

## SLUM AID PROJECT'S OVC PROGRAM



Slum Aid Project is a child focused organization. Many people believe that the most vulnerable children live in the rural areas. SAP, however, has a different story, because children living in the slum areas suffer grave problems which seem to be neglected by many development agencies and government when considering poverty related programs. The barriers range from social, cultural, physical, economic to geographical

### **Background to the problem**

After independence in 1962, all hopes were high as the new era began with our own leaders. Unfortunately the subsequent social disorders, political turbulence, poor social sector planning and the international economic recessions that hit the world altogether had a significant impact on the social wellbeing of Africa and Uganda at large.

The civil war of 1980-1986 that culminated into serious societal disorder, claimed lots of lives population all together increased orphans and vulnerable children, poverty and deprivation. The instabilities in Rwanda 1994, DRC, Somalia and Sudan, consequently emerged into an exodus of people who enter Uganda as refugees and eventually found their way to resettle in slums of Kampala to for shelter, food and clothes and other basic needs.

Disease was also another monster that affected Africa, but the emergence of the HIV/AIDS pandemic in the early 1980's brought a turning point in the health history of Uganda. According to the national HIV sero and Behavioral survey (NHSBS) of 2004/05 by the ministry of health estimated the prevalence rate in Uganda to be 6.4% while among the married is 43%<sup>1</sup>. Since the married couples are the foundation for families, this high prevalence is a good indicator of the like hood orphans in make in the near future and probably the reason for the current OVCs too. Apparently, 65% of children in Uganda fall under the category of orphans and other vulnerable children, with the greatest percentage in

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<sup>1</sup> The state of Uganda population Report 2008

northern region (OVC)<sup>2</sup>. It is estimated that nearly 2.5 millions of the total OVCs emerge due HIV/AIDS pandemic<sup>3</sup>. While in Kampala district it is estimated

Although for the last 20 years Uganda has experienced relative peace, the conflict areas like the north experienced prolonged period of insurgences. This disrupted the delivery and social support systems which has caused many people to get displaced, while others moved to the city for safety and better services.

The hardly hit of the population in all these social problems have been women and children. This has had an adverse impact on Uganda population, for which the wounds are still being nursed up to today.

In spite of the fact that the government is providing some services like free education at the primary level (UPE), and the medical care at health centre, many children still cannot seek adequate medical care due to the weak health system. In the education sector the primary schools have not yet started to provide scholastic materials and food as part of the motivation for the pupils, which this factor has contributed to the increasing drop out from Universal primary education (UPE) something which is not only threatening UPE policy but also the achievement of MDGs in terms of Education.

The glaring poverty in rural areas has greatly impacted on the lives of the rural people especially the youth who have moved away from the villages into town hoping for the better. As a result there is an incredible wave of rural -urban migration that has led to many orphans and vulnerable children to live and suffer in the most unplanned areas of the urban centers of Kampala.

The HIV/AIDS pandemic with others diseases, unemployment, poverty, the poor living conditions in slums combined have had an immense impact on the slum communities capacity to provide support and social care the orphans and vulnerable children in slum areas in the slums of Kampala. Many OVCS in slums are living without education, shelter,

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<sup>2</sup> City council of Kampala OVC strategic plan 2009-13

<sup>3</sup> According to the UNICEF report 2008

food, clothing, lack parental care and health care which are essential elements of life for child development.

As a consequence of the above problems, many orphans and children are living without the necessary educational need, health care, food and clothing in the slum. But given the nature of poverty, the impact of HIV on the urban poor population and other social problems compounded in slums, the number of orphans and vulnerable children suffering in the slums of Kampala is bound to rise without having access to the basic needs of life. That is why slum aid is seeking partnership to go a long way to organizing and planning a social intervention to address the needs and improve on the lives of the orphans and vulnerable children in the slums of Kampala.

