



ANNUAL REPORT 2017



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“Creating a better lives for disabled children and other vulnerable children in rural/remote communities of western Zambia.”

FROM THE CHAIR...

Greetings.

It is with great pleasure that I welcome you to the 2017 Annual Report on TB.

2017 has not been a year of significant progress for the Maboshe Memorial Centre (MMC), with a record level of income dropping down.

Tuberculosis (TB) is a curable disease and has been around us for millions of years. Yet each year more and more people are becoming sick and dying of TB.

Many of the people with TB nowadays are co-infected with HIV. The current TB crisis is the result of the HIV epidemic as well as in some cases the result of years of poor functioning TB programmes that place millions of people at higher risk of getting TB. TB is taking away and weakening all the progress made in the fight against AIDS and still remains the number one cause of AIDS-related deaths in Africa.

It is important that we should all be talking about TB to ensure that we educate the masses and in turn save lives. It is for this reason, among others, that I am pleased to introduce the 2017 Annual Report on TB, cover TB information, activities being implemented by Maboshe Memorial Centre (MMC) in the project as well as enlightening you with TB advocacy issues and activities from Western province, Zambia and around the world.

“Only in working together can we win this fight against TB”

Despite the very welcome recent developments in TB prevention, the reality is that the TB epidemic will continue to require significant support of the type offered by Maboshe Memorial Centre (MMC) for at least the next two decades.

“The TB fight has short changed young people. For more than a quarter-century, affected young people have remained peripheral to the TB response. Placing young people front and centre is the key to unlocking TB programmes’ full capacity to accelerate development by strengthening families, supporting collaborative action within communities, and securing the human capital of rising generations.”

Young people living in households affected by TB – especially the many children orphaned by AIDS in Western province of Zambia – still face overwhelming deprivation and disadvantage.

I have been overwhelmed by the tremendous support we received from all communities we operating from and amazed that people chose to volunteer for our organisation. We advanced several community social, health and economical programmes, MMC reach out to remote communities from our base, many of which receive virtually no other services.

The most essential of all our projects is to provide a services of social, health and economical for community children. I hope you enjoy reading about the wide variety of projects implement. We are delighted to share with you this report.

Chairperson

Mr. Mubita Mubiana

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WHERE WE WORK

Maboshe Memorial Centre (MMC) operates as a rural/remote organization in Western, Zambia with its National Secretariat located in Mongu, working in Mongu, Sesheke, Kalabo, Kaoma, Senanga, Sikongo, Lukulu, Nalolo, Shangombo, Mitete, Sikongo, Nalolo, Sioma, Limulunga, Mwandu, Mulobezi, Luampa, Nkeyema and Mulobezi districts of Western of Zambia.

ABOUT MABOSHE MEMORIAL CENTRE (MMC).

Maboshe Memorial Centre (MMC) is a tax-exempted child sponsorship not-for-profit making humanitarian aid NGO founded on the 24th November, 2006 in memories of the late Dr. Rodney Aongola Maboshe in Mongu, Western, Zambia and registered under the laws of Zambia, focusing on helping disabled children and other vulnerable children from poverty stricken families go to school and raise their voices for the right to education in working for communities where all children, mainly girls can learn and lead without fear.

Maboshe Memorial Centre (MMC) operates through established structures such as: - Namakau Mukelabai Memorial School, Maboshe Drop In Centre (Shelter), Community House Fund, Maboshe Rural Water Initiative (MRWI), Maboshe Small Village Bank Fund (MSVBF), Maboshe Legal Clinic & Child Rights Unit, Family HIV/AIDS prevention and ART adherence clubs and Maboshe's Gift Scholarships and district community centres.

PROJECTS UNDERTAKEN.

In 2017 carried out the following projects:-

- I. **Access to TB/HIV treatment and care,** Children and families treated. Assistance provided through community outreach referral system programs and mobile clinics.
- II. **Community support groups.** TB support groups of young people supporting their communities. These groups are predominantly comprised of young women and young men and provide financial, moral and social support for their local community.
- III. **Improved nutrition.** Households assisted. Achieved through establishment of vegetable gardens, introduction of more nutritious crops and information about healthy eating.
- IV. **TB/HIV education.** People reached. Increased education about how TB/HIV is transmitted and avoided. This is delivered through a combination of community meetings and working with schools, Promote a culture of TB awareness, compassion and responsibility around HIV issues, particularly where they affect women and girls, Enhancing the status of young women and girls and protecting their rights, Promote voluntary TB screening within the community through a sensitization program, Produce a radio programme and organize a training workshop on TB/HIV and Human Rights, Formation of TB supports group and train members in income generating skills, Deliver TB/HIV awareness training to the deaf community and to produce suitable training materials and HIV/TB awareness campaign and skills training for vulnerable women.

