THE OPEN UNIVERSITY OF TANZANIA
&
SOUTHERN NEW HAMPSHIRE UNIVERSITY

MASTER OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT
(2005)

CAPACITY BUILDING FOR ADDRESSING VULNERABILITY ISSUES IN HIV/AIDS PREVENTION AND MANAGEMENT AMONG WOMEN: A CASE STUDY OF MBINGA WOMEN DEVELOPMENT GROUP (KIUNGI)

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BY

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SUBMITTED IN PARTIAL FULFLIMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT (MSc CED)

DAR ES SALAAM

2005

CERTIFICATION

I, Frederick J. KAIJAGE certify that I have thoroughly read this project report and found it to be in an acceptable form for submission.

Signature: .....

Date: 25/07/05

DECLARATION

I, **Theofrida Alex Kapinga** do hereby declare to the SENATE of the Open University of Tanzania that this Project Paper is the result of my original work, and that it has not been submitted for the similar degree award in any other University.

Signature:.....

Date: ..27-07-2005

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Dedication

This work is dedicated to "All those who are ready and willing to live with the poor, work with and for the poor in an effort to restore human dignity for all people all over the world"

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LIST OF ABBREVIATIONS

AED	-	Academy for Educational Development
AGM	-	Annual General Meeting
AIDS	-	Acquired Immuno Deficiency Syndrome
AIDSCAP	-	AIDS control and prevention
AIDSCOM	-	AIDS Communication
AMREF	-	African Medical and Research Foundation
CBBCAs	-	Community Based Behavioural Change Agents
CBO	-	Community Based Organization
CBP	-	Capacity Building Program
CDTF	-	Community Development Trust Fund
CED	-	Community Economic Development
CHAWAVUMA	-	Chama cha Wanaoishi na Virus vya UKIMWI kwa Matumaini [Persons living with HIV/AIDS with Hope]
COMM	-	Committee
CSOs	-	Civil Society Organizations
CSP	-	Civil Society Programme
DC	-	District Commissioner
DFID	-	Department for International Development
EXCOM	-	Executive Committee
FCS	-	Foundation for Civil Society

FHI	-	Family Health International
HIV	-	Human Immunodeficiency Virus
MDCs	-	Millenium Development Goals
MGT	-	Management
MKUKUTA	-	Mkakati wa Kukuza na Kupunguza Umaskini [National Strategy for Growth and Reduction of Poverty]
MTP	-	Medium Term Plan
NACP	-	National AIDS Control Programme
NGO	-	Non Governmental Organization
NMSF	-	National Multi-sectoral Strategic Framework
NSAs	-	Non State Actors
OTTU	-	Organization of Tanzania Trade Union
PLWHA	-	People Living with HIV/AIDS
PRS	-	Poverty Reduction Strategy
PRSP	-	Poverty Reduction Strategy Paper
RUPOFA+	-	Rukwa Positive Fighting for AIDS
SHDEPHA+	-	Service Health and Development for People Living
SO	-	Societies Ordinance
STD	-	Standard
STDs	-	Sexually Transmitted Diseases
STIs	-	Sexually Transmitted Infections
SWOT	-	Strength, Weakness, Opportunities and Threats

TACAIDS	-	Tanzania Commission for AIDS
TACOSODE	-	Tanzania Council for Social Development
TV	-	Television
UN	-	United Nations
UNAIDS	-	United Nations AIDS Programme
UNICEF	-	United Nations Children's Fund
US	-	United State
USAID	-	United States Agency for International Development
VCT	-	Voluntary Counseling and Testing
WAMATA	-	Walio Katika Mapambano na AIDS Tanzania
WHO	-	World Health Organization

ACKNOWLEDGEMENT

May I first of all express my appreciation to the leadership and all members of Mbinga Women Development Group (KIUNGI) for accepting that this study be conducted in their organization. However, I wish to mention some few individuals who offered recommendable support during the entire period of the study. These individuals included: Mrs. Renatha Mbepera Kapinga, the Chairperson of KIUNGI and Mrs. Anasia Nkolela, the Deputy Chairperson of KIUNGI without whose support this work would not have been completed to this level of quality. May I extend special appreciation to the Course Instructors, firstly to, Mr. Michel Adjibodou for his valuable support and guidance throughout the study period and secondly to Mr. Khatibu Kazungu and Mr. Felician Mutasa for their guidance, suggestions and encouragement during the study period. I am heavily indebted to Prof. Frederick Kaijage my Supervisor, for his technical support, guidance, constructive criticism in the various stages of my project. He is equally thanked for his tireless effort to read the repot to make it the best it could be. He deserves a special mention for his invaluable contribution to the success of this work. Finally I also wish to thank all my colleagues of the CED Program, fellow staff and members of my family especially my husband and my children for their support and encouragement.

PREFACE

As part of the requirements for the fulfillment of the MSc in Community Economic Development (MSc.CED), working with a Community Based Organization of one's choice is a major requirement to graduate. I chose Mbinga Women Development Group, in short KIUNGI, basing on following the criteria:

First, KIUNGI is not only a women rights-based organization but also strives towards empowering fellow women economically. Economic empowerment includes facilitation to the access of capital for income generating activities and markets for their products. Secondly, educating women on their basic rights especially the existing laws that affect women and thirdly, provision of education on HIV/AIDS.

Moreover, this organization was selected because it is women who feel that their society made possible for them to get education and now they have an obligation to help their people in their district of origin. The organization was established by women from Mbinga District residing in Dar Es Salaam. However, their main areas of focus are villages and wards in Mbinga District, although the organization now is thinking of expanding their services to carter for women and their families in Dar Es Salaam. Only few urban women feel such an obligation and sense of responsibility towards their own folk.

I worked with the organization for eleven months, and I may continue supporting it for some few more months especially in the HIV/AIDS programme. My involvement with this organization has been a learning process on my part. I have viewed the experience not only as requirement for earning my degree but rather as an opportunity of trying to translate what I learn into reality.

Kapinga, Theofrida Alex
Participant to CED Programme

July 2005

ABSTRACT

Grassroots-based organizations have been perceived as appropriate institutions to bring about rapid changes in the community. These organizations have been implementing different development programme in various sectors ranging from empowerment, poverty reduction, advocacy, HIV/AIDS awareness raising and the like. Mbinga Women Development Group, popularly known as KIUNGI, is a grassroots-based organization established in 1999 by a group of women hailing from Mbinga district and living in Dar Es Salaam. It was registered on 24th June 1999 with registration No. SO. 9933. KIUNGI has 40 registered members of whom 37 are women and 3 are men with an objective of promoting the development of women, youth and the people of Mbinga as a whole. KIUNGI has an office in Dar Es Salaam, district-based office in Mbinga district and grassroots-based branch offices in various parts of the district. KIUNGI has been implementing various programme including empowering women and HIV/AIDs awareness.

KIUNGI interventions in both areas have been limited in scope though the challenges of empowerment and awareness in respect of HIV/AIDS have continued to increase. For example, currently the awareness on HIV/AIDS among the community is more than 90% but the rate to which HIV/AIDS has been transmitted is alarming. Though people are aware of HIV/AIDS there has been little change in behaviour and the infection rate has been increasing among the marginal groups of women, teenagers and children. The high rate of HIV/AIDS infection among the marginal groups despite the apparently high

degree of its awareness has made it necessary in this study to use KIUNGI to investigate vulnerability issues in HIV/AIDS prevention, management and the required capacity of CBOs NGOs to enhance interventions.

To be able to critically analyze these issues a significant body of literature was reviewed including both theoretical and empirical frameworks. The literature review was supplemented with a 'strength, weakness, opportunities and threats' (SWOT) analysis for KIUNGI to examine its external and internal environments from which such attributes were identified. A survey was conducted. Also a purposive random sample from Sinza-B where KIUNGI has been implementing a programme to raise awareness on HIV/AID was used to administer a structured questionnaire for gathering the information regarding vulnerability issues in HIV/AIDs prevention and management among women.

The results from the SWOT analysis showed that KIUNGI has significant strengths which need to be capitalized on in order to realize its mission and objectives.

The literature review and findings from the survey revealed that there is significant awareness on HIV/AIDS among members of the communities but with little change in behaviour pertaining to HIV/AIDS. There are also issues associated with the little change in behaviour towards HIV/AIDS which render women among the community members more vulnerable to the HIV/AIDS pandemic.

Both the literature review and the survey findings suggest that women empowerment through provision of women-friendly education and promotion of women's entrepreneurship would facilitate their control over their sexuality as a major means towards halting the spread of HIV/AIDS. The findings further suggest that these should be complemented simultaneously with empowering and strengthening the capacity of community-based groups (CBOs) and members of these groups to be able to meet such challenges. This empowerment should include strengthening the human, infrastructural and financial capacities of these organizations.

CHAPTER ONE: MBINGA WOMEN DEVELOPMENT GROUP

1. BACKGROUND

Mbinga Women Development Group, popularly known as KIUNGI, is a registered Non Governmental Organization (NGO) promoting the development of women, youth and the people of Mbinga as a whole. KIUNGI was established in 1999 by a group of women hailing from Mbinga district living in Dar Es Salaam. It was officially registered on the 24th June 1999, (with registration No. SO. 9933) by the Ministry of Home Affairs. Currently KIUNGI has 40 registered members of whom 37 are women and 3 are men. The head office for KIUNGI is located at Sinza B in Dar Es Salaam. There are also a district-based office in Mbinga district and grassroots-based branch offices in various parts of the district. These grassroots-based branch offices include; Kipololo village (Ukata Ward) Unango village (Mkumbi Ward) and Ngima (Wukiro Ward). From the time KIUNGI was established in 1999 to date it does not have a full-time employee, which has been a major constraint on the organization in pursuing its mission. Most of the workload continues to be borne by the Chairperson who is a full-time employee in a private company.

1.1: The Organization's Mission, Objectives and Activities

Mission

KIUNGI strives to ensure that Mbinga women and Tanzanian women in general are empowered to undertake and benefit from their own development programmes relating

to a broad range of social rights, including education support, environment conservation, primary health care, social development, small enterprises and participation in decision making bodies.

Objectives

The objectives of KIUNGI is to promote the advancement of women through education, seminars, workshops, training and so on, while its overall objective is to promote women empowerment through capacity building programmes as well as promoting gender equity. In order to be able to achieve its mission and overall objective, KIUNGI developed its Strategic Plan in 2001 covering a four-years period, from 2002 – 2005. The plan was developed by all members of the organization facilitated by a consultant. However, in order to determine its strengths and weaknesses this strategic plan needs to be evaluated now since the plan has reached its last year of implementation. Despite having the strategic plan and a constitution, KIUNGI does not have any other policy document which would have shaped its efforts to be more long-term oriented. The management of KIUNGI has realized this weakness and has acknowledged the need to formulate different policies to guide the organization's operations.

The foregoing overview was established through discussion with the organization's leadership and by means of a questionnaire that was administered by the participant where participant means the researcher. The KIUNGI Chairperson, who also acts as a part- time staff, responded to the questionnaire.

1.2. Programmes and Activities of KIUNGI

Since its inception in 1999, KIUNGI has been engaged in various programmes, fully funded by donors. These programmes include a revolving fund programme and a capacity-building programme.

1.2.1 KIUNGI Programmes

Revolving fund scheme

This project was initiated in 1999, with initial contribution from its members through a scheme known as "upatu" where members supported each other through monthly contributions. However, later on in 2001 the programme was supplemented by Tshs 500,000/ as an interest free loan from the Community Development Trust Fund (CDTF). Following a 100% repayment of the previous loan, CDTF provided a new loan of Tshs one million (1,000,000/) in 2002 and 1,500,000 in 2003. High levels of loan repayment with successful interventions by KIUNGI, built CDTF confidence with the organization and in 2003 CDTF provided another loan (in kind) where 100 mosquito nets worth Tshs. 434,000 were given to KIUNGI. KIUNGI managed to sell all the nets and earned enough money to repay the loan and make a profit. The revolving Fund Scheme is an ongoing programme.

Capacity building programme (CBP)

KIUNGI has implemented 3 types of Capacity Building Projects in different field both for its members and their beneficiaries.

(a) Capacity building training for leaders and members of KIUNGI.

The first Capacity Building Programme was done in 2002 where a three day workshop was organized and attended by all members of KIUNGI. The objective of the workshop was to build the leadership capacity of the organization's members. This workshop was conducted by an external facilitator and aimed to impart skills to KIUNGI members enable them to critically and comprehensively review and analyse the organization's mission and objectives for the purpose of developing an organizational Strategic Plan which would be used to guide the organization's activities. The Civil Society Program (CSP) managed by Care Tanzania and funded by DFID financed this project, between July and September 2002.

(b) Capacity building for increasing the capacity of communities to implement HIV/AIDs interventions.

Another CBP was on HIV/AIDS whereby KIUNGI was able to select and train Community Based Behavioural Change Agents (CBBCAs) in two wards (Ukata and Wukiro) in MbingaMjinii Division, in Mbinga district and in Sinza B in Dar es Salaam region. The outcome of this programme is an increased awareness in HIV/AIDS.

(c) Strategies and methods on improving quality of cultural handmade products.

The Third Project under CBP was on Strategies and Methods on Improving Quality of Cultural Handmade Products. Again this was done in Mbinga in 2003. Women and

men involved in handicrafts were trained on quality improvement of their products. The outcome of this project is that hand-made products, from Mbinga have improved in quality and products have been able to enter into markets outside Mbinga. Tanzania Cultural Trust Fund provided a total of Tshs 5,750,000 to KIUNGI for this purpose.

(d) Awareness Training for Women on the National Land Policy, the Land Laws of 1999 and the Sexual Offences Act of 1998.

The Fourth Project is "Awareness Training for Women on National Land policy and Land laws of 1999 and Sexual Offences Act of 1998" implemented in Mbinga and the key beneficiaries were women. The main objective of this project was to enable women to understand thoroughly the two laws so that they can be able to defend their rights. The project was funded by the Foundation for Civil Society (FCS), which provided a total of Tshs. 4,967,000.

The outcome of this project is an increased knowledge on Land Laws and the Sexual Offences (Special Provisions) Act of 1998.

1.2.2. Activities of KIUNGI.

As can partly be inferred from the programmes described above, KIUNGI's key activities are related to ;

a) Organizing training for target communities on an identified need;

b) Facilitating women Groups in Mbinga District so that their products can enter into the market;

c) Organizing HIV/AIDS educational sessions in remote areas where messages on HIV/AIDS may be difficult to penetrate;

d) KIUNGI also links up with the district councils both in Kinondoni and Mbinga, which makes it possible for its members to attend various meetings organized by these councils;

e) KIUNGI also supports girls from poor families to attend secondary education;

f) KIUNGI participates in the Dar Es Salaam International Trade Fair every year. It is through this activity that products from Mbinga reach both internal and external markets;

g) Organizing fundraising functions to raise funds to support the organization.

1.3. The Assignment

KIUNGI has been involved in HIV/AIDS prevention programmes in few wards of Mbinga District and in Sinza B, Dar-Es-Salaam. However like many NGOs/CBOs their interventions still focus on awareness raising on the problem with the assumption that people in their communities would change and refrain from those behaviours that facilitate the spread of the virus which causes AIDS. However, the National AIDS Control Programme (NACP) of the Ministry of Health and the Tanzania Commission for

AIDS (TACAIDS) have concluded that in Tanzania HIV/AIDS awareness is above 90% despite the increase of the new transmissions. What is currently now required in dealing with HIV/AIDS according to NACP and TACAIDS is to facilitate behaviour change campaigns. To be able to achieve this strategically there is a need to identify factors that hinder behaviour change in people, with an emphasis on factors that put some groups of people into more vulnerable situations of contracting the virus. These specific groups have been listed to include low-income women and poor rural women, young girls and youth in general, people with disabilities, the unemployed, children living or working in hazardous conditions such as in the mines, domestic service, children involved in commercial sex and the list can be long depending on social economic and cultural factors.

