

APPENDICES

**TRAINING MANUAL FOR LEMARA KATI WOMEN IN ACTION
HOME BASED CARE PROVIDERS:**

The training manual was specifically targeted for training Lemara LKWIA group. The training manual covered the following areas: training purpose, objectives, target group, course content, presentation technique, relevance of the training and lectures in detail.

PURPOSE OF THE MANUAL:

The primary purpose of this Manual was to present an overview of essential information required in training LKWIA members to fit in the community, descriptions of effective HIV/AIDS interventions, and strategies for preventing and managing PLWHAS.

Another purpose of the Manual was to efficiently assist LKWIA members' knowledge and skills in counseling families and the community at large in reducing stigma to PLWHAS which was critical for all professional and paraprofessional personnel associated with HIV/AIDS fight.

TRAINING OBJECTIVES:

- Provide a comprehensive training course outline, which described the specific skills, knowledge, and attitudes required for Home based care to PLWHAS.
- Impart knowledge that made LKWIA group understand the concept of human immunodeficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) in its totality.
- Empower the group to understand the advantages and disadvantages of Home Based Care (HBC).
- Impart knowledge that will let LKWIA group understand key roles and responsibilities of a HBC.

- Impart knowledge that will let members understand resources available at local, regional, national and voluntary agency programs to People living With HIV/AIDS (PLWHAS) and how to apply for the resources and services.
- Empower LKWIA group to understand how to intervene effectively with the community in sensitization including children, older adults, people with disabilities, ethnic, and cultural groups indigenous to the area, and the disenfranchised or people living in poverty with few resources.
- Provide appropriate HBC assistance to PLWHAS, Families, and community settings, with emphasis on care and treatment (CTC).
- Impart knowledge to LKWIA so that they can understand the stress inherent in families living with infected people and manage that stress confidently.

TARGET TRAINEES

The training was targeted to 20 members of LKWIA to enhance their knowledge and skills in providing Home Based care to PLWHAS and any other similar organization.

COMPREHENSIVE OUTLINE OF COURSE CONTENTS

A comprehensive training course for LKWIA HIV/AIDS project staff is described in this section. The training requires 10 sessions covered for 2 hrs each session until the module is accomplished. This means the group requires 5 days training. The course comprehensive out line is as follows:

LECTURE ONE: HIV/AIDS CONCEPT

- Defining what is HIV/AIDS
- Basic Facts on HIV/AIDS
- HIV/AIDS infection prevention
- Living positively with HIV/AIDS

- Situation in Tanzania
- Stigma/discrimination to PLWHAS
- Relationship between HIV and TB
- Care and treatment of opportunistic infections to HIV/AIDS patients
- Use of Antiretroviral (ARV) by PLWHAS to suppress viral load
- Mode of HIV infection in children and its prevention

LECTURE TWO: HBC CONCEPT

- Introduction to Home-Based Care (HBC)
- Role of HBC Caregivers
- Patient follow-up
- Effective Home visits
- Management of Common Conditions

LECTURE THREE: COMMUNITY SENSITIZATION, VOLUNTARY COUNSELING AND TESTING

- Community sensitization
- Strategies for community sensitization
- Voluntary counseling and testing (VCT)

TRAINING VENUE

The training took place at Mount Meru Hospital where participants were able to perform practical in wards to test skills gained.

TRAINING METHOD

The training method was participatory, where by LKWIA members were able to discuss, demonstrate and present in plenary their knowledge and skills in HIV/AIDS concepts, HBC and general knowledge guided by trainers.

PRESENTATION TECHNIQUES

- Brain storming: That has advantage of allowing the students to participate in listening, effectively generate alternative thinking, broaden perspectives and learn from each other.
- Case study: In this technique a case was presented involving any topic for example a situation that happened some where and participants discuss in groups and present.
- Demonstration: This allowed participants to demonstrate how they conducted HBC a technique which was very important to adults to learn more and it allowed them to actively be involved in the training process.
- Discussion: Adults learn better if they were allowed to share what they know first without any criticism or any judgment from the facilitator. The facilitator just used the technique of keeping a positive attitude to motivate participant's ventilation. Also this method allowed participants to express how they felt about the topic and also gave chance to informal environments which worked well for any learner. An intimidating environment caused resentment and tension, and these inhibit learning.
- Group activity: Some adults were shy to speak in a large group so in a smaller group they tended to be active and that was where one could capture her counterpart's ideas.
- Individual activity: This technique was used for tests, clinical procedures and role play where by each individual had to perform certain function alone.

- Lecture: This was where the facilitator imparted knowledge to participants verbally or by writing.
- Panel: This was when all participants sat together and shared their knowledge and skills.
- Problem solving: This was when participants were given certain problems in relation to the topic and they were left to provide solutions.
- Simulation: this was when for example a Video was shown and participants expressed what they have learnt from it.

TRAINING TOOLS

- Books and brochures
- Chalk board
- Flip chart
- Video and TV
- Over head projector
- Posters

RELEVANCE OF TRAINING IN THE AREA CHOSEN

This training was aimed to help the participants of Lemara Kati women in action (LKWIA) to analyze and obtain practical skills for the Home based care (HBC) to PLWHAS. The training was relevant to them because at that time they were providing services in a lay way. They performed the work without formal training or orientation to the concept of HIV/AIDS. They started the group on faith based to assist PLWHAS, orphans and widows. However, without proper knowledge and skills they might have been infected during the course of providing the services. Moreover, the training was an out come of training needs assessment conducted on 29Th September 2005. It was followed by research which revealed evidence that training was important to this group.

