



### ABOUT US

**The Community Mobilisation for Reciprocal Development in Tanzania (CMSR-TZ)** is a Non-Governmental Organisation not-for-profit making NGO, established in August 1997 under the registration of the Society ordinance with Certificate Number SO, NO 9122 (Before Compliance). Currently, our NGO is registered with a certificate of registration No 00NGO/R1/00411 under the terms and conditions of the Non-Governmental Organisation Act, 2002 to operate in Tanzania Mainland in accordance with its governing Constitution and the Law of Tanzania

The **PURPOSE** of CMSR-TZ is to complement and support the efforts of the Government of Tanzania in the implementation of community development projects targeting more people living in rural areas to alleviate extreme poverty among them.

**OUR VISION:** Actively contribute to the social and economic development of the community, in which we operate and continue in facilitating the people in the struggle for poverty alleviation through sustainable social services and economic development.

**OUR MISSION:** to work in partnership and harmony with different organisations (local and international NGOs), Faith-Based Organisation, the Government of Tanzania, and the local communities in the promotion of sustainable social services. We believe that change is possible.

#### CORE VALUES

**Service:** We put community first and organisation before ourselves. We are dedicated to the Vision and mission, and we delight ourselves in our commitment to the needs of our target population.

**Teamwork:** listening to and respecting each other whilst working together to achieve mutually beneficial results, when we are unsure, we check with others as to what they meant, everyone has strengths which we value and will use whenever possible, all technical team meetings will include a progress report from everyone and requests for help when needed, we work with one another with enthusiasm and appreciation, provide support to one another, working co-operatively, respecting one another's views, and making our work environment fun and enjoyable.

**Collaboration:** collaborating in and outside the country with various CSO and NGOs - local and international, Government, private sector, faith-based organisation, and the entire population of Tanzania deliver the best practices in community development initiatives.

**Integrity:** we uphold the highest standards of conduct. We seek and speak the truth to our partners and to our target population. We honour those organisation officers who have come before us and we honour other NGOs with whom we collaborate today.

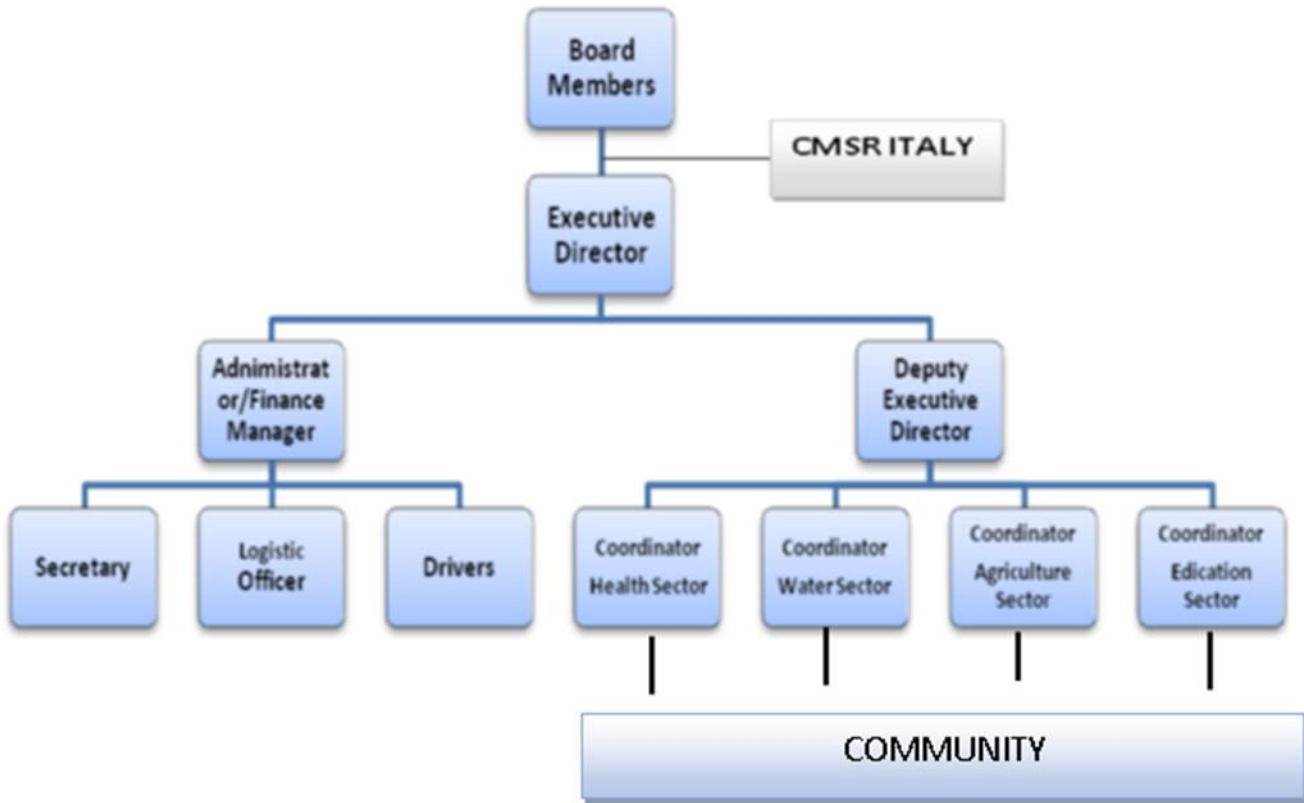
**Excellence:** always doing what we plan, we will be striving for excellence and quality in everything we do. Our motto is "Quality before Quantity delights the target population even staying within the budget limitations.



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### CMSR'S ORGANOGRAM



## LIST OF ABBREVIATION

AIDS	-	Acquired immunodeficiency syndrome
ASRH	-	Adolescent Sexual Reproductive Health
BDC	-	Bahi District Council
CBWSO	-	Community-Based Water and Sanitation Organisation
CEI	-	Conferenza Episcopale Italiana
CMSR-TZ	-	Community Mobilisation for Reciprocal Development in Tanzania
FFS	-	Farmer Field School
HIV	-	human immunodeficiency virus
KDC	-	Kondoa District Council
MARPS	-	Most-at-Risk Populations
REA	-	Rural Energy Agency
RUWASA	-	Rural Water Supply and Sanitation Agency
TEC	-	Tanzania Episcopal Conference
TZS	-	Tanzanian Shilling



## BOARD CHAIRPERSON'S STATEMENT

Dear Board Members

I am pleased to report another year as CMSR'S Board Chairperson, it is a great privilege to lead the CMSR-TZ Board and to present to you the Organisation Annual Report for the financial year ended 31 December 2022.

As Board Chairman, I am specifically responsible for the leadership of the Board, ensuring its effectiveness on all aspects of its role, including good governance in dealing with all of our stakeholders. This includes ensuring that Board meetings are held as planned and in an open manner, that the Board members receive accurate, timely and clear information and allowing sufficient time for agenda items to be discussed. I am also responsible for effective communications with other organisation and other relevant bodies as per needs.

As reported last year, CMSR-TZ used her strength of having professionals from local authorities in Tanzania as well as having other actors in development to implement some projects successfully. Once again I acknowledge the participation of different actors in development particularly the Community people. I thank all Board Members and key stakeholders for their attentiveness and effective participation even during this challenging period.

My sincere thanks are to the Executive Team under the Executive Director of CMSR-TZ who continued to lead the implementation of the community based projects in Mpanda Municipal Council, Bahi, Kondoa, and Dodoma City respectively.

As stated last year, I still believe that we have an opportunity to do better than what we did and ensure that our targets in the process of implement community-based projects are on board that will result into sustainable development to people particularly in the rural areas.

As always, I look forward for positive commitment in this year and extend my thanks to you all for your continued support as we look forward to the year ahead 2023.

**Kyuza Joseph Kitundi**  
**BOARD CHAIRPERSON**

## STATEMENT FROM THE EXECUTIVE DIRECTOR

The year 2022 was very exciting for CMSRTZ. It is a second year with Board Members formed by exceptionally able members and under the strong leadership of the Chairperson, Mr. Kyuza Joseph Kitundu assisted by Vice-Chairperson Madam Josephine Kihoza Pamilla. Although it is still too early since this Board took up its responsibilities, we believe that we are privileged to have a better Board like this one.

Having a Board with a composition of highly capable members gives us comfort as Executive technical team to carry out our duties with confidence while knowing that we can get positive support when there is any difficulty in our daily duties.

As reported last year, efforts to implement projects at a high level continued on all types of projects. I have no doubts about that because all the projects that have been implemented and completed are at a high level of quality. Civil works projects have been exemplary and provide opportunities for various District Council projects to imitate the quality of our projects.

Due to these reasons, I would like to take this opportunity to thank our Donors who gave us financial support (CEI, Global Health Centre in Tuscany, Private Donor and AICS through Global Fund) and made us to be ahead in the implementation of our projects. The financial support has helped to a great extent in the sectors of Health, Water and Sanitation, Agriculture, Primary and Secondary Education and cross issues of HIV infection and AIDS. We are very grateful because through their support we have been able to reach many negative beneficiaries living in difficult conditions in the villages

Last but not least, we would like to sincerely thank the community members who, recognizing the importance of their development, were able to participate in the implementation process of various project interventions in their respective villages. It is my strong belief that this partnership and collaboration will remain firm and continue to exist even in the implementation of project activities by 2022.

Again, I thank you, Board Chairperson and all Members of the Board, for all your support and engagement so far. I look forward the same commitment and support to the year ahead.

*Stay with us to serve the community!*

Francis G. Manghundi  
**EXECUTIVE DIRECTOR, CMSRTZ**

## INTRODUCTION

The year 2022 was very exciting, demanding and prolific to the Community Mobilisation for Reciprocal Development in Tanzania. In 2021, we continued to witness the presence of the COVID-19 pandemic, which significantly affected the implementation process of project activities. Despite the challenge, the implementation of project activities continued with great success. In the year 2021, CMSR-TZ planned to implement different project interventions distributed within the four sectors: 1) Education, 2) Water and Sanitation, 3) Health and 4) Agriculture sectors funded by development partners and private sectors.

## CMSR Active Projects and activities implemented during the period January to December 2021

No	Active Project	Location	Project Period	Donor/Development Partner
1.0	<b>Education Sector</b>			
1.1	Promotion of Primary School Education – Construction of the primary school building	Mpanda-Katavi	August 2019 to July 2022	Conferenza Episcopale Italiana - CEI
1.2	SHULE programme Support school fees for Secondary school students	Dodoma Region	On-going	Private Sector
1.3	SWALA project	Dodoma	On-going	CMSR-Italy
2.0	<b>Water and Sanitation Sector</b>			
2.1	Improvement of Rural Water Supply – Development of borehole water scheme	Lukali Village, Bahi District Council	May-Sept 2021	CMSR-it/Viola Francesco
3.0	<b>Health Sector</b>			
3.1	Construction of two-in-one staff quarters at Chinyika village	Chinyika Village Mpwapwa district	Sept-Dec 2022	Private Donor from Italy
3.2	Adolescent and Sexual Reproductive Health-ASRH	Kondoa District Council (KDC), Dodoma	Jan to Oct 2022	Tuscany Region Global Health Centre
3.3	Community-Based TB/HIV	Kondoa District Council (KDC), Dodoma	March 2022 -	AICS – Global Funds
4.0	<b>Agriculture Sector</b>			
4.1	Promotion of agricultural activities targeting youth through Famer Field School Method	BDC, Dodoma	Jan to Nov 2021	Conferenza Episcopale Italiana - CEI



## IMPLEMENTATION

CMSR-TZ has continued to implement community-based development projects in response to our goal to improve the lives of Tanzanians, especially the most at-risk populations (MARPs) living in rural areas. Implementation of activities under the above-mentioned projects is in line to with strong intention of supporting the Government's efforts in the implementation of community-based development projects in order to alleviate extreme poverty among the rural population.

The following projects together are what keep CMSRTZ strong in serving the community so that they can overcome the problems of health, education, water scarcity and agriculture to ensure that the entire community achieve their desired development goals.