Addressing vulnerability factors in HIV/AIDS prevention requires knowledge and skills to be able to identify those factors as well as to assist the target group to identify alternative empowerment strategies. However, like most CBOs and young NGOs, KIUNGI is inexperienced in this area. Therefore, based on this evidence, KIUNGI has realised a profound need to strengthen its capacity to be able to cope with this challenge by designing and implementing quality HIV/AIDS prevention among women and young girls who are their main target beneficiaries. Thus following my visit to the organization and after discussing with the organization's leadership, it became clear that my task was basically to help the organization in capacity building. Therefore the assignment focused on both the group's organizational structures and management processes as well as on its capacity to design programmes based on its mandate. A particular attention was given to

HIV/AIDS since this is an area where the organization has decided to strengthen and expand its activities and interventions. A work-plan was therefore developed to guide my work as it appears in Annex 2 of this report.

CHAPTER TWO: LITERATURE REVIEW

2.0 INTRODUCTION

This section presents a review of literature that would lead to an understanding of the subject matter of this assignment. The review of literature is divided into three sub sections namely the theoretical framework, the empirical analysis and policy synthesis.

2.1. Theoretical Framework

Theoretical framework has been divided into a conceptual, institutional and legal framework to be able to explain what an NGO/CBO is, and the mechanism through which they operate.

2.1.1. Conceptual framework for CSOs/NGOs/CBOs

To be able to understand and learn how development organizations function and operate more in detail, the following definitions are provided.

- Development organizations – these is a new concept given to institutions and organizations which are invariably referred to as civil society organizations, non - governmental organizations, community based organizations and other voluntary, charity and non – profit /or not –for- profit) organization.
- Civil Society Organizations (CSOs) this is also a new concept but has been widely accepted to represent people's organizations that are formed outside the government. According to Colin Ball and Leith Dunn (1995) of the

Commonwealth Foundation, in a civil society there exist different kinds of organizations formed voluntarily by citizens. They classify them into three categories. First, organizations formed out of concern to assist the needy or disadvantaged including those formed for self – help purposes. Second, organizations which are formed on the basis of a common interest or understanding in order to take action on a particular subject or issues. Third, organizations which people form to engage in a common pursuit

- Non – Governmental Organizations (NGOs) – This is a relatively old concept quite familiar to many people. Again Colin Ball and Leith Dunn defined NGOs as those organizations formed outside the government, being voluntary, free and independent of government control. NGOs too fall under the three categories discussed above.
- Community Based Organizations (CBOs) – This is a term referred to grassroots-people and community-centred organizations formed in a particular locality in pursuit of a common goal, agenda or issue. However over time a CBO may transform itself by expanding its area of operations and thus become an NGO.

The definitions of Civil Society Organizations (CSOs) and NGOs have improved over time. The broad definitions discussed above hold that these organizations are not part of the government. The definitions embrace diverse organizations. However, in narrow definitions derived from recent and current development trends CSOs or NGOs

are referred to those organizations working in the field of development, those which work with the people to help improve their social and economic situation and prospects (Colin Ball & Leith Dunn, 1995).

In their analysis on NGOs and CSOs, Ball and Dunn also defined the characteristics of these organizations as follows:-

Being voluntary meaning that:

- They are formed voluntarily: There is nothing in the legal and statutory framework of any country which requires them to be formed or prevent them from being formed.
- There will be an element of voluntary participation in the organization, whether in the form of small numbers, broad members or large numbers of members or beneficiaries.

Being Independent meaning that:-

- Within the laws of the society these organizations are controlled by those who formed them or by management boards or executive committees to which members have delegated duty to exercise some powers and responsibilities on behalf of members or beneficiaries.

Being Non and Not – for – profit meaning that

- They are not for personal private profit or gain

- They may have employees like any other institution, who may be paid or volunteers not paid at all.
- They may engage in revenue generating activities. However, the gains and profits from these activities are used to strengthen or expand programmes and operations of the organization.

Not self – serving in aims and related values meaning that:-

- They are formed to improve the life and livelihoods of the poor and other disadvantaged people who are unable to realize their potential or achieve their full rights in society through direct or indirect forms of action.
- They act on issues of community and public concern.

Therefore CSOs or NGOs and CBOs are essentially social organizations that enjoy varying degree of autonomy and independence from the government, but also they are bound to be self – regulating and voluntary in nature. Consequently, CSOs or NGOs embody diverse interests which in turn influence their relationship with the government. They depict common characteristics from a set of values which underpin their visions, missions, goals and objectives based on their desire to advance and improve the human condition in various ways:-

- Taking into account and consideration of the problems and needs of the people.
- Devoting maximum resources to address those problems and needs.

- Ensuring that organizations remain aligned and true to their mission's objectives and integrity.
- Ensuring maximum involvement of beneficiaries and other stakeholders.
- Maintaining high ethical standard at both organizational and community level.
- Ability to undertake planning and effective management of activities, projects and programmes, including regular and rigorous evaluations of those activities, projects and programmes. (Colin Ball & Leith Dunn, 1995).

2.1.2. Legal and Institutional Framework for CSOs/NGOs/CBOs

In Tanzania CSOs or NGOs operate under specific defined legal and institutional frameworks. The legal framework has been a fundamental framework prerequisite for legal existence and operations of these organizations. The legal framework contains laws and regulatory processes within which they operate. To this effect, in Tanzania up to 2001 there were three laws governing the operations of CSOs or NGOs.

- Societies Ordinance of 1954 administered by the Registrar of Societies in the Ministry of Home Affairs
- Companies Ordinance administered by the Registrar of Companies in the Ministry of Trade and Industries
- Trustee Incorporation Ordinance administered by Administrator General in the Ministry of Justice and Constitutional Affairs.

Under these three laws, all CSOs or NGOs were to be registered in Dar Es Salaam in the respective ministries. In 2002 a new law, the NGO Act, 2002 was enacted. Under the new law, among other things, registration has been streamlined and decentralized. The new law requires national organizations to be registered in Dar Es Salaam with the NGO Registrar in the Division of NGOs, Office of The Vice – President. While district-based NGOs/CBOs are now to be registered at the region (if they operate in more than one District) or at the district level (for those operating only in one district) in the office of the District Commissioner (DC). Critical to the new Act is the government close regulation and intervention over CSOs and NGOs in terms of registration process, deregistration, accountability and transparency in their operations. The wide range of governmental powers over NGOs/CSOs has raised a lot of suspicion among CSO/NGO activists on that the government may be intending to control Civil Society rather than playing a role of facilitation.

The new NGO Act was preceded by the National NGO Policy in 2002 formed in order to provide a conducive environment and direction for NGOs and CSOs to operate. The policy recognizes the crucial role and contributions which NGOs and CSOs make toward the development of this country especially in the war against poverty, disease and hunger. The policy spells out values which underpin CSOs and NGOs governance and management mechanisms for the purpose of accountability, conduct and operations. However, interesting in this Policy is the non-recognition of Community Based Organizations (CBOs) and Faith Based Organizations. It is rather difficult to distinguish

an NGO that has been registered which operate in a particular locality from a CBO that has also been registered under the same law and operate just in a small geographical location. This is why KIUNGI sees itself as both an NGO and a CBO and holds a Registration Certificate from the Registrar of Societies in the Ministry of Home Affairs. Under the new NGO Act all currently registered NGOs are required to apply for certificates of Compliance from The Vice President's Office.

2.2 Empirical Analysis and Synthesis.

2.2.1.HIV/AIDS situational analysis

The HIV/AIDS pandemic is an escalating world wide phenomenon. It is estimated that by 2002, 42 million people were living with HIV/AIDS world wide. It is further estimated that 13,700 adults and children are becoming infected each day with HIV such that by 2010 it is anticipated that an additional 45 million will have become infected (TACAIDS 2004).

By 2003 Tanzania Mainland was estimated to have about 1,820,000 people living with HIV/AIDS. Out of these 960,000 were men and 840,000 were women (NACP 2004). During the last two decades the HIV/AIDS epidemic has continued to spread very fast affecting people of all walks of life men and women, young and old but mostly those in the 20 – 49 years age range (Table 1). This is both the productive and reproductive group. Thus the epidemic has become a serious threat to the country's social and economic development.

The Government of Tanzania has been taking measures towards addressing the problem as follows:

- 1985 – 86 Short Term Plan involved:- training of health personnel and blood screening for transfusion.
- 1987 – 1991 – Medium Term Plan - I involved:- Health education on HIV/AIDS for he whole country.
- 1992 –1996 Medium Term Plan II Emphasis was on Multi-sectoral approach in the fight against HIV/AIDS
- 1998 –2000 Medium Term Plan – III Emphasis was on strengthening and widening of MTP II activities.
- 2001 - the creation through an Act of Parliament of the Tanzania Commission for AIDS (TACAIDS) – to lead the multi-sectoral national Response under the Prime Minister's Office.
- 2001- formulation of the National Policy on HIV/AIDS – to coordinate the national response to the HIV/AIDS pandemic (Prime Minister's Office, 2001)
- 2003 -2007 National Multi-sectoral Strategic Framework (NMSF) on HIV/AIDS - to translate the National Policy on HIV/AIDS through provision of strategic guidance to the planning programmes, projects and interventions by various stakeholders. (NMSF, 2003)
- From 2003 the Ministry of Health has been implementing a Health sector strategy on HIV/AIDS control which focuses on treatment, preventions and Health Education.

Table 1: Distribution of Reported AIDS Cases by Age and sex, Tanzania 2002

Age Group	Female		Male		Unknown		Total	
	N	%	N	%	N	%	N	%
0 - 4	126	3.4	166	5.4	9	0.2	301	4.4
5 - 9	71	1.9	73	2.4	1	0.0	145	2.1
10 - 14	28	0.8	38	1.2	1	0.0	67	1
15 - 19	96	2.6	51	1.7	5	0.1	152	2.2
20 - 24	539	14.7	178	5.8	11	0.2	728	10.6
25 - 29	773	21.1	392	12.7	15	0.3	1180	17.2
30 - 34	813	22.1	589	19.2	12	0.2	1414	20.6
35 - 39	532	14.5	508	16.5	11	0.2	1051	15.3
40 - 44	324	8.8	453	14.7	8	0.1	785	11.5
45 - 49	179	4.9	275	8.9	3	0.1	457	6.7
50 - 54	82	2.2	150	4.9	1	0.0	233	3.4
55 - 59	37	1	83	2.7	2	0.0	122	1.8
60 - 64	29	0.8	60	2	2	0.0	91	1.3
65+	22	0.6	51	1.7	1	0.0	74	1.1
Unknown	21	0.6	9	0.3	5845	98.5	5,875	0.8
TOTAL	3,672	100.0	3,076	100.0	5,927	100.0	12,675	100.0

Source: NACP: HIV/AIDS/STI Surveillance Report 2003

Initially the HIV/AIDS pandemic was regarded as being purely a health problem and the campaign to deal with it involved mainly the health sector under the auspices of the National AIDS Control Programme (NACP) of the Ministry of Health. However the NACP later realized that the pandemic was not only a health problem that can be tackled by the Ministry of Health alone. It was rather a development problem hence its fight had to involve all sectors. Hence the formulation of an MTP II (Medium Term Plan II) whose emphasis was on a multi-sectoral approach. The national response consisted of

strategies to create awareness and prevention of further spread of the virus as well as mitigate the impact of HIV/AIDS. (Prime Minister's office, 2001)

Despite all these efforts the country has not been able to reverse the trend and HIV has continued to spread, causing serious development problems due to lack of change of behaviour among community members and high level of poverty.

2.2.2. Involvement of NGOs/CBOs in HIV/AIDS prevention in Tanzania

When HIV/AIDS was reported in the country in 1983, a few years later, NGOs dealing with development issues started to respond to HIV/AIDS mainly in the area of awareness raising through provision of preventive education. A huge programme funded by USAID through US- based NGOs (Academy for Educational Development (AED) and later Family Health International (AIDSCOM and AIDSCAP respectively) were supporting local and international NGOs to design and implement HIV/AIDS interventions. The first programme AIDSCOM was launched in 1990 under AED called the Workplace Project and involved AMREF, Tanzania Council for Social Development (TACOSODE) and the Organization of Tanzania Trade Union (OTTU). The project aimed at imparting to workers in public (parastatal), NGOs and Private sector with adequate knowledge and education on HIV/AIDS with the ultimate goal of changing behaviour. While OTTU targeted parastatal organizations, TACOSODE involved local NGOs and Faith Based Organizations while AMREF targeted Long Distance Truck Drivers and other risk groups such as bar and guest house attendants. Later on,

HIV/AIDS specific NGOs started were created with Walio Katika Mapambano na AIDS Tanzania (WAMATA) translated as " People in the Fight against AIDS in Tanzania" being the first case. WAMATA's originally work centred around amelioration of the social and economic consequences of AIDS. Hence provision of counselling to those infected and home based care and treatment as well as supporting them with income generating opportunities for a major part of its activities. Over time there has been a mushrooming of HIV/AIDS related NGOs/CBOs registered and operating at both the national and grassroots levels. Their contribution has since expanded from provision of education towards mitigating the impact of the pandemic. Activities are thus care and treatment, orphan care, advocacy on elimination of stigma surrounding the pandemic, counselling services and promoting voluntary counselling and testing (VCT). As the problem is becoming overwhelming, some HIV- positive individuals declared their HIV status and later on, by mid- 1990's organized and established their own organizations for people living With HIV/AIDS to support and enhance joint advocacy for their rights. The formation of such organizations like SHDEPHA+, RUPOFA+, CHAWAVUMA, to mention only a few, according to the TACAIDS has helped minimize stigma attached to people living with HIV/AIDS. What follows are more detailed on some of the aforementioned NGOs/CBs.

SHDEPHA+

The objectives of SHDEPHA+ include, supporting people who are HIV-positive and encourage those with AIDS to live positively. SHDEPHA+ also aims provide health

services, home based care, pre and post- counselling, voluntary counselling and testing (CVT) and training of implementers to foster positive behaviour. Activities for SHDEPHA+ include; medical treatment, advocacy and lobbying, community mitigation, support to orphans, behavioural change promotion, counselling for prevention, peer education, legal assistance, advocacy for human rights, advocacy for children's rights and home-base care

SHDAPHA+ is a national-level NGO

TACOSODE

The objectives of TACOSODE include: to provide holistic health services to people and to promote sustainable development through human resources development, capacity building, for NGO members and grassroots organization. TACOSODE activities are; behavioural change promotion, build girl children's confidence, health education, counselling for prevention, education on gender issues, peer education, promoting women health, prevention at work places and STD syndromic management This particular programme run by TACOSODE is located in Dar-Es-Salaam. . In addition, TACOSODE runs a nation-wide programme on capacity building for district –based NGOs/CBOs involved in HIV/AIDS prevention.