In addition the World Health Organization (WHO) through its bulletin (WHO, 2002) urged that support groups for HIV infected people should be trained. WHO (2002) had issued guidelines on designing such trainings which was considered by the researcher in designing the manual. The group members were expected to attend the training because they were **interested** in the topic, wished to **improve** their knowledge and skills, their job performance and thus, desired to be **actively involved** in the course of their daily activities.

TRAINING MONITORING

There was regular monitoring of the training achievements through their weekly meetings which were held every Tuesday. Daily re-cap (or ask one of the participants to recap) was used to ensure that participants were not left out.

COURSE EVALUATION

Evaluation was done during pre training, mid training and post training using the following questions which were answered by participants as shown in appendix ten.

QUESTIONS COMPLETED BY PARTICIPANTS AT THE END OF TRAINING

Please indicate your opinion of the course components using the following rate scale:

5- Strongly Agree 4- Agree 3-No Opinion 2-Disagree 1-Strongly Disagree

COURSE COMPONENT RATING

The Pre-course questionnaire helped me to study more effectively.

The role plays were helpful in learning the HBC protocol.

There was sufficient time scheduled for practicing HBC skills in the classroom using role plays.

There was sufficient time scheduled for practicing HBC practical skills with patient's in the clinic.

I am now confident providing HBC for patients.

The training approach used in this course made it easier for me to learn the HBC protocols.

The trainers clearly stated their learning objectives.

The trainers communicated clearly and effectively.

The information presented in the course was new to me.

The trainer used a variety of audiovisual materials.

The trainers were interested in the subjects they taught.

The course content (or the content of the sessions) had sufficient theoretical knowledge.

The sessions were well organized.

The trainers asked questions and involved me in the sessions.

The content of the course was useful to my work.

The course made me feel more competent or skillful in my work.

The trainers use a variety of training methods.

ADDITIONAL COMMENTS (use reverse side if needed)

What topics if any should be added (and why) to improve the course?

What topics (if any) should be deleted (and why) to improve the course?

The course length (15 days) was: (**circle one**) A) Too long B) too short C) just (D) Right

CONCLUSION ON TRAINING MANUAL

The training course was designed for laypersons of Lemara Kati women in action who volunteered in providing services to PLWHAS in Lemara Kati ward in Arusha

Municipal Council. The course was built on each participant's past knowledge and experience. It might appear to be very different from other trainings. However, high motivation to accomplish the learning tasks in the minimum time was expected as the learning emphasized on doing, not just knowing, and used competency based evaluation of performance

The Chair person, LKWIA,

Lemara Ward

ARUSHA.

27-09-2005

Mary P. Kasonka,

P.O.Box 3092,

ARUSHA.

RE: PROJECT IN OUR CBO:

Reference is made to your letter dated 26th September 2005 the above heading refers.

I'm glad to inform you that your application have been considered and accepted to work with us in the fight of the deadly disease.

Wish you good studies.

(Signed)

Zahara Mstapha

LKWIA group Chair personCOPIES:

4. WIA Head Office
5. Health Department Arusha MC
6. RMO

Appendix 1

Mary P. Kasonka,
Regional Hospital,
P. O.Box 3092,
ARUSHA.
26-09-2005

The Chair person,
Lemara Kati Women In Action (LKWIA),
Lemara Ward
ARUSHA.

Re: PROJECT:

Please refer to the above heading,

I'm a student of International Community Economic Development (ICED) program
Arusha branch with Identification number ICD 0494701.

I request you to allow me to collaborate with your Community Based Organization
(CBO) to come with a project which shall address your first priority need or problem
which we shall identify and agree together.

Thank you in advance.

Mary P. Kasonka

Telephone number: 0713 307736 or 0784 288202

COPIES:

1. WIA Head Office
2. Regional Medical Officer
3. Health Department Region and Arusha MC

NEEDS ASSESSMENT

The researcher conducted needs assessment of this project on 27th September 2005 using two main techniques, which are; structured discussions and observation in an ordinary weekly meeting of LKWIA members. On that day the following members attended the meeting:

1. Alphoncina Raphael
2. Edna Athuman
3. Rose Alloys
4. Chausiku Noel.....Secretary
5. Asha Hamei
6. Bonke Marwa
7. Rabecca Japhet
8. Magdalena Nathan
9. Fausta Augustino
10. Asnath Elisha
11. Asha Shabani
12. Zainabu Myovela
13. Rukia Msoffe
14. Laitness J. Malongozo
15. Zahara Mstapha.....Chair person

16. Sophia Chacha.....WIA head office representative

17. Kasonka, M.P. Project Volunteer from SNHU/OUT

17. Shani, J.Volunteer from Ireland

1. Anna Mgazija

2. Ruth Mkemwa

3. Joyce Kisiki

4. Agness William

5. Mwanaidi Mohammed

Information required	Source of information	Means of gathering information	Comments
CBO of Choice	CHMT and WIA head office	Discussion with MACC and WIA head office staff	There were no problem
Census records and data	Lemara Kati ward Office	Empirical records review	Well documented information
Written materials about Lemara Kati	CHMT and WIA head office	Empirical records review	Well kept
Other similar projects sponsored by other organizations	CHMT and Shapiro Library	Empirical records and web searching	Difficult to synchronize because they are not CED projects
Cultures, Norms, Beliefs and Customs	LKWIA members	Discussion	No problem
Local leaders and type of community	LKWIA members	Structured group discussion	Leaders are willing to support the group
PLWHAs	LKWIA members	Discussion	PLWHAs do not have adequate knowledge on where

			to get treatment of opportunistic infections and their rights
HBC services	LKWIA	Discussion	They contribute from their pockets on weekly basis money to procure supplies which they provide to PLWHAs during home visit
Community awareness on HIV/AIDs	LKWIA members	Discussion	Stigma is very high thus cause HIV/AIDs infected people to hide and continue transmitting
Sources of funds	WIA head office and LKWIA	Discussion	They do not have donors, they own beads making gardening project
Needs and problems	LKWIA	Discussion	Big list of mixed needs

