



TANZANIA DEVELOPMENT AND AIDS PREVENTION (TADEPA)



ANNUAL REPORT 2007

P.O.BOX 1603,
BUKOBA
Tel/fax +255 28 2221000
TANZANIA
Email: tadepatz@yahoo.com
Website: www.tadepa.net

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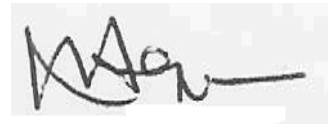
Abbreviations

AIDS.....	Acquired immune deficiency syndrome
ARVs.....	Anti Retroviral
ART.....	Antiretroviral therapy
BCC.....	Behavioural Change Communication
CTC.....	Care and treatment clinic
CSOs.....	Civil society organizations
KRH.....	Kagera Regional Hospital
PLWHA-	People living with HIV/AIDS
FGDs.....	Focus Group Discussions
HHs.....	Households
OIs.....	Opportunistic infections
HQ	Headquarters
HIV.....	Human immunodeficiency virus
IEC.....	Information education and communication
KANGONET	Kagera NGO network
MoH.....	Ministry of Health
NGO	Non-governmental organisation
NBI	Nile Basin Initiatives
TADEPA	Tanzanian Development and AIDS Prevention Trust
EACH.....	East Africa CSOs network implementing HIV/AIDS programmes.
WDC	Ward Development Committee
MDM	Medecins du Monde
WACC.....	World Association for Christian Communication
WHO.....	World Health Organization
ELCT.....	Evangelical Lutheran Church

Thanks

All the achievements that are reported in this report were made possible due to contributions from many actors. Among others is TADEPA staff who worked tirelessly to provide needed services to the targeted groups. TADEPA board members for their continued support in managerial and technical advice, the development partners who provided TADEPA with means to fulfill our objectives of serving our intended beneficiaries. Special thanks goes to: The Foundation for Civil Society- Tanzania, Medecins du Monde- France, Common Wealth Foundation- UK, Egmont Trust UK, United Nations Office for Project Services (UNOPS), World Association for Christian Communication (WACC) and Forum Syd- Tanzania. The Government of Tanzania; Central Government (MoH), Regional Health Management team and Regional Commissioner's Office Kagera, District Commission's Office, District Council leaders, all leaders in our area of operation and community members for their support and cooperation.

Comments and suggestions for improvement are welcome through our contact addresses.

A handwritten signature in black ink, appearing to read 'Jonathan Stephen', is placed over a light gray rectangular background.

Dr. Jonathan Stephen
TADEPA Coordinator

Introduction and background about TADEPA

Tanzania development and AIDS Prevention (TADEPA) is a local non-governmental organization (NGO) that was registered in 1997 according to the Trustees Incorporation Ordinance (1956) with a certificate of compliance of June 2005 as per NGO act of 2002 based in Bukoba, Kagera Region, Tanzania. TADEPA was initiated by former staff of Medecins du Monde (MDM) France; an international NGO. MDM started working in the Kagera region in 1992, focusing on HIV/AIDS interventions. In 1997 the local staff decided to develop their work portfolio autonomously from MDM to take over the services that were initiated by MDM, a move fully supported by MDM, as it enabled local people and the local community to take ownership and enhance the sustainability of the programmes. Following a phase out period, TADEPA was fully independent in 2001 and MDM withdrew from the program.

The main purpose of TADEPA is to participate fully in the fight against HIV transmission, care for HIV/AIDS affected people and to promote development in totality. Currently TADEPA has 12 full time staff members forming a multi-disciplinary team with more than 10 years experience in the HIV/AIDS and other public health and community development fields. Number of staff has dropped from the former sixteen due to dropping of some activities that was caused by inadequate funds to run them such as; the counselling clinic. In addition, TADEPA works with over 800 community volunteers to conduct its programmes. TADEPA also works in partnership with local government and governmental health sectors to implement its projects.

1.1: TADEPA Objectives

Goals: To improve social economic status of people and betterment of their living conditions through their individual and communal involvement and participation.

1.2: TADEPA's Vision

“A healthy, wealthy and just community”

1.3: Mission

Committed to enable the vulnerable in the community to improve their livelihood, voice out their needs and participate, collaborate with other actors in the process of empowerment.

1.4: Strategic Objectives

To prevent further transmission of HIV especially amongst vulnerable groups

Strategic objectives

- To improve the quality of interventions with out of school youth focusing on the barriers to behaviour change.
- To facilitate behaviour change in the high risk communities and improve links to prevention and care services.
- To provide up-to-date information to the general population with a particular focus on stigma.

To strengthen health care services and systems for community support, especially in rural areas

Strategic objectives

- To facilitate the development of VCT sites in Bukoba Rural District and other underserved districts in Kagera Region.
- To develop and strengthen community networks involving community leaders, healthcare workers and community volunteers in rural areas.

- To provide information and training to frontline health care workers in HIV/AIDS, ARVs and primary health care.
- To continue to provide quality counseling and treatment services at Kagera Regional Hospital.

To promote human rights and advocacy

Strategic objectives

- To identify and conduct a community needs assessment in other rural areas of Kagera
- Provide technical assistance to the population concerning advocating for orphans and widows rights
- To give community leaders the capacity to effectively respond to the needs of their communities
- To give un-heard people a voice especially those affected by poverty and HIV/AIDS
- To ensure the participation of the community from the inception to the evaluation of TADEPA's programmes.

To mainstream gender in our program development areas

Strategic objectives

- To incorporate gender awareness and gender action into all TADEPA programmes
- To specifically address the gender aspects of HIV/AIDS
- To address the consequences of gender inequality as perceived by the population such as violation of women's rights, access to resources, unequal workload
- To promote social economic activities through women empowerment programmes.

To address the root causes of morbidity and mortality in the communities served by TADEPA

4.5.1 Strategic objectives

- To address water and sanitation problems in urban and rural communities
- To promote food security in vulnerable populations in rural areas
- To promote the protection of the environment in rural and urban communities

1.5: Activities

Psycho medical care core activities

HIV/AIDS Counseling, Voluntary counseling & Testing, Treatment of opportunistic infections (OIs) and ARV, Home Based Care, Home Visiting/Patients follow up, Social support to the needy affected by HIV/AIDS.

HIV Prevention Core Activities,

Health education on HIV/AIDS, AIDS Information, Youth friendly services, Youth Peer Programmes, Leadership Seminar, Development and Distribution of IEC materials and programmes that are targeting high risk areas such as fishing villages, borders, roads constructions, camps etc., Behaviour Change Communication activities (BCC), Drama and Advocacy on gender in relation to HIV/AIDS.

Impact mitigation Core activities,

Community sensitization on legal rights, Training of paralegals, Provision of essential school need orphans, establishment of safety net projects e.g. food security& water security, housing and health insurance, Support of widow and post primary orphans with IGA's, and vocational skills

Primary health care Core activities:

Address of major cause of preventable diseases through health and education, Develop health and development oriented projects to alleviate poverty and other health problems, Promote networking among Healthcare providers locally and internationally, conduct participatory research, planning and evaluation in partnership with the community, to improve water sanitation and environmental and improve food security in urban and rural areas

Gander and HIV mainstreaming core activities

There is a strong relationship between gender imbalance and HIV/AIDS/STI infection; women have less power and decision-making regarding sexual intercourse due to various social and cultural factors. Women are also overburdened with regards of caring for PLWHA, orphans as well as other community and family responsibilities. More so poverty trauma creates a chance for women vulnerability to HIV/AIDS/STI infection. From the above state of affairs, all TADEPA program have to address gender issues in relation to HIV/AIDS/STI. (Gender mainstreaming)

Human rights advocacy core activities

To develop/Promote programmes to give assistance to AIDS orphans and widows in different needs, economic, health, education, housing and food security (Impact mitigation through safety net programmes) Human rights advocacy (develop programmes that are addressing and promoting the culture of human rights in relation to HIV/AIDS. Fight against violence to women.

