**PROGRAMME TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS WHO ARE IN DIRE NEED IN TANZANIA2014/15-2018/19.**

1. **INTRODUCTION** .

The African Christian Rural Services is a non-government organization registered in Tanzania in November 1990 with the mission of empowering the poor and those who are in dire need of services in rural and urban areas to meet their practical and strategic needs.

Its headquarters is at Mbagala Kizuiani in Temeke –Dar es Salaam. It operates country wide in Tanzania. It has a Board of Directors comprising President, Vice president, Two Executive directors, Publicity Secretary and Five Board Members.

ACRS was founded by Father Christopher Caramandis who by then was a representative of Greek Orthodox Church located at Upanga adjacent to Hellenic Club in Dar es Salaam in collaboration with indigenous Tanzania Christians.

The intention of the founder was to help marginalized groups in rural areas comprising children, youth, women, persons with disabilities the elderly and displaced people reduce both income and non-income poverty so as to meet both their practical and strategic needs .

Unfortunately, soon after establishing the organization, father Christopher left Tanzania to Greek for medical treatment and never came back due to chronic illness he was suffering from.

After his departure the organization was dormant until the year 2011 when the remaining members the majority of whom were indigenous Tanzania resolved to continue with the organization and make it fulfill its vision and mission. To start with the members decided to launch a programme that will provide direct assistance to individuals who are in dire need in Tanzania for the coming five years namely 2014- 2019

Efforts have been made to assist the individuals mainly through formal groups formed by either individuals themselves or through their representatives. The groups include associations of people with disabilities, women groups with different names, associations of disabled people, association of people living with HIV and AIDS, associations of widows ,organizations working for the orphans ,children with disabilities , SACCOS and other marginalized people .

Commendable though the efforts are ACRS has observed that there area individuals who have not been reached by the services. The proposed five years programme aims therefore at reducing abject poverty in the community by providing direct assistance to individuals who are in dire need in Tanzania

The programme will cover 50 districts or almost half of the total number of the districts in the country at the rate of 10 districts per year starting with the following ten districts in Tanzania Main land and Zanzibar;-Temeke in Dar es salaam, Bagamoyo in Coast region, Roria in Mara region, Kongwa in Dodoma region, Mjini Maghaibi in Zanzibar, Muleba in Kagera region, Tandahimba in Mtwara region, Kasulu in Kigoma region, Monduli in Arusha region, Pangani in Tanga region.

The programme expects to support a total of 20,000 needy individuals in the 50 districts at the rate of 4000 per year and 400 per districts.

The type of direct assistance or support to be provided will in many cases be in the form of money, materials, food, clothes, scholastic materials, shelter, hygienic material and farm implements.

1. **NEED FOR THE PROGRAMME.**

In 2012 ACRS made a survey of individuals whose lives are pathetic and are in dire need of support from either family members, relatives community or the government but that support is not given.

The survey was conducted in Temeke and Bagamoyo, Ten wards were involved in the survey.

Five in Temeke and five in Bagamoyo as follows:

Temeke:- Mtoni, Wailesi,Tandika, Mbagala, chalambe.

Bagamoyo:- Magomeni, Yombo, Chalinze, Msata ,Fukoyose

Ten volunteers were employed to conduct the survey at the rate of one volunteer per ward for three weeks per ward in September 2012.

Method employed were home visits, observations and interviews with individuals. The volunteers were residing in the same wards. This made it easier for them to collect information from the communities.

The findings of the survey revealed that;-

* 17 Women with children disabilities were abandoned by their husbands due to giving birth to a child with disability. The mothers and their children were living in abject poverty with no support from relatives or neighbors due to stigma and discrimination of children / adults with disabilities by the society.
* 9 families were living in dilapidated houses and in abject poverty.
* 5 blind men were begging in the streets using their small children of 7 to 10 years. The children though of school age did not have the opportunity to be enrolled in school because they were used as guides for their blind parents.
* 13 people living with HIV and AIDS were living in pathetic conditions with no body to provide them with home based care. They did not have even money to go to hospitals for treatment and counseling
* 2 elderly women of 75 and 81 years were widows and were abandoned by their families They were living in isolation with nothing to eat. Due to old age they could not engage themselves in agriculture or any income generation activities. They survived by being provided food by neighbours but not on a regular basis. Unfortunately there is scarcity of food in the areas they were living.