Source of table, CEDPA, {1994} P. 20

1. Need transport (Minibus and Bicycles)
2. Basic needs for PLWHAs, Orphans, Widows and Widowers
3. Permanent office
4. Market for their hand made beads
5. Training for home based care volunteers to build their capacity and confidence

6. High stigma
7. Full time counselor to improve VCT and counseling of PLWHAs
8. Mass community sensitization on HIV/AIDs
9. School for orphans

PROBLEMS LISTED

1. Inadequate transport
2. Inadequate basic needs to distribute during home visiting
3. No permanent office currently using local government office
4. Inadequate income currently they are relying on members' contribution, beads making and gardening.
5. Inadequate capacity on HIV/AIDs in general
6. Inadequate market for their beads
7. No school for orphans
8. High stigma
9. Community awareness on HIV/AIDs

After listing needs and problems scoring method was used and the following were the results arranged by rank:

1. Inadequate capacity on HIV/AIDs in general
2. High stigma
1. Community awareness on HIV/AIDs
4. Inadequate transport

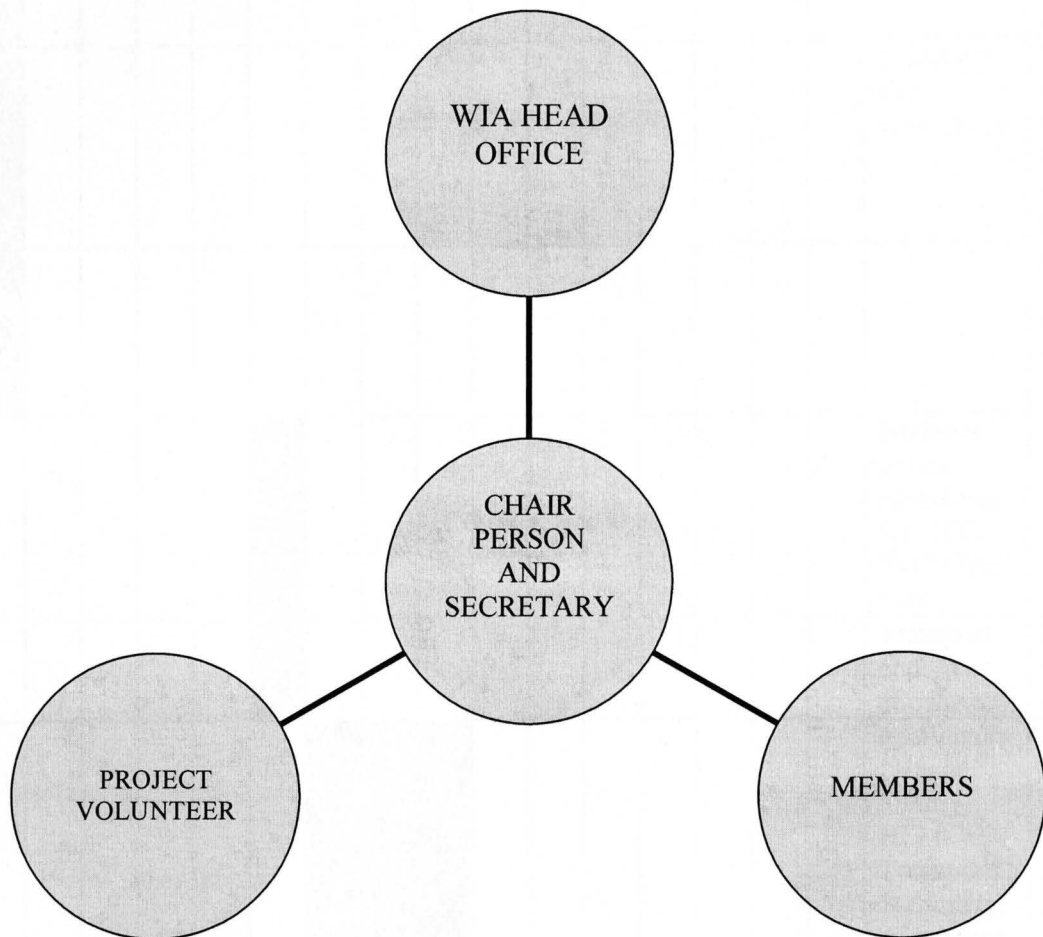
6. Inadequate basic needs to distribute during home visiting
7. No permanent office currently using local government office
8. Inadequate income currently they are relying on members' contribution, beads making and gardening.
9. Inadequate market for their beads
10. No school for orphans

CONCLUSION OF NEEDS ASSESSMENT:

Capacity building of LKWIA shall include practicing on; conducting community sensitization meetings that in turn are envisaged to reduce stigma. In addition, LKWIA shall conduct HBC under supervision so that the researcher can learn by observation the improvement of their capacity on managing PLWHAs and they way they counsel them and refer them to HFs.

