

---

**Project Report FF 0546-30**

<b>Project name:</b>	Covid-19 Relief Fund For People Living with HIV (PLHIV)
<b><u>Organisation</u></b>	More Than A Drop Foundation, Geneva, delivers sustainable life-changing development aid to the most vulnerable and disadvantaged people living in extreme poverty. The foundation is politically and denominationally neutral and is tax-exempt. More Than A Drop operates a vocational training for adolescent girls in Moshi, Tanzania.
<b><u>Implementing Organisation</u></b>	More Than A Drop Foundation Tanzania
<b><u>Type of project:</u></b>	Life-saving Reduction of fatalities by providing access to necessary life-saving treatments to PLHIV
<b><u>Main Goals and impact</u></b>	<ul style="list-style-type: none"> <li>- Reduce fatalities by restoring immune system through nutrition</li> <li>- Increase food intake to the kids of primary targeted group</li> <li>- Reduce infection risk by minimizing exposure and providing protective measures ( Soap and facial masks )</li> <li>- Reduce infection risk high-risk population through information</li> </ul>
<b><u>Situation</u></b>	<p>Without proper treatment, PLHIV have a severely compromised immune system.</p> <p>The Sars-CoV2 pandemic put PLHIV at highest risk. The economic downturn left many of them with no access for their HIV treatment (ART), insufficient nutrition and information on prevention/protection</p>
<b><u>Total no. of benefit:</u></b>	approx. 9000 (3'000 People Living with HIV + 4500-6000 family members of PLHIV)
<b><u>Period of project:</u></b>	3 months, June - August
<b><u>Place of performance:</u></b>	Moshi / Arusha/ Mto wa Mbu (Kilimanjaro/Lake Manyara region,Tanzania)
<b><u>Amount granted:</u></b>	75'000\$
<b><u>Budget Overview:</u></b>	<ul style="list-style-type: none"> <li>1/ Food: 55'957\$</li> <li>2/ Basic Protection: 9'130\$</li> <li>3/ Access to Medication (Logistics): 3'652</li> <li>4/Packaging: 652\$</li> <li>5/ Labour: 5609\$</li> </ul>

**Project Description (Summary)**

**Sars-CoV-2**

The novel Severe Acute Respiratory Syndrome coronavirus (SARS-CoV-2), first officially detected in Wuhan, China, has spread rapidly since December 2019. It – officially - arrived in northern Africa mid-February. The outbreak has been declared a pandemic by the WHO on Mar 11, 2020. On March 16, the Tanzanian government confirmed the first case. Only

one day later, the government announced a range of measures, in particular the closure of schools and finally, on April 11, all international flights have been suspended.

#### Situation of People Living with HIV (=PLHIV) in Tanzania

The effectiveness of the immune system declines with age, hence elderly people are naturally more at-risk. From that perspective, the demographics of Tanzania are seemingly favorable: it is estimated that more than the half the 56 million are aged <19.

This, however, does not account for the millions living with severe pre-existing conditions, in particular HIV but also Tuberculosis, malaria and diabetes, whose immune system is much weaker and are therefore at very high-risk.

The standard care for PLHIV is the AntiRetroviral Treatment (ART). The daily treatment reduces the amount of HIV in the blood. Without this treatment, the virus will continue to spread and harm the immune system.

Unfortunately, some 55% cannot follow the free of charge treatment respectively are excluded because of lack physical accessibility to the drug, the additional costs such as transport, etc. to get and stay on the treatment. Without the treatment PLHIV have a much weaker immune system. PLHIV have a severely compromised immune system, are hence more vulnerable to respiratory infections and must take extra protective measures to prevent covid-19.

Additionally, the hygiene conditions of Low-income PLHIV are very precarious.

