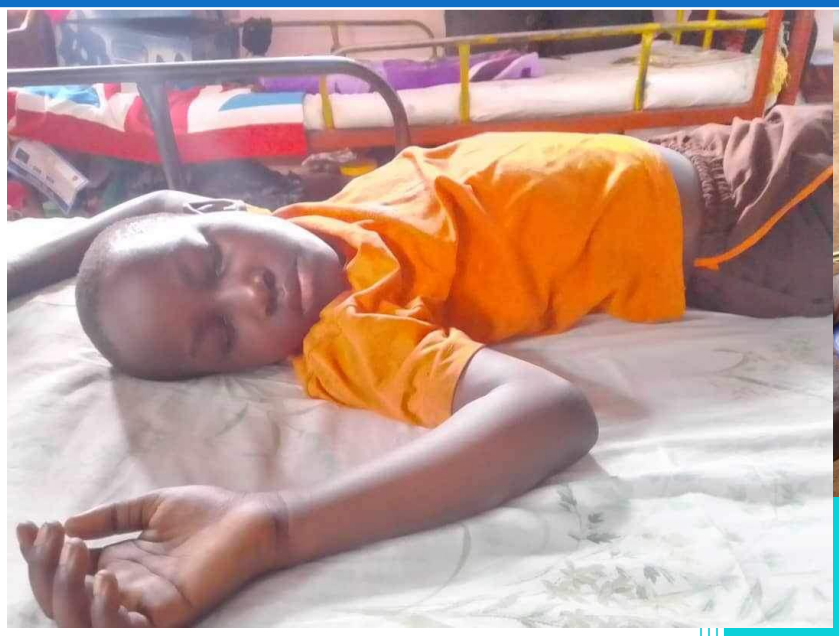
PROJECT PROPOSAL FOR THE ESTABLISHMENT OF A CLINIC AT HOPE EDUCATION CENTRE



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Executive summary

Hope in Christ Alone Outreach Ministries Uganda (HICAOMU) runs an Orphanage/Children's home and a Primary school for the Orphaned and Vulnerable Children (OVCs) under its care. Currently, the ministry is taking care of over 400 OVCs. Many of the OVCs under its' care were found abandoned, orphaned, affected by poverty, in slum dwellings, and in child headed homes. Due to its' intervention, they are now being taken care of in its' facility in Kamuli District.

HICAOMU proposes to establish a Clinic in its primary school, Hope education Facility, to provide medical care, first line treatment, and run basic health checkups of these OVCs, widows, youths, and single mothers in the community, and interested financially able members of the society. The school has set aside part of its land to be used to construct the Clinic Facility, which will be housed in a 2 roomed structure. The Facility is earmarked to have 3 beds, a samples laboratory to run tests, the necessary equipment, and supplies, and a full time clinical officer and laboratory technician. The Facility is to be furnished with the necessary furniture, equipment, and supplies.

The Facility is designed to serve the needs of the OVCs, the school, the ministry, and the community. Medical care will ultimately be brought closer to the people who need it most. The Facility will extend its services beyond the school to the vulnerable in the community at a subsidized cost and the financially able in society at an understandably fair cost to help sustain it. The initial boost of USD 6,405.00 will give the Facility a mileage of 24 calendar months; within which time the Facility will be expected to have attained self-sustainability.

The facility will drastically reduce the levels of infant mortality, provide a solution to the many OVCs who normally end up being bedridden in the dormitories, provide adequate care to the OVCs affected by and those living with HIV, the OVCs who suffer from sickle cells, provide affordable and yet reliable lab test results, provide treatment to the beneficiaries from medically sound authorities, and ultimately improve the standard of life of the project beneficiaries.

Background

Hope in Christ Alone Outreach Ministries Uganda (HICAOMU) is a registered Christian nonprofit organization working in respect to Christian principles through partnership with churches, government bodies, foundations, communities and individuals that work for the betterment of communities. It was founded by Timuntu Ronald who grew up as an orphaned and abandoned child.

In a bid to fulfill our mission and aim to actualize our vision, HICAOMU has identified a need in our community that should be met.

Insecurity in some parts of the country has disrupted the provision of basic social services and family lives leading to proliferation of internally displaced persons. This has led to a breakdown of cultural, traditional and moral values and support structures as well as a dramatic increase in the number of women and child-headed households. In addition, violence meted out against individuals and communities has left them with psychosocial problems that predispose them to behavioural change that increase the likelihood of acquiring HIV/AIDS. This is particularity pronounced in women and girl children. Since the pandemic started, the country has lost about one million people and this has contributed significantly to an estimated 2.3 million orphans. Approximately 14 percent of children in Uganda less than 18 years of age are orphans, among those, 20 percent of children 6 – 17 years are orphans *(Situational Analysis of Orphans (2000))*. Even if the fresh HIV infections ceased today, the population already infected constitutes a massive potential for swelling the number orphans in the country.