ORGANIZATIONAL CHART

Basically LKWIA has no organizational chart because all members are equal though they have a chairperson and secretary their relationships



Appendix 4

Table 13 LKWIA CAPACITY BUILDING PROJECT IMPLEMENTATION PLAN (GATT CHART)

Activities	Project Month																Resources Needed	Person responsible
	2005				2006													
	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12		
Meet with WIA head office																	Transport and allowances	Project volunteer/Researcher WIA head office staff and LKWIA
Meet LKWIA																	Transport and allowances	Project volunteer/Researcher WIA head office staff and LKWIA
Conduct CNA and Survey																		volunteer/Researcher, LKWIA and WIA head office
Develop training manual																	National policy, guidelines for HBC, TOT Class note	
Solicit HLM and Facilitators																	Transport and allowances	Project volunteer/Researcher
LKWIA training																	Facilitators , Venue Funds, HLM Transport, Stationery, Allowances and Refreshments	Project volunteer/Researcher WIA head office staff, Facilitators and LKWIA

Activities	Project Month																Resources Needed	Person responsible
	2005				2006													
	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12		
Community sensitization																	Facilitators Funds, HLM, Transport, Allowance s and Refreshme nts	Project volunteer/Res earcher WIA head office staff and LKWIA
Identification of PLWHAs and referral																	Transport, allowance, needs to PLWHA	Project volunteer/Res earcher and LKWIA
Follow up to PLWHAs and referrals																	Transport, allowance, Basic needs to PLWHAs	Project volunteer/Res earcher and LKWIA
Conduct Monitoring and evaluation																	Time, stationery, transport and allowances	Project volunteer/Res earcher WIA head office staff LKWIA and Supervisor
Project write up, presentation and submission																	Computer, stationery and binding costs	volunteer/Res earcher

Source: CEDPA, (1994) p.46.

JOB DESCRIPTIONS

RESEARCHER

1. Find CBO
2. Conduct needs assessment
3. Write proposal
4. Solicit resources (Funds, HLM, Facilitators, transport etc)
5. Ensure smooth implementation of the project
6. Conduct monitoring and evaluation
7. Compile and submit project

LKWIA

1. Identify needs and problems using CAN and survey.
2. Write project proposal and present together with survey findings
3. Prepare training manual and submit for marking
4. Pre test the manual to see if it suits the context of Lemara Kati
5. Solicit resources (Facilitators, Funds, training materials, Venue, Video/TV)
6. Ensure training take place as planned
7. Attend all training sessions to monitor progress
8. Ensure community Sensitization meetings are conducted at Lemara Kati ward
9. Ensure HBC Conducted to all PLWHAs
10. Conduct monitoring and evaluation

WIA HEAD OFFICE

1. Care taker of LKWIA CBO
2. Write strategic plans for all CBOs under it
3. Coordinate the CBOs
4. Solicit partners from different angles
5. Supervise all CBO projects
6. Liaise with the Government to ensure that all under takings are within the Government policy and guidelines.

Appendix 6**PROJECT BUDGET**

Salaries	Equipment costs	Start up costs	Operating expenses	Professional or out sourced services	Contract needs	Remarks
None	None	1,200,000	2,970,000	1,200,000	None	Professional/ out sourced services involve allowances to Trainers from the Regional Hospital Mount Meru, Arusha.

Source designed by Researcher, 2006.

Appendix 7

CAPACITY BUILDING OF LEMARA KATI WOMEN IN ACTION ON HIV/AIDS INFECTION PREVENTION, TREATMENT AND STIGMA REDUCTION

PRESENTED BY: KASONKA MARY P.

**MSc ICED SNHU & OUT
ICD 531 ARUSHA CENTRE
JANUARY 2007**

OUT LINE

- Introduction
- Community Needs Assessment
- Community Needs Assessment
- RESEARCH
- Methodology
- Goals and Objectives
- Findings
- Discussion
- Conclusion and Recommendations

OUT LINE Cont...

- Project Implementation
- Monitoring, Evaluation and sustainability
- Project Conclusion & Recommendations
- Summary
- END

INTRODUCTION

- LKWIA is a CBO founded in 2005
- The CBO is formed by 20 women
- It is located at Lemara Kati Ward
- Lemara Kati ward has a total population of 503 people
- Among the population 86 are PLWHAs which is 17%
- The project life is 18 months (September 2005 January 2007)

Community Needs Assessment

- Meeting was held on 27th September 2005 – Real Needs and Problems
- Other sources of data (Census, bureau of Statistics and HMIS.
- Local area government offices (Ward Leaders)
- RESULT:
Inadequate knowledge and skills

Research Goal & Objectives

GOAL

The goal of the survey was:

To assess the level of knowledge and skills on the concepts of HIV/AIDS HBC

OBJECTIVES

- Determine the level of LKWIA understanding about HIV/AIDS and HBC.
- Establish areas of strengths and weakness in the provision of HBC to patients.
- Find out the level of understanding of LKWIA

Research methodology

- Convenience sampling method was adopted
- Methods used for data collection included:
 - Focus group discussion
 - Unstructured interviews
 - Questionnaires
 - Observation

Qualitative
Quantitative

Research methodology cont....

Data processing

- Data entering was done in MS excel 2003
- Data cleaning was done in both MS excel and SPSS.
- Data analysis whereby frequencies and Crosstabs tables were produced was done using SPSS.

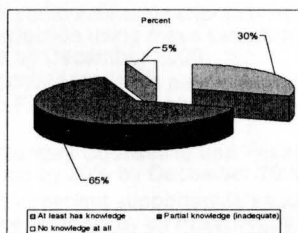
Research findings

- LKWIA member's age is between 18 to 57 years.
- 75% were of ages between 18 - 47 years
- 45% of Members had Primary, 30% secondary 15% college and 10% Informal education.
- 65% had partial knowledge on HIV/AIDs
- 30% at least had knowledge on HIV/AIDs

Research findings Cont.....

