



THE ANNUAL REPORT

FARAJA CENTRE

**COMMUNITY BASED HEALTH
CARE (CBHC)**

2012

**MMM Faraja centre
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SINGIDA, CENTRAL TANZANIA



ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
CHF	Community Health Fund
CTC	Care and Treatment Clinic
DACC	District AIDS Control Coordinator
DSW	Department of Social Welfare
HBC	Home Based Care
IEC	Information, Education, and Communication
IGA	Income Generating Activities
ITN	Insecticide Treated Nets
M&E	Monitoring and Evaluation
MOHSW	Ministry Of Health and Social Welfare
MVC	Most Vulnerable Children
NACP	National AIDS Control Program
NETWO+	National Network of Tanzanian Women with HIV/AIDS
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
SILC	Saving Income and Lending Communities
VCT	Voluntary Counselling and Testing
WAUSI	Elderly People Living With AIDS

FARAJA PROFILE

Faraja a Swahili word meaning "Consolation" is a Community Based Health Care (CBHC) centre located in the town of Singida, a town with a thriving trade in commercial sex. Faraja centre is registered as a Faith based organization(FBO) providing Home based care to people living with HIV/AIDS (PLHWA), orphans and most vulnerable children (MVC), youths and adults infected and affected by HIV/AIDS and other opportunistic infections and in 2012 a new programme of palliative care was begun.

Around 1.2 million people aged 15 and over, or just over 5 percent of the adult population, are living with HIV in Tanzania. Although this number has recently fallen slightly, the epidemic's severity differs widely from region to region, with some regions reporting an HIV prevalence of less than 2 percent (Arusha) and others as high as 16 percent (Iringa).

The AIDS epidemic on Tanzania mainland is described as generalised, meaning it affects all sectors of the population. Heterosexual sex accounts for the majority of infections (80 percent) on Tanzania mainland. On the semi-autonomous island of Zanzibar the HIV prevalence is far lower among the general population (0.6 percent) and the epidemic is more concentrated, primarily affecting female sex workers, men who have sex with men and injecting drug users (IDUs).

Vision:

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

Mission

FARAJA is a faith based organization (FBO) striving to improve the health status of women, men, children and youth, especially the most vulnerable by working in conjunction with Government, Non government (NGO) and Faith based organizations (FBO) in the Singida Region and the diocese of Singida..

Values:

In support of the achievements of Faraja's mission and vision the FBO has the following values which we share and give us a common focus:

- Commitment to high quality care
- Reverence, Balance and Gratefulness
- Maintenance of client dignity, Confidentiality, Compassion
- Justice, Integrity, Accountability and Transparency

BACKGROUND/CONTEXT

Faraja is a non-profit Faith Based Organisation (FBO) based in Singida town. It was registered with the Ministry of Home Affairs on the 12th of September 2005. Faraja works under the auspices of the Singida Municipality and the Roman Catholic Diocese of Singida and is administered by the Medical Missionaries of Mary. Faraja was established in Singida in 2002. Since then it has expanded from the initial VCT activity to a comprehensive programme targeting people infected and affected by HIV/AIDS. In 2012 Faraja engaged in much broader social, developmental and outreach programmes and this included the provision of palliative care.

The programme has the following main components namely, Voluntary Counselling and Testing (VCT), Awareness Raising (IEC), Home Based Care (HBC), Orphans and Vulnerable Children (OVC), Income Generating Activities (IGA), Pastoral care and Complimentary medicine and Palliative Home based care. The direct beneficiaries are People Living with HIV/AIDS (PLHA), Orphans and Vulnerable Children (MVC), and Carers.

Faraja follows a rights based approach when carrying out VCT which means people have a right to know their HIV status. The decision to test or not is based on an understanding of accurate and relevant information. Post test counselling and services are also crucial and the confidentiality of the client is always protected. With the consent of the client, counselling is extended to spouses, sex partners and other persons considered important to the client. We work in collaboration with the Singida Regional

Hospital as they administer the ARV's. Automatically we have found VCT stimulates discussion about HIV and AIDS which in turn helps to reduce stigma and discrimination.

