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**MASTER OF SCIENCE IN COMMUNITY ECONOMIC
DEVELOPMENT (2007)**

**HOME BASED CARE PROJECT FOR PEOPLE LIVING WITH
HIV/AIDS AND ORPHANS. THE CASE OF KIRUMBA WARD,
MWANZA.**

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Table of Content

PROJECT TITLE.....	i
SUPERVISOR’S CERTIFICATION.....	ii
STATEMENT OF COPYRIGHT.....	iii
DECLARATION BY THE AUTHOR.....	iv
DEDICATION.....	v
ACKNOWLEDGEMENT.....	vi
LIST OF ABBREVIATIONS.....	vii
ABSTRACT.....	viii
EXECUTIVE SUMMARY.....	ix
CHAPTER 1: COMMUNITY NEEDS ASSESSMENT	3
1.1 Community Profile	4
1.1.1 Main residents of Kirumba Ward	5
1.1.2 Voluntary Testing Centers	5
1.1.3 Population.....	6
1.1.4 Employment status.....	6
1.2 Community Needs Assessment	7
1.3 Survey Methods	28
1.4 Analysis.....	32
1.5 Research Findings.....	33
CHAPTER 2: PROBLEM IDENTIFICATION	42
2.1 Problem Statement.....	43
2.2 Target Community	44
2.3 Stakeholders.....	45
2.4 Stake holder’s Impact analysis	46
2.5 Project Goal.....	47
2.6 Project Objectives.....	47
2.7 Host Organization.....	48
CHAPTER 3: LITERATURE REVIEW	49
3.1 Theoretical Review.....	49
3.2 The social and economic impact of the HIV/AIDS	51
3.3 Empirical Literature.....	59

3.4 Policy Review...65

CHAPTER 4: IMPLEMENTATION71

4.1 Products and Outputs72

4.2 Project Planning72

4.3 Project Plan.....73

4.4 Implementation Plan.....74

4.5 Inputs.....75

4.6 Staffing pattern..76

4.7 Budget.....76

4.8 Project Progress77

CHAPTER 5: MONITORING, EVALUATION AND SUSTAINABILITY80

5.1 Management Information System.....80

5.1.2 Monitoring Plan84

5.2 Evaluation.....88

5.3 Sustainability...94

CHAPTER 6: CONCLUSIONS & RECOMMENDATIONS97

6.1 Conclusion.....97

6.2 Recommendations.....99

6.3 Policies.....100

BIBLIOGRAPHY.....104

APPENDICES106

LIST OF TABLES

Table1: Number of Orphans in Mwanza City by Sex.....	11
Table 2: Quality of Current services provided to PLWA and OVC.....	33
Table 3: Level of Community sensitization for home based care.....	35
Table 4: Existence of other organizations providing home based care service	37
Table 5: The effect of home based care.....	39
Table 6: Project Implementation Plan.....	73

HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND ORPHANS.
THE CASE OF KIRUMBA WARD, MWANZA SUBMITTED IN PARTIAL
FULFILMENT OF THE REQUIREMENT FOR THE MASTER OF SCIENCE
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HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND ORPHANS.
THE CASE OF KIRUMBA WARD, MWANZA.

Supervisor's certification

I certify that I have read this project paper and I am satisfied that it can be submitted to the Open University of Tanzania / Southern New Hampshire University Senate in partial fulfillment of the requirements for the award of Master of Science Degree in Community Economic Development (Msc.CED).

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I, Henry Eric Mabewa, declare that this project report is my own work and has not been submitted for a Master degree or similar award in any other higher learning institutions.

Signed:  _____
Henry, Eric Mabewa

Date: 25/07/2007

DEDICATION

This project report is dedicated to my family members for their patience, tolerance and encouragement throughout the entire period of my study.

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Finally, my sincere appreciations are extended to members of Quality Life and Environmental Destiny, Mwanza City Officers and Kirumba Ward members for their hard working during the project survey and implementation. I'm also more grateful to the survey respondents who generously contributed part of their time to enable us gather crucial data for HIV/AIDS and Orphans in Kirumba Ward

LIST OF ABBREVIATIONS

AID	Acquired Immunodeficiency Syndrome
AMREF	African Medical and Research Foundation
ARV	Antiretroviral therapy
CED	Community Economic Development
CBOs	Community Based Organizations
CSOs	Civil Society Organizations
HIV	Human Immunodeficiency Virus
MKUKUTA	Poverty Reduction Strategy
NGO	Non-Government Organizations
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV/AIDS
TACAIDS	Tanzania Commissions for Aids
STD	Sexual Transmitted Infections
TANESA	Tanzania Essential Strategy against Aids
THIS	Tanzania HIV/AIDS Indicator Survey
UN	United Nations
UNICEF	United Nations International Children Education Fund.
VCT	Voluntary Counseling and Testing

ABSTRACT

Past and the ongoing efforts in dealing with HIV/AIDS and orphans problem in the Kirumba Ward have minimal impacts compared to the expectations. This is so because the approaches by organizations both NGOs and Government related that are providing services in the Ward have minimal strategies for involving the local communities in dealing with the situation. These organizations have been in Mwanza since the late 1980s but minimal efforts have been directed towards encouraging local communities to undertake HIV/AIDS intervention programs. As a result, the community reactions to the attitudes are negative and they perceive them as mere data collectors and also they are not utilizing donor funds objectively. That situation has resulted into a continuation of the scourge of HIV/AIDS.

Current initiatives have shown that participatory approaches involving all stakeholders as well as empowering local communities to take charge of HIV/AIDS problem have more chances of success. Scaling up of experience obtained so far, exploiting indigenous knowledge of the area, improvement in the information flow and dealing with unmet needs are some of the strategies for the way forward in attaining sustainable solution for HIV/AIDS and orphans problem in Kirumba Ward and Mwanza City as a whole.

EXECUTIVE SUMMARY

The report contains results of the survey carried out in October 2006 as well as a project with a focus on improving the life of People Living with HIV/AIDS and Orphans and Vulnerable Children in Kirumba Ward.

The study sample size consisted of 57 randomly selected people from the categories of people who are in a high risk of being infected. The category includes people who are in high risk of being infected like barmaids, prostitutes, students, youths and petty traders. Another category comprises of persons who have influence and roles in the intervention and prevention of further spread of HIV/AIDS. The category includes People Living With HIV/AIDS, HIV/AIDS affected homes, bar and guest houses owners and managers, community members, religious leaders and ten cell leaders.

Focus group discussion was conducted to 40 purposefully selected persons who have influence and roles in HIV/AIDS interventions not only in the Ward but also in Mwanza City. The selected persons were the CBO members, Ward Executive Officer (WEO), Mwanza City Officials, Political Leader (Councilor), Voluntary Counseling and Testing Practitioners and HIV/AIDS Specialists from TANESA and AMREF.

HIV/AIDS infection rate for Mwanza City as per City Medical Officer data of 2003 is 12%. There is a strong likelihood of much higher rate in Kirumba Ward because of the Kirumba-Mwaloni International Fish Market. The area around Mwaloni fish market is a high transmission area for HIV/AIDS and STDs because of the fish business activities

that attract immigrants from neighboring countries visiting the market. Efforts from International, Non Government and Government Organizations working on HIV/AIDS in the Ward have produced minimum impact on the problem.

Furthermore, the survey showed that 97% of the respondents agreed that home based care and community involvement in voluntary caring and support for PLWHA and OVC is very important because of the magnitude of the problem and resources constraints. It was further noted that the problem of OVC could be reduced to a great extent if people can voluntarily adopt affected children. Also the effective use of the available information from people like taxi drivers and guest house workers can help to reduce the infection rate.

HIV/AIDS is a national disaster and we should fight its further spread so that to prevent the erosion of the productive human resources and achieve the poverty reduction strategies and Tanzania vision 2025.

The community, CBOs, NGOs, private sector and faith groups have a crucial role to play in facilitating the HIV/AIDS intervention. They have to promote appropriate nutritional, social and moral support to PLWHAs to enable them enjoy a good quality of life, remain productive and live much longer with the HIV/AIDS.

CHAPTER 1: COMMUNITY NEEDS ASSESSMENT

Needs assessment is a very important activity in the initial stages of community project formulation and thereafter in the subsequent stages of project implementation. In economic development process, needs are defined as the gap between what is the current situation or circumstances and what the community desire to achieve. Therefore, needs assessment is a process of identifying and measuring gaps between the current situation and the desired situation, prioritizing the gaps and determine ways of bridging them.

Development projects must have accurate, reliable and usable information that reflects the needs of a specific community. Needs should emerge directly from ideas articulated by representative groups of the target population and other stakeholders in a community. Needs assessments conducted with the participation of the target population will strengthen community commitment and enthusiasm for a project. It also assists to create community ownership of a project and it generates data to develop indicators for monitoring and evaluation.

A letter of introduction showing interest of a CED student to work with the QLED CBO was written on 3/10/2005 and the reply was received on 05/10/2005 accepting the student. It was also agreed to meet every Sunday to discuss issues concerning problem of HIV/AIDS and Orphans in the ward and how the problem could be mitigated.

1.1 Community Profile

The Quality Life and Environment Destiny Organization operates in Kirumba Ward, Ilemela District within Mwanza City.

The major sources of income for the residents of Kirumba are petty businesses, fish mongering, income derived from hotel and restaurants, guest houses, bars and local brew shops. The ward has four medium class hotels, 16 guest houses, 17 bars and 4 local brew shops and 11 cafes.

Kirumba Mwaloni fish market which is located in the ward, is among the major provider of revenue to the residents in the Ward and the Mwanza City as a whole. This is an international fish market where fishermen trades with buyers from Tanzania, Democratic Republic of Congo (DRC), Rwanda, Uganda, Sudan, Angola, Zambia, Mozambique, Burundi and Kenya. For the residents of Mwanza City, Kirumba Mwaloni is not only a fish market but also a center for recreations, for example, there are 17 bars and 16 guest houses; all located within the proximity of the fish market.

The fish market is a focal point not only to fishermen and buyers but also other activities that are linked to fish trading. The other related activities include transport mainly through trucks, beer drinking places, restaurants, guest house, various types of shops and food stalls have attracted many people. Such activities have resulted into to the market centre and its neighborhood being regarded as “the City that never sleeps” due to high

influx of people in the ward especially around the Kirumba fish market. Thus, Kirumba Ward is a high transmission area (HTA) for HIV/AIDS and STIs.