WAMATA

An impact mitigation is an important objective which has featured prominently since WAMATA inception in 1989. Activities for the organization include; care of terminally

ill, home-based care, counselling, social support, support of orphans, health education, income generating activities, peer education, voluntary counselling and testing. WAMATA operates in some regions in the country through local NGOs.

AMREF

The objectives of AMREF are; to prevent sexual transmission of HIV/STDs and care and support for people living with HIV/AIDS. Its activities include; epidemiology surveillance of HIV/STDs, cases reporting, home-based care and promoting VCT. AMREF runs programmes in some regions in the country through local based NGOs.

While the formation of these HIV/AIDS related NGOs/CBOs has been received by both the government and communities as a helping hand towards dealing with the social development problems most of them have been motivated by the availability of donor funding in the respective field. As a result, many of them are still too young and premature to design and manage any project. According to both AED- AIDSCOM and FHI –AIDSCAP projects had to invest in building the capacities of these organizations in terms of training to impart the staff with HIV/AIDS information, knowledge and education. What is more, USAID had to meet costs for hiring additional staff for the organization's project as well as paying their salaries, project vehicles and working equipments (computers, photocopiers, TV/Videos) were in addition provided as part of capacity building for the organizations. Such provisions are not extended to most CBOs such as KIUNGI wanting to participate in the fight against HIV/AIDS. As a result

projects implemented by such groups rarely bear tangible results despite their strategic position.

2.2.3. Women and HIV Vulnerability

The HIV/AIDS pandemic is a problem that affects all, regardless of sex, race, socio-economic status and so on However, studies have indicated that there are some factors that put women in a more vulnerable situation than men. For example, by the end of 2002, of the 38.6 million adults living with HIV/AIDS, 19.2 million, more than 50 percent were women (UNAIDS 2002). Since the HIV/AIDS pandemic began more than 20 years ago, infection rates among women have accelerated due to the following factors;

(a) Biological factors

Due to biological reasons women are more susceptible to HIV transmission. They receive all semen and can store them for some time before discharging them out because of the large mucosal structure of vagina. Other biological factors that increases the risks in women include the thinner tissue lining of the vagina and the position of a zone of cells around the cervix which are more exposed in younger girls and women. HIV also targets lymphocytes and macrophages which may be present in the vagina as result of any inflammation that may have been caused (Willis, 2002)

(b) Economic factors

Poverty exacerbates the factors that determine women's vulnerability to HIV infection. Economically the majority of women are more disadvantaged. They are the less educated hence have fewer chances for accessing formal employment, and when employed they occupy the lowly paid job strata. In the families too women are rarely allowed to own major means of production such as land. This renders women subordinate to men. As a result women are getting poorer and poorer and continue to be socially and economically dependent on men. What all this means is that women have less control over when and whether they have sex.

Young women and girls are often the target of older men in search of safe sexual partners, including men who believe the myth that sex with a virgin will cure their HIV infection (Matlin and Spence, 2001).

(c) Inadequate or Lack of Information on HIV/AIDS

There are many reasons why women are denied access to adequate information on HIV/AIDS. Among them are the societal gendered segregation of women that do not allow women to discuss with men issues concerning sexuality and sex. Also some of the means through which information is channelled are not women-friendly. The use of radio and TV broadcast by women is limited as it is well known that women have little time to listen to them.

(d) Traditional and Socio-Cultural Factors

Cultural and social norms are some of the risk factors playing a big role in the spread of HIV, some of which includes female genital mutilation, polygamy or sharing wife by men or man by women, cleansing by having sex with a widow.

In the traditional African family, the ideal feminine attributes include sexual obedience to her husband or worse in some tribes even to the woman's in-laws! She is also the care taker of the sick in the family. Some traditional teachings still prevail that are detrimental to fighting the spread of HIV. Women's subordinate position to men is often makes it difficult for them to negotiate safer sex with their partners, all of them adding to the level of her vulnerability to HIV/AIDS. In rural setting, the woman cares for her children and works in the fields.

In urban areas, married men tend to also engage in casual or long-term relationships with other female partners popularly known in Tanzania as "Nyumba Ndogo", literally translated as " small house" but meaning extramarital family. And because of their long term relationship they often engage in unprotected sex with them hence making their wives more vulnerable to contracting HIV.

It is culturally accepted for older men to marry younger girls sometimes of the age of their own daughters or even grand daughters. This practice means that women are more likely to become infected with HIV at an earlier age than young men. The National AIDS Control Program of the Ministry of Health in Tanzania report that in 2002 the

number of new infections in girls aged between 15-19 years was 96 compared to 56 boys of the same age (NACP 2002).

Traditionally, the woman especially the rural woman has little access to such key resources as information, education, employment, income, land, or property.

(e) Domestic Violence

In a study conducted in Dar Es Salaam and funded by USAID more than a quarter of female voluntary counselling and testing (VCT) clients agreed with the statement that "violence is a major problem in my life." HIV-positive women were 2.68 times more likely than HIV- negative women to have experienced violence from a current partner. The study suggests that fear of physical violence was a cause for women not willing to undergo HIV testing (Suzanne Maman et al...2003).

Cultural perceptions of women's sexual and reproductive obligations in marriage deny women control of their bodies. This coupled with unequal property rights, the payment of bride price, and women's inability to take their children from the fathers' homes render women unable to leave abusive relationships. Women also bear the stigma associated with taking care of their HIV/ AIDS infected children. In many cases too, women have been blamed for bringing the virus in the home, especially when the husband dies first. Widows in many tribes in Tanzania are often forced to be inherited by their in-laws, forced to bear them children thus putting them in a more difficult survival situation. When HIV infection occurs to a couple or within a family, women often

assume a disproportionately large role in caring for those living with the virus. Once they have contracted HIV, however, many women lack access to health care and social support, due in part to their disadvantaged socio-economic status.

(f) Lack of Bodily Autonomy

Violence strips women of bodily autonomy, prevents them from safeguarding themselves from exposure to HIV infection. The fight against HIV will not be achieved without women gaining control of their sexuality (Harlem Brundtland, 2000.)

In many instances, African men have absolute domination over the terms of sexual relations with their spouses. Where the husband is HIV-positive, this domination directly threatens women's lives. Due to this, it is obvious that an HIV-positive husband may force his wife to have unprotected sex with him unlike when the case is the reverse.

(g) Political factors

The fight against HIV/AIDS depends much on the political will and commitment of those in power and who control resources. However, as a general rule only a small fraction of women occupy decision-making hierarchies that can enable them to access resources earmarked for the fight against HIV/AIDS. Their voices thus from their minority representatives may not be heard. It is thus no wonder that the manufacturing and distribution of female condoms took time to come into being! This is a clear indication of how women-felt needs are not taken into consideration.

More to the risk factors, there is an indication that girls and women are forced into unwanted sexual relations particularly when seeking access to education, employment, etc. As a result they are subjected to the risk of infection with HIV.

Prevention is the only meaningful way to stop HIV from spreading. Health promotion activities are of central importance to efforts to prevent and stop further spread of the virus. These include preventive education efforts, new forms of protection and development of vaccines and drugs. In the absence of any vaccine and drug the principal message of HIV prevention as part of health promotion has been to adopt the ABC slogan i.e. A = abstain, B= be faithful and C = condom if necessary. While the slogan looks simple to remember, but its practice has been difficult or less simple for a variety of practical and cultural reasons including myths about condoms and diminishing enjoyment.

HIV/AIDS prevention and mitigation campaigns demands that all sectors and stakeholders be involved and play their part in local strategies for HIV prevention and care of AIDS persons. It has been acknowledged that NGOs or CSOs or CBOs have been good health promoters against HIV/AIDS.

2.2.4. Women's empowerment framework

Vulnerability is the converse of empowerment. By vulnerability we mean the extent to which individuals are capable of making and effecting free and informed decisions about

their life. A person who is genuinely able to make free and informed decisions is least vulnerable (empowered); the person who is ill-informed, or whose inability to make informed decisions freely and carry them out is most vulnerable. Empowerment occurs when people realize that some important aspect of their lives can be different. A second element in empowerment is a sense of self-efficacy, the idea that change is possible (Mann &Tarantola 1996).

Related to women empowerment, Marille Karl (1995) on Women and Empowerment argues NGOs particularly women NGOs must strive to promote empowerment for women. Through such involvement people most often begin to develop their awareness and their ability to organize themselves to take action and bring about change. Marille Karl viewed women empowerment to mean a continuum of interrelated and mutually reinforcing variables such as:-

- Awareness building about women's situation rights, and opportunities
- Capacity building and skills development especially the ability to plan, make decisions, manage and carry out activities.
- Participation in decision making in the women community and society as a whole.

On the other hand, UNICEF (1993) developed a Women's Empowerment Framework for enhancing the advancement of women and girls. The framework points out that

women's development can be viewed in terms of five levels of equality of which empowerment is an essential element at each level. The levels are as follows:-

- Welfare – this level addresses only the basic needs of women, without recognizing or attempting to solve the underlying structural causes. At this point, women are merely passive beneficiaries of welfare benefits.
- Access – these level points out that it is essential for women to make process. This involves equality of access to resources including education, health, land, credits etc. Lack of access to resources is a barrier to their well being and development.
- Conscientization – this level argues that for women to take appropriate action to remote and close the gender gap or gender inequalities and imbalances there must be a recognition of their problems inherent in existing structures of discrimination.
- Participation – this level notes that women must take decisions along side men equally. To reach this level mobilization is crucial, by organizing the women and working collectively, women will be empowered to have more voices and greater involvement in decision making processes.
- Control – this level presupposes that the ultimate goal of empowerment is to have a power balance between men and women so that neither party dominates over the other.

Using this framework of women empowerment development practitioners often use it to determine whether a particular project activity or initiative captures and satisfies to the subscription of the five levels. It also assumes that any type of intervention will move women to the higher level of equality and empowerment.

2.3. Policy Analysis

2.3.1 The UN Millenium Development Goal on Combating HIV/AIDS

At the International level, the UN Millenium Declaration adopted by 189 countries at the UN Millennium Summit in September 2000, declared Combating HIV/AIDS (Goal Number 6: combating HIV/AIDS, Malaria and other diseases) among its eight Millenium Development Goals, and urged governments, development agencies and civil society organizations everywhere to reorient their work around the goals. The goal's ambitious target is to halt and reverse the spread of HIV/AIDS in all countries by year 2015. Some of the key indicators to achieve this goal are reduced HIV prevalence among pregnant women aged 15-24 and condom use at high risk sexual acts. To respond to this International Declaration, countries like Tanzania have formulated various policies and strategies towards achieving the International Millennium Development Goals.

2.3.2 The National HIV/AIDS Policy

In response to Poverty Reduction Strategy (PRS) and objectives, specific sector wide policies have been developed. One of them is the National Policy on HIV/AIDS adopted in 2001. One of the principles guiding the formulation of this policy is that

HIV/AIDS is preventable and that transmission of infection is preventable through changes in individual behaviour. Hence education and information on HIV/AIDS, behavioural change communication as well as preventive strategies are necessary for people to bring about changes in behaviours and attitudes. It also stresses that individuals are responsible for protecting themselves and others from contracting HIV through unprotected sexual intercourse since the major route of infection is heterosexual and homosexual intercourse. Heterosexual transmission of HIV accounts for 90% (HIV/AIDS Policy, 2001) of all infections. Other modes of transmission are transmission from infected mother to her child during pregnancy, delivery and breastfeeding, through infected blood, blood products and sharing of sharp instruments for skin cutting and piercing.

In 2003 the government formulated the National Multi-Sectoral Strategic Framework on HIV/AIDS 2003 – 2007 (NMSF). The NMSF strategic goals and targets includes:

- Reduce the spread of HIV infection countrywide by 30% in 2001 with focus to young people and women.
- Reduce transmission to infants born to HIV infected mothers by 20% in 2007
- Reduce the prevalence of sexually Transmitted Infections (STIs) in the population through appropriate diagnosis, treatment and counselling 80% at health care facilities in 2007.

- Increase the knowledge on HIV/ transmission and skills for prevention and mitigation of its impact by 95% of young people and women aged 14 – 24 years and young mothers 20 – 35 years.

Earlier Policy development initiative was done by the Ministry of Health when in 1995 the Ministry issued a National Policy on HIV/AIDS/STD for the aim of widening and strengthening the national response against STD/HIV/AIDS. Its overall objective was to mobilize and sensitise the community to get actively involved in preventing further transmission of HIV and to cope with the social and economic consequences of AIDS. The policy spelt out that women of all ages shall be provided with basic education about their own bodies and about human sexuality as well as specific information about HIV/AIDS/STDs (NACP 1995). Further more HIV/AIDS education at family level was encouraged. The policy as well addressed the need to empower women economically through such measures as credits, skills training and employment promotion.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Research Design

Both the PRSP 1, MKUKUTA (PRSP 2) the National Policy on HIV/AIDS and the National Multi-sectoral Strategic Framework on HIV/AIDS require a multi–sectoral response and community participation. Under the multi–sectoral response all sectors and stakeholders within the public and private sectors and among civil society organizations i.e. CSOs, NGOs and CBOs are required to make their contributions towards poverty alleviation and the fight against HIV/AIDS. Many civil society organizations including NGOs and CBOs have mainstreamed gender issues with a focus on women and HIV/AIDS in their programmes as a strategic approach to fight poverty and diseases. This will spearhead the achievement of development goals outlined by different policy's initiatives, e.g. the Millenium Development Goals (MDGs). KIUNGI, is one among numerous women lead grassroots member-based organization, which has been involved in a number of development initiatives for poverty reduction and the fight against the HIV/AIDS pandemic. In respect of the later, an attempt is made to explore the extent to which KIUNGI has been involved in HIV/AIDS intervention. Specifically this exploratory study intends to find out if HIV/AIDS interventions had an impact on women who are both members and beneficiaries. As explained earlier under conceptual framework, CSOs are formed for helping members and communities to solve problems and meet their needs or pursue a common goal in a particular locality. Hence, the orientation of this study is to respond to the following objectives:

- To examine the involvement and participation of KIUNGI in the fight against the HIV/AIDS pandemic,
- To make recommendations on how to strengthen the capacity of KIUNGI to meet development challenges facing grassroots people in their project areas with particular focus on addressing vulnerability issues in HIV/AIDS among women.

More specifically the objectives of the study were:

(a) To gather information about the organization with regard to its establishment, composition of its membership, why it was formed, its mission and activities, its sources of funding, its philosophy and the general management of its activities.

(b) To assess the knowledge of the members and that of the organisation's target communities (in Sinza B) about HIV/AIDS and its impacts on women.

(c) To determine factors that render some women and girls vulnerable to contracting HIV/AIDS and intensifies the magnitude of the pandemic's impact on them.

(d) To document best ways to minimize women's vulnerability to HIV/AIDS.

(e) To ascertain areas of capacity building for KIUNGI in implementing quality HIV/AIDS programme.

3.2. Research Approach and Strategy

This study took place in Sinza B in Kinondoni Municipality Dar Es salaam region. In implementing it, a number of approaches and strategies were employed as follows

- Letters of introduction were prepared and submitted to the management of KIUNGI in Dar es Salaam
- Appointment was planned to meet with the KIUNGI management to discuss this study in details and how to operationalize its implementation.
- The KIUNGI management organized a short meeting for its members and clients based in Dar es Salaam who are residents of Sinza. Both members and clients agreed to participate in the study as cohort subjects.
- A SWOT analysis was conducted to determine the strength, opportunities that the Organization could explore in achieving its objectives. The analysis further reviewed the Organization's management structure.
- Letters were written to the local government authority in the Sinza area. The letters explained the objectives of the study and the time frame was provided. The letter further requested the local government to provide data on the population of the target area to ascertain the profile of the community involved in the study as well as seek permission to access health data from the Sinza Health Center.

