

Project Proposal

Establishment of the Miroi Specialized Pediatric Sickle Cell Care and Wellness Center

Submitted to: GlobalGiving Foundation

Submitted by: Share Child Opportunity Eastern and Northern Uganda (SCOEN)

Location of Implementation: Miroi, Kolir Sub-County, Bukedea District, Uganda.

Project Duration: 24 Months (Phase 1: Establishment & Construction)

1.0 Executive Summary

Sickle Cell Disease (SCD) is a major, often neglected, public health concern in Uganda, with one of the highest birth prevalence rates in the world (approximately 20,000 babies born with SCD annually). Bukedea District, like many in Eastern Uganda, bears a significant burden but suffers from a critical lack of specialized diagnostic, management, and supportive care services. Families must travel long distances to regional hospitals, incurring catastrophic costs and often receiving fragmented care.

This proposal seeks **USD 550,000** to establish and construct the **Pediatric Sickle Cell Care and Wellness Center**. This center will be the first of its kind in Kolir Sub-County, designed to provide comprehensive, holistic, and accessible care for children and adolescents living with SCD. The center will integrate clinical services (diagnosis, treatment, pain management), psychosocial support, genetic counseling, and community outreach under one roof.

Our mission is to reduce SCD-related morbidity and mortality in Bukedea's children, improve their quality of life and educational attainment, and empower families through knowledge and support. The project aligns with Uganda's Ministry of Health Non-Communicable Diseases Strategy and the Sustainable Development Goals (SDG 3). We request your partnership to build this vital facility and create a model of community-centered sickle cell care.

2.0 Introduction & Context

2.1 Problem Statement: In Kolir Sub-County and wider Bukedea, pediatric SCD patients face a cycle of suffering due to:

- **Lack of Specialized Facilities:** No dedicated space for SCD care. Management is ad-hoc within general pediatric wards.
- **Critical Service Gaps:** No newborn screening, hydroxyurea therapy programs, standardized pain crisis management, or transcranial doppler screening for stroke risk.
- **High Economic Burden:** Frequent crises lead to repeated hospital visits, travel costs, and lost income for caregivers, pushing families deeper into poverty.
- **Knowledge Deficits:** Widespread stigma, myths, and lack of awareness about SCD inheritance and management at the community level.
- **Psychosocial Neglect:** Children and caregivers lack mental health and peer support, leading to isolation and depression.

2.2 Proposed Solution: The MPSCWC will be a purpose-built, child-friendly facility that addresses these gaps holistically. It will serve as a referral hub for the sub-county and a center of excellence for training community health workers.

3.0 Project Goal and Objectives

Overall Goal: To significantly improve the health outcomes, quality of life, and social integration of children (0-18 years) with Sickle Cell Disease in Kolir Sub-County and neighboring areas.

Specific Objectives:

1. **To construct and equip a 10-room specialized pediatric SCD center** in Miroi by the end of Month 18, featuring a clinic, day-care management room, counseling suites, and a parent resource area.
2. **To establish a comprehensive SCD service package** including diagnosis, prophylactic care (penicillin, immunizations, hydroxyurea), acute pain management, and referral systems by Month 24.
3. **To train 30 Community Health Workers (VHTs) and 5 local healthcare staff** in SCD identification, home-based care, and referral by Month 12.
4. **To directly reach 300 children with SCD with regular care** and screen 2,000 newborns and children for sickle cell trait/disease through community outreaches within the first 24 months.
5. **To establish a robust psychosocial support system** including a parent support group and school reintegration programs for 150 children by Month 24.

4.0 Project Implementation Plan

Phase 1: Inception & Community Mobilization (Months 1-3)

- Finalize architectural plans and secure all local approvals.
- Form a Community Advisory Board (CAB) comprising parents, local leaders, and religious figures.
- Conduct baseline survey and stakeholder sensitization meetings.

Phase 2: Construction & Procurement (Months 4-18)

- Site clearing, foundation, and construction of the single-story center.
- Simultaneous procurement of medical equipment, furniture, and initial drug supplies.
- Quality assurance and supervision by hired project engineer.

Phase 3: Staff Recruitment & Training (Months 12-15)

- Recruit core staff: Pediatrician (part-time), Clinical Officer, 2 Nurses, Counselor, Administrator.
- Develop training modules and conduct intensive training for staff and selected VHTs.