1.1.1 Main residents of Kirumba Ward

The main residents of Kirumba Ward are Wasukuma and other tribes from neighbouring regions of Mara, Kagera and Musoma such as Wakurya, Wajaluo, and Wahaya. Wasukuma, which is the indigenous tribe of Mwanza have a habit of having big families and many children through polygamy. If it happens that a man is affected, he can spread the disease to all his wives and when they die a large number of orphans are left behind from just a one family.

Wakurya and Wajaluo apart from practicing polygamy, have also a habit of female genital cutting and allowing their daughters to be married before they attain majority age for exchange of cows as a dowry. Female genital cutting is often regarded as a risk factor in HIV transmission because the cutting is frequently done by using unsafe instruments.

1.1.2 Voluntary Testing Centers

The ward is well served with VTC services, there are four such centers that the residents can obtain the services.

- Bugando Medical Centre that serves as a referral hospital for the Lake Zone.

- Makongoro Centre that provides the services through the support of Angaza-AMREF Mwanza. The centre has been providing services to all people since 2002.
- The Aga Khan Medical Centre providing services to all people since September 2003.
- The Government Regional Hospital known as Sekou-Toure.

1.1.3 Population

According to the 2002 National Census, Mwanza City has a population of 476,646 peoples. Out of this figure, 210,735 are in Nyamagana District and 265,911 in Ilemela District. The current population is estimated to be just above half a million people with an annual natural growth rate of 3.2%. Rural to urban immigration is almost 8 % as per National Population Census of 2002. The population density is 134 people per sq-km, this density makes Mwanza City second placed after Dar Es Salaam.

Kirumba Ward in particular has a total population of 21,642 inhabitants of which 10,695 are males and 10,947 females, as per 2002 census. The total households stand at 4,989, with an average of 4.3 persons per household.

1.1.4 Employment status

The majority of Mwanza people are self-employed. According to 1998 Mwanza Environmental profile report, 41% of people were self-employed, 32% employed

and 27% unemployed. Most of the employed people work in the public service sector, while those who are self-employed are involved in petty trade, tilling land and micro-fishing activities. The current figure of the employment in the City (Employed and Self employed) stands at about 50%. The average per capita income is about US\$ 21 per month.

The figures above indicate that currently about 50% of Mwanza City residents are neither employed nor self employed. These jobless people occasionally engage themselves in illegal actions like smoking bang-marijuana, drinking illicit alcohol (commonly known as gongo) as well as taking drugs like cocaine and heroine. They, therefore end up into practicing unsafe sexual intercourse, they also share drugs injection equipments which are not sterile and hence the increase of HIV/AIDS infections.

1.2 Community Needs Assessment

In identifying the community needs, the following tools were used:

- (a) Meeting with the CBO and Community members.
- (b) Face to face interview.
- (c) Secondary data from the City Council concerning HIV/AIDS situation.
- (d) Secondary data from a participatory survey carried out by the UNICEF and Local Community Leaders of the Ward in 2003.
- (e) Secondary data of Orphans for the Mwanza City from 2001 to 2004.
- (f) Focused group discussion.

(g) Survey.

1.2.1 Results of the Community Needs Identification

The community needs assessment results that were generated through the methods and tools used, include the problems that the Kirumba Ward is facing in relation to HIV/AIDS and status of services. Also, secondary data collected and processed indicate various categories of population that have been impacted by the disease. In each methodology the results are discussed.

(a) Meeting with CBO and Community members

Several meeting were conducted involving CBO members, Community members and CED student to discuss problems facing the community and trying to find solutions. The first meeting was held on 10th October 2005 and it was agreed that CBO members and CED student would be meeting every Sunday.

From the discussions held through the meetings, it was established that the main problem facing the Kirumba Ward community is HIV/AIDS infections and orphans who most of them resulting from parents deaths caused by this disease. The community members experience also revealed that, the services currently provided to this group of people is not satisfactory and hence they came up with the ideas of introducing home based care for PLWHA and OVC so that to mitigate the prevailing situation. This consensus was unanimously

reached by all the CBO and community members so that they can reduce the burden to the Government and also to increase community involvement and participation in dealing with their own problems.

(b) Face to face interview

Face to face interview was randomly conducted to several groups including PLWHA, families having PLWHA, groups mostly affected by the disease like barmaids, youth, students, political and government leaders and community members themselves.

The guiding questions aimed at establishing whether people have awareness of HIV/AIDS, the prevention control for further spreading of the disease and their suggestion on how the problem can be reduced.

All those respondents admitted to have knowledge of the disease but they sighted poverty as the main cause of new infections. This is because those already affected do not want to abstain from sex or use of condoms and therefore, it becomes easier for them to spread the disease to other people with no income or low-income earners.

The interviewed people, also, were not satisfied with the current services offered to PLWHA and OVC and recommended the sensitization of

community involvement in voluntary taking care of these groups and mostly through the home based care.

(c) Information from City Council on HIV/AIDS Situation

Secondary data with regard to HIV/AIDS for the Mwanza City were obtained from the City Medical Officer. The data obtained and processed was for the year 2003 status that revealed the summarized situation below:

- HIV/AIDS patients recorded = 1,130.
- HIV/AIDS infection rate = 12% of population, with a strong likelihood of much higher rate in Kirumba Ward estimated to reach 30%.
- HIV/AIDS infection rate among pregnant women = 16.4%.
- Infection rate among blood donors (Sample of 3,068 donors), 178 people are positive i.e. 5.8%.
- STI Cases (Old, new and re-infections) = 8,645.

(d) Information on Orphans in Mwanza City

UNICEF conducted a participatory survey that involved the local community leaders in the Ward 2003 and it was established that there are a total of **236** orphans and vulnerable children in Kirumba Ward. Furthermore, data was obtained from Mwanza City that indicates the data of four years as from 2001 to 2004. The situation has been summarized in the Table 1 below.

Table1: Number of Orphans in Mwanza City by Sex

YEAR	MALE	FEMALE	TOTAL
2001	1,040	762	1,802
2002	1,089	798	1,887
2003	1,186	822	2,008
2004	1,295	865	2,160

Source: Community Development Department- Mwanza City

(e) Focus Group Discussion

Focus group discussion was conducted that involved leaders, officers and PLWHA. The individuals that constituted the group were obtained by applying purposefully sampling techniques that enabled the researcher to get different categories within the leaders, officers and PLWHA.

- **Government leaders:** The District Commissioner for Ilemela District represented the leadership category in Ilemela District.
- **City Officers:** This category was represented by the City Director, City Medical officer, City Community Development Officer and City HIV/AIDS Coordinator. These officers were selected because part of their responsibilities involves dealing with HIV/AIDS and orphans problems.
- **Political leaders** – Ward Councilor and Member of Parliament. These are top political leaders for the ward and district respectively.
- **Ward Leaders** – Ward Executive Officer who is a top officer represented the group.
- **Religion leaders** – The category were represented by six leaders; four from Christians and two from Moslems.

- **PLWHA:** The category was represented by three persons.

The discussion concluded that, the magnitude of the prevailing situation of HIV/AIDS and orphans in the ward is very big and that collective efforts involving the government, civil society and the community are needed to deal with the situation. The panel suggested the involvement of all the community members in fighting the spread of the disease. Also, it was observed that there is a need to build individual spirit of voluntary participation in community activities and problem solving and in particular the establishment of home based care programme to supplement other efforts from the government and other institutions.

The most important challenges that were identified and thus needs to be addressed immediately were:

- The number of people living with HIV/AIDS is increasing rapidly as per the information already available from various organizations and the Mwanza City Council Offices.
- The number of orphans and vulnerable children is also increasing rapidly as per the information already available from various organizations and the Mwanza City Council Offices.
- Communities within the Ward have to be sensitized to undertake volunteer work for the care of chronically ill, orphans and vulnerable children.

- A mechanism needs to be worked out among health facilities and authorities, the community, policy makers and administrators, so that some systems to enhance a continuum of care are established.
- The lack of networking among all organizations, which provide care and support.
- There is no clear defined and established referral system for PLWHA and other related disorders.
- The majority of affected people and their households exhibit a high level of poverty.
- Stigma and the attendants' discrimination against affected and infected persons are quite high.

Many international, Non Government and Government Organizations have been working on HIV/AIDS in Mwanza since the late 1980s, but the infection cases and rates have been increasing day after day due to the fact that people perceive these organizations as mere researchers.

Moreover it was agreed that the challenges are not only for Kirumba Community but also the Government, Mwanza City Authorities and the community based organizations like Quality Life and Environment Destiny.

Thus the above challenges are the basis upon which the Quality Life and Environment Destiny members used to establish the project.

1.2.2 Methodology Used for Conducting Survey

In conducting the survey, researchers had to obtain a representative sample from the community. It was not possible to cover the whole population due to time and resources constraints. Identification of survey respondents involved groups of people highly affected by HIV/AIDS, community members and leaders. The following groups were used in selecting the sample size:

- **Sample 1**

Barmaids: This group is the highly affected due to nature of their work of dealing with different customers while being paid very little by their employers.

- **Sample 2**

School Students: Most of Secondary school and college students are affected because they start sex at tender ages without knowing exactly how to protect themselves against HIV/AIDS and other sexually transmitted diseases.

- **Sample 3**

Women doing food-vending business (Mama Lishe)

As for Barmaids, they are also exposed to different customers with different attitude. They get a very minimal profit while they are depended by their poor families. Most of them have problems like having children without proper husbands to provide care and up keep for the families. They are therefore, single parents.

- **Sample 4**

Youth: The group consisted of **young** generation. The group is in a high risk of being affected because they are active in sex and most of them have little education on how to make proper decisions and protecting themselves against HIV/AIDS.

- **Sample 5**

Petty Traders: This group consists of young people, most of them standard seven school leavers. They find themselves having nothing to do after completion of their primary education and therefore they engage in going around the streets (machingas) selling small things like sox, neckties, fruits and food utensils. They normally get a very small profit and that mostly do not enable them to decently sustain the lives. Due to those difficult, they sometimes get infections through sharing drug injections as well as practicing unsafe sex.

- **Sample 6**

People Living with HIV/AIDS

This is an important group as they are themselves affected and they know exactly the existing situation and problems facing People Living With HIV/AIDS.

- **Sample 7**

Community members

Since this is a community problem and for them to own it, it was necessary to involve community members. Almost every home have seen

or experienced the HIV/AIDS problems either through their family members or neighbours. Therefore, they have knowledge and useful contributions.

- **Sample 8**

Affected home and families

Those families affected have experiences of taking care of HIV/AIDS patients and problems encountered and also know the consequences of the diseases for example orphans left by their parents after they die.

- **Sample 9**

Bars and Guest Houses' Managers or Owners

This is also a very potential group as they have witnessed and are still witnessing so many HIV/AIDS deaths and cases through their customers and their employees like barmaids and guest-houses workers.

