

Appendices

**MAMA AFRICA P.O.BOX 135
KIKUYU NORTH DODOMA
CELL 0744 491986**

Appendix 1

Ref No MA/ INT / TMH /2005 /6

RE: Toufiq, Muhammad Hassan

This is to Certify that the above mentioned person has introduced himself to our group as student doing Msc(Community Economic Development) at Southern New Hampshire University and he is in our organization doing internship.

This letter serves as approval of our acceptance to allow him to conduct his project.

In case of any further information do not hesitate to contact us .

Yours Sincerely



**EUNICE KENVUNKO
CHAIRPERSON**

Appendix 2

Needs Assessment

Introduction

Programs aimed at community mobilization for treatment preparedness, including mechanisms for delivery on Anti- retroviral {ARVs} information and education campaigns, reduction of stigma and discrimination, advocacy, adherence, social support and referrals to other social and economic resources should be highly supported.

For scaling up programs, immediate support should be directed to community based organizations that work to reduce women and girls vulnerability to HIV/AIDS and expand community mobilization. Provision of service that improve the social status and reduce the economic dependence of women and girls and facilitate their accesses to treatment should be emphasized. Where possible, these services should be linked to HIV/AIDS treatment centers, MTCT sites, and clinics providing reproductive health care.

Getting resource to women groups, organizations of people living with HIV/AIDS and civil society groups that provide services to women and girls affected by AIDS is the matter of high resolve.

Description of the project organizational context.

Name of the organization managing the project; Mama Africa Women Group

The project is implemented by only Mama Africa Women Group.

The project is located at Kikuyu North P.O BOX 235, Dodoma, cell 255 754 491986.

The project intends to conduct information campaigns which will address the obstacles that women and girls face in accessing health care, and encourage couple counseling at voluntary HIV testing centers. This will in turn ensure the girls and

women access to HIV/AIDS treatment and thus reduce stigma and discrimination. When people see that it is possible to live a longer, healthier life with ARVs, they fear HIV less, are more willing to get tested for HIV and more supporting of people who are using treatment.

The project will address the issue of gender based violence and HIV/AIDS in enforcement of women's and children's rights. The project will try to create supportive legislative environment by lobbying for the institute of by laws that prohibit domestic violence, ensure legal protection for the people living with HIV/AIDS or those orphans or widowed due to HIV/AIDS

The project intends to involve 200 (women and girl children) in Kikuyu North area.

The project has been firstly developed and Rapid Funding Envelope {RFE} has been approached for possible funding.

The project will start in January 2006

The project will take one year and possibility of extension to other areas.

Project history and community context.

Mama Africa Women Group works with (PLHAs) people living with AIDS. By seeing obstacles they face in accessing the HIV/AIDS treatment they decided to address.

Demographics

The project is located at the Kikuyu North area, Dodoma urban, Dodoma region and fits to all interest groups such as women living with HIV/AIDS, girls, affected families, orphans and traditional healers.

The project intends to ensure that when a woman and baby receive prevention of mother-to child transmission of HIV-plus treatment, HIV positive fathers may not be refused to be treated, as their role as a bread earner is essential for survival of all the family.

The project aim to assist affected women and girls to access HIV/AIDS treatment.

The project will also inform, protect and empower women and girls as an essential way to reinforce medical and health approaches in combating HIV/AIDS.

1. The population in this area is 6715 people male 3735 and female 2980 {Census, 2002}. Age group mostly affected is 15-24 for women. {National AIDS Policy 2001}. The average annual per capital at current process is estimated at T. Shs 154,772, (Dodoma region social economic profile 2001).

Social factors

A number of beliefs, customs, traditions and habits affecting the situation, these includes; widespread human rights abuses, including, sexual violence and coercion, cross-generational sex, economic dependency of women and girls and discriminatory access to education, health care, property and inheritance rights.

The subordinate status of a women combined with the ongoing stigma surrounding HIV, continues to be a driver of the inaccessibility to HIV/AIDS treatment.

Fear of ostracism and violence.

Rape within marriage.

Most women go to traditional healers knowing that they can be treated. So by involving the traditional healers it is seen will be effective in increasing accessibility to HIV/AIDS treatment for women and girls.

Gender – based inequalities are found in this community

Males have control over female.

In this area Mtaa leaders are responsible for gathering information and transmitted through public rallies, Newspapers, Radios, and Television

III. Resource and stakeholders. Analysis.

Nurses, primary school teachers and secondary school teachers, health officials. e.t.c

The organization can tap, youths, retirees unemployed as kinds of human capacity. by involving them in project design, implementation, monitoring and evaluation as well as project sustainability.

Resources available include;

There are housing, which is used for renting people, residential and business activities. Land is used mainly for agricultural activities and grazing. And materials.

Institution capacities available include;

Schools which educate children from Kikuyu and surrounding areas and can be used to generate and disseminate information.

University which is newly established provides higher education for people from Dodoma region and other areas.

Bar & local brew bar this cater for recreations for people from Kikuyu and surrounding areas. The areas are useful for project campaigns.

Radio stations provide information and news for people and can be used to convey the message of the project.

Potential collaborators or competitors.

Project working on similar issue; in fact there is no project working on increasing accessibility of the treatment for women and girls. There are project working on HIV/AIDS; these include

Tailoring project for people living with HIV/AIDS, which target women.

Revolving fund project for people living with HIV/AIDS, targets both men and women.

Economic empowerment and food supplies project for people living with HIV/AIDS serve men women , and orphans

The organization associated with these projects are:-

Kimonge Group – Roman Catholic Church which assist men and women living with HIV/AIDS. They must be Christians and Catholics .

Mennonite Women Group compassionate International comprising of Moravian Church, ELCT. This provides food, small grants for people living with HIV/AIDS. They must be Christians.

The similarities are that all projects are addressing the issue of HIV/AIDS. The difference is that while these organizations address economic empowerment of people living with HIV/AIDS ours addresses improving accessibility to HIV/AIDS treatment for women and girls.

Stakeholders

List of the organization/groups which will BENEFIT directly or indirectly from my project.

women living with HIV/AIDS

children

girls

family living with people having HIV/AIDS

youths

Description of specific benefits expected for each group.

Infected women;

Ensure quality treatment

Good nutrition

Good health and ability to work

Alleviate poverty.

Children

Live longer with their parents hence assured of meeting their basic needs.

Peace of mind and happiness

Assured of psychosocial development

Reduced number of street children.

Girls/youths

Availability of treatment is likely to encourage more people to seek HIV testing

Reduced rate of new infections.

Family living with people having HIV/AIDS

Little time spent for caring and hence increased time for income generating activities.

The community based organization and myself have discussed with these potential beneficiaries and their opinions on goals and project design is very acceptable to them.

The groups/organizations which may face COSTS from the project

Traditional healers

Reduced income from people NOT going for traditional treatments they earlier provided.

The organization has discussed with traditional healers

They will be involved as facilitators and encouragement to liaise with government for research of their medication.

IV. Special Considerations.

The project described above intends to increase accessibility of women and girls to HIV/AIDS treatment in effort to address gender-related barriers to access, ensuring that women and girls have access to reliable AIDS information, creating multiple entry points for ARVs treatments, providing gender sensitive adherence support.

Data was collected by myself and CBOs members;

Perspectives of women living with HIV/AIDS in accessing HIV/AIDS treatment.

We sought to learn about the experiences of women living with HIV/AIDS in obstacles they expect/face as they accessing treatment. To this end we enrolled 3 clients who are HIV+ and interviewed them.

Health workers/Assistants; as interviewers, we explored the ability within health workers to recognize signs of gender-based violence. And number of women as health care providers. This is because, increase confidentiality and comfort level of

women and girls seeking treatment. We conducted focus group discussions (FGDs) and interviews with health assistants/ workers and nurses in Kikuyu North area.

Methods of data collection:-

Researchers largely employed qualitative methods to collect data, respondents included community members, women living with HIV/AIDS, youths health assistants, caregivers and CBOs staff.

V. CED Project Goals.

Goals of project;

To increase and ensure equitable access to HIV treatment for women and girls.

Mission statement of CBO;

Mama Africa Group is determined in educating community/society on scourges of HIV/AIDS through participatory involvement in educating, sensitization and research.

The CBO defines the project goals as relevant to their mission because project goals offer a solution to the problem statement which has been deduced from the organization mission.

Interest groups are willing to participate in the project because of ownership of project generated through involving them in identifying issues and needs in the community, prioritizing them, generating alternative strategies to address them, tracking down the most appropriate strategy, and evolve project implement to strategy.

Commitment among the actors and target groups assure that the project will achieve its goals because the project has evolved from the grassroot and it is their initiative, creativity. Are the one who defined their needs, problems and issues: developed plans and strategy to meet these needs.

The project fits well with mission of the organization; the project support government initiative of providing free antiretroviral drugs.

Treatment with antiretroviral therapy can transform HIV/AIDS from a devastating and deadly disease to a chronic illness and enable people living with HIV/AIDS to attain an improved quality of life. Patients are usually able to return to their work and are likely to experience fewer opportunistic infections. Treatment is also an indispensable element of prevention and therefore should be part of a broader comprehensive approach that combines prevention, care, and treatment.

VI. CED Project Objectives.

To conduct six information campaigns for interest groups on availability of treatments in Kikuyu area.

To mobilize 50 women and encouraging 10 couples counseling at VCT in MTCT to better ensure the involvement of male partners in Kikuyu

To increase economic empowerment for 40 women living with HIV through access to micro-credit programs, job and skills training and assistance with property and inheritance rights in Kikuyu area.

Project aims to achieve the following;

Increased women's and girls' access to quality HIV/AIDS care and treatments.

Organized community involvement and mobilization, including that of people living with HIV/AIDS in response to HIV/AIDS pandemic.

Increased public debate focus on treatment access and equity issues, such as gender children; including orphans and other vulnerable children and street kids.

prerequisites to achieve the above;

Human resources, financial, material resources and time.