1.6: An overview on the year 2007

In the year 2007, TADEPA faced different challenges in both programme and staff. Most of our donors ended their contracts with TADEPA but good enough we got new donors to support our plans. The table below indicates planned activities for the year 2007:

NO	NAME OF THE PROGRAMME	DONOR
1.	Children and women rights advocacy	The Foundation for Civil Society – Tanzania
2.	HIV/AIDS psycho medical care	Medecins du Monde Paris
3.	Establishment of a network for HIV/AIDS CSOs in East Africa	Commonwealth Foundation (UK)
3.	Improvement of social-economic status of HIV/AIDS affected families through food security	Egmont trust (UK)
4.	Reduction of women workload through sustainable water supply, sanitary environment and Afforestation	Nile Basin Initiatives through United Nations Office for Project Services (UNOPS)
5.	Strengthening the capacity to Faith Based organisations’ leaders on stigma reduction and counselling on HIV	World Association for Christian Communication (WACC)
6.	HIV/AIDS prevention and care in the fishing areas along lake Victoria	Forum Syd Swedish Organization

Performance/ achievement

2.0 HIV/AIDS Psycho Medical Care

This is one of major TADEPA services that was initiated by MDM in 1992 and taken over by TADEPA in 2001. The services include counseling, treatment of opportunistic infections, home visits and emergency calls and referral for other services that can not be provided at the clinic. TADEPA was collaborating with Kagera Regional Hospital and MDM to provide antiretroviral therapy at the care and treatment clinic (CTC). Also our nurse counselors were conducting adherence counseling. Additionally TADEPA conducted a follow-up of CTC clients who missed appointments (particularly over 1 month). TADEPA clinic staff referred all clients who tested positive to CTC to be evaluated for ARVs eligibility; in 2007 our clinic referred more than 58% of all referrals to CTC. This is different from last year we referred 70% of patients this may be due to more clinics in the region that were established.

2.1 Community links

TADEPA nurse counsellors made a follow-up of CTC clients who did not come back to the CTC as appointed by doctors. These patients have been followed in their respective homes. Throughout the year 151 males and 273 females were traced in their homes 80% of these have reported back at the CTC

2.2 Challenges

- There is still an element of stigma where some of PLWHA are using fictitious names and addresses
- Inadequate nutritional support discourage some eligible PLWHA not to accept registration for ART
- Accessibility of services for rural people is still low due to long distances and high poverty level due to failure to pay transportation charges.
- Deaths are not reported as we do not have a clear record of dead patients
- Still services are lacking in rural areas

2.3 Community based Counselors

TADEPA worked very closely with community based counsellor and there were 50 active counsellors. Community based counsellors (CBCs) and community health workers (CHWs) have been conducting home visits to patients registered at the CTC.

These counsellors do provide supportive counselling; they link with TADEPA which conducts a home based care programme and treatment of opportunistic infections. Throughout the year, these counsellors have made contacts with 141 males and 349 female patients

Challenges

- Some of the patients don't like to be known and to be visited by the CBC/CHWs because of stigma
- Some CBCs and CHWs fear to visit patients because they do not have materials for social support. Some need food, linen, shelter etc which are not in a disposal.
- Record keeping. There is no proper record keeping as some CHWs do send their reports to other care provider without giving the same information to TADEPA. Therefore the number of contacts made is more than 490 as documented above.

2.4. Voluntary Counseling and Testing

This is the service that was provided in the same unit with treatment of OIs, it was provided for five days a week Monday to Friday. The following table summarized the attendances for VCT (2006/2007)

Table 1. Voluntary Counseling Testing

Gender	Pre Test Counselling		Post Test Counselling		No HIV +ve		Percentage +ve	
	2007	2006	2007	2006	2007	2006	2007	2006
Male	1,512	1,111	1,512	1,111	344	348	22.75	31.3
Female	2663	1,866	2,662	1,865	647	641	24.3	34.3
Children	352	295	352	295	77	72	21.87	24.4
Total	4,527	3,272	4,526	3,271	1,068	1,061	23.6	32.4

- There was an increase of VCT attendances in 2007.
- Females were more than males
- HIV positive is high due to the fact that most of clients attending the clinic are already patients

Table 2: Summarises the attendances for treatment of OIs at TADEPA clinic 2006/2007

Gender	New cases 2007	New cases 2006	Return cases 2007	Return cases 2006	Total in 2007	Total in 2006
Male	315	442	1524	2,953	1839	3,395
Female	525	753	3998	7,379	4523	8,132
Children	115	82	599	779	714	861
Total	955	1,277	6,121	11,111	7,076	12,388

Table 4: Home Based Care

Gender	No. of Patients	
	2007	2006
Female	32	41
Male	60	40
Children	9	9
Total	101	90

The table above shows number of patients attended in their respective homes. The number of home based care cases did not change much as there is a bit of increases by 10%

Table 5: Referrals

S/N	Unit/Department	No. of referrals in 2007	No. of referrals in 2006
1	Dental clinic	48	53
2	Eye Clinic	143	124

3	Admissions	111	147
4	STIs Clinic	11	6
5	Surgical Clinic	15	34
6	TB Clinic	52	55
7	Mental Health Clinic	40	9
8	Laboratory	399	202
9	Care and Treatment Clinic	1149	1,115
	Total	1,968	1,745

The table shows number of cases referred to other Units/department at the KRH. There is a bit of increases in referrals which is directly related with number of patients that were attended

3.0: Prevention of HIV transmission

3.1 Training on gender and HIV/AIDS in the fishing community along Lake Victoria

3.1.1 Background Information

Since 2001 TADEPA was running AIDS information and education in high risk localities particularly in the fishing community along the Lake Victoria. These were done through drama, distribution of BCC, promotion of safer sex through behaviour change communication and safe use of condom.

Later it was evaluated that much efforts were needed to improve these services through concentration on the root causes rather than giving only the information. To determine real needed intervention, TADEPA conducted a survey to the fishing communities around Lake Victoria in 2005. The survey revealed that fishing communities are more vulnerable to HIV infections due to the nature of their economic activities. The availability of cash income attracts younger women and sometimes leading them to commercialised sex and intensive social interactions between neighbouring villages/town/countries. Younger men who are sexually active stay far from their wives/partners for long periods of time.

Suppression of women's rights particularly widows was also claimed to be one of the causative factors for them to look for different types of self help activities where some decided to join sex for sale.

To work on this problem, TADEPA prepared a proposal that was submitted to different donors. Forum SYD supported a small part of this proposal only on capacity building for women gender and HIV/AIDS

The first phase of the training was conducted in 2006 that covered 30% of the project target group (201 women were trained).The second and third phase of the training were covered between 8th-24th Jan 2007 which covered 322 women.

The project aimed to reach 600 women from 30 villages along the shores of Lake Victoria and 29 villages were covered whereby 523 (87%) women were trained. The project was implemented in Muleba and Bukoba rural districts. Objective of the training aimed at enabling women to discuss the issues on gender /HIV/AIDS thus reducing the risk of HIV/STI and promote positive behaviour change among the high risk population along the Lake Victoria. The training involved both theory and practical through lectures, discussion/role plays, story



telling and brain storming

3.1.2 Covered topics during the training

Gender and HIV/AIDS, HIV/AIDS, Stigmatization, Sexually Transmitted Infections, Introduction to Anti retroviral drugs (ARVs), Introduction to Prevention of Mother to Child transmission (PMTCT)

3.1.3 Training Methodologies & Evaluation

The training methodologies used were participatory that enabled adult learners to acquire knowledge and skills through active participation and sharing of experiences. These included lectures, and group discussions. Evaluation was carried out throughout the learning process through questions and answers and sharing of experiences.

