



SOCIO and ECONOMIC EDUCATION TRANSFORMATION for HEALTH

ANNUAL REPORT 2024



Report Prepared by SEET; Anglican Street. Buguruni Malapa, Dar es Salaam Tanzania

Cover photo: *Widows training on making liquid soap*



Summary

SEET is a Tanzanian non-governmental organization created in 2016 by an interfaith, government, and academic partnership which included Health Tanzania. SEET unites religious and local government leaders to equip, empower, and mobilize community members in self-reliant efforts to realize more equitable health, education, and local development outcomes. SEET focuses on everyone, but especially the marginalized. SEET is currently working in the poor urban Buguruni, Mnyamani and Vingunguti neighborhoods of Dar es Salaam with its 151,136 people and the poor rural villages in the Kisarawe District with its 159,226 people in Tanzania.

This document reports all activities carried out by the Socio and Economic Education Transformation during the year and its respective achievements. It serves as a channel to track the Program's progress and communicate it to the general public.

Orphan and Vulnerable Children Program

One of SEET's focuses is assisting orphans achieve their dreams. SEET does this by ensuring that they receive quality education and training. Care-givers, teachers, partners, and communities are key collaborators in this effort. Orphans are provided with school supplies, uniforms, books, healthcare and school and vocational training fees. Also, SEET monitors their progress at school.

Orphans needs assessment and support

In 2024, SEET conducted a needs assessment of the orphans in the Buguruni, Mnyamani and Vingunguti wards. We identified and assessed 60 new orphans and reassessed the needs of 40 old ones. Among others, the assessment found that: one orphan left secondary school due to pregnancy and two children have stopped going to school for unknown reasons. Following the assessment, SEET provided school supplies to 37 (20 females) children, school shoes 7 (3 female); school bags 6 (4 females), emergency food to 60 (41 female) and 37 (20 females). received school uniforms.



Above are orphans receiving the supplies and a view of some of these supplies.



Left are two orphans: Salehe Ally and Naima Mohamed, who received eye examinations and glasses. With the glasses, they say that they are now comfortable and confident with their schooling.

School visit

SEET staff visit the schools where orphans who receive financial support go. They meet with the teachers to discuss the children's progress and issues that hinder their success. During 2024, SEET visited a child in kindergarten, 15 (7 female) students in primary school, and 19 (10 female) in secondary school. SEET received orphans school examination results and found that some children had good results. Most orphans visited need to work on science, mathematics, and English.

One of the orphans visited and receiving support from SEET is Hamida Hashim who is in her third year of secondary school. She was no longer living with her aunt and was feeling anxious and isolated. To give her better support SEET has enrolled her in the private Kananura Secondary School. Below are photos of Faidha (our community coordinator), Connie (US Volunteer), and Hamida at her old school. The second photo is of Faidha with Hamida on her first day at the new school.



In the reporting year, 3 children we support completed primary school and joined ordinary level secondary school. Five children completed ordinary level secondary school but were not selected to go to advanced level secondary school because of low grades. One child graduated from vocational training and three children are still in college/university.



Meeting OVCs and their Caregivers

SEET met with 69 newly identified orphans and 43 caregivers. Together, we discussed the program, shared experiences, and agreed to create orphan peer groups. In addition, two group leaders were elected. Their main role is linkage to the program.

Issues discussed included: irregular orphan school attendance, lack of teacher and caregiver communication, and the roles of caregivers in supporting orphans. The orphans' concerns included not being listened to by caregivers, irregular support from caregivers, and the shortage of teachers in their schools. As a way forward, each caregiver will visit the schools four times a year and discuss their children's progress and ways to improve their performance. The first peer group meeting was set to be in April. The following is a photo of orphans, caregivers, and SEET staff.



Amos (shown on the right) was one of the orphans found not going to school. Faidha, met with Amos and his school teacher and grandparents who are his caregivers to discuss their concerns and his returning to school. Grandparents had concern about Amos coming home late and Amos complained on lack of essential support from grandparents. The grandfather disenrolled Amos from school. Amos comes home late because he has informal jobs to pay for school supplies and other needs. The grandmother stated; *"We are old and poor and our main focus is to have at least one meal per day for you and us."* They agreed that there should be improved communication between Amos and his caregivers. Below is Amos, his grandparents, and Faida





Pictured (left) is the orphan Amos who had been disenrolled from school by his grandfather. He is seen meeting with his grandparents and the school teacher. He was back in school and is one of the orphans who has completed secondary school education

Orphan and vulnerable children Peer groups

SEET organized two orphan peer group meetings. The first meeting occurred in June. In this meeting, the group agreed on monthly meetings, health education sessions, and periodic health screening events. They also agreed on finding ways to reward those who perform well in school, give entrepreneurial skills to out-of-school orphans, and organize social events such as get-togethers parties, competitive games, and visiting national parks. Below are peer group meeting photos.