Equitable and effective access to ART by marginal and vulnerable population groups will require that these groups are adequately represented in the health sector workforce. In case efforts to scale-up ART are not able to address incentives in order to motivate enough personnel with clinical, nursing, counseling, laboratory and/or pharmaceutical skills to work in this field an efficient and effective provision of services is unlikely. Constraints at health service delivery level; successfully improving ART for PLWA relies on committed health workers. Important motivational factors are a feeling of having responsibilities and working in a team environment where trust in each other and differences are dealt within a team spirit. In the current working environment there is scope for performance improvements of the staff. Today, deficiencies in this area leads to a situation where often required working hours are not respected or certain types of activities such as outreach visits are not carried .In many settings unsatisfactory monitoring and evaluation mechanisms and practices, badly defined quality standards, and the absence of transparent processes and performance audits, may hinder an effective and efficient scaling-up ART. The absence of decent physical working environment may be a further component for a low performance of health workers (including for the personnel with laboratory and pharmaceutical skills).Today little is known about

appropriate skill mixes - the mix of grades and occupations within a given health service – for the delivery of ART. In case there is no adequate composition across different job categories it is likely that surpluses or shortages of personnel with specific skills will be experienced. For example while there might be enough personnel with nursing skills there might be a lack of personnel with counseling skills. Constraints at health sector level The scaling-up of ART for PLWA needs to intimately be linked to on-going reforms in the health sector. Sector Wide Approaches (SWAp), decentralization, the promotion of private practice, and/or pharmaceutical reforms are currently promoted in many countries and there is a need that an increase in the coverage of ART ties Closely into these reforms. Coherent and well-formulated national HRH policies and strategies. Everyone has problems with adherence to long term drug taking regimes. This is clear from the experience with TB medication and antihypertensive. In studies looking into how people adhere to antihypertensive regimes, on third are intermittently adherent. Regimen simplicity affects adherence significantly: once daily regimes are associated with 90% adherence, twice daily with 80% and three daily with 65%.

The project has all of resources to fulfill the prerequisites; the of government of Tanzania is implementing programs that address their above problems.

VIII. Achievements for 18 months

This provided me with opportunity to combine theoretical learning and field practical in following areas:-

Stakeholder Analysis;

Identify together with CBO members, who are stakeholders in the problem environment.

Problem Analysis.

To involve stakeholders in identifying the problems.

Objectives Analysis.

With CBOs members and community to turn problems into desired future objectives.

Alternative Analysis.

How to agree on a strategy for reaching desired future objective (s) which is suitable for community organization while appreciating what else has to be done by other.

How to agree on long term goal and purpose which community wants to move towards and the intermediate results and immediate activities that will be responsible for.

Identifying the factors outside control which may affect intervention and how one can help/ hinder them.

How to measure the progress towards objectives

Work planning

Monitoring progress to ascertain if they have done what said would do.

To evaluate whether work is having the results hoped for

Sustainability to ascertain means to obtain sustainability of our activities and project results.

Worksheet 4. Stakeholder Impact Analysis. .

Author's name: Toufiq, Muhammad Hassan Project Title: Increasing Accessibility to HIV/AIDS Treatment for Women and Girls

Name of stakeholder, groups/organization	Potential benefits/ costs	Project Discussed with this group/organization	What is their opinion of the project & its goals	What is their opinion of the project design?
Women (Direct)	Benefits. <ul style="list-style-type: none"> • Treatment • Good health& thus able to work • Alleviate poverty 	YES	ACCEPTABLE	ACCEPTABLE
Children (indirect)	<ul style="list-style-type: none"> • Live longer with their parents assured of meeting their basic needs • Peace of mind and happiness • Assured of psychosocial development • Reduced number of street children 	YES	ACCEPTABLE	ACCEPTABLE
Girls/Youths (direct)	<ul style="list-style-type: none"> • Availability of treatment is likely encourage more people to seek HIV/Testing • Reduced rate of new infections • Good health • Able to work. 	YES	ACCEPTABLE	ACCEPTABLE
Affected families (in direct)	<ul style="list-style-type: none"> • More time for economic activities 	YES	ACCEPTABLE	ACCEPTABLE
Costs Traditional leaders	Reduced income	YES	ACCEPTABLE WITH CONDITION THAT THEIR MUST BE INVOLVED AND RECOGNISED	ACCEPTABLE WITH CONDITION THAT THEY MUST BE INVOLVED AS FACILITATORS.

Worksheet 3: Learning Contract.

Outline of academic goals for the project

1. My professional goals that I hope to achieve through my participation in the community project/Internship are:
 - 1.1 **Have the opportunity to work with a community – based organization in order to learn more about their problems and challenges.**
 - 1.2 **Be able to analyze the organization's problem and suggest appropriate solutions to solve them.**
 - 1.3 **Use acquired professional skills to help the group improve performance of their operations.**
 - 1.4 **Be able to support organization to carry out highly effective, participatory and sustainable programs.**
2. How the activities of the community project will enable me to achieve my professional goals:
 - 2.1 **The activities will provide me with the opportunity to be involved in implementation, monitoring and evaluation of the project therefore be able to have practical knowledge of the project's problems and future performance.**
 - 2.2 **Through practical involvement in the project activities I will acquire knowledge and experience that I may use to advise the group on how better to improve project management and performance.**
 - 2.3 **I will able to carry out field based research and work together with local leadership and monitoring projects.**

3. Activities I will undertake to develop professional skills required to achieve my professional goals of this community project or internship.

- 3.1 In collaboration with leadership I will be able to conduct needs assessment
- 3.2 Prepare problem statement in collaboration with leadership and stakeholders.
- 3.3 In collaboration with leadership and stakeholder I will able to formulate goals and objectives.
- 3.4 Prepare a work plan in collaboration with the group's leadership.
- 3.5 On the basis of the work plan, collect information from the field and from project leadership and beneficiaries.
- 3.6 Use SWOT analytical tools to analyze the strengths, weakness, opportunities and threats of the project thus be able to properly advise the group to improve performance of the project.
- 3.7 Discuss the finding with the project leadership and beneficiaries and agree on the future plans of the project.

Dodoma Region has savanna type of climate, which is characterized by a long dry season lasting between late April and early December, and a short single wet season occurring during the remaining months. In the long dry season, persistent desiccating winds and humidity contribute to high evapo-transpiration and soil erosion.

The average rainfall for Dodoma town is 570mm, and about 85 percent of this, falls in the months between December and April. Rainfall figures are higher in the more agriculturally productive parts of Mpwapwa and Kondoa District. A part from the rainfall being relatively low, it is rather unpredictable in frequency and amount. It is this unreliable rainfall, which has imposed a pattern of risk aversion in traditional agriculture and is a serious constraint on present efforts to improve crop yields.

Temperature

Temperature in the region varies according to altitude but generally the average maximum and minimum is 31°C and 18°C respectively. In the June-August, temperatures are at times very high with hot afternoons up to 35°C and chilly nights on hilly areas down to 10°C.

Vegetation

The characteristic vegetation of the region is of “bush” or thicket type, which is widespread throughout the area wherever the natural plant cover has been altered by biotic factors. Depressions and seasonally wet areas with impeded drainage support grasses and sometimes a mixture of grasses mixed with woody plants. Wherever the natural vegetation has been altered by agriculture activities, regenerating bushes mixed with annual herbs and grasses forming a type of induced vegetation. Most of the hill

ranges, steep slopes and protected forest reserves are covered with large woody plants, which form good watershed protective covers.

Agro-Economic Zones

A good of Dodoma Region is dry and has flat lowlands; hence its agro-ecological zones are not clearly demarcated as it is in other Regions in Tanzania. However, due to differences in climatic conditions, for practical purposes, the region can be sub-divided into three agro-ecological zones.

The region is almost entirely dependent on agriculture and livestock production, which are locally practiced, largely at household level. There is small-scale processing of agriculture and livestock products. Agriculture is characterized by low productivity resulting from low and erratic rainfall, high evapo-transpiration and low moisture holding capacity. These conditions compounded by poor farming practice and overstocking / overgrazing makes region susceptible to extensive soil erosion. The main staples grown in the region include sorghum, bulrush millet, cassava and maize, while major cash crops are groundnuts, sunflower simsim and to a lesser extent castor, and pigeon peas. In the late 1970s and early 1980s, grapes and paddy emerged as important cash and food crops respectively. Livestock is the second contributor to the Regional Economy. The region ranks third in the country in terms of livestock number including cattle, goats and sheep. Poultry and piggery farming for commercial purposes are mainly confined to urban and trading centres. Besides, local chickens abound in the Region, which is in high demand in the Dar es Salaam market.

Natural resources, which include Forestry, Wildlife, Beekeeping, Fishing and mining, are another sector which people are engaged in for their livelihood. Products such as timber, logs, poles, wildlife, honey beeswax, fish, salt and gold are locally harvested. However the sector contribution to the economy of the region is minimal because of poor technological capacities. The industrial Sector is yet to take shape, apart from a few small scale processing industries such as oil, extraction, carpentry, pottery, blacksmith, wood caving, whose operation are mostly confined to urban and trading centres.

Social Services.

Health sector Water and Sanitation Sector

Health Sector

A part from public initiatives, the private sector has also played its role in the provision of health services in order to improve the well being of the people with focus on the most at-risk and to ensure that the health services are more responsive to the needs of the entire population of the region.

(1) Community Based Health Facilities:

Various and varied NGO/Donors operating in the region in collaboration with the Regional authority have been trying to strengthen Village Health Posts by training Village Health Workers including traditional birth attendants. The region has 619 Village Health attendants and total 1, 191 Traditional Birth Attends.

(2) Dispensaries:

There are total of 223 dispensaries of which 167 are government owned, while 56 are privately owned.

(3) **Health centers:**

There are 18 rural health centers, all owned and run by Local Government Authorities and two (2) owned and run by private institutions.

Regional and District Hospitals:

A district hospital is the third referral unit at district level while the Regional hospital is apex level. Currently, the region has 5 District Hospital and one Regional Hospital with a total of 2000 beds.

Water and Sanitation Sector:

For the period of November 2000 to June 2002, the population served with clean and safe water has risen from 1,199,390 (72.05) to 1,270,853 (75.3). In the same period village with mentioned services has risen from 331 villages (71.2) to 345 villages (74.7). In additional villages with water fund has increased from 335 village with Tsh. 112,632,628 to 380 villages with a total shillings 120,6568,624.

The government in collaboration with the donors has embarked on an intensive programme of rehabilitating most of the ailing and defunct water schemes. The approach adopted by the region to achieve sustainable water supply schemes in the rural areas is based on the following criteria.

Cost Sharing:

Any villages which aspires to be considered for construction of water schemes is required to show its eagerness and readiness to accept the proposed by project by forming its water committee and establish a water fund.

Ownership:

Ownership of the water scheme has been transferred to village governments and the people. Through their village water committees and government, the beneficiaries are fully involved in the rehabilitation, maintenance and protection of their water sources against any misuse, vandalism or pollution.

New Schemes:

New schemes in future would be constructed in areas where there is greatest felt need and the beneficiaries will have to guarantee full participation during rehabilitation, operation and maintenance.

