

CHILDREN OF KARAMOJA 2007

Disabled and HIV positive children support



I. S. P.
In
Africa

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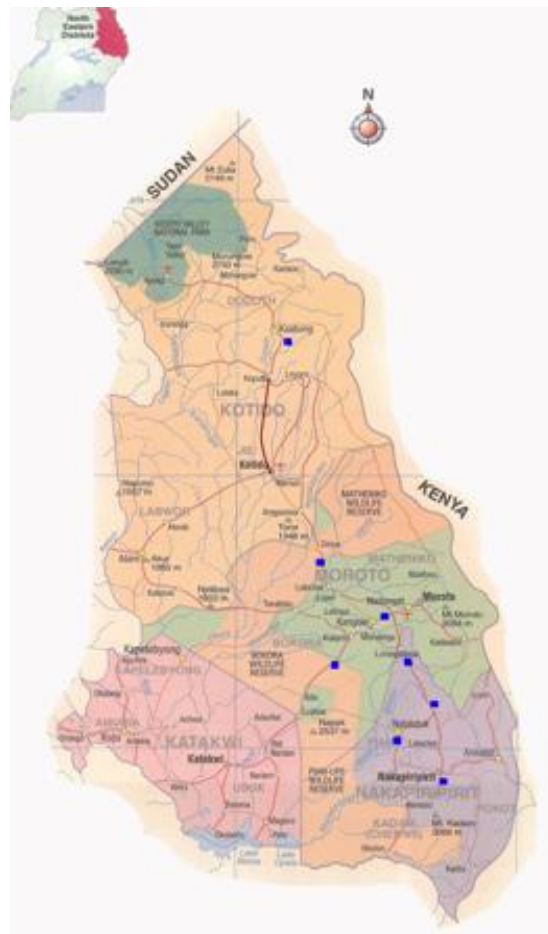
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Even if in Uganda there isn't epidemiological data about disabilities, medical expert in the sector affirm the reliability of the estimation made by WHO for the Great Lakes region, that indicates an 8% of disabilities in the general population; 4% of these are physical disabilities. Nevertheless in Karamoja this percentage increases because of the situation of insecurity that causes the 43% of disabilities.

1.2. KARAMOJA

Karamoja Region is a vast expanse occupying the most north-easterly part of Uganda covering approximately 27,000 sq. km (more than 10% of the whole country). The most striking physical features of the region are: a vast major erosion surface known as the Karamoja plain, mountains masses (mainly volcanic) that abruptly emerge from this plain, and the broad sandy beds of fast-rising intermittent rivers that form the drainage system of the plain. Despite the common belief of a homogeneous society, with one tribe speaking one language, sharing same culture and tradition, in reality, Karamoja is a place comprising of three districts with ten different tribes speaking different languages, with differing rich cultures and traditions. What is shared equally is a semi nomadic lifestyle keeping with subsistence farming. The Karimojong are also related linguistically to their western neighbours: the two branches of Teso settled respectively in the area of Soroti and that of Tororo farther south.



During drought years serious hunger may rise. Occasionally, a very severe drought, or two or more poor years in succession, causes a disastrous famine. Nevertheless famine is not just the result of drought. It is also due to such factors as conflict, cattle raiding, animal and crop diseases, disruption of trade, low cattle prices and political circumstances.

The low food security situation and the nomadic culture, which characterize Karimojong culture, has as a result the difficulty to insert children in schools: only the 11% of the children are in school, instead of the majority that starts working in a very young age. Due to this situation, the difficulties increase for children with disabilities.



Due to the insecurity of the region and to the culture of the population it is difficult to collect data concerning the education and the situation of persons with disabilities. The last data describing the situation in the region have been collected between 2001 and 2003.

