
Project Report

<u>Project name</u>	Covid-19 Relief Fund for Elderly Women Living Under Poverty Line
<u>Organization</u>	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.
<u>Implementing Organization</u>	More Than A Drop Foundation Tanzania
<u>Type of project:</u>	Lifesaving Reduction of fatalities by distributing three-month-kits (food and soaps) to elderly women living under the poverty line
<u>Beneficiaries</u>	Elderly Women (55 yrs. and more) Living under the Poverty Line (less than \$1.90/day <ul style="list-style-type: none"> - Single mothers supporting their grandchildren (because their parents are not able or passed away) - People affected and/or infected by the AIDS epidemic
<u>Main Goals</u>	<ul style="list-style-type: none"> - Avoid and/or reduce fatalities among targeted population - Ensure and/or restore reasonable health system through nutrition - Ensure the kids growth development - Reduce infection risk by minimizing exposure and providing protective measures such as soap
<u>Situation</u>	The dramatic economic turndown due to the Sars-CoV2 pandemic left many of them with hunger, no access to their HIV treatment (ART), and insufficient information on prevention/protection
<u>Period of project:</u>	5 months, April – August 2021
<u>Place of performance:</u>	Kilimanjaro and Lake Manyara area Remote villages and slum areas of Moshi, Arusha, Mto wa Mbu
<u>Total no. to benefit:</u>	approx. 8'000 (3'000 elderly women living under the poverty line plus 4500-5500 family members)
<u>Amount granted:</u>	61'131USD

Project Description (Summary)

The most vulnerable ones: Elderly People Living Under the Poverty Line. Context and current situation during the pandemic in Tanzania. For Elderly People Living Under the Poverty Line, death caused by acute hunger is by far the bigger challenge they face than Covid-19.

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- . Poverty is the primary cause for hunger. People living under the extreme poverty line are suffering from chronic hunger.
 - . In Tanzania, almost 68% of the population lives below the poverty line (1.90\$/day), and another 10% live in extreme poverty (<1\$/day). From a demographic perspective, more than 73% of the population over 55yrs lives with less than 1\$/day.
 - . There is no pension or any other guaranteed income coming from the government. More than 73% of the elderly population living in extreme poverty depend on the children they raised. The children have the presumed responsibility that they will take care of them.
 - . However, the current pandemic worsened the situation considerably. The tourism industry is the second largest industry income generator with many other jobs attached to the industry. Since March 2020, all tour-operators, agencies, guides, hotels and restaurants had to suspend/close their activities, dismissing all employees, affecting other industries too. Therefore, elderly people lost most of their sole financial support.
 - . Additionally, the upcoming rain season (April – June in the Kilimanjaro region) will increase the acute need for food.
 - . HIV-infected elderly are a special group being affected: In Africa, until early the year 2000, no ARV (medication to treat HIV) was available and was not free of charge till 2005. Also, the prevention campaign of mother to child transmission really started 2006. Therefore, many of the children died. Among the lowest income classes of the population, there is wide-spread missing generation that used to help their parents. These elderly people, usually single women, face an even more difficult situation.

Project Implementation:

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

Implemented Activities and Key Measures:

1. Food: Order, store, prepare, re-package and distribute a three month-kit per one single elderly woman. The kit included: rice, beans, maize and soaps.
The food quantity given is meant to cover 75% of the food they can provide themselves
2. Soap: Organize, order, and store the ingredients for the production; organize, produce, and supervise the production of the hand soaps.
3. Package: order, store the various bags; package food items into smaller packages; package soaps. Put all in one big bag.
4. Organize with the hospitals, social workers, and village leaders the access for distribution 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. Appropriate and essential training and information regarding prevention/protection for the segment at-risk
8. Check and Monitoring: after execution/delivery of all bags, follow-up/monitoring with hospitals and village leaders, visit of the beneficiaries.

Number and Access to the Beneficiaries

In total we could reach out to 3000 elderly women living under the poverty line as well as 5000 family members and provide access to necessary life-saving treatments and food. 60% of the women were between 55 and 63, 40% above 65 years old.

We worked in close collaboration with the following nine hospitals and 14 villages/slum areas:

Hospitals
TPC
Mawenzi
Kibosho
Marangu
Hai
Kilema
Machame
Momella Health Center
Mto wa Mbu Health Clinic

Villages/Slum Area
Moshi:
Pasua, Kaloleni, Majengo, Mabogini, Njoro
Boma Mbuzi
TPC area:
Londoto, Kiruani, Mawala, Mikocheni,
Chem Chem
Boma Ngombe:
Msikitini, Mtakuja, Magadini

Organization of the Distribution

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

In the villages and slum areas we additionally brought the kits from house to house in case of bad health condition of the beneficiaries.

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

A weekly schedule such as the example below was elaborated in close cooperation with the hospitals and village/slum areas

June	17.06.	19.06.	21.06.	22.06.	24.06.	25.06.	27.06.	31.06.
Hospital/ village	Boma Ngombe	Mawenzi	Kibosho	Mto wa Mbu	Momella	Macham	Mabogini	TPC
No of kits	155	120	120	423	120	105	178	423

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

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

- the supplies for food and soap 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/villages/slum areas

Survival Kits and Delivered Items

Each survival kit included

- 18kg of food: 5kg rice, 5kg beans, 8kg maize flour
- 2 handmade, organic soaps

Masks/Moringa: after discussion with the beneficiaries and the doctors no masks and moringa were distributed. They strongly advised us to distribute more food. Each beneficiary received 18kg instead of the 14.4kg.

Food

The food was bought directly from the producing farms to our school supplier assuring best quality. It was stored, controlled, packaged at our school. In total, 54t (instead of 44.2t as initially planned) of food were delivered, whereof:

- 24t maize flour
- 15t beans
- 15t rice

Soaps

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

Follow-up

After the execution and delivery, we did a follow-up in August with the social workers and village leaders and visited the beneficiaries.

Achieved Goals and Impact

- Fatalities reduced and avoided by restoring and strengthening immune system through nutrition
- Hygiene by providing basic protective measure (soap) and through information

Financial Overview

Elderly People Living under Poverty Line - Health Care Survival Kit

Item	Budget (USD)	Actual (USD)
Soaps	1'943	1'983
Masks	1'000	0
Food	46'800	50'338
Packaging material (bags, paper)	3'488	1'768
Logistic	2'650	2'118
Labour	5'250	5'413
Total Cost of the Project	61'131	61'620

The project was executed within the budget. Note: after discussion with the beneficiaries and the doctors no masks and moringa were distributed. They strongly advised us to distribute more food instead. Each beneficiary received 18kg instead of the 14.4kg.

Warmest Thank you and Appreciation

Our warmest thanks and appreciation to the Eagle Foundation for supporting another life-saving project, also on behalf of the beneficiaries and the medical personnel, village leaders and social workers who helped us to carry out the project.

Nicola Spring
Gianluigi Berini

Three beneficiaries



Happy and grateful after receipt of the 3-month food package