Current – Status: Poor climatic conditions, together with the absence of reliable water sources like permanent rivers and lakes calls for the adoption of new technologies for water harvesting in Dodoma Region. The hitherto applied technologies in the region such of construction of boreholes, shallow wells, rain water harvest and man-made dams have minimized the perpetual chronic water shortage for both animal and domestic use.

Total water production has risen from 24,000m³ to 40,000m³ per day. Sales also has risen from 25,000,000/= to 55,000,000/= per month. Currently Urban Population is saved with clean and safe water, Urban Authority has installed meter to customers. Metered customers are 6,700 out of total of 8,900 customers.

Infrastructures....

Economic infrastructure in support of investment:

Road network:

Dodoma Region is relative well served by inter-regional transport links with trunk roads passing east – West through the capital going East to Dar es salaam via Morogoro region. And the West to Mwanza and Kigoma via Tabora. The feeder roads, although fairly distributed, do not cover all potential agricultural areas in the region. The region is also well – served by inter-regional transport links with a railway line passing East West through Dodoma Municipality. The airport in Dodoma Town can accommodate a medium jet aircraft and government planes.

Communication Facilities: There exist communications network in the region including telephone lines (Landlines), mobile phones, faxes, e-mails, internet, post offices and subpost offices.

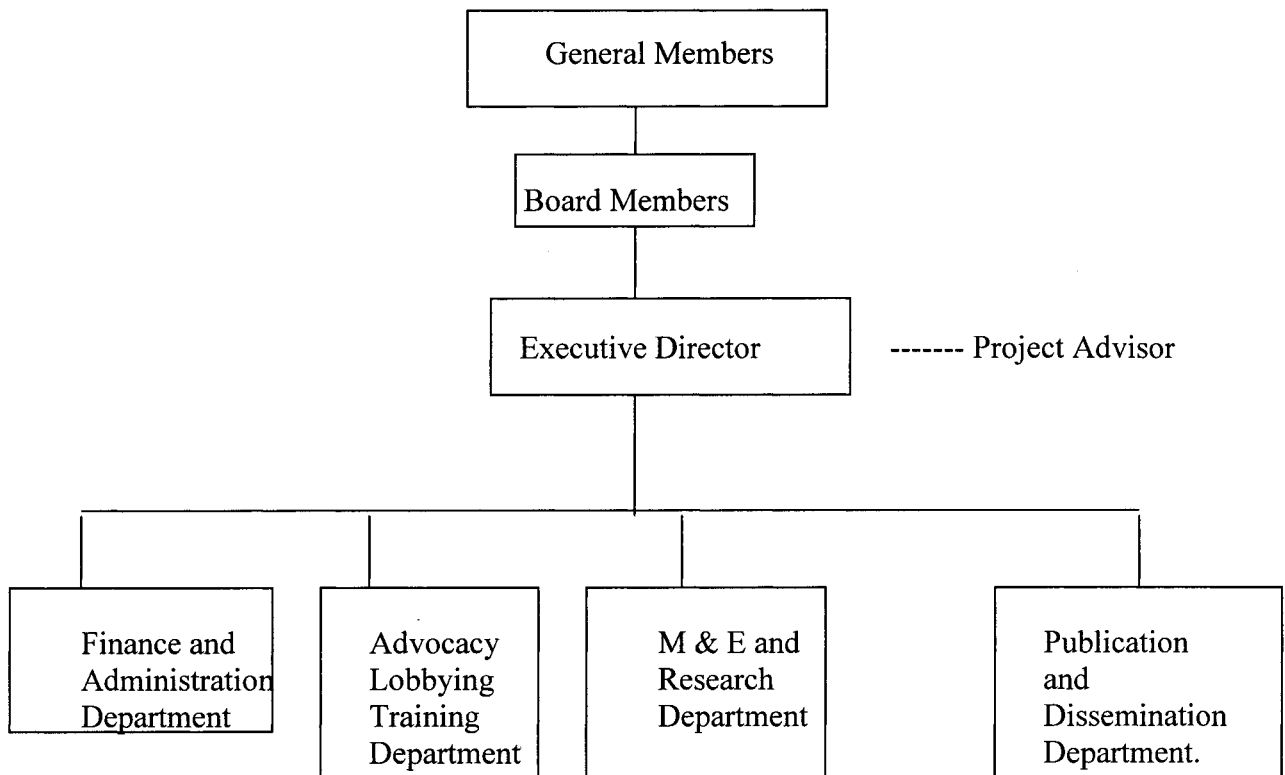
Energy:

- (1) Electricity:- Electricity (mostly hydro-electric power) is one of the sources of energy in Dodoma Region. The energy is used both for household and industrial requirements. All five districts are served with hydroelectric-power from National Grid System. Dodoma Capital has also stand by thermal electricity generating capacity in case the hydro-net work fails.

- (1) Charcoal/firewood:

Charcoal and firewood are main sources of domestic energy in the Region. It is estimated that, charcoal and firewood consumptions amount to 2,992,998m³ annually. This situation impact negatively on the eco-system, forest depletion and serious environmental degradation. As an alternative solution to charcoal/firewood energy; the Region is implementing a rural electrification program, and building solar and biogas capacities in the rural

areas as a measure to supply cheaper energy and mitigate the impact of desertification. Concerted efforts are being made to sensitize more villages/households who have access to manure to construct-gas plants for the supply of domestic energy.

Appendix 3**Organizational Chart.**

Appendix 5

Job Title: Project Advisor.

Job Description;

- Plan coordinates and control activities of the project.
- To liaise with other Community Based Organizations to promote and articulate the overall objectives and interest of project.

Job Responsibilities.

- In consultation with CBO staff, responsible for design, development and improvement of project and for execution.
- Assist with shaping the implementation of project as proposed.
- Identifying and monitoring external advisers for project development, implementation, evaluation and report writing.

Job Title Executive Director:

- Overall head of the Organization and direct responsible to the board members
- Secretary to all board meetings.
- To ensure proper execution of the Organizational policies and decisions as approved by the board of Trustees.
- To promote development networking with other development stake holders both internally and Externally.
- To formulate implementable strategies for the best realization of the Organization's objectives.
- Custodian of all Organization properties.

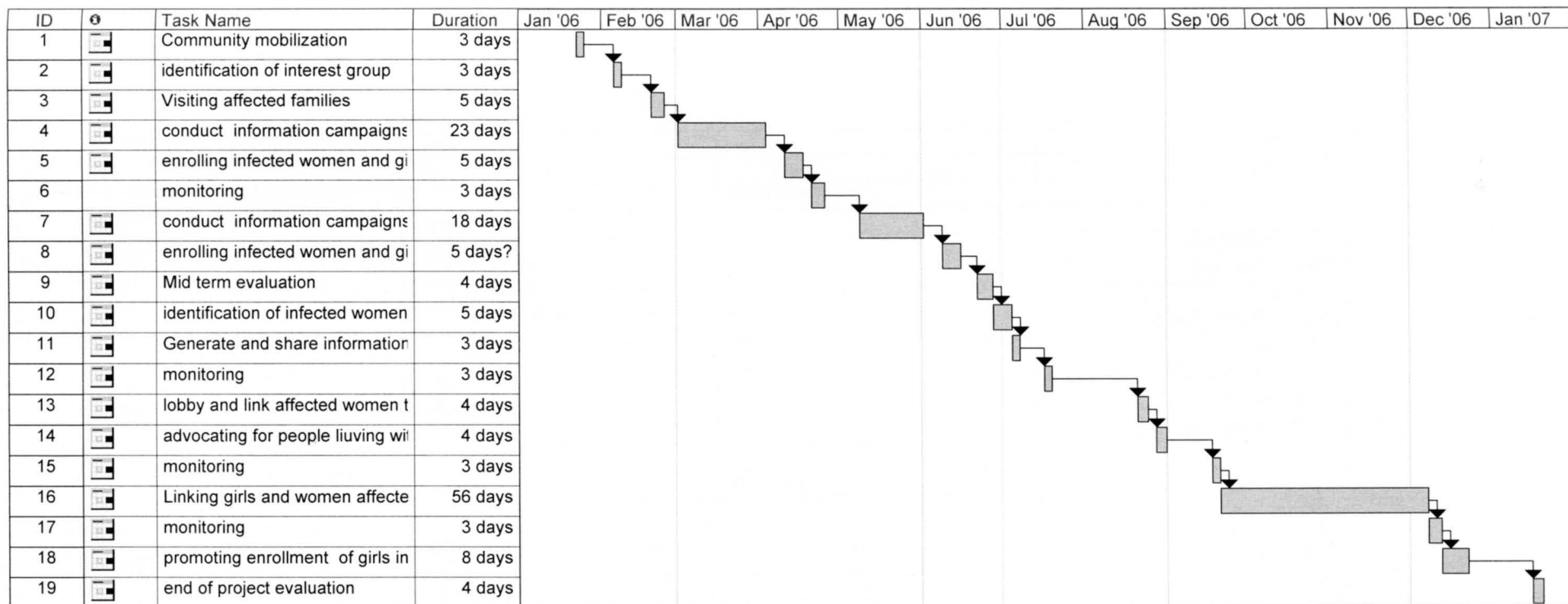
Responsibilities of the board

- Determine the organization's vision and mission
- Select the chief executive support and review her/his performance
- Ensure effective organizational performance
- Ensure adequate resources (Fundraising)
- Manage resources effectively
- Determine and monitor the organization's programs and services
- Enhance the organization's public image
- Carefully select, orient, and involve new board members
- Assess its own performance.

General members shall have the following obligations:-

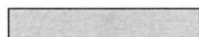
- To attend meeting of the group and to participate full in the deliberations.
- To complete any task and responsibilities assigned by the group.
- To participate full in the group activities and undertakings
- To pay membership fee and annual subscription as may from time to time to be determined by the General Meeting.
- A member shall have the following rights:-
 - (a) To get copy of the minutes of the group's meetings
 - (b) To get access to group's facilities and resources

Department head positions are vacant.