## EDUCATION SECTOR

We believe that education is the backbone of development. The progress towards sustainable development will only take place if there is an increased and improved level of education. Education enables people to use their capabilities, and increase their earning potential, but most fundamentally, it empowers individuals to generate and participate in the transformation of lives in society.

CMSR-Tanzania is implementing a number of educational interventions in and out of the Dodoma Region. Project like the construction of primary school buildings and teachers' houses in Mpanda District in Katavi Region, school fees support for those children from poor families who cannot afford to meet the requirements of school fees, construction of wood-saving stoves at the primary school level, and promotion of sanitation and personal hygiene through the construction of improved pit latrines is among the other interventions that benefit the beneficiaries in the education sector.

During the reporting period, we have successfully implemented the following projects:

**PROJECT TITLE:** Promotion of Primary School Education through Construction of School Buildings

**LOCATION:** Mpanda Municipal Council in Katavi Region – The Catholic Diocese of Mpanda



### GENERAL INFORMATION

This report describes the status of the construction activities of primary school buildings and staff housed in Mpanda municipality, Katavi Region.

The project of three years was launched in August 2019 and continued until the extended deadline of March 2022.

The management and coordination of the construction activities were under the CMSRTZ in collaboration with the Catholic Diocese of Mpanda.

All administrative issues including fund transfers from Italy to Tanzania were managed by CMSR Italy.

The financier of this project is **the Conferenza Episcopale Italiana (CEI) Conference of Bishops**. The Project is located in Mpanda Municipality in the Katavi Region approximately 750 km far away from Dodoma City where the CMSRTZ head office is located.

CMSRTZ began construction of the primary school buildings second week of August 2019, after receiving a building permit from Mpanda Municipal Council on its architectural designs and construction plans.

When the construction is completed, it will benefit the total number of 680 school pupils, girls, and boys including children with disabilities.

The construction activities were carried out by **Primo Civil Works** under the signed agreement to construct the primary school buildings under the management of CMSRTZ. The agreement required the project to be substantially completed by June 2021 but it was officially extended to March 2022.

The following activities were originally planned in order to achieve the expected accomplishments:

- Construction of 8 classrooms (2 blocks connected with 6 classrooms and 1 block connected with two classrooms). Among them two classrooms for children with disabilities
- Construction of administration block (teacher's offices, secretary's office, school Accountant and store)
- Construction of 2 blocks for staff houses (two-in-one teacher's house) to accommodate 4 families
- One independent staff house equipped with a kitchen, store and sanitary facilities
- Two blocks with 4 rooms for accommodation (school hostel)
- One block of dining hall connected with kitchen and store
- Improved pit latrines for school children and teachers (structures with 8 dropping holes)
- Provision of Furniture

CMSRTZ is the main implementer and manager of the above-planned project activities. The District Education Sector in collaboration with the District Engineer of the Mpanda Municipal Council ensured that the construction activities done by the Local contractor were implemented according to building standards.

As the owners of this school, the Catholic Diocese of Mpanda was overseer of the entire project to make sure that it is implemented according to their needs.

This final report captures the progress of the cumulative accomplishments of two years. It includes a summary of cumulative achievements and current status per structure.

**Main activities for all construction work:** The works within this project comprised the following elements:

#### **Element 1: Substructure**

Site Identification, site clearance, setting out of works, excavation of trenches to receive foundations, construction of foundation walls and slab oversite concrete

#### **Element 2: Superstructure**

Construction of superstructure walls, roofing with galvanized corrugated iron sheets, fixing all openings – doors frames and window grills, flooring and wall finishing (plastering) and painting and decorations – internal and external superstructure walls.

## CUMULATIVE ACHIEVEMENTS

As it was reported the last year 2021 CMSR-TZ in collaboration with the Catholic Diocese of Mpanda we were implementing a project for the construction of primary school buildings as listed above.

We are happy to inform you that all the buildings are 100 percent completed and handed over to the Catholic Diocese of Mpanda as the owner of the respective primary school.

## SUPERSTRUCTURE

### Two Blocks of six classrooms and one block connected with two classrooms

It was planned to construct three different blocks with eight classrooms. As reported last year, two blocks connected with three classrooms each and one block with two classrooms have been constructed and completed by 100%. The total number of eight (8) classrooms is sufficient for schoolchildren including those with disabilities.



Photo # 1: Three different blocks with eight classrooms

As can be seen from the above three pictures, are different blocks connected with classrooms. As indicated above, two blocks connected with six classrooms and one block with 2 classrooms to make a total of eight classrooms

## Administration Block

The construction of an administrative building with various offices including the Headteacher, general office for all teachers, secretary, cashier store and sanitary accommodation for male and female staff has been fully implemented. The construction activities are 100% complete. The building is in good condition as shown in the pictures below to allow a conducive working environment for school teachers.



Photo # 2: Administration block front elevation



Photo # 3: Administration block side elevation

### Dormitory Blocks

Since this school is boarding it was necessary to build two different blocks of dormitories for girls and boys, each dormitory has two rooms. For initial requirements, these dormitories will be sufficient according to the number of students who will start standard one. As shown in the picture below, the construction activities achieved by 100% as planned.



Photo # 3: As you can see in the picture above, the dormitory building is 100% complete.



Photo # 5: As you can see in the picture above, the students are inside the dormitory along with the beds that will be used in the dormitory.

### Dining hall connected with the kitchen

Along with the construction of dormitories, it was also necessary to construct a dining building that connected to the kitchen as well as the food store. Construction is 95% complete and the remaining percentages will be covered at any time before the end of April 2022. The Dining hall is capable of serving between 250 and 350 students at a time for the use of food or about 400 participants at various meeting events.



Photo # 6: Completed dining hall building



Photo # 7: As you can see in the picture above, students are inside the dining hall with tables and chairs that will be used during meal time.

## Construction of Staff Houses

In order for school services to be provided successfully, it is important to have staff houses in the school area. Through this project we planned to build three blocks of two-in-one houses and two blocks of independent houses. We believe that the availability of staff houses to accommodate school teachers will promote the provision of quality education to school children.

**Two-in-One-Staff House:** To ensure that the operation of this school is not hampered by the shortage of staff houses, two-in-one houses have been constructed to accommodate six different families. All two-in-one houses were completed by 100% as shown in the picture below.



## Independent Houses

The construction of two independent houses was in line with the construction of two-in-one staff houses. The completion of these houses will accommodate different families to have permanent housing.

Photo # 11: wall construction independent house



Photo # 12: Independent House plastering



Photo #13: Independent House -

## Construction of Improved Pit Latrines

Two blocks of improved pit latrines with 19 compartments and a urinal compartment for boys pupils completed BY 100%.

## ENCOUNTERED CHALLENGES

### The high price of industrial building materials

From the beginning of the implementation to the completion of the project, we faced the challenge of rising prices of construction materials. Due to the distance from Dar es Salaam to Mpanda, suppliers of building materials use that criterion to increase the price of materials. This situation greatly contributed to the additional spending outside the allocated budget. To deal with that situation, we had to regularly do budget revisions so that we can deal with the price changes of building materials.

### Heavy Rain

During the rainy season, we experienced challenges in transportation, especially when transporting building materials due to the poor condition of the feeder road. Whenever there is heavy rain, we had to suspend construction activities for two to five days. The situation in one way or another has contributed to delays in the completion of some construction activities on time.

### Feeder Road

There is no definite road from Mpanda town to the construction site. During the rainy season, it was not easy to carry out construction activities as planned because the feeder road becomes impassable. There is a river barrier that when flooded with rain water it is not easy to cross the other side. This situation contributes significantly to the delay in project implementation.



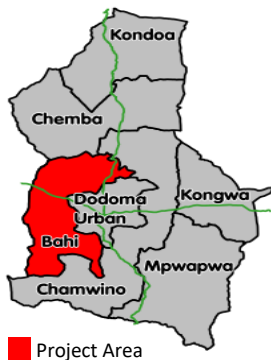
As you can see in the picture above, masonry and labourers are trying to cross the river to carry out construction tasks

## BAHI DISTRICT COUNCIL

### CHIKOPELO VILLAGE: SUPPLY OF DESKS FOR KINDERGARTEN PUPILS AT CHIKOPELO BWAANI PRIMARY SCHOOL

#### General Information

Chikopelo Bwawani primary school is one of the institutions owned by the Bahi District Council. In 2012, CMSRTZ in collaboration with BDC constructed new school buildings comprising seven classrooms, staff houses to accommodate seven families, a teacher's office, a store, and improved pit latrines for teachers, girls, and boys meeting the needs of this school. The construction of all the school buildings was carried out by CMSR Tanzania with funding from the Conferenza Episcopale Italiana (CEI) through the Tanzania Episcopal Conference (TEC). When we build those buildings, unfortunately, the kindergarten class was not included in that phase. The shortage of kindergarten classrooms lasted for the entire period until 2021 when we received funding from private donors for construction purposes.



■ Project Area

**LOCATION:** Chikopelo Village is located in Chipanga Division one of the 58 villages in the Bahi District Council. The village is located 60 kilometres west of Dodoma City. According to the latest figures, the total population of Kigwe village is 3,669 people. Chikopelo Bwawani Primary School has a total of 321 students of whom 169 (53%) are girls and 152 (47%) are boys.

#### Kindergarten

Due to limited funds after the construction of the kindergarten classroom was completed, there were no desks for the children. During implementation period (Jan-Dec 2022), we, managed to provide the required desks to support the services.

#### Goal

To cover the shortage of kindergarten classroom so that Children can enjoy a friendly place for their pre-school training.

#### Purpose of Kindergarten SUPPORT

Ensuring that Children attend for pre-school teaching before entering Standard one in a conducive environment. In the year 2022, CMSR-TZ received a financial support of €1,000.00 from a private donor addressed to the newly opened kindergarten at Chikopelo village. After analysis and evaluation of the needs of the structure it was decided to use these funds for the purchases of desks.

## PLANNING ACTIVITIES

- Purchase 15 desks of three seaters from the carpentry
- Transport them from Dodoma to Chikopelo primary school
- Hand over 15 desks to the school leaders of Chikopelo primary school

## ACHIEVEMENT

### Purchase 15 desks of three seaters from the carpentry

As the classroom and kindergarten were completed without having desks for children, it was important to facilitate the availability of desks that will be used in the classroom.

After the kindergarten class was completed, it was left without desks for children, there was the importance of facilitating the availability of desks that will be used in the classroom. After receiving financial support from Italy, a carpenter was selected and made 15 desks, each desk is used by three children. The desks were made and completed and transported from Dodoma City to Chikopelo village as shown in the picture below.



## SHULE PROGRAMME: SECONDARY SCHOOL PROGRAMME

### INTRODUCTION

#### Background information

Since 2005, CSMRTZ has continued to provide financial support to secondary students by paying a portion of school fees under the school programme. The support aims to assist students from families who cannot afford to cover all school requirements.

The school programme is essential for those who are facing education barriers. The programme continued to benefit several secondary students of “O and A” levels and a few in different colleges including universities.

A school programme that is organized to help children with health problems, and children from family’s parents who cannot afford to pay school fees. The programme provides significant support to the respective students to achieve their expectations academically. Although this program is beneficial to the target population, we often have concerns and fears about the sustainability aspect. This project is 100% dependent on receiving support from Italian private donors who since the inception of this programme have continued to provide financial support to the beneficiaries. If one day they decide to suspend financial support, it is clear that the continuation of the programme will be in jeopardy. We continue to encourage individuals and local and international organizations here in Tanzania who can show interest in helping this group of children through financial support.

As mentioned above we work in partnership with Italian private donors who are willing and eager to provide financial support through CMSR Italy. The programme is benefiting the secondary school students in Dodoma Region. The target population is those students coming from families with economic difficulties. The priority for support is given to students who are about to start Form I studies and students living in vulnerable environments, orphans, or living with **health-related diseases**. To strengthen the cooperation/collaboration between our office and the school administration, we provide regular consultations with teachers to organise school visits in each secondary school. Apart from visits to conduct technical meetings with school teachers in our office to make sure the school programme is implemented as planned. In daily routine activities, school teachers have to report about students’ performances or to inform us about any problem or decision taken regarding the students involved in the programme.

