknowledging the need to reach out to the poorest children with the objective to break the poverty cycle for them, XXXXXX embarked on a programme of education and poverty eradication.

The Project aims at solving the problems hidden by the fact that orphans and vulnerable children are invisible; yet by the very nature of their situation, they are included among those that are classified as disadvantaged and poor in Uganda. Children are subsumed within the poverty categories most often referred to such as households, communities, people – which means that there is a high tendency to focus on adult-related poverty while child problems are ignored, partly because children have little power and influence within a group that contains adults.

Findings reflect that children in abject problems can be recognized by rather elementary (as opposed to sophisticated) criteria. Top on the list is absence of basic necessities such as shelter, food, clothing and water. Equally important is the 'human condition' in terms of physical health and parental care and protection. Schooling is high on the list as a critical criterion in determining who is extremely or modestly a vulnerable and disadvantaged child.

While there seems to be national consensus among donors, the public sector and civil society that the government has made commendable progress in implementing PEAP (Poverty Eradication Action Plan) as flexibly as possible, its evolving nature, due to the participatory and consultative reviews it undergoes regularly, does not address many of the development challenges Disadvantaged children face today. It would take lobbying and advocacy interventions to ensure that the needs and demands of children in abject poverty are met.

The UNESCO 2003 study on Children in Abject Poverty in Uganda revealed that:

The health and inadequate health services remain critical challenges for children in abject poverty. This is aggravated by the living conditions of children in almost all the districts studied.

On a positive note, over three quarters of those who fell sick sought some kind of modern treatment; very few resorted to traditional healers.

School-related costs have been the major obstacle for children in abject poverty to access education.

STATEMENT OF THE PROBLEM

Due to increasing deaths of people as a result of HIV/AIDS so many children have been left as orphans with no body to take care of them and giving them support. Most of the children are left with their poor grandparents and some are left homeless hence ending up on streets.

Only 11% of urban births and 3.4% of rural births are registered, meaning that the majority of children are denied this basic right. Approximately 96% of the poor, the majority of whom are women, live in rural areas (UBOS, 2000, 2003). A UNICEF project document (2003) on orphans and vulnerable children indicates that approximately 2.1 million children in Uganda are orphaned and, of these, 80% come from poor families.

The child-headed household trend in Uganda is such that rural areas have 79.9%, of which 49.6% are male-headed and 30.3% are female-headed. The trend in urban areas is that of the 20% child-headed households, 10.5% are male-headed whereas 9.6% are female-headed.

Children's vulnerability to poverty, adversity and HIV/AIDS is largely contextual but also indicative of the widespread situation in protecting them.

Uganda currently has over 2 million orphaned children, the majority of whom were orphaned by HIV/AIDS (Uganda Poverty Status Report, 2003). The number is expected to rise in the next decade and this will increase the risk of children turning to the streets, and becoming beggars and thieves.

The rise in the proportion of child-headed households and child laborers means a rise in percentages of the illiterate, early pregnancies, and related consequences such as infant and maternal mortality rates, increased incidence of those who are infected by sexually transmitted diseases (STDs) and HIV/AIDS, and drug abuse. While the Government will continue to increase spending on reproductive health services, it will also be losing valuable human resources. The cycle of child poverty will thus be passed on to next generation and become chronic. It is evident that the HIV/AIDS scourge is increasingly taking its toll on those who should otherwise be enjoying childhood in Uganda.

A large proportion of deprived children have acquired psychopathological behaviour, increasingly becoming involved in crime, drug abuse and violence. Many, too, are vulnerable to HIV/AIDS and yet enter the labour market at very young ages, all of which seriously affects their growth and well-being. Children under this category experience extreme poverty, which is compounded household, community and national poverty.

The 2001/2002 participatory poverty assessment by the Uganda Participatory Poverty

Assessment Process (UPPAP), and Save the Children UK studies on child poverty confirmed that children are a vulnerable category of the population, and that policy and institutional frameworks are taking longer to cope with changing sources of crisis and adversity. A link between large/polygamous families with poverty, and the high level of household population (six to eight members), increases the difficulty of providing adequate coverage and quality of public services such as education, health and housing for families, especially for children. Poor health reduces the productive capacity of households and limits children's access to their basic needs.

The magnitude and complexity of the problem of child poverty in Uganda is large and growing, and cannot be ignored when designing national development and poverty reduction strategies. Unfortunately, children and young people continue to be marginalized in spite of interventions, especially where assumptions are made that interventions that address adult and household needs are also good for all children, including boys and girls of school-going and non-school-going ages. This partly explains why child poverty is underrepresented in most studies on poverty in Uganda (2003).