Project: Project GINTT- toufiqcccc
Date: Sun 7/29/07

Task



Milestone



External Tasks



Split



Summary



External Milestone



Progress



Project Summary



Deadline



Appendix 6

BUDGET: INCREASING ACCESS TO HIV/AIDS TREATMENT FOR WOMEN AND GIRLS PROJECT IN (TSHS)

BUDGET CATEGORY		UNIT COST	NUMBER OF UNITS	AMOUNT
I. PERSONNEL				
Project coordinator		Volunteer		
II. CONSULTANT / ADVISOR				
Project Advisor		Volunteer		
Financial advisor		2,366,000/=	0.015	35,490/=
Sub total		2,366,000/=	0.015	35,490/=
III. OTHER DIRECT COSTS				
Office supplies		6000/=	10	60,000/=
paper		7000/=	5	35,000/=
Clear bags		500/=	120	60,000/=
Pens		100/=	120	12,000/=
Markers		7000/=	2	14,000/=
Exercise books		200/=	120	24,000/=
Printing / reproduction		50,000/=		50,000/=
Utilities		30,000/=		15,000/=
Sub total		102,600/=		305,490/=
VI. WORKSHOP COSTS				
Facilitators allowances		10,000/=	18	180,000/=
Stakeholders allowances		2,000/=	360	720,000/=
monitoring		30,000/=	4	120,000/=
Publicity /mass media		40,000/=	4	160,000/=
Transport		4,000/=	20	80,000/=
Seminar room hire		2,000/=	18	36,000/=
Refreshments and lunch		2,000/=	360	720,000/=
Evaluation		40,000/=	2	80,000/=
Sub total				2,096,000/=
Unforeseen 5%				120,075/=
Total budget				2,521,565/=

Project PowerPoint Presentation

Abstract

The increasing accessibility to HIV/AIDS treatment for girls and women project supported the implementation of Tanzania government initiative to provide free ant-retroviral drugs for the people living with HIV/AIDS. The project ensured equitable access to HIV treatment and care, notably for acutely vulnerable populations such as girls and women.

Acknowledgements

I first and foremost, wish to express my profound gratitude to Allah, the almighty, who is the reason as to who I am today and who has always been the source of my strength. Secondly I am very grateful to The Southern New Hampshire University, The Open University of Tanzania who both admitted me and Higher Education Loan Board (HELB) which met my financial needs during my study, without whose

financial help, this work would not have

Acknowledgements...

The same appreciation goes to the Women Wake Up (WOWAP), my employer, who not only granted me study leave with pay, but also enabled me to use office facilities for my study.

Executive Summary.

Recent international initiatives to provide antiretroviral (ARV) treatment in Resource-poor countries have changed the landscape of the HIV/AIDS debate and signaled an unprecedented new phase in the struggle against HIV/AIDS. With an estimated 40 million people living with HIV/AIDS and 14,000 new infections every day, access to treatment is a challenge of global proportions.

Executive Summary...

In sub-Saharan Africa alone, almost 4.5 million people need antiretroviral treatment, yet only 100,000 currently receive it. To develop effective treatment programs, national governments, international donors, and community stakeholders should ensure equitable access to HIV treatment and care, notably for acutely vulnerable populations such as women and girls.

List of Abbreviations

- AIDS – Acquired Immuno Deficiency Syndrome
- ARV – Antiretroviral
- ART - Anti-Retroviral Therapy
- CBOs – Community Based Organizations
- GDP – Gross Domestic Product
- HAARD - Highly Active Anti-Retroviral Drugs
- HAART Highly Active Anti-Retroviral Therapy
- HIV – Human Immuno Deficiency Virus
- IDU – Injecting Drug User
- MOH – Ministry of Health
- MTCT - Maternal To Child Transmission

List of Abbreviations cont ...

- MTP - Medium Term Plan
- NACP – National AIDS Control Programme
- NGOs – Non Governmental Organizations
- SMTP – Strategic Medium Term Plan
- STDs – Sexually Transmitted Diseases
- STIs – Sexually Transmitted Infections
- STP - Short Term Plan
- SPSS – Statistical Package for Social Sciences
- UNDP – United Nations Development Programme
- WHO – World Health Organization
- UNAIDS – Joint United Nations Programme on HIV/AIDS

CHAPTER ONE: COMMUNITY NEEDS ASSESSMENT

Needs assessment is one of the critical stages in the project development process. Systematic needs assessment is comparatively a new phenomenon in the development scene. Generally, needs are considered to be wants, aspirations, interests, and wishes of people. In development literature, needs are defined as the discrepancies between “what is” {current set of circumstances} and “what should be” {desirable set of circumstances}.

COMMUNITY NEEDS ASSESSMENT...

There is a growing consensus among development practitioners to consider needs assessment as a process to identify and measure gaps between “what is” and “what should be,” prioritize the gaps, and determine ways of bridging them.

Community Profile

The profile of community was designed and captured the important issues as population, which was classified by age, employment; which was classified into self-employed, employed and not employed. The community was also classified by sex, education levels and HIV/AIDS status.

Community Profile...

In community profile the following important ingredients were captured; political/administrative structure, demographic features, economic activities, social stratification and power relations, leadership pattern and power relations, organizations and their functions or activities, cultural facets or traditions, health, sanitation, and nutrition levels, education, resources and strengths.

Community Needs Assessment

There was great interest in needs assessment between 1965 and 1975 by scholars in academia. This field has had its greatest growth since 1975. In order to learn how to conduct a needs assessment, it is necessary to see what the methods are and how they fit into project planning. Almost all the sources in the literature dealing with needs assessment make an attempt to define the term.

Community Needs Assessment...

The terminology of needs assessment can be various for “assessors” (Csete, 1996). Csete used synonyms for needs assessment such as needs analysis, goal analysis, task analysis, and front-end analysis (Csete, 1996, p. 2). Kaufman, (1985), stated “needs assessments involve identifying and justifying gaps in results, and placing the gaps in prioritized order for attention” (Kaufman, 1985, p. 21).

Community Needs Assessment cont...

- Previously, there were definitions that define needs assessment as being part of an overall planning process or analysis and leading to the development of a deficiency model. There are decision-based definitions that define needs assessment by what it does (this is a rare find). These definitions then lead to discrepancy models (Sweigert, 1969).

Community Needs Assessment cont...

- For example, Sweigert explains that “an assessment of needs is a process by which information is made available to decision-makers at the time they need it to make decisions.” Another of the same type of model is the Coffing-Hutchinson Needs Analysis Methodology (R. T. & T. E. Hutchinson, 1974). “A need is a concept of some desired set of conditions. A need is a concept of what should be.” The most common of the definitions in the literature is the one that emphasizes the discrepancy between two sets of factors (Heinkel, 1973).

Community Needs Assessment cont...

Heinkel understands needs as the “gaps between current outcomes and achievements and desired outcomes and achievements for learners, implementers, and the community.” The term “needs assessment” is used to designate a process for identifying and measuring gaps between what is and what ought to be and then prioritizing the gaps and determining which of the gaps to work on to obtain closure (Trimby, 1979).

Community needs assessment cont...

To summarize, there are models that are goals, planning based-deficiency models, decision-based discrepancy models, and discrepancy based models (most used). Here, needs assessment is defined as “any systematic approach to setting priorities for future action” (Witkin, 1984, p. ix).

Community Needs Assessment cont...

To form a model of needs assessment, there are models that are participatory form (where target groups defined their own need), expert form (needs defined by outside experts), and combination form (target group and outside experts define their needs). Interviews, questionnaires (qualitative), and surveys (quantitative) are models of instrumentation (Dalton, 1996).

Community Needs Assessment cont...

The best model for this paper as frame work for decision making is *Model for Needs Assessment* by the Coffing-Hutchinson Needs Analysis Methodology (R. T. & T. E. Hutchinson, 1974). The most important feature of the methodology is that it allows full participation of the target group in the total process. The decisions regarding needs and their priorities are made by the individuals concerned.

Identifying the Needs.

A one day community seminar with participation of community members and teachers was convened by Mama Africa, 20 participants were involved. The workshops managed to list the following needs on HIV/AIDS pandemic.

- Building of community centre for people living with HIV/AIDS
- To increasing accessibility to HIV/AIDS treatment for Women and Girls
- Legal protection for Widow of HIV/AIDS pandemic.
- To develop skills to manage small businesses

Prioritization of Needs

The needs were prioritized by using Coffing – Hutchinson needs analysis methodology.

Each participant was asked to go through the list of needs carefully and place a check mark (V) against each need that she/he considers important for the Kikuyu ward.

Participants were asked to go over checked items again in the list and circle the three most important ones.

Prioritization of Needs cont...

It was agreed that a checked item (V) is equal to 1 point and a circled item (O) is equal to 10 points. each participant was asked to read his/her score for each need statement and record the scores on the needs prioritization scoring sheet drawn on the new print.

After recording all scores the total was computed to set the group score for each need statement. The items with highest scores were the needs received highest priority.

Methodology

It was important to define and understand the characteristics of a community.

Research Method

- At the onset of the study, participatory techniques (such as transect walks, community mapping, listing of health problems and timelines) were conducted in Kikuyu. Communities to build rapport and gain insight into the general community layout and structure. The use of multiple methodologies to acquire data ensured triangulation and validity of the findings Ms excel and SPSS software systematically were used to analyze data.

Quantitative Survey Methods

- Investigator felt it critical to have baseline understanding of the community is knowledge attitude and behaviors around availability of AIDS treatment. Researcher administered a survey systematically, selected. The data was ensured, cleaned and analyzed using SPSS.

Data Collection Process

- It was important to define and understand the characteristics of a community.
- In first place it was important to know the characteristics of community. A one day workshop was organized. This workshop was conducted to enable organization to know how to gain useful insights regarding the prevailing circumstances and help them to consider how changes could be made to achieve goals.

Data Collection Process ...

- The workshop discussed the aspect of community such as; Political/administrative structure, demographic features and population characteristics, economic activities, Social stratification and power relations, organizations and their functions and activities, leadership pattern and its influence, cultural facets or traditions, health, sanitation, and nutrition level, education, critical issues and problems.

Data Collection Process ...

- It was also agreed that the following sources of information should be consulted,; Documents or files in government offices/NGOs (e.g. Health Office, Health Center),
- reports or surveys pertinent to the topic, informal leaders in the community, senior citizens and NGO personnel

Survey Design and Sampling Description of the Major Feature of Survey in Relation to the Project.

Background

The increasing accessibility to HIV/ADS treatment for girls and women project supported the implementation of Tanzania government initiative to provide free anti -retroviral drugs for the people living with HIV/AIDS. The project ensured equitable access to HIV treatment and care for notably for acutely vulnerable population such as girls and women.

Survey Objectives;

The overall objective of the survey was to get better understanding of barriers to the access of HIV/AIDS treatment for girls and women as well as formulate appropriate measures to ensure equitable access to HIV/AIDS treatment for affected women and girls.

Specific Objectives;

Analyze causes or motivation for increased gender barriers to the HIV/AIDS treatment.

Access the role of internal and external factors in decision for voluntary HIV testing and attending treatment.

Critically assess the context of access and /or failure of the HIV/AIDS treatment program

Survey Design.

In order to increase accessibility of infected girls and women to HIV/AIDS treatment, of now only 10 women and girls the project intends to rise this number to 60 including couples as well women and girls. The survey begins with identifying the initial domestic conditions (economic, social and political) in their homes.