### **Statement of the problem**

Inferring from the facts in the Kampala district development plan, 2007-2010, most families have experienced unfavorable socio-economic conditions, population pressure, and natural disaster. It further submits that HIV/AIDs scourge, moral degradation, civil strife, poverty and broken families/Irresponsible parenthood have subsequently contributed to the increasing number of OVCs in Kampala city. Its estimated that 40.4% of all the children of Kampala are OVCs i.e. 272997 OVCs of the 675,734 children in Kampala<sup>4</sup>. These are a consequence of HIV, moral degradation, irresponsible parenthood and civil strife. Within the seven slum communities in which areas we are operating have registered a high number of orphans and vulnerable children. These children are living without clothes, food, medical care and shelter. In our field visits we also identified that there are many child headed homes, children in conflict with the law, those who are out of school, child labour & trafficking, the orphaned and the neglected. These children are suffering and hopeless, the government has a lot of commitments and does not seem to be addressing their social needs. Although one of our projects went along way to address the problem of child labour and trafficking in slum communities, we observed with keen interest that the social needs of the OVCs were still wanting. In a different way this project presupposes to address this fundamental problem in by providing social support to the OVCs in slums of Kampala. Its

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<sup>4</sup> City council of Kampala OVC strategic plan 2008-2013

with this project is being planned to usher in an organized intervention to improve the social wellbeing of OVCs in slums. .

### **Justification**

Many civil society organizations have concentrated in the northern part of Uganda which has been vulnerable to civil war. However we can not rule out the fact that Kampala being the country's capital is facing serious rural urban migration, HIV/AIDS and abject poverty among the slum dwellers. Many people from war ravaged, disaster hunger, disease (HIV/AIDS) and poverty stricken areas storm Kampala with children who are needy and end up living in slums. These factors have been key drivers for the increased number of orphans and vulnerable people who are suffering in Kampala. The Uganda government and its society at large have an obligation to ensure that Ugandan children are brought up in a humane and dignifying manner to help them develop and identify their potential in order to live as responsible adult citizens in future.

Due to the limited resources by the Government of Uganda to address the social needs of the poor, there has been a trend of ignoring the unplanned settlement populations in the social programmes which in one way has also lead to the continued suffering of the OVCs in the slums of Kampala.

More so the increment of OVCs in Kampala has culminated into an increase in child abuses like child house maids, child labour and trafficking, defile, child sexual workers, and high number of children in conflict with the law. That is why it is imperative that an organized social intervention to change the lives of the orphans and vulnerable children who are suffering is undertaken to address this social problem and also fill the vacuum left by the government. The implementations of this project contribute immensely the chances of achieving some of in the millennium development goals.

**Goal:** To improve the social wellbeing of a number of OVCs in slums.

**Purpose:** To provide social support to number of orphans and vulnerable children living in the Kampala.

**Specific objectives**

- I. To provide educational support to the vulnerable children and orphans.
- II. Psychosocial support to the OVCs from the slums of Kampala.
- III. To provide OVCs with support and access to health care.
- IV. To build the capacity of the community to care and protect OVCs

**Target beneficiaries**

We will be targeting OVCs below up to the age of 15 years within the following category;

- I. Orphans and vulnerable children out of school.
- II. Abused and neglected children.
- III. Needy children living with an elder.
- IV. Children living under worse forms of child labour and trafficking
- V. Children affected by HIV/AIDS whose parents have been weakened by HIV/AIDS to be able to cater for them.

Logical framework for OVCs project

<b>Goal</b>	<b>Objectively verifiable indicators</b>	<b>Means of verification</b>	<b>Risks and assumptions</b>
To improve the social wellbeing of a number of OVCs in slums.	Reduce the % of OVCS suffering in slums by 2013	Uganda national household survey. UNICEF Uganda Annual report.	If there is consorted efforts by other actors to help OVCs
<b>Purpose</b>	Reduce the % of OVCs without social support and care in slums by 2013.	Summative (End of project) evaluation report.  District reports	Provided the community is supportive and cooperative.  High performance levels among project staff
To provide social support to number of orphans and vulnerable children living in the Kampala.			
<b>Outputs</b>	A baseline study conducted by January 2010.	A baseline survey report in place.	If the care takers provide fundamental information on OVCs in slums.
1.OVCs project baseline study conducted.			
2.A community OVCs support groups formed.	. Functional OVC support groups.  Number of members actively involved in OVCs sensitization	List of the support groups.  Registers for members in the OVCs support group.	If community members have good will to protect OVCs