- **Sample 10**

Religion Leaders: This includes Pastors, Padres and Sheikhs.

The group is very important as they have power and influence especially to their believers. They have the information and can help to a great extent the interventions.

- **Sample 11**

Street Leaders

They have Government power and they are responsible to all residents in their areas. They are supposed to know all the problems facing their residents including affected homes and assistances needed.

1.2.3 Sampling Techniques

The above categories consisted many peoples and hence it was important to use probability sampling technique, whereby, every person in the group had an equal chance of being selected. Non-probability sampling was used to survey CBO members as they are not many and it was easy to cover all of them within a very short time.

The researcher also conducted a focus group discussion with the following knowledgeable people:

- CBO members.
- Ward Executive Officer.
- City Director.
- City Medical Officer.
- City Community Development Officer.
- City HIV/AIDS Coordinator.
- District Commissioner.
- Political Leaders e.g. Councilor.
- Voluntary Counseling and testing practitioners.
- Non Government Organizations' HIV/AIDS specialists like TANESA and AMREF.

1.2.4 Research questions

The survey was guided by four main categories of questions:

- Is the quality of service provided to People Living with HIV/AIDS, orphans and vulnerable children in Kirumba Ward satisfactory?
- Do you know any organization in the Ward, providing home based care and support to People Living with HIV/AIDS, orphans and vulnerable children in collaboration with the community?
- Do you think the community has been sensitized enough to volunteer in undertaking care and support of chronically ill persons, orphans and vulnerable children in the Ward?
- Do you think home based care and community involvement in voluntary caring and support for people living with HIV/AIDS and orphans can mitigate the existing problems? If no what is your suggestion?

1.2.5 Characteristics of the survey

1.2.5.1 Type of survey instrument

- **In person interview and observation**

The survey was conducted through face-to-face interview. This method is cheap and easy to conduct rather than mailed or telephone instrument whereby you need to have telephone contacts or mail addresses of all the respondents, and in the really situation most of the targeted group do not have telephones or mail addresses due to the prevailing poverty in their families. Another advantage of this instrument is that, the chance of not being responded will be minimal.

▪ **Record Review**

This is another important instrument of the survey whereby secondary data and surveys already done by other persons or organizations provided useful information of the prevailing situation and the magnitude of the problem.

1.2.5.2 Contents

There were four questions containing the following:

- Quality of the current services offered to HIV/AIDS persons.
- Community involvement and participation in voluntary works.
- Existence of home based care programmes in the Ward.
- Home based care as a mitigation and remedy for the existing problem of HIV/AIDS and Orphans.

1.2.5.3 Response types

The responses type rates from one to three and respondents were required to answer yes, I do not know and no. The first response was “**YES**”, for those who do agree with the situation asked, while the second response was “**I don’t know**”, for those who do not have the answer, or they are not aware with the situation asked and lastly the third response was “**No**”, for those who do not agree with the situation asked.

Another set of open-ended questions were prepared and used in focus group discussions.

1.2.5.4 Description of scales

The aim of the project is to provide home based care and support for people living with HIV/AIDS, Orphans and Vulnerable Children in Kirumba Ward.

There were two different scales with 3 questions each:

- One scale surveys the satisfaction of the current services offered.
- The other measures community involvement in the intervention of the problem.

1.2.5.5 Psychometrics characteristics

1.2.5.5.1 Scales

Contents

Contents of the survey define the terms and clarify the needs and information to be collected from asking people about their views.

The assessment was based on community needs for HIV/AIDS and Orphans home based care. The terms ‘needs’ and ‘home based care’ were amplified in regards to the following areas:

- Existing status of the services offered such as network and collaborations amongst the HIV/AIDS people, quality of services provided to HIV/AIDS people and orphans.
- Community involvements in voluntary caring, support and fighting stigma and discrimination to the affected people.

- Mitigation of the existing problems.
- The questions were answered by ticking the appropriate answers of their choices according to their knowledge or understanding, also by compiling their views through the open-ended questions and discussions.
- Questions were combined in the scale by taking into account the following points:
 - 1) The first question was clearly connected to the purpose.
 - 2) The most familiar questions came first.
 - 3) Questions were independent to avoid biasness.
 - 4) Questions were placed logically.
 - 5) Avoidance of many items that looked alike.

1.2.5.6 Reliability

1.2.5.6.1 Establishment of Reliability

To ensure reliability of the data obtained, the survey was conducted more than once so that to get a consistent measure of important characteristics, and taking into account all fluctuations. In reviewing documented information the researcher had to ensure that reliable information is obtained by considering the three types of reliability.

1.2.5.6.2 Stability

In estimating reliability it was observed if someone answers about the same on more than one occasion. Stability was computed by administering a survey to the same group on two different occasions and then correlating the scores from one time to the next. Correlation between the groups' results was high.

1.2.5.6.3 Equivalence

The researcher ensured that if two different forms of a survey are used to appraise the same attitude, then, people scores the same regardless of which form they take. This was computed by giving two or more forms of the same survey to the same group of people on the same day, or giving different forms of the survey to two or more groups that have been randomly selected. In determining equivalence, comparisons were done through the mean score and standard deviations of each form of the survey and correlated the scores of each form with the score on the other. Various forms had almost the same means and standard deviations and they are highly correlated, and therefore they have high equivalence reliability.

1.2.5.6.4 Homogeneity

The researcher also had to find how harmoniously the questions on a survey measure the characteristics, attitudes, or qualities that they

are supposed to measure. The data were divided into two parts and correlated the scores of one half with the scores of the other half. The aim was to estimate whether both halves of the survey measure the same characteristics.

1.2.6 Adequacy of Reliability for survey uses

The survey provided a consistent measure of important characteristics despite background fluctuations. In ensuring adequacy reliability the survey was conducted twice and the results were the same.

1.2.7 Adequacy of description and methods for establishing validity

In evaluating the value of a data set, the researchers looked at the reliability characteristics of the measurement instrument. Reliability was established by assessing the following:

- **Test reset reliability.** It was used to measure the stability of responses over time in the same group of respondents.
- **Alternate form reliability.** The researcher used different words of items or response sets to obtain the same information about a specific topic.
- **Internal consistency reliability.** It was used to measure how well several items in a scale vary together in a sample.
- **Intra-observer reliability.** It was used to measure the stability of responses over time in same individual respondents.

- **Inter-observer reliability.** It was used to measure how well two or more different respondents rate the same phenomenon.

1.2.8 Validity

When evaluating a new survey instrument or when applying established survey instrument to new populations, validity must be documented. Validity is an important measure of a survey instrument's accuracy. Several types of validity are measured in assessing the performance of a survey instruments.

1.2.8.1 The establishment of validity

In ensuring validity the following were considered:

- **Predictive Validity.** In validating the survey the researcher had to prove that it predicts an individual's ability to perform a given task. This included proving that home based care and supporting for PLWHA, orphans and vulnerable children had predictive validity of improving the life of people affected and infected with HIV/AIDS.
- **Concurrent Validity.** Comparison was made to validate the survey by comparing it against a known and accepted measure. The questions were administered to the respondents and the scores compared with the criterion measure (expert judgment).

- **Content Validity.** The validation was done by proving that items or questions accurately represent the characteristics or attitudes that they are intended to measure. The aim was to check reasonable sample of facts, words, ideas and theories commonly used. Content validity was established by asking experts whether the items are representative samples of the attitudes and traits needed in the survey.

- **Construct Validity.** The measure of psychological construct such as hostility or satisfaction was also used to demonstrate the validity of the survey. People whom the experts judged to have high degrees of hostility or satisfaction obtained high scores on survey designed to measure hostility or satisfaction.

- **Adequacy of validity for survey's uses.** This was carried out to assess the validity of items, scales and whole survey instruments to determine how well they measure what they are intended to measure.

1.2.9 Adequacy of description and methods for establishing validity

To ensure the instrument's accuracy, the researchers had to assess the performance of a survey instrument by measuring the following types of validity:

- **Face.** This is a review of how good an item or group of items appears. It was assessed by individuals with no training in the subject under study.
- **Content.** This is a formal expert's review of how good an item or series of items appears. This was assessed by individuals with expertise in some aspect of the subject under study.
- **Criterion**
 - 1) **Concurrent validity.** Measures how well the items or scales correlates with gold standard measures of the same variable. It requires the identification of an established, generally accepted gold standard.
 - 2) **Predictive Validity.** Measures how well the items or scale predicts expected future observations. It's used to predict outcomes or events of significance that the item or scale might subsequently be used to predict

1.2.10 Questionnaires Administration

Questionnaires administration was undertaken by two experts. The first one is a Medical Doctor with a very long experience in medical practicing. He was formerly working with the Bugando Medical Centre, the only referral hospital in the Lake Zone and the second one is a nurse with experience of 7 years in service.

1.2.11 Training Data Collectors

All interviewers and data collectors were trained to ensure that, they all know what is expected from them. The training focused taking them through the main step and their tasks in each step. Guidelines were prepared to provide them with all the information they need to perform during fieldwork. The guidelines had explanations of what to do, when, where, why and how to do it. Lastly, they were required conduct interview role-plays to enable them familiarize with questions.

1.2.12 Characteristics of quality assurance methods

In ensuring that we get the most accurate data as possible, it was necessary to monitor the interviewers. The interviewers had to submit a standardized checklist of activities performed each day. It was also necessary to accompany interviewers for sometimes to ensure that the survey is conducted appropriately.

The following steps were taken into account:

- Mobile phone – Administrator’s mobile phone was available to answer any questions that could occur, even at the time of an interview.
- Interviewers were given a set of topics to cover and handouts describing the survey.
- Schedule and diary containing calendars were given to interviewers so that they can keep track of their progress.

1.2.13 Length of time to complete each survey

It took three days to complete each survey.

1.2.14 Length of time for the entire survey to be completed

The entire survey took one month to be completed.

1.3 Survey Methods

1.3.1 Design

The survey was descriptive or observational designs, which produce information on groups and phenomena that already exist.

Limitations of External and Internal validity

- It was not possible to get a comprehensive literature of other researchers for the same problem carried out in Kirumba Ward. The survey relied much on literatures from outside the area concerned.
- Due to fund constraints, the researcher was unable to hire an HIV/AIDS specialist; therefore reliance was placed to Bugando Medical Centre Doctor to advise in all technical matters.

1.3.2 Sample Size

The probability sampling technique was used in categories consisting of many people and hence it was not possible to cover everyone due to time and money constraint. Each person in the population had an equal chance of being selected and therefore the resulting sample is representative.

