

“Stichting Tabora”

The Reproductive Health and Aids Awareness Programme.

Based in Ndala Hospital

P.O. Box 15 Ndala

Tabora

TANZANIA

Report on the 14th and last year!:

January 2013 - December 2013.

Aim of the Programme:

To increase the knowledge of human reproduction and the awareness of the importance of reproductive health among the population in general, but especially the youth before leaving primary school.

Programme Area:

Puge Division ("Tarafa ya Puge"), Nzega District ("Wilaya ya Nzega"), Tabora Region ("Mkoa") in Tanzania. Estimated population: **161250** in 2013. Based on a population growth of 3,6% in 2002. (The National Census of 2002 showed: 109.736 people; the results of the census of 2012 are not yet available). **42 Villages ("Vijiji")** with altogether **40 Primary Schools, 10 Secondary Schools and 1 Teachers Training College (TTC)** are situated in Puge Division ("Tarafa ya Puge"). Puge Division lies within the boundaries of the Ndala RC Parish. Two Primary Schools (Ibelamelundi and Ibushi II) and one Secondary School (Idete) are just outside Puge Division and lie in Isikizya Division but have always remained within the program area. The villages lie within a radius of about 30 to 50 km from Ndala Hospital.

Programme Team:

Mr. Theodori Kulinduka (Senior Clinical Officer) teacher/coordinator.

Mr. Amos Mashoba: driver/technical assistant.

Set-up of the Programme:

- Each Primary School (class 6 and 7)/ Secondary School/Teacher Training College is offered a series of 4 talks/lessons on the following topics:

1. **The human body and its growth towards maturity.**
2. **Wanted and unwanted pregnancy / abortion.**
3. **Sexually transmitted diseases, its consequences and prevention.**
4. **Aids (= "Ukimwi" = 'Uharibifu wa kinga mwilini' = 'the destruction of the resistance of the body').**

- Audio-visual (Video, DVD and data projector) equipment with a small generator (with 'voltage stabilizer'), a life-sized anatomical dummy and a Landrover 110 Defender (1993) is made available 4 days per week.

- The program coordinator was allowed to accept requests to give a talk/presentation on one of above topics to groups of interested people of all denominations and creeds - even outside the program area - if transport costs and extra allowances for the team are borne by the requesting party.

- NB. The old Landrover finally broke down with a worn-out gearbox in October 2013. As had been anticipated (see the annual report over 2012) the programme would end herewith. Thus the Landrover has not immediately been repaired.

- However, quite a number of schools (30 primary + 3 secondary) have been visited in 2013 as shown in the following tables and again many (almost 3000) young people got basic information on very relevant subjects for their future life.

Primary Schools	av. att.	Secondary Schools	av.att.
Budushi	76 (86)	Puge Secondary	-- (74)
Bugembe	84 (45)	Kampala Secondary	-- (--)
Busondo	121 (91)	Tongi (Ndekeli) Secondary	(--)
Chabutwa	59 (93)	Mizibaziba Secondary	64 (--)
Ibelamelundi	-- (139)	Mitobo Secondary	-- (--)
Ibushi I (North)	53 (--)	Magengati Secondary	-- (--)
Ibushi II (South)	-- (76)	Budushi Secondary	-- (--)
Ilelamhina	-- (86)	Mwakashanhala Secondary	58 (--)
Ilo melo	47 (28)	Nkiniziwa Secondary	97 (150)
Inagana	52 (98)	Idete Secondary	-- (--)
Isimba (Ndala)	-- (--)	Total attendance:	219 (224)
Isunha	47 (65)	NDALA Teachers Training College (TTC)	-- (--)
Iyombo/(Itimo)	77 (96)		
Izinga	-- (85)		
Kakulungu	-- (43)		
Kaloleni	-- (82)		
Kampala	-- (64)		
Kigandu	131 (75)	Adult groups:	-- (--)
Kipugala	97 (104)		
Kipungulu	144 (--)		
Mabisilo	110 (88)		
Magengati	52 (53)		
Magukula	64 (20)	Total average attendance:	--(--)
Malucha	101 (--)		
Mangashini	80 (73)		
Mbagwa	105 (56)		
Mihama	53 (--)		
Milambo Itobo	-- (39)		
Mizibaziba	106 (--)		
Nkuge	57 (--)		
Mtakuja	-- (58)		
Mwakashanhala	95 (49)		
Ndekeli	146 (40)		
Ngukumo	110 (136)		
Nkiniziwa	95 (100)		
Tumbi	105 (--)		
Uhemeli /Ndala	93 (111)		
Upungu	166 (71)		
Usagali	60 (66)		
Wita	99 (86)	Grand Total all individuals receiving teaching in 2013:	2904
Total individual pupils that attended all lessons	2685 (2402)	Data between brackets = 2012	(2626)

Performance: (some discrepancies between figures were unavoidable)

	Km	Attendance Total	Male% Primary/ Secondary	Female % Primary/ Secondary	Adult Groups addressed	school visits Primary/ Secondary
2013	3516	10581	42,2% / 58,5%	-57,8% / 41,5%	--	120/7
2012	8546	11859	42,4%	57,6%	--	136/4
2011	7607	11584	46%/55%	54%/45%	0	128(13)
2010	7374	11450	46,9%	53,1%	0	162(41)
2009	7926	11751	53%/59%	47%/41%	0	169(45)
2008	9034	±13000	52,4%/57,5%	47,5%/42,5%	4	162 (46)
2007	7000	12909	6762	47,60%	5	174 (43)
2006	3517	8202	4205	48,70%	5	109 (29)
2005	7103	11180	5560	50,30%	32	166(41)
2004	6938	9394	4940	47,40%	41	143(39)
2003	7053	14247	7805	45.2%	83	76
2002	9143	15577	8058	48.3%	63	139
2001	8107	21311	12025	43.6%	207	56
2000	4288	7989	4233	47.0%	80	84