#### Commitment from the Parents/Guardians

To help children, parents have a responsibility to make sure that their children actively participate in their studies so that they can achieve their intended goals. Parents also have a responsibility to provide high-quality cooperation while home visiting is conducted in their homes so that they can provide detailed information about the trend of school performance of their children. The interaction between parents and school programme staff is one of the **key pillar for** the benefit of students. It is the responsibility of the parents or guardians to ensure that every student is highly committed to his or her studies to achieve the best results in their routine examinations.

#### Selection criteria

Every student has to write a request letter; it must be approved by Ward Executive Officer to identify the status of the respective students, which will be attached to the recommendation Form. If the request is considered valid, it will be submitted to CMSR-ITALIA where they will search for relevant sponsors. The results of the selected students will be communicated through a formal letter sent to the respective schools. Once donors are found the school fees support can begin under the coordination and monitoring of CMSR-TZ.

### **Parent's Meeting**

Moreover, the parents/guardians should **have an active role in daily routine to monitor their children about school performance**, take part in parent meetings in our office and provide positive collaboration **during home visits to demonstrate** cooperation and maintain constant communication with CMSR-TZ staff. Family members must also be ready to support the student's career, even paying for the amount of the school fees which are not covered by our Sponsorship Programme.

### **The link between private donors and students**

To maintain regular communication between students and private donors, every student should send and receive letters from his/her private donor. The student has to write not less than four letters to his/her donor during the academic year.

### **Direct and Indirect beneficiaries**

#### **Direct beneficiaries**

We are serving a total number of 41 students among them 27 (62%) girls and 14 (38%) boys are benefiting from the school fees sponsorship in 24 academic institutions (17 secondary schools and 7 colleges, mostly located in Dodoma Region).

#### **Indirect beneficiaries**

Indirect beneficiaries are all those who participate in one way or another in the implementation of the school program. The groups are as follows:

- Secondary teachers who are involved with students in one way or another in the implementation of the school Programme (during school visits and teacher's meeting)
- Family members from 41 households whose children benefit from school fees support. If their children do well in their studies, families will benefit from that success.
- Private donors benefit indirectly through good relationships between them and students through exchange of letters, videos and picture of the students (not less than 4 times per year)

### **Mode of payment**

The amount of school fee support per student is equal. Each student receives support amounting to Tshs 400,000 per year in the following categories.

- A total amount of 400,000 Tshs is paid per year (Tshs 200,000 per semester) for those students attending studies in private secondary schools.
- A total amount of Tshs 150,000 per year for all students attending day Government schools (Tshs 75,000 per semester), Since there is no school fee from the Government schools, financial assistance is used to meet school requirements such as uniforms, textbooks, and other items required by the respective school.
- A total amount of Tshs 400,000 for boarding students per year (Tshs 200,000 per semester)

### **Programme Objectives**

To ensure that all students who meet the criteria for school fees support are provided with financial support (school fees) so that they can fulfil their educational goals.

### **Objectives**

- To ensure that secondary school students who are in the school program from poor families fulfil their academic dreams from form I to form VI through.
- To ensure that secondary school students who are in the school program from poor families fulfil their academic dreams from the fl to form VI through
- 
- Have effective management and monitoring for all students who benefit from the school program so that they can do well in their studies and achieve their goals
- 
- To strengthen the relationship between students who are given school fees support and private donors to maintain the continuation of the financial support

### **Main Programme Activities**

According to the chronogram, which was set at the end of January 2022, the following activities were scheduled starting from January - Dec 2022.

- **To conduct student meetings at the CMSR's office**

Every year the programme staff meets with students and their parents to introduce the school program so that they can understand the benefit of the school programme. This is the time the students receive all necessary instructions to assist them in school performance. Students have the opportunity to discuss with us and share in-depth about the school programme.

- **Conduct Private counselling**

For those students and/or family members who have special needs or are facing particularly difficult situations, private counselling sessions can be conducted in our office/their home/at the school level to find solutions.

- **To strengthen the relationship between the Donors and the sponsored students through communication**

To strengthen the relationship between donors from Italy and students who are assisted by school fees, friendship letters, videos and pictures usually are submitted to donors to explain the whole course of study and the realities of normal life. This is often done during Easter and Christmas towards the New Year. The activity is done in the CMSR's office with the participation of all students studying in different schools located in Dodoma during their holidays. After sending letters to donors, we receive replies in June and December to receive reply letters from their donors. This type of communication strengthens the relationship between the student and the donors.

- **Conduct Home visits**

Usually, when students are on vacation home visits are planned and implemented. All students who live here in Dodoma Urban are visited on a household level and have conversations with their parents. The main purpose of doing this is to see the realities and circumstances in which they live outside of school. These visits are helpful to encourage students to continue with their studies without giving up.

- **Conduct meetings involving school Teachers**

To ensure that the school program is implemented successfully, each year we hold a meeting with teachers who teach students who receive school fee support. At the meeting, we had the opportunity to discuss the achievements and challenges and suggest ways to minimise or eliminate the challenges facing students and the programme.

- **Conduct School visits**

The school program staff visits every school based in Dodoma City. The purpose of visiting each school is to see the realities of the school and to have the opportunity to talk to the target students as well as their classroom teachers. This visit helps us in gathering information about every student receiving school fee support.

## ACHIEVEMENTS

### To conduct student meetings at the CMSR office

The activity was conducted at the CMSR office starting with a self-introduction of each student and sharing their expectations. The meetings were attended by an average of 13 students. The organised meetings were conducted three times per year. Usually, in these meetings, students along with CMSR staff coordinating the programme get the opportunity to write letters to donors and discuss in detail about school performance as well as look at the challenges students face while at school and at home. Through discussions, methods to eliminate or reduce these challenges are set and used during home visiting.



## Conduct Home visits and teachers' meetings

Home Visits were periodically conducted at the household level by the Social Worker and the two Italian Volunteers. A total number of 4 households were visited. We managed to discuss with parents and their students about academic and school performance issues. This opportunity supports the programme because it gives an opportunity to discuss in detail the achievements and challenges facing students and collectively finds a way to overcome those barriers.



## Academic support (school fees and purchase of materials)

Through the financial support of the Italian donors, the staff of the Shule project provided:



A total amount 200.000Tshs is paid per semester in private schools (400.000Tshs per year;

75.000Tsh per semester in Government Schools: 150.000 Tshs per year) or 200.000Tsh For boarding (400.000Tsh per year).

In 2022 the office paid the school fees for all the students during the months of January, July, and August and supported them to buy necessary school materials in January, September, and October.

Among the activities of the Shule programme is to ensure that students are met with all the important needs needed in

*Above are some pictures of the students with new school supplies*

### Individual Counselling

To support students through every stage of their educational process is the focus of the Shule Programme to conduct individual counselling. For this reason, private counselling is a fundamental tool used by the staff to welcome the students and make them feel understood. During individual.

Counselling was done to six (6) students having special needs and difficulties in education issues. This activity is conducted either in our office or at the household level.



### To strengthen the relationship between the Donors and the sponsored students through communication

We managed to strengthen the communication between students and their donors during the whole period of this report. The exchange of letters from students and donors performed effectively.



### Conduct School visits

One of the important things in the School program is to visit the students in their schools to see the real academic situation. School visits strengthens the relationships between students, teachers and our office.



According to our plan, we were able to visit six (6) secondary schools and meet with the school leadership and school teachers and have discussions with them about the academic performance of the students.

The main purpose is to ensure that all students who receive school fees support do well in their studies.

In order to achieve success, we received good cooperation from all the teachers and students we visited in the respective schools



**The challenges and the lessons learned are as follows**

- We had a hard time at one point when we did a school visit because some students were not at school during the exercise and when they visited the home, they were also not available.
- Due to the eruption of COVID-19 Donors, many were unable to continue providing school fees support because they themselves were in critical condition due to the outbreak of the disease. However, we are grateful for the challenge that all students continue their studies.
- Attendance of teachers and parents at their meetings decreased due to COVID-19. Despite the situation, meetings were still held successfully.

**PROGRAMME: SWALA PROJECT****LOCATION: CHIKOPELO BWAWANI VILLAGE- BAHI DISTRICT****INTRODUCTION**

Since 2016, the SWALA program was one of the activities that were being conducted at the new Don Carlo Leoni Upendo Vocational Training Centre located in Chikopelo Bwani Village. The goal of establishing SWALA was to build the ability of students to sew different types of clothes and other linen materials so that after completing their studies they can be self-employed. This college was owned by the Catholic Archdiocese of Dodoma.

In 2020, the owner of the college changed its use to become a secondary school. From there, activities to empower young people in sewing activities reached its limit.

After the vocation training centre was closed, CMSR continued tailoring activities by establishing a tailoring group involving the mothers of the Chikopelo area. We are in the initial stages of recruiting the group so that it can be officially recognized by the Bahi District Council. This group has a total of seven (7) women group members who are always engaged in sewing linen products and various materials.

**MAIN OBJECTIVE**

Building women's economic capacity through tailoring activities will eventually enable them to alleviate poverty at the household level.

**OBJECTIVES**

- Empower women group economically through tailoring of linen products (skirts, blouse, gown, hand bags and other materials sold in country and abroad (Italy).
- Promote menstrual hygiene management through tailoring of washable sanitary pads for secondary school students.
- Empower women to be self-reliant and self-employed.

**PLANNED ACTIVITIES**

- Solicit funds from Italy for management of SWALA activities
- Purchase linen materials for producing washable sanitary pads and tailoring
- Start production of 500 washable sanitary pads by women group at Chikopelo village
- Distribute washable sanitary pads to the target population in secondary schools
- Prepare the Christmas order for the "Bottega del Mondo di Livorno"
- Expand the concept of SWALA project through social media (Instagram/Facebook)
- Conduct monitoring and follow-up to Chikopelo village

**ACHIEVEMENT****Solicit funds from Italy for management of SWALA activities**

In order to carry out this activity, it is clear that an amount of money was needed. We managed to solicit a total amount of from Italy to achieve the activity.

**Purchase linen materials for production of washable sanitary pads**  
Linen materials for washable sanitary pads were purchased and tailored.



As you can see in the photo above, one of the coordinators of this program from CMSR-TZ is in the retail shop to choose the right materials

**Start production of 500 washable sanitary pads by women group at Chikopelo village**

After choosing the required materials, they are usually taken to Chikopelo and handed over to a women group members for sewing. Total washable sanitary pads were prepared and sewn.



Among the Coordinators demonstrates how to tailor washable sanitary pads to the women group members at Chikopelo village

After the demonstration, women group members had the opportunity to start sewing washable sanitary pads guided by the Coordinators from CMSR-TZ. They managed to sew a total of 500 washable sanitary pads



As you can see the photo above women group members guided by the Coordinators from CMSR-TZ are busy tailoring washable sanitary pads and other linen materials

### **Distribute washable sanitary pads to the target population in secondary schools**

After the sewing was completed, preparations were made for the distribution of washable sanitary materials to secondary schools located in Dodoma City.

Packing for distribution to schools was done at the CMSR-TZ office and later distributed to the beneficiaries of the 3 secondary school known as Lukundo, Makole and Chikopelo respectively.



Photo above: packing of washable sanitary pads



Lukundo secondary students receiving sanitary pads

A total of 166 secondary students benefited from the washable sanitary pads services for the distribution of three pieces of washable sanitary pads for each student. A total of 55 girls per school benefited from the service; In line with the distribution of washable sanitary pads, Coordinators from CMSR-TZ conducted a participatory meeting with students to raising girls' awareness about Menstrual Hygiene Management, promote the use of environmentally friendly and affordable sanitary pads, raise awareness about the existence of myths and stigma around the theme of menstruation and talk about it to destroy them and make the girls more aware of their own body and of the normality of menstrual period to make them feel more confident.