**The above findings show that support given by the government and civil society organization to organized groups does not necessarily and automatically reach every member or individuals in the groups** due to either inadequacy of the support given or unfair distribution.

Moreover, some individuals are not aware of the existence of the groups.

There is therefore a need for designing a programme that will ensure that the poorest of the poor and people who live in the periphery of the periphery are reached in oder to solve their immediate, real and felt needs.

1. **OBJECTIVES:**

To meet immediate real, and felt needs of individuals who are in dire need.

1. **TARGETED INDIVIDUALS:**

* The infirms in hospitals who need money, food, fare support to go back home especially in the rural areas after treatment.
* Individuals with chronic illnesses who need to be referred to hospital for treatment within and outside the country but fail to do so due to lack of funds.
* Families with very poor shelters, beddings and attire and are unable to get decent shelters beddings and attire.
* Individual children who qualify to join secondary schools or institutions of higher learning but are unable to do so due to lack of funds.
* Families with nothing to eat due to drought or floods.
* Individual children with disabilities or adults with disabilities needing assistive devices such as crutches, wheel chairs but cannot afford to get them due to abject poverty.
* Abandoned families living in abject poverty
* Elderly people who are abandoned by their families and live in isolation and misery.
* Individuals people living with HIV and AIDS with no support from their families or relatives.
* Inmates who come from prisons but do not have any assistance to earn a living and are neglected by their families and relatives.
* Poor widows and families deprived of their properties by relatives and divorcees deprived of their properties by their husbands seeking funds to hire advocates to seek for legal rights to reclaim their properties in the court of law.
* Any individual who is very poor and needs direct assistance.

1. **ASSISTANCE TO BE PROVIDED**

Type of assistance will depend on the dire need of the beneficiary:

However, in many cases assistance will be provided in the form of money, materials, food, clothes, scholastic materials, assistive devices, medicaments, shelter, farm implements, transport facilities

1. **FINANCING PLAN:**

Funds for the programme will be solicited from individuals, charitable institutions, embosses, churches, business people, companies.

1. **INITIAL CAPITAL**

Initial capital is estimated at Tshs. 7,058,200,000 or USD 4,412,000 for one year and 35,291,000,000or USD 22,057,000 for five years

Detailed budget is in Annex 1 & 2 of this proposal.

1. **PILOT AREAS**:

The programmer will be piloted in areas where there are many people living in object poverty. To start with the programme will be implemented in the following ten districts in the first year:

* Temeke in Dar es salaam
* Bagamoyo in Coast region
* Roria in Mara region
* Kongwa in Dodoma
* Mjini Magharibi in Zanzibar
* Muleba in Kagera
* Tandahimba in Mtwara
* Kasulu in Kigoma
* Monduli in Arusha
* Pangani in Tanga

1. **METHODOLOGY FOR LOCATING AND IDENTIFYING THE NEEDY INDIVIDUALS.**

ACRS will employ 200 volunteers to locate and identify individuals in the ten selected districts. A combination of methods will be used by the volunteers:

**These will include:-**

* Visits to hospitals to interview nurses and hospitalized patients themselves and their families /relatives.
* Consultations with village executive officers to get information about needy fanciless and individual and their locations
* Consultations with Church and Muslim leaders to locate households with needy individuals
* Visits to institutions catering for orphans
* Visits to secondary schools and make interviews with the heads of schools about students who are unable to pay school fees due to abject poverty of their parents/ relatives
* Consultations with ward councilors and members of parliament
* Reports from districts on disasters brought by droughts and floods and families that have been displaced.

Information collected by the volunteers will be analyzed by 4 social welfare and community development officers at ACRS headquarters in order to take action to address the real and felt problems of the individuals.

1. **EXPECTED RESULTS:**

The programme expects to support a total of 400 needy individuals per district.

**The support is expected to**

* Release the burden for hospitals of incurring costs for sending patients back home especially in the rural areas after treatment.
* Enable people with chronic illness in rural areas to be referred to hospitals for treatment.
* Improve health status of people living with HIV and AIDS.
* Provide opportunities for needy children to pursue secondary school education and vocation training.
* Improve social and economic status of very poor families.
* Bring immediate relief to displaced families.
* To enable needy individuals to have full, productive and rewarding lives.

1. **SUSTAINABILITY:** 
   1. **Support from ACRS**

From the point of view of sustainability of benefits gained by the beneficiaries there are three types of support or assistance.