3.1.4 Achievement

- 87% of expected participants attended the training.
- All the training objectives were accomplished.
- Participants were provided with the training manual to assist them during various trainings in the community.
- Each group from villages developed their mini action plans that will be followed to train fellow women group members
- All agreed to motivate people to undergo Voluntary HIV testing and promote the care seeking behaviour of ARVs for eligible PLWHA, reduction of stigmatization and gender equalities, and how to avoid gender violence
- Women were able to sight out their individual problems such as lack of respect and love commitments from their husbands where men have to abandon their families and create other unofficial families (**Nyumba ndogo**)
- Women were also able to propose some solutions for the problems.

3.1.5 Challenges

- As this intervention was a part of big program, lacked ongoing supportive supervision
- Short duration of training, more time was needed to give all the necessary information.
- The project was to cover more villages and other parts of risk areas in the region but due to the limitation of funds we only covered few villages.
- The highland was not covered due to logistic problem though it was one of the main focuses as a most risk area.

3.1.6 Lessons learnt:

- When supported women can solve their own problems and set sustainable actions.
- There are a lot of constructive ideas at community level on prevention of HIV/AIDS in relation to gender and HIV/AIDS/STI that are taped in order to effect positive changes.
- Women groups that are currently used for weddings and bereavement ceremonies etc can be used for other development activities including HIV/AIDS prevention.

3.2 Training of religious leaders in HIV/AIDS counseling and stigma reduction

3.2.1 Introduction and concept of this intervention

In the course of implementing VCT and premarital HIV counselling and testing; it was learnt that confidentiality is not strictly respected and HIV positive people and discordant couples are not being given appropriate and sufficient counselling to aid decision making and positive living. People undergo premarital counselling as a condition for religious ceremonies.

In case one is HIV positive, they terminate the engagement which needs a special approach rather than telling somebody only not to undergo religious marriage due to stigma and other social repercussions of receiving positive results with no planned support. Prevention messages are delivered in a non technical way and some times judgmental pointing of a finger to some groups reinforcing stigma.

During focus group discussions and pre- test for a training needs assessment, categorically, religious leaders noted that they lacked HIV/AIDS counselling, health education skills and expressed the need for training.

TADEPA thought non-judgmental approach can be fostered by increasing good communication skills and education, giving capacities to religious leaders concerning HIV/AIDS counselling, prevention and care that will enable them to provide effective and accurate education regarding counselling, pre-marital consultations, reduction of stigma and discrimination and misconception. TADEPA developed a proposal to strengthen the capacity to Faith Based Organisations' leaders on stigma reduction and counselling on HIV. This was empathetically supported by **World Association for Christian Communication (WACC)**

3.2.2 Purpose of the training

The purpose of the training was to enable religious leaders to have knowledge on counselling of HIV afflicted people premarital counselling, educating the community on HIV/AIDS , stigma reduction that increases HIV transmission, family life education and understanding their responsibilities in the fight against HIV/AIDS particularly in their congregations.

3.2.3 List of involved religious ministries

Roman Catholic, Orthodox , Christian Religions, Islamic, AGAPE, Evangelical Lutheran Church of Tanzania, Evangelical Assemblies of God Tanzania, Baptist Salvation Army, Full Gospel, Anglican, Efatha Ministry, BAKWATA , and Pentecostal Assemblies of God.

3.2.4 Topics covered

Facts and HIV/AIDS updates, gender and gender inequalities and their relationship to HIV transmission, facts about the use of ARVs, Treatment of opportunistic infections, Learn about stigma and its consequences.

Communication that lead into behaviour change, Counselling and premarital counselling, Human rights issues (particularly women, children, and PLWHA Rights

3.2.5 Resolutions

The following resolutions were made by Religious leaders during the training

1. They first agreed that, as religious leaders they should be firm to preach and follow the guiding Holy Books (Bibles and Qur'ans).
2. Their behaviour should be role models to the community surrounding them.
3. They should fulfil their responsibilities of guiding and directing their followers on good manner/behaviour, safe livelihood



4. They should not be loose for the aim of getting many followers; instead they should be very strict observing the behaviours of their followers and stick to the fact. They agreed to have a same stand on some issues such as over night parties/weddings which contribute to some extent in indulgency risk activities such as unsafe sex, alcoholism, rape, that may contribute to HIV infections.

3.2.6 Achievement

- Generally, the training was very helpful to the religious leaders. This was noted by significant improvement knowledge that was observed through the pre and post test. The highest mark in the pre test was 100% and lowest mark was 40% and the highest mark in the post test was 100% and lowest mark was 75%.
- The objectives of the training were achieved by 100% (40 religious leaders attended the training) and all planned sessions were taught.
- At the end of the training all were given two copies of adaptable training manuals that will guide them to facilitate in the training within their congregation
- It was learnt that most of things which are done by religious leaders are mistakenly done due to the lack of knowledge on current approaches regarding HIV/AIDS up date such as forcing premarital testing without a comprehensive plan of solution, stigmatizing behaviours of HIV positive people and how to design HIV/AIDS programs. It was observed that when given positive approach through participatory discussion, Religious leaders are willing to change and collaborate.
- At the end of the training, they developed tangible resolutions that will be used to guide their day to day practice and developed work plans for follow up to gauge the outcome of the training.

4.0 Community empowerment on environmental conservation

4.1 Project background

TADEPA implemented a community based comprehensive environmental remedial package that linked with reducing women workload. The project was designed in consideration of the major key findings in a needs assessment that was conducted in December 2004. Three major issues were highlighted: poor and inaccessible water sources, leading to unsafe drinking water, poor sanitary behaviour, compounded by bad latrines in public and private households, and environmental degradation, due to excessive harvesting of trees, poor farming methods, overstocking/overgrazing, and population pressure.

The main components included sensitization and awareness creation at community level through ward/village leaders, improving water supply to house holds and community institutions by providing rain water harvesting tanks of 30,000litres to two primary schools and one dispensary, providing water tanks of 1000lts to 80 households, rehabilitation of two public water sources and promoting sanitary environment at household (HHs) level. The project also promoted tree planting practices, the protection of trees and vegetation from bush fires and reducing the firewood consumption rate by introducing low fuel consuming stoves. These interventions were appropriate for the context and based on best and sound environmental practices.

In line with Nile initiative Micro grant criteria, TADEPA designed the project to address the above stated problems and the project was funded by UNOPS through UNDP Tanzania office.

4.3 Planned activities under this project

1. Conduct community social mobilization sessions; with 50 Ward leaders and 400 village representatives
2. Training of 40 environment field volunteers and 40 fire prevention group (80)
3. Promotion of the use of low fuel consuming stoves.
4. Construction of household tanks of 1000lts each.
5. Establishment of tree nurseries
6. Provide two public schools and one dispensary with water tanks of 30,000 lts each
7. Rehabilitation of two public water sources
8. Study tour by community representatives

All above activities were implemented as per plan



(Left a sample promoted low fuel consuming) (Rights open firewood stove that is being discouraged)



(Left: Rehabilitated water sources)

(Right: before rehabilitation)

4.2 Beneficiaries and Project output

- Community members who benefited from trainings: male 225 female 225.
- Community members who benefited from water tanks at households level :female 267 male 133
- Number of community members who benefited from institution tanks and stoves (school) 400 female and 400 male
- Community members who benefited from Water tanks at dispensaries All the ward population will use water during consultations : Approximately female 6700 male 3300
- Number of community members who benefited from constructed water sources female 500 male 250
- Number of community members who benefited from households stoves female 1400 male 700
- People who benefited from tree planting 900 household mixes and 12 public institutions

- Community members who benefited from study tours: 11 female 11 male.
- Community members who benefited from training as field volunteers 40 female and 40 males

4.4 Immediate benefits

- Improved knowledge among the community leaders on environmental management issues.
- The community having trained community volunteers for general environmental management and bush fire prevention
- Community acquired appropriate technology for environmental protection measures. This includes the use of low firewood consuming stoves that is reducing the rate of tree harvesting.
- The community acquired appropriate technology on household water harvesting by construction of water collection tanks at household level.
- Community accessed the source of tree planting through establishment of tree Nursery in each village.
- The community in two villages accessing potential clean and safe water from protected water sources.
- Children in two schools accessing water from rain water harvesting tanks.
- Community members at Kibirizi Dispensary accessing water for a rain water Harvesting tank.
- Reduced rate of firewood collection (particularly women) benefited through adoption of low fuel consuming stoves.
- Increased water use per capita among the households that received household water tanks.