The following table was made by the staff of health district division (2001-2003):

Year	Sex	Age	Amputation	Fractures & trauma	Osteomyelitis	Paraplegia	Eye disease	Other	Total
2001 / 2002	M	0-5	3	10	3	0	26	4	46
	F	0-5	0	6	4	1	30	1	42
	M	6-18	6	14	20	1	33	0	74
	F	6-18	0	3	6	1	62	0	72
	M	19+	20	30	4	1	83	0	138
	F	19+	6	43	33	0	251	3	336
2002 / 2003	M	0-5	2	28	2	0	20	2	54
	F	0-5	0	10	8	0	18	3	39
	M	6-18	3	44	14	6	43	2	112
	F	6-18	0	28	8	0	120	3	159
	M	19+	6	150	15	4	172	0	347
	F	19+	5	72	24	8	367	0	476
Total			51	438	141	22	1.225	18	1.895

A research made in Moroto, shows that for more than 43% of disabled children of the district, the disability was provoked by gunfire, instead for the remaining 57% the disability was caused by maladies like poliomyelitis and cancer, or by snake bite and

incidents of different origin. The disability, in this region in particular, is a problem that makes the life of the person unsustainable, due to the lack of material needs to treat the disease and to the semi nomadic culture, that is based on physical work.

2. LOCALISATION

Only the first action will have a different location from the above mentioned organization. The rehabilitation of disabled children after the surgery will take place in Katalemwa Cheshire Home.

Katalemwa was founded in 1970 and officially opened in December 1971 as a long-term care home for the incurable sick and physically disabled people. In 1992, the emphasis changed from long-term residential care to short-term rehabilitation for children with physical disabilities. Most children are admitted with one of the parents or a guardian. At the moment Katalemwa has only 94 bed capacity. Major medical services offered and through Katalemwa for the disabled include: orthopaedic therapy, physiotherapy, orthopaedic and plastic surgery.



3. GENERAL AIM

To improve life conditions of disabled and HIV positive children in Karamoja region, increasing the access to health and educational services.

4. SPECIFIC AIMS

In order to contribute to improve life conditions of disabled and HIV positive children, our project has the following specific aims:

- To increase the access to health services of disabled children by supporting the orthopedic rehabilitation unit in their capacity of assisting children during the rehabilitation period after the surgery, by supplying orthopedic devices and their basic needs (food, clothes, accommodation)
- To increase the access to education through the financing of school fees and wheelchairs for the disabled children
- To increase the access to education of the children HIV infected of the AFHHOD center by financing of school fees and food items.

This project will contribute to improve the life conditions of these children and, through education, it will improve their chances of reinsertion in local society.

5. PROMOTER

The Association of groups “Insieme si può...” (Together it is possible ...) is an Italian voluntary service organization legally registered as ONLUS (non profit organization for social purposes) in the regional register of Veneto on 9th august 2000, protocol n° 10921/206.42, and also as NGO by The Ministry of Foreign Affairs as D.M n. 2006/337/005008/4 on 29th November, 2006. The association was found in 1982 and has more than 2000 members divided in 90 groups that are based in different regions of Italy.

The income of Insieme si può (ISP) is derived from generous donations of companies and individuals. The majority of funds are generated by volunteers in Italy through various income generating activities, e.g. organizing parties, selling home made crafts and foods.

ISP supports projects in various countries in the world, e.g. Sudan, Uganda, Mozambique, Madagascar, Kosovo, Afghanistan and the Philippines.

ISP has been working in Uganda since 1982 and opened an office in Kampala in 2003. ISP officially registered as an international NGO with the Ugandan NGO board in Kampala in February 2004 under registration number S5914/4852.

The aim of ISP in Uganda is:

- To support local community initiatives to improve the standards of living of the population
- To provide emergency relief to the refugees and internally displaced people in war affected areas
- To cooperate with other international NGOs to coordinate aid and relief in Uganda

The office in Kampala office employs three expatriate staff inclusive of a country director/Project coordinator for emergency projects, an Administrator / project coordinator Kampala, a Project Coordinator and four national staff including a Project Coordinator and coordinator distant support program, Assistant Project Coordinator for Projects in Northern Uganda and two logistician. ISP has a logistic capacity of three 4x4 WD cars and a motorbike, and has a fully equipped office in Kampala.

In January 2006, ISP opened an office in Moroto to facilitate monitoring of the projects in Karamoja. The Moroto office has a full time Project Coordinator and two local staff. 17 projects of partner-organizations were funded by ISP Uganda. As well three main programs of ISP continued: distant support program, emergency relief, and donations in kind.

