



MISENYI AIDS & POVERTY ERADICATION CRUSADE

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MAPEC ANNUAL REPORT FOR YEAR 2024

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LIST OF ABBREVIATIONS

ART	Antroviral therapy
CHAC	Council HIV/AIDS Coordinator
CHMT	Council Health Management Team
CTC	Care and Treatment Centre
DC	District Council
DMO	District Medical Officer
GGML	Geita Gold Mine Limited
IEC	Information, education and communication
MAPEC	Missenyi AIDS and Poverty Eradication and Crusade
NGO	Non-Governmental Organization
PLHIV	People living with HIV/AIDS
TACAIDS	Tanzania Commission for TACAIDS
TB	Tuberculosis
TIN	Tax Identification Number



Statement from executive Director`s desk

It must be emphasized that in order to have a significant impact on poverty reduction, project interventions must have benefits that go beyond the scope of the project. The issue of sustainability is a key concern, and one that is shared by MAPEC and NGOs alike. The empowerment of the rural poor and community mobilization are the keys to sustainability, and these processes can take extensive periods of time to be accomplished. Their relationships with local communities are broad and deep; and a strong sense of mutual trust and respect has already been established. Empowerment can be as basic as enabling groups to improve their conditions through socio-economic development program or projects. MAPEC view empowerment as a much more encompassing process that enables people, particularly the rural poor communities, to confront and deal with the systems and structures that cause their socioeconomic downturn with the implementation of projects being only one way with their full involvement and participation. This more-embracing view of empowerment ensures that the poor build the capacity to advocate and protect their interests vis-a-vis government, the market or others actors in society.

Year 2024 has marked successful implementation of various projects including ongoing KILI CHALLENGE HIV/AIDS ANTSTIGMA Project funded by GEITA GOLD MINE (GGM) through Tanzania AIDS Commission (TACAIDS) Construction of one 120 block girls dormitory a project funded by the Embassy of Japan in Tanzania. The completion of this project addresses the challenge of girls walking 12 kilometers to and flow to school which has led to increased number of dropouts, poor academic performance and teen pregnancy among girl students.

We managed to effectively accomplish the fore mentioned interventions in accordance to the required standards and set principals to ensure that we achieve desired significant outcomes We have maintained mutual super relationship with communities, Development Partners, Central and Local Governments and other local implementing Partners and look forward to strengthen the same in future. Nevertheless we have experienced narrowing of funding from our development partners as a result of Global economic downturn which seem threaten our existence, however one cannot drawn if one knows how to swim and so the English saying goes, despite the challenge we look forward that MAPEC shall prevail.

I take this opportunity on my behalf and the board of Directors to extend my sincere gratitude to the Local Communities, MAPEC entire staff, support staff and community volunteers for the work well done towards successful implementation of our organization program and interventions. While we appreciate the value of financial support extended to MAPEC by various partners, we highly recognize the remarkable partnership with PACT Tanzania our long time partner and best ally for significant contribution accorded to Missenyi community since 2006 to date and look forward to see our partnership strengthened much more. We thank Missenyi District council and office of the District commissioner for support and mutual collaboration. I conclude by wishing you all the best and may Almighty God bless you now and always.

George Buberwa

Executive Director

1.0 INTRODUCTION

Missenyi AIDS & Poverty Eradication Crusade (MAPEC) is an indigenous, non-governmental organization (NGO) based in Missenyi District, Kyaka, Kagera Region. Founded in March 2001 and officially registered in September 2001 (Registration No. SO11187), MAPEC operates at the regional level to improve public health and promote socio-economic transformation in the community. The organization obtained its certificate of compliance (No. 1876) in 2006 and TIN (106-188-483) in 2007. MAPEC functions through a Board of Directors that provides strategic oversight, and a Management Committee responsible for daily operations and administration.

2.0 VISION AND MISSION

Our Vision To have a healthy, productive, just, and prosperous society.

Our Mission

To promote social transformation through community engagement, empowerment, and investment for people's sustainable development.

3.0 Geographic Scope & Target Population

In FY2024, MAPEC operated in 20 wards across Missenyi District. Our work targeted orphans and vulnerable children (OVC), people living with HIV (PLHIV), caregivers, community volunteers, youth, sex workers, religious leaders, and other key stakeholders.

4.0 PROJECTS IMPLEMENTED IN FY2024

4.1 HIV/AIDS Impact Mitigation Project

Aimed at enabling OVC and their caregivers to access comprehensive HIV-related services through community case workers and local partnerships.

4.2 Organizational Development Fund (ODF)

Focused on internal capacity building, governance, and board functionality.

4.3 Anti-Stigma and Discrimination Project

Implemented with funding from Geita Gold Mine Limited (GGML) through the Kilimanjaro Challenge against HIV/AIDS in collaboration with TACAIDS. This one-year initiative focused on building awareness and reducing stigma related to HIV/AIDS.



Awareness creation campaigns and sessions One of the posters posted at Kyaka bust terminal

4.4 Construction of Girls Dormitories

This activity involved construction of a dormitory to accommodate 120 girls, installation of beds, mattresses, lockers, and sanitation facilities. It further included instillation of fire safety facilities to alarm students in case of fire outbreak infrastructure for Inclusive education- accommodation of learners with special needs.