The following groups were selected because they represent the highly affected categories and also these people are in a high risk of being affected.

- Barmaids - 10
- Students - 10
- Women doing food-vending business (Mama Lishe) - 10
- Youths - 10
- Petty traders (Machingas) – 10

Another important category of the survey consisted of people who have power and big role to play in the intervention of HIV/AIDS and prevention of further spread of the disease. The category also consisted of many peoples and hence it was important to use probability sampling technique.

- People Living with HIV/AIDS - 5
- Community members - 10
- Affected homes - 5
- Guest Houses Owners/Managers - 5
- Bar Owners/Managers - 5
- Religion Leaders - 5
- Street leaders – 5
- CBO members – 7

Focus group discussion was done with the following group consisting of knowledgeable people and decision makers:

- City Director.
- City Medical Officer.
- City Community Development Officer.
- City HIV/AIDS Coordinator.
- Political Leaders e.g. Councilor.
- Ward Executive Officer
- Voluntary Counseling and testing practitioners.
- CBO members.
- Non Government Organisations' HIV/AIDS specialists like TANESA and AMREF.

1.3.3 Potential biases

In choosing a sample we made sure that the sample size is large enough to represent the population from which it comes. No significant differences exist between the sample and the population.

The sample size was calculated after considering important factors such as the population proportion of the HIV/AIDS persons among all the study population of affected and infected people residing in the area. A confidence level of 90% was used in selecting the sample and therefore the sample size was calculated as follows:

$$N = (Z/e)^2 (p)(1-p)$$

Where:

N = Sample

Z = The standard score corresponding to a given confidence level

e = The proportion of sampling error

p = The estimated proportion or incidence case (Infection rate in the Ward)

For a 90% confidence level, Z = 1.65, e = 0.10

From the City Medical Officer data p = 30% = 0.30

Then, $N = (1.65/0.10)^2 (0.30)(1-0.30) = 57$; therefore the sample size consisted of 57 people randomly selected and 40 for other knowledgeable people

Therefore a total population comprised 97 people

Three issues were considered when choosing a sample size:

▪ **Sampling error**

These are small differences existing among samples and between them and the population from which they were drawn. Sampling errors is measured by using standard error of the mean. Sampling error was minimized so that to maximize the sample's representativeness.

▪ **Stratification**

Samples were drawn with a pattern of important characteristics that is the same as the population.

- **Confidence Levels**

90 percent confidence level was chosen, meaning that we anticipated that there is a 90 percent chance that the sample and the population will look alike.

1.4 Analysis

Analyzing data from the survey, involved tallying and averaging responses, looking at their relationships and comparing them. The data were analyzed by using SPSS Computer software whereby frequencies and percentages were calculated.

The following main factors were considered in the analysis

- The existing quality of services offered:
- Community involvement in taking cares and support to people living with HIV/AIDS and Orphans.
- Existence of other Organisation providing home based care to People living with HIV/AIDS and Orphans.
- The effect of home based care in mitigating the problems facing people living with HIV/AIDS and Orphans.

1.5 Research Findings

The finding from the survey are summarized below

The table below is answering the first question, which wanted to know whether the existing quality of services offered is satisfactory.

Table 2: Current services provided

Quality of Service Provided					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	10.3	10.3	10.3
	No	62	63.9	63.9	74.2
	I don't know	25	25.8	25.8	100.0
	Total	97	100.0	100.0	

From the table it was noted that 10.3% are satisfied with the services offered, 63.9% are not satisfied with the services whereas 25.8% do not know anything about the services offered. It was therefore evident that the services offered are not satisfactory taking the higher percent of the respondents.

The situation can also be analyzed by the use of the following bar chart



The highest frequency, which is No, shows that 62 respondents are not satisfied with the quality of services currently offered to People Living with HIV/AIDS and Orphans. This concluded that the existing quality of services is poor and therefore there is a need to find mechanisms of improving it, but as we know, we can't depend solely on the Government or donor funded Organizations to solve all our problems. It was therefore necessary to look at a crucial factor of community involvement in the provision of care and support not only to the People Living with HIV/AIDS but also to chronically ill people, Orphans and Vulnerable Children. It was our assumption that if the community is committed to volunteer in taking care of people living with HIV/AIDS and Orphans the problem could be reduced to a greater extent.

Therefore another factor that was considered is that of community voluntary commitment in taking care of People Living with HIV/AIDS and Orphans.

The question wanted to know, whether the community has been sensitized enough to take care and support to People Living with HIV/AIDS and Orphans in the Ward.

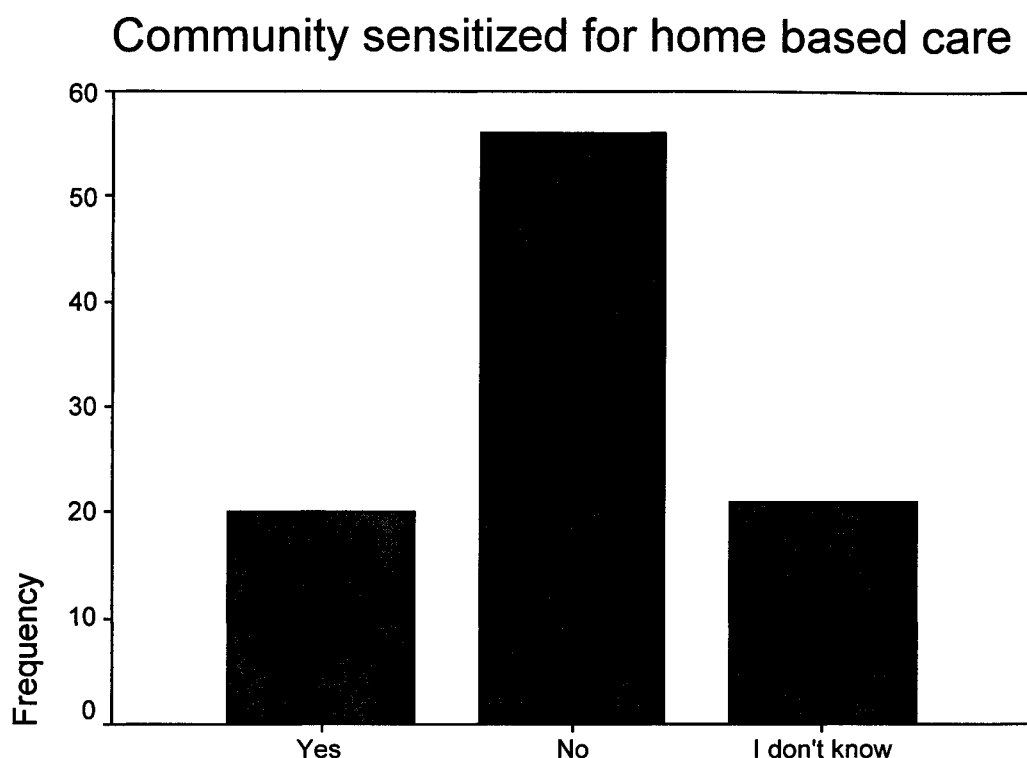
Table 3: Community sensitized for home based care

Community sensitized for home based care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	20.6	20.6	20.6
	No	56	57.7	57.7	78.4
	I don't know	21	21.6	21.6	100.0
	Total	97	100.0	100.0	

From the table above 20.6% agreed that the community has been sensitized enough, while 57.7% disagreed and 21.6% are not aware of the situation.

The situation was also presented by Bar chart below



Community sensitized for home based care

The above frequency show that 56 respondents disagree with the level of sensitization for community to volunteer in taking care of ill people and Orphans. This is the highest percentage and it is evident that people need to be sensitized so that they help each other especially those in problems like diseases and Orphans. We also noted that, some people were ready to contribute or even providing material and other supports to those in problems but the mechanism to coordinate them was a problem. Due to the magnitude of the problem in Kirumba Ward, we assumed that it was not possible for a single organisation to make intervention all alone. It was therefore necessary to find out if there is any other Organisation in the Ward providing home based care and support to People living with HIV/AIDS and Orphans so that we can collaborate and therefore ending up having a strong team.

Therefore the third question wanted to know the existence of other Organisations proving the same service in the Ward.

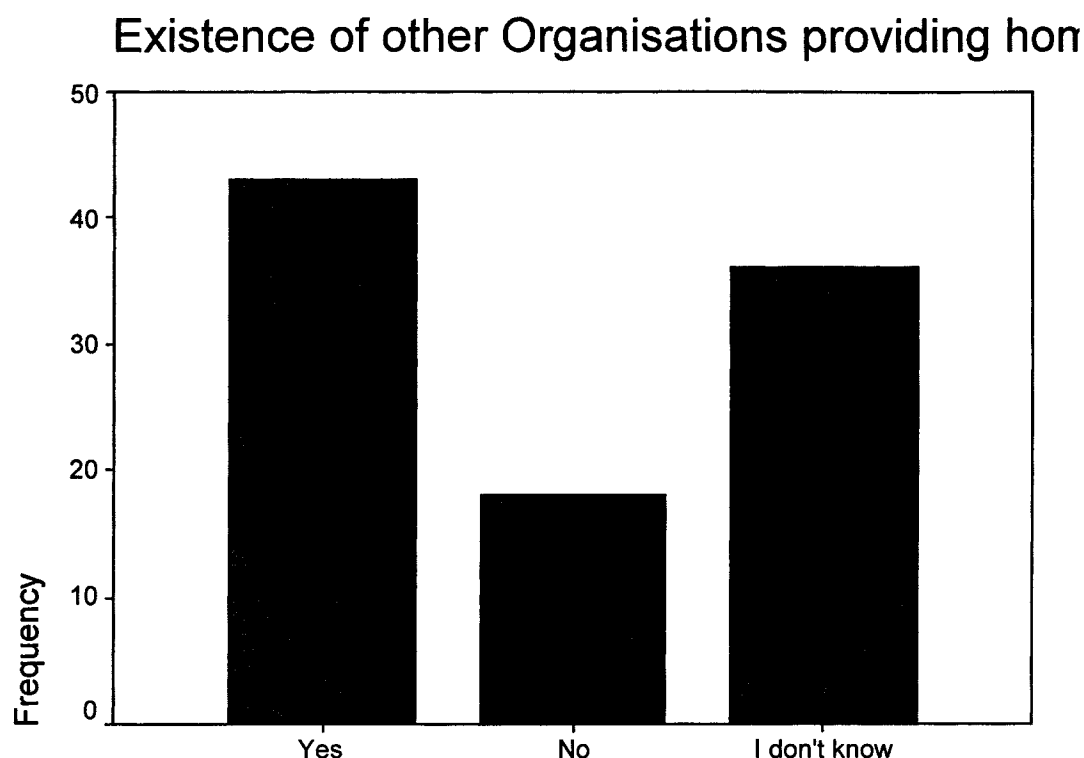
Table 4: Existence of other organizations

Existence of other Organizations providing home based care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	44.3	44.3	44.3
	No	18	18.6	18.6	62.9
	I don't know	36	37.1	37.1	100.0
	Total	97	100.0	100.0	

From the table above 44.3% agree that, there are other Organisations providing the same service, while 18.6% do not agree to the existence of other Organisation and 37.1% are not aware of the situation.

