SINGIDA MUNICIPALITY- TANZANIA

Project Proposal for Human Trafficking and Palliative Care Program

---

MEDICAL MISSIONARIES OF MARY

FARAJA CENTRE CBHC

6th February 2025

Project Application Details

Item	Details
Legal Holder	MMM FARAJA CENTRE CBHC
Address	9 BR Omar Seif, Ipembe P.O Box 510, 43108 Singida, Tanzania. info@mmmcbhc.org www.mmmcbhc.org
Project Location	Singida Municipality
Project Applicant	MMM FARAJA CENTRE CBHC
Contact Person	Sr. Ursula Agge, Programme Co-Ordinator Tel. +255 741681103 Office: + 255 627 212 363(from 8am to 3pm. Email: mmmfarajacentrecbhc@gmail.com
Status	Non-Profit Organization (Platform)
Project cost	€46,354. **The overall budget cost is €52,911 but we are requesting for €46,354 because we have a balance of €6,557 from the funding of 2024.**
Project duration	1 year
Submitted to	CORK

List of Acronyms

Acronym	Long form
AHT	Anti- Human Trafficking
AIDS	*Acquired Immunodeficiency Syndrome*
ATIP	Anti-Trafficking in Person
CBHC	Community Based Home Care
CHTEA	Counter Human Trafficking East Africa
CHTTEA	Counter Human Trafficking Trust East Africa
CM	Community Mobilizers
FHPCP	Faraja Hospice Palliative Care Program
GBV	Gender Based Violence
HIV	*Human Immunodeficiency Virus*
HT	Human Trafficking
HT	Human Trafficking
IGAs	Income Generating Activities
ILO	International Labour Organization
IOM	International Organization for Migration
LHRC	Legal and Human Rights Centre
LHRC	Legal and Human Rights Centre
M&E	Monitoring and Evaluation
MMM	Medical Missionaries of Mary
MOHCDGEC	Ministry of Health, Community Development, gender, Elderly and Children
MOHSW	Ministry of Health and Social Welfare
PCCB	Prevention and Combating of Corruption Bureau
PCHWs	Palliative Care Community Health Workers
PCP	Palliative Care Program
TIP	Trafficking in Person
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHRC	United Nations Human Rights Council
UNICEF	United Nations International Children Emergency Funds
UNODC	United Nations Office on Drugs and Crime
USDS	United States Department of State
VCT	Voluntary Counseling and Testing
VICOBA	Village Community Bank

HUMAN TRAFFICKING PROGRAM

1 Introduction

- Human trafficking is an urgent crisis that continues to devastate the lives of millions of individuals globally, including Singida our region. Every day, men, women, and children are subjected to unimaginable horrors—forced labor, sexual exploitation, and other forms of severe abuse. Immediate action is essential to rescue and rehabilitate victims, prevent further exploitation, and bring traffickers to justice. At its core, human trafficking is a clear violation of basic human rights. It strips individuals of their freedom, dignity, and security. Combating this issue is not just a legal obligation but a moral imperative. Trafficking also undermines the social and economic stability of communities, perpetuates cycles of poverty and inequality, and poses significant public health risks. By addressing trafficking, we contribute to a safer, more prosperous future for everyone. Your support for this project can make a considerable difference, providing hope and the opportunity for a better future to countless individuals who have suffered immensely

2 Executive Summary

- MMM Faraja Centre CBHC, Confidence Initiative, has been at the forefront of combating human trafficking in Singida Region. With the support of CORK, we successfully launched the "Say No To Human Trafficking" project, raising awareness and supporting community mobilizers, teachers, local government authorities (LGAs), and religious leaders over the last year. As the project timeline has concluded, we seek new funding to continue and expand our efforts to address the growing need for preventative measures and victim support services. Human trafficking, gender-based violence, substance abuse, and HIV/AIDS/STIs remain significant issues in Singida region alone.
- Building on our previous success, our new proposal aims to reach 96,138 additional community members, enhance awareness through social media campaigns and online content creation, expand the creation and supervision of school clubs to educate and motivate children, provide ongoing training to Community Mobilizers (CMs), teachers, LGAs, and religious leaders, and strengthen advocacy efforts to promote human rights and counter human trafficking at various leadership levels. We will facilitate monthly meetings of the Human Trafficking Platform to ensure continuous coordination and support, and include comprehensive platform training for all stakeholders to enhance their understanding and effectiveness in combating human trafficking. We intend to reach more individuals and strengthen our community's resilience against human trafficking so as to continue to create a safer and more just environment for everyone in the Singida Region.

3 Problem statements

- Singida, strategically located in central Tanzania, has become a major hub for human trafficking due to several key factors:

1. Geographical Advantage: Singida's central location and extensive road network facilitate the movement of trafficked victims, making it one of the highest trafficking centres in Tanzania.
2. Community Unawareness: The local population is largely unaware of human trafficking, with many unknowingly participating in trafficking activities, mistaking them for legitimate business transactions.