Survey Design...

These initial conditions were mostly determined by domestic developments. I took these conditions as given, rather than trying to explain them, but they are crucial in decision/making for voluntary HIV/AIDS testing care and treatment. From the perspective of economic, I was interested in employment. Social characteristics of the population and ability of person to decide was also important but from another angle to reasoning external context also had a strong bearing on decision to attend voluntary HIV testing and treatment, education and health facilities are also important aspects to look on.

Secondary Data Sources

Secondary data collection involved a review of relevant information/published documents on provision of free anti-retroviral drugs for people living with HIV/AIDS especially girls and women in Tanzania and globally. Other information were gathered from key institutions involved in the design and implementation of the program, including ministry of Health, ministry of Women gender and community Development, local government to mention but a few.

Primary Data Sources

In order to fill information gaps, structured questionnaires and checklist were administered. Guided interviews were undertaken and involved all interest groups.

Structured questionnaires and checklist these involved asking questions aimed at getting information on economic status, availability of treatment, HIV prevalence, socio profile, community profile and etc. Checklists and guided interviews were used in identifying characteristics of community

Primary Data Sources cont...

Thus, information was collected from all levels of both policy making levels and field operation/grassroots level.

The statistical package for social sciences software was used to analyze data, and the results were reported in bar charts, cross tabulation, frequency tables, pie charts and graphs.

Identification of the Question that Structure Survey Designs.

I, then used this design to test a set of generalized propositions. These propositions were;

Accessibility of women and girls living with HIV/AIDS to retro-viral drug treatment is determined by the level of economic, external pressure and the influence of stakeholders and interest groups.

Couple voluntary HIV testing and counseling is more likely to be successful in mobilizing public support and avoid gender barriers to access HIV treatment.

Donor community, government and local communities' commitments and transparency are important for the momentum and sustainability of the HIV/AIDS treatment program.

Type of Design

The survey was conducted for the same number of 60 respondents including men women and girls, who were enrolled to the treatment regime and linked to small loan programs.

The data collected focused on their adherence to treatment and economic growth and identify if there were barriers and violence they encountered in the process of attending treatment.

Determination of the Internal and External Validity of the Survey;

The survey tools were administered to the same group of people on different occasions and then correlating the score from one time to time.

The alternative forms; different forms of survey were given to two groups that have been randomly selected.

Determination of the Internal and External Validity of the Survey;...

The determination of equivalence was done by comparing the mean score of standard deviations of each form with the survey and by correlating the scores on each form with the scores on the other.

The survey was divided into two equal parts and correlated the scores on one half with the scores on the other half.

Internal Validity

Casual review of how good an item or group of items appears was assessed by individuals with no training in the subject matter under survey.

Formal expert of how good on item or series of items appears was assessed by individuals with expertise in some aspect of the subject under survey

Measurement of how well the items or scale correlates with gold – standard measures of the same variable this was done by adapting the international publications and surveys already done.

Sampling

A stratified random sampling under probability sampling was employed because we were going to have accurate view of the whole group and was representative of the general affected and women and girls living with HIV/AIDS population and general population.

Including other stakeholders a number of 116 respondents were approached and administered with survey forms.

Response Rate:-

The number of people who were expected to respond to the survey;

As stated above there were two types of questioners; one which surveyed on treatment

barriers among the Women and Girls and the other was on knowledge and information about the HIV/AIDS and availability of treatment.

Conclusion

This survey proved and identified barriers to HIV treatment for women and girls also 1 highlighted on the knowledge of community on information HIV/AIDS treatment availability.

On documented four types of barriers in accessing treatment, those which highly affect women and girls living with HIV/AIDS were identified. The results were basis on implementation of future activities.

Characteristics of the Survey

Types of survey instruments;

In depth interviews with key informants;

- People living with HIV/AIDS
- Families
- Health workers
- Care givers
- Community leaders
- Traditional healers

Contents;

There were 2 types of questionnaires, namely form 1, the aim of this was to assess the HIV/AIDS treatment availability information and knowledge in the community.

The responses determined whether community had knowledge and information on availability of HIV/AIDS treatment, form 2; The aim of this form was to generate information about barriers to accessibility to HIV/AIDS treatment with Anti-retroviral drugs from selected interest groups.

Number of questions;

The forms have entries and items as indicated below;-

Form Number 1 has four entries namely;

Knowledge and information (four items)

Using treatment (five items)

Effects of treatment (three items)

Obtaining the treatment (six items)

Number of questions cont...

Form number 2 has four entries with items into the brackets namely;

Organization factors (five items)

Physical factors (three items)

Financial factors (two items)

Social factors (five items)

Psychometrics Characteristics

Scales;

A summative scale was selected for the purpose of this survey. This is because the scale aligns people according to controversial or debatable statements.

Content;

The questionnaire/ form number 2 used the interval rating scale of (yes, no, don't know), (low, medium, high), (short, medium, long), (good, bad, neutral and), (positive, negative, neutral) in different entries for form no 1.

How questions were scored;

The score were made according to the number of item in each survey entry. The items which were favorable and not – favorable were assigned a numerical weight

How questions were combined into scales;

The person's score was algebraic sum of her/his responses to the each item in each entry

Reliability;

The survey forms were given to two different groups for responses, the groups were randomly selected. The responses from all groups' forms had almost the same means for each entry. The survey form number 1 means for each entry was organization factors (4.52,) physical factors, (4.55.) financial factors (4.53) social factors (4.43).

Reliability cont...

For form number 2, the means for entries are as; information/knowledge for HIV/AIDS (4.33), use of treatment, (4.07), effects of treatment (4.07) and accessing treatment (4.07)

Validity;

Refers to whether are not the instrument measure what it claim to measure.

The casual review of how good an item or group of items appears, this was done by Mama Africa officials.

Formal expert review of how good an item or series of items of form appears, this was done by public health specialist from Dodoma General Hospital.

Administration;

The administrators were trained on research techniques and were involved in developing survey, tools and pre-testing.

Characteristics of Survey Administrators;

Public health nurse, teachers, form four leavers and others, CED student.

Training, recruitment and deployment;

The survey administrators were trained on various techniques of survey the training lasted for 6 hours.

Quality Assurance;

The questions for questionnaire were adapted from UNAIDS/UNICEF – ILO/UNESCO/WHO/WORLD BANK Handbook on Access to HIV/AIDS treatment.

Relevant literature and other surveys on the same topic

The treatment programs in Botswana and South Africa demonstrate that women can indeed be reached with treatment regimens, provided they have opportunities to access the public health care system and provided that adequate referral systems are in place. (Marrison *et al* 2004)

Survey Methods;

Design;

This survey was longitudinal

Trend design

In all 12 months A particular group of people including people living with HIV/AIDS were studied on their knowledge and information on availability of treatment together with the barriers to access HI V treatment.

Survey Methods;...

However after the information campaigns another study was conducted on their knowledge and if they have been able to challenge the barriers identified for those enrolled for treatment.

Research Method

- The essence of the methodology is to work as matter of necessity to come up with valid and reliable findings. The research work specifically data and information collection were conducted in Kikuyu, Dodoma Region. Therefore was an opportunity for me to access various reports, books, papers, articles, journals, cases and other relevant information on the ARV programs in the country.

Research Data Collections Tools

- Data and information for the community needs assessment were gathered mainly from three principal sources.
- **Secondary/Documentary sources.**
- Most of community profile data and information on HIV / AIDS treatment were derived from relevant documents, which were thoroughly examined.

Research Data Collections Tools...

- Such documents include MKUKUTA, HIV/AIDS National Policy, News Papers, Dodoma Region Profile and WHO Policy Guideline on Increasing Access to HIV Treatment.
- **Personal Interviews**
- Structured interviews were conducted and the following groups of people were interviewed.

Research Data Collections Tools...

- People living with HIV, traditional healers, Mtaa leaders, Health Assistants, CBOs members, affected families and orphans to gather with other CBOs
- This enabled to gather first hand data on behaviors of people on treatment knowledge and sensitivity of treatment.

Research Data Collections Tools...

Observation

This was done by observing kind of questions community members asked concerning ARV treatment. Information obtained from these methods have greatly assisted in understanding among other things the level of awareness and knowledge about ARV treatment, the motivating factors contributing to the accessibility and level understanding by the community on HIV/AIDS treatment consequences.

Type of Design;

This design is regarded as descriptive since the focus was to identify barriers to accessibility of women and girls living HIV/AIDS to Anti – retroviral drugs.

Limits on internal and external validity;

The validity of this design may be threatened if person with serious health problems are by chance more often assigned to one program over the other or by a different drop out rate.

Sample;

Since it is unlikely that marginalized group such as People Living with HIV/AIDS (PLWAHs) will reveal themselves, one is generally unable to rely on probability sample even if the whole population of the region could be identified. Non random sampling methods were selected. Random sampling techniques were used in both qualitative and quantitative surveys, since truly representative sample was impossible to obtain due to the fact that this is a hidden population.

Response Rate:-

The number of people who were expected to respond to the survey;

As stated above there were two types of questionnaires; one which surveyed on treatment barriers among the Women and Girls and the other was on knowledge and information about the HIV/AIDS and availability of treatment.

Response Rate cont...

For the survey questionnaire on barriers to access HIV/AIDS treatment 60 respondents were approached and for the survey questionnaire on knowledge, information and availability of treatment 56 respondents were targeted. In order to have substantial credibility of survey the researcher managed to have an high response rate.

Potential Biases;

Having a member of Mama Africa sitting down with the respondents to administer the interview schedule reduced the anonymity aspect, increasing the risk of non – responses to certain questions. Further more, the results could have been distorted if some respondents were not perhaps giving completely honest responses.

Potential Biases; ...

Self-completion questionnaires have a propensity for such corruption by the differences in respondents. It would have been useful to build in a second line of enquiry as check on the result- perhaps holding in-depth discussions with a cross-section of the participants. The researcher had neither the finances nor the time to provide this back-up.

Research Findings

Analysis;

The analysis of data based on a behaviour- change and results were analyzed and presented on percentages because it is descriptive statistics. Score means were used to determine reliability of the survey instruments.

Results;

The results were presented in bar charts, frequency tables, percentages, tables, cross tabulations and pie charts.

Relation between results of the surveys' objectives and research or study in question.

As study hypothesis says;

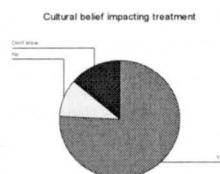
Accessibility of women and girls living with HIV/AIDS to anti retro –viral drugs treatment is determined by the level of economic, external pressure and the influence of stakeholders and interests groups.