Ugandan communities have traditionally absorbed orphans within the extended family system. One in four households in Uganda fosters at least one orphan by providing for health, shelter, nutrition, education and other needs. However, many of these care-givers are overburdened and often lack the socio-economic capacity to provide adequate care and support for these children. Community organisations, religious bodies and other civil society members have stepped in by providing information, vocational skills training, basic education, medical care, and counselling and micro-credit services. These groups too, often lack the human and financial resources to adequately respond to the problem. Many children who are orphaned are forced to live on the streets or under exploitative conditions of labour, sexual abuse, prostitution and other forms of abuse. Many live in child-headed households where they have to fend for themselves and support their younger siblings. Some of these children are infected with HIV either through mother-to-child transmission or through defilement.

Considering HICAOMU, we serve in a community where the nearest decent medi-care provider is over 10kms away. The facility is rarely stocked with supplies and many times patients are sent away to go and run test elsewhere before medication can be prescribed; and the same prescribed medication has to be equally bought from elsewhere. Most of the nearby shops and vendors of drugs are not properly registered and some of them even employ unqualified personnel and attendants. All these, coupled with the fact that average person in our community lives on less than a dollar per day make provision of health care difficult for most breadwinners in their families.

One would very wisely ask a question that how do these people get along. How do they actually survive on less than a dollar a day? Well, they don't. They forfeit certain basic necessities of life

and what would ordinarily be an essential need ends up appearing like a good or service of ostentation.

Many of them end up resorting to witchdoctors and sorcerers and many have actually lost patients at the hands of these unscrupulous diviners.

Another category of the people in need are widows and single mothers, and those who come from child headed homes who have a burden of children to provide for but are not in position to. Many children from such establishments are orphans, abandoned, poor, slum dwellers, and vulnerable.

Establishing a Clinic Facility would go a long way in solving the above challenges and provide an answer to the questions at hand. The facility would reach and serve the needs of the Hope Education Centre, the community and nearby villages.

Track record

Hope in Christ Alone Ministries Uganda has made gigantic strides in the positive direction in the various spheres where we work. We have so far performed exceptionally in the area of providing education support, shelter, and feeding to over 400 Orphaned, abandoned, and Vulnerable Children affected by poverty, providing healthcare, counseling, and community health talks and health education, providing the elderly care and support, practical skills development and knowledge extension, and improving the economic status of people in poor communities through our various empowerment programs.

We pride ourselves in our core values of love, compassion, team work, commitment, transparency, and accountability. Upholding these core values has enabled us to last the test of time as an organization in a country where most organizations are either conduits of pilfering resources for individual gains of the vision bearers or shadows of themselves failing to achieve their reason for existence.

Maintaining sound book keeping practices, transparent management principles and a team of resilient, committed and self-driven staff has enabled us etch an indelible mark in the communities where we serve.

Vision

The vision of the Hope in Christ Alone Ministries Uganda is “Fruitfulness in the land of the living”. It is in a bid to actualize this vision that we intend to establish this Clinic in the Hope Education Facility.

Mission

Hope in Christ Alone Ministries Uganda has a mission to be an agent of hope, compassion, love, and support in the hurting world through spiritual, social and economic approaches. It is along the lines of this mission that we intend to establish the Clinic in the Hope Education Facility.

Objectives

Our ultimate goal of existence is to have a spiritually, socially, and economically transformed community.

We have further broken down this vision, mission, and goal into the following SMART objectives;

- To provide basic care and support to orphans, vulnerable children, abandoned children, children in slums, and those greatly affected by poverty.
- To evangelize and disciple children to become agents of change in their own communities.
- To empower women for sustainable living.
- Capacity building of leaders in churches and communities.
- To plant churches and support them to become self-sustaining.

Project description

The population of Uganda is estimated at 25 million persons and is projected to double by the year 2025 because of the high population growth rate of 3.4 percent per annum. The population is young with more than half below 18 years of age and only about 2 percent being above 65 years of age. A fifth of the population is below five years, while a quarter is of primary school age (6-12 years). In Uganda, 38 percent of the population live in absolute poverty with children constituting 62 percent of the poor *(Child Poverty Report)*. The number of children who live below the poverty line is likely to rise due to the high fertility rate, HIV/AIDS, other preventable diseases and insecurity.

Despite efforts of the health sector in service delivery, the demand for health services is growing while access to health services at the community level remains limited. The cost of ill health, which includes treatment costs, productivity loss and interrupted school attendance is crippling, particularly to children and the poor. Women and children bear a disproportionate amount of the burden of ill health. Infant and under-five mortality rates are currently at 88 and 152 out of every 1,000 born alive respectively, while the maternal mortality rate is 504 per

100,000 to mothers *(Uganda Demographic and Health Survey(2000/2001))*. Stunting as a consequence of malnutrition in children less than five years is 39 percent, which indicates that access to food is one of the top concerns for children and the poor.

