



Tel.: 255-0755-358-657
P.O. Box 292, Lushoto, Tanzani
Email: chamavita@yahoo.com
Website: www. chamavita.nl

Project executed by Chamavita, Engineer Hande D. Mwanjela.

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Covid – 19, the FINAL Report

CHAMAVITA response against the spread of Covid – 19 in a part of the rural area in Lushoto district.



The start of the project



Soap to be distributed



buckets with a tap



the storage

This project is supported by Wilde Ganzen (Pieter Mondriaanlaan 14, Amersfoort) and SPOT Tanzania, each 50% of the budget. By many donations from the different donors SPOT Tanzania was able to collect this 50%, we thank you all.



1. Introduction

The report provides insight into progress to date and highlights several successful project activities.

In Tanzania, the first case of COVID-19 was confirmed in Arusha on 16 March 2020. Within a month or so after that, it had spread all over the country. According to information provided by the relevant authorities it appeared that the prevalence was high in parts of cities than in rural villages. The cities such as Dar, Tanga, Arusha, Moshi, etc are easily accessible by bus transport from Lushoto. So the people began to flee to the countryside

In May, WG was already looking at how to support organizations that had an ongoing WG-funded project. Chamavita we were already implementing the Kwetete water project. We continued the conversation with WG through SPOTT.

At that time, here in the country everyone was talking about COVID-19. And many stores were filled with white buckets (with tap and easy use to wash hands) for sale for anti-COVID-19.

On 27.5.2020 our Lushoto District Commissioner summoned all NGOs to the DED Office. The main agenda was how each NGO was helping the people to fight COVID-19? For us Chamavita it was easy for, as preparations were underway to make the exercise a success in the Kwetete, Kifuruga and Makanya water project areas.

Because of the sensitivity of the issue of COVID-19, there was always communication between us, the DED office and the office of the District Medical Officer.

When our budget has already been approved by the WG, our Government passed an order that everything provided by any of the sponsors for the fight against COVID-19 must be audited by the Ministry of Health. In the district, the representative of the Ministry is the chief physician of the District Hospital.

The total number of people in the project area (Kwetete, Kifuruga and Makanya) are about 6.500.

2. Campaign strategy

Before being given hand washing facilities, community members were confused, because they did not have good and adequate information about the disease itself. There were a lot of informal and shocking details. There were notes, for example, that:

- Ø This disease is only present in the city;
- Ø This disease affects the elderly;
- Ø The disease is most prevalent in tropical areas;
- Ø The disease mainly affects people with weakened immune systems, such as:
 - o People living with HIV;
 - o People suffering from diseases such as diabetes, hypertension, etc .;
 - o People who use drugs
 - o etc.

So everyone had their own picture of this disease. And for that reason everyone used their own way of protecting themselves. Some used incense burners, while others used heavy substances such as lemons, ginger, peppers, etc. But the main method was to wash with soap and running (clean) water. This approach was discussed and strongly emphasized by the Government.

So some members of the community made their own equipment, in order to carry out the Government's order to wash with soap and running water. See below



At Mpandajuu



At Kifuruga

3. Start of the Project

So our strategy became:

To make the inauguration which would involve the District Commissioner, District Medical Officer, District Executive Director, District Health Office, District Community Development Office and District Water Engineer;



District Commissioner



District Medical Officer (DMO)



Chamavita Chairman

a. In order to reach the community easily and weekly, we divided the project area into six soap distribution centers, namely: Kamshunga, Kwetete, Kifuruga, Mkatoni, Makanya and Mpandajuu. Each station had three staff members: a person to register the recipients of soap, a person to give soap to the recipient and a visitor to the locals to find out how the locals were using anti-COVID-19 equipment and to talk to the characters to get their views on the whole exercise. We did this every week, for three months from the launch date;

b. Refilling of liquid soap



Picture below: a hand washing demo at a village office (water from a "baby" calabash*), constructed by Chamavita)



Use of hand washing (bucket) facilities



- c. We also erected four posters at strategic locations with anti-COVID-19 messages. This message was given to us by the Department of Health;



- d. Every month we had a session to evaluate the progress of the campaign. We conducted this assessment together with local leaders, representatives of the District Health Department, the District Community Development Office, Faith leaders, School representatives and all the staff of this project.

*) a baby Calabash tank is a small tank of 20 up to forty liters contents which can be used as hand wash facility in the households, schools, work locations, etc. The design came from the rainwater catchment tanks of 5,000 liter contents. It is a ferro cement construction and Chamavita construct these tanks by well trained masons. Advantage above plastic containers: In the baby Calabash the water remains fresh.