3.3. Sampling Techniques and Sample Size

Due to the nature of the research design of the study, a purposeful sampling was used as a tool of probability sampling for selection of both the organization (KIUNGI) and subjects of study (women members and clients). The sample frame of this study was limited to these subjects only. Only subjects residing in Sinza areas were involved in

the study. Purposeful sampling is sometimes referred to as a convenience sampling which involves systematic identification and picking subjects from the accessible sample frame or population. Both women and men were considered.

Data was collected in Sinza B area, Kinondoni District. Sinza B is a *Mtaa (Street)* of Sinza Ward comprising a population of about 36,469 of whom 19,438 (53.3%) are women and 17,031 (46.7%) are men. The number of households in the community is about 4248. The ward has a total of 5 *mitaa* (equivalent to villages for the rural area) which are Sinza A, Sinza B, Sinza C, Sinza D, and Sinza E. Classification of the households in the five *mitaa* are as shown in table 2 below:

Table 2: Classification of the house holds in the five Mitaa

Mtaa	**Number of House Holds**
Sinza A	776
Sinza B	645
Sinza C	1,065
Sinza D	816
Sinza E	948
TOTAL	**4,248**

Source: Local Government Data

A total of 62 people 32 women and 30 men from the project area i.e. Sinza B comprising about 10% of total House Holds representatives were involved representing both men and women of different age groups. 10% was regarded acceptable proportion for the total population.

3.4. Data Collection Methods

3.4.1. Primary data

(a) The Questionnaires

Two types of questionnaires were used in the study. The first type was for gathering information about the organization while the second type was on women and HIV/AIDS vulnerability. The second questionnaire contained the following topics:

- Social Demographic characteristics of the respondents
- Knowledge, attitude and practices on sexual Behaviours, STIs and HIV/AIDS
- Women and HIV/AIDS vulnerability
- Best practices and coping measures

The first questionnaire was filled by the Secretary General of the Organization.

The second questionnaire was developed and pre-tested for members of the organization alone. The purpose was to determine the usefulness of the tool in collecting both quantitative as well as qualitative data. More importantly, it aimed at testing the content of the information it seeks to provide, the language used but also the time it takes to complete the questionnaire. After the pre-testing exercise, the tool was revised and the final questionnaire is attached to this report as ***Annex 3.***

The questionnaire was administered to the subjects through one-on-one interviews. For ethical issues all individual interviews were conducted in privacy.

(b) Swot analysis of the Organization

For the purpose of identifying the organization's strengths and weaknesses as well as determining available opportunities that could be explored in order to strengthen the organization, SWOT analysis was done.

3.4.2 Secondary Data:-

Collection of Secondary data was done by desk review of books, articles and journals. This was done through library search and access to documentations.

3.5. Data Analysis

3.5.1 Primary data

The analysis of primary data was based on the data collected from the questionnaire and the SWOT analysis.

(a) The Questionnaire

After data collection, the responses in the questionnaires and notebooks were reviewed and transcribed in order to generate both qualitative and quantitative data. A coding frame was developed to code the responses according to categories required. The data analysis was done manually first and final results were processed by computer for simple tabulation and graphical presentation.

(b) SWOT analysis

SWOT analysis was carried out to determine the strengths and the weakness of the organization which led to the construction of SWOT Matrix. This process was used to

examine the internal and external environment factors to the organization. The external environment of KIUNGI was thoroughly analysed where the strengths and weakness were identified. The external environment of KIUNGI was also analysed and the opportunities and threats were revealed. Table 3 below shows the SWOT analysis factors

Table 3: SWOT Analysis factors

ENVIRONMENT	POSITIVE	NEGATIVE
Internal	Strengths	Weaknesses
External	Opportunities	Threats

3.5.2 Secondary data

This kind of data from published and printed literature were analysed through aggregation of variables or issues needed to build a body of knowledge and back up arguments including the use of statistics.

3.6. Limitation

The major limitation was the time factor and financial constraints. Though the host organization was expected to facilitate the mobilization of the interviewees it did not however manage to overcome the participants' expectation to be paid. Also, because I had already interacted with some of the respondents before, it was difficult for me to interview them as some of the questions dealt with sensitive issues. This challenge was overcome by including some research assistants who were new in the locality.

CHAPTER FOUR: FINDINGS AND RECOMMENDATIONS

4.1. Findings

4.1.1 Results of the SWOT Analysis for KIUNGI

- **Organization's Strengths**

The following were cited as being areas of the organization's strength.

- Official registration with constitution that has been endorsed by the AGM
- Presence of a Medium Term Plan that guides the organization's activities
- Operating organizational structures such as the Annual General Meeting that was held for the last time in 2003, Executive Committee that sits in accordance with the constitution, and the Management and Technical Committees that meet as deemed necessary.
- Presence of professional skills among its members e.g. business skills that enable the organization to engage in income-generating activities.
- Presence of a donated office.
- Members' commitment and voluntary spirit that make it possible for the organization to hold meetings as required, while some members also work for the organisation on a voluntary basis.
- Presence of district branches that makes it possible for the organisation to conduct activities outside Dar es Salaam

- Strong leadership
- Operating Bank Account

- **Organization's Weaknesses**

The SWOT analysis of the organization revealed the following weaknesses.

- Inactiveness of some the members resulting from their inadequate involvement in the organization's activities.
- Inadequate office equipment due to insufficient financial resources
- Inadequate fund raising skills

- **Opportunities foe the Organization**

  - Existence of various Government policies that enable them to develop programmes that can be financed by donors. Examples of such policies are Land Policy, HIV/AIDS Policy and Cultural Policy. The organization has received funds from various donors to implement projects in the three policy areas.
  - Availability of donors that have funded their projects.
  - Good working collaboration with the District Councils in Mbinga and Kinondoni districts.
  - Acceptance by the target communities and other well wishers who have made some contributions to the organization.

- **Threats to the organizations**

  - Land infertility that contributes to poverty among the people and women are the most affected in Mbinga.

  - Male dominance that deprives women the opportunity to participate in development programmes.

  - Diseases such as goitre and HIV/AIDS. Goitre affects mostly women and reduces their capacity to participate in productive activities. Also, HIV/AIDS affects women more than men because the former are responsible for caring for the patients at home, which has an adverse impact on their ability to attend to their farms.

  - Severe poverty in many families which affects women more than men because men tend to appropriate even the little harvest obtained. As a result, children and especially girls are not sent to attend secondary education even when they have passed the STD VII examinations.

  - Government bureaucracy that causes delays in decision making. Members cited the example of a failure on the part of the district authorities in Mbinga in the last two years to respond to the organization's proposal to start a project in one school in the district.

  - Seasonality of trading activities in the district, which means that the organisation's target groups have no income for the greater part of the year.

- Land degradation caused by rampant felling of trees to clear land for farming and to get wood for domestic fuel housing construction. This activity contributes to the poverty situation among the target beneficiaries
- Poor infrastructure such as rural roads, lack of electricity in the district, poor telephone connectivity etc. that make work in the district difficult.

4.1.2. Socio – demographic characteristics of respondents

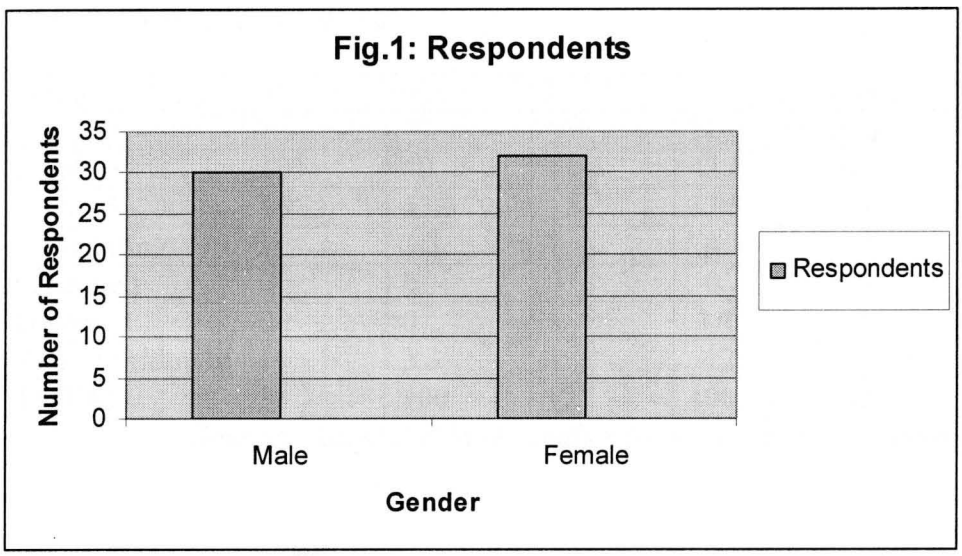
(a) Age range of the respondents

As shown in table 4 (Figure 1), among the respondents, males constituted 48.4% and females 51.6% of the total respondents. Their ages range from 18 -64 years for males and 18-50years for females. The lowest age for both sex was 18 years, the highest for males was 64 years while for the females the highest age, was 50 years.

Table 4: Age range of respondents

	M		F		TOTAL	
	N0	%	N0	%	N0	%
Respondents	30	48.4	32	51.6	62	100
Age- range	18-64 yrs		18-50 yrs		18 – 64yrs	

Source: Calculated by the author from the survey questionnaires



(b) Marital status of the respondents

Table 5 (Figure 2) indicates that the majority of the people interviewed (45.2%) were married this proportion being higher among males at 53.3%, than among females at 37.5%.. Single respondents constituted 41.9% of the total with females leading i.e. 43.8%, compared to males at 40%. Of the rest, 6.5% were widows, 3.3% cohabiting, 1.6% divorced and 1.6% in widower status. The study found out that women who were living single had wide choice for HIV/AIDS prevention though there could be a possibility for them to have multiple sexual partners. For example the use of condoms among women living single was high as compared to married women. Likewise abstinence was most practiced by women who were living single.

Table 5: Marital Status of respondents

Status	M		F		Total	
	No.	%	No.	%	No.	%
Single	12	40	14	43.8	26	41.9
Married	16	53.3	12	37.5	28	45.2
Co-habiting	1	3.3	1	3.1	2	3.2
Separated	0	0	0	0	0	0
Divorced	0	0	1	3.1	1	1.6
Widow/widower	1	3.3	4	12.5	5	8.1
TOTAL	**30**	**100**	**12**	**100**	**62**	**100**

Source: Calculated by the author from the survey questionnaires

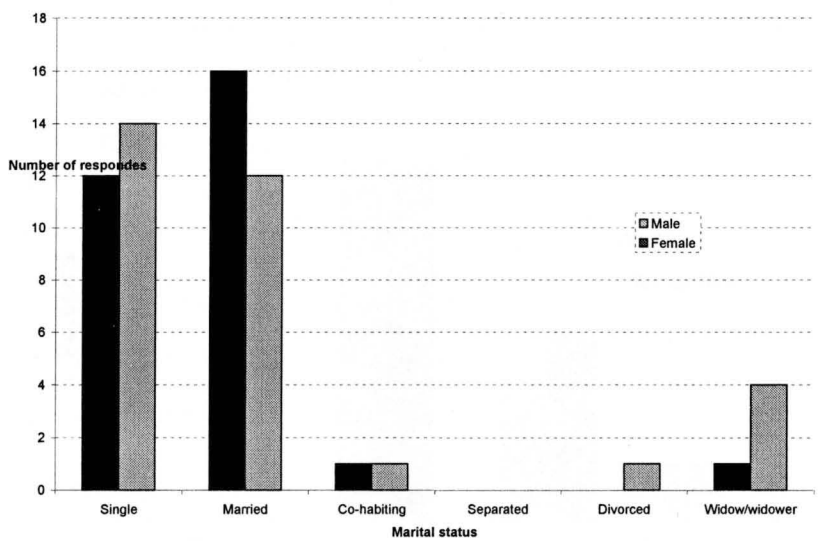


Fig 2: Marital status of respondents

(c) Educational status of the respondents

Table 6 (Figure 3) shows that neither males nor females were found to be illiterate. Most respondents (66.1%) were found to have completed 7 years of primary education. Only 29% had completed 11 years of education i.e. up to ordinary-level secondary education and only 4.9% had attained post secondary education i.e. at least 15 years of education.

Table 6: Education level of respondents

Level of education	M		F		Total	
	No.	%	No.	%	No	%
Illiterate	0	0	0	0	0	0
Prim 7yrs	20	66.7	21	65.6	41	66.1
Secondary 11 yrs	7	23.3	11	34.4	18	29
Post secondary 15 yrs	3	10	0	0	3	4.9
TOTAL	30	100	32	100	62	100

Source: Calculated by the author from the survey questionnaires

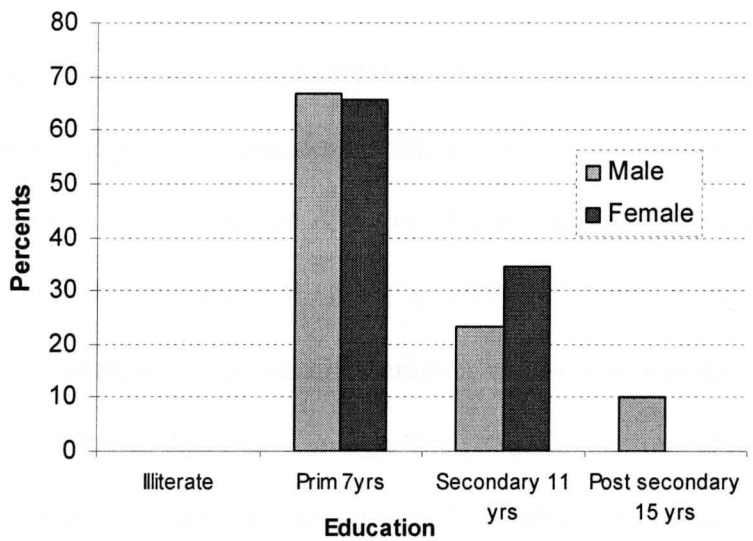


Fig 3: Education

(d) Employment status of the respondents

Table 7 shows that only 17.7% of people interviewed were employed, while 82.3% were unemployed. Among the unemployed respondents, men take the lead, i.e. 20% followed by women who were 15.6%. The general results show that the proportion of employed and unemployed people is quite big that can have negative impact on enhancing peoples'

positive behaviour change toward HIV/AIDS prevention. The study found out that there was a relationship between employment and access to HIV/AIDS information. Those who are employed in formal employment reported to have attended an AIDS workshop.