Some of the factors contributing to these statistics are teenage pregnancies, early and unplanned marriages, high rates of school dropout, unemployment and underemployment, increased population caused by poor family planning, among many others. This means that many of these families do not get access to proper healthcare and health related information from the right sources.

HICAOMU proposes to establish a Clinic Facility to help mitigate some of the above causes in the short run and in the long run contribute towards improving the standard of living in the areas where we work. This Facility will provide reliable health care solutions to the pupils in our school and the vulnerable in our community for free, and to financially able members of our community at an enviably low cost. The resources raised will be ploughed back into the facility to aim for self-sustainability.

At implementation stage, the facility will serve the needs of our over 400 pupils and OVCs and the hundreds more in our community. During the term breaks, the facility will organize village health outreaches to broaden our reach and amplify our impact in the community.

Project justification

The need for sound healthcare cannot be overstated. On a very sad note, our project recently lost a minor to a treatable medical condition when care givers opted to take the child to a shrine seeking the services of a witch doctor instead of a medical practitioner.

Many times, we have been overwhelmed by the need to meet the medical care requirements of our over 400 OVCs. A number of these are suffering from sickle cells, living with HIV, and at times are dealing with basic tropical diseases like Malaria, Typhoid, and Fevers. Whenever we get new children on board, we find them with a lot of ailments and nutrition deficiencies. Some of them end up being bedridden in the dormitories with inadequate medical attention. Due to lack of a set apart clinic facility, the sick are left to stay in the dormitories where they fail to get the ample care that would have been extended had they been relocated to a clinic. Many times the OVCs under our care and the pupils in our school have to be taken many kilometers away to seek medical attention since the school lacks a testing lab and our school nurse can only give basic first aid.

The fact that the project is long overdue, coupled with the fact that the school community is in dire need of assistance; and that HICAOMU has the prerequisite requirements (land, an existing administrative structure, experience in handling community programs and healthcare programs for over a decade, and a committed and resilient team of staff) makes the project justifiable without any aorta of doubt.

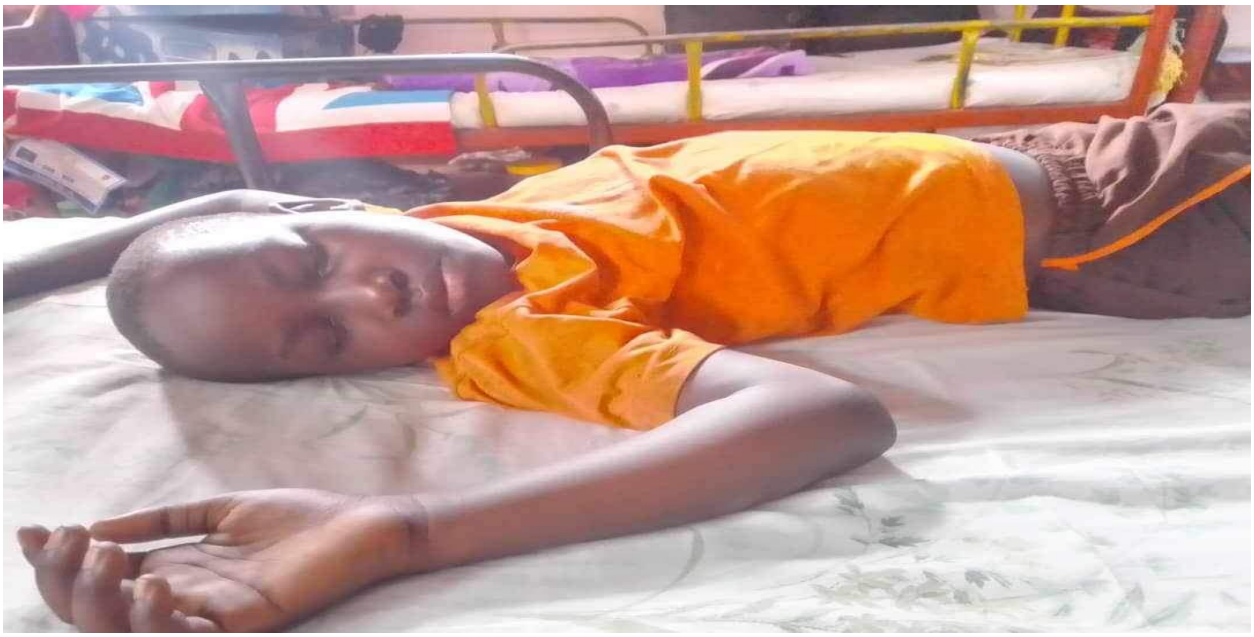

Figure 1: A sick pupil of Hope Education Centre in the dormitory

Figure 2: A community member with feet infested with jiggers

Project goal, objectives and purpose

Our ultimate goal of existence is to have a spiritually, socially, and economically transformed community.