- 5% had no knowledge on HIV/AIDs at all.
- There were no relationship between knowledge on HIV/AIDs and Occupation, Education, Age and Marital status.
- All the results were statistically insignificant

Research result



Result Description

The pie chart above revealed that: LKWIA had partial knowledge on HIV/AIDs and HBC concepts which is 65%, 30% were at least knowledgeable and only 5% had completely no knowledge.

Discussion

- 65% of LKWIA had partial knowledge on HIV/AIDs
 - 30% at least had knowledge on HIV/AIDs
 - 5% had no knowledge on HIV/AIDs at all.
- From the results it was observed that almost the whole community had no knowledge concerning HIV/AIDs which is very dangerous to the people whom they care and to themselves. The problems to the solutions are narrated below.

PROBLEM IDENTIFIED

- ◆ INADEQUATE KNOWLEDGE AND SKILLS ON THE CAUSES OF HIV/AIDS INFECTION, TRANSMISSION, PREVENTION, TREATMENT OF OPPORTUNISTIC INFECTIONS, USE OF ANTIRETROVIRAL DRUGS BY PLWHAS AND REFERRAL OF PATIENTS TO HEALTH FACILITIES FOR CARE AND TREATMENT.

SOLUTION TO THE PROBLEM

BUILD CAPACITY OF LKWIA GROUP OF 20 WOMEN THROUGH TRAINING TO ENHANCE THEIR KNOWLEDGE, SKILLS AND PRACTICES ON CARING PLWHAs, REFERING THEM TO HEALTH FACILITIES FOR CARE AND TREATMENT AND CONDUCTING COMMUNITY AWARENESS SESSIONS TO REDUCE STIGMA

Goal and Objectives

Goal: Have LKWIA group that is capable and confident in caring PLWHAs and Lemara Kati community with awareness on HIV/AIDs by January 2007.

Objectives:

- Build capacity of 20 members of LKWIA on what entails care taking to PLWHAs by December 2006

Objectives Cont.....

- Establish socio-economic characteristics through stigma reduction using mass sensitization meetings by December 2006.
- Ensure 50% of HIV/AIDs patients' were referred to Health Facilities for treatment by December 2006.
- Raise Voluntary Counseling and Testing (VCT) acceptance by 20% by December 2006.
- Establish treatment supporters to ensure adherence to drugs by all PLWHAs by December 2006.

PROJECT IMPLEMENTATION

- SEPTEMBER 2005 – INTRODUCTION TO WIA HEAD OFFICE AND LKWIA CBO
- OCTOBER 2005 - NEEDS ASSESSMENT AND PROBLEM IDENTIFICATION
- NOVEMBER – DECEMBER 2005 PROJECT PROPOSAL WRITING
- JANUARY 2006 PROPOSAL PRESENTATION

PROJECT IMPEME' Cont.....

- MARCH – JUNE 2006 ACTUAL TRAINING
- JUNE - AUGUST 2006 SENSITIZATION MEETINGS TO PLWHAs
- SEPTEMBER – DECEMBER COMMUNITY SENSITIZATION MEETINGS
- DECEMBER 2006 SUMMATIVE EVALUATION
- JANUARY 2007 PROJECT PAPER WRITING, PRESENTATION & SUBMISSION

MONITORING

Inputs (Resource utilization)

Process

Timing of activities if line with work schedules

Outputs

RESPONSIBLE

Project volunteer/Author and LKWIA Chair person

AIM OF MONITORING was:

To track implementation in order to ensure that all drawbacks are properly managed.

EVALUATION

Was done three times:

1. Pre – implementation – to ensure that all resources were deployed to achieve desired objectives.
2. Mid term – To ensure that the time table was adhered and deviations discovered.
3. Summative – To see successes or failures and learn for improving similar projects in future.

SUSTAINABILITY

- Empowered LKWIA with knowledge on the advantages and disadvantages of being Donor dependent.
- Municipal Authority Health department to include LKWIA in their budget under Community initiatives.
- LKWIA was linked across a continuum of care with variety of partnering Care and treatment clinics & Referral system.

PROJECT CONCLUSION

Well trained HBC play important role in making HIV/AIDs patients remain within the communities in their own homes and with their family and friends close to them and get comfort.

Major challenge:

Dwindling resources

RECOMMENDATIONS

- Innovative strategies on how best to assist households are thus requested and may include: Food, shelter, clothing and referral to care and treatment services.

LKWIA project be replicated to other areas with similar contexts.

Larger studies are required

Close Supervision to the CBO is required

Summary of Presentation

In the presentation we had:

- CBO information
- Goal and Objectives
- Methodology
- Findings
- Discussion
- Conclusion and Recommendations

END

THANK YOU FOR LISTENING

RESEARCH QUESTIONNAIRES

Questionnaire 1: How old are you? For the purpose of data coding characteristics were assigned from number one to five. Number 1 age from 18 years to 27, number 2 age from 28 years to 37, number 3 age from 38 to 47, number 4 age from 48 to 57 and number 5 age of 57 and above. Please put a tick where it fits.

RESULTS: Most LKWIA members' are between the age of 18 – 57 which is an energetic group.

Questionnaire 2: Are you married? For the purpose of data coding characteristics were assigned from number one to five. Number 1 single, number 2 Married, number 3 Divorced, number 4 Widowed and number 5 Separated. Please put a tick where it fits.

RESULTS: Most LKWIA members are married.

