



Namugongo Fund for Special Children Program Profile

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History

Namugongo Fund for Special Children (NFSC) is a community based Non-Governmental Organization (NGO) in Uganda, helping orphaned and other vulnerable children reach their full potential through education and other opportunities.

NFSC was founded in 1986 caring for handicapped children in Namugongo and surrounding communities. Children were sent to vocational schools, others were given medical operations and/or devices to help them cope with their handicaps.

When the village became inundated by the death of many parents; Rosette Serwanga a native of Namugongo chose to turn her efforts to the orphans. This was after the death of her brother who passed away from HIV/AIDS complications in February of 2000 leaving his six children double orphaned. In May 2000 she began the Breakfast Project feeding 60 children breakfast on their way to school. In 2001 the NFSC opened a clinic in order to look out for the general health of the children and their guardians. Today, NFSC has six (6) breakfast centers serving breakfast to 1100 children every school morning and providing after school programs everyday except Sunday. 25% of the children on the program are HIV positive. To address this issue, NFSC has signed a memorandum of agreement with the Joint Clinical Research Center (JCRC) TREAT program, to provide Anti Retro Viral (ARVs) to the children and their caregivers. This partnership began in May 2006.

NFSC has contributed to the reduction of stigma towards people infected and affected by HIV/AIDS in the community through its outreach and programming efforts.

Vision

NFSC's vision is to create a community where every child has access to education, health services, shelter, clothing, adult supervision/guidance and a sense of belonging to a loving family.

Mission

NFSC's mission is to ease access to education, health and & social services for orphans and other vulnerable children.

Strategy

NFSC hopes to achieve its mission through advocacy and partnerships with the community, organizations and individuals with a similar vision.

Objectives

1. To become a model to be replicated in other villages.
2. To support the community to take care of their own children, rather than sending them to orphanages.
3. To make education and health care accessible to the orphans and other vulnerable children.
4. To help teach the children morals, cultural beliefs, and other social values that will enable them become productive, acceptable citizens of their communities and country
5. To make HIV treatment available to the children and their caregivers.
6. To advocate for the rights of the orphans and other vulnerable children.

NFSC has several projects whose operations all depend on fundraising efforts in the US. Below is a brief description of the seven projects under NFSC.

Breakfast Project

NFSC started the breakfast project to help feed the children who were otherwise going to school hungry. Because resources of most families have been over extended in an attempt to care for the big numbers of orphaned children, some homes are able to provide only one meal a day which is usually in the evening. Many children were going to school hungry, forcing some of them to skip school in search of food. This project started in May 2000 with 60 children.

There are seven breakfast centers serving 1,500 children. The children receive breakfast every school day before they go to school. The breakfast consists of porridge made from maize meal & soy bean and a daily multivitamin.

Each center has a volunteer cook who takes roll-call and checks the general health of the children.

Each center also has a community committee that helps in verification of need for recruited children.

Clinic

The clinic situated in Kyaliwajjala, serves the children and their guardians. It is run by two licensed nurses who are also in charge of procurement of medical supplies. They see patients at the clinic and make house calls to follow up or see those who are too sick to travel to the clinic. The nurses also hold community outreach health clinics in the villages that are too far away from the clinic in Kyaliwajjala.

The JCRC/NFSC joint HIV/AIDS clinic is held every other Wednesday in Kimbejja at a house which Patrick (Rosette's brother) built but never lived in. The clinic is open to everyone including individuals who are not NFSC clients. This clinic is staffed by NFSC & JCRC and the staff team is composed of: 1 doctor, 3 nurses, 1 adherence office, 4 community liaison officers (CLVs), 3 clerks, 12 volunteers and a driver.

Scholarships

NFSC provides scholarships to help out guardians who cannot pay school fees due to family tragedy or hardship. These are usually for one year (three school terms or less).

Sponsorship Program

NFSC looks for sponsors in Uganda and abroad to help families pay school fees. We seek for long-term commitments (four or more years).

Uniforms and other School Requirements

The Ugandan Government in conjunction with the Ministry of Education provides free Universal Basic Education for primary one through seven; however Uniforms, Books and other school requirements are the responsibility of individual students and their guardians. NFSC tries to help out those children whose guardians cannot afford to pay for those requirements.

After School Program

NFSC After School Program (ASP) was set up primarily to help the children with homework every afternoon on their way home from school. Now the program also provides counseling, cultural training, reading, life skills, dancing, drama, singing etc. The program is run by an ASP-Coordinator, who is usually a teacher from a local school, supported by the Breakfast volunteer; supervised by the center coordinator in conjunction with the Program Manager – ASP.

Buddy System

This system was established as a way of providing NFSC with information about the children's daily challenges/obstacles at home and school.

Because of limited resources NFSC is not able to monitor the children as frequently as it would like to, so it divided the children into groups of fives according to proximity of each others residences. The oldest of the five becomes the team leader, and his/her role is to look out for the team members and report any needs they may have to the NFSC staff. Things they report include but not limited to:

- Sickness of team member or guardian
- Absence at breakfast center
- Absence at school
- Neglect/abuse at home
- And other needs a team member may have

Income Generating Activities

An Income Generating Activity (IGA) has been initiated to help families supplement lost income due to illness or death of the house hold income earner. It is hoped that families which will participate in this venture will be able to afford to take care of the infected and affected family members including ARVs treatment support. Income will also be generated to support the scholarship fund.

Paid Program Staff and Volunteers:

The program has ten (10) salaried staff: the Program Director, Visiting Accountant, 3 Program Managers, 2 Nurses, 6 Center Coordinators, Program Assistant and a Cleaner.