	campaign activities.	Minutes of the support groups.  Support groups activity reports.	from abuses and exploitation.
3.An Education programme for the community on protection and care for OVCs conducted.	Number of support groups for trainer of trainer in OVCs Promotion, care and protection. Number of local leaders sensitized About community responsibility for OVCs. Number of parents, guardians' caregivers reached by the Educational programme.	List of attendance of both leaders.  Attendance lists  Activity reports.	If the community is willing to have the educational programme.
4.150 OVCs nominated and registered as beneficiaries from different zones of the kampala slum areas in a gender sensitive manner.	150 OVCs from the slum benefiting from the project.	List of registered beneficiaries from OVCs from slums.	If the process is not manipulated by political leaders and others influential members of the community.

5. Education support provided to the beneficiary OVCs.	Number of OVCs from the slum the project educational support. Number of OVCs with an educational kit provide by the project.	List of beneficiary OVCs attending school. Bank slips for each Beneficiary. List and photos of the OVCs Receiving the Educational support Kit.	Provided the good schools are not far. That the parent will be willing to supplement on the project support to the OVCs.
6. Health care and support provided to the beneficiary OVCs.	Number of OVCs having received medical care. Number of contracted health care providers short listed	Medical forms and receipts for treatment of OVCs. Inventory of contracted health care providers.	That very few nominated happen to chronicle disease and HIV.
7. Psycho-social support desk established.	A psycho socio therapists in place and functional for OVCs.  Number of OVCs counseled and rehabilitated.	Letter of admission. List and report on the OVCs counseled and rehabilitated. An index of OVCs cases presented and attended to.	Provided there is full community support.
Campaign conducted against abuse and exploitation of OVCs conducted.	IEC materials printed and used. Campaign reports.		
<b>Activities</b>			

<p>1. OVCs project baseline study conducted.</p>	<p>Baseline report</p>	<p>Contract of the lead consultant. Questionnaires used. Receipts for the payments made to the consultant.</p>	<p>Fund are availed on time.</p>
<ul style="list-style-type: none"> <li>• Develop a concept and plan</li> <li>• Identify the TOR for the survey.</li> <li>• Identify the required personnel.</li> <li>• Develop the questionnaires.</li> <li>• Pretest the questionnaire.</li> <li>• Inform the local leaders.</li> <li>• Conduct the study.</li> <li>• Make a final report.</li> </ul>			
<p>2. Form a community OVCs support groups.</p>	<p>Functional support groups</p>	<p>Minutes of the group meetings. Group activity reports Register of members participating in project activities. Number of caretakers reached. Numbers of OVCS Identified Number of</p>	<p>Funds are availed on time. Local leaders are supportive</p>
<ul style="list-style-type: none"> <li>• Develop the concept and plan.</li> <li>• Introduce and orient the community leaders.</li> <li>• Identify, mobilize and recruit members into the support group.</li> <li>• Orient, brief and motivate the groups for the task.</li> </ul>			

<p>3. To form and conduct an Education programme for the community about the protection and care for OVCs.</p>	<p>Sensitization workshops for caregivers conducted.</p>	<p>Training reports. List of attendance</p>	<p>Funds are available on time. Local leaders are supportive.</p>
<ul style="list-style-type: none"> <li>• Develop the concept and plan.</li> <li>• Identify the required personnel.</li> <li>• Develop the manual.</li> <li>• Conduct the trainer of trainer for the OVCs support groups.</li> </ul>	<p>Trainer of trainers workshops support groups and local leaders conducted</p>		
<p>4. Nomination and registration of 50 OVC beneficiaries from different zones.</p>	<p>50 orphans and vulnerable children socially supported by the project.</p>	<p>Register of OVCs benefiting from the project available.</p>	
<ul style="list-style-type: none"> <li>• Develop the concept and plan.</li> <li>• Nominate and register the beneficiaries from various zones.</li> <li>• Open the file for each beneficiary.</li> </ul>		<p>A file for each child opened and equipped with relevant documents</p>	