As part of its HBC programme, Faraja works in partnership with TUNAJALI so as to provide effective and efficient services, counselling, training and education to PLWHA. HBC is not only important for providing the home care that many of Faraja's clients need but it also promotes community awareness with regards to HIV/AIDS, provides examples to motivate behavioural change and decreases stigma that comes with HIV/AIDS, whilst allowing PLHWA to continue with their community roles.

1. AWARENESS RAISING

Objective/Actions

- To inform and educate people about HIV/AIDS/STI, Malaria and Malnutrition and their relationship to tuberculosis with the intention of influencing their attitudes, behaviours and beliefs towards the achievement of a society that is knowledgeable about their health risks.
- To ensure greater understanding and awareness and remove irrational fears that leads to supportive attitudes towards infected people and to ensure creative Awareness Raising campaigns are maintained and delivery of information that is relevant and accessible in terms of language and cultural sensitivity.

Progress in 2012

Following a survey in April 2011 the methodology of Awareness Raising was enhanced by choosing 20 Volunteers from 5 villages who attended a 2 week (60 hours) intensive training on methodology and basic skills to deliver information on Malaria, HIV, Tuberculosis and Malnutrition. They also received training on food security and were given seeds for vegetable and fruit tree planting. Training in Income Generating Activities and Saving Internal and Lending activities was also included. These Volunteers are still working with Faraja and carrying out awareness raising to the villagers. This training was funded by Misesan Cara Ireland.

Impact

We have seen a shift in Singida triggering responses of compassion, solidarity and support, bringing out the best in people, their families and the Singida community and an obvious willingness to support the activities of the Faraja centre. The numbers testing for Malaria and HIV in the village dispensaries and in Faraja has increased over the year. A study on Malnutrition by Tanzania Food and Nutritional Centre, Dar es Salaam was conducted between Faraja, Sokoine Health Centre and Singida Government Hospital and to date over 160 families have received education on prevention of Malnutrition and given a high potency food supplement.

Challenges

- It is a challenge to talk about HIV/AIDS related stigma as a singular phenomenon, as attitudes towards the epidemic and those affected vary. Reactions to HIV/AIDS vary greatly between different groups of people and individuals. Religion, gender, sexuality, age and levels of HIV/AIDS education affect how people feel about the disease. The stigma has lessened somehow because of having Volunteers working in the Home Based Care programme (HBC) some of whom are HIV+ and others not but all give the same care to the clients who are HIV +.
- Faraja Centre is seen as a centre not only for people with HIV/AIDS but we are also reaching a wider population (non HIV+). We hope this will increase as we look to the need for home based palliative care in the Singida area.

2. VOLUNTARY COUNSELLING & TESTING

Objectives and Activities

- Faraja VCT aims at obtaining equity and equal access to all who are voluntarily willing to come for testing and to prevent HIV transmission and provide emotional support to those who wish to consider

HIV testing, both to help them make a decision about whether or not to be tested, and to provide support and facilitated decision-making following testing.

- Offer counselling, care, and support to people who may not be infected, but who are affected through other family members, the community and friends.
- An effective referral system has been developed in consultation with the Singida Regional Hospital for seropositive people to access antiretroviral treatment.

Outcomes

- 4,551 people received VCT from Faraja Centre in 2012. (M. 2,354, F. 2,197) HIV+ numbered 206 of whom M. 69 and F. 137 which is equal to 4.5% of those tested.
- 206 (M. 69 F. 137) people were referred to the Singida Regional Hospital or Makiungu Hospital for further tests. Faraja continues to provide supportive counselling depending on their need.

Impact

The Faraja HIV/AIDS response is heavily reliant on foreign funding. Almost all of the funding for Faraja comes from overseas donors. However, medication is available at the Government facilities, free of charge for those who contribute to the community health fund (CHF).