The program also has 14 volunteers who are paid a monthly stipend.

Program Director

The purpose and focus of this position is to lend strategic oversight of all NFSC operations through direct supervision of the NFSC Managers and liaison with the Board of Directors. The Program Director meets with potential funding agencies to understand their funding criteria and service priorities. Along with funding agencies the Program Director represents NFSC in strategic discussion outside of the organization such as central government, world health organizations, international research and funding groups, etc. The Program Director works with the Board of Directors to use their time in realistic clusters in order to best be available when needed. The Program Director is on call to the NFSC Managers in times of emergencies and critical decision making.

Program Managers.

The program has 4 full time managers. One manager is in charge of Breakfast, the other is a Clinic Manager, another manages the office and the forth manages the After School Program & Income Generating Activities.

They over-see the day-to-day running of these programs at the seven sites. They are responsible for making sure that all sites are providing available services to the children and their caregivers. They do home visits and work with the coordinators and community committees. They also work on building relationships with the volunteers, guardians, the children and the community.

Nurses

The 2 nurses run the clinic and do home visits with the center coordinators. They treat minor ailments and refer the complex cases to hospitals. They conduct wellness clinics every end of school vacation. *(The second Nurse was hired March 2006 to help cope with the increasing number of children. She was sponsored by friends of NFSC through her nursing training)*

Center Coordinators

There are 7 Program Coordinators, one for each of the seven sites/centers.

The Center Coordinators' role is to organize activities at the assigned center and assist the Program Managers as needed. They are responsible for the day-to-day running of the ASP and the Breakfast

programs at the centers. They supervise volunteers and assist them with daily attendance record keeping and monthly reports.

After School Program Teachers

There are 7 ASP Teachers responsible for the coordination of all aspects of the program at the assigned center. Each works with the Center Coordinator to recruit volunteers and to ensure smooth running of the program.

Per Diem Doctor

In the past NFSC had a doctor who visited the clinic twice a week, this service has been suspended due to budgetary reasons. It has become very necessary to have a doctor a few days a week now that the ARV program has started. JCRC has agreed to provide a pediatrician twice a month and through another partnership with Namulundu Medical Center on Entebbe Road, Dr. Patrick Otengho Makanga will visit NFSC clinic on request.

Volunteers

NFSC has had volunteers from the community and abroad.

The community volunteers have helped with cooking breakfast, grooming the children before the beginning of each term, helping patients during the ARV clinic, advising NFSC on the needs of the children in the community. We have more than 40 volunteers.

Volunteers from abroad have come from Italy, UK, Netherlands and the USA. They have spent periods of time ranging from 2 months to 9 months working on the different projects.

Organizational Structure

NFSC has a board of directors who guide the staff in the implementation of the program, making sure that the organization's mission is fulfilled. *See NFSC organizational Structure.* There is also a board of directors in the USA whose main objective is to mobilize resources for implementing programs in Uganda.

Organizational Needs

Physical Structures

All the centers have shelters, courtesy of the American Embassy in Uganda.

Funding for Food

Currently the funding is coming from the founder's efforts in the United States. Various individuals and friends have supported her monumental efforts. This creates a very precarious situation for the future existence of the food. In addition, many of these children do not have enough money for food for lunch. They have breakfast at 7am and do not eat again until 8pm when dinner is served.

Stable funds are needed for the food for breakfast and further funds are needed to start a lunch program. Since the children go to the breakfast center nearest their school, it will be easy for them to go back to the same center for lunch during the school lunch break. Lunch has become a very important meal especially now that ARV program has started.

NFSC acknowledges the fact that successful HIV/AIDS treatment, Academic performance and the well being of any given child rests on nutrition. That is why this project is number one priority for NFSC.

Funding for Medication

The clinic relies on the same funding source as the food, which is fund-raising efforts of the founder and friends in the USA.

In any given month the clinic will see:

- 90 children and 30 adults with malaria
- 99 suffer with a cough (worst cough is during July/August months and in 2003 two children died during that season)
- 100 open wounds
- 110 skin diseases
- 200 worms
- 200 will test for HIV
- 80 on ARVs
- 100 with the influenza (worse during rainy season)

The minimal cost of all these medication is \$600.00 per month. The actual amount needed is \$1,100.00 per month to cater for the health outreach clinics in far away villages as well as the routine visits at the clinic in Kyaliwajjala. This does not include the cost of ARVs.

Further Growth and Development for the Staff

Funds are needed in order for the staff to participate in conferences and seminars on the new information and research being done in area of counseling, crisis intervention and HIV prevention and medical care.

Funds for Clothing and Uniforms

There is no money in the existing budget to afford clothing shoes or uniforms for the children. The difficulty is also that the children continue to out-grow their clothing/shoes and yet there are no others for them to wear. Self-esteem issues arise when wearing torn, old, non-fitting clothes; it singles them out as poor and orphaned.

Breakfast & After School Program Sites:

1. Center A – Kyaliwajjala
2. Center B – Kyaliwajjala – UMEA
3. Center C – Kira
4. Center D – Bulindo
5. Center E – Kiwologoma
6. Center F – Nakweero
7. Center G - Kimwanyi

NFSC Partners

1. Joint Clinical Research Center (JCRC)- Kampala Uganda: www.jcrc.co.ug
2. SPARK/BMC – Boston MA : www.bmc.org/SPARK
3. Mildmay - Kampala, Uganda: www.mildmay.org
4. FOCUS – Edinburgh, Scotland: <http://childreninugandascotland.wordpress.com>
5. VEDCO – Kampala, Uganda: <http://www.vedcouganda.org/>

Namugongo Fund for Special Children's Organizational Chart