Questionnaire 3: What is your education level? For the purpose of data coding characteristics were assigned from number one to four. Number 1 Informal education, number 2 Primary level, number 3 Secondary level, number 4 College. Please put a tick where it fits.

RESULTS: Most LKWIA members have primary level education (45%) followed by secondary (30%). This entails that they qualified to be formally trained using modern techniques.

Questionnaire 4: What is your occupation? For the purpose of data coding characteristics were assigned from number one to five. Number 1 House wife, number 2 Farmer, number 3 Hawkers, number 4 Business and number 5 Employed. Please put a tick where it fits.

RESULTS: Most LKWIA members are House wives (40%) and 20% were business. The interpretation lead the Researcher to understand that they had more time for volunteering in HBC and training because they are self employed.

Questionnaire 5: What do you know about HIV/AIDs? For the purpose of data coding characteristics were assigned from number one to five. Number 1 Caused by Viral Infection, number 2 I don't know, number 3 Caused by shaking hands and eating together, number 4 Caused by cultural abuse and number 5 Caused by mosquito bite. Please put a tick where it fits..

RESULTS:

Most LKWIA members answered correctly (65%). However, since the 35% did not know the correct answer, the decision was to train them on the concept of HIV/AIDs.

Questionnaire 6: What are the differences between HIV and AIDs? For the purpose of data coding characteristics were assigned from number one to four. Number 1 HIV is Viral Infection with no vivid symptoms, number 2 HIV is treatable while AIDs is not, number 3 they are the same, number 4 I don't know. Please put a tick where it fits.

RESULTS:

Most LKWIA members gave wrong answers (65%), thus they did not know if there are differences between HIV and AIDS.

Questionnaire 7: What are the modes of transmission of HIV and AIDS? For the purpose of data coding characteristics were assigned from number one to four. Number 1 Sexual intercourse and blood transfusion, number 2 HIV Shaking hands, sharing house with an infected person, number 3 Working together with an infected person, number 4 Mosquito bite and number 5 I don't know. Please put a tick where it fits.

.RESULTS:

Most LKWIA members gave wrong answers (80%), thus they had inadequate knowledge on HIV/AIDS mode of transmissions which was dangerous for service providers like LKWIA.

Questionnaire 8: Is there any relationship between HIV/AIDS and TB? For the purpose of data coding characteristics were assigned from number one to two. Number 1 Yes and 2 for No. Please put a tick where it fits.

RESULTS:

Most LKWIA members did not know the relationship.

Questionnaire 9: What do you advice pregnant HIV/AIDS pregnant mothers? For the purpose of data coding characteristics were assigned from number one to four. Number 1 Attend PMTCT, number 2 Conduct abortions, number 3 Eat balanced foods and number 4 Use local herbs. Please put a tick where it fits.

RESULTS:

Most LKWIA members did not know what to advice (85%).

Questionnaire 10: What are the kinds of food you advice HIV/AIDs patients to eat? For the purpose of data coding characteristics were assigned from number one to five. Number 1 Adequate and balanced diet, number 2 eat meat and milk; number 3 Porridge, number 4 Black tea not to take milk to prevent diarrhoea number 5 I don't know. LKWIA members chose the correct answer by putting a tick. Please put a tick where it fits.

RESULTS:

Most LKWIA members did not know what to advice (90%).

Questionnaire 11: What are the roles of HBC? For the purpose of data coding characteristics were assigned from number one to four. Number 1 Moral, nursing care, basic needs and counseling, number 2 Taking responsibilities of relatives; number 3 Visit patients, number 4 I don't know. Please put a tick where it fits.

RESULTS:

Most LKWIA members did not know their responsibilities (80%).

Questionnaire 12: Which Donor partners are assisting your CBO? For the purpose of data coding characteristics were assigned from number one to four. Number 1 None, , number 2 Several; number 3 Government, number 4 I don't know. Please put a tick where it fits.

RESULTS:

LKWIA CBO did not have Donor partners other than government which scored 10%.

Questionnaire 13: Are you a member of any other organization? For the purpose of data coding characteristics were assigned from number one to two. Number 1 Yes and number 2 No. LKWIA members chose the correct answer by putting a tick. Please put a tick where it fits.

RESULTS:

Most members of LKWIA are not members of other organizations (75%).

Questionnaire 14: How do you refer patients if the conditions worsen? For the purpose of data coding characteristics were assigned from number one to three. Number 1, I don't know, number 2 Request relatives to take to HF and number 3 I just sympathize. LKWIA members chose the correct answer by putting a tick. Please put a tick where it fits.

RESULTS: 50% of members of LKWIA knew how to refer patients while the other 50% did not know.

Questionnaire 15: Do you know any thing about HIV/AIDS treatment? For the purpose of data coding characteristics were assigned from number one and two. Number 1 Yes and 2 no. Please put a tick where it fits.

RESULTS: 60% of members of LKWIA did not know if there was any treatment to HIV/AIDS patients.

Questionnaire 16: What are the opportunistic infections? For the purpose of data coding characteristics were assigned from number one and 2. Number 1, I don't know and number 2 Diseases associated with HIV/AIDS infections. Please put a tick where it fits.

RESULTS: 40% of members of LKWIA did not know if there was any treatment to opportunistic infections.

Questionnaire 17: What mostly do your patients complain of? For the purpose of data coding characteristics were assigned from number one to five. Number 1, They do not know where to get treatment, number 2 Community stigmatization, number 3 No assistance from the government, number 4 Health services are inadequate and referral system not known. Please put a tick where it fits.

RESULTS: 40% of PLWHAS complained on stigmatization.

Table: Some frequency tables and Bar Charts.

