# Empowering caregivers of children with cerebral palsy to excel in business project in Kawempe

**Background**

Child and Family Foundation, Uganda in partnership with MOH and District Local Governments desires to empower care givers of children with cerebral palsy to excel in business in Kawempe division as an entry point to service delivery to the marginalized and vulnerable caregivers of children with cerebral palsy.

**Justification**

The population of Uganda is estimated at 46 million people in 2020. Its total urban share is approx. 7 million people (26%), with about 3.5m (approx. 49%) in Kampala alone, out of which, 50% live in 58 slums. Rural to urban migration in Uganda has existed over the years and within diverse social, political and economic contexts, and these include political factors, poverty, rapid population growth and the porosity of the international borders. Push factors such as poverty, land conflicts, high vulnerability to natural disasters and gender based violent conflicts are considered major factors for rural-urban migration, in search for better livelihood, better employment and education opportunities, higher income, diverse services and lesser social discrimination in the cities and towns.Moving to urban centers is viewed as a coping mechanism for the rural poor and it is highly dependent on the livelihood profile as some may seek to move permanently in search of better services, opportunities for work, better housing or security while others may move seasonally to find work during the agriculturally none productive periods of the year. Despite the hopes that migrants might hold of their new environment, increased urbanization brings with it a host of issues such as unemployment, insufficient infrastructure, gaps in the capacity of service delivery, over-crowding, negative environmental impacts and housing shortages, which lead the majority of migrants into slum settlements. This, with other social depressing factors, affect households and majorly women and children.

The livelihood strategies of slum dwellers are fundamentally different from the rural livelihoods, particularly because there is an over-reliance on cash for basic needs of daily life (water, food, housing, etc.) compared to their rural counterparts. Slum dwellers generally lack supportive social networks; they lack employable skills and are largely un- or under-employed. Most of the households in slums derive their livelihood from micro-trade and casual labour and one in every 9 households were found to have only one meal per day for adults. The poverty mapping shows poverty rates for women and children tend to be higher than those for the rest of population simply because poor households tend to have more children under primary responsibility of women.

The incomes of slum dwellers hardly meet their basic needs, considering that Uganda has no legislation on minimum wage. To sustain themselves and their families, and more particularly the women engage in supplementary jobs like operating small retail shops and kiosks, casual labour, fruit and food vending, as well as prostitution. Due to sheer lack of basic social services, the slum dwellers are frequently victims of disease outbreaks (such as dysentery, cholera, etc.), crime, famine, and other symptoms of abject poverty.

Globally, there are an estimated 53 million children, under five years of age, living with developmental disabilities such as cerebral palsy, with approximately 95% living in low- and middle-income countries (LMICs). In Sub-Saharan Africa, the number of affected children is reported to have increased by more than 70% between 1990 and 2016. It is increasingly understood that poverty and disability are interlinked and can exacerbate each other and this has been shown to also be true for childhood disability. Supporting livelihood, defined as the capabilities, assets, and activities required for a means of living is crucial for families of children with developmental disabilities, if we are to “leave no-one behind” as part of the Global Strategy’s “survive, thrive and transform” agenda.

Childhood developmental disabilities are chronic conditions that emerge during the period of early child development and cause impairments in the child’s physical, cognitive, or behavioural development. Children with developmental disabilities frequently have complex needs, including suboptimal nutrition, health, educational attainment, and quality of life. Meeting these needs commonly falls to the children’s primary caregivers, which can be parents, other family members or anyone with caring responsibilities for a child with developmental disability, a large proportion of whom will be women. In LMICs, medical, educational, and social services for children with disabilities and their families may be lacking or affected by limited health care budgets and workforce shortages. As a result, the need to involve, support, and empower families is central to many interventions aimed at maximising health, well-being, and quality of life of children with developmental disability.

