

**SINGIDA MUNICIPALITY- TANZANIA**

**Interim report from August 2018 to July 2019**

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*Project to support children affected by HIV/AIDS to access education in 2018/19.*



**Report version: 3**

01 July 2019

## PROJECT DETAILS

Item	Details
Name of Organization	FARAJA CENTRE CBHC
Address	P.O BOX 510
Project Location	Singida Municipality
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Status	Non-Profit Organization(Platform)
Project Costs	
Project Duration	12 Months
Submitted to	

## **1. PROBLEM STATEMENT**

Over the last ten years to 2018/29 Faraja Centre CBHC has increased the scope and scale of its Home based Care, VCT<sup>1</sup> and Awareness Raising Programmes to include Palliative Home based care and Counter Human trafficking in the Singida Municipality. As a result, we have come in contact with rapidly increasing numbers of MVC<sup>1</sup>. We have been unable to increase our resources to match this accelerating rate of new contacts. In September 2012 a new programme of Palliative home based care was begun. Since then many clients have died of cancer – many leaving behind one caregiver and many children of school age. Recently education program included some of these deserving children in the funding for school needs. In July 2017 a new programme of Human Trafficking was begun. Children (school age) are the most affected group because they are usually promised employment (forced labour in domestic service). Others are sexually exploited, forced into marriage and early pregnancies. After finishing standard seven and form four most of the students don't want to continue with studies just because of this trafficking. The programme makes initiatives to combat the problem by creating awareness and sensitizing the community.

Many MVC are orphans with single parents who are unable to provide due to illness. Others are being cared for by elderly grandparents and relatives. Caregivers are often unable to work to their full earning capacity due to age, illness or time constraints caused by their caring role. Without support such households often fall into poverty and dependency. Basic needs such as food, shelter and clothing and basic rights e.g. education, respect and protection are lacking. MVC who have inadequate access to nutrition, education, respect and protection are denied the opportunity of adequate livelihoods in later years.

Children (students) who are living with HIV/AIDS attend regularly to CTC clinics for treatment and check up especially their viral load. Adherence of ARVs and counselling is a major role of Faraja team to make sure that all of them are taking their ARVs correctly and avoid stigma.

HIV infection brings much personal suffering, but also threatens the Singida community and erodes the progress the country has made in increasing life expectancy, school enrolment and economic productivity.

Excepting services provided by Faraja, there are very few facilities for the proper care and support of MVC in Singida Municipality. Faraja works to reduce the vulnerability of children in its target community and ensures that all children receive their rights. Faraja targets MVC and their caregivers through programmes addressing nutrition, health and education issues for MVC and through home based care and support for IGAs<sup>2</sup> for care givers.

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<sup>1</sup> VCT = Voluntary counseling and testing (of HIV)

<sup>2</sup> IGA = Income generating activity

## **2. DESCRIPTION OF THE ORGANISATION**

### **Our Vision**

FARAJA envisions a society that is healthy, educated and democratic with a strong and sustainable economic base.

### **Our Mission**

Faraja is a faith based organization (FBO) striving to improve the Health status of ofwomen, men, children and youth, especially the most Vulnerable by working in conjunction with government, non - government ((NGO) and Faith Based Organization (FBO) in the Singida region.

### **Our Values**

- Commitment to high quality care.
- Compassion
- Creative Fidelity
- Interconnectedness
- Integrity
- Hospitality

### **Brief History and Current Programme Outline**

FARAJA is a non-profit Faith Based Organisation (FBO) based in Singida town. It was registered with the Ministry of Home Affairs on 12 September 2005 with the registration number SO 13255. FARAJA works in partnership with the Singida Municipality and the Catholic Diocese of Singida and is administered by the Medical Missionaries of Mary.

The programme has the following main components namely, Voluntary Counselling and Testing (VCT), Awareness Raising (IEC), Most Vulnerable Children and Orphans (MVCO), and Income Generating Activities (IGA) Pastoral care and Complimentary medicine, Palliative Home based care and Anti- Human Trafficking programme (AHT). The direct beneficiaries are People Living with HIV/AIDS (PLWHA), **Most Vulnerable Children and orphans (MVCO)**, now more recently those with end of life - threatening conditions and Victims of human trafficking.