Table7: Employment status of respondents

Status	M		F		TOTAL	
	No.	%	No.	%	No.	%
Employed	6	20	5	15.6	11	17.7
Not employed	24	80	27	84.4	51	82.3
TOTAL	**30**	**100**	**32**	**100**	**62**	**100**

Source: Calculated by the author from the survey questionnaires

4.1.3. Involvement of KIUNGI in HIV/AIDS prevention

Through discussions and questionnaire filled by the Organization's Secretary General it was possible to ascertain the extent to which KIUNGI has been engaged in HIV/AIDS activities. The involvement of KIUNGI in HIV/AIDS started way back in 2001 where KIUNGI was implementing capacity building of the communities towards HIV/AIDS prevention in Mbinga District. Through this programme, four leaders and members of KIUNGI (2 based in Dar Es Salaam and 2 in Mbinga) attended a training in Peer Education for Community Based Behaviour Change Agents. The aim was to have community resource persons to spearhead the campaign against HIV/AIDS in villages of two Wards (Ukata and Wukiro). In this project, the organization was able to select and train 20 Community Based Behavioural Change Agents (CBBCAs) in the two wards of Mbinga Mjini Division, Mbinga district. This programme was designed after realizing that despite many interventions carried out at national level to create awareness of the people on HIV/AIDS, positive behaviour change among the people was not appreciable

far reaching. Besides, most of these strategies were not aiming at building the capacity of communities to respond to the HIV/AIDS problem. As a result, when the programme wound up, everything stopped. Thus to fill this gap KIUNGI designed the above mentioned project. The trained CBBCAs went in all villages of the two wards to conduct education sessions and assist the communities to map out risk areas and practices that facilitate the spread of HIV. The mapping exercise thus was used by the respective communities to plan appropriate interventions. Such interventions included targeting specific risk groups like young people, single parent mothers and men practicing polygamy. Village bye-laws as well were enacted to enhance positive behaviour change in the community. Furthermore, Village Committees on HIV/AIDS were established to manage community HIV/AIDS activities. The outcome of this programme is that HIV/AIDS awareness among communities in the respective project sites has increased and the trained Community Based Behaviour Change Agents are still working in collaboration with the village governments to educate the community on HIV/AIDS.

KIUNGI now intends to move further from just creating the capacities of the community to manage HIV/AIDS interventions but to assist people engage in positive behaviour change. To do this, it is necessary to deal with the factors that hinder the desired behaviour change. These factors may vary from one group to another, depending on gender, age, social-cultural and economic status. This therefore means that strategies to engage positive behaviour change must be specific to a particular group as elaborated

above. Since KIUNGI wanted to target women and young girls, Sinza Ward was singled out to be the project area since the KIUNGI head office is located in Sinza B. However the organization's past experience as evidenced in the above finding does not go beyond facilitating knowledge and awareness raising and strengthening the community's capacity to sustain the programme. It still lacks the capacity to deal with the factors that render certain groups of people more vulnerable to HIV/AIDS than others.

4.1.4. Knowledge, Attitude and Practices on Sexual Behaviour, STIs and HIV/AIDS

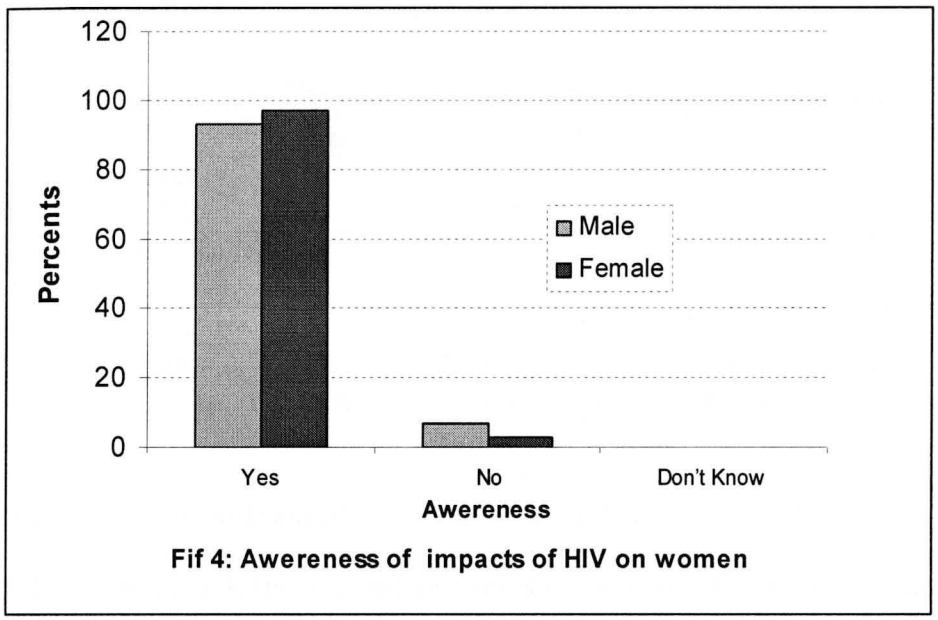
(a) Level of Awareness on Impacts of HIV/AIDS on Women

The majority of people interviewed were aware of some impacts of HIV/AIDS on women but are not aware of other impacts. As indicated in Table 8 (Figure 4), 93.3% of men and 96.9% of women among the respondents stated that they can cite at least one example of the negative impacts of HIV/AIDS on women. However some impacts such as the burden of taking care of the sick was not cited by either male or female respondents. Fewer females (3.1%) than males (6.7%) are not aware at all of HIV/AIDS impacts on women.

Table 8: Respondents' Awareness on HIV/AIDS impact on women

Status	**M**		**F**		**Total**	
	No.	%	No.	%	No.	%
Yes	28	93.3	31	96.9	59	95.2
No	2	6.7	1	3.1	3	4.8
Don't Know	0	0	0	0	0	0
TOTAL	**300**	**100**	**32**	**100**	**62**	**100**

Source: Calculated by the author from the survey questionnaires



Fif 4: Awereness of impacts of HIV on women

(b) Respondents understanding on causes of AIDS

There was a high level of awareness among respondents on the causes of AIDS. As shown in table 9, 90.6% of the females and 90% of the males identified the cause of AIDS as a virus called HIV. Only 9.4 of the females and 6.7% of the males stated that AIDS was caused by a virus called HIV. 3.3% of the males said they did not know what caused AIDS. This shows that there are still some people in the community who have not received adequate information, education and knowledge about HIV/AIDS. The survey results further indicate that the level of knowledge on HIV/AIDS is higher among men than among women.

Table 9: Responses on Causes of AIDS

Cause	M		F		Total	
	No.	%	No.	%	No.	%
Bacteria Called HIV	2	6.7	3	9.4	5	8.1
Virus called HIV	27	90	29	90.6	56	90.3
Don't Know	1	3.3	0	0	1	1.6
TOTAL	**30**	**100**	**32**	**100**	**62**	**100**

Source: Calculated by the author from the survey questionnaires

(c) HIV Transmission Modes and Risk factors

Table 10 illustrates the respondent's level of understanding of the various modes of HIV transmission. The table shows that 26.7% of the male respondents and 28.1% of female respondents believed that sharing clothes transmit HIV, while 70% of the males and 71.9% of the females did not believe so and 3.3% of the males said they do not know. On the sexual transmission of HIV, 76.7% of the males and 96.9% of the females said that HIV can be transmitted through sexual intercourse between a man and a woman. The responses generally indicate that the respondents are aware that in order for an infection to occur one of the people involved in sexual acts must be infected ***as illustrated by their response to the question on infection would occur as a result of sexual intercourse between an HIV infected person and a non infected person***. On the mother-to-child infection 70% of the males and 78.1% of the females said that HIV can be transmitted from an infected mother-to-child. Still some of the respondents indicated lack of awareness on mother-to-child transmission of HIV.

There is re surprisingly a sizeable proportion of people among my informants who believe that HIV /AIDS is a disease that affects only prostitutes. As shown in table 12, 23.3% of the male respondents and 9.4% of female respondents stated that only prostitutes are at risk of contracting HIV.

(d) The Situation of STIs in the Project Area

According to data from Sinza Health Centre, as indicated in table 10, Sinza had reported a total of 733 new cases of STIs from January to December 2003. If we were to go by the statistics from the Sinza Health Centre, we may conclude that, 0.003% of Sinza residents contracted new sexually transmitted infections (STIs) during the twelve-month period. However, given the multiplicity of health facilities in Dar Es Salaam, it is more likely that more cases of STIs among Sinza residents were identified in health facilities other than the Sinza Health Centre. According to the figures on offer from Sinza Health Centre, of the 733 cases of STIs, 182 or 24.8 % of the total were males and 551, i.e. 75.2 % of the total was females. And since there is a close relationship between STIs and HIV/AIDS it is more likely that women in the project area are at a greater risk of contracting HIV than men.

Table 10: STI Cases in the Project Area as at December 2003

New STI Cases			**Episodes of STI retreated**			**Partners (contacts) treated**		
M	F	**Total**	M	F	**Total**	M	F	**Total**
182	551	**733**	40	57	**97**	36	49	**85**

Source: Data from Sinza Health Centre

A higher proportion of men (76.7%) than that of women (71.9%) indicated awareness of the relationship between STIs and transmission of HIV: that people with STIs are predisposed to contracting HIV. Although a considerable proportion of the respondents manifested a good knowledge of issues relating to the transmission of HIV/AIDS, the foregoing identified knowledge gaps suggest that education and awareness-raising activities relating to modes of HIV transmission need to be intensified.

4.1.5. Vulnerability issues/factors for women with regard to HIV/AIDs transmission

(a) Vulnerability factors of HIV/AIDS for Women

Table 12 shows that all male and female respondents agreed that sexual abuse is the highest leading factor rendering women vulnerable to HIV infection (98.4). This is followed by domestic violence, accepted by 96.8% of the female and 93.3% of the male respondents. Lack of knowledge is next, recorded by 86.7% of the male and 93.8% of the female respondents followed by male dominance accepted by 86.7% of men and 90.6% female respondents. Socio- economic factors was supported by 81.3% of the female and 83.3% of the male respondents. 87% of women and 83.3% of male respondents said bad traditional practices are contributing factors in women's vulnerability to HIV/AIDS. Few respondents (40.6%) female and 46.7% males saw political factors as contributing to women's vulnerability to HIV/AIDS. This indicates that most women have no idea that political factors can influence their vulnerability to HIV/AIDS.

Table 11: HIV Transmission modes

Means	M						F						Total					
	Yes		No		Don't Know		Yes		No		Don't know		Yes		No		Don't know	
	N0.	%	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%
By sharing clothes	8	26.7	21	70	1	3.3	9	28.1	23	71.9	0	0	17	27.4	44	71	1	1.6
Sexual intercourse between a man and woman	23	76.7	6	20	1	3.3	31	96.9	1	3.1	0	0	54	87.1	7	11.3	1	1.6
Sexual intercourse between an HIV infected person and non infected person	29	96.7	1	3.3	0	0	31	96.9	1	3.1	0	0	60	96.8	2	3.2	0	0
Mother to Child at birth	21	70	9	30	0	0	25	78.1	7	21.9	0	0	46	74.2	16	25.8	0	0

Source: Calculated by the author from the survey questionnaires

Table 12 : Understanding of respondents on risk factors to HIV transmission

Risks	M						F						TOTAL					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%
Prostitution only	7	23.3	23	76.7	0	0	3	9.4	29	90.6	0	0	10	16.1	52	83.9	0	0
Married women can not be infected by husbands	11	36.7	19	63.3	0	0	0	0	32	100	0	0	11	17.7	51	82.3	0	0
Person with Sexually STDs	23	76.7	7	23.3	0	0	23	71.9	7	21.9	2	6.3	46	74.2	14	22.5	2	3.2

Source: Calculated by the author from the survey questionnaires

Table 13: Vulnerability factors on HIV/AIDS to women

	M						F						TOTAL					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%	N0	%
Bad Traditional practices	25	83.3	5	16.6	0	0	28	87.5	4	12.5	0	0	53	85.5	9	14.5	0	0
Male dominance	26	86.7	4	13.3	0	0	29	90.6	3	9.4	0	0	55	88.7	7	11.3	0	0
Social Economic Factors	25	83.3	5	16.6	0	0	26	81.3	6	18.8	0	0	51	82.3	11	17.8	0	0
Political factors	15	50	14	46.7	1	3.3	13	40.6	19	59.4	0	0	28	45.2	33	53.2	1	1.6
Lack of knowledge	25	86.7	5	16.6	0	0	30	93.8	2	6.3	0	0	55	88.7	7	11.3	0	0
Domestic Violence	28	93.3	2	6.7	0	0	32	100	0	0	0	0	60	96.8	2	3.2	0	0
Sexual abuse	29	96.7	1	3.3	0	0	32	100	0	0	0	0	61	98.4	1	1.6	0	0

Source: Calculated by the author from the survey questionnaires

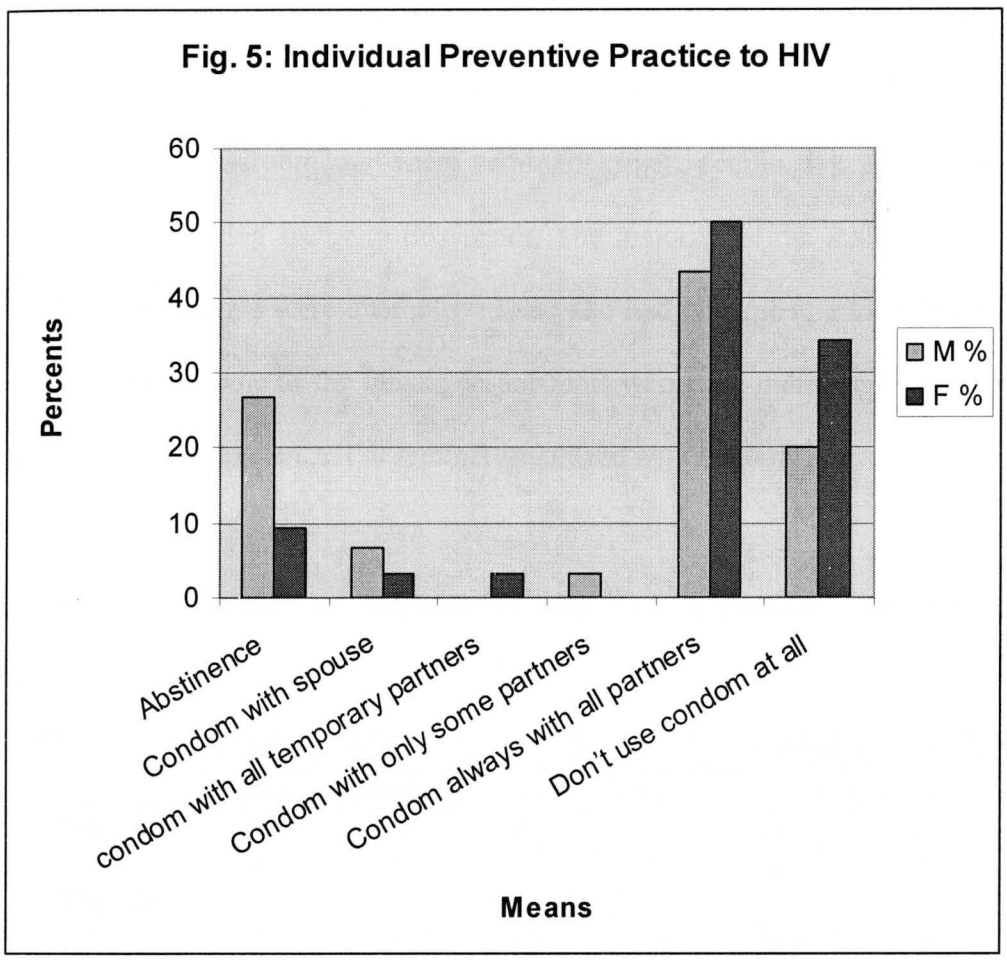
(b) Measures Towards Preventing HIV Transmission

Respondents were asked on individual measures taken to protect themselves from contracting HIV. Table 14 (Figure 5) shows that 26.7% of the male respondents have decided to abstain from sex, while 43.3% use condoms always with all partners, and 20% do not use condoms at all. On the other hand, only 9.4% women cited abstinence as a protective strategy they use. And all of them were either widows or those whose age was above 45 years. While 50% of female respondents reported use of condoms always with all partners, still a good percentage (34.4%) of them said they never use condoms. This is a clear indication that some women practice safe sex, an expression of their awareness of their vulnerability to HIV and other sexually transmitted infections, while a good number of them are not practicing safer sex. In a marginal scale some married couples have decided to use condoms as supported by 6.7% of male and 3.1% of female respondents.