SPSS outputs for age, marital status, level of education and occupation which are not in the main text are found below.

Table 1: Age of members of LKWIA

How old are you?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-27	7	35.0	35.0	35.0
	28-37	4	20.0	20.0	55.0
	38-47	4	20.0	20.0	75.0
	48-57	3	15.0	15.0	90.0
	58 and above	2	10.0	10.0	100.0
Total		20	100.0	100.0	

RESULTS: Most LKWIA members' are between the age of 18 – 57 which is an energetic group.

How old are you?

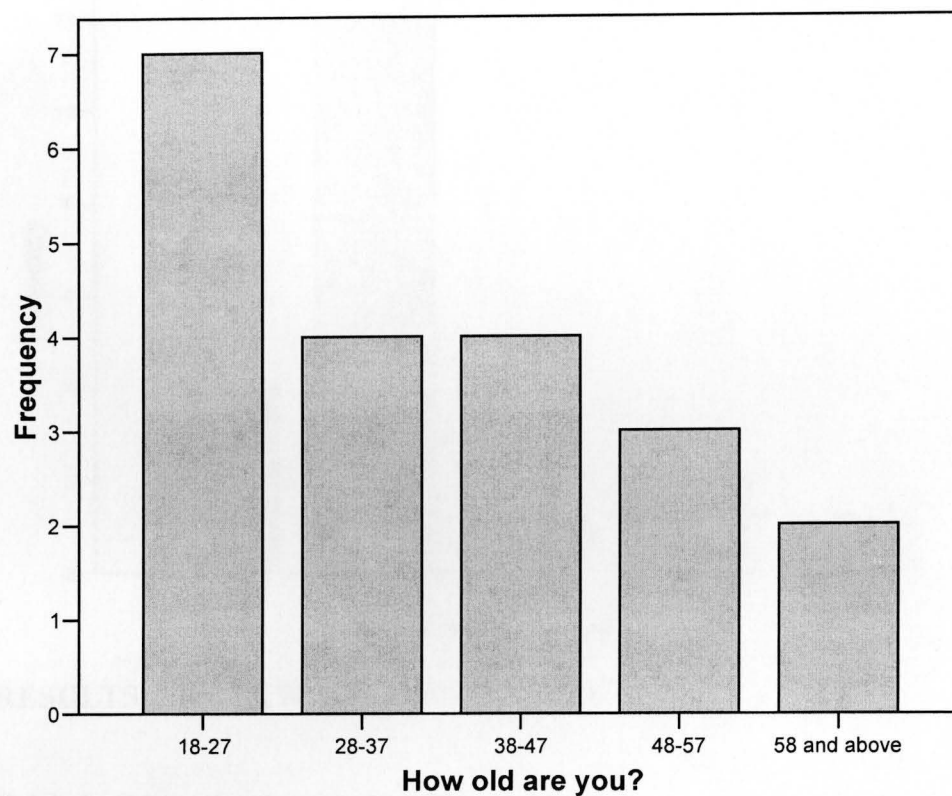
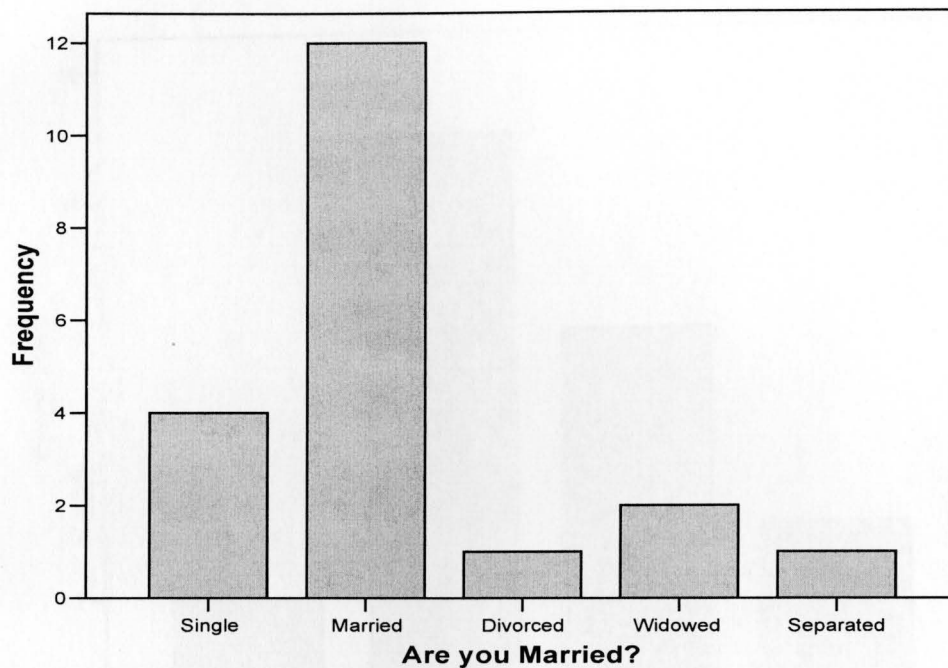


Table 2: Marital status of LKWIA members

Are you Married?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	4	20.0	20.0	20.0
	Married	12	60.0	60.0	80.0
	Divorced	1	5.0	5.0	85.0
	Widowed	2	10.0	10.0	95.0
	Separated	1	5.0	5.0	100.0
	Total	20	100.0	100.0	

Are you Married?