The bar chart below depict the results



Existence of other Organisations providing home based care

The frequency shows that 43 respondents agree that there are other Organisations in the Ward providing care and support to people living with HIV/AIDS and Orphans in the Ward. From this result we were therefore interested to know those Organisations so that we can form a link and collaboration, but the result was that there is only one Organisation known as Shalom Orphanage Centre operating under the Roman Catholic Church. In the actual sense this Organisation does not provide home-based care but rather a centre to accommodate about 40 Orphans. We therefore agree to form a link and expand the services to others outside the centre as it is not possible to accommodate all of them in centres.

In trying to find out the ways of mitigating the problem of People Living with HIV/AIDS and Orphans and taking into account that it's not possible to accommodate all of them in centres due to constraints like fund and accommodation houses, an idea of home based care and support was introduced.

Therefore the last question wanted to establish whether the provision of home based care and support can mitigate the problems facing People living with HIV/AIDS and Orphans in the Ward.

Table 5: The effect of home based care

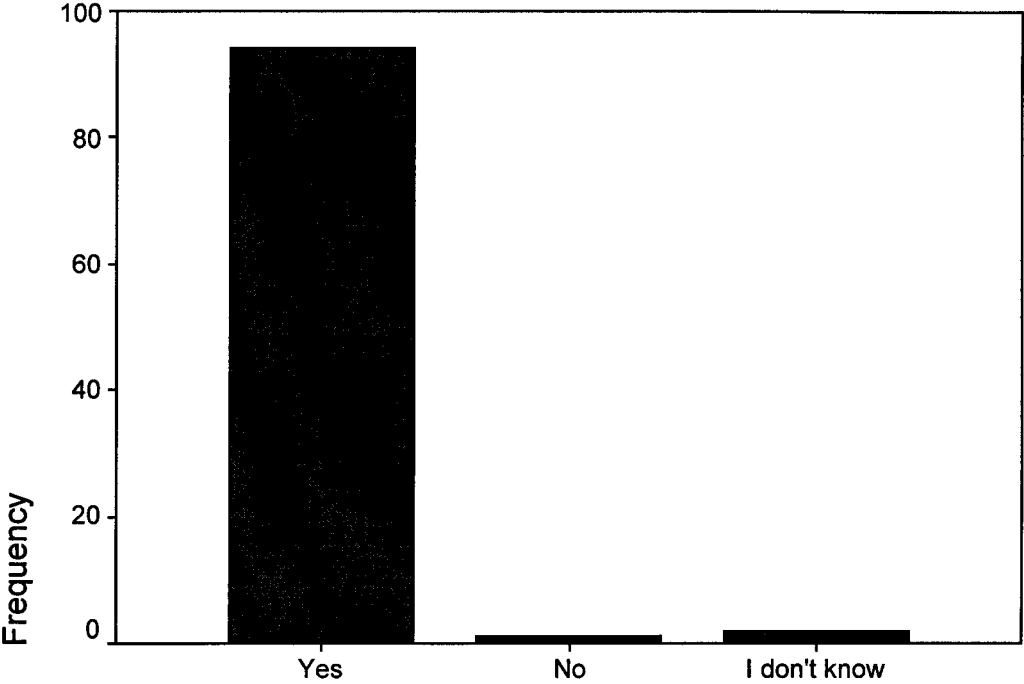
The effect of home based care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	94	96.9	96.9	96.9
	No	1	1.0	1.0	97.9
	I don't know	2	2.1	2.1	100.0
	Total	97	100.0	100.0	

From the above table, 96.9% agreed that provision of home based care and support to people living with HIV/AIDS and Orphans can mitigate the existing problems while 1% do not agree and 2.1% they were not in position to know whether it will help or not.

The result can also be illustrated by the use of the below bar chart

The effect of home based care



The effect of home based care

The frequency above shows that 94 respondents agree that home based care and support to people living with HIV/AIDS and Orphans is an immediate for mitigating the existing problems. From these results it became necessary to find out modalities of providing the home based care and support, we therefore made discussion with the focused groups like elders, religion leaders, street and ward leaders, political leaders etc. The discussion led us in revealing the following:

- The residents of Mwanza most of them Wasukuma, have a habit of sharing problems and happiness. They have also a traditional habit of having extended families. It was therefore agreed to revive this kind of habit and sensitize people to traditionally adopt one or two orphans and live with them as their members of the families. So far eight

orphans have been adopted and actually this habit is expected to reduce the problem, also community members were ready to contribute materials and funds to assist People living with HIV/AIDS and orphans and already Tshs 203,000/= have been contributed.

- There is minimla efforts for using the available information in fighting further spreading of HIV/AIDS infection. It was noted that people like taxi drivers, guest house workers have a lot of information which if used effectively can help in reducing the infection rate. For example taxi drivers are hired by old men to pick female students and take them to guest houses with the purpose of sexual intercourse. These taxi drivers and guest house workers knows how bad that action is but they end up keeping silent as there is no mechanism of using that information to stop that bad habit.
- It was also noted that, in carrying out the activities funds must be available. It was therefore agreed to find ways of raising money, whereby proposal was written for soliciting fund and presented to the Mwanza City Council. The Mwanza City Council has agreed to fund the project for two years at Tshs 8,900,000 per year. For the project to be sustainable the CBO started income generating activities whereby the CBO secured a tender from Mwanza City Council to clean Kirumba Ward Streets. Also as an additional strategy for sustainability, the CBO has started planting tree seedlings for commercial purposes.
- The affected HIV/AIDS homes exhibited a high level of poverty and therefore income generating activities and skills were needed for their survival.

CHAPTER 2: PROBLEM IDENTIFICATION

Poverty can be conceived as a state of deprivation prohibitive of decent human life. This is caused by lack of resources and capabilities to acquire basic human needs. It also include things like malnutrition, ignorance, prevalence of diseases, squalid surroundings, high infant, child and maternal mortality, low life expectancy, low per capita income, poor quality housing, inadequate clothing, low technology utilization, environmental degradation, unemployment, rural-urban migration and poor communication.

Communities are faced with very big problems of development that can be related to diseases. Among of the most notable problems are related to the scaring situation arising out of the HIV/AIDS pandemic. There seemed to be a steady increase of the prevalence of HIV/AIDS, rising from an average of 5.5 percent of adults in 1992 to 9.4 percent in 1999. Estimates show that about 12 percent of the country's adult population is HIV positive. The infection rate is highest among young adults aged 19 to 25 years. This spells disaster on the productive labour force and on economic growth and also with the potential to divert resources away from supporting economic progress and improved livelihoods.

To accomplish the goal of eradicating poverty by the year 2025, the fighting of further spread of HIV/AIDS should be high on the agenda if we are to prevent the erosion of the productive human resources.

2.1 Problem Statement

Mwanza Region with a population of three million people, is one among the Tanzanian's region with the highest HIV/AIDS prevalence rates. Most of the urban areas have higher prevalence rate than rural areas. The poor urban sections of the population are invariably the hardest hit. Kirumba Ward being urban and given the population dynamic of the area, which indicates that there is a lot of in and outward immigrants due to the Kirumba Mwaloni International Fish Market. The fish market creates a transient population of such people like fish traders, truck drivers, fishermen, barmaids, business persons and people attending the regular fish market. Likewise, there are many jobless people who most of them are youths. Mostly, these jobless people engage themselves in illegal activities like smoking bhang thus ending up into committing crimes, as well as practicing unsafe sex.

Inspite of the existence of several HIV/AIDS research and intervention organizations like TANESA, AMREF, Kuleana and NIMR that have been in Mwanza since the late 1980s, none of them has encouraged local communities to undertake HIV/AIDS intervention especially on home based care projects. Statistics from the City Health Department reveal a very high HIV infection rate of 16.4% among pregnant women attending antenatal clinics and the rate among blood donors was 5.8% in 2002.

There are currently, no effective programs providing care and support to People Living with HIV/AIDS and orphans in the Ward. However, it must be appreciated that at a

household level, caring for and AIDS patient is very costly in human, time and financial terms. Therefore, the need for support from community is paramount.

People Living with HIV/AIDS need appropriate nutritional, social and moral support to enable them enjoy a good quality of life, remain productive and live much longer with HIV/AIDS. It's a challenging area considering the absence of established modalities and mechanisms to provide such support. It is therefore evident that community members, NGOs, CBOs like Quality Life and Environmental Destiny, private sector and faith groups have a crucial role in facilitating this intervention.

Quality Life and Environment Destiny have resolved to launch a care and support program for people living with HIV/AIDS and orphans in the Ward. The organisation is keen to, and is determined to establish an effective program for home care and support to People Living with HIV/AIDS and orphans so as to enhance the provision of holistic assistance. It will strive to link with other organizations in the Mwanza City in order to consolidate and build a strong base for care and support to people living with HIV/AIDS and orphans.

2.2 Target Community

The targeted groups for this project are:

- People Living with HIV/AIDS and those in high risks of being infected like youth, women, barmaids, jobless people and the entire community so that we can reduce the spreading of this disease.

- Orphans and vulnerable children.

2.3 Stakeholders

- City Director – City Director is an overall in-charge of all administrative activities in the Mwanza City. He has a main role of providing guidance and policy on how the project should be operated.
- Shalom Orphanage Centre – Carrying joint efforts in dealing with orphans. This is the only existing organization providing care for orphans in the ward. They have experience of about two years and therefore we are expecting to learn and share ideas.
- City Health Officer – Advisory, capacity building to group members and provision of data on HIV/AIDS cases.
- City Community Development Officer – Support, operation guidelines and provision of data for orphans and vulnerable children.
- Ilemela District Commissioner – Assist to make joint efforts for the whole district to have a common goal.
- Ward Executive Officer – Identifying the needy persons and new infection cases in the Ward.
- CBO Members – Implementer of the program.

