



## Summary report for 2025 MDREO interventions

S/N	Thematic area	Intervention with output	Outcome
1	Health	<p>Assistive devices were provided to 31 CWDs. These devices were wheel chairs, tri-cycles, CP chairs, hats, lotion for children with albinism, walkers and crutches.</p> <p>19 CWDs were supported with assistive devices like wheel chairs (3), crutches (4) walkers (2) CP chairs (10)</p> <p>➤ 61 Children received epileptic medicine</p>	<p>Assistive devices have enhanced general inclusion to children and youth with disabilities as they are able to easily move to; schools, churches, mosque, neighbors and around their homes and participate in other social and political issues.</p> <p>With CP chairs children with cerebral palsy were able to sit and they could no longer stay in a laying position. Hats and lotion protected children with albinism in their skins and eyes and they were able to continue with their studies smoothly and academic performance is improving</p> <p>This is gradually clearing a myth that even children with disabilities can still be part of community. Distributed medicine enabled children and youngsters with epilepsy to be active and continued with normal life (example schooling, playing going for worship). Youngsters continued with their activities such as agricultural, entrepreneurship and engagement in sports and games in their community. This has also enhanced community understanding that epilepsy can be controlled by medication.</p>

➤ 7 CWDs different health problems were referred to Bugando, KCMC, Sengerema and Chato hospitals for specialized medical treatments and surgeries. 2 of them have completely recovered and the rest of 5 are on recovery stage and still attend clinics. This has been supportive to reduce or completely prevent permanent disabilities.

➤ 21 Malnourished children were given nutrition supplements 4 children were severely malnourished and the rest were moderately. They were supported with nutritional education and food support. They are now rehabilitating to normal health.

8 Families were supported with survival necessities soap, sugar, flour, rice, cooking oil,) the families have children and youngsters with disabilities, Provision of necessities went hand in hand with livelihood skills. They were capacitated on social economic empowerment to diversify family earnings like keeping domestic animals and proper farming.

**2 Education**

➤ 39 children with different disabilities were supported with learning materials, transport fare, uniforms and school fees to enhance their studies in different schools. Support to CWDs and youngsters reduced truants and absenteeism in schools, they are now able to attend schools with all school required needs and eventually support contributed to increased academic performance.

Out of the supported children, 3 (Vanessa Erneus- ALBINISM, and other 2 with CP and deafness) completed standard seven with high academic performances and were selected to join public special secondary schools.

➤ Community sensitization and awareness In this reporting period, MDREO sensitized the community on the rights of children with disabilities using different platforms.

Ring the bell campaign was conducted with other stakeholders using the platform of African child day commemoration and district early childhood development multi-stakeholders

In these event MDREO staff prepared a venue with posters and fliers featuring messages for inclusion of children with

disabilities . Likewise radio and TV sessions were held to raise the community awareness on disability issues. As a results of community sensitization, there has been increased reportage to incidences of disability including increased school enrollment and early identification and interventions.

3	<b>Home and school visits</b>	<p>Every week visits are conducted by CBR staff</p> <ul style="list-style-type: none"> <li>➤ Parents, Youth and caregivers are advised on Feeding/nutrition and hygiene, Proper storage and use of medicine, proper use of assistive devices, early treatment, child protection education, maternal health care referral and linkage.</li> </ul>	<p>CWDs and youngsters are receiving their entitled rights evidenced by social inclusion, increased awareness on the use of medicine and assistive devices, Increased enrollment of CWDs in schools</p>
4	<b>Livelihood</b>	<ul style="list-style-type: none"> <li>➤ 2 Parents of CWDs and 2 youths with disabilities were supported with capital to strengthen income generating activities.</li> <li>➤ MDREO conducted a training on forming and running self-help group for youngsters with disabilities and parents of children with disabilities.</li> <li>➤ Improved shelter for 1 family with a caregiver and a child with disabilities.</li> </ul>	<p>From being engaged in income generating activities, parents managed to afford family basic need especially for CWDs. Youth who were supported are now actively engaged activities which give them earnings to support their living.</p> <p>A one-day seminar was successfully with increased awareness and confidence on forming self-help groups. As a results two new groups with 10 members each were formed. They are now actively involved in saving and discussing other issues which improve the welfare of the children and youths with disabilities. Through its linkage and referral activities, MDREO partnered with Anglican Kasindaga parish. They church secures special fund from compassion international supporters and supported the family to construct a new house. By living in a good shelter, a child with Cerebral palsy is now attending the school, his health has improved and have avoided the risks of fire outbreak.</p>
5	<b>Institutional development and capacity</b>	<p>MDREO prepares and shares reports to different stakeholders and the government.</p>	<p>In 2025, MDREO shared an annual report to the government and paid its annual fees to comply with the</p>

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MDREO staff attend different capacity building trainings, meetings and assessments.

government laws. Additionally, the organization staff regularly attend meetings which are organized by the government. MDREO is an affiliate member of Tanzania early childhood development network (TECDEN) and Tanzania CBR network. Also MDREO with other 2 organizations have founded a regional CBR network for Kagera.

Organization capacity assessment was conducted by Beyond inclusion Tanzania. It aimed at determining the strength and area of improvement for the organization. Overall performance was 76%

After the assessment, the organization now has a three years contract to implement WEZESHA MTOTO PROGRAM 2025-2027. On top of that, MDREO with the collaboration of Beyond inclusion Tanzania and the government of Tanzania ministries, is now leading the process to enact a Tanzania CBR strategy, upon which all stakeholders who deal with disabilities issues will have to follow. The CBR strategy is supposed to be in place by 2027 whereby the process is estimated to cost 305,000,000 TSHs = or US\$ 115,095. This is supported by Lilianne fonds in collaboration with Beyond inclusion Tanzania.

MDREO staff and board have attended different trainings on financial management, strategic planning, MEL, fundraising and advocacy.

MDREO is also providing technical support to SHIVYAWATA (the national federation of people with disabilities) in enacting the national advocacy strategy

### **Success stories; Story**

Masumbuko Lutebuka is a boy aged 13. He has Cerebral palsy (CP). He is living with his mother and his father passed away when he was very young. His mother also has CP. He is enrolled at Kasindaga primary school. He is in standard six. Due to MDREO's awareness program in African child day, the head of the school contacted MDREO staff seeking assistance to the said family, informing on the poor attendance of Masumbuko, poor living

condition, especially the dwelling house which was almost falling down exposing the child and the family at risk and regular sickness of the child and his mother. ‘

MDREO staff visited the family to conduct an assessment. The family was found with a very hard living condition. This forced the organization to link with different stakeholders who can provide support. Eventually the Anglican church, Kasindaga parish responded by looing for further assistance. MDREO provided immediate needs like clothing and medical support. The church received financial support of 8,500,000 from Compassion international for the purpose of supporting the family to have improved shelter.

Having received funds, a new house was constructed.



**Figure 1**The family dwelling house before construction and support



**Figure 2 A pastor handing over the house during the construction**



**Figure 3 The view of the house after completing the construction**

The family is now living in a good house, Masumbuko is now attending the school and his academic performance is improving. This condition has cleared a myth to the community by assuring them that if children with disabilities have access to support, can perform better in academics and other social activities.

## Challenges

- Too much overwhelming needs for CWDs compared to available financial and human resources.
- Inadequate means of transport to reach all area
- Community stigma

## Lesson learnt

- Involvement of multi stakeholders in services related to people with disabilities ensure the sustainability as the community is gradually taking its initiatives without relying on MDREO only.