- Addressing these issues is crucial. By raising awareness and implementing targeted interventions, we can reduce human trafficking in Singida and create a safer environment for its residents.

4 Beneficiaries

The project is initiated for the benefit of Singida communities and persons affected by human trafficking. The primary beneficiaries include:

i. Singida Communities -18 Municipal wards
ii. Persons Affected with Human Trafficking

	irect beneficiaries Male	Direct beneficiaries Females	Direct beneficiaries Total	Indirect beneficiaries male	Indirect beneficiaries Female	Direct beneficiaries total
Targets	35,069	61,069	96,138	70,138	183,207	253,345

5 Effects of human trafficking

-Human trafficking in Singida, Tanzania, has significant impacts across social, economic, health, and political spheres. Socially, victims face stigmatization, discrimination, and negative coping mechanisms such as alcohol and drug addiction, leading to social disruption and increased violence. Economically, trafficking survivors struggle to reintegrate, often relying on government

welfare systems due to trauma and health issues. Additionally, trafficking profits fuel criminal organizations, undermining the legitimate economy. Health-wise, trafficked individuals are at high risk of contracting and spreading HIV/AIDS and other sexually transmitted infections due to sexual exploitation, and they suffer long-term physical and mental health issues from enduring harsh conditions. Politically, trafficking poses national security threats as organized criminal groups involved in trafficking engage in other illicit activities that destabilize regions and undermine government authority.

Recent data, including the U.S. Department of State's 2022 Trafficking in Persons Report, indicates that the situation remains critical, with challenges such as lenient sentencing for traffickers and inconsistent victim identification procedures. The Borgen Project classifies Tanzania as a Tier 2 Watch List country, and the 'Not in My Country' campaign by TANAHUT emphasizes community involvement to combat trafficking.

This project aims to address human trafficking in Singida by raising awareness and providing rescue, rehabilitation, and legal aid for victims. Implementing these measures can help mitigate the devastating impacts of human trafficking and create a safer environment for all residents of Singida.

6 Changes to be made

-Beneficiaries should continuously be educated about the dangers of human trafficking and equipped with the knowledge to implement effective countermeasures. To achieve this goal, MMM Faraja aims to enhance awareness of human trafficking and its severe effects (e.g., gender-based violence, human rights violations, substance abuse, and crime) across the 18 wards of Singida municipality.

7 Project Goals and Objectives

7.1 Overall Goal

- To raise awareness about human trafficking and implement measures to mitigate its severe effects in 18 wards of Singida municipality by providing education in the community, schools, colleges, institutions, health centres, and religious centres, as well as through local community meetings by the end of the project
-

7.2 Specific Objectives

i. To raise and deepen awareness about the dangers of human trafficking, including its severe effects (such as gender-based violence, human rights violations, substance abuse, and crimes) in 18 wards of Singida municipality by the end of the project.

ii. To address the associated effects of human trafficking in 18 wards of Singida municipality by the end of the project.
iii. To uphold human rights and dignity through the provision of legal aid in 18 wards of Singida municipality by the end of the project.

8 Project Activities to be achieved under this project

1. Dissemination of Knowledge: Educate the public on Human Trafficking, Gender-Based Violence (GBV), Substance Abuse, and HIV/AIDS/STIs. Expand our Information, Education, and Communication (IEC) services to reach 96,138 community members.
2. To establish and supervise school clubs as platforms for raising awareness about human trafficking among children. Organize school club days to further motivate and educate students.
3. To Provide training to 67 Community Health Workers (CHWs), 38 teachers, 150 Local Government Authorities (LGAs), 20 Platform members and 58 religious leaders to raise awareness in wards, schools, communities, churches & mosques.

Hospice and Palliative Care Programme

9 Introduction

The MMM Faraja Hospice & Palliative Care Programme (FHPCP), a Programme of MMM Faraja Centre CBHC, PO Box 510, Singida, Tanzania was started in August 2012 after a modified Needs Assessment showed that people suffering from life-limiting illnesses in Singida Municipality had no access to treatment that they needed, especially for pain control.

10 Aim of The Programme

In Tanzania an estimated 44,000 new cancer patients per year. Appr. 90% of cancer diagnosis result in only PC treatment options. Vast distances, immobility of the sick, lack of opiate drugs, limited PC integration into standard medical care & lack of government budgeted funds, mean very few patients have access to PC services & levels of awareness remain low. By ensuring access to home based PC, we alleviate suffering, improve quality of life & dignity in dying. FHPCP provides Home Based Hospice & Palliative Care (PC) to those with terminal and chronic diseases in Singida Municipality. End of Life Care is its priority. The Programme does not refuse treatment,

especially to patients needing morphine, to people outside of the Municipality if a family member can come to collect medications. All services and care are provided without cost to the patients. The Programme has a Memorandum of Understanding with Singida Regional Referral Hospital that they provide oral morphine solution without cost for those patients requiring it.