Girls' students showing the spirit of joy after the launch of their dormitory (Kagera Secondary school)

5.0 STRATEGIC FOCUS AREAS & ACHIEVEMENTS

5.1 Organization Development

5.1.1 Board and Governance Activities

- Two Board of Directors' meetings were held (March & December 2024).
- Discussions included budget approval, board restructuring, staffing, and office construction progress.

- The board was reconstituted, and leadership positions were reassigned.

5.1.2 Annual General Meeting

- Held in August 2024 with 13 members.
- Focused on strategic planning and new membership confirmation.

5.2 Disease Control and Prevention

5.2.1 Strengthening HIV Services

- Conducted joint monthly meetings with 14 CBHSPs and 62 Community Case Workers (CCWs).
- Provided ART adherence support, tracked lost-to-follow-up beneficiaries, and linked 0-19 age OVC to appropriate HIV services.
- 108 improved Community Health Fund (CHF) cards were distributed to caregivers and OVC for improved access to health services.



Project beneficiaries receiving community health fund cards

5.2.2 Family and Child Asset Assessment (FCAA)

- Assessed 317 caregivers and 900 OVC.

- 123 beneficiaries qualified for graduation from the project; 1,094 continued support.

5.2.3 Supervision and Monitoring

- 436 supportive supervision visits were made to CCWs and Livelihood Volunteers (LVs).
- Activities included technical support, group formation, financial linkage, and social fund establishment.

5.2.4 Community Volunteer Engagement

- 12 monthly meetings were conducted to review progress, train volunteers, and assess field activities.

5.2.5 Vocational Training Follow-up

- 24 OVC graduates (16M, 8F) from VETA Kagera were surveyed post-training.
- 8 OVC started income-generating activities in tailoring, masonry, plumbing, and electrical work.

5.2.6 Data Quality and Review

- Conducted one RDQA with Pact M&E Cluster.
- Two data review meetings held—one at council level and another at the regional cluster level.

5.3 Child Protection and Positive Parenting

5.3.1 Positive Parenting Education

- 665 OVC caregivers (87M, 578F) reached through home visits and WORTH Yetu group sessions.
- Key topics: home environment, problem-solving, parenting dos and don'ts.

5.3.2 VAC & GBV Screening

- 343 individuals assessed using VAC & GBV screening tools—no victims were identified.

5.3.3 Reporting and Referral

- 7 cases of neglect were identified and referred to DSWO and CPT for follow-up.

5.4 Anti-Stigma and Discrimination Project Achievements (GGML Project)

5.4.1 Stakeholder Engagement

- Introductory meetings held with 12 CHMT members; full buy-in and support secured.

5.4.2 Trainings

- 200 PLHIV, youth, and sex workers trained on stigma and discrimination.
- 30 religious leaders, media, artists, and influencers trained in two-day sessions.

5.4.3 IEC Materials

- Posters and educational content on stigma reduction were developed and posted at strategic locations, including cross-border areas.

5.4.4 Cultural Troupes and Media

- Cultural performances (poetry, drama, song) used to raise awareness.
- Four radio talk shows aired on Kasibante FM discussing stigma, human rights, and ART adherence.

5.4.5 World AIDS Day 2024

- Participated in district-level commemoration.
- Provided HIV testing, counseling, TB and COVID screening, and community sensitization.

5.4.6 Stakeholder Feedback & Monitoring

- Two review meetings held to share feedback and lessons.
- Field monitoring covered Kassambya, Mabale, Mutukula, Nsunga, Mushasha, Kilimilile, Bugorora, and Kyaka.

6.0 KEY ACHIEVEMENTS IN 2024

- Reached over 5,000 beneficiaries, including OVCs, caregivers, and PLHIV.
- Strengthened MAPEC's internal governance through Board restructuring and new member induction.
- Significant improvement in ART adherence and reduced stigma in trained communities.
- Increased capacity of CCWs and LVs to support project implementation.
- Facilitated access to health and vocational services for vulnerable groups.
- Improved academic performance and attendance of girls students
- Reduced dropout rates.
- Enhanced school reputation and enrollment.
- Greater community engagement in supporting education

7.0 CHALLENGES

1. Project Phase-Outs:

- Phase-out of USAID BoreshaAfya and MtotoMwerevu projects affected operational capacity.

2. Limited Coverage (GGML Project):

- Anti-Stigma project was implemented in only 6 wards out of 20.

3. Self-Stigmatization:

- Some PLHIV still hide their status from spouses or family, hindering ART uptake.

8.0 WAY FORWARD

At Organizational Level

- Review and implement MAPEC’s **Resource Mobilization Strategy (2023-2026)** and **Strategic Plan (2023-2027)**.
- Expand anti-stigma education to all **20 wards** in Missenyi District.
- Increase budget allocation to scale up outreach and services.
- Focus on social enterprise for sustainability

At Community Level

- Continue **capacity building** of stakeholders including religious leaders, artists, and community leaders.
- Encourage **PLHIV group formation** for economic strengthening, ART support, and psychosocial care.

9.0 ACKNOWLEDGEMENTS

MAPEC expresses sincere gratitude to all our partners for their generous support including:

- Embassy of Japan in Tanzania
- USAID and Pact Tanzania
- Geita Gold Mine Ltd and TACAIDS (GGML Anti-Stigma Project)
- Local Government Authorities of Missenyi District
- Community volunteers, health workers, and local leaders
- Donors, stakeholders, and the wider community for their continued support and collaboration.

10. OUR CONTACTS

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