3. HOME BASED CARE

Objectives and Activities

- Identify clients that are in need of HBC by the trained 19 Volunteers and refer clients for other services.
- Provide psychological coping support mechanisms for positive living and education on stigma and discrimination.
- Provide spiritual and bereavement support to ensure PLHIV are supported psychologically.
- Perform basic nursing care for bed bound patients and assist the carers and family to act as caregivers and treatment assistants.
- Complimentary therapies and pastoral care are made available to people at home.

Outcomes

- 516 PLHIV received regular support through Home Based Care (M. 109, F. 407). They received education on nutrition, clean and safe water and the use of ARV's. This has helped to improve their general health, therefore getting less opportunistic infection and reducing the dependence on medicine.
- They received medical and nursing care and psychosocial and nutritional support as needed. A study on malnutrition among Faraja clients with government and Tanzania Food and Nutrition institute had been started in December 2011 and completed in July 2012. A special food called Chakula Dawa- or "plumpy" nut a mixture of vegetable fat, peanuts, milk powder, iron and vitamins, was made available to clients with severe and moderate malnutrition needing nutritional support. This ensures that they are better able to cope with the ARV's and boosts their immune system.
- First aid medicines and supplies were given to the Volunteers for HBC clients. These have enhanced their well-being and have helped to prevent malaria and given a boost to their morale. Clients are able to stay at home and be cared for instead of taking up a hospital bed.
- Twelve SILC (Saving Internal Lending Community) groups have been formed among the Volunteers and clients themselves which helps them to become independent financially. These groups together with the 13 Income Generating Activity groups helped the participants to buy household needs and support their children with school needs like fees, uniforms, security and desks. Through mobilizing the clients into groups they are able to carry out innovative, practical projects aimed at enabling them to collectively address common concern, share and learn from mutual experience and increase their income.
- The support of Home Based Care to PLHIV and their families has resulted in reduced stigma and improved self esteem. The trained Volunteers, many of whom are HIV+ live among the people they work for and give witness by their lives, which give hope to the clients. Many HIV+ people were hiding in their homes and had given up on life. Encouraged and escorted by the Volunteers many have come for testing and further help.
- The training of Volunteers and support from our partner, TUNAJALI, has greatly enhanced our Home Based Care service. The Volunteers are being continually upgraded in their training by TUNAJALI which boosts their own morale and in turn ensures their continued support to clients in their sickness and bereavements. All 19 Volunteers from Faraja centre attended the HBC refresher training in Singida from 30 July to 3 August 2012. This is an effort to help improve their socio economic status and to teach villagers and their clients. The Volunteers work an average of 60 hours

a month and receive a basic stipend. The work in Faraja is greatly enhanced by their efforts and enthusiasm as our staff could not reach all these people in the outlying villages. Each Volunteer has a support group of 20 - 30 clients who meet monthly and as required. They share about health and nutrition issues and the importance of continued use of ARV's. Sharing their challenges about stigma and getting to know each other gives the clients much needed support.

4: ORPHANS & VULNERABLE CHILD SUPPORT

Objectives/Activities

- To support children who have lost one or both parents through HIV/AIDS.
- To support children who are HIV+.
- To support children who are affected by living with seropositive relatives.
- To support children from disadvantaged households.
- To support the carers of these children.

Outcomes/Impacts

- 30 children (M. 15, F. 15) were supported through Secondary School. All were supplied with school fees, school contributions, books and with uniforms. Transport to and from boarding school was paid to 4 students.
- 20 children (M. 10, F. 10) were supported through Primary School. Most of these needed school books, general school contributions and uniforms.
- 7 students (M. 2, F. 5) whose studies included teaching, nursing, veterinary, secretarial and development were supported through third level.

OVC come to Faraja Centre to meet the staff and share their life experiences and seek support as the need arises for them. Sometimes they needed emotional support as they felt ostracised in school by their peers. Having their school needs met for example - school fees, travel allowances, uniforms and school books has

created self-esteem and provided a gateway for the students to concentrate on their studies without undue worry or anxiety.