4.5 Long term benefits;

- Imparted knowledge and technology will remain in responsible communities to benefit the future generation.
- Recovery of devastated forests due to low rate of forest harvesting and establishment of tree planting practices.
- Expected reduced number of population suffering from water borne and water wash diseases due to accessibility to clean, safe, and enough water.
- Improved social economic, and health status among women because of the reduced work load therefore they could be involved in other productive activities.
- Trained volunteers will remain in the village delivering services on environmental protection.
- Knowledge and education skills attained by the community members under this project are for longer use.
- Community raised 800,000/= through cash contribution towards construction of water tanks that will be kept in ward water funds for repair and maintenance of water facilities.

4.6 Difficulties and problems:

- Fire wood and charcoal is a major source of fuel in Kagera particularly in the project area this is compromising environmental protection activities specifically afforestation.
- There was overwhelming demand of the services than what the project could render to the community.
- Sharp rise of project inputs like cement and other inputs including transport costs affected the project.
- Despite of unsanitary environment community has little interest to improve the household pit latrines.

4.7 New developments:

- By laws concerning prohibition of massive charcoal transportation to town were developed by respective wards.
- TADEPA is planning to look for more resources to extend the activities to other areas. We also integrated some activities from other donor like provision of water tanks to vulnerable children and widows e.g. Farm school and provision of farm inputs through sustainable agriculture.

4.8 Lessons learnt:

- When the community is involved from the beginning of the project planning, there is high participation and involvement in the implementation of the project.
- Involvement of the tangibles and physical support influences high degree of community contribution and participation in the project.
- Monitoring and regular support from NBI Grant officer, contributed a lot in the project success.
- Exchange visits and trainings that were organised and attended by project members in Tanzania and Uganda were usefully and promoted learning / sharing experiences among the NBI funded projects.
- These projects enabled TADEPA to learn more project managing approaches.

5.0 Networking with other NGOs

5.1 Background information

Individual CSOs working in the field of HIV/AIDS across the East African region wield a wealth of experiences and critical lessons learnt over the years. Due to communication barriers of various sorts, such experiences and lessons have not been adequately shared to inform more effective strategies and action. While some organizations are severely constrained by resources, others are overwhelmed by resources. While some CSOs are stuck with old paradigms of community intervention, others have been able to develop innovative ones but still held back by other factors. And just like in any other field, due to research technological breakthrough, knowledge in the field of HIV/AIDS doubles every five years. However, a lot of CSOs still face the challenge of accessing essential up-to-date information and knowledge on HIV/AIDS. Moreover, the five countries in the East African block are at varying levels of advancement in developing appropriate responses and coping mechanisms to the pandemic.

These are some of the issues that made TADEPA think of facilitating the establishment of a network that would bring together CSOs working in the field of HIV/AIDS from each of the East African community member countries. **The initiative was supported by the Commonwealth Foundation (UK).**

The project held two preliminary workshops involving CSO representatives from Tanzania, Uganda and Kenya. The first one was held in Bukoba, Tanzania on 30th and 31st May 2007 while the second one took place on 19th - 21st June 2007 in Kampala Uganda. Details about each of the two workshops are discussed in the next section.

5.2 THE TWO PREPARATORY WORKSHOPS

5.2.1 Bukoba Workshop.

This was a two-day workshop held 30th and 31st May 2007 at Bukoba ELCT Hotel in Tanzania.

Purpose and Objectives.

The ***Purpose*** of the workshop was to introduce the idea of forming a network among CSOs dealing with HIV/AIDS in the East African region. The workshop managed to bring together representatives of

HIV/AIDS-focused CSOs from Tanzania, Uganda and Kenya as a first attempt at getting to know each other and share experiences and aspirations.

The specific *Objectives* of the workshop were:

- To introduce to participants the background and purpose of the grant received from the Commonwealth Foundation.
- To review the HIV/AIDS situation [SWOT analysis] in each of the three countries (Tanzania, Uganda and Kenya).
- To provide participants the opportunity to reflect on the benefits of networking as a performance enhancement strategy.

Participants

The workshop attracted 22 participants drawn from a total of 18 CSOs. These included 13 from Tanzania; 8 from Uganda; and 1 from Kenya. Three invited participants from Kenya canceled their attendance.



Key Outputs

During the Bukoba workshop the following outputs were generated:

- A detailed outline of the obstacles to dealing with HIV/AIDS effectively in each of the four thematic areas of *Prevention; Care & Treatment; Mitigation of Impact; and Creating the Enabling Environment*. For each thematic area, opportunities that can be tapped for improvement were also identified.
- The draft document stating the proposed name of the network to be formed, as well as its purpose, vision, goal, objectives and organizational structure.

Key Outcomes

- The main outcome is that participants liked the idea of starting such a network as being proposed by TADEPA and they agreed to follow-up with another workshop in Kampala in June 2007.
- Participants recognized and expressed the need to bring on board CSOs from the two new members of the East African Community [Rwanda and Burundi].

5.2.2 Kampala Workshop

The second workshop was a follow-up on the Bukoba workshop was held at Exotic Inn in Kampala, Uganda, 19th - 21st June 2007.

Purpose & Objectives

The *purpose* of this second workshop was to consolidate the achievements of the Bukoba workshop through a deeper reflection on the report of the first workshop and its practical implications for the future of the network.

The workshop focused on the following *objectives*:

- To reflect on some of the emerging critical issues on HIV/AIDS in the region through case studies shared by participants;
- To develop a deeper understanding of the causes of the obstacles to effective interventions in HIV/AIDS in the East African region;
- To concretise the recommendations for the institutional set-up of the proposed East African CSOs network on HIV/AIDS;
- To make resolutions that will guide the way forward for the proposed CSOs network

Participants

The workshop was attended by 41 representatives of 38 CSOs in total. Of these, 26 came from Uganda, representing 24 organizations; 2 from Kenya, representing 2 organizations; while Tanzania was represented by 13 participants from 10 organization. Key Outputs

- Presentations were made relating to the field of HIV/AIDS. These covered networking in practice; ICT and networks; Good Governance in CSOs; Human Rights in the HIV/AIDS; Networking experience from Kagera NGO Net work (KANGONET) Bukoba NGO cluster (BUNGOC & Kazi pamoja Muleba (KAPAMU) in Tanzania.
- Through group work, participants were able to analyze the obstacles to effective HIV/AIDS work as identified in the SWOT analysis previously done during the Bukoba workshop. For each of the four thematic areas, they were able to identify the underlying causes and possible solutions (intervention points) to the obstacles. [The four thematic areas include: Prevention, Care & Treatment; Impact Mitigation; and Enabling Environment].
- A refined definition of the institutional framework for the proposed CSOs network was developed by the participants, articulating its name, philosophy, vision, purpose/mission, goal, objectives and organizational structure [both governance and management].
- A set of five resolutions were made by the participants at the end of the workshop to the effect of thanking TADEPA and the Commonwealth Foundation for promoting the initiative and to request all concerned CSOs and donors to support TADEPA towards realizing the dream of establishing the network. The resolutions were as follows:

Key Outcomes

- As evidenced in the set of resolutions, participants were very appreciative of the initiative and expressed commitment to supporting it.
- A core group of individuals and organizations committed to the cause of the network was established;
- Participants requested TADEPA to send them a copy of the workshop report as soon as it is ready so that they can also try to help by looking around for possible sources of resources and any other support to push the initiative to the next level.
- As a result of meeting at the two preparatory workshops, some participants, on individual level have already established functional [personal and institutional] networks with each other.
- Hon. Dr. Otaala Emmanuel, the Uganda Minister of State for Health [Primary Health Care] gave very inspiring opening remarks at the official opening of the workshop. News about the workshop became an important item on radio, TV and print media houses in Uganda.