JUSTIFICATION OF THE PROJECT

The rationale for carrying out this study on children in abject poverty in Uganda is based on the problems resulting from the fact that children in poverty are invisible, yet they constitute a disproportionately large section of the (poor) population. Children are subsumed within the most referred to poverty categories: households, communities and people; yet among these they always occupy a position of least power and influence (2003), and focus tends to concentrate on adult-related poverty. Children are vulnerable to shocks and adversities and, consequently, are hardest hit by poverty. Given that childhood is the most crucial developmental period in an individual's lifetime, any damage at this stage can lead to a perpetuation of the cycles of poverty, resulting in

intergenerational and/or chronic poverty. Interventions such as universal primary education, and maternal and childcare mitigate against the monumental odds.

PROGRAMME DESCRIPTION

This programme is already running in XXXX Village but the children who number up to 70 are living in a rented home and 200 are living in homes of their guardians and other people who endeavored to give them care. The focus of XXXX now is to acquire land and establish a rehabilitation centre for these children, a home as well as a primary school. In this programme, XXXX – also seeks to provide logistics to these children.

The reasons as to why we are advocating a rehabilitation centre are: the problems we are facing when these children are in other people's homes. For example the logistics given to them are sometimes taken away from them, they are denied to go to school and when they fall sick medication is not adequate.

PROGRAMME PURPOSE

The purpose of this programme is to reduce the suffering of the orphans and vulnerable children, build their capacity through giving them love, care, education and simple activities to do so that they become productive in the society.

SPECIFIC OBJECTIVES OF THE PROJECT

- To improve the quality of life of the orphans and vulnerable children by establishing a permanent home, school and health care centre for them.
- To train care givers in care giving skills to enable these children get adequate care, love and support
- To provide adequate education to these children to make them good citizens and have a better future through good education right from a tender age

- To create awareness to the community and the outside world the need to protect and support the vulnerable children and the orphans as well as protecting their rights.

Comparisons of studies and child perspectives

Child poverty can be analyzed both subjectively and objectively. Studies such as the Save the Children UK 2003 study have analyzed child poverty indicators on the basis of how they relate with institutional frameworks through which monitoring would be effected.

Characteristics of child poverty in key domains

Personal, emotional and spiritual well-being

- Lack of parental guidance, care and love
- Not having the means to get what one wants
- Inability to solve daily problems, both as a result of lack of money as well as lack of initiative and innovation that results from financial poverty ('poverty of the mind')
- Being dependent on others
- Lack of religious grounding
- Discrimination and deprivation
- Alcohol abuse by parents

Physical well-being

- Lack of access to health care (medicine, immunization)
- Vulnerable to disease, especially HIV/AIDs and malaria

Family and social well-being

- Lack of one or both parents
- Being forced to live on the street because parents cannot support all/any of children
- Family breakdown
- Polygamous family

- Households with many children and with no use of family planning
- Inability to enrol in school or to pursue education on an ongoing basis as a result of school costs, uniform, books, pens, etc.

Lack of protection from abuse, exploitation

Financial and material well-being

- Lack of money, clothing, food, accommodation, material goods such as bicycles, books, bedding, cooking
- Lack of land
- Lack of skills
- Lack of opportunities and sources of income
- Child labor exploitation
- Lack of access to transport and Communication facilities.

Political well-being

- Lack of freedom of speech
- Living in a war-affected area
- Lack of security

Environmental well-being

- Living in an area susceptible to land Slides, floods and drought
- Lack of clean and safe water
- Lack of latrines

Source: *Silent Majority: Child Poverty in Uganda, Save the Children UK, 2002.*

ABOUT THE ORGANIZATION

The Organization is a Non-Governmental Organization registered with government of Uganda under the Non-Governmental Organizations Registration statute, xxxx. The Organization was formed mainly to focus on Rural Community people development in various aspects for self-empowerment especially for vulnerable Children and Women. The Organization is based in XXXXXX District.

GOAL

XXXXX in xxxxx has a very strong goal of improving the quality of life of the vulnerable children and orphans through providing education, giving care, love and support. Additionally, it promotes empowerment of rural Community people in various areas affecting humanity.

MISSION

To translate the lines of marginalized people especially the ones who have lost the dear ones and have no one to take care of them.

GUIDING PHILOSOPHY

The philosophy and experience of XXXX is based on the reality that every human being is a unique individual and that we all have a right to good health and basic needs and should access means to a comfortable life in one way or another.