Children whose parents are living with HIV often experience many negative changes in their lives and can start to suffer neglect, including emotional neglect, long before they are orphaned. Eventually, they suffer the death of their parent(s) and the emotional trauma that results. Often they have to adjust to a new situation, with little or no support. Our support has helped such children as we are there to listen to them and share emotionally about the trauma. Being able to unburden in a safe place has helped them to cope greatly with the situation.

5. INCOME GENERATING ACTIVITES

Objectives/Activities

- Empower and improve the social and psychological well-being of PLHIV and demonstrate the benefits that can be reaped by a caring community through shared ideas, education, training and co-operation.
- To enable PLHIV to provide their own source of income by aiding them to set up small businesses.

Outcomes/Impact

- The overall impact of the IGA's is that they are generating income to support their daily basic needs.
- Social benefits include the opportunity to meet regularly, build solidarity, share ideas, interface with local officials and development personnel.
- Important psychological benefits have been observed in that the participants tend to develop an improved sense of self-worth and self-esteem.
- Great challenges face these groups for example; looking for a market for their produce to encouraging each other to stay with the group when things are hard-hitting.

IGA's – Singida Town:

1: Upendo Group:	Buying and selling charcoal – 1 Female and family.
2: Uyanjo Group:	Dressmaking/tailoring, shop. Members -4, M.1, F. 3.
3: Tupendane Group:	Buying and selling maize. Members – 3, M.1, F. 2.
4: Wajifya Group:	Buying and selling second hand items.Members-3, M.1, F.2
5: Jitegemee Group:	Selling mobile phones and cards. Female1 and family
6: Tumaini Group:	Buying and selling charcoal. Members -3, M.1 F. 2
7: Tuinuane Group:	Buying and selling maize. Members -5, M. 1, F. 4
8: Wawakwama:	Tailoring and shop. Members – 10, M. 4, F. 6
9: Hope Group:	Buying and selling charcoal. Female -1 and family.
10: Tufaane Group:	Sale of second hand clothes. Members -5, F. 5
11: Harumbane group:	Selling Sunflower oil. Members -24, M. 5, F. 19
12: Amani	Buying and selling charcoal. Members -3. M. 1, F.2
13. Mshikamano	Grocery Shop. Members – 20, M. 5, F. 15.

6. PLHIV SUPPORT GROUPS

Objectives/Activities

- To strengthen the voice of people living with HIV/AIDS.
- To encourage PLHIV to advocate for their rights.

Outcomes/Impacts

- 516 PLHIV attended the monthly support group meetings in their respective areas.
- PLHIV frequently bring family members, friends and members of their community for VCT and support each other outside of Faraja by visiting each other in their homes.
- PLHIV members are part of Faraja's Awareness Raising teaching team. The contribution of the PLHIV during awareness raising is invaluable and the audience is very encouraged by their coping skills.
- The PLHIV group are linked with the national PLHIV network as per National Council of PLHIV (NACOPHA)

- The monthly meetings focus on information sharing, treatment care and support, advocacy, capacity building to members, resources mobilization, promoting positive living through behaviour change.

7. STAFF TRAINING

Objectives/Activities

- To improve the quality of care to our clients by increasing the knowledge and qualifications of staff.
- To choose courses that addresses the needs of our employees and the objectives of our organisation.
- Motivate the staff to up skill, learn new skills and consequently be very competent.

Outcomes/Impacts

- A Pre Award Assessment (PAA) was completed on 8 March 2012 by Mr. Sigfrid, Tunajali and Faraja staff in order to ascertain the competence of staff to continue with Tunajali HBC work.
- Following on the favourable result of the PAA a workshop on Comprehensive and Sustainable clinical and Community HIV/AIDs services was attended by 3 staff from 20 – 23 March 2012.
- 5 staff trained in capacity building and assessment with a follow up later in Oct in Faraja.
- 3 Staff trained in Public Expenditure Tracking and Advocacy at Morogoro from 24/29 Sept. 2012.
- Focal person received training in HBC from 22 Oct to 2 November 2012.
- 3 staff attended project planning and budgeting in Dodoma from 10 to 14 Dec 2012.