2.4 Stake holder's Impact analysis

Stakeholders	Participation	Evaluation	Impact of participation	Rate	Plan
City Director	Guidelines and operation policy and assisting the CBO in fund raising	High	Availability of operating policy, guidelines and fund	+	Joint efforts for the City as a whole
Shalom Orphanage Centre	Cooperation and shared knowledge and experience and data for Orphans	Low	Joint efforts in dealing with HIV/AIDS and orphanage will reduce the burden	-	Joint intervention
City Health Officer	Advisory and capacity building on training counselors and provision of medical consultation	Medium	Prolonged lives of the victims and availability of data for HIV/AIDS cases	+	Sustained support in health care for HIV/AIDS
City Community Development Officer	Support and operation guidelines	Medium	Availability of data for Orphans and Vulnerable Children	+	Sustained support and care for Orphans and Vulnerable Children
Ilemela DC	Registration and enabling link among the Government, CBOs and NGOs.	High	A strong link and collaboration in fighting and combating HIV/AIDS and Orphans problem in the District	+	Assist to make joint efforts for the whole district to have a common goal

WEO	Assist in identifying the needy persons in the ward	High	Cooperating with the CBO	+	Identification of new cases and sustained support
CBO Members	Implementers	High	Striving to solve the problem of HIV/AIDS patients and Orphanage	+	Cooperating with other Organization for intervention

2.5 Project Goal

The project goal is to improve the quality of life for People Living with HIV/AIDS, orphans and vulnerable children in Kirumba Ward, through provision of care and support.

2.6 Project Objectives

- To improve the quality of life for People Living with HIV/AIDS in Kirumba ward. The project will select 5 people in the first 2 years of the program.
- To improve care and support 5 orphans and vulnerable children in the ward.
- To reduce stigma and discrimination against People Living with HIV/AIDS and orphans in the ward. 3 influential community leaders will attend a 2 days seminar on stigma and discrimination effect for HIV/AIDS patients.

- To build the organizational capacity of the CBO so as to enable it to effectively implement a comprehensive home based care program. Eight qualified management, technical and support staff will be hired for these two years.

2.7 Host Organization

The project is hosted by a CBO known as Quality Life and Environmental Destiny and is affiliated to the Mwanza City Council which provides financial requirements. Mwanza City provides technical and advisory assistance regarding HIV/AIDS preventive measures and treatments through the health department. The City also provides advises on how to handle problems of OVC through the Community Development Department.

My role in the organization is to work as a consultant for the project especially in proposal writing to solicit fund, and the specific responsibilities are:

- Proposal writing.
- Budget preparation.
- Supervising the project's financial record keeping.
- Designing monitoring and evaluation plans so that they can measure plans against the implementation progress.
- Participating in monitoring and evaluation of the project.

CHAPTER 3: LITERATURE REVIEW

The Quality Life and Environmental Destiny and the Kirumba Ward residents are very much concerned with the increased number of HIV/AIDS cases and its impact to the community. The CBO has considered this challenge seriously and came out with the decision of making intervention by providing home based care and support to People Living with HIV/AIDS and Orphans in the Ward.

The idea came from the cross cutting issues related to the national response in dealing with the HIV/AIDS problem as provided by the National Multi-Sectoral Strategic Framework on HIV/AIDS (2003-2007) under the Prime Minister's Office. The rising demand for care and support by persons living with HIV/AIDS increases the burden on the health care system especially on hospital care. Experiences in Tanzania and elsewhere have demonstrated that a certain proportion of those care services can be organized and shouldered at home and community level. Home based care and support is an important element in mobilizing communities and promoting compassion for those infected and affected by the epidemic.

3.1 Theoretical Review

A virus is a microscopic organism that works by attaching itself to a host cell. Viruses are the cause of a number of diseases including influenza and the common cold.

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immune Deficiency syndrome (AIDS). HIV attacks the immune system and destroys the biological ability of the human body to fight off opportunistic infections such as

tuberculosis. AIDS itself is defined in terms of how much deterioration of the immune system has taken place, as seen by the presence of opportunistic infections. Although testing can be done but also AIDS can also be clinically determined by the CD4 count. CD4 cells are white blood cells that serve as the frontline defense against opportunistic infections. With the development of AIDS, the CD4 count drops dramatically in an affected person.

Almost all HIV infected people die as a result of the opportunistic infections that invade the body with the breakdown of the immune system. The majority will be dead within ten years of infection and many will die even sooner. The use of Antiretroviral Therapy (ARV) can preserve health longer and prolong life.

HIV is transmitted from one person to another mostly through heterosexual intercourse, which accounts for about 90% of all infections. HIV infection can also be transmitted from a mother to her child during pregnancy and during childbirth or from breastfeeding. Other modes of HIV transmission can be through infected blood, blood products donated organs or bone grafts and tissues.

The disease has neither cure nor vaccine. HIV/AIDS mostly affects young people because they are more active in sex. Young people are the main producers and contributors to the growth of national economy. **(National Policy on HIV/AIDS paper of November 2001)**

3.2 The social and economic impact of the HIV/AIDS

- **Health**

The impact of the HIV/AIDS epidemic on the health and well being of the population is enormous. AIDS result in massive suffering and death, disproportionately among young and productive people, and its impact on sickness and death rates dwarfs other consequences of the epidemic.

The health sector itself is hit particularly hard by the epidemic. The provision of palliative care and treatment of opportunistic infections resulting from AIDS are expensive and are straining the delivery of other health services. A study carried out by TACAIDS in 2005 showed that, health providers need spend more time with AIDS patients than with others and that the average hospital stay is about five times longer for AIDS patients than the average stay for non-AIDS patients. Also, provision of ARV places additional pressure on a limited health infrastructure and inadequate numbers of trained personnel.

The epidemic also affects the health sector in other ways. For example, the spread of HIV/AIDS in Sub-Saharan Africa has caused a surge in tuberculosis (TB) cases. A large proportion of adults in Sub-Saharan region, perhaps half in some areas, carry a latent TB infection that is suppressed by a healthy immune system. When weakened by the HIV, the immune system can no longer control the latent infection and full-blown TB can develop. Tuberculosis notification in Tanzania

rose from 13,700 cases in 1985 to 22,500 in 1990; 39,500 in 1995; 54,400 in 2000; and 64,700 in 2003 (Tanzania HIV/AIDS Indicator Survey 2005).

The impact of HIV infection on TB is an especially serious problem because TB can be transmitted through casual contact. Consequently, Tanzanians who are not at risk of HIV infection can become TB infected as an offshoot of the HIV/AIDS epidemic. Some people who are TB infected both HIV positive and HIV negative; receive inadequate drug treatment, and some other fail to adhere to their treatment. The result is that drug-resistant strains of TB are appearing, making it even more difficult and expensive, if not impossible to treat. Other diseases are also on the increase due to HIV and AIDS.

- **Education**

HIV and AIDS cause upset in the education sector as the epidemic affects teachers, students, and the management of the system. Though there are no specific data or proof, but it is believed that a significant proportion of teachers' deaths are due to AIDS-related causes. Those who are ill or who die from AIDS-related illnesses command a disproportionate share of the medical and burial expenses spent on teachers. Teachers with HIV/AIDS have higher rates of absenteeism than others. In Tanzania, those who die from AIDS-related causes are usually among the most experienced teachers. In this way, the epidemic affects the supply of educational services and the quality of education.

The epidemic affects the student side as well because, an AIDS death of an adult results in the loss of household labour and income. Children are often required to leave school and remain at home or go to work to compensate for losses and avoid schooling costs. Studies in Tanzania have shown that orphans especially girls, have higher absenteeism and dropout rates than other children. Often, those children from affected households who are able to remain in schools have a high-diminished ability to learn.

The schools provide opportunities to train children in life skills and values that will help them make responsible decisions about sexual behaviour later in life. Therefore, those who are not in schools lack this skill. (Tanzania HIV/AIDS Indicator Survey 2005)

- **Orphans and Vulnerable Children**

One of the most consequences of HIV/AIDS epidemic is the rapid increase in the number of OVC. The total number of orphans in the country has risen dramatically since 1990 mostly because of HIV/AIDS epidemic.

The Rapid Analysis and Action Planning process (RAAAP) which was applied in 2004 as part of an effort to scale up the response to support OVC. The RAAAP analysis indicated that 12% of all children were orphans in 2004. According to AIDS Impact Model (AIM), orphans constituted around 13% of all children in 2004, and the estimated number of orphans in 2005 was 2.56 million. Under the

assumption used in the AIM analysis, the number of orphans would rise further to 2.76 million in 2010 and 3.07 million in 2020.

The greatest impact is on the children themselves. Studies done by TACAIDS in 2005, found that in Tanzania the loss of a parent leads to higher level of sickness and malnourishment among children and lower their school attendances. Children in families that take in other children orphaned as a result of AIDS suffer a loss of resources for health, education and other purposes.

The study also indicated that, the need to provide care and support for the large number of orphans is placing considerable strain on social systems. Many grandparents are being left to care for young children and in other cases children and adolescents are heading families themselves. Such examples can be found in Makete in Iringa Region. At the community and national levels, there is an increased demand to provide health, education, shelter, food, clothing and other care including psychosocial support for these children.

- **Economy**

Although the HIV/AIDS epidemic may affect overall economic growth, its economic consequences are more often considered in terms of their impact on household poverty and on the economic success of firms.

According to Tanzania HIV/AIDS Indicator Survey (THIS), showed that there are economic setbacks in households that have experienced an AIDS related death or having a family member suffering from HIV/AIDS

The illness or death of an adult leads to a loss of household productivity and income including a caregivers' time away from work or school. Expenditures for medical care may increase substantially, especially after AIDS development. Funeral and mourning costs often consume a major portion of family savings, leaving the household ill prepared for the future.

The study further showed that households use up savings and assets in response to the death of a working age adult. In poorer households, food consumption and food expenditures decline. The epidemic seems to worsen poverty and undermine poverty reduction programmes because the lowest-income households are those most severely affected and least able to cope with the consequences of the epidemic. There is also a loss of agricultural labour in households affected by HIV/AIDS. Overall, declining agricultural productivity in AIDS affected households increased food insecurity and deepens poverty. Good nutrition is important for the well being of both sick family members and caregivers.

AIDS also have a significant impact on some firms by increasing expenditures and reducing revenues. Expenditures increase for employees' health care costs, burial expenses and recruitment and training of replacement employees. Revenue

decreases because of absenteeism due to illness and attendance at funerals and time spent on training. Workers' turnover leads to a less experienced labour force with lower productivity. These same factors affect the public sector workplace as well.