Faraja also undertakes awareness rising about how HIV/AIDS is transmitted and how it can be prevented through behavior change. In addition, Faraja aims to reduce the stigma and discrimination

that people living with HIV face in society. Our target communities are in Singida Municipality and eighteen (18) adjacent wards. Each ward has 2-4 villages.

Faraja uses a participatory approach in a bid to secure increased community capacity and sense of ownership, thus granting continuity. The participatory approach includes promoting establishment of community support, planning and monitoring structures, skills training of community resource persons/workers and linking communities to opportunities. Furthermore, organisation capacity building of the Faraja staff and the centre is always predominant.

### **Aim of the Project:**

To improve the livelihoods and dignity of the Singida community, while ensuring sustainability of the benefits of the project.

### **Key Actions**

- To give opportunities to children to attend school – both primary, second level and college.
- To safeguard children and vulnerable adults in Singida to be safe from Violence, abuse and neglect.

*“The Children must, at last, play in the open veldt, no longer tortured by the pangs of hunger or ravaged by disease or threatened with the scourge of ignorance, molestation and abuse, and no longer required to engage in deeds whose gravity exceeds the demands of their tender years.”*

Nelson Mandela, World report on Violence against Children (2007)

- To raise standards of living, address food insecurity and increase household income.
- Promote gender equality and empower women. This will include improving the status of women through increased control and access to income.
- Combat I-II HIV/AIDS, malaria and other diseases and ensure environmental sustainability
- Create local employment opportunities through training that focuses on education which can be used and applied.

Faraja team is working on the ground and has first-hand information about what affects the communities. Food security, declining household incomes, house structures, HIV/AIDS and malaria, Cancer, hypertension are major challenges that face the Singida community.

## **Faraja programme experience and achievements**

In the year 2018/19, Faraja Centre Vs CED were succeeded to support 96 students (54 primary,34 secondary and 8 college ). Students were supported with writing materials, uniforms for few students who were in need, school contribution eg. Remedial and examinations fees, graduation, food and school fees for private students. 8 College students supported with college fees, hostel, and stationeries, Medical fees and field costs ect.

-In Feb. 2018, 2 form six students graduated; they all passed well with division 2 and 3. Continue with higher learning education (University level 1<sup>st</sup> year at SAUT (Sant Augustino University in Mwanza.

-Between Apr.and June 2019, 2 College students graduated, one with a bachelor degree with Education in Morogoro Muslim University and now he is seeking a job from government but also doing temporary job to one of the private institute in Mbeya. The second one is with a certificate in Business Education and she wants to continue with the second level (diploma).

-In July 1 student call by the government to join advanced level for two years, and Sept another one was called to join a college for 1 year doing accounts in Shinyanga region.

-In October 2019, 12 standard seven students graduated, they all passed with good marks (Grade A- 1 grade B - 4 and grade – C, 7, one with grade D). In January 2020, 11 of them will join second level education at different school.

- In November 2019 six form four students graduated waiting for the results.

-In Nov. 2019, 1 student completed her five month tailoring course. She qualified in sewing. Tailoring machine and start up kits provided to her. She has a plan to have her own office to perform her work.

The programme succeeded to change the behaviours of students who are misbehaving at school or at home through counselling and psychosocial support. The programme built strong relationship, love and happiness with the Singida community.

Regular visit done at schools and families by the Social Worker bring changes to all levels. Both schools and the families appreciate the support provided by Faraja Vs CED. They asked to keep it up in the future if possible.

## **Challenges**

- Delay of funds from CED results to the delay of sending students to report to their respective schools /college, especially private, advanced level and college students.
- Most of the parents have no time and tendency to visit their children at school to check their progress.
- Most of the families are economically poor, it is hard for them get basic needs especially food and treatment.
- Too much responsibilities to the Social Worker because she is working alone in this programme, results to the delay of giving out the report to the donor. We request to have another staff like data clerk (qualified) to assist her in future.