6. INSTITUTIONAL PARTNERS

6.1. CBM/CORU

The CBM (children orthopedic rehabilitation unit) through the CORU (Christopher blinden mission) in Kampala, is assisting 2000 disabled under 15 each year, with surgical intervention and rehabilitation mainly in orthopedic problems, such as buns reconstruction for burns or harelip with the plastic surgeon, epilepsy and fire arm injured, acute or neglected ones. The organization is present in 90 countries and it's the most important one in the Great Lake region. This organization is fully funded for what concern the surgical part the assistance, but they seek assistance just for the rehabilitation period (6-12 month). The referring centers for the rehabilitation are in Mbarara, Mukono and Kampala (Katalemwa Keshire home).

6.2. ISP NABILATUK DISABLED PROJECT

ISP Nabilatuk disabled project aims to give more opportunities to disabled children in Karamoja. This action is included in the main project of ISP distant support, that offers to children in need education, health and food.

With this project 17 disabled children will be identified in Nabilatuk parish, in order to receive a wheel chair and education.

An ISP project manager will be in charge of identifying the disabled children, implement, monitor and evaluate the action.



6.3. AFHHOD

AFHHOD (Action for human and holistic development) in Nakapiripirit (Karamoja) district is a non governmental organization and CBO, which was initiated by two professional health and social workers. The specific aims of AFHOOD are:

- To promote economic, material assistance and psychological support to HIV affected individuals and families
- To help in the referral of cases in case of adverse effects of the ARVs, stock-out in government facilities, providing them or other emerging infections due to their vulnerability and ensuring counseling services.

The election of our partners is based on the evaluation of their previous job and of their consolidated experience in such a domain from the professional point of view and logistic facilities. This choice is due to the aim of improve something already existing, by ensuring continuity and avoiding duplication of efforts.

7. BENEFICIARIES

The beneficiaries are disabled people of Karamoja region, identified through CORU, AFHOOD and ISP staff.

The average number for each action is:

- CORU: 30 children
- NABILATUK PROJECT: 17 children
- AFHHOD: 28 children

8. EXPECTED RESULTS

The expected results, during the 24 months of activities, are the following:

RESULT 1: access to the surgical and rehabilitation services for 30 disabled children

RESPONSIBLE: Christoffel Blinden Mission medical staff and ISP

PERSON OF REFERENCE: Dott. Antonio Loro (CBM surgeon)

RESULT 2: access to education and to wheelchairs facilities for 17 disabled children

RESPONSIBLE: ISP

PERSON OF REFERENCE: Davide Franzi

RESULT 3: access to education and food supply guaranteed for 28 HIV positive children

RESPONSIBLE: AFHHOD and ISP

PERSON OF REFERENCE: Alice Iriama (AFHHOD Director)

9. ACTIONS

For Result n° 1:

1. Signature of the Memorandum of Understanding with CORU
2. Identification of the beneficiaries of the rehabilitation with the medical doctor responsible of the unit, Dot. Antonio Loro
3. Monitoring
4. Final evaluation

For Result n° 2:

1. identification of beneficiaries
2. procurement of wheelchairs
3. matriculation to school
4. distribution of wheelchairs
5. monitoring
6. evaluation

For Result n° 3:

1. signature of Memorandum of Understanding with AFHHOD
2. Identification of the beneficiaries
3. matriculation to school
4. Monitoring
5. Final evaluation

10. LOGICAL FRAMEWORK

	AIMS	INDICATORS	SOURCE OF VERIFICATION	RESPONSABLE
GENERAL OBJECTIVE	To improve life conditions of disabled and HIV positive children in Karamoja region, increasing the access to health and educational services.			
SPECIFIC OBJECTIVES	<ul style="list-style-type: none"> -To increase the access to health services of disabled children by supporting the surgery rehabilitation period -To improve welfare of disabled children by purchasing orthopedic devices -To increase the welfare of disabled children by purchasing wheelchairs. -To assist children during the rehabilitation period after the surgery, by supplying to their basic needs (food, clothes, accommodation) -To increase the access to education by financing school fees for disabled children -To increase the access to education by financing school fees for HIV positive children 			Dott. Antonio Loro Dott. Antonio Loro Mr. Davide Franzi Dott. Antonio Loro Mr. Davide Franzi Ms. Alice Iriama
	RESULT 1: access to the surgical and rehabilitation services, increased of 100%	30 children per year	<ul style="list-style-type: none"> - Medical report - Photographical reports - Orthopedic devices receipts - ISP report 	Christoffel Blinden Mission medical staff and ISP Representative : Dott. Antonio Loro and Davide Franzi
	RESULT 2: access to education and to	17 children	<ul style="list-style-type: none"> - Rehabilitation center receipts - Receipts of school fees payment 	ISP Representative: Davide Franzi