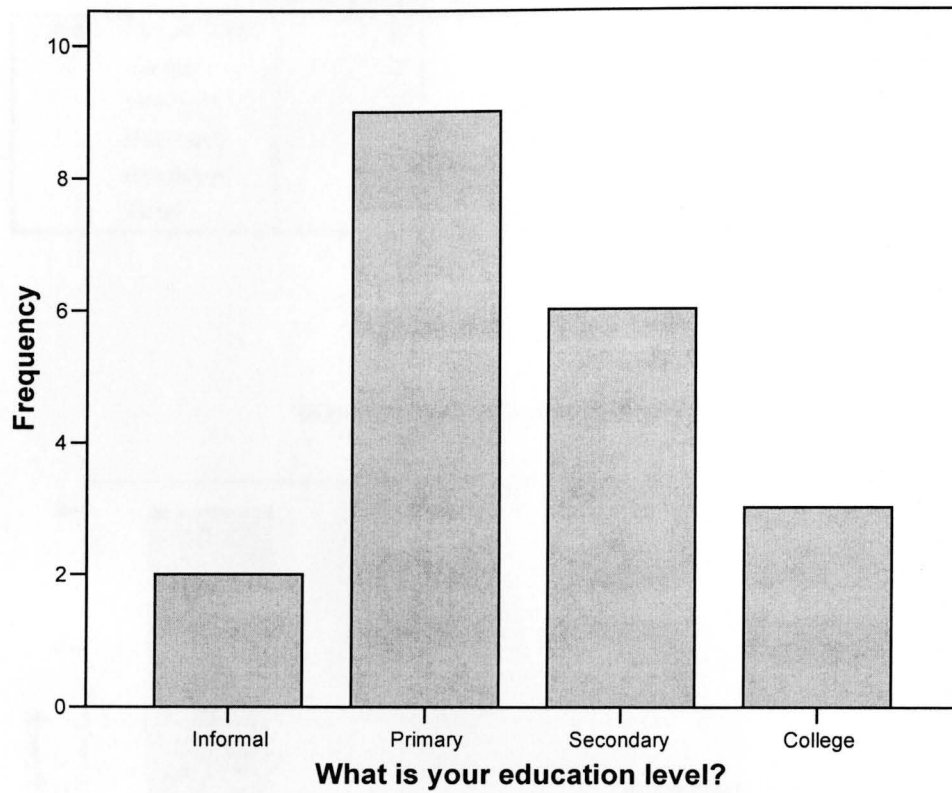
RESULTS: Most LKWIA members are married.

Table 3: Education level of LKWIA members

What is your education level?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Informal	2	10.0	10.0	10.0
	Primary	9	45.0	45.0	55.0
	Secondary	6	30.0	30.0	85.0
	College	3	15.0	15.0	100.0
	Total	20	100.0	100.0	

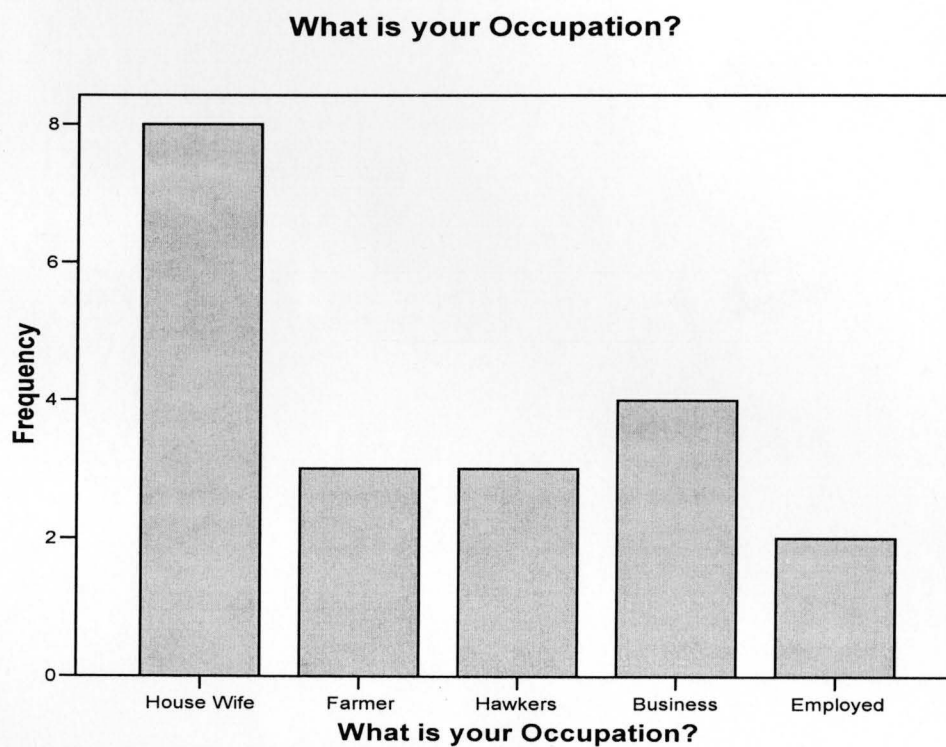
What is your education level?



RESULTS: Most LKWIA members have primary level education (45%) followed by secondary (30%). This entails that they qualified to be formally trained using modern techniques.

Table: 4: Occupations of LKWIA members

What is your Occupation?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	House Wife	8	40.0	40.0	40.0
	Farmer	3	15.0	15.0	55.0
	Hawkers	3	15.0	15.0	70.0
	Business	4	20.0	20.0	90.0
	Employed	2	10.0	10.0	100.0
	Total	20	100.0	100.0	



RESULTS: Most LKWIA members are House wives (40%) and 20% were business. The interpretation lead the Researcher to understand that they had more time for volunteering in HBC and training because they are self employed.