<p>5. Education support provided to the beneficiary OVCs.</p>	<p>Number of children attending school.</p>	<p>Paid bank slips.</p>	<p>Provide that parents are willing to encourage and support their OVCs from their residential areas.</p>
<ul style="list-style-type: none"> <li>• Develop the concept and plan.</li> <li>• Open up an educational support file for each beneficiary.</li> <li>• Identifying the Educational needs of each the 50 OVCs as a beneficiary.</li> <li>• Develop the OVCs educational tool kit depending on the education level.</li> </ul> <p>Retention, enrolment and attendance.</p>	<p>Educational Kit developed.</p>	<p>Receipt of Item described in the education kit for Orphans.</p> <p>Terms reports from each OVCs school found in the file.</p> <p>Forms signed by the guardian/parent upon receiving the kit.</p>	
<p>6. Psycho-social support desk established.</p>	<p>A psychosocial support desk which is functional</p>	<p>Number of school visits.</p>	<p>Funds are availed on time.</p>
<ul style="list-style-type: none"> <li>• Develop the concept and plan.</li> <li>• Identify the required personnel.</li> <li>• Formulate the psychosocial programme service delivery</li> </ul>		<p>Indexed cases of child abuse and OVCs.</p> <p>Number of children rehabilitated and counseled.</p> <p>Number of referrals made to other service providers.</p>	<p>Local leaders are supportive.</p>

content.			
7. Health care and support provided to the beneficiary OVCs.	Number of children who received medical and health care.	Medical reports for each OVC.	That the contracted firms provide the necessary service.
<ul style="list-style-type: none"> <li>• Develop the concept and plan.</li> <li>• Identify and give priority to those OVCs among other who will mostly need special health care.</li> <li>• Identify and construct the potential health care providers.</li> <li>• Open up a health file for each the beneficiary OVC.</li> </ul>	<p>Number of children subjected to medical check up.</p> <p>Number of children identified with HIV/AIDS and others chronicle diseases on treatment.</p>	<p>Treatment reports and receipts.</p> <p>List of contracted health providers.</p>	<p>That referrals made are heeded to their obligation to provide a through service.</p>

## **Out reach**

This project being new initiative in our organization, we intend to start with KatweI one of the 7 slum areas we target. We intend to establish 2 OVC support groups that will assist in the project not only at the Identification level of OVCs but also to care, protect and promote their needs. The project intends to start with atleast 50 OVC beneficiaries hailing from Kibuli and wabigal. The majority of these will be 60% girls and 30% boys who are orphans either due to HIV/AIDS and are out of school, neglected children and out of school, homeless children and those living already weak and aged elderly.

Location	Number	Sex and number of the Beneficiary OVCs		OVC social groups
Kampala/Kibuli/Wabigalo	50	35 girls	15 boys	2 OVCs support groups

## **Implementation plan strategy and methodology**

### **Personnel:**

The Project presupposes to use its existing structure which has a programme officer, accountant, project manager, field officer, Three Key community volunteers and the support groups. The development partners will contribute 47% to the salaries of the programme officer and accountant considering their level of engagement in the project. While for the project manager and the field officer 100%. 100% will also apply to the Key community volunteers as stipend while the members in the group receive perdium.

### **Recruitment:**

The organization is already equipped with a competent programme officer who holds a good experience with implementation, evaluation of social welfare projects. Among the staff is the project manager with outstanding experiences with social urban project for the poor in slums, regarding implementation and mobilization of the community to participate in project activities. The organization is proud of its accountant who has an experience with donor funded project for more than 4 years. With him we are sure of proper book keeping of accounts and ensure transparency.

Applications will be invited from the public for the post of a field officer therapist, using radio FM stations and interviews will be conducted accordingly. The qualifications of the applicants will include minimum of a higher diploma in social work and social development. With a one years experience in OVCs issues, experience in report writing, field work, community mobilization, community sensitization, communication and interpersonal skills. The interviewing panel will be provided with transport refund and facilitation. This task will take place with the fist moth of the project.