#### General Situation and Economical Impact of the Pandemic

A healthy immune system needs among other things a good, regular nourishment. Scientists have long recognized that people who live in poverty and are malnourished are more vulnerable to infectious diseases. This is even more important to fight against Sars-Cov2. However:

In Tanzania, almost 68% of the population lives below the poverty line (1.90\$/day), and another 10% live in extreme poverty (<1\$/day). Poverty is the primary cause for hunger. **Chronic**

**hunger** designates a state of long-term undernourishment. Chronically hungry people do not have sufficient money for healthy nutrition, clean water or health care. Lowest incomes people of low-income countries eat once a day, and get some plus some tea-porridge in the morning. They do not have the means to eat twice since their daily earning is usually less than 1USD – for an entire family. Chronic hunger and malnutrition is very widespread in Tanzania.

The tourism industry is the second largest industry of Tanzania and also the second largest income generator with many other jobs attached to the industry. The entire industry came to a total halt at mid-March. For most, acute hunger is the biggest challenge they face due to the spread of the coronavirus.

#### **Project Implementation:**

The project was executed and supervised by More Than A Drop Tanzania. Our own trustworthy employees managed the project and made sure that the right beneficiaries receive the one-month-kit.

#### Implemented Activities and Key Measures:

1. Food: Order, store, prepare, re-package and distribute a three month-kit per one single PLHIV which includes:
  - . Food (rice, beans, maize)  
The food quantity given is meant to cover 60% of the food they can provide themselves
  - . 1 immune 'booster' to strengthen the immune system
2. Organize, buy and store the ingredients for the production; organize and supervise the production of the hand soaps
3. Organize, buy material/tissues for the production, and supervise the production of the

- 
- reusable face masks (made by local tailors). Check the quality
  4. Organize with the respective hospitals and the appropriate medical doctors the access to the beneficiaries
  5. Contact the beneficiaries, making sure they are accessible.
  6. Organize the distribution and logistics (truck, cars, buses, motor bikes) to hospitals, villages, centers, etc.
  7. Package: order, store the various bags; package food items into smaller packages; package face-masks and soaps. Put all in one big bag.
  8. Appropriate and essential training and information regarding prevention/protection for the segment at-risk
  9. Check and Monitoring: after execution/delivery of all bags, follow-up/monitoring with hospitals, visit of the beneficiaries.

#### Number and Access to the Beneficiaries

In total we could reach out to 3017 PLHIV and their 6000 family members

-1889 mothers

-454 children

-674 adolescent

and provide access to necessary life-saving treatments

In regards of the access to the PLHIV, we worked in close collaboration with the following eleven hospitals:

- . KCMC
- . TPC
- . Mawenzi,
- . Kibosho
- . Marangu
- . Hai
- . Kibongoto
- . Kilema
- . Machame
- . Momella Health Center
- . Mto wa Mbu Health Clinic

We have been working with most of these hospitals for years and know several doctors in various departments which helped a lot to get hold of the right persons which was not always easy and time-consuming.

These partnering hospitals have a direct access to more than 15'000 registered PLHIV and deliver them the ART.

#### Organization of the Distribution

The organization of the distributing of the survival kits to our beneficiaries was done with the hospitals / clinics. In all cases the social workers of the hospitals traced and contacted the beneficiaries or the social workers in the villages to inform the beneficiaries to come to the clinic. Whenever possible, we organized so called distribution days during which the kits were handed over – after careful checking regarding the eligibility – to the beneficiaries.

This involved quite an important organizational work including hospitals, social workers, drivers, village leader, etc.

During those distribution days up to 150 registered beneficiaries came to the clinic. Sometimes, we had to go to the various villages and hand out the kits there.

A weekly schedule such as the example below was elaborated in close cooperation with the

hospitals:

June	11.06.	18.06.	19.06.	20.06.	23.06.	25.06.	27.06.	29.06.
Hospital	Kibosho	Mawenzi	Mawenzi	Mawenzi	Momella	Momella	Hai	TPC
No of kits	120	65	75	75	30	50	172	51

Everything was packed at our site and the loading / delivery of the kits were organised with our school drivers. The drivers were accompanied by our staff members making sure that the items arrived safely their intended destination.