In January 2023, we are planning to conduct a quick assessment using well designed questionnaires to assess the use of the washable sanitary pads from the students benefited from the service. Findings from the assessment will significantly play a big role to improve the products in a better way. All information gathered from the girls will facilitate the expansion of the intervention

**Prepare the Christmas order for the “Bottega del Mondo di Livorno”**

The SWALA Christmas campaign represent the most important income for the sewers of Chikopelo and projects of the organization which are supported by the sales revenue of the products made by the group. Usually during the Christmas season various materials under the SWALA program are sewn and shipped to Italy and finally sold at Bottega del Mondo in Livorno. In 2022, materials like bread holders have logos or pictures of a bottle of organic wine, a pack of rice, a box of beans and a box of coconut oil, ingredients needed to make the famous Tanzanian dish "Wali Nazi na Maharage", together with a recipe written by a Tanzanian cook.

**Expand the concept of SWALA project through social media (Instagram/Facebook)**

In the process of developing this program many times during Christmas season they send pictures to Italy that show new materials and pictures of women groups and send them to Italy where they advertise through their social media Facebook and Instagram and web sites. This job of announcing new materials and other things is done by Italian workers. In this news period we sent various pictures showing new materials from Tanzania.

**Conduct monitoring and follow-up to Chikopelo village**

During the reporting period, we have done several monitoring and follow-up of the implementation of SWALA Chikopelo Bwawani village activities. During the follow-up we identified several things that did not go well and talked to women group members and eliminated those problems.



Group photo during monitoring and follow-up Chikopelo Bwawani village

## EXPERIENCED CHALLENGES AND SOLUTIONS

- Some products arrived with crafting problems.
- The tailors not being careful when sewing various materials causes mistakes which force us to return the materials to you and sometimes it causes the loss of products when they are being shipped, as this has already happened twice. By doing so a great loss occurs.
- In the finished products especially the bread holders have been pointed out to the tailors several production defects such as
  - Use of pieces of cloth with glued labels or glue residues that in Italy make the product unsaleable or to be washed before sale
  - Plaster stains on termite products that have not been removed by seamstresses
  - Poorly finished seams
- Different sizes compared to the same models (e.g. Chikopelo bags were not all the same size although the product was the same)
- Error in counting the material to be purchased. (e.g. the purchased lining was little compared to what needed for this was purchased later and sent to Chikopelo via bus)
- As underlined in the last report, it is very common to see some differences between the products, even the old ones. Although it is done with positive intent, with the spirit of making products prettier and better; the uniformity of the products is crucial for the Italian shop.
  - o Solution: Volunteers should create a more comprehensive card with all product details, old and new. When the fabrics and materials are taken to Chikopelo, it is really important to have a card for each product for every tailor. There should be always written: the size of everything concerning the object, numbers, colours. It is really important to pin a paper on every kitenge to write what should be used for.
- Preparing new samples is difficult because it requires a lot of time, and it is not easy to make. The professional tailor in Dodoma have a lot of work and no tolerance to make it perfect; on the other hand, it is not always easy for Chikopelo tailors to develop perfect prototypes, and this requires more time than previously foreseen.
  - o Solution: it could be better to have fewer new products and more time to prepare the samples. The suggestion is to prepare samples with a lot of ample time from the beginning of the next campaign in Chikopelo.
- The selling of the products has many challenging. First of all, the high cost of the expedition and the customs taxes, that for now is using other ways (like travellers that carry products in their luggage). Also, it seems impossible to estimate the weight of the box of products until the end, so this doesn't allow us to make good estimates of the price.
  - o Solution: this way of dealing with the shipping issue is very efficient for now, but it is difficult to imagine this as a long-term plan. It could be useful for the future to:
    - To have a weight scale in the CMSR-TZ's office
    - Know exactly all the expenses (shipping, custom), to be able to estimate precisely how much would it cost to ship products if the Swala project scale.

- We think that there is one main issue that should be faced as soon as possible. The group lacks unity and, in general, there isn't the feeling of working on something greater together. It is an understandable point of view as for most of them, there is the desire of improving their economic situation. Still, we believe that an important goal is to build a sense of belonging and ownership around the SWALA group, to scale the project.
  - Solution: working together can help in this direction. Also, it could be useful to create laboratories where the sewers share between themselves what they learn, the process of making specific products and new techniques. Another proposal is to take into account spending some extra time in Chikopelo to chat, have small talks and eat as a group before or after the meetings. Another important aspect is to convey the message that mistakes are not a big problem, as we found that there is always a bad feeling around errors. Even if it is important that they work hard to avoid them, it is also important that they understand that is possible to ask for help from other sewers, and, if something is unclear or they have some issues, they can ask coordinator. The idea is that is easier to avoid mistakes if good communication is in place and issues or doubts are faced as soon as they arise.
- Being able to find a single place where all the sewers can go seems quite difficult. We wanted to understand the main issues, to be aware of all the challenges we will face.
  - Solution: The two main options are keeping the project like this, or deciding one place where the sewer must go. We see that there are many challenges in each of these decisions. A lot of the problems we saw could be fixed easily if the sewer could work together. On the other hand, choosing one place could split the group in two and create bad feelings among them.

We feel like there could be other options, two of them are:

- Have two main places, one in Chikopelo A and the other in Chikopelo B. One of them will be the official venue where they should go for the biggest event (like learning a new sewing technique altogether) but for main sewing time, they can go where it's closer to them.
- Change the venue every year, so that one year would be in Chikopelo A and the other in Chikopelo B.
- Eventually, provide the sewer with a means of transport, such as a bicycle, to make it easier to go from a place to another.
- Related to the previous issue, we understand that there are just 4 sewing machines (2 overlock and 2 normal ones) that belong to the group. Not enough to allow them to sew all together.
- Proposal: buy 3 new sewing machines so that each of them will have one when they sew together.

#### WAY FORWARD

- To work together with sewer and solve their problem/miss understanding
- Continuation of receiving new and old order for shop
- To have more customer within and outside the country
- To corroborate group with government/to have a shop
- To register the tailors' group
- To have specific place for a group when they sew new products

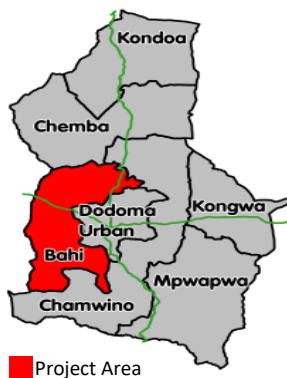
## WATER AND SANITATION SECTOR – BAHI DISTRICT

It is evident that the water supply system in Tanzania especially in rural communities is facing water several challenges such as scarcity and quality, both of which affect human health and other socio-economic development. Our experience shows that even though some of the technologies used for rural water supplies are easier for the community to operate such as shallow wells, rain harvesting systems, and gravity schemes, they are not capable to withstand the effects of climate change and the socio-economic situation

As reported last year, CMSR Tanzania contributes to the Government’s efforts in providing water services to the rural population. Through financial assistance from different donors, we implemented a component of the water project on the development of shallow wells and rehabilitation of the borehole system at the village level aiming at decreasing long walking distances and time spent on fetching water, especially for women and young girls.

### General Information

Access to clean water is essential for the well-being of all people. To meet this need safe and reliable water sources must be provided to the entire community, especially the rural population.



The shortage of clean and safe water supply in several villages of Bahi district including Lukali village causes serious environmental and health problems to the community. Often the underlying cause is not a scarcity of potable water but the entire community and the key actor’s failure to ensure that the existing boreholes function efficiently and equitably. The capacity in terms of financial and close technical support for maintaining and/or expanding the water systems is often insufficient not only in the Lukali village but even in other villages of the Bahi District. It is quite common in other villages of Bahi to acquire drinking water from either surface water sources (intermittent spring

water in the river shores, dams, hand-dug wells, etc.) or groundwater sources and is common to see malfunctioning diesel water pumps in the rural areas, where the demand of water for domestic and animal use is high.

In view of the above, CMSR through financial assistance from different donors and private sectors is supporting the efforts of the Bahi District Council in the provision of water services through the rehabilitation of malfunctioning boreholes (deep wells), and the development of shallow wells at the village level.

In the reporting period, we have successfully implemented rehabilitation of boreholes at Lukali villages to enable access to water supply services, hygiene, and sanitation to the water users.

### Beneficiaries of water service

The beneficiaries of the water service are estimated to be 8,025 people of whom 3,421 people (42.6%) women and 4,604 (57.4%) men.

### **Objective**

This mini-project aims to ensure that the people of Lukali village have access to clean and safe water at a reasonable distance to contribute positively to economic development and poverty reduction. The project aims to improve the lives of people in Lukali village by reducing the incidence of water-borne diseases and reducing the high workload of school women and girls in fetching water a long distance.

### **Purpose of the Project**

Promote better access to clean and safe water by using an existing water scheme and improving hygiene habits in primary and secondary school students and domestic use at the household level.

### **Expected results after the project completed**

- Improved access to clean and safe drinking water through an existing borehole
- The incidence of water-borne and water-related diseases decreased
- The existing water plan has been implemented as recommended by the District Manager of RUWASA-Bahi

### **PLANNED ACTIVITIES**

- Mobilisation of non-industrial building materials (sand, stone, pebbles) with the participation of villagers for Kiosk construction
- Purchase of industrial building materials) for the Kiosk and renovation of the existing water scheme.
- Construct a new pump house and connect it to the water distribution line.
- Supply and installation of submersible pump
- Construction of basement(riser) and installation of water tank with 5,000ltrs capacity
- Plumbing works with two water points and a flow meter
- Electrical fittings at the pump house
- Construction of pump house
- Construction of one water distribution point near the storage tank
- Construction of borehole chamber

### **ACHIEVEMENT**

#### **Mobilisation of non-industrial building materials (sand, stone, aggregates) with the participation of villagers in water pint construction.**

All non-industrial materials were mobilized by the community members for construction activities.

#### **Purchase of industrial building materials) for the Kiosk and renovation of the existing water scheme.**

All industrial materials were purchased and distributed to the project site

### **Construct a new pump house and connect it to the water distribution line.**

The construction of pump house was built and completed as intended. Below is a picture of the pump house completed in collaboration with the community.



### **Supply and installation of submersible pump**

A water pump was purchased and taken to the site and installed in the borehole as intended

### **Plumbing works with two water points and a flow meter**

All required water equipment and rings were purchased and installed in the borehole and water distribution networks.



The trench excavation for the distribution lines was carried out with the participation of the community from the pump house until the riser and storage tanks were built.

### Construction of basement(riser) and installation of water tank with 5,000ltrs capacity

Build a tower to receive on top 5,000 litres of water tank that will supply the water to the water domestic point that will be used by Lukali village water beneficiaries. Construction



completed by 100% From the opinion of the village leaders, the storage tank with a capacity of 5000 litres is not sufficient for water users. To get water into the tank it is necessary to pump from the well. Since the tank is small, it is clear that there will be many frequencies for water pumping per day.

### Construction of one domestic water distribution point near the storage tank





The construction of the domestic water distribution point was completed as planned and has two water taps that provide services to the beneficiaries of the water service. It is our hope that in the near future, the District in collaboration with CMSR will be able to increase the number of water distribution points to reach other beneficiaries who are in the suburbs.

### **Install a water pump connected to the National Grid (REA) - this will be implemented jointly between CMSR and RUWASA-BAHI.**

A water Pump was purchased and installed in the existing borehole in Lukali village.

### **COMPLETION OF THE PROJECT**

The project concluded with 100%, and beneficiaries benefit from the water scheme.

### **FINANCIAL ASPECT**

This project has been implemented in collaboration between CMSRTZ, RUWASA-BAHI, and the entire Community. The participation went hand in hand with project implementation as well as funding for project activities. Each implementer was able to make a cash contribution and together they were able to successfully implement the water project.

### **EXPERIENCED CHALLENGES**

A limited budget obstructs the expansion of the water supply networks to distant communities. We plan to solicit funds from other donors and/or the involvement of other stakeholders, the government through RUWASA, and the community to raise enough funds for the extension of the system.