Financial challenges for caregivers include direct costs such as financing assistive devices, medications, rehabilitation, and other health-related treatment, as well as paying for transport to access care distant from the family home. In addition, indirect costs occur due to loss of productivity, i.e., loss of opportunity to engage in income generating activities due to caring commitments. A lack of financial support from family members or spouses, with many families being single parent households, may further compound financial challenges]. In particular, fathers’ absence from the family unit is not uncommon [Unfortunately, families frequently experience social isolation, contributed to by stigma and discrimination, which adds complex hurdles to overcoming poverty

1. **Goal**

*To economically strengthen livelihoods of caregivers of children with cerebral palsy through support provided in starting businesses, accessing credit and belonging to social networks for socio-economic inclusion and transformation by 2025.*

We shall improve the capacity of caregivers of children with cerebral palsy to initiate, plan and manage their business by 2025.To increase access to funding and linkages to financial institutions allowing them to get productive assets and start their own business *by 2025* and To strengthen community linkage and reporting mechanisms in the community and empower the caregivers to lobby and advocate for their rights *by 2025*

 **Specific Objectives**

1. To increase and improve the capacity of caregivers of children with cerebral palsy to initiate, plan and manage their business by 2025.
2. To increase access to funding and linkages to financial institutions allowing them to get productive assets and start their own business *by 2025*.

iii) To strengthen community linkage and reporting mechanisms in the community and empower the caregivers to lobby and advocate for their rights *by 2025*

1. **Target population**

The Project targets particularly the caregivers of children with cerebral palsy in urban and rural environments.

1. **The intervention**

**Objective 1:**

* Mapping and selecting of 300 caregivers of children with cerebral palsy.
* 300 caregivers trained in business skills and financial literacy.
*

**Objective 2:**

* 10 VSLA group formation.
* Training of VSLA groups in VSLA principles and methodology

**Objective 3:**

* Establishing a Case identification and notification center to support the linkage and reporting mechanisms in supported health facilities in identified communities
* Conduct community dialogues on advocacy in Kampala District.
* Offer psycho social counseling and support at community level to caregivers and their families.
1. **Expected outcomes**

**Objective 1**

* Number of microenterprises run by care givers of children with cerebral palsy**.**
* Number of jobs and business created and managed by caregivers

 **Objective 2**

* Number of VSLA formed
* Number of caregivers receiving loans.

 **Objective 3**

* Number of advocacy events held by the caregivers.
1. **Budget(IN USD)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ITEM | YEAR 1 | YEAR 2 | YEAR 3 |
| A | **HUMAN RESOURCE(**Salaries, wages and benefits**)** |  |  |  |
|  | Project coordinator | **10,000** | **10,000** | **10,000** |
|  | Project officer, Livelihood and Business mentor | **8.000** | **8.000** | **8.000** |
|  | Monitoring and evaluation officer | **8.000** | **8.000** | **8.000** |
|  | Fringe benefits | **2600** | **2600** | **2600** |
| B | **EQUIPMENT ,SUPPLIES & UTILITIES** |  |  |  |
|  | Acquisition of Training and Equipment(333.3$\*60packages@year) | **20,000** | **20,000** | **20,000** |
|  | Administrative services | **300** | **300** | **300** |
| C | **TRANPORT COSTS** |  |  |  |
|  | 2 motor cycles@ 1185$ \*2 | **2370** |  |  |
|  | Fuel , insurance and maintenance | **300** | **300** | **300** |
|  | Per deim(3\*30$\*10days) | **2700** | **2700** | **2700** |
| D | **PROGRAMME** |  |  |  |
|  | Mapping and selecting of caregivers of children with cerebral palsy to be supported by the project. In Kawempe ,District | **500$** | **-** | **-** |
|  | Formation of VSLA groups | **2000$** | **2000$** | **2000$** |
|  | Training of VSLA groups in VSLA principles and methodology | **1500$** | **1500$** | **1500$** |
|  | Entrepreneur selection and business mentorship  | **600$** | **600$** | **600$** |
|  | Training of caregivers in business skills and financial literacy | **600$** | **600$** | **600$** |
|  | Establishing a Case identification and notification center to support the linkage and reporting mechanisms in identified communities in Kampala ,District | **2500** | **-** | **-** |
| E | **MONITORING ,EVALUATION &REPORTING** | **500** | **500** | **500** |
| F | **ADMINISTRATIVE COSTS(**rent ,communications, stationary**)** | **3600** | **3600** | **3600** |
| G | MISLLANEOUS | **6,212$** | **5,925$** | **5,925$** |
| H | **TOTAL PROJECT COSTS** | **68332$** | **65,175$** | **65,175$** |