CORE VALUES ARE:

- **Equality for all:** God made all people equal; our organization is committed to a development process that promotes equality.
- **Rights and dignity for all:** XXXX believes in and strives to uphold the rights and dignity of all people especially in the rural communities.
- **Stewardship:** XXXX believes in God to protect the dignity of everybody to exploit the Earthy goods in accordance with God's Law and individual order.
- **Institutional partnership in development:** XXXX welcome and respects ongoing International initiatives and national policies to take care and give support to vulnerable children and disadvantaged people fight poverty, ignorance and diseases such as Malaria, Immunisable diseases and HIV/AIDS. Our activities will be unison and collaboration with other stakeholders.

LOGICAL FRAMEWORK

Narrative statement	Objectively verifiable indicators	Means/sources of verification	Important assumption
Overall goal: Improved quality of life of orphans & vulnerable children	<ul style="list-style-type: none"> - improved nutritional status for children - good shelter for the children - good quality self-sustaining education - improved health standards 	<ul style="list-style-type: none"> - Primary health care reports from health workers, health centres and clinics - School reports from teachers and head teachers 	-Support from XXX Town council, parish councils -support from Donors and other NGO's or funders guaranteed
Overall goal: Improved quality of life of orphans & vulnerable children	<ul style="list-style-type: none"> - improved nutritional status for children 	<ul style="list-style-type: none"> - Primary health care reports from health workers, health 	-Support from XXX Town council, parish councils -support from Donors and other

	<ul style="list-style-type: none"> - good shelter for the children - good quality self-sustaining education - improved health standards 	centres and clinics <ul style="list-style-type: none"> - School reports from teachers and head teachers 	NGO's or funders guaranteed
Result 1			
Essential logical support.	<ul style="list-style-type: none"> -The project requires a vehicle to pick and deliver project materials and equipment. -Essential materials for the project need to be procured in good time -Need to equip care givers with skills to give quality care to the children 	<ul style="list-style-type: none"> -Check logbook and mileage register -Review repairs and procurement receipts -Review training records and conduct field visits to the parishes 	<ul style="list-style-type: none"> -Support from xxx Town council, parish councils -support from Donors and other NGO's or funders guaranteed
RESULT IV PLANNING AND MANAGEMENT	Project plans (annual operational plans) are formulated	Review Reports Produced.	-Support from xxx Town council, parish councils

	documented and regularly reviewed Monthly meetings with all the resource, Persons and support staff		-support from Donors and other NGO's guaranteed
	Progress reports are compiled, documented and circulated on a regular basis e.g. quarterly Regular consultative meetings with all stake holders held at Division sub-county level	Review minutes of the meetings	-Support from XXXX Town council, parish councils -support from Donors and other NGO's or funders guaranteed

XXXXXXXXX carries out activities to ensure good life to these children on but some are insufficiently done due to poor funding. These include the following:-

- Providing essential logistics to these children like clothes, food, blankets, mosquito nets, utensils, mattresses, etc.
- Providing scholastic materials like books, pens, pencil, paper
- Medical examination by our collaborating doctors
- Visiting the children in their respective schools
- Providing games equipment to these children like balls, Jersey, nets, etc.

FRAME WORK

The frame work for this project is as follows.

Once implemented the project is targeting 1,000 children of which 800 families will be represented. These will be orphans and vulnerable children from poor families. This idea is to provide a happy life to these children and to eradicate poverty from their families indirectly through providing sustainable education to these children.

PHASE	UNIT DESCRIPTION	ASSUMPTION	PROJECTED COST (US \$)
1	ACQUISTION OF LAND AND CONSTRUCTION OF THE SCHOOL	Adequate funding from anticipated donors, community and well-wishers.	*****
	When land is acquired, this phase will also include reconstruction of the school i.e. classrooms, library laboratories, computer rooms as well as equipping it with the facilities like desks, science equipment, and vocation equipment depending on the subject courses to be taught.		
2	CONSTRUCTION OF A HOME AND THE PLAY CENTRE	Adequate funding from anticipated donors, community and well-wishers.	*****

	This phase will involve construction of a home centre for the children. The home shall be equipped with all basic equipment and materials required for children day to day activities.		
3	CONSTRUCTION OF A HEALTH UNIT	Adequate funding from anticipated donors, community and well-wishers.	*****
	-This will offer: General health care to children, mothers and entire community. -Maternity services -Dental and minor surgical operation services.		
TOTAL			*****

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