Table 14: Respondents practice on HIV Transmission Prevention

Means	M		F		Total	
	No.	%	No.	%	No.	%
Total Abstinence	8	26.7	3	9.4	11	17.7
Use condom with my spouse	2	6.7	1	3.1	3	4.8
Use condom with all temporary partners	0	0	1	3.1	1	1.6
Use condom with only some partners	1	3.3	0	0	1	1.6
Use Condom always with all partners	13	43.3	16	50	29	46.8
Don't use condom at all	6	20	11	34.4	17	27.4
TOTAL	**30**	**100**	**32**	**100**	**62**	**100**

Source: Calculated by the author from the survey questionnaires



(c) Access to HIV/AIDS Information and Education

It has been argued that women have fewer chances for accessing HIV/AIDS information and education, and that this increases their vulnerability to infection with HIV. Respondents were thus asked whether they had attended seminars on HIV/AIDS. Table 15 (Figure 6) shows that only 25% of the female respondents had attended at least one seminar on HIV/AIDS, as compared to 30% of the male respondents who reported to have attended a seminar on HIV/AIDS. Still a good number of both women (75%) and

men (70%) reported not to have attended any seminar on HIV/AIDS. However, considering that most of the seminars are organized in formal settings such as workplaces or environments where seminars target specific risk groups, this could be one big contributing factor to this result. The majority of the male (80%) and female (84.3%) respondents were unemployed and had had no exposure to AIDS seminars. On the other hand, some of the female respondents who were members of KIUNGI had the opportunity to attend an AIDS seminar organized by KIUNGI.

Table 15: Number of respondents who have ever/never attended seminar on HIV/AIDS

	M		**F**		**TOTAL**	
	No.	**%**	**No.**	**%**	**No**	**%**
Attended	9	30	8	25	17	27.4
Not Attended	21	70	24	75	45	72.6
TOTAL	**30**	**100**	**32**	**100**	**62**	**100**

Source: Calculated by the author from the survey questionnaires

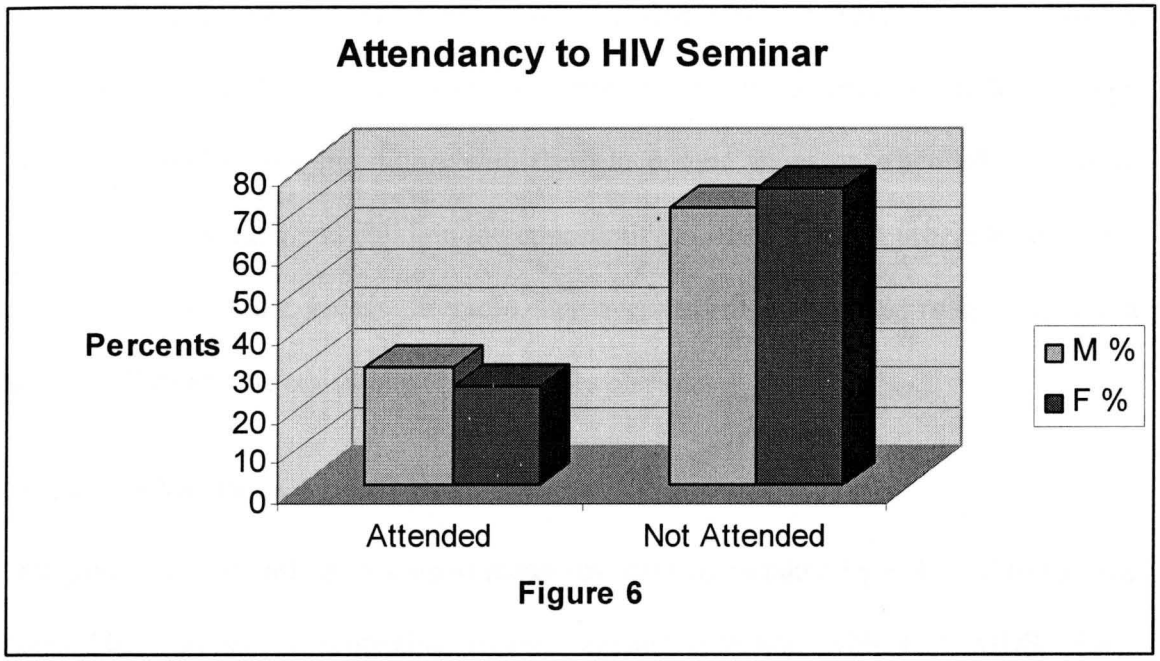


Figure 6

(d) Best ways to be used to impart to women knowledge and information on HIV/AIDS

Respondents were asked to recommend the suitable ways that can be adopted by KIUNGI to impart knowledge on HIV/AIDS. Table 16 (Figure 7) provides the frequency distribution of the responses. The most preferred methods are (1) Organizing seminars and training (2) Conducting video shows (3) Study visits and (4) Developing and distributing leaflets. As can be gleaned from the table, most of the women respondents preferred the first, third and Training of peer educators methods. Interestingly, the majority of men preferred video shows, followed by developing and distributing leaflets. These are methods which women showed less interest. This indicates the varied needs of women as compared to those of men. Interestingly still, women disqualified radio as a means to impart HIV/AIDS information and knowledge to women. This is not surprising

because of the fact that women use most of their time in the kitchen while the radios are in the living rooms. Moreover, women are sometimes not in control of the radio. In some areas men usually take the radios with them to pombe shops or when taking a walk hence denying women and children the opportunity to listen to radio programmes. Even where a woman could access the radio, her overwhelming domestic roles deny her a chance to listen to the educational programmes on radio.

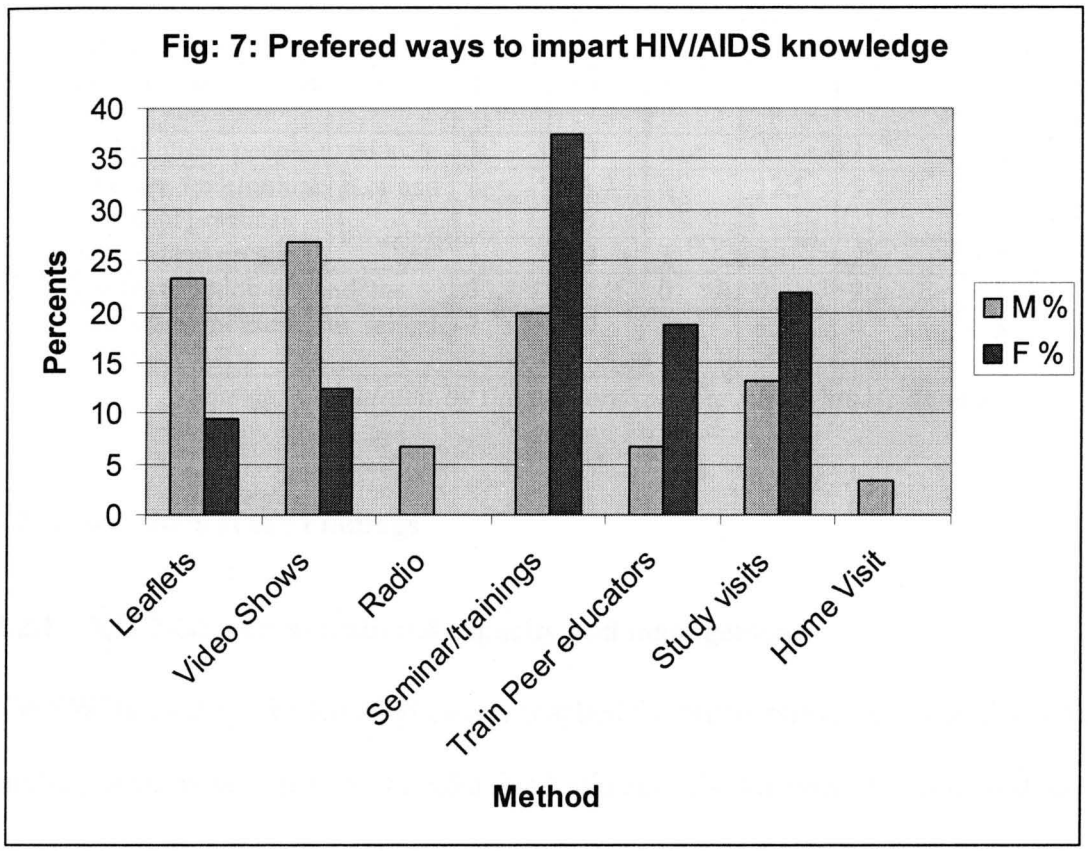
(e) Coping Measures Against HIV/AIDS

Respondents were asked to suggest measures that can be taken by KIUNGI to address vulnerability issues in protecting women against infection with HIV/AIDS. Their responses are summarized in table 16. The results show high preference by respondents on provision of preventive education on HIV/AIDS as supported by 86.7% of male respondents and 84.4% of female respondents.

Table 16: Responses on Best ways to impart Women with Knowledge on HIV/AIDS

Method	**M**		**F**		**Total**	
	No.	**%**	**No.**	**%**	**No.**	**%**
Develop and distribute leaflets	7	23.3	3	9.4	10	16.1
Video Shows	8	26.7	4	12.5	12	19.4
Radio	2	6.7	0	0	2	3.2
Organize Seminar/training for them	6	20	12	37.5	18	29
Train Peer educators	2	6.7	6	18.8	8	12.9
Organize study visits to other places inside and outside the country	4	13.3	7	21.9	11	17.7
Home Visit education	1	3.3	0	0	1	1.6
TOTAL	**30**	**100**	**32**	**100**	**62**	**100**

Source: Calculated by the author from the survey questionnaires



This was followed by provision of income generating opportunities to women through loan provision as supported by 28.1% and 13.3% of female and male respondents respectively. Advocacy on elimination of bad traditional practices was a third preference accepted by 16.7% and 12.5% of male and female respondents respectively. Whereas no female respondent recommended sports activities, religious instruction and condom use as preventive strategies, all the six listed strategies were mentioned among the male respondents.

Table 17: Respondents recommendation on what KIUNGI should do

	M		F		TOTAL	
	No.	%	No.	%	No.	%
Provide education on HIV/AIDS prevention	26	86.7	27	84.4	53	85.5
Initiate sports activities	1	3.3	0	0	1	1.6

Provide loans to women	4	13.3	9	28.1	13	21
Advocate for openness about AIDS	1	3.3	1	3.1	2	3.2
Use Religious people to educate	1	3.3	0	0	1	1.6
Advocate for elimination of bad traditional practices	5	16.7	4	12.5	9	14.5
Employment creation	1	3.3	1	3.1	2	3.2
Free Distribution of condoms	3	10	0	0	3	4.8
Take stern measures to sexual abusers	2	6.7	2	6.3	4	6.5

Source: Calculated by the author from the survey questionnaires

4.2. Discussions of the Findings

4.2.1 KIUNGI's organizational capacity and management

The SWOT analysis for KIUNGI clearly mapped the organizational external and internal environments which need to be addressed strategically for both the organization and beneficiary's health. The SWOT analysis revealed that the organization has a lot of strengths which could be utilized to expand its scope of work and interventions. Failure by the organization to capitalize on its strengths has resulted in poor attraction of both human and financial resources. Small-scale projects funded to the tune of Tshs 5, 000, 000 have demonstrated the impact of the organizational weakness. It can be said that this organization lacks adequate capacity to manage large-scale programmes to reach population thus limiting their interventions' impact. The organization is faced by a lot of threats which need to be properly addressed if it is to fulfil it's mission and objectives. So formulating a strategic programme to deal with these threats is necessary. Moreover, the organization is faced by acute manpower shortage which to a large extent has limited the organization scope of interventions thus limiting the scope of operation. The SWOT

analysis showed that the organizational structure of KIUNGI does not differentiate between advisory, functional and executive roles. This structure requires radical changes so that it can be in a position to address the current challenges regarding programme design that meet the needs of its beneficiaries in generating income and addressing the vulnerability issues in HIV/AIDs prevention and management. SWOT analysis results therefore constitute the tool for KIUNGI to strategize its function based on revealed strengths and its opportunities while minimizing its weakness and threats when developing programmes. Moreover, the SWOT analysis on KIUNGI revealed other critical areas that call for intervention not only by KIUNGI but also other NGOs/CBOs /Development partners and the District Council of Mbinga. It becomes a mapping exercise in itself because it demonstrates why KIUNGI is working in land rights advocacy; in providing capital to enable women initiate income generation activities as well as addressing the health problem (HIV/AIDS).

4.2.2 Vulnerability issues in HIV/AIDs prevention and management

There is awareness about HIV/AIDS among both men and women in the project area thus supporting the National HIV/AIDS /STIs Surveillance Report of 2003, which says that "about 90% of Tanzanians are aware about HIV/AIDS..." (NACP 2003). However as shown in the findings of this study, there is still some misconceptions about and ignorance of the modes of HIV transmission including the question as to who is at risk. Incredible as it may sound, some respondents said that AIDS is a disease of prostitutes.

It is not surprising to note that some of the men interviewed do not think that a husband can infect his wife with HIV while all women interviewed said it is possible for a woman to be infected by her husband! This is embedded in the majority Tanzanian culture where wives have little influence on sexual relationships between couples. Some of the respondents have no idea about mother-to-child transmission of HIV. But according to the National HIV/AIDS /STIs Surveillance Report of 2003, mother-to-child transmission is the second in the hierarchy of modes of HIV transmission, contributing to 5% of infections. Most of the infections are attributed to the heterosexual mode, which accounted for 82.1% of the infections in 2002. Ignorance of facts pertaining to the modes of HIV/AIDS transmission increases the vulnerability of an individual to HIV/AIDS infection.

The figures presented above on the prevalence of STIs, as indicated in the records at Sinza Health Centre, show that there are three times as many females infected with STIs as there are males. Since sexually transmitted infections (STIs) are a marker of sexual networking and give a clue to the extent of unprotected sex in a community (NACP, 2003), these results suggest that women are at a greater risk of contracting HIV than men. Indeed this observation is lent credence by the already observed differences between men and women respondents regarding sexual abstinence and the use of condoms. The evidence presented above indicates that safe sex practices are more prevalent among men than they are among women. This situation is more of a reflection of the relative powerlessness of women in negotiating safe sex than it is an indication of women's inherent negative attitude towards safe sex.