**Support that is a one time event and need not be continued.**

The following are examples of such support:-

* Giving fare support to individuals who are referred to hospitals or going back home after treatment in hospitals
* Paying for medical treatment of individuals.
* Supplying assistive devices to persons with disabilities.

**Support that is short and long term.**

* Paying for school fees and scholastic materials for needy pupils and students. This will have to continue until the pupil a student completes secondary school education.
* Providing food to families with nothing to eat. The families will be provided with food until the time they cultivate and harvest their own food crops.
* They will be provided with food for immediate relief and with seeds to grow to sustain their living.

**Support that is continuous until the individual dies.**

Individuals with chronic illness such as cancer and have no support or care from families or relatives will have to be supported by the progromme until they die.

With regard to food aid the programme will have its own big farms to grow food crops that will be given to needy individuals of families.

* 1. **Support from the community**

The community in which the needy individuals live will have to be made aware of their obligations as duty bearers to the needy individuals as Rights Holders.

Local resources will have to be identified to support the needy when the donor funding period aspires and ACRS reaches its EXIT point form the district.

By involving the community, ACRS will create in the communities is sense of ownership of the programme

1. **LAUNCHING**

The programme will be launched 2014 and will be pilot tested.

1. **PROJECT IDEAS NEEDING FUNDS.**

|  |  |  |  |
| --- | --- | --- | --- |
| **TARGET (BENEFICIARY)** | | **TYPE OF ASSISTANCE** | **PROJECT IDEA TITLE.** |
| 1. | Infirm in hospitals | Funds | Support the infirm in hospital (food, fare and medical treatment) |
| 2. | Family in poor shelters | Funds | Better housing for family living in poor shelter |
| 3. | Students with nothing eat due to drought | Funds | Provision of scholastic materials ,fees and fore support |
| 4. | Family with nothing to eat due to drought | Funds | Provision of foods seeds, and the agriculture inputs farming fertility and plots to till cultivate. |
| 5. | Abandoned families | Funds | Training in entrepreneurship issuance of soft loans provision of scholastic material, fees. |
| 6. | People living with HIV and Aids | Counseling Funds | Provision of counseling funds for nutritional support, medical treatments fare support seed money for income generation actives |
| 7. | Inmates | Funds | Provision of support for :- House rents for six month ,Capital to initiative, Business enterprise,Food for the first six month. |
| 8. | Widows & divorces deprived of their properties | Fund | legal Aid- fees for advocates to demand their right for in heritance  Capital to imitate IGA. |
| 9 | Any individual in Urgent need to direct Assistance | Fund | Emergency Aid. |
| 10 | Family in need of water supply | Water wells | Funds to support drilling and installation of deep water wells |