8. NETWORKING – GOVERNMENT & NGO's

Objectives/Activities

- To act as a catalyst and network with Government, Non-Government Organisations (NGOs) and Faith-Based Organisations (FBOs) in order to develop the most efficient and cost effective strategies for working with PLHIV.

Outcomes/Impacts

- Faraja works with and is recognised by the Singida Municipality and the Regional Hospital of Singida.
- Staff regularly attend Government-run meetings in order to represent Faraja and keep abreast of pertinent issues.
- We frequently give Awareness Raising seminars to Diocesan youth groups and Faith based groups.
- We have excellent working relationships with NGOs in Singida and nationally such as TUNAJALI, SIPHA, WAUSI, TNGP, SWWAT and Bakwata.

Faraja aims to continue working with local authorities and other partners. The aim is to ensure sustainability and collaboration in order to utilize skills and fill in gaps in supporting the Singida community.

PALLIATIVE CARE REPORT 2012

The Faraja Centre Palliative Care Programme was started in August 2012 after a Needs Assessment showed that people suffering from terminal illnesses in Singida Municipality had no access to treatment that they needed.

AIM OF THE PROJECT:

To provide Palliative Care (PC) to those with terminal and chronic diseases in Singida Municipality which embraces sixteen (16) Wards and includes Singida town.

Key Actions

- To set up a holistic Palliative Care service which embraces the physical, psychological, spiritual and social needs of those served
- To identify persons needing Palliative Care
- To provide Home Based Care to these people with a skilled Team which is capable of using oral morphine and other Palliative Care medications where they are needed.
- To educate and support the family members and other carers of those receiving PC services
- To educate the larger community about chronic diseases, especially cancer, what can be done to treat them, how family members can be involved and especially how to obtain quality and appropriate End of Life Care.
- Inform political leaders of this new service in the Municipality and obtain their support both moral and financial.

PROJECT DESCRIPTION

The overall objective of the project is:

To ensure that people needing Palliative Care in Singida Municipality will receive it. It will highlight End of Life Care.

The **specific** objectives are:

- To provide a high quality, functioning Palliative Care Team
- To ensure that those needing PC receive the physical, psychological, spiritual and social care that they need. It will include the provision of oral morphine, which at the present time is not available in Singida, for those needing it.

Target Population:

Singida Municipality with 120,000 people.

Of this population we expect to accompany a maximum of 50 people needing terminal and End of Life Care.

WHAT HAS BEEN ACCOMPLISHED IN 2012.

- Visits to the Ministry of Health and Social Welfare (MOHSW), Ocean Road Cancer Institute (ORCI), Tanzania Food and Drug Authority (TFDA) and the Tanzania Palliative Care Association (TPCA) in order to find out guidelines, regulations and suggestions for our Programme.
- Funding was sought from donors. A major part of the needed funding was obtained from Porticus, The Netherlands in September 2012 to “Set Up a Palliative Care Programme at Faraja Centre” which enabled us to seriously begin the Programme.
- Dr. Marian Scena attended a Seminar for Regional Health Officials from Singida, Tabora and Dodoma on 11 and 12 May 2012.
- Nurse Mrs. Amina Kimashalo attended the Palliative Care Training Seminar in Moshi from 7-9 November 2012.
- A Memorandum of Understanding between Faraja Centre PC Programme and Singida Regional Hospital was signed on 31 August, 2012 concerning obtaining and storage of oral morphine and use of the Regional Laboratory.
- A pamphlet on Palliative Care (Tiba Shufaa) was prepared for distribution at the Sensitization Sessions and for other publicity.
- Sensitization Sessions for local government leaders were held in 10 of the 16 Wards of Singida Municipality. A total of 148 leaders participated.
- Religious leaders from one mosque, two Lutheran churches and one Pentecostal church were visited for Sensitization Sessions.
- Our first patient was visited in Singida Regional Hospital at the request of one of the Doctors on 4 June, 2012. Since then we have received 5 more patients (which includes one who has already died) until the end of the year. These were found due to the Sensitization Sessions.
- The PC Programme was announced on Radio Maria on 2 different occasions when Faraja Centre was on the air.