Lessons learnt and way forward

- ❖ From the kind of recommendations, participants gave it clear that CSOs feel the gap and would eagerly join the network
- ❖ Through the workshops that were run, it was observed that there is a great need for continuous sharing of expertise among the CSOs to build the capacities by reducing the weakness and obstacles that were identified during this exercise.

6.0 Social support and empowerment of people affected with HIV/AIDS (Impact mitigation)

6.1 Improvement of social-economic status of HIV/AIDS affected families through food security

6.1.1 Description of the problem:

Orphans headed households and caring families face food insecurity that leads to protein energy malnutrition. Although available researches state no relation with malnutrition and being orphan, but when orphan headed families have to look for food themselves, seeds etc it leads to a lot of problems that include the selling of assets, failure to develop farming plots due to lacking seeds and a vicious cycle of poverty and malnutrition. TADEPA designed simple solutions to these issues, this program was designed to contribute in the improvement of the economic status of orphan headed households, and reduce the risks of food insecurity by providing them with improved seeds for planting and school farm training services. **The efforts was empathetically supported by “EGMONT TRUST” UK.**

6.1.2 Goal:

To contribute in the social economic improvement among the HIV/AIDS affected families that are caring for orphaned children.

6.1.3 The main Objective

To have 250 orphans caring families acquired knowledge on improved crop farming and milk goats in order to improve food security

6.1.4 Planned activities:

1. Conduct farm school training and extension services to 250 orphans caring families.
2. Provide 250 orphans caring families with farm inputs.
3. Provide 25 post primary school orphaned children with milk goats.
4. Conducting 4 quarterly farm school and follow-up visits.
5. Establishment of 15 farming demo-plots for orphans.

6.1.5 Accomplishment per objective and activity

The project benefited a total of 1512 family members (1020 female and 495 male)

- Through provision of improved seeds to 125 families, female 83 male 42 this 100% coverage.
- Through provision of 25 milk goats to 25 post primary school orphans the project benefited 150 family members 79 male and 71 female (coverage 100%).
- Farm school training sessions were conducted to 250 orphaned children and other school children as they were conducted at school.
- The project also established 15 demo plots and purchased demonstration materials (100% coverage).
- 18 farm school sessions were conducted and attended by all 250 orphans and their care takers. They were also attended by selected pupils at the schools where they were implemented.

6.1.6 Immediate benefits

- Milk goats immediately benefited children with milk, and manure, additionally 18 goats have given birth.
- Improved seeds raised crops yield per plot from 3bags of 50kgs per Acreage to 7bags of 50kgs (Maize and beans) therefore improved food security.

- Farm school sessions contributed in the improvement of farming knowledge that raised yield and crop diversity.
- Demo plots created a chance for learning on organic farming among the beneficiaries and school going children at the schools where they were established

6.1.7 Long term benefits / impact

- Imparted knowledge through farm schools will permanently be sustained by beneficiaries for long term use
- Demo plots will remain community owned property and utilised for long term use.
- Milk goats will permanently be the property of supported children/families therefore will benefit beneficiaries on long term basis.
- Under revolving scheme “Kopa mbuzi Lipa mbuzi” programme, every benefited family will give back a female goat that will be given to another needy orphan and this system will continue, in the long run it will benefit several needy orphans in the same scheme.
- The long term improved food security problems will be addressed through adoption of good farming practices.
- Improved social economic and health status among the supported orphans e.g. children owning milk goats, benefited from improved seeds and farm schools.
- Reduced income poverty through owning of milk goats and selling the surplus, through improved agriculture is a long term expected impact among the orphaned children.

6.1.8 Project photo



“Mbuzi ana mimba sasa, tunategemea akizaa tutakunywa maziwa Mimi na wadogo zangu Saba, pia nimekuwa nikirundika mbolea tayari Kwa kupanda katika msimu huu unaokuja”

Translation

“Our Goat is Pregnant, my five younger brothers and I, soon expecting to enjoy milk in few days to come. We have collected fertilizers from goat’s shed ready for use for this rain season”.

This statement was given by one of post primary school boy who benefited from milk goat assistances



Some of benefited orphaned children receiving maize & bean seeds in Mikoni ward

6.1.9 Lesson Learnt

When the support is incorporating tangibles and trainings, influences active participation of beneficiaries.

The demand for support is very high which is calling for more support.

6.1.10 Appreciations

- To Egmont Trust for their financial support.
- Our community leaders for their voluntary involvement to facilitate the target group.
- Our beneficiaries for their active participation.

6.2 Children and women rights Advocacy

6.2.1 Background of the project

The project was designed in consideration of the major key findings in needs assessment that was conducted by TADEPA in Rubale division, Bukoba rural district, Kagera Region, to identify the key health problems. This exercise explored all health related issues and enabled us to identify problems by sector, including health, education, crops and animal husbandry, water and sanitation and economic infrastructure. AIDS was ranked as problem number one.

It was also identified that, there is inadequate orphans' legal rights and inadequate social support. There were violations of women's rights particularly widows, where some were forced to quit their matrimonial homes. The majority of widows and orphans were ignorant concerning their rights that are provided by Tanzanian laws. The community/law enforcers lacked the motivation to defend the rights of orphans and widows.

From the above state of affairs, TADEPA designed a children and women rights advocacy project that was empathetically supported by the **Foundation for Civil Society of Tanzania from January 2006 to December 2008.**

6.2.2 The overall project objectives

The project is expected to contribute to a reduction in HIV/AIDS incidence, to decrease poverty in vulnerable households that are affected by HIV/AIDS and to improve the legal and human rights of orphans and women. It is expected to contribute to an increased awareness and change attitudes towards gender inequality and introduce the culture of human rights. Finally, the program is expected to improve the social and economic well being of the general population.

Planned activities for 2007:

- i. Awareness rising workshop with community leaders and NGO representatives.
- ii. Development of IEC Materials detailing women and children's rights.
- iii. Training of 120 paralegals.
- iv. Training of 180 peer educators.
- v. Quarterly legal clinics.
- vi. Conduct focus group discussions to determine factors that are associated with gender equality and vulnerability of HIV to women.
- vii. Quarterly follow up of peer educators.
- viii. Campaigns on gender and HIV/AIDS.
- ix. Development of village level support groups for people affected by HIV/AIDS.
- x. Provision of household tanks to the most vulnerable households.
- xi. Promotion of improved crop production and goat rearing.

Implementation and achievements:

6.2.3 Awareness raising workshop with community leaders and other stakeholders

Two workshops were conducted to village and ward government leaders, community leaders, NGO representatives, religious leaders and women representatives, one in each division. The main purpose of the workshop was to raise awareness among the targeted group concerning human rights issues and women's reproductive and sexual rights. In addition the activity aimed at gaining acceptance and raising the profile of the issues presented amongst opinion leaders and to introduce to them the project, also win their collaboration. The workshop was attended by 80 members (which, is 100% of the expected participants) and the deliberations were put forward to enable the smooth implementation of the project activities; among others were to work closely with community leaders in particular village land tribunals, Village and Ward executive officers and clan leaders and other influential people.

6.2.4 Development of IEC Materials

The project developed and distributed a total of 1000 posters and 5000 brochures to the community of 6 wards of Rubale and Katerelo Divisions. They aimed at raising community awareness on women and children's rights. Addressed issues in the IEC materials, included roles of community leaders, writing a will, rights of orphans and widows and gender based violence. They were developed in collaboration with peer educators who assisted in selecting the communication channels, knowing better the community level of understanding. Developed materials were distributed during implementation of day to day activities of paralegals; most of them were distributed during inter-ward tours and gender football campaigns.