Couple voluntary HIV testing and counseling is more likely to be successful in mobilizing public support and avoid gender barriers to access HIV treatment.

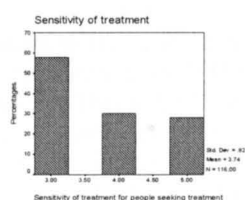
Relation between results of the surveys' objectives and research or study in question ...

Donor community, government, local community commitments and transparency are important for the momentum and sustainability of the HIV/AIDS treatment program.

Results cont...



Results cont...



Results cont...

Generally the following important issues were uncovered;

Secrecy about a person's HIV status can result from people being afraid to talk about HIV/AIDS in their families or communities.

People experiences stigma when they feel ashamed or are made to feel ashamed about HIV/AIDS. People may also fear that others will blame them for it.

Results cont...

When people living with HIV/AIDS are treated unfairly, they suffer discrimination. People may fear that their HIV status will be obvious to others if they are seemed to be having treatment. This could result in loss of work or home, or their children may be stopped from going to school.

Conclusions.

Throughout this survey, I have able to prove that women and girls living with HIV/AIDS faces barriers to access ARV treatment and information on availability of treatment.

Although there are about four barriers that to organizational, physical, social and financial. (UNAIDS, WHO, WORLD BANK, 2002).

Social and financial rank first and second respectively. Financial barriers is high because of the fact that people are not aware that treatment is free except for laboratory tests.

Conclusions.

The survey has also proved that there is direct relationship between taking treatment and community support. Thus strong emphasis should be pressed to foster community mobilization for treatment support.

Summary of Important Points;

This survey indicated that there are possibilities for sustaining scaling up and improving HIV/AIDS care, treatment and support for women and girls living with HIV/AIDS.

Women and girls with HIV infection face multidimensional challenges in dealing with HIV/AIDS. They require self care throughout the acute and chronic stages of their illness.

How findings compare with those of other surveys

Obstacles identified in my survey are more or less the same as those in Botswana, South Africa and Thailand. However, the subordinate status of women combined with the ongoing stigma surrounding HIV, continues to be barrier to accessibility to treatment for women and girls living with HIV/AIDS.

How findings compare with those of other surveys...

Community mobilization for treatment preparedness including mechanisms for delivery of ARVs, information and education campaigns, reduction of stigma and discrimination, advocacy, adherence, social support, and referrals to other social and economic resources are issues of high resolve.

Implications and Recommendations

Information campaigns should be designed to address the obstacles that women and girls face in accessing health care, ranging from cost of treatment, transportation, and child care.

The project needs to ensure that the community is mobilized for support of treatment program.

Monitor and evaluate the outcome of treatment program.

The project must ensure that the well-being socially and economically of people living with HIV/AIDS is enhanced so that they can participate in productive activities.

Recommendations (next steps)

I think some people are aware that there is treatment, however they do not know how they can go about it.

The people living with HIV/AIDS especially women and girls and their families should be thoroughly educated on comprehensive care, with emphasis in;

Diagnosis

Treatment

Referral and follow –up

Nursing care

Counseling

CHAPTER TWO: PROBLEM IDENTIFICATION

The impact of HIV/AIDS in Dodoma is 167 rates per 100,000 NACP/MOH (1998). The number of cases is a poor indicator of the situation since these are simply the number of cases reported by hospitals and extrapolated, the rates may be higher.

The World Bank estimates that AIDS will reduce real GDP growth from 3.9% without AIDS to 2.8% to 3.3% with AIDS during the period 1985 to 2010.

Overall, the HIV/AIDS epidemic has the potential to kill at least one-fourth of the country of entire adult population over the next years if left unchecked.

The Extent of Problem;

Introduction

The increasing accessibility to HIV/AIDS treatment for girls and women project supported the implementation of Tanzania government initiative to provide free - anti retroviral drugs for people living with HIV. The project ensured equitable access to HIV treatment and care, notably for acutely vulnerable populations such as girls and women.

Problem to be Solved;

For people to use treatment, it must not only be available but also accessible. This means that the treatment should be found in the appropriate place and that it should be easy for people to obtain and use properly.

Problem Statement.

The HIV/AIDS crisis disproportionately affects women; women are infected at higher rates they are economically less able to care for themselves or all family members, they can infect their new born children and they are the ones who become primarily responsible for AIDS orphans. Many infected women are higher than in rural areas which remove substantial numbers of educated women from the productive labor force.

Target Community

All the primary beneficiaries were, involved in the process. These included people living with HIV/AIDS, men, women and girls, effected families, community based organizations, orphans, traditional healers, and government officials in health and community development departments.

Project Goals.

To increase and ensure equi table access to HIV treatment for women and girls living with HIV/AIDS.

Project Objectives.

To conduct six information campaigns for interest groups on availability of treatments in Kikuyu area by 2007.

To mobilize 50 women and encouraging 10 couples counseling at VCT and MTCT to better ensure the involvement of male partners in Kikuyu by 2007

To increase economic empowerment for 40 women living with HIV through access to micro-credit programs, job and skills training and assistance with property and inheritance rights in Kikuyu area by 2007

Host Organization.

Name of the organization managing the project;
Mama Africa Women Group

The project is implemented by only Mama Africa Women Group.

The project is located at Kikuyu North P.O BOX 235, Dodoma, cell 255 754 491986

Mission Statement

Mama Africa Group is determined in educating community/society on scourges of HIV/AIDS through participatory involvement in educating, sensitization and research.

The CBO defined the project goals as relevant to their mission because this project has brought the group around the common purpose. This has enabled the organization to plan project that is consistent with organizational objectives.

CHAPTER THREE: LITERATURE REVIEW **Theoretical Literature Review**

AIDS or Acquired immunodeficiency syndrome or acquired immune deficiency syndrome is defined as a collection of symptoms and infections resulting from the depletion of the immune system caused by infection with the human immunodeficiency virus, commonly called HIV (WHO 1985).

Voluntary Counseling and Test (VCT):-

Provides of all segments of the population, an opportunity to access complete and accurate information on HIV/AIDS. This is a critical entry point to prevention, care, support and treatment for all people, and particularly for those already infected and affected.

Voluntary Counseling and Test (VCT):-...

It enables a person to confidentially explore and understand his or her risk of HIV infection, provides an opportunity to fully comprehend the implications of one's sero status and to learn about precautions for protection and for preventing the further spread of HIV infection. VCT facilitates personal, and more informed decisions about HIV testing. (Kipitu, 2005)

Voluntary;

Seeking knowledge of HIV status is voluntary. The decision to pursue testing for HIV must be made by the client who seeks counseling and testing services. (Kipitu, 2005)

Client;

A person seeking health care services including VCT, is a client and not a patient. Patients are considered passive recipients of treatment /care/hospitalization, whereas clients are "consumers" who make a choice whether or not to avail of a certain services. (Kipitu, 2005)

Counseling for HIV/AIDS;

Counseling is essentially a confidential dialogue between an individual / couple (male/female) and a counselor, aimed at enabling the individual to make personal decisions in the context of HIV/AIDS. The counseling process includes an evaluation of personal risk of HIV transmission and acceptance of preventive behaviour. HIV counseling is a behaviour change interaction aimed at HIV prevention. (Afuayi, 1999)

The Window Period;

The window period is described as the time it takes for a person who has been infected with HIV to "seroconvert" (test positive) for HIV antibodies. A person who tests during the window period may receive a negative test result even though s/he may be HIV positive. Prior to testing, it is important to determine risks and possible exposure to HIV in the window period and any potential exposure must be followed by a re-testing at the end of the window period (usually after three months). (Colebunders et al, 1997)

A Woman;

A woman is an adult female human being, as contrasted to a man, an adult male, and a girl, a female child. The term woman (irregular plural: women) is used to indicate biological sex distinctions, culture gender role distinctions, or both. In the age context it is between 19-45 years old. (WHO, 1989)

Access to Treatment;

For people to use treatment, it must be available meaning that it can be found anywhere that is appropriate.

HIV Testing;

People often ask for an HIV test because they have some symptoms such as continual diarrhoea. A laboratory test, to check a sample of blood, can confirm the diagnosis. Sometimes trained health workers can diagnose HIV infection without testing, because the person's pattern of illness strongly suggests that HIV is the cause.

Antiretroviral Therapy (ART)

In the booklet called Basic facts about Anti-retroviral therapy by family health international, the following main issues concerning Anti-retroviral treatment were outlined:-

If immune system is very weak, one may consider taking treatment called ART. The full name for ART is antiretroviral therapy. If your immune system is still strong, there are other ways that you can protect yourself from opportunistic infections. As having nutritious foods.

How ART Works

ART slows down the HIV virus from multiplying and therefore less viruses attack the immune system. ART helps the immune system get strong so it can keep out opportunistic infections. Just like repairing a house helps keep out the rain.

When people take ART they get sick less often and feel better for longer periods of time.

Opportunistic Infections;

Infections that attack the body when it is weak are called opportunistic infections.

Opportunistic infections enter the body when the immune system is weak the way rain enters a house that is falling apart. Opportunistic infections cause very serious problems when a person's immune system is weakened by HIV/AIDS.

Just as a house that is well kept lasts longer, a person who takes good care of him or her self will live longer. That is why it is important to protect yourself from opportunistic infections. .

Treatment;

Treatment is a key element of care and support for people living with HIV/AIDS. It can be:

Curative – curing disease either temporarily or permanently;

Preventive – preventing disease from happening or becoming worse; and

Palliative – reducing symptoms in order to reduce discomforts and distress.

However, treatment is not just part of a linear process of ensuring that drugs are accessible to those who need them.

Treatment;...

For medicines to be effective there should also be access to other forms of care and support.

These can even without drugs, provide some relief from illness and improve a person's well-being. They also encourage better use of drug treatment when it is necessary.

Linking Treatment and Prevention

HIV prevention aims to prevent the transmission of HIV and reinfection. HIV/AIDS – related treatment aims to improve the quality of life of people living with HIV/AIDS. HIV prevention and HIV/AIDS – related treatment support each other in many ways;

Well-designed HIV prevention activities can lead to increased voluntary counseling and testing (VCT), which in turn can lead to broader and quicker access to treatment for people living with HIV/AIDS.

Accessibility of Treatment

For people to use treatment, it must not only be available but also accessible. This means that the treatment should be found in the appropriate place and that it should be easy for people to obtain and use properly. (UNAIDS, 2003)

What is Adherence?