Some projects, such as raising awareness of TB/HIV reach hundreds of people in the communities. Taken together, these show that real progress is being made by MMC. Actions taken on the ground cover a very wide spectrum, overlapping with many other development initiatives.

Our success will find good partners, is the key factor in achieving progress most cost-effectively, linking successful partners can assess and learn from each other in our experience, the best way to promote sustainable, scaled-up activity and improved impact.

ACHIEVEMENTS.

"Creating a better lives for disabled children and other vulnerable children in rural/remote communities of western Zambia."



- I. **1,507** young people reached with community TB outreach referral system programs and mobile clinics.
- II. **20** TB community support groups established of young people and provide financial, moral and social support for their local community.
- III. **2,050** young people reached with improved nutrition information on how to establish vegetable gardens and information about healthy eating.
- IV. **2,050** young people reached with TB/HIV education on how TB/HIV is transmitted and avoided. This is delivered through a combination of community meetings and working with schools, Promote a culture of TB awareness, compassion and responsibility around HIV issues, particularly where they affect women and girls, Enhancing the status of young women and girls and protecting their rights, Promote voluntary TB/HIV screening within the community through a sensitization program, Produce a radio programme and organize a training workshop on TB/HIV and Human Rights, Formation of TB supports group and train members in income generating skills, Deliver TB/HIV awareness training to the deaf community and to produce suitable training materials and TB/HIV awareness campaign and skills training for vulnerable women.

MONITORING & EVALUATION

Through this program, MMC stays in immediate touch with our impact as an organisation. Through the development of specific methods and frameworks, we effectively measure the significance of MMC activities and technical assistance for young people across Western province, Zambia. M&E allows us to understand our historical and present impact on the ground, check then balance our approach, and revise and innovate new strategies for supporting the needs of young people.



WAY FORWARD

Poverty in Zambia is widespread. Life expectancy is among the lowest in the world and the death rate is one of the highest - largely due to the prevalence of HIV and AIDS. Two-thirds of the population is still living below the poverty line and thousands of villages are lacking in basic needs. Education is the key to alleviating poverty and its related issues.

Western Province is one of the provinces in Zambia with a high prevalence estimated at 16% of people aged between 15 & 49 years infected with the HIV virus. HIV prevalence in Mongu district according to CSD records is 23% (2013) this is too high for a developing district. One some of the major causes of high rates of HIV infection are: High levels of unemployment and high poverty levels in the district. The devastation has rendered OVC increasingly vulnerable to depression, HIV infection, rape, abuse, and abandonment. Many OVC lack positive role-models and the essential psychosocial support required to develop into responsible, productive adults. Fear and confusion surrounding HIV/AIDS has resulted in increased infection rates and teenage pregnancy among OVC. The enormous cohort of children who lack adequate supervision, parenting, education support



Data from the ZDHS indicates that the Zambian HIV epidemic is geographically heterogeneous with provincial prevalence rates ranging from 4.8 per cent to 15.1 per cent. HIV prevalence rates among men and women aged 15-49 years are higher in urban (15.6 per cent) compared to rural (7.4 per cent) areas (CSD 2014). There are also variations among provinces (Zambia Population Based HIV Impact Assessment (ZAMPHIA, 2016)) with the highest prevalence rates, that is, Lusaka (16.1 per cent), Western (16 per cent) Copperbelt (14.2 per cent), followed by Southern and Central (13.4 per cent). The other provinces with the prevalence rate above six percent are Northern (9.7 per cent), Luapula (9.3 per cent) and Eastern (8.2 per cent). Provinces with the lowest prevalence are Muchinga (5.9 per cent) and NorthWestern (6.9 per cent). All the districts in Zambia have an adult prevalence greater than five per cent.