HIV/AIDS is a major development crisis that affects all sectors. During the last two decades the HIV/AIDS epidemic has spread relentlessly affecting people in all walks of life and destroying the most productive segments of the population particularly women and men between the ages of 20 and 49 years. The increasing number of AIDS related absenteeism from workplaces and deaths reflects the early manifestation of the epidemic leaving behind suffering and grief. Others include lowering of life expectancy, increasing the dependency ratio, reducing growth in GDP, reduction in productivity, increasing poverty, raising infant and child mortality as well as growing numbers of orphans. The children under the age of 10 years bear the brunt of the impact of AIDS and for them the impact is much longer lasting than for adults. The epidemic is a serious threat to the country's social and economic development and has serious and direct implications on the social services and welfare. Given the high HIV prevalence in the society, and in the absence of cure, the devastating impact of the epidemic is incomprehensible.

It's for this reason *The former President of Tanzania, Mr. Benjamin William Mkapa in his speech delivered in December 1999 declared HIV/AIDS* a national disaster and called for the entire nation, including the Government, political, religious

and civil leaders, non-government organizations and community based organizations to joins hands and make collective effort in fighting HIV/AIDS epidemic with everything we have got.

The former UN Secretary General Kofi Annan in the speech he delivered at the 23rd regional conference for Africa held in Johannesburg, South Africa from 1st to 5th March 2004 on HIV/AIDS and the food crisis in Sub-Saharan Africa organized by FAO, he said “ *HIV/AIDS is at last being recognized as a humanitarian disaster and is rightfully receiving the due attention it requires. With prevalence rates now rising to unprecedented levels of over 30% amongst adults in several countries in Southern Africa, the region in bracing itself to weather the destructive forces of the disease on life expectancy, food security, development gains and general wellbeing*”. HIV/AIDS is currently one of the greatest threats to global development and stability. Since the emergence of the epidemic in the early 1980s, more than 60 million people worldwide have been infected with HIV and over 20 million have died from AIDS. At present, approximately 42 million people are estimated to be living with HIV/AIDS.

Sub-Saharan Africa is the hardest hit region of the world. In its total population of 711 million, about 30 million people are living with HIV/AIDS, more than 15 million have died from AIDS, and more than 11 million have lost at least one parent to the disease (UNAIDS, 2003). Adult HIV/AIDS prevalence rates of 10 per cent are common in many countries. In parts of Southern and East Africa, rates greater than 15

percent are not exceptional; Lesotho, Swaziland, Zimbabwe and Botswana report rates of over 30 percent are still rising. The AIDS related excess mortality has a profound impact on the demographic composition of communities and households. By 2010, AIDS is projected to leave 20 million African Children under 15 years of age without one or both parents (UNAIDS and WHO, 2002). Moreover, the worst impact is still to come; so far, few countries have taken measures sufficient to see a decrease in their national infection rates.

In the African continent the first AIDS cases were reported in the early 1980s. By 1987 the epidemic had become concentrated in most counties in Sub Saharan Africa. Of the estimated 30 million cases of HIV infection in the world about 23 million cases are in Sub Saharan Africa. Tanzania is among of the most affected countries. In Tanzania the first three AIDS cases were reported in 1983 in Kagera region. By 1986 all the regions in Tanzania mainland had reported AIDS cases. By the end of 1999 there were some 600,000 cases of HIV/AIDS and a similar number of orphans. It's also estimated that over 2 million people are infected with HIV/AIDS, 70.5% of whom are in the age group of 25 – 49 years, and 15% 15 – 24 years. Over 72,000 new born babies were HIV infected. Women get infected at a much earlier age. Among the new infections in women 69% were in the age of 15 – 24. (National Policy Paper on HIV/AIDS 2001)

3.3 Empirical Literature

The HIV/AIDS epidemic is a long-term event, lasting many decades, which unfold in three waves; HIV prevalence, AIDS deaths, and wider impacts (De Waal, 2003). The world is in the third decade of the epidemic and at present the impact wave is developing in Africa. As impoverished families try to cope with the HIV/AIDS associated morbidity and mortality, a significant depletion of assets usually occurs, sending many into destitution. Community safety nets are breaking down because many households require assistance to meet their food, cash, care and labour needs, without being able to repay assistance in kind. The epidemic is also decimating staff of governmental as well as non-governmental institutions, thus fuelling widespread social and economic breakdown. In some countries, more school-teachers die annually than can be trained. If left unchecked, this situation could give rise to socio-economic calamities of staggering proportions, including widespread food shortages and weakened capacity for effective governance.

The humanitarian crisis in Southern Africa of 2002-03 highlighted the complex interactions between HIV/AIDS, food security and agriculture. The combination of HIV/AIDS related morbidity and mortality with climatic variability, soil deterioration, ineffective water control, inadequate farming techniques and lack of extension services, has greatly undermined production especially agriculture and associated livelihood activities. Livestock, crucial to the coping strategies of vulnerable households, have been depleted beyond normal levels in several areas due to diseases, drought, theft and sale. Trade barriers and poor infrastructure have

hampered the transfer of production surpluses and reduced access markets, impeding regional and in country capacities to respond to localized food shortages. As a result, communities have become more vulnerable to AIDS-associated problems, such as declining education levels and increased crime. Unlike usual emergencies, the disease takes its toll particularly amongst adults in their most productive years, and during prolonged illness prior to death, household assets are often severely depleted. In some areas, households are spending 100% of their annual income on medical care. Even in non-emergency settings, the impact of HIV/AIDS is seriously undermining the efforts to reduce poverty and is reversing many of the development gains made during recent decades. Seven million African workers died from 1985 to 2000 in the most 25 affected countries; it's likely that at least one quarter of economically productive adults in Southern Africa may die within next 5 to 10 years.

Due to the increased infection rate and HIV/AIDS cases, some few programs of home based care have been established as response of the Government call through the Tanzania Commission for AIDS (TACAIDS). Descriptions of such programmes are highlighted below:

Global AIDS programme

The U.S Global AIDS Coordinator's office, the Global AIDS Program (GAP) joined the efforts to implement the President's Emergency Plan for AIDS Relief. Among the critical intervention made under this program are:

- 1) Supported the expansion of a network of care for orphans and vulnerable children (OVC) and helped to meet the needs of over 10,000 OVC.
- 2) Helped establishment of home based care services in conjunction with Pastoral Activities and Services for people with AIDS in Dar es Salaam Archdiocese (PASADA), whereby thousand of people are provided with care and support for Voluntary HIV counseling and testing, educational psychological, social and economic support to Orphans and Vulnerable Children, diagnosis and treatment of opportunistic infection; and prevention of mother to child HIV transmissions.

AMPREF Tanzania

AMREF Tanzania is running a home-based care project in Kiponzelo Village in Iringa, South East of Tanzania. There are currently 10 volunteers working in 5 villages. Each volunteer takes care of about 15 to 20 patients. They began working in village since November 2003 and are currently taking care of about 37 male and 64 female patients, out of these, 3 are children. The volunteers are providing health education, counseling and medicines. They are mainly dealing with AIDS and TB patients.

Pathfinder International

Pathfinder International is providing HIV/AIDS home-based care and support to the places hardest hit by the disease, including Brazil, Bolivia and Peru and in the Sub-

Saharan Africa they have been working with the Kenya Network of Women with AIDS (KENWA) where they currently work near slum neighborhoods in Nairobi.

Their home-based projects provide both people living with HIV/AIDS and the family members who care for them with practical training and emotional support. Home-based care is a key component of Pathfinder's unified AIDS approach, which also raises awareness of AIDS prevention, works to remove AIDS-related stigma, support the work of grassroots AIDS organizations, and links families to available health, food aid, and income-generation resources.

Oxfarm International

Oxfarm International is working with KIWAKKUKI (Women's Against AIDS in Kilimanjaro) and Tanga AIDS Working Group.

1) KIWAKKUKI was started by women from different backgrounds like nurses, teachers, housewives etc. The project is based in Moshi, and has many volunteers who work as "peer educator" to raise awareness in the town and villages of the region as well as home based volunteers who help to look after the seriously sick. The home-based care response team, along with caring for the sick, also offers the family what support they can.

2) Tanga AIDS Working Group (TAWG) is operating in the neighbouring district of Tanga. TAWG was started by a group of concerned medical personnel. The Doctors are working with the traditional healers to provide home based treatment of HIV/AIDS associated diseases like weight loss, skin infections, herpes and

abdominal disorders. This has helped patients relieved from symptoms of HIV/AIDS, adding to both the quality of life and the time span with which people can live with the disease.

US Doctors for Africa

US Doctors for Africa, which is executed in conjunction with the William J. Clinton Foundation's HIV/AIDS initiative with pilot plan of 5 years in Dar es Salaam and Coast Region i.e. from 2003 to 2007 The project was established to support the implementation of Tanzania's National Care and Treatment program. The plan aims to provide care for 1.2 million patients over 5 years, of whom 400,000 people are expected to receive antiretroviral medication (ARVs). In addition, HIV positive persons not clinically eligible for highly active ARV treatment will also be treated and monitored to track the diseases progress.

The goals of pilot program were:

- 1) To provide quality, continuing care and treatment to as many HIV-positive residents of Tanzania as possible, building on the work done by the Ministry of Health and the Tanzania Commission of AIDS.
- 2) To strengthen the Country's healthcare infrastructure by enlarging the number of medical personnel, expanding the health facilities, purchasing additional equipment and providing comprehensive training to the local medical community in the care and treatment of people living with HIV/AIDS (PLWHA).
- 3) To foster information, education and communication efforts designed to increase public understanding and awareness of care and treatment alternatives for

HIV/AIDS, reduce the stigma associated with the disease and support ongoing prevention efforts.

- 4) To strengthen social support for care and treatment of PLWHA in Tanzania, whether, in a home setting or at a community-based care and treatment facility.

The IFAD

The IFAD – supported Uganda Women’s Efforts to Save Orphans (UWESO) to carry out home based care on the following areas:

- 1) HIV/AIDS information, education and communication programs for HIV prevention and AIDS mitigation among the targeted groups.
- 2) Poverty and livelihood security programs adapted to the conditions created by HIV/AIDS, including income-generating programs.
- 3) Concentration on development measures, rather than relief initiatives to strengthen socio-economic safety.
- 4) Taking care of Orphans and Vulnerable Children.

Importance of Home Based Care

The importance of home based care services as deduced from the above literature review is that home based care programs are of vital importance in any society especially at this particular time where the infection rate of HIV/AIDS is increasing and as a result there are also an increased number of orphans and vulnerable children. The Government cannot on itself carry the entire burden and hence it is important to reduce this problem in

our communities. Some examples of the pilot experiences do exist as mentioned above and it's high time for Kirumba Ward to have at least one to start with.