### **Orientation:**

There will be a formal orientation of the OVC project staff on the goal, purpose, TOR, and the general organizational culture and mode of operation of Slum aid and its bond with the development partner in question.

### **Baseline survey**

In order to have a proper implementation of this project, immediately after the launch of the project the implementers will have to see that a baseline survey is undertaken to generate the actual status quo of the OVCs in the targeted project area of Kibuli and wabigalo. This will be conducted by the project staff working with a lead consultant who will be contracted for that purpose. This information will be important to provide the implementers with more basic and current fact prevailing in the community for which the implementers will have to consider time and again in the course of implementation. Its also this information that will be used to conduct monitoring and evaluation to establish the level of success from which the lessons learnt could be replicated in the next phase to follow. It ought to be noted that after making this report, it will be distributed to the development partner board of directors and the other stake holders.

### **Identification of the beneficiary OVCs**

In an attempt to intervene in this matter of suffering orphans and vulnerable children in the slum s of Kampala the project intends to use an approach for selection of beneficiary that will be participatory. From the community of Wabigalo and Kibuli the project will chose 35/(15%) girls and 15/(30%) boys The project in its own criteria will first of all give priority to orphans, abused and neglected children, children under worse forms of child labour and trafficking, and children affected by HIV/Aids as the core basis for selection. The implementers will use the above features to aid the process of selection to guide the support groups and key community volunteers and the local leaders who will be

community reprehensive. The project team will request to receive a recommendation letter from the LC I as an approval that the child hails from that community are will to have slum aid Project and its development partners to support him or her. The project team will work hand in hand with the support groups local council I and the key community volunteers for this particular task to guarantee an effective and efficient.

**Health support:**

Ignoring health for the OVCs will be having an oversight on an important in this social intervention. In order to contribute effectively on the reduction of the number of OVCs suffering in slum areas, it will be worth it to undertake this intervention by providing medical care to the beneficiaries to keep them health in order to effectively attend school. A health mind will require a healthy body; it won't be significant to provide education support minus health. After selection, all the beneficiaries will be subjected to a medical check up to establish the each of their health status. It is important to establish for example children who are HIV/Aids, for the project to know early enough. This will help to lay a healthy strategy to address their needs. The over whelming cases like HIV among OVCs will require call for referrals to other health providers will be made effectively. The project also prepares to contract some health providers to provide services to the OVCs who will happen to be sick during the project implementation process.

**Educational support.**

As one of the core support of this project to the OVCs in Slums of Kampala, educational support will play a great role in ensuring that children who are not attending school are enrolled and retention. It important to note that in a bid to change the life of the orphans and vulnerable children in slums educational support has to be ensured while packaging the components of this project. We intend to work with our development partners to provide an education kit which will include among others school fees, exercise books, pens, pencils uniforms and a ream of papers and pocket money (\$60). Its estimated that this package the project intend to term as the educational support kit will cost \$146 for every child to efficiently and effectively be able to attend school (see budget for details. This project support will go along way to contribute great to the Millennium development goals (MDGs) in terms of educating the children who are not going to school in slum of Kampala.

### **Support groups for OVCs**

Using this project we intend to establish support groups which the project will use as its basis for sensitization of the community on OVCs protection, promotion and protection. It is again with these groups that we intend to train the caretaker of all OVCs care takers not only of the beneficiaries in entrepreneurship skills to be empowered with knowledge on Income generating activities (IGA). More still these support groups with the local councils I will aid the selection process as community representatives to Identify the beneficiaries among many of the OVCs in slums. The project intends to form two support groups comprised of 65% women and 35% men each group. One group will come from Kabuli and another one from wabigalo with the aid of our key community volunteers. We have previously be working with key community volunteers who affiliate us the grassroots of the community working with our field officer and project managers. With this modus operandi, we hope that an effective implementation can be conducted to guarantee effective performance of the project as it incorporates in an element of community participation at different levels. That is why its envisaged that support group will be paramount during the process of implementation to bring about project succes.