With regard to their understanding of vulnerability factors pertaining to HIV/AIDS as it relates to women, both male and female respondents are aware of sexual abuse as a leading factor followed by domestic violence whereby 100% of the female respondents and 96.7% of the male respondents and 100% of female and 93.3% of male respondents agreed to the two factors respectively. Lack of knowledge and male dominance are next, supported by 86.7% of the male respondents and 93.8% of the female respondents and 86.7% of male and 90.6 % of female respondents respectively, followed by bad traditional practices as supported by 87.5% of female and 83.3% of male respondents. Socio- economic factors was supported by 81.3% of women and 83.3% male respondents respectively. Few female respondents (40.6%) saw political factors as contributing to women's vulnerability to HIV/AIDS. On the other hand, a substantial proportion of the male respondents (50%) thought political factors had a role in women's vulnerability to HIV/AIDS. However considering the struggle for women to participate in politics it is not surprising if they did not support it for fear that it may marginalize them more from political leadership and activities.

With regard to access to HIV/AIDS information respondents were asked whether they had attended seminar on HIV/AIDS. It has been observed that there is a close relationship between, on the one hand, employment or people working in organized formal settings and, on the other hand, access to HIV/AIDS information and education. The details are provided above in the discussion of table 13 which shows, the proportion of women who were employed in formal settings was lower as compared to men.

Likewise the proportion of women who had attended seminars on HIV/AIDS education was lower than that of men. This could be due to the fact that men's exposure to such opportunities was facilitated by their access to formal employment. On the other hand those women who reported to have attended a workshop were those who either are working in formal settings or are members of organisations such as KIUNGI. The main conclusion to be made from this observation is that vulnerability to HIV/AIDS is enhanced by lack of employment and non-membership to formal organisation that have been facilitating HIV/AIDS preventive education in many cases.

On best ways to impart HIV/AIDS/STIs knowledge and education to women, respondents recommended three best methods in the following order: (1) Organizing seminars (2) Organize video shows on HIV/AIDS/STIs, and (3) Arrange for study visits to expose women on various experiences related to the field of HIV/AIDS. Most women preferred the first (37.5%) and third method by 21.9%. The respondents almost disqualified home visits and radio as an appropriate way to impart HIV/AIDS knowledge to women. They are both rejected by all women respondents and supported by only 3 out of the 30 male respondents. The reason behind women not supporting radio is associated to gender issues whereby men tend to own the radio where in some cases men walk out with the radio set thus denying women and children an opportunity to listen to some educative sessions broadcasted through the radio. Sometimes even with the radio at home, women have no time to listen to it as they are always in the kitchen or attending to children when such education sessions are aired. With regard to home visits,

women may have rejected it for the same reason that if educators come home men will have the chance to attend the session while women will be attending to their routine domestic chores. It is therefore appropriate to take them outside the home to be able to concentrate on education sessions.

Recommendations on what interventions KIUNGI should make to address women and girls' vulnerability to HIV/AIDS, both male and female respondents highly recommended the need for continued provision of HIV/AIDS preventive education. This was followed by economic empowerment of women through provision of soft loans to start income generating projects thus empowering women economically. Economic-empowerment of vulnerable women through facilitation and provision of loans is one best way to reduce women's vulnerability to contracting HIV and other sexually transmitted diseases. Many financial institutions issuing loans for micro-enterprises activities usually prefer to have organized small groups of loan seekers thus through such groups it is possible to combine education on HIV/AIDS and imparting of micro-entrepreneurial skills. Programmes that provide women and their families with the resources and skills necessary to combat the spread of the virus are needed. This will give women the choice to say no or negotiate safer sex.

Other measures are advocacy on elimination of bad traditional and cultural practices and addressing sexual abuse practices. Surprisingly, respondents did not match the risk factors to recommended strategies as can be proven by the sexual abuse factor that was ranked first in the risk factors but came fourth in the recommended strategies. Similarly

for the bad traditional practices that also include male dominance that was ranked second and fourth respectively were given least priority in what KIUNGI could do to reduce vulnerability factors to women. These are some of the factors that limit the reliability of these research findings. Never-the- less these findings provide a useful starting point for future studies and interventions in the area of addressing vulnerability issues for HIV/AIDS prevention and management among women.

4.3. Conclusion

Despite the limitations of this study, one will not hesitate to argue that women are more vulnerable to HIV/AIDS than men and suffer more the impact of the pandemic than do men. Some factors that intensify the women's vulnerability are certainly beyond their control, hence the needs for the support of those who are in power, including the decision makers (governments, Politicians, Traditional and Religious leaders) and to a large extend the cooperation and willingness of men to change their attitude and perception on this problem. As it has been recommended by the respondents in this study Civil Society Organizations need to intensify the provision of HIV/SITs/AIDS preventive education targeting vulnerable groups such as unemployed women and women working in the informal sector where it may appear difficult to organize formal workshops. There is need to provide women with opportunities to identify and prioritise factors that render them vulnerable to HIV/AIDS as well as helping them to suggest possible solutions. However in order for them to be able to do so, they have also to be economically empowered so that they can be free to make decisions, including decisions

relating to sexuality. While this is done, advocacy to eliminate male dominance and bad traditional practices that also intensify women's vulnerability need to be carried out at all levels. Despite the Sexual Offences (Special Provision) Act of 1998, the incidence of sexual abuse practices against women and children are increasingly reported. Yet both men and women in my study area have recommended stern measures should be taken against any one found guilty of sexual abuse. There is therefore a need for creating more awareness the part of on women and young girls about the Sexual Offences Act as well as educating men and those found guilty of sexual abuse on the hazards of such practices. Particular attention should be given to reproductive and sexual health education to young men and how this is related to HIV infections.

The above evidence shows the magnitude and challenges in addressing the HIV/AIDS problem. Although it has been said that NGOs and CBOs are appropriate institutions to address the issues of HIV/AIDS, empowerment and poverty yet these institutions have been facing a host of problems revealed by this study on KIUNGI which limit their interventions. Although KIUNGI has a great desire to address these issues in broad terms, yet it has suffered from multiple problems which include, inappropriate organizational structure, lack of funds raising skills, inability to formulate strategic programmes, inadequate human resources, incapacity to implement large scale programmes, etc. These problems facing grass-root based organizations like KIUNGI indicate how difficult it is to address the vulnerability issues in HIV/AIDs prevention and management. This study on KIUNGI therefore calls for capacity building and strengthening of grass-root based organizations in order to be able to address not only

the issues of HIV/AIDS but also the factors which speed the rates of HIV/AIDS transmission among the vulnerable groups of the community.

4.4 Recommendations

Based on the findings of this study, two sets of recommendations are provided namely recommendations regarding the strengthening of KIUNGI organizational management and those relating to the involvement of the organization in KIUNGI's HIV/AIDS prevention and other interventions.

4.4.1. Strengthening the Organizational Management of KIUNGI

As revealed and recommended by members of the Executive Committee during the SWOT exercise there is need for:

- Improving member's commitment by ensuring that members actively participate in all constitutional meetings and pay all their membership dues. As it was rightly recommended all dormant members need to be reminded of this through letters and if no response is forthcoming, their memberships should be terminated. There is no need of having a long list of members comprised of non-participating individuals.
- The weak operating system at the KIUNGI Office due to the absence of fulltime staff and inadequate working equipment must be looked into immediately. It is not surprising that the organization has continued to apply and receive small grants three times from the Foundation for Civil Society. They have not been

able to graduate to Medium Grants and subsequently into Multi-year Grant scale. Some similarly younger organizations such as Child Concern Consortium that was registered a year after KIUNGI's registration have received three successive grants starting with a small grant in 2001, followed by Medium Grant in 2002 followed by a Three Year (Multiyear Grant in 2003) from the same donor. The reason given by the organization management of inadequate funding can be minimized by embarking on bigger project proposals and charge each project between 10-12% of the total cost as administrative costs which is accepted by The Foundation for Civil Society as well as many other donors.

- There is not much by way of systems in place that could facilitate smooth operations of the organization and foster its growth and maturity to become a full-fledged NGO. Having financial policies, recruitment policies and staff regulations would facilitate the process of transformation from a CBO to an NGO. This is important especially now that the organization intends to have a programme in Sinza which is situated outside Mbinga District.
- Also, having a clear identity of what KIUNGI is between an NGO and a CBO is of most importance now that the new Law on NGOs requires all registered NGOs to apply for Certificate of Compliance from the Registrar in the NGOs Division in The Vice President's Office.
- Strengthening the branch office in Mbinga will enhance the organization's capacity to deal with the many problems as listed by members of the Executive

Committee during the SWOT analysis. For it is certain that the organization's main geographical focus is Mbinga but the main office remains in

Dar es Salaam.

4.4.2 Capacity Building for Addressing Women HIV/AIDS Vulnerability

Women require both economic empowerment and HIV/AIDS education to significantly reduce their susceptibility to the HIV virus. Their lack of resources and knowledge and understanding on HIV/AIDS constrains them in avoiding high-risk sexual behaviour. It is thus recommended that KIUNGI should consider not only increasing knowledge of women on the HIV/AIDS pandemic but also increasing the income power of women. To achieve this, KIUNGI can integrate HIV/AIDS component into its current Revolving Fund Scheme. However instead of giving loans to individuals as it is done now, an appropriate mechanism for lending, such as through organizing small groups of 5-10 women into informal business networks would cross-guarantee small loans made to each of the members should be contemplated. Because groups will be coming more or less on a weekly basis, this will provide a forum for them to be trained not only in business skills but HIV/AIDS topics could be included in the weekly agenda. With each loan the women receive and repay, the woman become increasingly stable financially and better equipped to negotiate her roles in the family and within her community. Sexual encounters then become a matter of choice instead of an obligation or necessity for survival.

Moreover weekly meetings will provide an opportunity for women to deal with

important non-financial aspects of life. These include:

- Building confidence through leadership development
- Accountability with fellow members when making lifestyle changes
- Training topics such literacy and numeracy
- Enhancing values through discussion and reflection
- Increasing awareness of social and environmental issues
- Networking and sharing business advice
- Learning to be assertive in family and social roles

However, for KIUNGI to be able to implement this kind of a project it requires capacity such as recruiting full-time staff with micro-entrepreneurial skills. This may take time for the organization to raise the necessary resources for recruitment. Thus in the mean time KIUNGI should continue to provide the preventive education by training more Community Based Peer Educators who in turn will facilitate the identification of factors that renders some groups in the community such as women and other disadvantaged groups more vulnerable to the HIV/AIDS pandemic. This recommendation in fact was made by the respondents who participated in the survey.

CHAPTER FIVE: IMPLEMENTATION

PART ONE: The Training Manual for Peer Education on Women and HIV/AIDS Vulnerability

SECTION 1: INTRODUCTION

Background

This manual is designed for peer educators training with regard to vulnerability issues affecting women in HIV/AIDS prevention and control. Peer education is important in addressing issues while addressing HIV/AIDS in the women context. It is only through training and support of peer educators that when peer educators become an important link between KIUNGI and the women it seeks to serve. So a peer educator may refer to either a person or team of people who are responsible for training and implementing peer education training programmes organized by KIUNGI.

The Objective of this Manual

To provide peer education training on how to address vulnerability issues in HIV/AIDS prevention and management to selected women from KIUNGI and its constituent target area in Sinza B

The Purpose of this Manual

- Clarify the role of trainers in relation to peer education

- Help trainers to identify and train peer educators for HIV/AID prevention among women
- Provide trainers with a training outline and tools for conducting the training sessions; and
- Provide ideas and tools for monitoring and motivating peer educators

How to use this Manual

This manual is designed to give peer education trainers adequate time to train peer educators during training sessions. Section 3 of this manual "The Peer Education Training Programme" is a standard five-days training programme covering all the significant topics on HIV/AIDS in relation to vulnerability issues affecting women. That is why the peer education trainers are required to be knowledgeable and able to absorb and understand a significant volume of information, ideas and value about the subject. Peer education trainers therefore must receive a minimum of five day's training to cover the basics of HIV/AIDS and vulnerable issues affecting women in HIV/AIDS prevention and management.

It also has to be remembered that peer education training is an on-going process, as the trainers need to monitor the interaction of peer educators closely, keep the peer educators well informed of new information and motivate them to keep going. Moreover, refresher trainings should also be provided periodically to the peer educators.

Structure of the Sessions

The session's length and contents may vary based on the knowledge of the peer education trainers and the time available for training the peer educators (women). This manual therefore provides the core contents and issues needed for educating peers. All these topics should be covered with peer educators during the training and follow up session. The training sessions should be organized in the following manner:

- Topic,
- Outcome for peer educator,
- Background information for presenting the sessions,
- Main points for interactive discussion,
- Group activities,
- Role plays,
- Materials and handouts for the sessions, and
- Video shows

SECTION 2: INFORMATION FOR THE TRAINERS

Background

Peer education is an important tool for HIV/AIDS prevention and management. Peer education relies on the interaction of two similar individuals (e.g. people of the same age, education, economic or health status). The trained peer educators help individuals with questions and concerns about HIV/AIDS prevention and control regarding the issues that intensifies women vulnerability to HIV/AIDS. This peer education model is based on the evidence that:

- Information received from someone of the same group is more readily accepted and trusted;
- Peer educators have information to share about HIV/AIDS preventions and vulnerability issues affecting women;
- Peer educators are well knowledgeable of the social cultural environment of their peers to be able to discuss sensitive issues;
- They distribute condoms to those who want them or who are concerned about getting infected;
- They encourage peers who are worried about HIV/AIDS status to get tested;
- They help family members to cope with an HIV/AIDS positive relatively;
- They identify places where people can get care and counselling.

Some key characteristics of a peer educator:

- Understand the facts about HIV/AIDS and vulnerability issues affecting women
- Can communicate effectively with individuals conversant with the language of the peers
- Are comfortable with discussing sex and sexuality
- Have understanding and compassion for infected individuals
- Listen effectively
- Are non judgemental
- Acts as role models in the community
- Shows/indicates eagerness to empower women
- Respect confidentiality of peers

It is important for the trainers to carefully select individuals for peer training and to use the tools in this manual to ensure that these individuals have the right skills to be successful peer educators. The trainer also needs to monitor peer educators once they are trainers and obtain feed\back from the women on the peer interaction. After the formal training is completed, the trainers will need to set up regular meetings to review issues and concerns that challenge peer educators in the course of pursuing their work.

The Profile of Peer Education Trainers

The trainers must have experience in conducting TOTs, HIV/AIDS training, gender issues, women and HIV/AIDS and STIs and experience in working with communities in development activities. The following expertise can be co-opted:

- Reproductive health issues and how it is related to HIV/STIs/AIDS
- Human rights issues
- Lobbying and Advocacy skills

Responsibilities of Peer Education Trainers

Identify Peer educators for training.

It is the responsibility of the trainer to screen the participants for peer education training based on the stated criteria in this manual. Some participants will have volunteered their services. However they have to meet the minimum set criteria.

Organize training schedule and activities.

Use this manual to organize the content and activities for training sessions. Once you have completed the participants' selection you will be able to determine the amount of information and training the peer educators will need.

Assess training and monitor peer education activities:

At the end of the training you will be required to conduct an evaluation of the training programme and make use of the evaluation report to help peer educators to improve their skills. This evaluation will also help the trainer to improve the content of the training.

Meet regularly with peer educators to discuss progress of peer education: Ideally you should organize meetings regularly (e.g. monthly) with peer educators in each

community. The meeting will allow you to address the concerns, questions and challenges of the peer educators. You can also provide specific HIV/AIDS resources and referral information that may be useful to peers. Use these meetings to solve problems and share insights as well as to provide up-to-dated information and conduct revisions on certain topics. Do not forget to encourage the peer educators and thank them for the important role they are playing in educating the community members. This will motivate them as volunteers and community resource persons.