Thanks to a good organization and the good relationship with the partner delays and errors could be avoided:

- the supplies for food, soap ingredients, facial masks and supplements arrived on time
- the kits were prepared and packed one day before distribution
- all lorry drivers we organized for delivering the kits to the distribution locations were punctual and arrived safely at the hospitals

### Survival Kits and Delivered Items

Each survival kit included

- 17kg of Food: rice, beans, maize flour
- 1 portion of Moringa and Immunobooster for strenghtening the immune system
- 2 handmade, organic soaps
- 2 non woven, washable and reusable masks

### Food

The food was bought directly at the producing farms from our school supplier assuring best conditions. It was stored, controlled, packaged at our school. In total, 50.8To. of food was delivered, whereof:

- 22.6t maize Flour
- 13.6t beans
- 14.6t rice

### Immunebooster

A total of 600 kg Moringa powder and 950 bottles of liquid Immunobooster were delivered.

### Masks

6000 facial masks were fabricated by ten local tailors we know. The chosen fabric was well suited for the intended use, consisting of two layers of non-woven fabric aiming at 95% effectiveness and breathability. The masks can be washed and reused

### Soaps

The soaps were produced by us (we regularly produce organic, natural soaps for our guests). The production of 6000 soap bars took 20 days

### Achieved Goals and Impact

- Fatalities reduced by providing access to necessary life-saving treatment for PLHIV and by restoring immune system through nutrition
- Infection spread and exposure minimized by providing basic protective measures such as soap and face-masks, and through information

## Financial Overview:

Project Costs - Budget vs. Actual				
Item	Budget		Actual	
	TZS	USD	TZS	USD
Soaps	13'500'000	5'870	10'234'000	4'652
Face-masks	7'500'000	3'261	6'997'000	3'180
<b>Sub-Total Costs for Protection</b>	<b>21'000'000</b>	<b>9'131</b>	<b>17'231'000</b>	<b>7'832</b>
Maize Flour	33'750'000	14'674	30'847'000	14'021
Beans	40'500'000	17'609	37'194'000	16'906
Rice	33'750'000	14'674	28'427'000	12'921
Moringa & Booster	20'700'000	9'000	15'823'000	7'192
<b>Sub-Total Costs for Food/Imm.</b>	<b>128'700'000</b>	<b>55'957</b>	<b>112'291'000</b>	<b>51'041</b>
Packaging material	1'500'000	651	6'686'000	3'039
Logistics	8'400'000	3'652	4'310'000	1'959
Labour	12'900'700	5'609	16'065'500	6'985
<b>Sub-Total for Pack/Log./Personnel</b>	<b>22'800'700</b>	<b>9'912</b>	<b>27'061'500</b>	<b>11'983</b>
<b>Total Costs</b>	<b>172'500'700</b>	<b>75'000</b>	<b>156'583'500</b>	<b>70'857</b>

Food costs were lower than budgeted mainly because we did the repackaging ourselves and also bought the packaging directly resulting in higher costs of this position and of the labour charges. The latter also include the follow-up activities which were not counted in the original budget. Logistic and distribution expenses were lower than budgeted; the main reason is that we were able to organize that much more people would come to the hospital than we going to the villages. The project costs - without the project management expenses - are slightly below (- USD 4'143) the budget.

We suggest using the underspend by delivering similar kits for elderly PLHIV living in the region of Moshi/Arusha. They are most of the times living alone, with no work and under the poverty line, without the means to even access their medication.

## Warmest Thank you and Appreciation

We put a short [video about the project](#) on youtube. My warmest thanks and appreciation to the Eagle Foundation for supporting this life-saving project, also on behalf of the beneficiaries and the medical personnel who helped us to carry out the project.

Gian-Luigi Berini



Re-Packing of the food



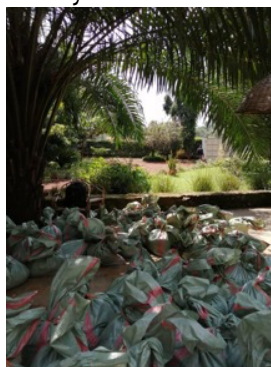
Cutting of the soap



Storage of the survival kits



Ready to be loaded



and delivered



Distribution of the survival kits at the hospital after doctors' consultation and receipt of ARV