Mid-Term Evaluation

- At the planning we hoped that during the weekly refilling the community would all come out. Once they were assembled we could continue to provide education and then refill them with liquid soap. But instead, they came one by one, and sometime a neighbor was asked to collect for others. For that reason refilling took two weeks or more for one location,
- The issue of refilling into smaller containers is good, it makes them take care of the small containers;
- Accessibility of the facility has varied:
 - There are those who put it outside, by the entrance door
 - There are those who put it out of the house but in the compound
 - There are also keep it indoors
- Visiting the project area to assess the use of facilities, it is not good in the morning because many go to their farm activities. At this time the facility is kept in the house
- There is also a statement that they keep it inside to avoid being stolen. Or children to misuse it
- There are others who divide the liquid soap in two parts. One in another container and the remaining is a reserve
- It was difficult to provide education at the Houses of Worship (to avoid interference with prayers). The Imams and pastors suggested they be given written request and time schedule of the activity. They discuss it with their congregations.
- In implementing the corona project, i.e. hand washing with soap and running water regularly, for three months now, the state of hygiene in Kinko village has become a new culture. Many are accustomed to it and neighbors are craving it. Community members have recommended that the exercise continue for two more months.

The present situation

- The outlook of the present Administration on the pandemic has changed now; it acknowledges publicly that the disease is here and needs to be fought with the assistance of other nations.
- The community has been urged to observe strictly the precautionary measures, like washing hands more often, wearing face masks, keeping social distance of 1 metre or more, doing some physical exercise, etc
- It is appreciated that a new surge of the virus is finally penetrating East Africa's rural areas, where most of the region's people live. The surge has been identified in countries that are bordering Tanzania, like Uganda in the north, DR Congo, Rwanda in the west and Zambia in the south;
- As of end of June we still have 769 units of 5-L and 410 units of 500ml liquid soap remaining for refill

1. Recommendation

With the new surge at our door step

- The community in the project area is enabled to continue the practice of the correct hygiene practices in order to curb the spread of Covid-19 in these remote areas.
- It is also necessary to train more community health workers on infection prevention and control in order to curb the imminent spread of the new wave in these rural areas in the project area.
- Let's continue creating wider awareness through distribution of posters. These awareness materials will increase behavior change toward hand hygiene and other public health measures.
- Let's continue helping these rural people understand the benefits of hand washing through more educational and more behavioral tools and tactics;
- In the project area, the population is with limited access to digital information channels. All of these communities are 'disconnected' from radio, television and even cell phone coverage, leaving them out of critical COVID-19 sensitization messages through such media outlets.
- Chamavita still believes one of the most effective ways we can continue helping these communities combat the spread of COVID-19, and limit its impact on such a fragile health systems, is by building people's knowledge and awareness. Promoting preventative action including practicing good hygiene in line with national government guidelines and recognized best practice.
- For the community in the project area, the easier and possible precaution they have adapted so far and needs to be instilled is washing hands with soap with running water. It is now a common practice since July last year.



Corona is present, be prudent!



Primary school



on the yard outside



inside

Conclusion:

- The hand washing became very much accepted and done within the project period, and after it.
- Keeping distance in Tanzania is 1 meter according the rules, it is clear that in practice is more difficult.
- Face mask were in first 6 Covid – 19 months very much practiced, later it became less.
- All in all we, Chamavita, can conclude that our project helped a lot in the awareness about the present Covid – 19 virus and in the practical how to handle it and how to minimize the spread.

Financial Report:**Income:**

| NR. | DATE | DONOR(S) | AMOUNT IN € | 1€=TZS | AMOUNT IN TZS |
|-----|------------|---------------|------------------|-----------|----------------------|
| 1 | 23.06.2020 | Spot Tanzania | 308.00 | ≈2,590.00 | 797,720.00 |
| 2 | 25.06.2020 | Wilde Ganzen | 29,468.00 | ≈2,590.00 | 76,322,120.00 |
| | | Total | 29,776.00 | | 77,119,840.00 |

The budget of € 29,468 transferred by Wilde Ganzen is for 50% (is €14,734) supported by the Wilde Ganzen and the other 50% by SPOT Tanzania.

Expenditures:

| Activity 1: Purchasing and transportation of materials | | Sub totals in Euro |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|
| 1.1 Preparation | 585,000.00 | |
| 1.2 20L-plastic bucket fitted with tap(for clean water) | 12,640,002.35 | |
| 1.3 10L-plastic bucket (for dirt water) | 5,599,999.16 | |
| 1.4 Plastic stand (to support 20L- plastic bucket) | 3,315,132.12 | |
| 1.5 Liquid soap, 500ml each, 1 pc per household per week for 12 weeks | 5,354,543.82 | |
| 1.6 Liquid soap, 5-Litre each | 12,702,818.00 | |
| 1.7 T-shirts for multipliers | 450,000.00 | |
| 1.8 Caps for multipliers | 300,000.00 | |
| 1.9 Posters, make, transport and install | 1,589,200.00 | |
| 1.10 Printing on buckets "Donated by CHAMAVITA" | 700,000.00 | |
| 1.12 Transport | 2,460,000.00 | |
| Sub Total 1 | 45,696,695.45 | 17,644 |
| Activity 2: Launching the project | | |
| 2.1 T-shirts and Caps | 750,000.00 | |
| 2.2 Fuel | 774,500.00 | |
| 2.3 Media (ITV, Channel10, StarTV from Dar and Utume Radio - Lushoto) | 2,539,000.00 | |
| Sub Total 2 | 4,063,500.00 | 1,569 |
| Activity 3: Distribution of handwashing facilities, face masks and installation of sanitiser dispensers and posters to 4 locations | | |
| 3.1 Fuel for pickup to transport workers from Lushoto to 8 sites, each 1 day, 4times per week | 800,000.00 | |
| 3.2 Allowances for District Health Workers | 215,000.00 | |
| 3.3 Allowances for 2 Village Health Workers | 240,000.00 | |
| 3.4 Fuel for Village Executive Officer' motorcycle (to mobilize and organise the community) | 120,000.00 | |
| 3.5 Allowances (incl. Bus fare, per diems for members from outside Lushoto District) for Chamavita members to work at store, organisation and supervision of registration of beneficiaries (effectively at 6 locations) | 885,000.00 | |
| 3.6 Transporting, driver 2 days each location | 300,000.00 | |
| 3.7 Allowances for recorders | 261,000.00 | |
| Sub total 3 | 2,821,000.00 | 1,089 |
| Activity 4: Replenishing liquid soap and refilling sanitiser dispensers once per week for 11 weeks to 4 locations | | |
| 4.1 Transportation by pickup, fuel per week for 18 weeks | 3,600,000.00 | |
| 4.2 Replenishing, multipliers, 1 per location for 18 weeks | 4,800,000.00 | |
| 4.3 Recorders, 2 per location, allowances for 18 weeks | 4,320,000.00 | |
| 4.4 Transport, driver, allowance | 2,160,000.00 | |
| Sub total 4 | 14,880,000.00 | 5,745 |

| Activity 5: Organizational costs for implementing the project (fee for staff, transport costs as far as this couldn't be budgeted in the activities) | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------|
| 5.1 Coordinate purchasing materials, 2 trips | 70,000.00 | |
| 5.2 Visit project area, determine requirements for primary schools, identify strategic locations to put up sign boards, discuss with village and Faith leaders on how they will continue the practice after the projects phases out (result no sanitizers, no face masks) | 200,000.00 | |
| 5.3 Formulate "Goals and Activities" as per Donor' instructions and re-budget to include the primary schools, changes made by Faith leaders (no sanitizers, face masks) | 325,000.00 | |
| 5.4 Prepare books for bookkeeping: ledgers, storebooks, delivery notes, payment vouchers | 60,000.00 | |
| 5.5 Loading and off-loading goods | 370,000.00 | |
| 5.6 Transporting goods from Dar and per diem for 2, 3days in Dar to purchasing/collect goods | 1,665,000.00 | |
| 5.7 Coordinate and supervise initial distribution and installation of materials | | |
| Allowances for distributors, demonstrations, education | 350,000.00 | |
| 5.8 Fuel for distributions | | |
| Cost for launching the project: District leaders and drivers (transport, fuel and allowances) | | |
| District Commissioner (DC) | 200,000.00 | |
| District Executive Director(DED) | 200,000.00 | |
| District Medical Officer (DMO) | 200,000.00 | |
| District Community Development Officer (DCDO) | 200,000.00 | |
| District Rural Water and Sanitation Agency (RUWASA) | 200,000.00 | |
| 5.9 Coordinate and supervise replenishment, 5 staff weekly, every fortnight | 1,559,000.00 | |
| Fuel to facilitate replenishment | 450,000.00 | |
| 5.10 Collect and compile field report, 2 staff weekly | 770,000.00 | |
| Service car, spares, repairs | 2,300,000.00 | |
| Evaluation meeting: Chamavita, community leaders, Faith leaders, District Community development Office, District Health Office, Village Health workers | 652,000.00 | |
| | Sub total 5 | 9,771,000.00 |
| | Total project expenditures: 1 + 2 + 3 + 4 +5 | 77,232,195 |
| | Total project income | 77,119,840 |
| | BALANCE | -112,355 |
| | | 3,774 |
| | | 29,820 |
| | | 29,776 |
| | | -43 |

To all the donors of SPOT Tanzania:

- Your donation is part of the €14,734 SPOT supported to this project, thank you very much.
- The effect of the project is positive on the health situation in the three villages Kwetete, Kifuruga and Makanya.
- The income and expenditure have only a difference of 43 Euro's so financially it is also a success.