### **WAY FORWARD**

Since the project has been completed, we expect to hand over project to the Village Government in an event attended by the District Authorities under the supervision of RUWASA-BAHI.

## HEALTH SECTOR

**PROJECT TITLE: SUPPORT TO BASIC HEALTHCARE SERVICES IN CHINYIKA VILLAGE**

**LOCATION: CHINYIKA VILLAGE**

### 1.0 INTRODUCTION

Mpwapwa District Council, like many District Councils in Tanzania Mainland, is faced with the challenge of providing adequate health services to needy people. Despite remarkable efforts by the Mpwapwa District Council in the health care delivery system, still health



services need support from other actors to implement this massive task. Consequently, under the Health Sector Reforms, the Government is working together with several agencies to achieve this goal. Therefore, CMSR-TZ a request of the local village through the District Health Department of Mpwapwa district jointly submitted the proposal seeks to strengthen efforts already made by villagers under the support of CMSR-Tanzania. The proposal aimed to construct a new staff quarter for health providers.

**Project Location:** Mpwapwa District lies in the central zone of Tanzania, with a leg on each side of the main road and railway from Dar-es-Salaam to Dodoma Municipality. The district has a size of approximately 1,600 sq. km.

**Chinyika village profile:** The proposed project is located at Chinyika village, Mlunduzi Ward in Mpwapwa

District. It is located at a distance of about 55 Km from Mpwapwa district headquarters. The main population of the village is very poor. They lack the human basic needs of daily life. Most of the community members are involved in small-scale farming of their small landholdings.

The intended Chinyika dispensary is a community project aimed at helping all the community members in receiving proper and quality health services. This is in a bid to save the target population from walking long distances to access the nearest health facilities. Additionally, Chinyika village and its vicinity have experienced an increase in population thus a need to provide such a basic need.

## Economy and Poverty

Chinyika's economy is down with the majority of people continuing to live below the poverty line, and it is thus not surprising for classified as a poor village. The economy is mostly based on agriculture and the sector employs almost 98% of the farming population. Cultivated land is approximately 4% of the land area. The village is lacking essential basic needs and the majority of the village members survive in poverty.

## **PROJECT STATEMENT**

The lack of health services in Chinyika village is causing common health problems for the entire community. This project is proposed for funding due to the major health problem facing the community members of Chinyika village and the neighbourhood villages due to the lack of health services. The community is lacking primary health care services based on preventive and curative to deal with the incidence of Child and Maternal Mortality and communicable diseases (waterborne and water-related diseases) like diarrhoeal diseases, Malaria, Acute Respiratory Infection (ARI) diseases, and Intestinal infestation. The lack of a health care system in this village is increasing the burden of several diseases on the community members.

Due to the lack of health services in this village, several health problems affected the population. The prominent health problems are as follows:

### **Long distance to access health facilities**

Long distances coupled with poor feeder roads and inadequate and unaffordable transport facilities, and poor governance and accountability mechanisms – all limit poor people's access to the nearest health care, which is above 5 km away from the village. Due to the long-distance barrier, many villagers are desperate for seeking health services. The condition causes them to rely on self-medication, which is found in unregistered retail shops. The parents do neglect the importance and need of immunization, the importance of growth monitoring of children, low-cost nutritious food preparation, different methods of birth control & spacing between two children. This is happening because there are no health service providers to provide health education to the community. Since there is no health facility in Chinyika village women are compelled to travel long distances to find available health facilities so that they can have access to professional health care, and maternal, and infant health information. This situation not only discourages them from seeking maternal health information from qualified health care providers but also affects their utilisation of appropriate and effective health services.

### **Maternal and infant mortality a serious health problem**

Maternal and infant mortality is one of the prominent health problems in Chinyika village where there is no health facilities to provide adequate health care both reproductive health and curative services. Pregnant women have to walk a long distance to access the nearest health facility providing maternal and child health services. This condition causes pregnant women to experience maternal problems, which lead to maternal deaths on the way to the nearest health facility. The village also has poor health-seeking behaviour; they mostly depend on self-medication and traditional medicine and other alternative methods of treatments. To reduce the incidence associated with lack of health facility in this village, the project intends to complete the dispensary building, which will be utilised fully in the provision of preventive and curative services to the target populations.

**Poor sanitation and hygiene practices:**

Due to the lack of health facilities and health service providers, the village members practice poor hygiene and sanitation. They lack appropriate information, knowledge, and orientation in health and hygiene at the household level. Due to a lack of knowledge, they do not understand the importance of using permanent pit latrine, the danger of defecating under the sky, preparation of safe drinking water. The condition leads to the occurrence of faecal-borne, water-borne diseases in the community. Diseases such as diarrhoea, skin diseases, and worm infestation are common diseases in this village. The project aims to train 20 village health workers (CHWs) in the five sub-villages. Usually, trained community health workers (CHW) can provide the most essential lifesaving interventions such as emergency front-line care, and can save children's lives from many if not most of the major preventable child mortality causes like diarrhoea, pneumonia, and malaria. CHWs also equip families with the knowledge and skills to prevent disease. They promote good nutrition, sanitation, and personal hygiene, and link families to essential health services in their respective health facilities.

**Scarcity of adequate water supply:** Health problems and scarcity of water supply are closely linked. At the community level, an inadequate water supply is one of the contributing factors to various communicable diseases. The lack of health facilities in this village is contributing to the increment in the prevalence rate of waterborne and water-related diseases. The population of Chinyika village is getting water for drinking purposes from the traditional water sources (traditional shallow wells), which are not safe for human consumption, unreliable and inadequate. Women and girls have the burden of fetching water in water sources, which are unreliable sources found away from home. Usually, they walk a long distance of 5 km and above with buckets on top of their heads throughout the dry season.

Because of the non-availability of clean and safe drinking water, the village members are suffering from widespread occurrence of water and sanitation-related diseases. The lack of constant water supply in the village also intercepts the good practice of sanitation/personal hygiene services, increasing the incidence of various waterborne and water-related diseases. Limitations of public services like health facilities and reliable water supplies in this village have a direct negative impact on community development in terms of the socio-economic and welfare of the residents.

**Rationale**

According to the Tanzania Demographic Health Survey (TDHS 2015–2016), 98% of Tanzanian women who delivered in the last 2 years had attended ANC at least once; however, only 51% attended the recommended four or more visits (ANC4+). The survey also showed that 63% of women delivered in health facilities and 64% were assisted by skilled birth attendants. The situation is worse in Chinyika village where there is no health facility for MCH and RH services.

Women need a range of maternal health information for their informed health decision-making. However, while they indicated the need to seek that information from qualified health providers, they received most of it from non-qualified and informal sources, including traditional birth attendants and their family members. The use of these sources is attributed to, among other factors, unavailability of health facilities and limited access to improved health care.

We believe that access to relevant and reliable maternal health information is essential in creating awareness and empowering girls and women to make informed decisions about their reproductive health. Women's use of informal sources to meet their various information needs increases the chances of receiving unreliable information that may result in coming-up with poor decisions making.

The project will help reduce long distances, especially for mothers, and improve the accessibility and quality of emergency obstetric care services in the village to prevent maternal and infant mortality.

Since 2018, patient faecal-borne and water-borne diseases have been on the rise. As you will have qualified health providers, they will greatly help to educate the community about the negative behaviour associated with poor sanitation and hygiene practices.

### **Purpose**

The proposed project will support efforts to halt and begin reducing the disease burden in the village. The Project will assist the government as well as district efforts to increase the number of health facilities and improve health service delivery in the disadvantaged population. Upon completion of the dispensary building, there will be services provided to the beneficiaries in the following sections: outpatient department (OPD), Antenatal Care (ANC), Immunization, Family Planning (FP), and Laboratory and Delivery wing.

The completion of the dispensary building and construction of a new house of health service providers at Chinyika village is aiming at strengthening Primary Health Care Services (PHC) by advising rational use of resources and encouraging community participation in the utilisation of health care services.

The availability of community health facilities will improve the health and development of women and children by favouring pregnant women and under-five children. Through qualified health service providers, the facility will play a big role to reduce maternal and infant mortality rates, and improving the issue of personal hygiene to intercept the route of waterborne and water-related diseases through community health education about health and good practice, especially for children.

The establishment of the Chinyika dispensary for offering primary health care services would reduce morbidity and mortality rates tremendously to a minimum negligible figure except for cases beyond human control. Besides, the Chinyika dispensary will provide additional infrastructure for the three locations and their neighbouring villages/wards.

### **DIRECT BENEFICIARIES**

The community members from Chinyika, Mtamba, and Chaludewa, and Isalaza villages form general beneficiaries of the project. The following groups will benefit from the project.

## ACHIEVEMENTS

### Introduce the project at the district level

After getting funding on 20<sup>th</sup> July 2022, we went to Mpwawa District Council to introduce the project. We had a joint meeting which was attended by the following members:

- 2.1 District Executive Director
- 2.2 Hon District Council Chairperson
- 2.3 District Planning Officer
- 2.4 District Medical Officer
- 2.5 District Health Secretary
- 2.6 District Engineer
- 2.7 Executive Directors- CMSR-TZ
- 2.8 Project Coordinator Social Sector CMSR-TZ

The project was introduced and approved by Mpwawa District Council. The District Executive Director expressed her sincere desire to provide close collaboration and cooperation during the implementation so that the shortage of staff houses in the new Chinyika dispensary minimizes the shortage of staff houses.

The goal of the project was to build an independent house, but in a joint discussion, the leadership of the District Council suggested that we build two-in-one staff houses. Since the project is community-based, the District Council Leaders in the meeting guaranteed that through community participation in all unskilled Labour and support from the district level we can complete the two-in-one houses.

In that meeting, the members decided that the District Construction Engineer in collaboration with CMSR-TZ prepare a BOQ that will be used in the implementation of all construction activities of two-in-one houses. The BOQ was developed and presented again to the members. We agreed that the experts from the Director's office will join with the experts from CMSR-TZ to go to Chinyika village to introduce the project at a public meeting.

### Project introduced at the village Level

A team of experts from the Mpwawa District Council led by the District Medical Officer of the Mpwawa District and the CMSR-TZ team arrived at the implementation area to introduce the project to the community of Chinyika village. In the Meeting, the responsibilities of all parties were introduced before starting the implementation. The project was highly appreciated by the villagers and promised to fully participate in the implementation of all the tasks of unskilled activities as stipulated in the agreement (refer to the Implementation Agreement) as follows:

- 3.1 Site clearance during implementation and after construction is completed
- 3.2 Provide 60 trips of hardcore on-site for the construction of the foundation wall
- 3.3 Provide sand 30 trips on the construction area
- 3.4 Provide 15,000 burnt bricks on-site
- 3.5 Provide 10 trips of concrete
- 3.6 Ensuring that there is enough water in the construction site

## CONSTRUCTION ACTIVITIES

### Construction Area

Before starting the implementation, the village leadership showed the area that will be used for the construction of the staff house as shown in the picture below.



Photo #.....: Sub-Village Chairperson directing the construction site

### Setting the foundation building

On 26/07/2022 a team of Engineers from the Mpwapwa District Council collaborating with CMSR-TZ masonry managed to set the foundation of the building as seen in the photo below:



The foundation setting of the building was also witnessed by the District Medical Officer along with some villagers of Chinyika as can be seen in the picture below.



**Photo #3: Some villagers witnessing the foundation setting exercise of the staff building**

### **Excavating the Foundation of the Building**

As per the agreement, the foundation was dug by the villagers under the supervision of our technician. We started to experience weak participation of the villagers in the excavation of the foundation.



**The foundation of the two-in-one house of health providers**

The participation of the community members in unskilled labour was low and among them who were willing to work demanded payment as wages. Expenses that were not budgeted for unskilled work were spent to maintain the progress of implementation.