Expenditure:

2013	in Tanzanian shillings	Expenditure 2013	BUDGET 2013****	Expenditure 2012
Program. Coordinator Salary + costs	12 x 330.000/- p.m. + incidental allow/benefits	4.386.000/- *	4.000.000/-	4.290.000/- 1.700.000/-
Driver/Assistant Salary + costs	150.000/- pm + incidental allowances	2.620.000/-	1.750.000/-	2.020.000/-
Diesel / Patrol / Oil	Diesel ± 8.0 km/litre**	1.659.800/-	2.000.000/-	2.450.880/-
Maintenance / Repairs/Insurance / miscellaneous **	Service/ new tires/ repairs/ etc.	1.097800/-	2.000.000/-	1.770200/-
Sub Total		9.763.600/-	9.250.000/-	12.231.080/-
Reservation for terminal benefits and gratuity of 2 employees	End of program in November 2013	--		2.800.000/-*****
Deprec. Car**/New Equipment***		-	1.000.000/-	--
Total Tanz. shs.		9.763.600/-	10.250.000/-	15.031.080/-
Incidental Income		--	pm	--
Total in Euro ±		± €4650,-	± € 7500,- !!	± € 7530.-

Tshs 2078/- = average exchange rate in 2013.

* The salary of December was not yet fully paid before 1-1-2014. De program coordinator is still to receive sh150.000/- in 2014.

**Average Diesel consumption has between 8 and 9 km/ litre, which is a reasonable performance. The price of diesel went up to ± shs 2200/- per litre.

*** No new equipment has been bought throughout 2013.

**** **The gratuity and other benefits to which the coordinator and the driver were entitled at termination of their employment have been fully paid out to them in the form of advances.**

Conclusion:

- 2013 has been satisfactory considering the personal tragedy in the life of the elderly program coordinator who lost his wife in 2012 and the fragile state of the 20-year-old Landrover with a mileage of 250.000 km mainly over unpaved roads. However 30 of the 40 primary schools and 3 secondary schools have been visited for the full series of 4 lectures.

- More than 2900 primary school leavers (in 2012: 2650) were confronted again with some very important facts of life. All depends on what they will do with this information. Again the program did not reach adult villagers this year. But they are not the main target of the programme and are presently receiving information from all kinds of other sources. The media are playing an increasing role. Village Health Workers (VHW's) are taking over in the newly organised national care of chronically sick (including HIV/AIDS).

- The benefactors in the Netherlands (through Stichting TABORA) and the dedicated work of several people lie at the basis of the achievements in 2013. A special word of thanks goes to them!

Future Developments:

- In Ndala Hospital a care, test and treatment centre (CTC) for Aids patients has been built from funds from EGPAF (Elizabeth Glazer Pediatric Aids Foundation) in 2006 and the services have been expanded ever since in conjunction with the PMTCT program (Prevention Mother to Child Transmission), VCT (Voluntary Counselling and Testing) and PITC (Provider Initiated Testing and Counselling) programmes that are functioning ever better.

It is however important to stress that those new possibilities of treatment and care should not reduce preventive activities! But these preventive activities and instructions directed towards the youth are now part and parcel of the curricula in primary and secondary schools throughout the country. But taboos still prevail.

===== G&G Joosten – Nienhuys, January 2014

Summary of some general observations over a period of 14 years.

1. During a period of 14 years it has been possible annually to provide basic information about reproductive health and aids awareness in a rural community growing from 100.000 to 160.000 people.

2. Approximately 20.000 of its school children of class VI and VII got **twice** the 4 lessons with basic information about 'growth to maturity', 'pregnancy and abortion', 'sexually transmitted diseases' and 'HIV-Aids' before leaving primary school. At the start of the program these subjects had not yet been taken into the curricula of primary schools and even if they had been, teachers and parents alike were hampered by the same cultural taboo. A general shyness on the topics still persists, but radio, TV and other new media are presently changing the situation for the better.

3. The same information has also been delivered to secondary school students and villagers from the 40 small villages of a rural district in Tanzania. From the start onwards villagers - who wanted to know what was being told to their children at school - were gradually over 14 years replaced by students from newly founded secondary schools and the teachers training college (TTC) within the district.

4. It is interesting to note that the percentage of girls attending the lessons in primary schools went up from 47% in 2000 to 58% in 2013, but in the secondary schools down to 41%.

5. It has been possible to organize all these activities over a period of 14 years for the total cost of approximately € 75.000,- , inclusive the depreciation of an at the start already 7 year

old Landrover. A total distance of over 100.000 km has been covered to reach all those schools, many of them very remote and difficult to reach during the rainy season. Approximately 170 000 people have attended the teaching.

6. During the years no attempt has been made to evaluate the effect of the program. Even no attempt has been made to perform pro- and post teaching knowledge, although it would have been interesting to know the 'pro-' knowledge of children that grew up in remote rural villages of mainland Tanzania. The cost of such a scientific endeavour would have strained the available funds to the utmost. It was satisfying to observe that the percentages of antenatal mothers tested positive for HIV at the Clinic of Ndala Hospital has remained relatively low in comparison to national figures for rural areas: from 3.8% in 2006 to 2,9 % in 2012 with the highest value of 4.7% in 2010. However a reliable evaluation of the effects of the program on the sexual health of the community of one of the many districts of rural Tanzania cannot be given.