**Our achievements include:**

- VCT is provided daily in Faraja centre and is also at significant community events. To date January – Nov 2019, 2,234 have been tested of which 90 showed HIV+. Currently we are teaching the villagers with 64 Community Volunteers each from their own villages.
- Psycho-social support has been provided to people at their homes.
- 126 clients who needed end of life care were given P C care and pastoral care.
- 64 Community health workers are active in 10 villages giving awareness on the spread of HIV and counter human trafficking.
- 14 Volunteers have been trained in Palliative Home Based Care.

**Staff:**

Full time – 1 medical doctor, 3 Counsellors, 1 Counsellor/teacher, 1 Social worker, 5 Nurse-midwives, 1 data clerk, 1 driver, 2 security, 1 administrator, 1 accountant, 1 director. 1 project person, 1 cleaner

Voluntary – 14 Volunteers for Home Based Care of Palliative clients, and 64 New Community volunteers.

**3. PROJECT DESCRIPTION**

The **overall** objective of the project is:

To ensure that MVCO in Singida Municipality receive their rights to education, health, protection, nutrition and respect. Poverty, divorce/ separation of parents and children orphaned by HIV/AIDS are still powerful barriers associated with children not getting the opportunity to access education. Based on the Faraja needs assessment report done in 2015, it showed that there is still a problem of MVCs in Singida municipally due to the existing HIV/AIDS transmission, divorce, poor parental care to many families which results children to lose their fundamental rights and recommended continued support of the MVCO.

The **specific** objectives are to:

- Reduce stigma and discrimination, abuse and neglect suffered by MVC and their care givers
- To improve the mental well-being of MVC and their care givers
- To improve the livelihoods of about 100 households supporting about 500 MVC's.
- To ensure that MVCs and their care givers have adequate access to nutrition and food by linking them to the particular institutions e. g. Children and community centre.
- To provide innovative sources for educational support for MVC.
- To ensure access to health care services and health education services for MVC and their caregivers.

### **Target Number of MVC.**

Our target number of MVC in 2019/20 is 100 students in which 11 students added from 96 of 2018/19 to cover the gaps left by the graduates. The cumulative number will be 449 supported MVC as target group. The additional of 11 students was allowed by CED.

### **Geographic Reach**

Our target communities are in Singida municipality with its 18 adjacent wards. Each ward has 2-4 villages.

### **Innovative strategies that will be used to reach the MVC.**

Faraja is proposing to strategically update its service delivery approach as follows:

- Special efforts made to enhance positive prevention information, education and services for MVCO and their household members. This involved awareness creation on Human Trafficking, counselling



and life skills to teachers, parents, carers and local government leaders. School progress of students discussed at the carers and parents meeting biannually.

- Use of physically stable PLHIV/MVCO as educators and sources of information to Faraja about family situations. In 2019 we received funds from Malta for food (lunch) to our students at school and they benefited. Before that, Friends of Faraja helped our students and their families.

**Materials or tools used to reach the target population:**

- **School fees and needs** -school materials, books and business start up kits. Organization of school activities, Provide nutrition support -including counselling, education, healthy eating habits using locally available foods. Referrals of HIV+ clients to VCT or Care and Treatment Centre for further care, treatment and support. Setting up MVCO committees as needed.
- **Food and Nutrition** – provide MVC households with enhanced skills for household based agricultural production – small gardens, small scale livestock, water, seedlings and seeds and link them with the institutions that provides food(Lunch)
- **Coordination and support for MVC-Students:** In past years Fatuma Jumanne worked as data clerk with Tunajali (USAID). Since the number of MVC’s has increased and the demands are greater, she has agreed to work fulltime with CED as social worker.

**Project plan for sustainability.**

Faraja is constantly and consciously keeping sustainability in its plans. We link with other NGO's and the government to keep abreast of new ideas and issues. New initiatives for income generating and economic support for MVC are looked into. Linking with village leaders and volunteers is seen as a sustainable way forward. This programme is involving the village leaders, community health workers and volunteers and is really geared for the MVCO and so it will make it easier to sustain after funding has ceased. The caregivers are the people requesting the work and development plans so we are quite certain that they will take ownership not only during the period of the execution of the plans but afterwards also.