In the second peer group meeting, children talked about school and out-of-school issues including challenges they encountered. Failure to pay for school meals, lack of health insurance, and shortage of teachers were discussed with the children. There was extensive discussion about violence at school and home.

In one of the orphan well-being discussions, Richard Joesph told the coordinator that he had evening fever, cough, and chest pain for over two weeks. He had not gone to hospital because the caregiver grandfather who provides money for treatment is old and sick and can no longer work. *"It's hard to believe, in most days aaah..., we have one meal,"* he said. He however thanks SEET for informing his teachers of the situation. He is now excluded from paying for school meals. Richard was sent to Buguruni Anglican Health Centre where he received free care.



Richard (left) was attended by Dr. Yohana Mokiwa at Buguruni Anglican Health Centre.

In 2024, SEET also met with the young people who had completed primary or secondary school but had not continued further schooling. Reasons included the lack of caregivers' support and low grades. They have dreams of becoming auto-mechanics, hairdressers, nurses, and tailors. As SEET did not have funds, all were not sent to vocational trainings as asked for.



Some of these young people are pictured-left.

Home-based care

SEET provides nursing care and psycho-social support to patients cared for at home. In 2024, SEET assessed 22 patients, seven being new. The assessment showed majority of the patients are recovering from stroke and major operations. Thirteen (59%) are enrolled in related clinics but attend irregularly. The reasons for not attending clinic regularly are lack of transport fare and the absence of a person to accompany them. Only two of the assessed patients have health insurance, making it difficult to receive related health services including physiotherapy and the purchase of drugs. Faidha checked the vital signs of the 22 patients and provided them with medications, painkillers, and emergency food. Patient caregivers were also provided with the appropriate health education. Photos are shown below.



Even though, most of the visited patients were unable to attend clinic appointment it was very encouraging for some patients like Happiness Castroy, pictured below. Happiness was diagnosed with tuberculosis, herpes zoster and was unable to walk without support. With periodic counselling, mental support, and ensuring that she maintain treatment, her health has improved significantly. The photos below show Happiness and Faidha, before and after receiving treatment.



SEET also continued ensuring that home-based care patients have health insurance. In collaboration with the patient's family members, four patients were enrolled in the national health insurance fund. However, over three-quarters of the home-based care patients remained uninsured. Poverty continues to cause them to miss many appointments. SEET has continued its awareness campaign directed at caregivers and their extended families about the importance of covering home care patients with health insurance. Also, SEET continues to look for external donations as well. Two patients were referred to hospital. Without the health insurance, which they had, it would have been difficult to access related healthcare services.

However, we lost three program enrolled patients: Ramadhani Khalfan, Said Simba and Halima Ally My God rest them in peace.

In 2024, SEET received Amy Patel, a medical student volunteer from British Oxford University. Amy evaluated our home-based program. Amy is with SEET staff in the first picture and with Agnes (our psychosocial counselor) interviewing one of the patients cared at home in the second picture.



Children with disabilities program

As SEET partners with the community, it identifies children with disabilities, assesses them, and refers them appropriately. In this quarter, SEET assessed six children with disabilities between the ages of 9 and 14 years old.



Only one child can walk by herself but with difficulties. None of the children are enrolled in school and none have health insurance. Five are enrolled in related clinics but not attending as scheduled. Lack of transport fare and health insurance are two major reasons for non-school enrollment and irregular clinic attendance for these children.

Widows and single teen mothers

SEET continued to support the well-being of widows, teen mothers, and their families. As with the other programs, SEET conducted assessments of 149 newly identified widows. Of these, 21 widows have three or more orphans in their household, only 13 have health insurance, and only 15 are enrolled in self-help groups. In addition to helping their children, SEET and its community



partners support widows to improve their health, receive small business training, establish saving circles, and form microloans groups.

In the year, we facilitated formation of 4 new widow's self-help groups with 10 members each with three groups becoming officially registered. The group prioritizes entrepreneurship and micro-business training for individual and group success. In these groups, each member contributes a certain amount of money ranging from 3,000 to 5,000 Tanzanian shillings (\$1.2 to 1.80) per month and, at some point, become eligible to ask for a loan and part of the contribution support members social issues. To further raise group funds, each group member is given three kilograms of sugar. She has to pay the cost of the sugar within a month. While in other group, all contributions collected in a meeting are loaned to its members.

To respond to widows' skills development need and improve their income, SEET trained 10 members of one widows' group on how to make liquid soap. According to trainees, this was new experience. Initially, SEET bought soap making equipment, and then assisted and mentored them to make the soap. About 45 liters of soap was made, packed in five-liter gallon and sold to group members and communities.



SEET team also conducted follow-up visits to widow groups in Buguruni and Vingunguti ward. The team spoke to individual widows about group development. The major challenge the groups encounters is that some members are unable to make their monthly contributions due to poverty. To address this, widows group asked for training on how to make liquid and bar soap. SEET conducted both requested trainings. The photos below show three different meetings of the groups.