Adherence refers to how closely follow a prescribed treatment regimen. It includes your willingness to start treatment and your ability to take medications exactly as directed. (Beatty *et al* 1997)

Empirical Literature Review;

There are few examples of developing countries making the financial and political investment to extend ARV treatment beyond the privileged few, with Brazil being the first – and until 2002 the only – developing country to guarantee universal access to treatment (Presidential decree, 1996).

Empirical Literature Review...

Botswana – a country with 38.8 percent prevalence, (UNAIDS, UNICEF, and WHO 2002), the highest in the world, but also a middle – income country in Africa started to offer ARVs through the public health system.

This program has been made possible through a joint initiative of the government of Botswana, the Bill and Melinda Gates Foundation, and the Merck Company Foundation, known as the African Comprehensive HIV/AIDS Partnerships (ACHAP).

Empirical Literature Review ...

According to study on Barriers to Accessing Antiretroviral Therapy in Kisesa, Tanzania, the following were highlighted; the researchers (Mshana *et al* 2006) start by stating that the focus of their study was locally perceived and experienced barriers to accessing the new ART program.

Empirical Literature Review...

While other studies have emphasized factors that discourage people from HIV-testing or affect adherence levels, earlier research in Kisesa suggested that while testing was on the rise, a significant concern was that the first individuals willing to obtain treatment would face hurdles to reaching the program that could threaten its expansion into rural communities.

In the Policy Review

The WHO/UNAIDS policy statement on ensuring equitable access to antiretroviral treatment for women (2004), identified that to adequately address gender issues in the scale up of ART, action is required in development of a supportive policy environment that:

- Advocating for gender equality
- Ensuring equity within the health system
- Expanding eligibility criteria
- Promoting the active participation of people living with HIV

In the Policy Review ...

In the Tanzania HIV/AIDS Policy the following on the care for PLHAs have been outlined:

To ensure availability of essential drugs the treatment of opportunistic infections. With the current availability of Highly Active Anti Retroviral Drugs (HAARD) in the market, PLHAs may be required to meet the cost of the drugs.

In the Policy Review ...

The Government in collaboration with the private sector will work out modalities for procurement and management of HAARD.

To ensure that the cost of counseling and home care is reflected in the National and Local Councils Budgets for Health and Social Welfare Services. Modalities will be developed for the establishment of AIDS Trust Fund to support community based initiatives including home based care and orphans.

In the Policy Review ...

- From the National Strategy for Growth and Reduction of Poverty (NSGRP) by the Vice President's Office (June, 2005) under cluster quality of life and social well being it is stated clearly that, this cluster addresses the second cluster addresses human capability, survival and well-being. A social protection framework becomes necessary to address vulnerability and provide for social security, health insurance, and specific vulnerable groups, like orphans, people living with HIV and AIDS, people with disabilities and the elderly.

In the Policy Review ...

- Improvement of quality of life and social well-being depend on the provision, affordability and access to quality food and service like education, information, health, water, HIV and AIDS treatment and prevention, and social protection programmes.

CHAPTER FOUR: IMPLEMENTATION

Project planning

To achieve the project objectives, community based organization convened three days information session for various interest groups. The workshops were forum from which different barriers to access ART drugs for women and girls were disclosed as per survey conducted on needs assessment.

Project Planning...

After that the road maps were installed by each participant, followed by home visits to identify and enroll all women and girls infected and possible to be treated, encourage couples to go for voluntary HIV counseling and testing which were done through home visits.

Inputs:

For project implementation, the organization will need to have the following:

Number of hours of training: This will be done by training four CBO members on data collection techniques. They will be trained for one day. Also two members will be sent to legal Aid provision organization where will be trained on property and inheritance rights for women and girls living with HIV/AIDS

Inputs ...

Finances are required to cover the costs of implementing project activities as allowances for participants, lunch and refreshments, room hire and stationeries.

Participants who include: people living with HIV/AIDS, traditional healers, local and central government officials, community members and families live with people having HIV/AIDS.

Staffing pattern:

The responsibility for initiating and making final decisions for the organization has been reserved for the board members and chief executive director.

At department level each head is accountable for implementing the overall organizational plan as it applies to his/her unit and for design of a structure within this framework fitted to need organization.

Budget:

The project needs Tshs 2,521,565/= to cover the following costs

Personnel	35,490/=
Direct costs	305,490/=
Workshop costs	2,096,000/=
Unforeseen 5%	120,075/=
Total budget	2,521,565/=

Project Implementation Report

Community mobilization:-

With assistance of Mama Africa staff, people learning with HIV/AIDS taking Anti Retro Viral drugs and not started taking treatment in Kikuyu area, Dodoma region, we talked to people to help them with disclosure of their serum status and treatment compliance.

One person living with HIV/AIDS and taking Anti Retro Viral drugs used to explain to the people not already taking Anti Retro Viral drugs 'that treatment has irreversibly broken the equation between AIDS and death.'

Conduct Information Campaign Workshops:-

Information is vital in comprehensive care, support and treatment activities. These workshops aimed to build practical skills for people living with HIV/AIDS that are in the need of treatment.

Preparation of Training Manual

It was important to develop a manual that explain the practical ways to understand plan and undertake work on HIV/AIDS treatment. The manual was resource that helped:-

Build practical skills among people living with HIV/AIDS by using participatory activities and sharing experiences.

Provide a training resource; for individuals

Facilitate learning about HIV/AIDS treatment work for people living with HIV/AIDS.

Information Workshops:-

Six workshops each of three days were conducted; the workshops involved key interest groups.

Mama Africa staff and CED students were involved. The workshop objectives were:-

To strengthen the participants' existing knowledge and conceptualization of community mobilization for voluntary couple counseling and improved access to care, support and treatment.

Information Workshops ...

To gain input from the participants the appropriateness of the treatment program.

To strengthen the skills and build the confidence of people living with HIV/AIDS to fight for their human and legal rights and engaging themselves in income generating activities together with participating in micro-lending institutions.

The Action Planning:-

Each participant prepared talk home application plan which detailed activities to be implemented in order to achieve project and organization goals. The framework of back home plan included; date, activity, place, resources required and comments

Workshop Evaluation:-

Pre and post knowledge evaluation was done in each information campaign the evaluation framework included, knowledge of HIV/AIDS treatment issues, and expectation these were done before and later again the knowledge expectations of participants were assessed and content of session.

Enrolling Women and Girls with HIV/AIDS in Treatment Program

For HIV patient to start treatment must have CD4 count 200. During all information campaigns few were already attained these eligibility criteria for treatment. However it was agreed that all those who are positive should be kept in close monitoring and when ready should be enrolled for treatment.

CHAPTER FIVE: MONITORING, EVALUATION AND SUSTAINABILITY

Monitoring Plan

The project monitoring was carried out by leadership and other stakeholders. The monitoring was done to know whether the patients are adhering to the treatment and if yes their quality of life and social well being would be enhanced.

The project monitored the quantity and quality of work of HIV/AIDS treatment progresses

Monitoring

The monitoring was carried out by leadership together with beneficiaries. The monitoring was conducted to have information for three domains;

Inputs – Resources going into conducting and carrying out the project. These included staff, materials, finance and time

Process – set of activities in which resource (Human and financial) are used to achieve the results expected from project (example number of workshops or number of training sessions)

Monitoring ...

Outputs immediate results obtained by the project through execution of activities (e.g number of patients visited, number of families and patients reached, number of people attended VCT, number of patients by gender / sex, couples enrolled for ARV treatment, number of patients linked to micro lending programs.

Monitoring Methodology;

Study Design

Cross – sectional study with no control groups. The repeated study determined a information campaigns' effect on women and girls living with HIV/AIDS on accessibility of HIV/AIDS treatment, legal protection of women and girls living with HIV/AIDS, couple counseling and micro – credit accessibility of women and girls living with HIV/AIDS.

Monitoring Methodology ...

Research Method

The psychosocial, contextual and behavior dimensions of taking HIV/AIDS treatment are better suited to qualitative methods that capture values, attitudes and beliefs, than to quantitative tools. Qualitative methods are highly useful in exploring motivation and underlying factors supporting discriminatory behaviors. Research methods used included focused group discussions and structured questionnaires.

Sample;

A random sample of 50 people were involved in the study

Data collection tools

Focus group discussion;

A group of six people were interview together by a skilled interviewer with a carefully structured interview schedule. Forty eight people were involved in this fashion.

The questions focused around people's attitudes toward women and girls taking HIV/AIDS treatment, stigma, care and support, the influence of project activities on real or incipient behaviour change.

Data Collection Tools...

Selection of participants, the participants in this interview were those wh o started taking treatment, women and girls / me n living with HIV, those not tested and HIV negative men and women.

Analysis of Data;

Analysis of Data;

The data was analyzed by using SPSS

Presentation of Data,

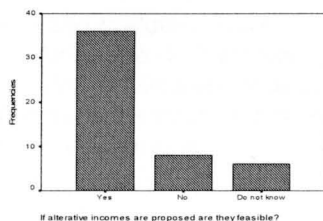
Data were presented in cross – tabulations, bar charts, tables, frequencies and percentages

Analysis of Data...

Number of home visits made by project staff;

Over a past one year project had conducted six information campaigns on availability of HIV/AIDS treatment, which involved 120 people. At the end of each information campaign, the participants prepared an action plan which highlighted on the fact that, the informed people should go around the Word and sensitive the community at large on availability of HIV/AIDS treatment.

Results ...



Conclusions and Recommendations

Stigma:-

HIV/AIDS associated stigma is still fuelled in Kikuyu North by low public awareness and fair. A part from the free treatment offered by the government, the people living with HIV/AIDS and their families face severe social problems, especially when many of the patients are unemployed. Establishment of social protection nets for People Living with HIV/AIDS, especially for AIDS affected children and promotion of income generating initiatives are of special consideration for HIV/AIDS affected individuals and families

Evaluation:-

The evaluation was involving looking at results of monitoring. The evaluation was done to answer the following:-

What has been achieved?

What difference has the work made to improve quality of life and socio well being and treatment of people living with HIV/AIDS.

Evaluation Methodology

Research Method

This study conducted as survey it collected, information from a variety group of people. It was questions and responses included open-ended and close-ended approaches. The responses took the form of rating on scale. Participatory qualitative and quantitative methods were used. SPSS software was used to analyze data.

Sources of Information and Data Collection Tools

Data and information for this study were gathered mainly from two principal sources:

Structured Questionnaires;

These were questionnaires that involved asking specific questions aimed at getting information on accomplishments of project that enabled indicators of each objective to be measured. Questions were open – ended and closed. They were source of qualitative and quantitative information.

Sources of Information and Data Collection Tools...