**4. Calculations performed**

a) **Education 2018/19:** For details, please see attachment:

<b>Primary Education</b>	Writing materials, school uniforms, food during
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	examination days, and tuition fees
<b>76 students primary and Secondary</b>	<b>5,253,400</b>
<b>5 Private students</b>	<b>4,300,000</b>
<b>7 Advanced government Secondary students</b>	<b>1,584 ,000</b>
<b>Third Level Education University/College</b>	
<b>8 College students</b>	<b>6,703,700</b>

**Total Education**

<b>Tzs</b>	<b>17,841,100.00</b>
<b>Euro</b>	<b>6,794.00</b>

b) **Assistance 2018/19:** For further details, please see attachment

Total Administration – Aug 2018 to Nov 2019	<b>5,802,951.00</b>
Total Salaries	<b>25,442,174.00</b>

**Grand Total Office**

<b>Tzs</b>	<b>31,245,125.00</b>
<b>Euro</b>	<b>11,898.4</b>

<b>Education:</b>	<b>Tzs</b>	<b>17,841,100.00</b>
<b>Office:</b>	<b>Tzs</b>	<b>31,245,125.00</b>

➤ <b>Therefore we requested</b>	<b>:Tzs</b>	<b>49,725,200.00</b>
➤ <b>Received Amount</b>	<b>:Tzs</b>	<b>49,086,255.00</b>
➤ <b>Total Expenditure</b>	<b>:Tzs</b>	<b>49,086,225.00</b>

## **5. URGENCY OF NEED:**

Most of the children are orphans whose parents have died of HIV - either one parent or both have died. Many are living with elderly grandparents - unable to work but really love the children and want the best for them. Some parents are living but with HIV and unable to work or to find work. The children of these parents are the most vulnerable - needing support and encouragement to continue with school. Others are from disadvantaged families - whose children are called to school but the parents would not be able to find the money to send them to school.

In Faraja we have a committee of 5 staff who know the families - it's made up of the social worker, driver, P.C. nurse/Dr., Accountant and Sr. Catherine. The children have to bring a letter from the school with the request for school support, with school number and photos. We ask the parents or guardians to visit us also and many times the staff know of the families as we visit them 4 times yearly. Primary school children are given a chance to attend school and given the school needs. Most of them hopefully will continue to second level to form 4 at which time they are called to form 5 and 6, finally to the third level.

The social worker – Fatuma Jumanne also visits regularly the teachers at the schools to ensure that the children are attending school and keeping up their grades. *She needs to keep in constant contact by mobile phone with parents/guardians, teachers and arrange visiting times, and see the family situation. For schools that do not have bank accounts she needs to visit the head teacher, pay the fees and get receipts. Visits have to be done by local transport. On return to the office she needs to keep a data base of the MVC and receipts and keep in regular touch with CED.*

All children are from this area of Singida. They are from disadvantaged families - low incomes or none. Children who themselves have HIV or whose parents have died from AIDS are the main group.

## Some examples:

1. *Erick Emmanueli 14 years boy. He is living with HIV taking ARVs daily. He completed standard seven in Oct.2019 passed with grade D, he cannot get chance to continue with second level. Erick is cared for by his grandmother and his father. His mother had died of HIV/AIDS since he was very young. His father is a drunker of local alcohol; he is supporting nothing to his son, only the grandmother cared for him for everything.*

*Since January 2019 Erick was totally changed his behaviour, he started stigmatise himself. He doesn't want to eat food, attend to school, lost self esteem; he was totally disappointed for everything. Sometime he spent time alone in his room closed the door and doesn't want to open the door, thinking bad things to harm himself. His health was very weak, while taking ARVs.*

*The grandmother was unhappy with the situation; she came to report to Faraja and to the teachers at school. Follow up done by the Social Worker several times but nothing changed. Teachers also tried to follow up but no change. The head teacher and the Social Worker arranged the follow up visit together but couldn't find him at home, he runned away. The follow up process took a couple of month but finally in May the Social Worker revisited and met him. A very long discussion done, he was able to express nicely his feelings and the reason why he stopped going to school. The big thing he had in his heart was that, he father don't like him, he always insulting him. Second his fellow from the street stigmatise him because of his health situation.*