Violence, drug, and HIV/AIDS program

SEET facilitated two-hour discussions about violence at primary and secondary schools, colleges and communities. During 2024, we trained 1301 people. Of these, 91 are orphans 50 widows. Most people mentioned revenge, poverty, illegal drug use, and some culture and traditions as sources of violence. Orphans shared their experiences of being beaten at home and school and being abused and psychologically tortured.

To prevent violence, full community members' involvement and commitment were suggested. In addition, children suggested that they must be listened to and involved in planning interventions to address violence against children. Photos below is Agnes Mhada leading the discussion.



To increase the number of violence survivors enrolled in the Emotion Anonymous 12 steps Program and self-help groups, the widows suggested the full involvement of neighborhood leaders.

The SEET staff celebrated the Day of the African Child 2024 on June 16 by training Buguruni Hekima Primary School children about illicit drugs and mental health. A photo of the children is below.



Mental Health/Wellness

SEET is working with the Mirembe National Mental Health Hospital, is developing a Self-care, Mental Wellness, and Resiliency (SMR) self-help manual and curriculum. Similar to the violence program, everyone will be taught through brief group discussion training and follow-up.

In 2024, the two teams continue to develop the joint self-care, mental wellness, resiliency manual, and training program. A joint two-day retreat has been set up for early 2025. Agnes Mhada -



SEET's Emotions Anonymous coordinator, will travel to Dodoma to train Mirembe staff so that they can use self-help Emotions Anonymous in their own programs. As part of their program, Mirembe will use the Swahili Emotions Anonymous manual that SEET had translated from English.

Communitywide screening

While the primary focus is on the local partner communities, when opportunities arise for substantial impact, SEET works in other Tanzanian communities. With local partners, SEET organized a medical camp at Mikobora village in Morogoro where over 1,400 villagers received healthcare services during the four-day medical camp. They all received treatment and counselling as needed. SEET referred 111 patients for more examination, care, and management. SEET screened 157 women for cervical cancer. Three showed signs of cervical cancer and were referred.

The most common diagnoses were upper respiratory tract infections, high blood pressure, eye related problems, skin infection, pelvic inflammatory diseases, urinary tract infections, peripheral neuropathy, fungal infection, gastritis, and peptic ulcers. Only two were found to have malaria and only one was HIV positive. Despite the success of the camp, a significant number of people were left unattended because of the shortage of drugs. There were more people in need than the team expected. Most of the unattended, however, were those with vision problems. Below is screening in photos



Family medicine

With MUHAS, we are helping to establish family medicine training which will provide general specialists who can lead primary care throughout the country. SEET has been identified as the community service and teaching partner for the MUHAS family medicine - both rural and urban. Our partnership in the development of family medicine in Tanzania continues to move forward. In the reporting year, Prof. Enica Richard, the head of MUHAS, and Dr. Eric Aghan, the family medicine lead and SEET's director of its Centre for Family Medicine Development and Research, both presented at the Tanzanian first international conference on primary health care. The WHO African Regional representative also presented and strongly supported the need for family



medicine in primary health care. The conference was created by the Tanzanian President's Office with international sponsorship and included most of the national health leaders. The following are photos from the conference.



The MUHAS and SEET delegation are pictured on the left: Prof. Enica Richard, Principal of MUHAS, Dr. Eric Aghan, family medicine lead, and Dr. Hosiana Jonas, Family Medicine Assistant to Dr. Richard. On the right Dr. Aghan is presenting.



WHO presentation

During the same year, the SEET director, and Henry met with 18 senior officials from the President's Office of Regional Administration and Local Government. In this meeting, Henry discussed family medicine and its development in Tanzania. Overall, most attendees were not aware of family medicine and believed the presentation was very useful. They assured us of collaboration and government support. In the future, SEET will create more awareness of the program for other key partners at the national level.



In addition, the SEET director and Henry had several meetings with staff from Mirembe National Mental Health Hospital and its Itega Mental Health Centre. The meetings explored areas of partnership to improve community mental health. Identified areas included: joint mental health resources, mobilization strategies, and practical capacity-strengthening activities for both partners. To formalize the partnership, a memorandum of understanding between SEET and Mirembe National Mental Health Hospital will be developed and signed.

A workshop to finalize the development of the joint mental health and wellness manual and program will be organized by SEET and held in Morogoro. Also, SEET will teach the Itega Mental Health Centre's staff about the Emotion Anonymous 12-Step Program. One of the meetings is shown below.



SEET has also been approved for a grant to strengthen self-help and the behavioral health of the community and to develop teaching materials and training to be used in family medicine. This should start in the next few months and allow us to strengthen and scientifically validate our SEET self-help, mental wellness, and violence initiatives.