Submitted by:

MONITORING & EVALUATION

The Medical Missionaries of Mary have a long history, deep commitment and expertise in delivering basic services to highly disadvantaged groups in some of the remotest and poorest areas of the world. There is a wide variety of high quality development work taking place in Singida. There is evidence across all locations, of project activities being adjusted to cope with problems, reflecting a proactive monitoring approach. For the centre, the monitoring data that is collected on an ongoing basis for project management purposes is also submitted to the various Government line Ministeries and other relevant stakeholders. Part of the strategic planning process is to identify the areas of best practice, such as good examples of monitoring and evaluation systems, and to use this good quality practice in a more systematic way across the programmes. There is a recognition that while there are many excellent examples of high quality, strong programme management, the focus now is to integrate these into the overall development programme.

It should also be noted that Faraja is funded by many donors. All these donors have their own monitoring and evaluation tools and Faraja meets the M&E requirements of diverse donors again and again.

FUTURE OF FARAJA

The strategic plan for the next three years will address the following main areas:

- **Enabling Environment:** Create a social, economic and cultural environment for the national response to HIV based on a human rights and gender sensitive approach with transparency and accountability at all levels, broad public participation and empowerment of PLHIV, women, men and youth.
- **Prevention:** To reduce the HIV transmission in Singida.
- **Care and Treatment:** To reduce morbidity and mortality due to HIV/AIDS and Malaria. To upscale the palliative home care programme.

- Impact Mitigation: To improve the quality of life of PLHIV and those affected by HIV and AIDS, including orphans and other vulnerable children.
- Advocacy remains in our programme as a prominent task. We continue to develop and implement with important decision maker's continuous plans for advocacy including leadership roles and role models. We continue working with other networks and individuals living with HIV/AIDS to take part in advocacy work.

Main Issues

- Sustainability of the centre in the coming years is crucial. Faraja does not receive any financial support from either the Municipal Health authorities or the Regional Health authorities. Our funding comes mostly from overseas.
- The Home Based Care programme will continue to be supported by USAID for another 3 years.
- Some of the findings from our continued assessments are the following; HBC is an area where Faraja has a particular advantage. The evaluators established that Faraja excels in training and supporting volunteers to visit clients in their homes. It is appreciated by all the health care providers in Singida. Faraja offers a high quality and confidential VCT service
- The team established that PLHWA's are more vulnerable to illnesses like Malaria, Tuberculosis and Malnutrition
- A request was brought to the Ministry of Health to register Faraja as a Care and Treatment Centre (CTC). In the process the Faraja Centre was registered as a dispensary on 23/05/11.
- Faraja has expanded its programme to include palliative care – reaching out to cancer and terminally ill patients.

Success story.

The SILC Faidika group in Majengo ward started with 31 members in 2010 under the HBC volunteer – Maria James. Maria James had already got training from Tunajali on SILC activities to help other members to find means to pay school fees, to pay house rent and to start individual income generating activities. It was a mixed group – with HIV + clients and community members. They had a committee with Chairperson, Secretary and accountant. They had a contract with each other and all signed this. They met every week on Saturday at 3pm and all were faithful to the times of meetings. They bought shares for 500/= . In 2011 they bought shares for 1, 000/= . Now in 2013 the shares are 2,000/= . In 2011 December the group registered with Singida Municipality and opened a bank account.

In 2012 the group applied for a grant from Singida Municipality. There were 10 more groups applied but Faidika met all the criteria for funding and were granted 2,500,000/= (\$ 1,500) in September 2012. They appreciated the SILC activities very much. The volunteer was very faithful to the group and members returned the loan on time as planned. One member bought 200 day old chicks chickens together with food and medicines for these. Another member bought a solar panel for the house and is using it for light and for charging phones. 20 others were able to support their children with school fees and books. All 31 members agreed to join the Community Health fund (CHF) at Sokoine Health centre for treatment and drugs. This will help their families to get health treatment and medicines for 6 members of the family. They had been encouraged to join CHF by the HBC Focal person. During the division of funds they remembered the orphans in their area and put money aside for help with school fees, and school needs like books, pens and uniforms. They also put money aside for community needs – this was used for other community members who were in need – sugar, fruit and especially when one of their members died – this was used as a help towards treatment. The leaders were very happy at the efforts of the group and promised to work hand in hand with them during the coming months and to give them support. They had 10,000,000/= in the bank at the end of the 9 months and they were very happy. Many other groups are following the example of Faidika and getting registered and having bank accounts. Maria James herself is often asked to give advice and to help other volunteers to reform their groups. The focal person is able to refer members of SILC for expert advice and help.