Most of the HIV/AIDS organizations being supported by MMC have very dynamic leadership but are unable to mobilize resources as a result of their capacity which includes their level of proposal and report writing skills and their inability to retain skilled personnel. The HIV/AIDS fund in future therefore seeks to provide skills training for these organisations at the country level to enable them mobilise resources both locally and internationally to ensure their sustainability and maximize their impact.

FUTURE DIRECTION OF THE TB FUND.

"Creating a better lives for disabled children and other vulnerable children in rural/remote communities of western Zambia."

- MMC intends to scale up its HIV/TB outreach activities in Western province to more districts. This will amplify young people's voices at local, national, regional and international levels.
- The TB fund will continue to reach out to more young people both infected and affected by TB to ensure that a lot more young people are empowered to live free from TB and contribute to the mitigation of the effect of TB on society.

As always it is vital to address the issue of TB, some of the best results can be gained by targeting school children. TB still remains one of the toughest challenges in rural/remote communities. Therefore it is imperative that additional preventative methods are in place and educational programmes are provided to combat this disease.

CHALLENGES

- Accessibility and transport to remote villages
- Transportation hire and need of having our own vehicle
- Under-nourished children and hunger
- Healthcare facilities are far apart from nearby communities.
- Insufficient medical and educational supplies
- Sourcing funds

FINANCIAL SUMMARY

Report for Month of: 4th January – 31st December, 2017

Date submitted: 1st June, 2017

Partner Name: MABOSHE MEMORIAL CENTRE

Funder/Donor (Partner): MABOSHE SMALL VILLAGE BANK FUND (MSVBF)

Date Sub-agreement began: 4th January, 2017

Date Sub-agreement ends: 31st December, 2017

	TOTAL APPROVED BUDGET	CUMULATIVE AMOUNT PREVIOUSLY REPORTED	PREVIOUS MONTH ADJUSTMENT	THIS MONTH EXPENSES	TOTAL AMOUNT SPENT TODATE	BUDGET BALANCE
	(a)	(b)	(c)	(d)	(e)=(b+c +d)	(f)=(a-d)
Categories	US\$	US\$	US\$	US\$	US\$	US\$
Access to TB/HIV treatment and care	200.00	200.00	-	-	200.00	-
Community support groups	100.00	100.00	-	-	100.00	-
Improved nutrition.	100.00	100.00			100.00	
HIV/TB education	500.00	500.00			500.00	
Administration	300.00	300.00	-	-	300.00	-
Total Direct Costs	1,200.00	1,200.00	-	-	1,200.00	
Overheads	-	-	-	-	-	-
Grand Total	1,200.00	1,200.00	-	-	1,200.00	70.00

Previously received	1,200.00
Received this month	-
Total received to date	1,200.00
Total expenses to date	1,200.00
Balance of funds	-

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MMC is extremely grateful to our office initiative “Maboshe Small Village Bank Fund (MSVBF)”, as this enables us to undertake robust long term planning, thus enabling us to leverage additional income from other sources.

A significant percentage of our income for the year was restricted for specific project activities as per the grant conditions of the donor. MMC fully respects these conditions and is very grateful to Maboshe Small Village Bank Fund (MSVBF) for this form of support. Unrestricted funding is equally very important for MMC as it gives us flexibility to support other core initiatives.

We take this opportunity to thank the individual community donors who gave us unrestricted funding in 2017 we are grateful to support key areas of our strategic plan.

CONCLUSION

We, MMC are profoundly concerned and aggrieved that it has taken so long for governments to fully appreciate the centrality of African child's rights and voices in dealing with TB, which is one of the greatest threats to our collective existence as a young people and the continent. As African young people, we demand meaningful participation and involvement in institutions and processes that shall guide the global responses to TB. As young people of Africa, we fully commit ourselves to working with our heads of state and government and other stakeholders to mitigate the impact of TB on African young people, the continent and the world. Child's rights are not negotiable. The young women and girls of Africa deserve more. The time to act is now!



THANK YOU

2017 wasn't an extremely busy and productive year for MMC. It was the year in which we began to implement our new strategic plan.

Our achievements and the advances we enabled for child's rights in Western, Zambia during the year would not have been possible without the contributions of so many from our donors to staff to grantees and partner organisations. Once again, we say a heartfelt thank you.

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