### **Sensitization programme**

Sensitization will be one of the methods that the project will use to make its deliverable. As we fight to provide the OVCs with a decent and joyful life in slum. A curricular will be formed by the consult together with the consultant. This project will make sure that caregivers, guardians and support groups and local leader will be sensitized about OVCs promotion, protection and care in slums to quell the abuse negligence from parents, child labour, trafficking E.T.C. It is through this sensitization that skills in income generating activities will be trained to the community through support groups working with the field officers and project manager. The community will trained to be able come up with ideas of income generating activities given the fact that this project won't go along to provide every need to the children in need. As a way to train the care takers they will be motivated to come up with work to also be able to address some of the social needs that the project will not be able to provide. This will go an extra mile to help the guardians and parents whose orphans and vulnerable children missed out to benefit from the project. This sensitization will conducted through leaders key community volunteers and support groups activities after a trainer of trainers (TOT). This will be aid with Information Education communication materials like posters, and T-shirts. The will be given out on training and to support groups, key community volunteers and leaders. These materials will help to portray

the message to promote, protect and care for the orphans and vulnerable children who are suffering in slums and stop their abuses made out to them as the community changed its attitude. So sensitization will go a long way to stretch the success of this project to that effect as it gets entrenched into the slum community.

### **Campaign against abuse and exploitation of OVCs**

The project intends to execute three campaigns in duration of implementation by using public street marches, Information Education Communication materials (T-shirts and Posters) as well as video shows. Through mobilization of support groups, local leaders, key community volunteers (KCV) and the project shall have to march through the community to with a banner with a theme of the protection of OVCs against child abuse and exploitation. Thereafter address the gathering in a public place on matters concerning child abuse and exploitation and the protection of the OVCs. It's in this forum that the activities of this project will be explained to the community and the progress made so far.

During this activity the support groups will be given T-shirts and posters which will go a distance to educate the community about the concerns of OVCs and the need for the community to support them. IEC materials will be distributed also during some of the trainings and sensitization workshops and during the support group activities.

### **Monitoring and evaluation:**

Monitoring and evaluation will be an important part of the project to the effect that the project team can be able to detect, if they are on track or not, how far they have reached, and if necessary justify to revise and redesign the project. We entirely believe that community active participation in monitoring and evaluation will play a pivotal role into achieving the project purpose. For the fact that monitoring and evaluation is fundamental, the project intends to carry out an OVC month review meeting between the project staff, key community volunteers and the OVCs support groups this will help to assess the activities and the performance of both the project and support group.

A management information system (MIS) package will be established to coordinate the project information and data generated from the activities conducted and the changes made with the aid of a monthly data collection form. This data will be collected by the project manager, psychosocial therapist and the field officer who will be coordinated by the programme officer. This data will be collected with utmost care to ensure authenticity and accuracy. The information there then will be analyzed, evaluated and reports made.

A narrative and analytical report on the OVC quarterly progress report will be prepared by the programme manager working together with the team with the first two week of the following quarter. This will be reflecting on the progress made so regarding activities conducted. It will help to show the challenges and experiences realized during implementation and the proposals that can undertake to address the challenges. This report will occasionally be submitted to the development partner, board of directors and other stake holders.

#### **Financial**

The Organization using it competent accountant will work hand in hand with the programme officer to see to it that proper book of accounts are in place. They will be obliged to make financial reports which will be submitted to the treasure who sits at the board. Proper computerized packages will be discussed agreed upon depending upon the advice of the development partner. The project finances will be oftenly be supervised and approved by the Executive Director with the consent of the treasurer from the board of director. (See financial policy)

#### **Staff**

A quality control and performance management system will be set to check of the performance of the staff with regard to time and TORs for their position. This will help to see that the project staff is committed, pro active and result oriented. The evaluation form to assess the set and put in place for that task and each project staff will be required to make a quarterly report to the Executive officer about their performance.

#### **Sustainability**

We anticipate that the trainings conducted for caretakers, leaders and support groups will have a great import on the slum community as the guardians and parent evolve to come up with ideas of initiating income generating activities to assist them raise some income for their children who are vulnerable and orphans. This will help to empower those guardians and parent whose orphans and vulnerable children didn't benefit from the project and those who did, to start supporting them with the little income realized as they tern to be more responsible.