Group leader handover CHF money for 30 group members to DHBCC, guest of Honor Mr.Dafi from Singida Municipal and Ward executive officer.



Handing over books for 1 orphan.

Focal person giving her speech

LIFE OF A CLIENT WOMAN WITH RENEWED HOPE

“I thank God that I am able to help my family in a way that I never thought possible as I am HIV positive. HBC Faraja team and volunteer have given me help and support so that now I have hope to live fully into the future.”

This is the one of our clients who has 9 children, three from the first marriage and six from the second. After the first three children were born they were misunderstandings between them. She lives with the second husband and they had six more children. She was given no help after he left and had a lot of problems to rear all these children without support. “As you know my income is very low, I also thank God because he didn’t leave me alone.” Her little income generation was cooking and selling rice cake, and then when she got sick she was not able to do the work anymore.

In 2010 she was tested for HIV and her sero status was found to be positive. “I started to cry as I was thinking about my children and how I will take care of them into the future. I thought my life was finished, I thank Faraja team for visiting me regularly”.

When we started to visit her, it’s true that her health was very poor and she was not able to do any work. She had very poor health and was depressed and she was so depressed she wanted to die. She thought if she died her children would be cared for by their grandmother.

Each time we went to visit her, she expressed her feelings and we listened. She depended on her oldest daughter for help until she got married. She had one baby and soon after the husband died. He had kept his health status a secret, now the daughter started to feel ill and was tested positive for HIV. She came home to live with her mother and the baby who also tested HIV positive.

In April 2012 her CD4 was 218 so she started on ARV. We HBC Faraja team and her volunteer continued to visit her and encouraged her to continue with the medicine- ARV as the children depended on her. She really followed the instructions that we gave her and her health improved. The grandmother took 3 of the children to stay with her, the other 6 stayed at home plus the grandchild who was HIV+.

As her health continued to improve she wanted to do some work to bring in income. The Faraja HBC team asked her what income activity she was able to do and financially what she would need. After some time she said she wanted to cook rice cakes and sell them at the market. She needed 100,000/= to buy sugar, rice, charcoal and sunflower oil. Faraja through one donor was able to support her with this money. Now she is cooking rice cakes and selling them at the market and at least now she is getting some amount of money to support her children. Her profit for the first day was over 7,000/=, the second day 8,000/= and she continue to cook rice cakes. This money is been used for supporting her family and school needs and to buy food for her family. Her health is much better. She is relieved of her depression as she believes that she can live with the disease and still support her family. She continues to pray to God for the Faraja HBC team and the volunteer.

A Faraja donor gave funds to repair her house before the rainy season as there were cracks in the walls which allowed the rain to come in.

This woman is a good example for other clients who may not able to support their families and may also get depressed. We thank our donors who make it possible for us to reach out to this lady and others.

CONCLUSION

Our sincere thanks to all who helped us to make the work of Faraja Centre possible, especially the Medical Missionaries of Mary, Bishop Desiderius Rwoma the Catholic Bishop of Singida and the Government Agencies in Singida. Also, thanks to all who visited us during the year.

We wish to submit our gratitude, appreciation and thanks to the following organisation for their financial support and encouragement to the work of Faraja Centre.