6.2.5 Training of 120 paralegals

Sixty volunteers from Rubale Division and 60 volunteers from Katerero Division (20 per ward in 3 wards and 5 per village) were selected by the respective chairpersons, village executive officers and other village leaders and trained. They received three days training which was conducted by a qualified lawyer with the assistance of TADEPA trainers. The aim of the training was to equip the participants with the basic knowledge on protection of orphans and widows rights. The topics covered were an overview of the Tanzanian law system and constitution, women and children's rights, inheritance law and how to write a valid will, code of conduct for advocates, how to provide legal services, how to conduct an effective case study and the importance of, and responsibilities of paralegals. All trained paralegals were provided with a manual and legal statute, written by Bukoba Rural District Council to aid in their work. Paralegals were encouraged to discuss issues of legal rights in their respective groups.

6.2.6 Quarterly legal clinics

To promote on going community based legal problem solving, the project organized quarterly legal clinics based in the 6 wards in which the paralegals were trained. The purpose of the legal clinics was to provide technical support and supervision to the paralegals by a lawyer. A total of 16 cases were solved out of 33 reconciliation, only 3 cases are under adjudication in court of law.

6.2.7 Focus group discussions to determine factors associated with gender and HIV/AIDS

The project conducted 12 FGDs in 6 villages that involved 144 community members including orphans, Widows, youths, men and women. The main purpose of the FGD was the in-depth exploration of underlying factors that contribute to gender imbalance and vulnerability of women to HIV/AIDS and STI transmission. During the discussion the community acknowledged that orphans and widows are a major effect of HIV/AIDS and that the community has not taken any responsibility in caring them. They also mentioned that there is a violation of orphan's rights mainly grabbing their properties and denial of educational opportunities. On comparison of HIV/AIDS infection vulnerability between men and women; the community mentioned women being more vulnerable than men, this was mentioned to be caused mainly by ignorance of women on their rights, poverty and idleness. Further more, youths were mentioned to be more vulnerable to HIV/AIDS infection, this being contributed by peer pressure, abuse and covetous ambitions. All the groups were suggesting on how to improve the situation.

6.2.8 Training of peer educators

The project trained 180 peer educators in Rubale and Katerero Division. They were equipped to discuss matters beyond HIV prevention; they were trained for five days. The training covered the following topics: HIV/AIDS and gender, sexuality, reproductive health, sexual violence, human rights with an emphasis on women and orphans rights, life skills and stigma especially in relation to gender. During the training peer educators were given practical sessions on how to discuss these matters with their peers. At the end of the training they were provided with the training manuals to be used during their daily work.

6.2.9 Quarterly follow up of peer educators

The project conducted quarterly supportive follow up to peer educators whereby TADEPA staff spent a day in each ward discussing relevant issues related to their field visits, including answering questions faced during performances, drama training for inter ward tours.

6.2.10 Campaigns on gender and HIV/AIDS

In order to sensitize the general public on HIV/AIDS and gender issues, series of campaigns were conducted as follows:

Inter ward tours: Peer educators made inter-ward tours in different villages where they performed dramas on topics relevant to the villages within the context of gender, health and violence. A total number of 12 performances were done involving 12 villages from 6 wards. Approximately 4900 adult community members and 2800 youths were reached by peer educators that were 80% of the target. HIV/AIDS information and promotion of human rights advocacy messages by the use of role plays, songs and poems. Following the drama shows, plenary sessions with the villagers were held to discuss the issues arising from the dramas.

Gender and HIV football competitions: Youth football teams of both male and female were formed. That approach attracted large crowds of people as it seemed to be very new in that area. The aim of the competitions was to disseminate gender and HIV/AIDS information to the crowds. Before each match and during halftime, music, rap and



quizzes were used to attract attention of attendees. The campaign also involved Voluntary Counselling and Testing (VCT) whereby people were counselled and tested on voluntary basis, provided with IEC materials and asked questions on HIV/AIDS to the counsellor. A total of 905 clients were tested whereby 4% were sero-positive.

6.2.11 Development of village level support groups for people affected by HIV/AIDS

The project facilitated the formation of support groups for those affected by HIV/AIDS, including PLHA, caretakers, widows and orphans. The aims of the groups were to provide mutual support in terms of advocating for services and legal rights and fostering income generating activities. Trained community based counsellors facilitated these groups. Among other activities, the formed groups were used to identify most vulnerable widows and orphans for the distribution of milk goats, water tanks and seeds (maize and beans).

6.2.12 Provision of household tanks to the most vulnerable households

The project provided 125 household tanks of 1000litres each to most vulnerable widows and orphans headed families. This intended to reduce the workload of disadvantaged women and vulnerable children by reducing the distance walked to get water and reduce water associated disease incidences.

6.2.13 Promotion of improved crop production and goat rearing

In order to introduce improved food security, good farming practices were introduced by conducting regularly farm schools for disadvantaged women and vulnerable children and the provision of seed inputs and milk goats. Farm schools were conducted by extension officers at ward level with demonstration of good farming practices. The demo- farmer underwent a weeklong training seminar on sustainable agriculture. A total of 96 female goats were provided to needy households.



6.2.14 Lessons learnt

- I. The sensitization of community leaders at grass root level, and empowering youth peer groups is important in order to promote gender equity.
- II. Government leaders at the grassroots level require training to work with communities in identifying and solving their problems and work as development activists.
- III. Many avenues exist to improve the rights of vulnerable groups; programmes can focus on encouraging advocacy amongst vulnerable groups and wider community discussions about social and cultural norms as well as giving practical support.
- IV. There are available by- laws at community levels that are under-utilized due to ignorance on the law by both community members and law enforcers.
- V. It was pointed out that the criminal act on sexual abuse should adhere to the risks evolved rather than existing legal channels. For instance the woman, who is raped, should attain post exposure prophylaxis from the nearby health centers prior filing the case. Then the incidence could be reported to police authority for further actions after being attended by medical personnel.
- VI. Reconciliation and education are considered as the best solution to our target groups because they are materially poor hence they can ill afford the court costs.

- VII. The target groups have poor health which does not measure court ordeals. All the same, if reconciliation fails, the matter is referred to the courts of law. But the demands of the courts exceed the competence of the widows and orphans. Hence forth to them is nor a viable method nor a critical path to be towed.
- VIII. Despite the government policy that all orphans should be helped on such related issues, so far no programmes at ward/village levels are in place in respect of this problem.
- IX. It was learnt that some influential people are involved in this outrageous issues but because of their socially and economically positions the culprits are not disclosed by the community.

7.0 List of visitors

TADEPA was honoured to be visited by esteemed guests,

1	Mr. Maloo Haynes	ELCT -USA
2	Gwen Zywike	ELCT -USA
3	Prof. Silas Lwakabamba	National University -Rwanda
4	Mr. Richard Madete	DETAF. De .ev. Germany
5	Christine Heckabach	Cologne -Germany
6	Mr. Samuel Mutasa	Board Member -Dar-Es-Salaam
7	Sr. Muchelia Kahwa	MUGANA DDH -Bukoba
8	Dr. Foro Karna	ICRC -Kibondo
9	Mr. Magongo Justus	KADETFU -Bukoba
10	Mr. Aloyce Maziku	Auditor -FCS/EDI -Dar-Es-Salaam
11	Mr. Manase Mollel	TACAIDS -Dar-Es-Salaam
12	Mr. Walter M.Mazzuki	TANESA -Bukoba
13	Ms. Bazghua Semo	Columbia University -Dar-Es-Salaam
14	Mr. John Shao	Evaluator -EDI/ Foundation for Civil Society -Dar-Es-Salaam
15	A.A. Rubwa	RMO's Office -Bukoba
16	Ernest N. Kahindi	DC - Biharamulo
17	E.K Maarugi	DC- Missenyi
18	Murungi Kichwabuta	B.M.C -Bukoba
19	Zainabu Marijani	B.M.C.Bukoba
20	Mr. Dismas M.D	TUGHE -Bukoba
21	Mr. Enos Mfuru	RC -Kagera
22	Dr. Sixbert Mkunde	MOH -Dar-ES-Salaam
23	Lucy. Rwegasira	MVIWATA -Kagera
24	Ms. Merry Ntandu	UNV
25	Mr. Dismas Martin	Water Technician
26	J. Bahati	Health worker -KRH
27	Jasinth Rwehika	World Vision - Bukoba
28	Damas M.D	TUGHE -Kagera
29	Gosbert M. Bashaula	TARUMBYA
30	Martin Ijango	Wanaume Rika
31	Rutaihwa A.M	Government Store Kagera
32	Theogensi T. Rumboyo	Data Consultant -MOH