Secondary/Documentary Sources

Most of impact data and information on the impact of the project were derived from relevant documents, which were thoroughly examined. Such documents include reports at the Mama Africa Office, Ward Executive Office, Reports of the trainees and other CBOs. Information obtained from these methods have greatly assisted in understanding progress and impact of the project.

Data Collectors

Monitoring and evaluation were conducted by Mama Africa and CED student. The basic skills for monitors and evaluators were such as mathematics listening skills and research techniques.

Study Design

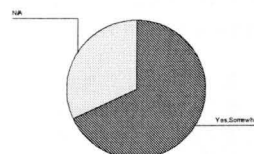
A cross sectional study; this is a post intervention survey. It aims at determining the information campaigns effect on recruited peer educators, trainers were assessed for their skills at informing community on availability of HIV/AIDS treatment and increasing accessibility to HIV/AIDS treatment of women and girls.

Analysis and Presentation of Results.

As objectives of the project the project managed to identify 17 number of affected families and managed to conduct six information campaigns and 57 patients have been enrolled for treatment and are continuing to receive treatment.

Presentation of Results

Do you experience discrimination in taking treatment?



Sustainability

The future sustainability of ART programmes is not only dependent on the mobilization of global resources and adequate government planning. It will also depend on the speed at which resistance to ARVs develops and the extent to which prices of second line treatment, paediatric drugs and diagnostics will decrease.

Sustainability...

On both fronts, there is little room for optimism. A global HIV drug resistance surveillance network (HIVResNet) has already been set up to monitor resistance. Such data will be of great use to national policymakers. Anecdotal data suggests that resistance levels are high. Indeed in India, a study indicates that already as many as 20% of ART-naïve PLWA may be resistant to first-line ARVs in Southern India.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

In order to ensure equal access to treatment and care, it is necessary to have an understanding of the biological and social differences and the differing needs of men and women. Socio cultural inequalities that disproportionately affect women cannot be dealt within the context of health alone. They also require a supportive environment promoting, among other things, equal protection under the law, equal access to education, and opportunity and the ability to earn a living

Results for Objective 1:

To conduct six information campaigns for interest group on availability of HIV treatment by 2007.

As you see that the number of people visited by the trainees over three times account for 38.0%, twice 34%, once 18% and not visited 10.0%.

Results for Objective 1:...

However in communities affected by HIV/AIDS people are confronting significant challenges to accessing treatment, these include widespread stigma and discrimination, misinformation, lack of information on ART and insufficient resources to meet basic nutrition needs or travel costs to health clinics for care as 68% of women and girls living with HIV have experienced discriminations in taking treatment.

Results for Objective 2:

To mobilize 50 women and encouraging 10 couple counseling at VCT and PMTCT to better ensure the involvement of male partners in Kikuyu by 2007.

Under this objective, the project managed to encourage:-

• Married	men	4
• Married	women	9
• Cohabiting	men	2
• Cohabiting	women	4
• Total		19

Results for Objective 3:

To increase economic empowerment for 40 women living with HIV/AIDS through access to micro credit programs, job and skills training and assistance with property and inheritance rights in Kikuyu area by 2007.

Description of the steps to further this or similar project:-

Communicating and preparing individuals and communities to understand and support people on ART is an important component of a comprehensive response to HIV and AIDS that includes prevention, treatment, care and support. Accurate information communicated through a variety of formats using appropriate channels is needed in all places where ART is introduced so that communities become 'treatment literate'.

THANK YOU

BEST WISHES FOR THE NEW CAREER

Demographics

Circle Appropriate

Age of Respondent:

Adult Small

Marital Status:

Married Unmarried Separated Widowed
Widower Cohabiting

Serum status:

Not tested positive negative

Education Level:

Primary Secondary Tertiary Vocational Not educated

Employment Status::

Sex : Male Female

Employed Self employed Not Employed

Risk behaviour

Commercial sex worker Drug User homosexuals

Problem identification questionnaires

HIV/AIDS treatment knowledge and attitudes survey form number 1

The aim of this form is to assess the HIV/AIDS treatment availability information and knowledge in the community. The responses will determine whether the community has knowledge on availability of HIV/AIDS treatment. Survey entries are highlighted.

Knowledge / information

1. What is AIDS?

.....

2. What is HIV?

.....

.....

Is AIDS curable?

.....

.....

.....

3. What are Anti Retro Viral Drugs?

.....

4. How does the treatment help people living with HIV/AIDS?

.....

.....

.....

Using the treatment

1. What form does the treatment take and how it is used?

{e.g lotion to rub on skin, tablets to swallow...}

.....

.....

.....

2. How often should you use the treatment?

(whenever you feel the need, twice a day ...?)

.....

.....

.....

3. How much of the treatment should you use a time?

(eg two tablets, a teaspoon of syrup...)

.....
.....
.....

4. How long should you use the treatment for?
(eg one week, until the problem gets better, the rest of your life...)

.....
.....
.....

5. Do you need to do anything else to go with treatment?
(eg drink lots of water, take the treatment before or after food, avoid specific foods...)

.....
.....
.....

Effects of the treatment

1. Can the treatment have harmful effects? If so what are they?

1.
2.
3.
4.
5.

2. What should you do if you suffer harmful effects from the treatment?

.....

3. What do people who have used the treatment say about it? (circle the correct answer)

Good

Bad

Don't know

Obtaining the treatment

1. Where can you get the treatment?

(NGOs, Government hospitals, pharmacists, donors and groups of people living with HIV/AIDS...)

.....
.....

2. How much does it cost in cash, goods? Or free?

.....
.....

High Medium Free Low

3. Are there any extra costs for using treatment?

.....

.....

.....

No

-
-
-
-

- Low Medium High

-
-
-
-

DO NOT KNOW

The Accessibility to HIV/AIDS treatment survey form number 2

The aim of this form is to generate information about accessibility to HIV/AIDS treatment with Anti-retroviral drugs from selected interest groups.

Please circle the correct answer

Organizational factors

- | | | | |
|--|-----|--------|------------|
| 1. Are there health services near to people who need them? | Low | Medium | High |
| 2. Is management of health services efficient?
(eg can people have tests, get a diagnosis receive counseling and get treatment in the same area at convenient times?) | Yes | No | Don't know |
| 3. Do you think that your record are kept in confidential? | Yes | No | Don't know |
| 4. Is there enough staff to provide efficient services? | Yes | No | Don't know |
| 5. Is services gender sensitive? | Yes | No | Don't know |

Physical factors

- | | | | |
|---|------|-----|------------|
| 1. How do you describe the terrain to the hospital
(difficult to cross, hilly) | Good | Bad | |
| 2. Is the journey to the hospital/health centre where treatment is provide safe? (Criminal activity...) | Yes | No | Don't know |
| 3. Is reliable public transport available from your place to the hospital? | Yes | No | Don't know |

Financial factors

- | | | | |
|--|-------|--------|------|
| 1. What is the duration of the treatment? | Short | Medium | Long |
| 2. What are the other costs involved in treatment?
(such as travel, food and necessary laboratory test?...) | Low | Medium | High |

Social factors

1. How does the community view the treatment?	Positive	Negative	Neutral
---	----------	----------	---------

2. What are the social implications for the someone who goes for / uses treatment?

Male	Positive	Negative	Neutral
Female	Positive	Negative	Neutral

Give examples for both
.....
.....
.....
.....

3. Is the treatment sensitive to the person seeking treatment? (for example can a sex worker access treatment?)	Yes	No	Don't know
---	-----	----	------------

4. Do cultural beliefs or practices have an impact on the treatment?	Yes	No	Don't know
--	-----	----	------------

Provide comments to your answer

.....
.....
.....

Monitoring and evaluation tools

Demographics

Age of Respondent

Adult small

Marital Status

Married, Unmarried, Separated,
Widowed, Widower, Cohabiting

Serum status

Positive

Education level

Primary Secondary Tertiary
Vocational Not Educated

Employment status

Employed Self employed

Not Employed

Sex,

Male, Female

Risk behaviour

Commercial sex worker Drug users homosexuals

Monitoring and Evaluation question for people living with HIV/AIDS

1. Did this program meet stated objectives?
Completely, Somewhat, Not at all
2. Did the approach of the project meet your expectations?
Completely, Somewhat, Not at all
3. How would you rate this project in terms of content?
Excellent very good Good needs improvement
4. How would you rate this treatment project as compared to other HIV/AIDS program you have been involved?
Excellent very good Good needs improvement My first HIV program
5. Would you recommend this project to your colleagues?
Yes, highly Yes, Somewhat No
6. How would you rank the voluntary counseling and testing centres?
Excellent very good Good needs improvement

7. How many times have you gone for treatment?
Several many times substantial how
8. How would you rate your health?
Before taking treatment excellent very good, Good Not improvement
After taking treatment Excellent very good, Good Not improvement
9. How do you rate the physical environment of clinic?
Excellent very good, Good needs Improvement
10. How do you rate other community support for your treatment?
Excellent very good, Good Not Sexist
11. Do you experience any kind of discrimination in taking treatment?
Yes, High, Yes somewhat, No
12. What is your economic status?
Before the project Low Medium High N/A
After the project Low Medium High N/A
13. How can you rate ability to access legal services?
Before the project Low Medium High N/A
After the project Low Medium High N/A
14. Your ability to obtain loan?
Before the project Low Medium High N/A
After the project Low Medium High N/A

Demographics

Circle appropriate

Age of Respondent

Adult small

Marital Status

Married, Unmarried, Separated,
Widowed, Widower, Cohabiting

Family living with people infected with HIV/AIDS

Education level

Primary Secondary Tertiary
Vocational Not Educated

Employment status

Employed Self employed

Not Employed

Sex;

Male; Female

Monitoring and Evaluation

- 1) How useful was information on HIV treatment in your daily practice?

Very Somewhat Not N/A
Useful Useful Useful

- 2) Your ability to provide HIV care or services?

Before the project Low Medium High N/A
After the project Low Medium High N/A

- 3) Your willingness to provide care to your sister/brother with HIV/AIDS

Before the project Low Medium High N/A
After the project Low Medium High N/A

- 4) Your ability to help patients achieve and maintain adherence to therapy?

Before the project Low Medium High N/A
After the project Low Medium High N/A

- 5) Did this program meet stated objectives?

Completely, Somewhat, Not at all

- 6) Did the approach of the project meet your expectations?

Completely, Somewhat, Not at all

7) How would you rate this project in terms of content?
Excellent very good Good needs improvement

8) How would you rate this treatment project as compared to other HIV/AIDS
program you have been involved?
Excellent very good Good needs improvement My first HIV program

9) Would you recommend this project to your colleagues?
Yes, highly Yes, Somewhat No