### **Construction of the Foundation**

The foundation construction was built using hardcore and was completed successfully. We had a challenge during the construction of the foundation because the hardcore that were on the construction site were not enough. In order to speed up the basic construction activities, CMSR-TZ purchase 15 trips of hardcore with a promise that the village would refund the money because it is their responsibility according to the agreement. The foundation was built and completed as you can see in the picture below, but until we complete the construction, the villagers have not yet refunded the funds they promised to



Photo #5 The completed hardcore foundation

#### 4.5 Formwork and reinforcement bars

After arranging the hardcore, the foundation formwork was carried out and completed before insitu concrete as seen in the picture below.



Photo #6: formwork and reinforcement bars around the foundation base

#### 4.6 Oversight concrete

The agreement mandated that the villagers be responsible to participate fully during the construction of oversight concrete. We had a challenge because there was no concrete on site. We agreed with the village leadership that CMSR-TZ should buy concrete so that the work does not stop and then the villagers will pay back the money through cash contribution. The work of oversight concrete for the foundation was carried out in collaboration with some villagers and was completed with quality as per recommended standards as shown in the pictures below. However, the money promised to be refunded has not been paid back so far.



Photo #7: Completion of oversight concrete

### Construction of superstructure walls

After the oversite concrete was completed, the construction of the external and internal superstructure walls began and was completed up to the level of the ring beam as seen in the picture below.



Photo #9: Construction of external and internal walls to the level of the rig beam

We have witnessed throughout the construction period the limited participation of the community members in non-skilled manual works. The task of the citizens was to mobilise the brick to the construction site. We had the challenge of the community failing to complete the required number of burnt bricks as indicated in the agreement. We had to buy bricks to complete the construction of the walls.

### Ring Beam

As it was in an oversite slab, also in a ring beam there was no concrete on site mobilised by the community members. We had to buy enough concrete for the ring beam



Photo #10: Shows the Ring beam

## Roofing

After the walls were completed, the roofing work using wood treated with ant termites was carried out and completed as seen in the picture below. Corrugated Iron Sheets with 28 gauge were used to cover the roof as indicated in the BOQ. The roofing work went hand in hand with the installation of window grills, door frames, along with the ripping of the interior and exterior walls of the building.



**Photo #11: Plastering, window grill, and door frames**

After the roofing was completed, all the internal and external walls were plastered. Even in the plastering stage, we met the challenge of the community not participating to provide adequate water and sand on-site. The participation of the community in the mobilization of sand and water for construction activities was very limited, causing CMSR-TZ to spend extra costs that were not in the budget. Along with the installation of the grill and the door frames, the electrical system in the entire building was also installed.

## Skimming Internal and external walls



**Photo # 12: Skimming internal and external walls**

### **Painting and Decoration, Tiles and fixing doors and Aluminium windows**

After the construction stages were completed, followed by painting and decoration of the interior and exterior walls, tiles, doors, and windows were carried out as planned. These works were followed by the completion of the electricity and plumbing and engineering installation and the construction of the wastewater drainage system. The works above-mentioned works concluded the construction of two-in-one houses for health workers at the Chinyika Dispensary. Below is a picture showing the completed building.



**Photo #13: Completed two-in-one staff houses**

Construction started on 02 September 2022 and was completed on 28 December 2022. The building is in the process of being handed over to the Mpwapwa District Council so that it can be used by the beneficiaries. We are expecting to join the leadership of the Mpwapwa District Council to participate in the event of handing over the building.

#### **5.0 SUCCESS DURING IMPLEMENTATION**

- We have managed to complete the project on time as planned. The construction activities started on 02/09/2022 and concluded in December 2022.
- We have experienced close collaboration and cooperation from the Mpwapwa District Council for close monitoring and follow-up by experts. The District Engineer provided professional instructions at each stage of construction.
- With little participation from the community members, we have carried out the construction tasks in close cooperation with the Village Construction Committee under the Chinyika Village Government to end construction activities.

#### **CHALLENGES**

- We have experienced weak participation of community members in labor force activities. This situation lasted from the beginning of implementation until the completion of construction activities. We advise

for such projects the village leaders, Ward officers, and District Council experts to raise awareness of the aspect of participation in community development activities for wider benefits.

- The availability of construction materials such as bricks, sand, hardcore, and aggregates became very difficult to obtain from the villagers. Although this is their responsibility, we continued to experience limited access to those construction materials. It is important to be inspired by the leaders of the Village, Ward Officers, and District officials so that such activities can be carried out as planned and the ability to recognize the ownership of social projects like this is maintained.
- There has been a challenge in the transportation of construction materials from Dodoma to Chinyika village due to the bad condition of the feeder road. As a result of the bad road, the cost of transportation of materials rises up against the planned budget. The picture below shows the actual condition of the feeder road to the project area.



- We experienced a shortage of water for construction activities. To a large extent, we relied on traditional water sources (traditional wells) where the availability of water is not very certain for construction activities that require large amounts of water.
- Community members do not fully realize their responsibilities and the benefit of their participation when there are community-based projects. The District Community Development Office has a great responsibility to mobilize communities and educate them about the importance of their participation during the implementation of community development projects.

**GENERAL INFORMATION**

Kondoa District has a total population of 241,930 (118,546 (49%) women and 123,384 (51%) men and the inhabitants include Warangi, Wasi, Wagogo, Wasandawe, and Waburunge. The



The main dominant ethnic group in the project area are Warangi. The district has 37 health facilities, of which 4 are Government Rural Health Centres and 1 rural health centre owned by the Catholic Church, and 32 dispensaries of which 28 are government facilities and 4 are owned by FBOs. About 64.4% of the inhabitants of rural areas have access to health facilities at a reasonable distance of 5 km, the remaining 39.6%, including the selected villages; do not have reliable health services for reproductive and child health (RCH) including Adolescent Sexual Reproductive Health services.

In 2021 CMSRTZ implemented the Adolescents Sexual Reproductive Health (ASRH) Project in Kondoa District, which aimed to improve Adolescents Sexual Reproductive Health development services in 16 villages of Kondoa District. This project has been implemented with great success. Through this project, we succeeded to start another new project

addressing TB/HIV and provided another opportunity to implement a new project entitled Community-Based TB and HIV Integration Project – CBTHI PROJECT in the Kondoa district. The project, which is new, will benefit residents of 26 villages in the Kondoa district.

The ASRH project financed by the Tuscany Region is implemented to support the government efforts to reduce the above-mentioned challenges facing youth as a continuation of the MCH project which was phased out in early 2020. As indicated in the original proposal, this project is being implemented in 16 villages namely Humai, Bukulu, Kwahengwa, Hebi, Mkekena, Masange, Hurui, Chubi, Gaara, Makirinya, Chololo, Thawi, Kinyasi, Itaswi, Kikore and Sakami. The selection of sixteen villages with health facilities was reached by a collective consensus between CMSRTZ and CHMT members of the Kondoa District.

The implementation of this project in 16 villages is concentrating on the promotion of Adolescent Sexual Reproductive Health (ASRH) services in the selected villages. We are creating a wide range of awareness in the community with a focus on youth, which is the most at-risk population (MARP) in the entire society.

In Tanzania, access to quality Sexual Reproductive Health (SRH) services encountered a number of challenges, especially for young people including adolescents. A number of factors contributed to this situation including among others, the negative attitudes of health service providers and the community at large toward adolescent sexuality, the unfriendly environment in the health care facilities; inadequate providers' knowledge and skills, adequacy privacy and confidentiality.

The district of Kondoa has a total population of 241,930 among them 118,546 (49%) are women and 123,384 (51%) are men. Kondoa District inhabitants include Warangi, Wasi, Wagogo, Wasandawe and Waburunge. The main ethnic group in the project area is Warangi.

There are 37 health facilities, among them 7 are Rural health centres owned by Government and 1 Health Centre is owned by Faith Based Organization (FBO). Dispensaries are 32, 28 are owned by the government and 4 by FBOs. About 64.4% of the inhabitants of rural areas have access to health facilities at a reasonable distance of 5 km, the remaining 39.6%, including selected villages, do not have reliable health services for reproductive and child health (RCH) including Adolescent Sexual and Reproductive health (ASRH) and prevention of mother-to-child transmission (PMTCT) of HIV.

The ASRH project financed by the Tuscany Region is being implemented in the Kondoa district as a continuation of the MCH project which was phased out in early 2020. As indicated in the original proposal, this project is being implemented in 16 villages, an addition of 7 from the previous 9 villages. The selection of sixteen village Health Facilities was reached by a collective consensus of CHMT members.

### **GENERAL OBJECTIVE**

The general objective of the project is to improve the quality of life of Adolescents and women of childbearing age in 16 selected villages in the Kondoa district by facilitating access to quality sexual and reproductive health services.

In order to meet the goal of this general objective, there are three specific objectives as mentioned below:

### **SPECIFIC OBJECTIVES.**

Increase the number of Adolescents and Young people accessing quality Adolescents Friendly RH services in 16 villages of the Kondoa district by the end of 2022.

Training 32 Health Care Providers and 32 Peer Educators on ASRH from 16 health Facilities/villages of Kondoa District by 2021

Train 60 Primary and Secondary school teachers on comprehensive sexual education to Adolescents in 30 schools in the district by 2021.

The third objective of this project and partly the second objective (Peer Educators) were reached in the first year of the project (2021). All the trained groups (HCPs, HCWs PEs, and Teachers) are playing their role to disseminate knowledge to other community members in their localities. ASRH service delivery by trained healthcare providers is also going on well in all Health facilities.

### **BENEFICIARIES.**

There are two categories of beneficiaries, **Direct** and **Indirect**. However, the entire target population in the project area will actively be involved through awareness-raising actions by promoting the use of information via mobile phones and radio spots.

#### **Direct beneficiaries:**

- 11,845 Out-of-school youth will benefit from SRH services
- 32 HCPs
- 32 Community Owned Resource Persons (HCWs)
- About 8,677 women of childbearing age will access ASRH services in the 16 health facilities

#### **Indirect beneficiaries:**

- 30 CHMT members and other health operators at the district level were involved in the project implementation of the project.
- 32 Health Care Providers.
- The entire 58,000 community members of selected 16 villages.

- Other community members that live in the district and other location outside Kondoa District who has access to health care services including RCH services.

**PLANNED ACTIVITIES**

- To conduct Supportive supervision and follow-up to 16 HFs to assess the support needed in establishing youth-friendly services
- Visit 14 secondary schools whose 2 teachers were trained on ASRH (follow-up visit)
- To conduct 5 training on ASRH to 32 HCPs from 16 HFs in the project area
- To conduct 14 days of training for CHWs from 16 villages in the project area
- To support the establishment of 16 offices dedicated to sexual and reproductive health services for young people out- of- school so as to receive Youth Friendly Services in 16 identified Health Facilities.
- To promote Health Education with 120 radio spots and 96 health radio talk sessions to promote greater awareness to the entire community on RCH and ASRH issues.
- To promote 80 school assembly meetings in 20 schools dedicated to the themes of SRH education for adolescents
- To conduct planned supportive supervision visits and regular monitoring of the project implementation.

The Expected Results from the above activities above will improve the delivery of RCH/ASRH services provided by knowledgeable service providers in 16 health facilities. Students, youth out of school and the community at large will have better knowledge on RCH/ASRH, receive quality services and make an informed decision for the issues related to SRH.

**ACHIEVEMENTS**

We have managed to reach the following achievement:

**16 Health Facilities assessed to establish ASRH youth user-friendly services.**

Among young people, they find it difficult to attend preventive and curative services at health facilities due to the lack of space for friendly services. Through this project we succeeded in assessing 16 health facilities for establishing youth-friendly services. Currently, Youth friendly services are in place in 16 health facilities dedicated to SRH services for young people out -of – school has been realized.



**Supportive Supervision and follow-up to 14 secondary school were conducted**

To ensure that ASHR services are sustainable, a total of 14 schools were visited to see if the activities are ongoing. All the schools visited are active in the implementation of the intervention.



Youth clubs in

primary and secondary school has been established, they lead debates on ASRH.

**Five days training on Adolescent SRH conducted**

Training was organized and conducted to Health Care Providers from 16 Health Facilities.