SECTION 3: PEER EDUCATION TRAINING PROGRAMME

Getting Started

Being a good trainer

As trainers you must be a good teacher, a clear communicator and an organized trainer. To be able to prepare your training session, the flowing factors have been identified which contribute to good learning and communication.

- **How people learn**

  People learn best when they are actively involved in the learning process. My experience as a Trainer has revealed that people remember only a small proportion of what they read and at least half of what they see and hear. However, the majority learn what they say as they do things. Learning is a good experience when people:

  - Find it useful
  - Are active in doing things
  - Feel comfortable and/or safe in the learning environment
  - Are interested in the subject
  - Learn with others
  - Are proud of learning something new, difficult and challenging

People have different ways of how they learn, but every one needs certain things which are:

Respect: the participant needs to feel heard, honoured and respected as a person for more than what he/she knows or does not know.

Immediacy: takes something from previous experience and relates it to something that will come after. The participant should be able to identify how he/she can use his/her knowledge, skills and attitudes in the exercise of learning what is being taught.

Experience: the participant gets to do something and can see how what he/she is learning has something to do with his/her own life experience.

- **Features of effective communication**: here is some information to remember before you start training;
  - Keep to the point and make sure that your message is correct and simple;
  - Don't just lecture. Use visual aids to convey your message and break up the group into small groups to facilitate interaction;
  - Use videos and guest speakers to liven up your talk;

- Listen to the participants and make sure they understand what you are telling them before you move on to the next activity or topic;
- Don't assume people understand because they nod their heads. Check with participants and ask them to repeat the message in their own words;
- Get participants involved in the discussion. Ask for feedback as you talk. Ask people to give you examples to make a point instead of using only your examples; and
- Summarise the key points you covered before you move on to the next topic.

Participants to the Training

The training will involve 20 selected women from KIUNGI and its constituent target area in Sinza in Kinondoni Municipality.

Selection Criteria for the Participants

- Ability to learn new ides and pass the knowledge to others;
- Demonstrate knowledge on HIV/AID/STIs in fact information;
- Willingness to attend the training for the entire five days without demanding any payment;
- Committed to work with the organization at least for two years after the training;
- Ability to speak in front of a group of varying size; and

- Willingness to promote all available HIV prevention approaches.

Tips for Successful Training

- Keep the group to a manageable size;
- Prepare all the sessions. Study your information and make sure you have all the facts in order;
- Organize the room so that it is conducive to learning. The light, temperature and position of the tables and chairs are important;
- Make sure the audio-visual equipment works before you start the session;
- In group discussion, make sure everyone has a chance to speak and be heard. You may have to call on people to get them to talk. Others who talk too much may need to be reminded to keep their responses short in order to give others a chance to speak;
- Summarise key points from discussion by writing them on a flip chart;
- Observe the non-verbal clues of the group. If they look tired, take a short stretch break. If they are daydreaming, get them active;
- If the discussions get heated, ask the parties to be respectful of each other and the group. If that doesn't work, call a break until things cool down;
- Use role plays and case studies to actively involve the participants; and
- Keep on schedule. Ask people to arrive promptly for each session and from breaks. There is a lot of information to cover.

What Peer Educators Need to Know

- The role of peer educator;
- How to present to a group;
- Places to refer people for legal, medical and counselling services;
- How to communicate effectively with peers;
- How to promote positive behaviours with regard to HIV/AIDS;
- HIV: transmission, prevention and vulnerability issues affecting women in HIV/AID context and how the virus is affecting the body;
- The relationship between HIV, TB and other opportunistic infection;
- The steps and benefits involved with HIV testing;
- Confidentiality of a person's HIV status, especially in the work place; and
- The benefit of a peer education programme
- Referral for ARV treatment for people living with HIV/AIDS

The Training Programme

The peer educator training may vary by number of hours and days you have available. However, the basic content must be covered to prepare a peer educator for his/her job. This manual is designed to guide the trainer through a five-day training. Below is a "Five-Day Training programme" containing all of the sessions for such training, divided into each respective day. The trainer will use this in the training of KIUNGI for the purpose of this subject.

Summary of Topics to be Covered	Duration
1.Basic facts and knowledge on HIV/AIDS **Purpose:** To provide participants with basic facts on HIV/AIDS/STIs and clarify issues from them What will be discussed: ❖ Definitions of AIDS and HIV ❖ Symptoms of HIV/AIDS ❖ Modes of transmission of HIV ❖ Myths on HIV/AIDS ❖ HIV/AIDS prevention ❖ STIs and their relationship with HIV/AIDS **2. HIV/AIDS Situation** **Purpose:** To provide participants with the overall picture of the HIV infections in Tanzania and in Dar Es Salaam region (Statistics) What will be discussed: ❖ History of the epidemic ❖ Epidemiology and prevalence ❖ Contributing behaviours to the HIV transmission **3. Reproductive Health** **Purpose** : To enable participants understand the reproductive organs and their functions and how they are related to HIV/STIs/AIDS **4. HIV/AIDS and Women** **Purpose:** To enable participants explore how women are more than men vulnerable to HIV/AIDS infection and its impacts. What will be discussed: ❖ Impacts of HIV/AIDS on women ❖ Factors that render women vulnerable to HIV/AIDS infection ❖ Strategies for remedies and empowerment **4. Communication barriers of HIV/AIDS Facts and Messages** **Purpose**: To discuss effective communication mechanisms for HIV/AIDS messages/ facts/ education to facilitate positive behaviour change **What will be discussed:** ❖ Commonly used communication methods for conveying HIV/AIDS information	Total Number of days 5 Total number of hours per day: 7 Total Number of hours for the training 35 hours

Summary of Topics to be Covered	Duration
❖ Strength and weaknesses of each of them ❖ Women friendly communication methods **5. Care and support of people living with HIV/AIDS** **Purpose:** To equip women with knowledge and skill needed in providing care and support for AIDS patients Topics to be discussed: ❖ Treatment of opportunistic infections ❖ Nutrition and Nutritional needs for AIDS patients/PLWHA ❖ Nutrition and Immunity ❖ Spiritual care ❖ ARV	
6. Voluntary Counselling and Testing Purpose: To enable participants understand: ❖ Basic concepts and principles of counselling ❖ VCT and its benefits and rationale ❖ Stigma in HIV/AIDS ❖ Care of the affected (orphans and widows) **7. The Role of the Peer educator** **Purpose:** To enable participants understand their role in facilitating positive behaviour change towards HIV/AIDS prevention among community members Topics to be covered: ❖ Characteristic of a CBBCA ❖ Roles and responsibilities of CBBCA	
8. Monitoring and Follow up **Purpose:** To provide participants with monitoring and follow-up skills so as to monitor the behaviour patterns of the community members with regard to HIV/AIDS/STIs Prevention	

PART TWO: Training of Selected Peer Educators for Addressing Vulnerability Issues Affecting Women in HIV/AIDs Prevention and Management

Rationale of the training

Following discussion with the Management of KIUNGI, on the findings from the survey, it became clear that there is a need for further educating communities and women on facts about HIV/AIDS/STIs and how the pandemic affects women more, so that appropriate strategies can be put in place to reduce women's vulnerability to the problem. This is important because the National HIV/AIDS Policy and the National Multi-sectoral HIV/AIDS Strategy puts emphasis on addressing factors that put certain groups of people at particular risk of contracting HIV or that delay positive behavioural change. In principle, we had agreed that if there is anything that needs to be done, it is to build the capacity of the organization to be able to implement quality HIV/AIDS interventions that can bear tangible results for its target community. Hence selecting and training peer educators was deemed appropriate as these will then be used by the organization to impart knowledge and education to as many members of the community, depending on availability of other necessary resources. The approach of selecting and training peer educator has been supported by the National HIV/AIDS policy and the Health Sector Strategy for HIV/AIDS Prevention and Control and many NGOs in Tanzania and other parts of the world have used this approach and found it to be sustainable once trained and as long as the NGO can retain the trained peer educators they will continue to provide the education and retraining of more peer educators becomes easier.

Criteria for selecting peer educators

Selection criteria were developed to be followed in the selection of the participants as follows:

(i) Ability to learn new ideas and pass the knowledge to others;

(ii). Demonstrate knowledge in HIV/AIDS/STIs fact information;

(iii). Willingness to attend the training for the entire five days without demanding any payment;

(iv).Commitment to work with the organization at least for two years after the training;

(v). Ability to speak in front of a group of varying sizes;

(vi). Willingness to promote all available HIV prevention approaches;

(vii). Experience in working with communities; and

(viii). Must be a member of Mbinga Women Development Group

The training curriculum

In line with the training manual a tailor made Training Curriculum to suite the purpose for this organization was developed and reviewed by the Executive Committee of the organization. The final draft of the Training Curriculum incorporated the following:

- Objective of the training
- Participants
- Selection criteria

- Profile of the trainers
- Summary of Topics to be covered
- Duration of the training

Training Curriculum

OBJECTIVE OF THE TRAINING	PARTICIPANTS	SELECTION CRITERIA	PROFILE OF THE TRAINER(S)	SUMMARY OF TOPICS TO BE COVERED	DURATION
1. To provide peer education training on how to address vulnerability issues in HIV/AIDS prevention and management with 20 selected women from KIUNGI and its constituent target area in Sinza B.	20 selected women from KIUNGI and its constituent target area in Sinza B area in Kinondoni Municipality	1. Ability to learn new ideas and pass the knowledge to others 2. Demonstrate knowledge in HIV/AIDS/STIs fact information 3. Willingness to attend the training for the entire five days without demanding any payment 4. Commitment to work with the organization at least for two years after the training 5. Ability to speak in front of a group of varying size 6. Willingness to promote all available HIV prevention approaches.	The principal facilitator is expected to have experience in conducting TOTs, HIV/AIDS training, Gender issues, Women and HIV/AIDS /STIs and experience in working with communities in development activities. The following expertise can be co-opted • Reproductive Health issues and how it is related to HIV/STIs/AIDS	**1.Basic facts and knowledge on HIV/AIDS** **Purpose:** To provide participants with basic facts on HIV/AIDS/STIs and clarify issues from them What will be discussed: ❖ Definitions of AIDS and HIV ❖ Symptoms of HIV/AIDS ❖ Modes of transmission of HIV ❖ Myths on HIV/AIDS ❖ HIV/AIDS prevention ❖ STIs and their relationship with HIV/AIDS **2. HIV/AIDS Situation** **Purpose:** To provide participants with the overall picture of the HIV infections in Tanzania and in Dar Es Salaam region (Statistics) What will be discussed:	Total Number of days 5 Total number of hours per day: 7 Total Number of hours for the training 35 hours

OBJECTIVE OF THE TRAINING	PARTICIPANTS	SELECTION CRITERIA	PROFILE OF THE TRAINER(S)	SUMMARY OF TOPICS TO BE COVERED	DURATION
				❖ History of the epidemic ❖ Epidemiology and prevalence ❖ Contributing to HIV transmission **3. Reproductive Health** **Purpose :** To enable participants understand the reproductive organs and their functions and how they are related to HIV/STIs/AIDS **4. HIV/AIDS and Women** **Purpose:** To enable participants explore how women are more vulnerable than men to HIV/AIDS infection and its impacts. What will be discussed: ❖ Impacts of HIV/AIDS on women ❖ Factors that render women vulnerable to HIV/AIDS infection ❖ Strategies for remedies	

OBJECTIVE OF THE TRAINING	PARTICIPANTS	SELECTION CRITERIA	PROFILE OF THE TRAINER(S)	SUMMARY OF TOPICS TO BE COVERED	DURATION
				and empowerment **4. Communication barriers of HIV/AIDS Facts and Messages** **Purpose**: To discuss effective communication mechanisms for HIV/AIDS messages/ facts/ education to facilitate positive behaviour change **What will be discussed:** ❖ Commonly used communication methods for conveying HIV/AIDS information ❖ Strength and weaknesses of each of them ❖ Women friendly communication methods **5. Care and support of people living with HIV/AIDS** **Purpose:** To equip women with knowledge and skill needed in providing care and support for AIDS patients	

OBJECTIVE OF THE TRAINING	PARTICIPANTS	SELECTION CRITERIA	PROFILE OF THE TRAINER(S)	SUMMARY OF TOPICS TO BE COVERED	DURATION
				Topics to be discussed: ❖ Treatment of opportunistic infections ❖ Nutrition and Nutritional needs for AIDS patients/PLWHA ❖ Nutrition and Immunity ❖ Spiritual care ❖ ARV ❖	
				6. Voluntary Counselling and Testing Purpose: To enable participants understand: ❖ Basic concepts and principles of counselling ❖ VCT and its benefits and rationale ❖ Stigma in HIV/AIDS ❖ Care of the affected (orphans and widows) **7. The Role of the Community Based Behaviour Change Agent**	

OBJECTIVE OF THE TRAINING	PARTICIPANTS	SELECTION CRITERIA	PROFILE OF THE TRAINER(S)	SUMMARY OF TOPICS TO BE COVERED	DURATION
				(CBBCAs) **Purpose:** To enable participants understand their role in facilitating positive behaviour change towards HIV/AIDS prevention among community members Topics to be covered: ❖ Characteristic of a CBBCA ❖ Roles and responsibilities of CBBCA	
				8. Monitoring and Follow up **Purpose:** To provide participants with monitoring and follow-up skills so as to monitor the behaviour patterns of the community members with regard to HIV/AIDS/STIs Prevention	

The training methodology

In order to make use of the participants experience and knowledge on the subject the training need to be participatory in nature. Thus various training methods were adopted. They include among others:

- ❖ Lectures to provoke discussion
- ❖ Plenary Discussion
- ❖ Brain storming
- ❖ Role plays
- ❖ Video shows
- ❖ Group discussion and plenary presentations
- ❖ Evaluation of the day's work to assess areas needing improvement

Evaluation of the workshop/training

There will be two types of evaluation as follows

(i). End of day evaluation that usually asses what went well and what went wrong for the purpose of improving gaps

(ii). End of training evaluation in which each participant was administered with a structured evaluation form. This was intended to assess the impact of the knowledge and how it has impacted on the participant's understanding of the issues discussed. It will also helped to solicit participants' opinion for purposes of future action.

Output of the training

(i)..A total of seventeen peer educators were trained

Out of the twenty selected participants only seventeen (17) were able to attend and complete the training. A full list is attached as Annex 4 of this report.

(ii). An Action Plan for the Peer Educators was developed to guide their interventions in their respective communities.

PART THREE: Resource Mobilization

In order for the trained peer educators to be able to implement their Action Plans as well as for the organization to expand the project to the communities, external resources were deemed necessary. For quite some time the organization has been receiving funds from The Foundation for Civil Society. There is possibility for the Foundation to fund KIUNGI for this Project. The Foundation has its own Grants Application Form that each applicant has to carefully complete. There is no need to attach a proposal. Thus it was agreed that the participant assist in completing the Foundation's Application package that should be submitted to the Foundation in the June 1st round. It was agreed that the duration of the project should be 12 months to give the organization an opportunity to learn on how to manage Medium Grants. This is important because although KIUNGI has received a minimum of three grants from the Foundation they were all small grants amounting to less than five million Tanzania Shillings.(Tshs. 5,000,000/-) However since change of behaviour as far as HIV/AIDS is concerned takes time to show impact

the organization can re-apply for a three year (Multi-Year Grant) after concluding the one-year grant.

It was, however, deemed necessary to carry out an end of project Impact Assessment to help in the re-planning of the second phase activities. The complete filled in Application Package is attached to this report as Annex 5.

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