11 Specific Objectives

- To identify patients and provide holistic Home-Based Hospice and Palliative Care services which embrace the physical, psychological, spiritual and social needs of those served.
- To provide these services with a skilled Team which uses oral morphine and other Palliative Care medications where they are needed.
- To educate and support family members and caregivers of those receiving PC services.
- To educate the larger community starting with local government, health care personnel and religious leaders about chronic diseases and life-threatening illnesses, especially cancer, about what can be done to treat them, how family members can be involved and especially how to obtain quality and appropriate End of Life Care.

12 FHPCP staff

FHPCP has 7 full time staff: one medical doctor, four PC nurses, one Pharmacy Technician and one driver. They are assisted by 43 Palliative Care Health Workers (PCHWs) (19 women and 24 men) who receive a small monthly stipend to cover travel, phone vouchers and bicycle repairs. These PCHWs were chosen from all 18 of the Wards of Singida Municipality and are a direct link with the community. Each PCHW, upon completion of the training course, signed a Contract that is renewed yearly, and received a bicycle, raincoat, boot and backpack to be used by them in their work which includes educating the community, looking for new patients who need PC and visiting those patients regularly.

FHPCP has between about 280 patients who are currently on care and treatment. It is hoped that the above words provide a picture in nutshell of our FHPCP.

13 Project Activities to be achieved under this project

13.1 Medicines and Supplies

These are yearly recurring costs. Tanzania as a country states that patients with chronic diseases are exempted from payment for treatment. In actual practice this has not been our experience and so far, it has not been happening. FHPCP covers costs of all medications and supplies apart from oral morphine solution which is provided by the government without cost. This time round, we have more patients and as such, it would require more supply of medication so that no patient is left unattended.

13.2 PCHWs Monthly Stipends

Monthly Stipend for ten PCHWs. This stipend covers travel to and from the Monthly Meetings where PCHWs bring their statistics of new patients, patients visited and any education they gave to groups; phone cards and bicycle repairs. Having these health workers on ground makes our work in the wider community move smoothly as they are able to identify patients in need of end of life care and support follow up together with the Sisters. The remaining 33 PCHWs will be Co-funded.

13.3 Salaries for a number of staff Members:

Salaries for 8 staff who are currently implementing the different activities. This will be of great support to Faraja Centre.

14 Monitoring and Evaluations

14.1 Monitoring Plan: To schedule regular meetings with stakeholders, community mobilizers, PCHWs and platform members to assess progress, Implement data collection tools to track participation, awareness levels, and the effectiveness of our different interventions and activities. This will also create channels for beneficiaries to provide feedback on the project activities and their impact.

14.2 Evaluation Methods: To carry out surveys before and after the project so as to measure changes in awareness and attitudes towards human trafficking, to evaluate the success of the project, such as the number of individuals educated, the number of rescues conducted, and the level of community-engaged and lastly to develop detailed case studies to document successful interventions and lessons learned. As for PC interventions, we will evaluate each patient through post mortem and discussions over the case for a better way forward. The PC team usually have regular meetings as well to go over what has been done including feedback from clients, and in this way, suggestions and decisions are made to better serve the patients.

15 Sustainability Plans

15.1 Continued Awareness and Education: Develop a plan to sustain awareness campaigns and educational programs beyond the project's duration and continue to partner with local authorities and institutions to ensure ongoing support and engagement.

15.2 Capacity Building: Strengthen the capacity of local stakeholders, such as teachers, community leaders, and health workers, to continue combating human trafficking independently as well as addressing the issues of Palliative care.

11.3 Resource Mobilization: To explore additional funding opportunities and partnerships to sustain and expand project impacts.

16 Reporting and Dissemination

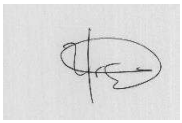
16.1 Progress Reports: Periodic progress reports will be prepared to update on project implementation, challenges faced, and milestones achieved. These reports will include both qualitative and quantitative data to demonstrate the project's impact.

16.2 Final Report: A comprehensive final report will be compiled, summarizing the project's outcomes, successes, and areas for improvement. The report will highlight stories of change and personal testimonials from beneficiaries and stakeholders.

16.3 Dissemination of Reports: The final report will be shared with the donor, stakeholders, and the broader community.

Appreciation

We are deeply grateful to members of the Cork-Singida Partnership for their very generous help to MMM Faraja CBHC Programme last year and we hope that our request this year will be successful!



Sr. Ursula Agge, MMM

Director - MMM Faraja Centre CBHC

7th February 2025