33	P. Maduku	TUT, Kagera
34	Francis P. Temalilwa	C.C.M Wazazi -Bukoba
35	Editha Mwinula	C.C.M UWT (W)
36	R. Tryphon Kagya	WEO, Kaibanja, Bukoba
37	Mutayoba M. Winwie	E.L.C.T, Bukoba
38	S.P. Lubaya	BMC, Bukoba
39	S. M. Ndack	BMC, Bukoba
40	F.M. Felix	DC, Bukoba
41	R.K. Kaombora	Bukoba
42	D.J. Sombe	Bukoba Municipal
43	M.G. Buchwa	Bukoba
44	M. G. Boniphace	Bukoba
45	Anthony Kagombora	Bukoba
46	D. A. Tegamaisho	KFTF, Kagera
47	S. Katakweba	Bukoba
48	Thadeus	Bukoba
49	Mwl.Subiri F. Kalekezi	Rugambwa Secondary, Bukoba
50	Mwl. Rehema Daudi	Rugambwa Secondary, Bukoba
51	Mwl. Sudi Schuf	Rugambwa Secondary, Bukoba
52	Pius Andrew	Hamugembe, Bukoba
53	Kajuna Kajura	Bukoba
54	F.G. Kokuleta	COEL
55	Mr. Denis Mwita	KAVPE, Bukoba
56	Martin Kabone	Bukoba Municipal
57	Herman Kabarig	KRH, Kagera
58	Dr. Kamanzi Adalbetus	UMU, Kampala
59	Charles M. Kiberenge	Bukoba District Council
60	Boniphance Nobeji	VSO, Dar-Es-Salaam
61	Mary Angienda	Family Support Services -OSIENALA, Kisumu
62	Titus Kamwamwa	E.L.CT/KZACP, Bukoba
63	Consolatia M. Mbaranga	KADETFU, Bukoba
64	Ollama Reszy	KCDC, Kagera
65	Ntabanzi Geofrey	School Net, Uganda
66	Frank Ssalongo	CIPA, Kyotera Uganda
67	Dr. Yvonne Swai	TRCS, Bukoba
68	Adiko Yayeri	RUDMEC, Kampala
69	Ssebutinde Florence	Intercare Africa, Kampala
70	Anne Kalanzi	Women at Work , Kampala
71	Maulyn Kelly	ILO, Dar-Es-Salaam
72	Abubakary Anas	University of Dar-Es-Salaam
73	Habiba Shamimu	University of Dar-Es-Salaam
74	Rugeiyamu Revocatus	University of Dar-Es-Salaam
75	Irena Pearse	VSO, Dar-Es-Salaam
76	Charles M. Kiberenge	Bukoba District Council
77	Angela Cole	Northwest Territories, Canada
78	Joseph	Muleba
79	Switbert Theslald	Matumaini Mapya

80	Benedict Ndalaha	OIKCREDIT, Dar-Es-Salaam
81	C.F. Mutakyahwa	KADET, Bukoba
82	Victor Mugisha	KYDI, Bukoba
83	Victor Kamagenge	NBI/NTEAP Microgrant, Mwanza
84	Gosbert Lwentaro	University of Dar-Es-Salaam
85	Malanilo J. Simon	Human Development Trust, Dar-Es-Salaam
86	Maiga Jane	Human Development Trust, Dar-Es-Salaam
87	Kimbolwa Daniel	Peace Secondary School, Bukoba
89	Editha Romwasi	WEO, Bilele, Bukoba
90	Mariam Kanjara	WEO, Zam-Zam, Bukoba
91	Timah A. Twalipo	ICAP, Bukoba
92	Mihayo M.	ICAP, Bukoba
93	Jane Sambale	VSO, Dar -Es-Salaam
94	Batilda	VSO, Dar-Es-Salaam
95	Johnbosco Kausn	TTCL, Bukoba
96	Gosbert Ndyamukama	TTCL, Bukoba
97	Sue North	VSO, Dar-Es-Salaam
98	Gaspar M. Nkobelerwa	ICAP, Bukoba

8.0 Income and expenditure account for the year ended 31st December 2007.

	RECEIPTS	TSHS	TSHS
	Medecins du Monde		93,621,628.00
	Foundation for Civil Society		71,453,384
	Common Wealth Foundation		12,317,815.00
	Egmont Trust		12,101,890.05
	World Church Association		8,317,000.00
	Nile Basin Initiative		8,691,637.34
	Forum Syd		5,911,500.00
	BUKOBA MUNICIPAL		1,500,000.00
			<u>213,914,854.39</u>
	<i>Add:</i>		
	Institution fees		<u>12,297,398.00</u>
	TOTAL INCOME		226,212,252.39
			-
LESS:	EXPENDITURE		
BUDGET CODE			
1	Awareness meeting with stakeholders		
1.1	Lunch	186,000	
1.2	Flipchart, pens and paper	108,000	
1.3	Refreshment, tea, soda and bites	20,000	
1.4	Reference materials for participations	200,000	
1.5	Accommodation & subsistence for 2 staff	80,000	
1.6	Transport hire 270km for arranging activity	121,500	
1.7	Transport hire 540km for implementing activity	<u>243,000</u>	
			<u>958,500</u>
2	Conducting selection assessment for paralegals		
2.1	Accommodation and subsistence two staff	40,000	
2.2	Fuel 270km	<u>121,500</u>	
			<u>161,500</u>
3	Develop IEC for women and children's rights		
3.1	Print 5000 coloured leaflets	<u>5,000,000</u>	

		<u>5,000,000</u>
4	Training of 120 paralegals for 3 days	
	4.1 Marker pen, flipchart, pens & exercise books	139,500
	4.2 Lawyer fees	540,000
	4.3 Subsistence 1 facilitator/accommodation	180,000
	4.4 Lunch/tea trainees	1,080,000
	4.5 Transport hire 1080km	486,000
	4.6 Training manuals	<u>600,000</u>
		<u>3,025,500</u>
5	Refresher training for 180 peer educators in 6 wards	
	5.1 Marker pen, flipchart, pens & exercise books	156,000
	5.2 Subsistence 2 facilitators	600,000
	5.3 Lunch and tea peers	2,691,000
	5.4 Fuel 320 km	144,000
	5.5 Training manual	1,800,000
		5,391,000
6	Develop IEC materials with peer educators	
	Fund for IEC materials	
	6.1 printing/productions	<u>5,700,000</u>
		<u>5,700,000</u>
7	Conduct 12 FGD with 144 community representatives	
	Soft drinks and bites for community	
	7.1 representatives	72,000
	7.2 2 facilitation subsistence and accommodation	90,000
	7.3 Transport hire 540km	243,000
		<u>405,000</u>
8	Conduct 24 legal clinics yearly	
	8.1 Lawyer's fee	360,000
	8.2 Paralegals lunch 4 visits	480,000
	8.3 Transport cost for Lawyer	<u>324,000</u>
		1,164,000
9	Development of support groups:24 groups of 30 people in each ward	
	Lunch and bites facilitation workshop for 72	
	9.1 CBC's	248,000
	9.2 Marker pen and flipcharts	18,000
	9.3 Reference materials for participants	180,000
	9.4 Workbags and stationary for CBC's	720,000