**Conduct training for 32 Community Health Workers (CHWs) from 16 villages.**

Training conducted to 32 Community Health Workers on their roles in ASRH



## EXPERIENCED CHALLENGES

There are some experienced challenges encounter in this project:

- Shortage of trained service providers in some health facilities especially clinicians and nurses.
- Regarding the training to HCPs, the huge contents of the training do not go smoothly with the training duration.
- Budget line for supportive supervision were not included.
- Lack of conducive environment/special room for menstrual hygiene management in girls' students almost to all primary and secondary schools.
- School debates on ASRH were not conducted in some school

## CONCLUSION AND RECOMMENDATIONS:

### CONCLUSION.

Young People comprise about one third of the total population. Adolescents all over the country experience wide range of SRH health related problems such as: early sexual debut, unplanned pregnancy, unsafe abortions, pregnancy related complications, and Sexually Transmitted infections including HIV. Most adolescents have **inadequate knowledge** and skills about their SRH and availability of friendly reproductive health services as well as unawareness of their reproductive rights and therefore contribute significantly to the increased maternal, newborn, childhood mortality rate and HIV new infection prevalence rate. The priority of this project is to ensure a universal, quality, comprehensive, and equitable health services for all with emphasis on improving the health status of women, children and Adolescents.

### RECOMMENDATIONS

- The knowledge on ASRH should be scaled up to Health Care Providers in other HFs through on-job training to minimize cost implications.
- District health Management Team to continue to conduct regular supportive supervision on quality delivery of ASRH services at facility and community level as well.
- Assessment of the new training guide need some review by the MoH in order to identify gaps and set adequate duration for training and allocate accurate time for each session.
- School health coordinators and all teachers trained on ASRH have to make sure that debates are conducted on regular basis as part of knowledge dissemination.

Project proposal write up on Menstrual hygiene management has to be considered

**AGRICULTURE SECTOR: PROMOTION OF AGRICULTURAL ACTIVITIES PROJECT ADDRESSING YOUNG PEOPLE IN .....DIVISIONS**

**PROJECT TITLE: KILIMO KWANZA  
LOCATION: BAHI DISTRICT**

**GENERAL INFORMATION**

Bahi District Council is one of the eight District Councils of the Dodoma Region. The district lies in the central plateau of Tanzania between latitudes 4° and 8° South and longitudes 35° and 37° East of Greenwich Meridian. Its altitude stretches between 900 – and 1,200 meters above sea level.



The district headquarters is Bahi town, which is located about 56 kilometres from Dodoma City. The District Council borders Manzoni District (Singida Region) on the western part, Chemba District in the North, Dodoma City in the East, and Chamwino on the Southwest part. The district has a total population of 221,643 (Source of data: District Strategic Plan 2017 - 2022). The economic status of the youth from Bahi district is not stable due to various factors. One of the factors is the lack of economic opportunities that would help young people overcome extreme poverty. To help young people get rid of this situation, CMSRTZ in collaboration with the Bahi District under the Agriculture sector created a project to enable the youth to join income-generating opportunities using the methods of farmer field school (FFS). The project was implemented jointly as mentioned above for three years consecutively. The farmer field school (FFS) involved 300

youth members from **fifteen (15) villages in the Bahi District.** Bahi District Council is collaborating with CMSR - Tanzania in implementing a two years' project entitled KILIMO KWANZA (Agriculture First) aiming to empower young people's economically through agricultural activities. Youth groups will be given farm inputs and implements that will enable them to produce sorghum and vegetables crops productively and be able to have food security, improve nutrition and secure income. Fifteen villages that selected to implement project include Mkondai, Asanje, Kongogo, Lukali, Lamaiti, Makanda, Chonde, Ibihwa, Mnkola, Ilindi, Mindola, Chali Isangha, Chali Makulu, Nondwa and Zejele.

During implementation, CMSR Tanzania will collaborate with the District Agriculture, Livestock and Fisheries Office (DALFO) as well as other key actors from the District Community Development Office (DCDO), Rural Water Supply and Sanitation Agency (RUWASA-BAHI), Nutrition department and other key stakeholders that the District may consider necessary to participate in the implementation process.

The project started implementation in October 2022 with 30 youth groups from the above-mentioned villages. The establishment of youth groups followed by the empowerment of youth on knowledge and skills about the good agricultural practices for the production of sorghum and horticultural crops by using FFS methods.

The aim is to increase crop productivity and improve food security and nutritional status among themselves and their household members.

The project has three components which are the main pillars of the project in a period of 2 years.

**Component 1:** Sustainable crop production through FFS Method

**Component 2:** Improving access to water services

**Component 3:** Improve Nutrition through production of horticulture crops

## GENERAL OBJECTIVE

Ensure that the youth in the selected 16 villages have access to improved agriculture technologies through the establishment of Farmer Field Schools.

## Objectives

- Empowered 300 agricultural youth members and 32 Agricultural officers in 16 villages through Farmers Field School methodology in one cropping season.
- Within one cropping season, 32 tons of quality declared seeds of important cereals produced by 16 farmer groups in 16 villages.
- The needy youth groups in Bahi District have access to improved agricultural technologies through the establishment of Farmer Field Schools ensured.
- Agricultural technical support to 300 young people of the above-mentioned villages provided for improving household food security.

## SPECIFIC OBJECTIVES

- Access to the FFS system for at least 20,000 beneficiaries to benefit from good agricultural practices to increase crop production in Mwitikira and Chipanga divisions in Bahi District.
- Increased knowledge and skills among young people (youth) in ..... Divisions on the popularization of best bet technical agricultural practices to households' level which is food insecure
- Increased number of farmers in the 15 villages practicing improved agricultural crop production technologies.

## BENEFICIARIES

Direct beneficiaries and target groups of the project will be:

- 15 technicians from the Bahi District, called Agricultural Extension Workers (AEWs), who will be involved in refresher training to act as trainers at the local level;
- 300 inhabitants (20 for each village involved) among women and young people selected by the village authorities to be part of groups of farmers on which training activities will focus on their empowerment and capacity building and be initiated/supported in the agricultural production;
- 5 agricultural mechanics from the Archdiocese of Dodoma.
- 30 Maintenance technicians (2 per village) for agricultural equipment;
- 15 village water committees;
- 30 Maintenance technicians (2 per village for water resources);

- The inhabitants of the 15 villages who will be involved in the awareness-raising activities and who will be able to access a richer and cheaper local market for products and seeds.

### **Indirect Beneficiaries**

- Extension Agricultural Officer, members at the ward level involved in the project implementation
- The entire community of the 15 villages gets an opportunity of learning improved agriculture technologies through the demonstration plots practiced by youth.

## **PLANNED ACTIVITIES**

- Develop a plan-and formation of youth groups.
- Conduct a one-day sensitization workshop for 20 stakeholders
- Formation of 30 youth groups in 15 villages (2 groups in each village)
- Conduct a 2-day refresher training for 15 agricultural extension officers (AEOs) on Good Agricultural Practices.
- Technical support on the Farmers Field School conducted by AEOs in 30 groups of young people in the 15-selected villages.
- Purchase and Supply of agricultural implements and inputs necessary for basic agricultural activities
- Conduct 3-day training for 15 Agricultural Extension Officers (AEOs) on storage technique
- Establish demonstration food storage facilities in 15 selected villages
- Procure and supply of 15 power tillers (2WPT) to support 15 youth groups
- Design and construct an agricultural workshop (garage) owned by the Catholic Archdiocese of Dodoma. Conduct a 5-day technical training for maintenance of agricultural equipment and farm tools for 5 mechanical personnel
- Improve access to clean water for domestic use and promotion of small irrigation schemes for promotion of horticulture crops.
- Conduct Monitoring and follow-up

## **ACHIEVEMENTS**

### **Develop a plan-and formation of youth groups**

Before introducing the project, the Technical Committee consisting of DALFO, Agricultural Officer, DCDO, RUWASA, and 2 representatives from CMSR-TZ met and planned the implementation of the KILIMO KWANZA project.

**Conduct a one-day sensitization workshop for 20 stakeholders**

After having an implementation plan, various stakeholders including Councilors, heads of departments, Organizations that carry out agricultural activities in Bahi district, Ward Agricultural Extension Workers attended a one-day stakeholders' meeting to introduce the project. The activity was successful with the participation of participants .....from the village and district levels.



**Formation of 30 youth groups in 15 villages (2 groups in each village)**

Before starting the implementation, it was important to create 30 youth groups in 15 villages for the implementation of FFS methods. Technical Team in collaboration with Agricultural Extension Officers managed to create 30 groups (2 groups in each village). These young men and women will participate fully in the implementation of FFS. There will be one acre for each group and each group member as individuals will cultivate one acre and have a total of 330 acres per year.



The process of selecting youth were done openly where gender equality and equal representation from each hamlet considered.

A total of **300 youths** obtained from 15 project villages of which men were **184 (61%)** and women were **116 (39%)** while the villages of Chali Makulu, Mindola, Makanda and Chonde have a good ratio of men to women of 50/50 and Kongogo has the lowest ratio of 80/20 as it shown on table number 1 and chart number 1.

Table No. 1: Proportion number of Men and Women Selected in each Village

No.	Village Name	Number of Youths Selected			Percentage (%)	
		Men	Women	Total	Men	Women
1	Chali Makulu	10 (50)	10 (50)	20	50	50
2	Chali Isangha	13	7	20	65	35
3	Nondwa	12	8	20	60	40
4	Zejele	12	8	20	60	40
5	Ilindi	11	9	20	55	45
6	Mindola	10	10	20	50	50
7	Ibihwa	15	5	20	75	25
8	Mnkola	14	6	20	70	30
9	Lamaiti	11	9	20	55	45
10	Lukali	14	6	20	70	30
11	Kongogo	16	4	20	80	20
12	Asanje	14	6	20	70	30
13	Chonde	10	10	20	50	50
14	Makanda	10	10	20	50	50
15	Mkondai	12	8	20	60	40
<b>Total</b>		<b>184</b>	<b>116</b>	<b>300</b>	<b>61</b>	<b>39</b>

**Conduct a 2-day refresher training for 8 agricultural extension officers (AEOs) on Good Agricultural Practices (GAP).**

Before to start implementation the Agricultural Extension Officers provided a support to youth groups. It was important for youth group members to attend a two-day refresher training on GAP. After the refresher training, they should be able to direct youth group members all the important methods of good agricultural practices. The training was attended by eight (8) Extension Workers with great success.

## Technical support on the Farmers Field School (FFS) conducted by AEOs in 30 groups of young people in the 15-selected villages.

It was important to train all 30 groups on Good Agricultural Practices (GAP). The intention of the training is to build young people a broad understanding and sufficient understanding of how to implement the FFS method in farms. A total of 300 participants were trained.



Photo #.....Agriculture Officer explaining GAPs to FFS youth group at Kongogo village.

## Purchase and supply of agricultural implements and inputs necessary for basic agricultural activities:

After the training the following implements and inputs were purchased and distributed to 30 youth groups.

- 65 plows drawn by oxen were purchased and distributed to the young people

- One thousand (1,000) kg of sorghum seeds (macia type) were purchased and distributed



Representatives from among their fellow group members enjoying themselves after receiving the macia millet seed. Each group received 3 kg for FFS and 3 kg for each group member to be able to cultivate one acre as individuals.

FFS members planting seeds according to the required spacing.



## EXPERIENCED CHALLENGES

During the implementation of the project, we did not cease to encounter various challenges that in one way or another were able to delay the implementation or prevent the positive results of the project. The following are some of the challenges that have arisen

**Climate:** Changes in rainfall patterns are among the challenges that have led to poor harvests. The rainfall was below average (normally 540-600 mm) with an erratic distribution.

**The COVID-19 pandemic:** The outbreak of Covid-19 was associated with stern health measures which in one way or another affected participation of youth members in their FFS activities. Due to COVID-19, the flow of funds from the donor was unstable, which cause a delay in implementing some of the activities.