EXPECTED RESULTS	wheelchairs facilities increased of 17 new beneficiaries per year		<ul style="list-style-type: none"> - School results reports - Receipts of school fees payment - School results reports - Wheelchairs receipts - ISP report 	ISP and AFHHOD Representative: Alice Iriama (AFHHOD Director) and Davide Franzi
	RESULT 3: access to education for HIV positive children increased of 28 new admission per year	28 children	<ul style="list-style-type: none"> - Receipts of school fees payment - School results reports - ISP report 	

ACTIVITIES REFERRED TO EXPECTED RESULTS				
				RESPONSABLE
ACTIONS	For Result n° 1:			Dott. Antonio Loro
	<ol style="list-style-type: none"> 1. Signature of the Memorandum of Understanding with CORU 2. Identification of the beneficiaries of the rehabilitation with the medical doctor responsible of the unit, Dot. Antonio Loro 3. Monitoring 4. Final evaluation 			
	For Result n° 2:			Mr. Davide Franzi
	<ol style="list-style-type: none"> 1. identification of beneficiaries procurement of wheelchairs 2. matriculation to school 3. distribution of wheelchairs 4. monitoring 5. evaluation 			
	For Result n° 3:			Ms. Alice Iriama
	<ol style="list-style-type: none"> 1. signature of Memorandum of Understanding with AFHHOD 2. Identification of the beneficiaries 3. matriculation to school 4. Monitoring 5. Final evaluation 			

11. LIST OF PROCUREMENTS

In order to realize the above mentioned actions, this is the list of purchase that has to be done:

- Wheelchairs
- Orthopedic devices
- Motorcycle

12. STAFF

STAFF ISP

An ISP project manager will be in charge of following, monitoring and evaluating the different actions of the project.

ACTIONS STAFF

For each action, the staff involved is the one already working in the following structures:

- CBM
- Katalemwa rehabilitation center
- AFHHOD

13. EVALUATION

ISP project manager will produce report of the implementation of the action as follows:

- Mid-term evaluation: at the end of the first year of activities ISP project manager will write a mid term report and will provide receipts, medical documents and photographical report certifying the activities implemented.
- Final evaluation: at the end of the second year of activities ISP project manager will write a final report and will provide receipts, medical documents and photographical report certifying the activities implemented.

14. BUDGET

ACTION 1 (CBM)	UNIT COST	NUMBER OF UNIT	PERIOD (YEARS)	TOTAL COST
orthopedic devices, food, accommodation	800.000	30	2	48.000.000
ACTION 2 (ISP)				
schoolfees	300.000	17	2	10.200.000
wheelchairs	350.000	17	1	5.950.000
ACTION 3 (AFHHOD)				
schoolfees (secondary)	700.000	12	2	16.800.000
schoolfees (primary)	250000	16	2	8.000.000
INDIRECT COSTS				
motorcycle	12.000.000	1	1	12.000.000
petrol motorcycle	100.000	12	2	2.400.000
petrol 4x4	500.000	4	2	4.000.000
maintenance of 4x4	2.000.000	1	2	4.000.000
ADMINISTRATIVE COST				
Project coordinator	1.200.000	12	2	28.800.000
allowances (4 x 2 years)	200.000	16	2	6.400.000
CONTINGENCY (10%)				14.655.000
TOTAL USH				161.205.000
TOTAL EURO				73.275
AVERAGE COST FOR BENEFICIARY X 24 MONTHS (75 BENEFICIARIES)			USH	EURO
			2.149.400	977