	9.5	Transport hire 270km for CBC's facilitation workshop	<u>121,500</u>
			<u>1,287,500</u>
10		Follow-up of TADEPA twice six ward 30 people per 24 groups	
	10.1	Supervision car hire 540km	243,000
	10.2	Supervision lunch 2 people	48,000
	10.3	Honorarium 2 field staff supervisors	<u>360,000</u>
			<u>651,000</u>
11		Quarterly follow-up for 180 peers visits in 6 wards	
	11.1	Transport hire 360km	80,000
	11.2	Subsistence, full board two staff	60,000
	11.3	Lunch for peers	<u>720,000</u>
			<u>860,000</u>
12		Campaign on gender and HIV/AIDS inter ward tours	
	12.1	Minibus hire	1,280,700
	12.2	Soft drinks and bites	363,000
	12.3	Drama materials (costume instruments)	150,000
	12.4	Fuel for generator	270,000
	12.5	PA hire	1,350,000
	12.6	TADEPA peer trainers supervision	24,000
	12.7	Transport hire 540 km	<u>121,500</u>
			<u>3,559,200</u>
13		Provide vulnerable orphans & widow with HH tanks of 1000 capacity	
	13.1	Cement 2 bags	4,468,000
	13.2	Binding wire	810,000
	13.3	Sisal bags	542,500
	13.4	Labour charges	<u>1,200,000</u>
			<u>7,020,500</u>
14		Purchase and distribute 96 milk goats to vulnerable widows and orphans	
	14.1	Purchase and transport for goats from agriculture institute	<u>7,690,000</u>

		<u>7,690,000</u>
15	10 days mid term evaluation	
	15.1 Data collection 4 field staff	760,000
	15.2 External Consultant	1,200,000
	15.3 Transport hire	2,010,000
	15.4 Production of report/printing binding	<u>159,500</u>
		<u>4,129,500</u>
16	Conduct farm school quarterly to supported orphans & widows	
	16.1 Facilitators	160,000
	16.2 Transport hire 3000km	675,000
	16.3 Demonstration and farm training materials	472,000
	16.4 Soft drinks for farmers 720 participants	356,500
	16.5 Establish 6 training plots	<u>282,000</u>
		<u>1,945,500</u>
17	Purchase and distribute improved seeds to 300 orphans & widows	
	17.1 Purchase of seeds	<u>3,000,000</u>
		<u>3,000,000</u>
18	Medical	
	18.1 Medication/drugs/reagent for rapid test	<u>5,656,500</u>
		<u>5,656,500</u>
19	Nutritional supplements	
	19.1 Supporting 150 patients	<u>1,962,650</u>
		<u>1,962,650</u>
20	Day to day functioning of counselling clinic	
	20.1 Improvement of TADEPA clinic	<u>1,361,850</u>
		<u>1,361,850</u>

21	Training		
	21.1	16 staff members training for universal safety	4,129,800
	21.2	Community sensitization WAD	<u>7,430,000</u>
			<u>11,559,800</u>
22		Conduct farm school training service quarterly to 250 orphans	
	22.1	Full board for 2 facilitators	600,000
	22.2	Transport hire	739,734
	22.3	Demonstration and farm training materials	1,500,000
	22.4	Lunch for participants	750,000
	22.5	Flipcharts	27,000
	22.6	Marker pen	6,000
	22.7	Development of 15 plots	1,500,000
	22.8	Masking tapes	<u>1,300</u>
			<u>5,124,034</u>
23		Purchase and distribute 25 milk goats	
	23.1	Purchase 25 milk goats	<u>2,500,000</u>
			<u>2,500,000</u>
24		Purchase and distribute improved seeds to 250 orphans	
	24.1	Purchase seeds	<u>2,500,000</u>
			<u>2,500,000</u>
25		Conduct quarterly follow-up	
	25.1	Lunch for staff	1,200,000
	25.2	Transport hire	<u>777,865</u>
			<u>1,977,865</u>
26		Conduct networking training	
	26.1	Fare refund for participants	3,715,996
	26.2	Transport for participants	307,963
	26.3	Purchase of stationeries	

		580,710
	26.4	Allowance and Transport for facilitators 2,820,850
	26.5	Accommodation for participants <u>4,892,296</u>
		<u>12,317,815</u>
27		<i>Construction of 150 low fuel consuming stove</i>
	27.1	Materials 460,000
	27.2	Fee for Technician <u>160,000</u>
		<u>620,000</u>
28		<i>Establishment of nursery trees</i>
	28.1	Seeds <u>750,000</u>
		<u>750,000</u>
29		<i>Construction of water tanks at school and dispensary</i>
	29.1	Materials for building water tanks 3,530,300
	29.2	Labour charge for building water tanks <u>1,215,000</u>
		<u>4,745,300</u>
30		Rehabilitation of 1 water source
	30.1	Materials for rehabilitation of water source 896,500
	30.2	Labour charges for rehabilitation of water source 805,500
	30.3	Transport charges for distributing materials for rehabilitation 180,000
	30.4	Lunch allowance for field staff <u>125,000</u>
		<u>2,007,000</u>
31		Quarterly field visit
	31.1	Fuel and lunch for 2 extension officer 75,000
	31.2	Lunch for participants 240,000
	31.3	Lunch for 2 TADEPA staff 85,000
	31.4	Fuel charges <u>180,000</u>
		<u>580,000</u>
32		<i>Conduct training to 40 Religious Leaders & evaluation meeting</i>
	32.1	Allowance for participants 4,190,000

	32.2	Allowance for facilitators	580,000
	32.3	Transport hire	332,500
	32.4	Purchase of stationeries	704,500
	32.5	Breakfast and lunch for participants	2,290,000
	32.6	Transport for participants	190,000
	32.7	Hall hire	<u>30,000</u>
			<u>8,317,000</u>
		Training of 523 women on gender and HIV/AIDS	
33	33.1	Lunch for participants	1,538,000
	33.2	Purchase of stationeries	353,600
	33.3	Allowance for 2 facilitators	940,000
	33.4	Transport hire	1,823,400
	33.5	Fuel for generator	300,000
	33.6	Reference materials for participants	375,000
	33.7	Administration cost	281,500
	33.8	Audit charges	<u>300,000</u>
			<u>5,911,500</u>
34		OFFICE RUNNING COST	
	34.1	Internet, telephone, bank charges and stationeries	9,457,293
	34.2	Insurance, postage, transport & vehicle maintenance	<u>6,182,914</u>
			<u>15,640,207</u>
35		Community sensitization and advocacy on positive prevention, and care and treatment	
	35.1	Lunch allowance for PLWHA	285,000
	35.2	Lunch allowance for nurse counsellors	340,000
	35.3	Music hire	150,000
	35.4	Car hire	220,000
	35.5	Printing brochures	485,000
	35.6	Preparation of Pavilion	

		20,000	
	<i>Sub Total</i>	1,500,000	
35	Human resources		
	35.1 1 Coordinator	12,937,237	
	35.2 1 Medical Coordinator	7,729,347	
	35.3 1 Accountant/Administrator	9,482,494	
	35.4 2.5 Clinical officers	11,779,766	
	1 fulltime public health nurse/peer		
	35.5 trainer	4,699,375	
	35.6 1 fulltime peer trainer/extension officer	4,699,375	
	35.7 4 full time nurses	20,979,040	
	35.8 1 Administrative Assistant	2,929,851	
	35.9 2 Drivers	6,929,474	-
	35.10 1 Logistician	3,174,649	
	35.11 2 Watchman	<u>5,860,820</u>	
		<u>91,201,428</u>	
	TOTAL EXPENDITURE		<i>228,181,649</i>
	EXPENDITURE OVER INCOME		<i>-1,969,396.61</i>
	Add:		
	Balance brought forward		10,757,582.88
	RETAINED EARNINGS		<u>8,788,186.27</u>