**Low participation in all community-based projects:** In the implementation process of this project, some of the youth group members were filled with dependency syndrome hoping that they would enable everything during the implementation of demo plots as well as individual farms. After seeing the situation is not giving them quick results in financial aspect among them dropped from the respective groups. It was observed during project implementation that some of the youths were reluctant to participate in FFS activities due to some factors such as the long distance to the FFS plots, and the time is taken from the sowing of sorghum to harvest. These youths preferred activities of Bodaboda, groceries, and petty businesses as it quickly generates income in a short period.

## LEVEL OF INVOLVEMENT

### Community as direct beneficiaries

The beneficiaries contributed to the project activities, technically through non-skilled labour as well as financially in some interventions to ensure that the principles of ownership and participation are put into place. The community has been contributing to community-based project activities at the village level. The participants in the project implementation mainly were the target population of the respective selected villages. The attainment of community-based interventions depends on the response by the community themselves to community development initiatives. Instilling a sense of ownership and the ability to identify issues related to community development is a necessary endeavour. We are using a participatory approach in the implementation of project activities as a role of individuals, families, and the community at large. To achieve this, the existing village structures of linkages such as village Government, existing

village committees, community health workers, and peer educators are involved effectively in the implementation process.

### **Local Authority as indirect beneficiaries**

The District Councils through District Executive Directors and its technical departments of Health, Education, Water and Sanitation, Agriculture, and Community Development are fully involved in the implementation of the planned activities in their respective districts. The District Council is highly committed and responsible for release qualifies personnel like Clinicians, Nurses, Public Health Officers, school teachers, water engineers, civil engineers, agricultural officers, and social workers to implement project activities in their respective districts. The employed staff continued to be paid their monthly salaries by the Local Authority during the whole period of project implementation. The experts from the district councils are involved in the provision of supportive supervision in close collaboration with CMSR-Tanzania.

### **Local Partners**

CMSRTZ believes that working alone cannot bring about great success without the involvement of various stakeholders. In implementing project documentation, we engage various local NGOs such as NGONEDO as well as the private sectors to achieve our goals. Throughout the project implementation process, we were able to work with local and international partners to achieve our project goals. It is our expectation that cooperation and collaboration of this nature will last and continue for another period of project implementation.

## **SUSTAINABILITY OF THE PROJECT ACTIVITIES**

Sustainable development and delivery of community development services rely on a clear definition of the roles and responsibilities of the various actors as well as those of the stakeholder group. Implemented activities assured through community ownership and management in order to sustain the implemented project activities. The sustainability is further enhanced by the participatory nature of the entire community members. The emphasis is on the training and orientation of the resource persons at the village level involving community health workers, peer educators, and village water attendants who eventually will be able to deliver services by using appropriate knowledge and skills provided to them within their respective villages.

Almost in all projects, we managed to build the capacity of peripheral health workers, extension officers, and community-owned resource persons in the respective villages. Organisational strengthening was promoted through team building, improved management systems, and enhanced planning and monitoring skills at the district level.

The community-based projects were managed by beneficiaries themselves through existing structures to guarantee continuity. These structures had been strengthened in order to ensure community involvement in terms of cost-sharing, Operation, and Maintenance (O&M).

Through the community-based water and sanitation organisation, all water projects will be sustainable because in every village with a water scheme functioning, water users should contribute cash to the service. Funds raised by CBWSO contribute significantly to the minor operation and maintenance of the water scheme and make the water supply service sustainable.



### MONITORING AND EVALUATION

Continuous monitoring and evaluation of project implementation contributed in the most effective and efficient way to achieve the expected project results. Regular (internal) evaluations were carried out to assess whether the planned activities and the project, in general, achieves the intended impact on the living condition of the entire community. Monitoring and Evaluation received more orientation during the implementation of the project-supported activities. Project internal monitoring and project external monitoring system were utilised during the reporting period.

#### **Monitoring:**

Project monitoring is an integral part of the day-to-day management of planned activities. During the implementation process, monitoring is implemented in a participatory process in the interventions. We applied the method right from the beginning of project implementation to provide information by which the management team used to solve as early as possible management constraints, and progress assessed in relation to what was originally planned. Monitoring was fulfilled through supportive supervisory visits, technical supervision in civil works, project progress reports, and progress reviews.

#### **Evaluation**

Usually, evaluation is done utilizing both quantitative and qualitative methods of data collection in order to be able to quantify the impact of the project activities.

Self or Internal Evaluations were carried out during the period of the project implementation. The evaluations were carried out in partnership with local partners.

Evaluation is carried out in a decision-oriented; they should supply the project management with the information needed to control project performance.

Evaluations were carried out as a continuous process right from the beginning of the action. The evaluations are based on the provision of resources, and the number of services provided and received by the beneficiaries through implemented development activities.

**AUDITED FINANCIAL STATEMENTS**

**COMMUNITY MOBILISATION FOR RECIPROCAL DEVELOPMENT IN TANZANIA**

**The Consolidated Statement of Income and Expenditure for the year Ended 31December 2022**

SN	BUDGET ITEM	2021	2020
<b>1</b>	<b>FUND RECEIPTS</b>	<b>TZS</b>	<b>TZS</b>
	Opening Balance	80,197,683	45,150,644
	Salaries and Pension contribution	74,946,839	65,156,639
	Office Rent Expenses	12,744,000	12,744,000
	Office Running Cost (stationery, internet, telephone, insurance)	10,252,300	7,183,350
	Vehicle Maintenance & Services	14,320,000	13,207,500
	Audit Fees	4,500,000	4,000,000
	Tax Payments	4,474,624	-
	Workers Compensation Fund (WCF)	749,468	699,065
	General Expenses	3,651,927	1,586,251
	Volunteers Costs	37,485,268	23,498,756
	SWALA Programme	24,288,879	3,165,290
	Improvement of water scheme at Kigwe Village	68,539	8,419,206
	Maternal and Child, Health Project	-	20,185,071
	Adolescents and Sexual Reproductive Health	78,907,502	-
	Construction of Primary School Buildings at Mpanda	291,141,879	346,338,258
	Construction of kindergarten at Chikopelo Bwawani	24,348,683	-
	Promotion of Agriculture Activities for youth groups (FFS)	14,170,248	33,492,212
	Emergency CEI COVID 19 Project at Kigoma Region	-	25,082,168
	Water project at Bahi Makulu Village	8,203,200	-
	Shallow well at Ibihwa Village	8,296,526	-
	Supporting Secondary School Students - School fees	7,640,841	16,443,351
	Improvement of water supply at Nhyinila Village	-	26,699,714
	<b>TOTAL FUNDS RECEIVED</b>	<b>627,685,407.00</b>	<b>614,551,149.00</b>

**The Consolidated Statement of Income and Expenditure for the year Ended 31 December 2022**

**EXPENDITURE**

	<b>BUDGET ITEM</b>	<b>2021</b>	<b>2020</b>
<b>2</b>	<b>PROJECT MANAGEMENT COSTS</b>		
	CMSR-Italy (SWALA Programme)	23,342,300	4,461,300
	Maternal and Child Health Project)	-	6,682,500
	Adolescents and Sexual Reproductive Health)	92,522,420	-
	Construction of Primary School Buildings at Mpanda	290,870,700	330,875,741
	Construction of kindergarten classroom at Chikopelo Bwawani	24,350,500	-
	Promotion of Agriculture Activities for youth groups at Bahi District (Farmers Field School)	18,788,000	28,886,200
	Improvement of water scheme at Kigwe Village	8,414,000	-
	Water project at Bahi Makulu Village	8,206,000	-
	Development of Shallow well at Ibihwa Village	8,296,500	-
	SHULE: Supporting Secondary School Students	13,702,300	15,201,499
	COVID 19	-	25,082,150
	Improvement of water supply at Nhynilla village	-	26,688,751
	<b>Total Project Management</b>	<b>488,492,720</b>	<b>437,878,141</b>
<b>3</b>	<b>Costs for Volunteers from Italy - Civil Service costs</b>		
	Work and Resident permits, Visa and Special Pass	27,624,650	350,000
	Accommodation and meal expenses	10,385,800	5,806,500
	Other Civil Service Costs	3,426,100	1,594,000
	<b>Total Civil Service</b>	<b>41,436,550</b>	<b>7,750,500</b>
<b>4</b>	<b>Personnel expenses</b>		
	Salaries & Wages	67,539,975	65,156,639
	Worker's contribution	695,496	699,065
	NSSF Pension Contribution	6,552,744	6,414,319
	<b>Total Personnel Expenses</b>	<b>74,788,215</b>	<b>72,270,024</b>
<b>5</b>	<b>Office Management Costs</b>		
	Office Rent Expenses	12,744,000	12,744,000
	Telephone Service Expenses	405,000	125,700
	Internet Service Expenses	630,000	480,000
	Fuel Expenses	4,450,000	3,766,000
	Stationaries & Photocopy	3,681,300	2,307,650
	Electricity Expenses	850,000	504,000
	Tax Payments	4,474,624	-
	Vehicle Maintenance & Services	14,320,000	13,207,500
	Insurance	236,000	236,000
	Audit Fees	4,500,000	4,000,000
	General Expenses	3,651,927	3,540,250
	<b>Total Office Running Costs</b>	<b>49,942,851</b>	<b>40,911,100</b>

**The Consolidated Statement of Income and Expenditure for the year Ended 31December 2022**

**EXPENDITURE**

	BUDGET ITEM	2021	2020
<b>6</b>	<b>OTHER office charges</b>		
	Bank Charges Foreign Currency	730,658	990,233
	Bank Charges Local Accounts	1,851,942	795,364
	<b>Total Other Charges</b>	<b>2,582,600</b>	<b>1,785,597</b>
<b>7</b>	<b>Other Gain/(Loss)</b>		
	This Include Foreign Current Translation Cost as results from fluctuation of exchange Rate in forex market, the result of this during the year were as follows		
	Gain/(loss) on Forex Transactions	(10,255,176)	(6,948,313)
	<b>Total Other Gain/(Loss)</b>	<b>(10,255,176)</b>	<b>(6,948,313)</b>
	<b>Balance carried forward</b>	<b>42,009,650</b>	

This income and expenditure statements were approved by the for issue by the Board Members of the organisation on **09<sup>th</sup> April 2022** and signed on its behalf by:

Kyuza Joseph Kitundu  
**BOARD CHAIRPERSON**

Francis George Manghundi  
**EXECUTIVE DIRECTOR**

## GENERAL CONCLUSION, KEY RECOMMENDATIONS AND WAY FORWARD

### Conclusions

During this year of implementation, the planned project activities from January to December 2021 were achieved under the approved projects mentioned above. In this reporting period, it is clear that there are projects that are 100% complete and others that are not completed will continue in the next period such as the construction of primary school buildings in Mpanda.

There are a number of reasons why some projects have not been completed on time. Among those reasons is the delay in funding from donors. The COVID-19 outbreak is also one of the reasons that delayed the implementation of project activities. Despite these challenges, projects have been implemented with the required standards and quality.

CMSRTZ once again extends its deepest appreciation to donors, who despite the existence of COVID-19 but still managed to transfer funds for project execution. We also thank all the key actors who tirelessly participated in the implementation of project activities that made success possible despite all the challenges throughout the year.

### The key recommendations

- CMSRTZ to involve Board members of the organization in the search for sources of funding for the survival of the Organization. Every board member should be willing to participate in the writing of organizational projects so that the issue of funds remains sustainable.
- CMSRTZ should continue to strengthen partnerships, engaging civil society organisations, the private sector, and other actors in the implementation of community-based development projects to benefit those in need of development.
- The District Councils need to create a stimulating environment for the entire community to participate in the implementation of community-based projects in their respective villages through good governance, transparent
- It is emphasized that the District Councils should maintain the monitoring of projects implemented by NGOs in their districts in order to ensure the issue of ownership and sustainability.



### Way Forward

- Continue to implement project activities that were not completed during this reporting period.
- To start implementation of three new projects: Health in Kondo and Mpwapwa district, water and sanitation, and Agriculture sector in Bahi district
- Complete a three-year strategic plan
- Continue to seek funding by submitting project proposals to various donors
- Conduct organizational board meetings during the implementation of organizational project activities