We are persuaded that if this project gets to the implementation stage, the following objectives will be met;

- Access to timely and medically sound healthcare.
- Reduction in the infant mortality rates.
- Improvement of the standard of living.
- Provision of first line treatment.
- Provision of first aid to patients.

Project activities/ interventions

The proposed project will have a 3 bed clinic, and a fully stocked laboratory to provide first line medical attention and lab tests respectively. The Clinic will be equipped with the necessary equipment, supplies, furniture, a clinical officer and a lab technician.

Implementation plan

The project will be implemented over a 24 months' period with the primary beneficiaries being our 400+ pupils and OVCs, the vulnerable members of our community, and financially able community members. This will be consistently and at regular intervals be punctuated with checks and balances, reports, meetings to assess impact and progress, and adjustments along the way to see to it that objectives are being met and goals achieved.

Project budget

Hereunder is the proposed budget break down for the Construction and establishment of the Clinic Facility at Hope Education Facility. This budget is calculated to kick start the facility including building the 2 rooms, furnishing them, procuring the equipment start up supplies, and hiring a full time lab technician and clinical officer.

S/Nos.	Items	Description	Qty	Unit	Unit cost	Total Cost
A	**Design and Construction of a health facility**					
		Unit	1	Unit	$ 1,555.00	$ 1,555.00
B	**Salaries and Wages**					
		Clinical Officer	24	Months	$ 42.86	$ 1,028.57
		Lab technician	24	Months	$ 42.86	$ 1,028.57
C	**Furniture**					
		Tables	2	Pcs	$ 45.00	$ 90.00
		Beds	3	Pcs	$ 130.00	$ 390.00
		Chairs	4	Pcs	$ 55.00	$ 220.00
		Stools	2	Pcs	$ 45.00	$ 90.00
		File cabinet	1	Pcs	$ 55.00	$ 55.00
		Wall mount Shelves	2	Pcs	$ 195.00	$ 390.00
		Sign Post	1	Pcs	$ 55.00	$ 55.00
		Curtains	2	Pairs	$ 40.00	$ 80.00
D	**Equipment**					
		Stethoscope Littman III	1	Gadget	$ 165.00	$ 165.00
		Microscope	1	Gadget	$ 142.86	$ 142.86
		Hand wash machine	1	Pc	$ 40.00	$ 40.00
		Digital Clinical Thermometer- Infra Red	1	Pc	$ 80.00	$ 80.00
		Disposal Tongue Depressor	3	Pc	$ 10.00	$ 30.00
		Weighing scale/ Digital scale	1	Pc	$ 40.00	$ 40.00
		Protective gears	2	Lump sum	$ 120.00	$ 240.00
		Laboratory Tests, reagents and strips	1	Lump sum	$ 135.00	$ 135.00
		Height board	1	Pc	$ 25.00	$ 25.00
		Pulsex-meter finger Tip	1	Pc	$ 25.00	$ 25.00
		Waste Disposal	1	Pc	$ 15.00	$ 15.00
E	**Stock of drugs**					
		Medicine (inventory)	1	Lump sum	$ 485.00	$ 485.00
	TOTAL					**$ 6,405.00**

Project sustainability

During the onset, the project will run on the boost from the funding achieved to birth it. In due course however, the Clinic will open its doors to financially able community members and offer exceptionally excellent services to their satisfaction at a cost. This will foster a culture of taking responsibility for the smooth running of the clinic as the community will feel that they too are stake holders and beneficiaries of its continued existence.

The school (Hope Education Facility) will equally from time to time come in to support the clinic through offering managerial staff, re-stocking medical supplies, and networking with local community health teams and district health structures to support the clinic.

The school will provide the land on which the Clinic will sit. The school will equally provide utilities like water and electricity to be used during the construction of the unit.

Project monitoring and evaluation plan

During the entire time of implementation, the project will be monitored and supervised by both the Director of Hope in Christ Alone Ministries Uganda and the Head teacher of Hope Education Facility.

There will be periodical meetings between the staff and the administration, and the administration and the community. There will equally be an open door policy to enable the beneficiaries of the project voice their feedback and concerns.

The project will have proper book keeping practices. Books of accounts will be audited both internally (quarterly) and externally (annually). There will be proper documentation for all incomes and expenditures.

Progress on project objectives will be measured against performance indicators. There will be periodical review of performance of project staff and volunteers, and changes be made along the way as need be. Periodical reports will be prepared and availed to all stakeholders.

Project partners will be welcome to seek clarity, accountability, and/or reports from the project at any given time.

Annexes