- Christlicher Entwicklungsdienst (CED) Germany.
- MMM Mission Fund – from friends and relatives of the Sisters.
- Mísean Cara, Ireland.
- Roundfort/Singida partnership, Co. Mayo, Ireland
- Tunajali- USAID
- Electric Aid – Ireland.
- Credit union, Dundalk, Ireland.
- Porticus - The Netherland.
- Walk for Life 2012

Our sincere thanks to our many MMM Sisters, friends and families who continually encourage and support us. It was wonderful to have Gloria Von Vonderen, (daughter of Bibiana and Jan who worked with us in Kabanga hospital, Kigoma in the 1980's,) for a week in the office. We remember very fondly Sr. Mary Swaby, MMM who died on 20 February 2012. Mary supervised our pharmacy and drugs in Faraja centre. We pray for all of you and wish you all the best in your work for the coming year.

Sr. Catherine O' Grady. MMM

Appendix 1:

FARAJA CENTRE VCT 2012

AGE	JAN-MAR				APR-JUN				JULY-SEPT				OCT-DEC									
	COUNSEL		TESTED		COUNSEL		TESTED		COUNSEL		TESTED		COUNSEL		TESTED							
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
0-4	2	1	0	0	2	1	4	7	0	0	4	7	1	3	0	0	1	3	3	2	0	0
5-14	1	2	0	0	1	2	7	7	2	1	5	6	4	3	1	1	3	2	20	12	2	3
15-19	12	32	0	1	12	31	58	111	1	1	57	110	30	176	0	3	30	173	43	181	0	2
20-24	63	93	0	3	63	90	168	200	0	9	168	191	199	204	1	3	198	201	240	240	0	7
25-29	73	37	3	6	70	31	149	103	3	12	146	91	191	91	2	2	189	89	179	96	4	7
30-34	43	29	3	1	40	28	67	73	3	11	64	62	108	55	1	1	107	54	117	70	4	6
35-39	22	14	5	6	17	8	53	41	1	13	52	28	51	34	2	6	49	28	59	47	4	2
40-44	16	13	3	0	13	13	37	26	2	3	35	23	35	22	4	2	31	20	28	27	2	5
45-49	10	6	1	1	9	5	34	19	1	2	33	17	20	18	1	1	19	17	17	22	1	2
50-54	12	8	1	3	10	6	19	11	1	5	18	6	23	15	2	1	21	14	21	10	3	2
50+	18	3	0	0	18	3	38	13	2	2	36	11	26	10	0	1	26	9	33	10	3	0
Sub total	272	238	16	21	256	217	634	611	16	59	618	552	688	631	14	21	674	610	760	717	23	36
TOTAL	510						1245						1319						1477			
TOTAL+				37						75						35						59
TOTAL-						473						1170						1284				
Grand Total																						
TOTAL % POSITIVE 4.5%																						

Appendix 2: MEDICAL STATISTICS FOR 2012

Year	New clients	1 st Visit for new complaint	Re-attendance	Male Adult	Female Adult	Male Child	Female Child	Referrals
Total	141	300	91	149	286	49	48	159

Appendix 3: Report of clients who were malnourished in 2012 attending Faraja.

Age	15 - 24	25 -29	30 - 34	35 -39	40 – 44	45 - 49	50
Moderate Malnutrition	2	1	1	3	2	1	4
Severe Malnutrition	4	5	5	12	13	12	7

Appendix 4: Finance Records

31/12/12

Income - Grants	Tsh.	Euro
Dundalk credit union	5,000,000	2,500
Walk for Life 2012	9,448,802	4,761
CED Germany	12,152,000	6,076
MMM Friends donations	56,186,191	28,093
Porticus	39,630,522	20,000
Tunajali – USAID	59,867,048	29,933
Income from venue	170,000	85
Bank interest	1,216,349	608
Total Income	183,670,912	92,056

Expenditure		
Patient care	80,536,694	40,268
Development	35,691,086	17,846
Social Welfare – OVC	11,254,000	5,627
Admin/ Running costs	25,175,366	12,587
Volunteers incentives	2,185,000	1,092
Bank charges	592,269	296
Supervision	1,270,000	635
Start up kits for IGA's	1,600,000	800
Total Expenditure	158,304,415	79,151