*Deep counselling done to him , it brought positive change to Erick. He agreed to live positive with his family and other community members surrounding him, to accept his health situation, to go back to school. After that discussion the Social Worker asked him if he is ready to visit the school together, he agreed so we went to school that day, met the teachers. For sure the teacher were very happy to see him, every one talked to him in a very polite way, they encouraged him to be back to school and they asked to attend to and get into classroom at the same day, thank god Erick was ready to do that, he asked the teachers to allow him go back home to collect his school staffs ready to get into the classroom.*

*The Social Worker took him back to his home to collect his staff and bring him back again to school. From that day Erick was a new person, he continued to attend until he finished his final national examination. After his completion he didn't mention yet what he want to do in the future but he is happy and his health is good .The grandmother had nothing to add rather than a single word of thank and sincere appreciation to Faraja and CED for the great support to his grandson.*

2. *Billiton Edson Kisuda, 17 years age. He completed form four in Nov 2018, he passed well with division two .called by the government to join advanced level studies for two years at Dareda Secondary school. Billiton is cared by his grandmother after the death of his parents many years ago. He is not HIV+ but his parent was affected. He is loved by his grandmother and his uncle. His family appreciates big support provided by Faraja Vs CED to their son, Edson gave his sincere thanks to all CED team for the support since he was in primary and second level and now he reached to another level. He is asking for more support so that he can continue with advance and high learning education (University). for more knowledge and skill, after that he will be able to look for employment anywhere or can employ for himself. His dream is to help his grandmother and other people who are in need in community.*

## **6. Agreements**

**Documentation:** The applicant obligates itself to inform CED regularly about the project progress with personal stories of beneficiaries and significant photo material. Until the 31st of March of each year, the applicant has to submit a complete statement of account about the use of funding of the previous year. This report contains besides a detailed description of Project, progress and achievements, a complete and clear breakdown of costs with all related receipts and bills. Furthermore photos, documenting the local situation, problem status and conditions of the Project and its progress, achievements or completion. The photos have to be transmitted (eventually supplementary) to CED in good solution (big size) in jpg- format.

**Copyright:** The applicant gives his consent to CED-Stiftung, to use, change, publish and diffuse all photo-, video- and audio-material placed at the disposal of CED in every communication media without time, local and content restrictions.

This consent includes particularly the following uses, with the agreement of the parties concerned that this list is not exhaustive:

- print media like e.g. newspapers, brochures, postcards, calendars, without limitation of quantity and in any number and edition but not the full names of the students.
- electronic data media, this means reproduction and distribution of the material on electronic and digital data media, like hard drives, CDs, CD-ROMS, mobile phones and USB devices
- storage and making publicly available (download, etc.), this means to archive the material, to store it in databases and make it publicly available. E.g. by PC, TV, mobile phone, via internet, UMTS, cable, etc.

The applicant assures with the transmission of the data, that all rights are observed by him, or that the use is legally impeccable, as well as the depicted persons agree with the use and publication.

CED assures that the material will be used exclusively within its statutory purposes, as well as all changes will preserve dignity, privacy and the rights of the depicted persons and will not change context and

meaning of the presentation. The utilization for exclusively commercial purposes is excluded or requires the prior agreement of the applicant.

## **7. ASSIGNED PURPOSE OF THE PROJECT**

The Medical Missionaries of Mary (MMM) agree that the donation amounting to 49,086,225 TSH being made to the Medical Missionaries of Mary (MMM) and used only for the above mentioned purpose of education and assistance for Most Vulnerable Children.

This agreement is being made to guarantee that the above named purpose of the donation is served. If the Medical Missionaries of Mary (MMM) are not able to serve this purpose they will immediately transfer back the total amount of the donation to CED. The settlement is subject to German Law. The place of jurisdiction is Munich, Germany.

We look forward to a favourable response to our urgent request.

If you require any further information, please contact the undersigned.

Yours sincerely,

Sr.Felisiana Massawe

Administrator

3/12/2019