Phase 4: Facility Set-up & Service Launch (Months 18-21)

- Installation of equipment, IT systems, and utilities.
- Develop clinical protocols and service manuals.
- Soft launch and community open day.

Phase 5: Full Operation & Monitoring (Months 22-24)

- Commence full clinical and outreach services.
- Initiate parent support groups and school outreach.
- Begin continuous data collection and project monitoring.

5.0 Detailed Budget

Budget Category	Description	Unit Cost (USD)	Quantity	Total (USD)	Justification
A. CONSTRUCTION COSTS				275,000	
1. Site Works & Foundation	Clearing, grading, foundation	25,000	1 Lot	25,000	
2. Building Construction	Materials & labor for main building (200 sq m)	200,000	1	200,000	Local materials, skilled labor
3. Utilities Installation	Solar power system, water tank, borehole	35,000	1	35,000	Off-grid reliability
4. Sanitation	4-stance VIP latrine, incinerator	15,000	1	15,000	WHO standards
B. MEDICAL EQUIPMENT				110,000	
1. Diagnostic Equipment	Hemoglobin electrophoresis machine, ultrasound, Doppler	65,000	1	65,000	Essential for diagnosis & stroke screening
2. Clinic Furniture & Basics	Examination beds, cribs, monitors, pulse ox, scales	25,000	1 Lot	25,000	Fully equipped clinic rooms
3. Pharmacy & Lab Equipment	Refrigerator, centrifuge, microscope, drug storage	20,000	1 Lot	20,000	For basic tests & drug safety
C. PROGRAM OPERATIONS				115,000	
1. Staff Salaries (24 months)	Clinical Officer, Nurses, Counselor, Support	--	--	70,000	Key to service sustainability

Budget Category	Description	Unit Cost (USD)	Quantity	Total (USD)	Justification
2. Outreach & Screening	Mobile clinics, community sensitization, test kits	25,000	1	25,000	Reaching remote populations
3. Training & Capacity Building	Workshops for VHTs and staff	10,000	1	10,000	Building local expertise
4. Initial Drug & Supply Stock	Hydroxyurea, penicillin, analgesics, folic acid	10,000	1	10,000	6-month buffer stock
D. ADMINISTRATION & M&E				50,000	
1. Project Management	Engineer supervision, project coordinator, logistics	30,000	1	30,000	Ensures quality & timelines
2. Monitoring & Evaluation	Baseline/endline surveys, data officer, reporting	15,000	1	15,000	Accountability & learning
3. Office Setup & Running	Computers, furniture, utilities, communications	5,000	1	5,000	First-year operational costs
GRAND TOTAL				550,000	

6.0 Sustainability Plan

- **Integration with Public System:** Formal partnership with Bukedea District Health Office for potential staff secondment and inclusion in government community health strategies.
- **Gradual Cost-Recovery:** Introduce a minimal, waiver-enabled membership fee for drug replenishment and maintenance.
- **Local Ownership:** The Community Advisory Board will guide operations and advocate for local government support.
- **Future Income Generation:** Plans for a small nutrition garden and income-generating projects for parents' groups.
- **Phased Funding Strategy:** After initial construction, subsequent proposals will focus on program scale-up and research.

7.0 Monitoring & Evaluation

- **Key Performance Indicators:** # of children enrolled; reduction in crisis hospitalization rates; increase in school attendance; caregiver knowledge scores.
- **Tools:** Electronic medical records, patient satisfaction surveys, quarterly review meetings with CAB.
- **Reporting:** Biannual progress and financial reports will be submitted to the funder.

8.0 Organizational Profile

Share Child Opportunity Eastern and Northern Uganda (SCOEN) is a women-led organization, founded in 2010 to address the violence against women and children with 11 years of experience in community health, child advocacy, and social justice programs in Eastern Uganda. We have successfully implemented projects in partnership with Girl Fist fund, Obaba Foundation, Kitchen Table Charities Trust, , Shobhan Porter for Santa Fe Dry Goods .

9.0 Conclusion

The Pediatric Sickle Cell Care and Wellness Center is more than a building; it is a lifeline for hundreds of children and a beacon of hope for a community burdened by a preventable and manageable disease. This investment will break the cycle of pain, poverty, and missed potential. We are confident in our plan and our deep roots in the community. We kindly request your consideration for funding this transformative project.

Together, we can give these children not just longer lives, but better ones.