**ANNEX.1**

**BUDGET ESTIMATES 2014/15-2018/19**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ACTIVITIES** | **2014/15** | **2015/16** | **2016/17** | **2017/18** | **2018/19** | **TOTAL** |
| **1** | Soliciting funds from donors, company and individuals for 10 district per year | 6,000,000 | 6,000,000 | 6,000,000 | 6,000,000 | 6,000,000 | **30,000,000/=** |
| **2** | Recruitment of 200 volunteers per year for collecting information from 10 district per year. | 180,000,000 | 180,000,000 | 180,000,000 | 180,000,000 | 180,000,000 | **900,000,000/=** |
| **3** | Identification and assessment individuals400 per district or 4000 individuals per year | 60,000,000 | 60,000,000 | 60,000,000 | 60,000,000 | 60,000,000 | **300,000,000/=** |
| **4** | Analysis of the needs of the identified 4000 individuals | 8,000,000 | 8,000,000 | 8,000,000 | 8,000,000 | 8,000,000 | **40,000,000/=** |
| **5** | Procurement of Aid | 5,386,000,000 | 5,386,000,000 | 5,386,000,000 | 5,386,000,000 | 5,386,000,000 | **26,930,000,000/=** |
| **6** | Transportation of aid to the beneficiaries in the ten selected districts | 1000,000,000 | 1000,000,000 | 1000,000,000 | 1000,000,000 | 1000,000,000 | **5,000,000,000/=** |
| **7** | Community awareness creation for (meeting) of village level to mobilized resources to support the need individuals | Local Government Authorities | Local Government Authorities | Local Government Authorities | Local Government Authorities | Local Government Authorities | Local Government Authorities |
| **8** | **Monitoring**  Report writing  Programme review meeting  Field visits | 1,200,000  6,000,000  10,000,000 | 1,200,000  6,000,000  10,000,000 | 1,200,000  6,000,000  10,000,000 | 1,200,000  6,000,000  10,000,000 | 1,200,000  6,000,000  10,000,000 | **6,000,000/=**  **30,000,000/=**  **50,000,000/=** |
| **9** | **Evaluation**  Ant- evaluation  Formation evaluation  Mid-term evaluation  Final evaluation (annual ) | 60,000,000  30,000,000  15,000,000  100,000,000 | 60,000,000  30,000,000  15,000,000  100,000,000 | 60,000,000  30,000,000  15,000,000  100,000,000 | 60,000,000  30,000,000  15,000,000  100,000,000 | 60,000,000  30,000,000  15,000,000  100,000,000 | **300,000,000/=**  **150,000,000/=**  **75,000,000/=**  **500,000,000/=** |
| 10 | Post evaluation after elapse of one year to assess long lasting changes in the benefaction as a result of programme. | 10,000,000 | 10,000,000 | 10,000,000 | 10,000,000 | 10,000,000 | **50,000,000/=** |
| **11** | **Administration**  Office expenses  **Honoraria for staffs**   1. 5 Management staff for 12 Months @ 1500,000/= 2. Other Six Staffs for 12 Months @ 500,000/= | 60,000,000  90,000,000  36,000,000 | 60,000,000  90,000,000  36,000,000 | 60,000,000  90,000,000  36,000,000 | 60,000,000  90,000,000  36,000,000 | 60,000,000  90,000,000  36,000,000 | **300,000,000/=**  **450,000,000/=**  **180,000,000/=** |
|  |  | **7,058,200,000** | **7,058,200,000** | **7,058,200,000** | **7,058,200,000** | **7,058,200,000** | **35,291,000,000/=** |

At the exchange rate of US$ 1 to 1500 Tanzania Local Current (Shillings)

**ANNEX 2**

**5.0. PROCUREMENT OF AID**

* 1. **Medical support TSH**
  2. Transport for 1000 patients and for hospital @50,000 50,000,000.
     1. Medical treatment for 1000 patients @1,000,000 1,000,000,000.
     2. Support (contribution) for 20 patients referred

to the hospital outside the country@3,000,000 60,000,000

* 1. **Education support**
     1. School fees for 1000 children @1500, 000 per year 1,500,000,000.
     2. Scholastic materials for 1000 children @ 300,000 300,000,000.
     3. Transport to and from schools for 1000 @ 200,000 200,000,000.

per year for four years .

* 1. **Emergency relief**
     1. Food and clothes to 500 displaced families@ 1,500,000 750,000,000.
     2. Shelter for 500 displaced families @ 1,000,000. 500,000,000.
  2. **Assistive devices**
     1. Wheel chairs for 100 persons with disabilities@300,000 30,000,000.
     2. Crutches for 200 persons with disabilities @35,000 7,000,000.
     3. White canes 100 blind persons @ 100,000 10,000,000.
     4. Hearing Aids for 100 deaf persons @ 100,000 10, 000,000.
     5. Special skin lotion and hats and clothes for 100

people with albinism @ 200,000 20,000,000.

* 1. **Aid for elderly people and abandoned families**
     1. 200 elderly people @ 250,000 50,000,000
     2. 400 abandoned families @500,000 200,000,000.
  2. **Home based care for people living with HIV and Aids**
     1. Nutrition support for 200 left living with HIV and AIDS

@100,000 20,000,000.

* + 1. Medical support and transport to and from hospitals for 200 people living with HIV and Aids @ 200,000 40,000,000.
  1. **Placement of inmates from prisons**
     1. Food, Shelter and Clothes for the first six months for

100 inmates @300,000 30,000,000.

* + 1. Capital to initiate in came generating activities for 100 inmates@1500,000 50,000,000.
  1. **AID for any very poor person who needs direct assistance**.
     1. Aid in kind for 50 such persons @100,000 5,000,000.
     2. Aid in cash for 50 such persons @250,000 25,000,000
  2. **Legal aids for 18 poor widows and families deprived of their properties by relatives and divorcees.**
     1. Fees for advocates 9,000,000
  3. **Drilling of water wells 50x 10,000,000** 500,000.000.
  4. **Soft loans** **without any interest ( 0 interest)** 20,000,000

At the exchange rate of US$ 1 to 1500 Tanzania Local Current (Shillings)