Kirumba ward being the busiest area of the Mwanza City, and having almost the most production activities in the City like Mwaloni International Fish Market, Hotels and Bars, is the hardest HIV/AIDS hit area. Despite of the existence of several HIV/AIDS research and intervention Organizations like TANESA, AMREF and Kuleana none of them has ever encouraged local communities to participate and undertake intervention. As a result people view them as data collectors.

This was revealed during a participatory study carried out by UNICEF (Tanzania) and Local Community leaders in some wards of the Mwanza City including Kirumba in year 2003, where 236 Orphans and Vulnerable Children were identified. This posed a challenge to the Kirumba Community, the Government, Mwanza City Authorities and the region as to how the problem can taken care of or at least reduced.

The Quality Life and Environmental Destiny members considered these challenges and came out with the decision to establish a home-based programme. The project is thus, born out of the unmet needs for the program to arrest the situation.

3.4 Policy Review

Addressing HIV/AIDS is now high on the development and humanitarian assistance agenda both within the countries, through regional initiatives (Such as the Abuja and

Maseru Declarations, and the SADCC strategic framework, as well as throughout the UN system. The latter includes the General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS in 2001, the appointment of a special envoy of the Secretary General for HIV/AIDS in Africa (Mr. Stephen Lewis) in 2001, the establishment of the UN Regional Inter-Agency Coordination and Support Office (RIASCO) in 2002 and the formation of the Commission of HIV/AIDS and Governance in Africa in 2003. An Inter-Agency Policy document of 2003, spells out that “Organizing the UN Response to the Triple threat of food security, weakened capacity for Governance and AIDS, particularly in Southern and Eastern Africa”, sets out a coherent system-wide policy and programming approach for the UN on HIV/AIDS.

National Strategies for eradication of poverty like the *Poverty Reduction Strategy, the national vision 2025 and MKURABITA* call for efforts by individuals to identify the factors that limit their ability to break out of the poverty vicious cycle and create more awareness of those factors so as to find solutions to the limitations.

The Poverty Reduction Strategy Paper (PRSP) spells out the spread of HIV/AIDS as one of the critical hindrances to accomplish the goal of eradicating poverty by the year 2025. Therefore fighting further spread of HIV/AIDS is high on the national agenda for preventing the erosion of the productive human resources.

The National Policy on HIV/IDS provides the general framework for the collective and individual response to the HIV/AIDS pandemic. It clearly outlines the pertinent issues in this struggle. These include among others, roles of the various sectors in the prevention,

care and support in HIV/AIDS, ethics and principles in HIV counseling and testing, the rights of People Living with HIV/AIDS, and the mandate and functions of the Tanzania Commission for AIDS (TACAIDS) in the national response to the epidemic.

3.4.1 Overall goal of the HIV/AIDS Policy

The overall goal of the National Policy on HIV/AIDS is to provide for a framework for leadership and coordination of the National multi-sectoral response to the HIV/AIDS epidemic. This includes formulation, by all sectors, of appropriate interventions, which will be effective in preventing transmission of HIV/AIDS and other sexually transmitted infections, protection and supporting vulnerable groups, mitigating the social and economic impact of HIV/AIDS. It also provides for the framework for strengthening the capacity of institutions, communities and individuals in all sectors to arrest the spread of the epidemic. Being a social, cultural and economic problem, prevention and control of HIV/AIDS epidemic will very much depend on effective community based prevention, care and support interventions. The local government councils will be the focal points for involving and coordinating public and private sectors, NGOs and faith groups in planning and implementing of HIV/AIDS interventions, particularly community based interventions.

3.4.2 Specific Objectives of the Policy

3.4.2.1 Prevention of transmission of HIV/AIDS

- (a) To create and sustain an increased awareness of HIV/AIDS through advocacy, information, education and communication for behaviour change at all levels by all sectors.
- (b) To prevent further transmission of HIV/AIDS through making blood and blood product safe, promoting safer sex practices and early and effective treatments of sexually transmitted diseases.

3.4.2.2 HIV Testing

- (a) To promote early diagnosis of HIV infection through voluntary testing with pre and post testing counseling.
- (b) To plan for counseling training and accreditation of training programs in Tanzania to ensure that counseling abides by a common code of practice.

3.4.2.3 Care for People Living with HIV/AIDS

- (a) To provide counseling and social support services for People Living With HIV/AIDS and their families.
- (b) To combat stigma and strengthening living positively.
- (c) To provide adequate treatment and medical care through an improved health care system that aims at enhancing quality of life.
- (d) To establish a system of referral and discharge that links hospital services to community services in a sustainable and complementary relationship.

- (e) To ensure availability of essential drugs.
- (f) To ensure that the cost of counseling and home care is reflected in the national and local councils budgets for health care and social welfare services.
- (g) To involve and support communities in the provision of community based and home care services.

3.4.2.4 Sectoral roles and financing

- (a) To strengthen the sectors, public, private, NGOs, faith groups, PLWHAs, CBOs and other specific groups to ensure that all stake holders are actively involved in HIV/AIDS work and to provide a framework for coordinating and collaboration.
- (b) To ensure strong and sustainable political and Government commitment, leadership and accountability at all levels.
- (c) To ensure strong and sustainable political and Government commitment, leadership and accountability at all levels.
- (d) To encourage and promote the spirit of community participation in HIV/AIDS activities.

3.4.2.5 Research

- (a) To participate in HIV/AIDS research, nationally and internationally and to establish a system to disseminate scientific information resulting from this research while upholding ethics that govern interventions in HIV/AIDS.
- (b) The Government will follow closely and collaborate in HIV vaccine development initiatives.

3.4.2.6 Legislation and legal issues

To create a legal framework by enacting a law on HIV/AIDS with a view to establishing multi-sectoral response to HIV/AIDS and to address legal and ethical issues in HIV/AIDS.

As can be seen, HIV/AIDS is a global and regional disaster which requires joint initiatives of all the key players like the Government, Communities, International Organizations and Agencies, Non-Government Organizations, individuals etc.

Quality Life and Environmental Destiny, has determined to put these policies in practice and is keen to establish an effective program for home care and support for People Living with HIV/AIDS so as to enhance the provision of holistic assistance. The CBO will strive to link with other organizations in the Mwanza City in order to consolidate and build a strong base for care and support to People Living with HIV/AIDS and Orphans. The CBO is hoping to get a maximum cooperation and assistance as it aims at implementing the national and international HIV/AIDS and poverty reduction policies.

CHAPTER 4: IMPLEMENTATION

The project on home-based care is being carried out in Kirumba Ward. The Ward is the busiest area in the City of Mwanza with a lot of activities and thus resulting into having influx of people from within and outside the City as well as outside the country. The project is carried out in participatory manner involving all stakeholders as well as empowering local communities to take charge of HIV/AIDS problem. It is expected that experience obtained, improvement of information flow and dealing with unmet needs are some of the strategies for the way forward in attaining sustainable solution for HIV/AIDS and orphans problem in the area.

The project mostly focus on sensitizing the involvement of community in provision of home based care and support to people living with HIV/AIDS and Orphans in the Ward. For the project to be effective, it is also important to include the element of fighting stigma and discrimination for PLWHA and OVC.

The project is divided into phases whereby the initial stage involves building a foundation or base. It starts with identifying PLWHA and OVC in the Ward, building organizational capacity and purchase of working materials, provision of care and support and workshops. Through the knowledge, experience, and sound foundation laid in the initial stage, the project will be expanded to include more PLWHA and OVC in the next phase, which is expected to start in 2009.

4.1 Products and Outputs

- Two Community Volunteers trained and empowered to provide home based care.
- Strengthened networking and referrals with other service facilities like ARV, TB therapy, emotional care etc.
- Nutritional counseling and food supplements provided to five (5) People living with HIV/AIDS.
- Educational and food support provided to five (5) orphans and vulnerable children.
- Community members sensitized to fight stigma and discrimination in Kirumba Ward, Mwanza City.
- Closer networking and collaborations for people living with HIV/AIDS.

4.2 Project Planning

- By October 2007, 20 families with HIV/AIDS trained on home based care.
- By November 2008, stigma and discrimination for PLWHA and OVC reduced by 20%.
- By November 2007, 20 OVC receiving care and support.
- By October 2008, the life of 20 families of PLWHA and OVC improved by starting the income generating activities.

4.3 Project Plan

Table 6: Implementation Plan

Project Objective	Activities	Resource	Time frame
By October 2007, 20 families with HIV/AIDS trained on home based care.	<ul style="list-style-type: none"> Families trained on how to take care PLWHA and proper use nutrition. Provision of counseling and connected to health Centres and ARVs for those eligible. 	Fund, Stationeries, funds and human resources	January 2007 – October 2007.
By November 2008, stigma and discrimination for PLWHA and OVC reduced by 20%.	<ul style="list-style-type: none"> Preparation of training materials Conducting workshops Preparation of anti-stigma and discrimination leaf-lets. 	Fund, Stationeries and human resources	April – November 2007
By November 2007, 20 OVC receiving care and support.	<ul style="list-style-type: none"> Purchase of school uniforms Purchase of school materials Paying school fees Provision of day to day up keep 	Fund and human resources	January 2007 to November 2007
By October 2008, the life of 20 families of PLWHA and OVC improved by starting the income generating activities.	<ul style="list-style-type: none"> Establishing the viable activities for income generating. Establishing funding mechanism for the activities. Training them on how the activities are going to be carried out 	Fund, stationeries and human resources	April 2007 to October 2008

4.4 Implementation Plan

The project implementation is in 4 phases of 18 months

1st phase September to February 2006

- Initial CBO visit for introduction – 28th September 2005.
- 1st meeting with the CBO Chairman – 1st October 2005.
- Meeting with CBO members – 8th October 2005
- Researching and gathering official information for HIV/AIDS and Orphans in the Ward and Mwanza City – November 2005
- Summarizing the information gathered and setting program's take off strategies – December 2005.
- Project Planning and strategic planning – January 2006.
- Preparation of Draft Proposal – February 2007.

2nd phase March to June 2006

- Researching to get the actual and updated information of HIV/AIDS and Orphans in the ward – March and April 2006.
- Proposal writing – May 2006.
- Presenting proposal to various donors and starting fund raising exercise – June 2006.
- Evaluating the project – July 2006.

3rd phase July – December 2006

- Collecting funds from various donors, members' contributions and other sources ready for Project taking off from August – October 2006.
- The project will also be evaluated before its take off in January 2007.

4th phase January 2007

- Take off of the project and monitoring and evaluation will be done periodically i.e. at the end of every 6 months.
- Purchase of volunteers and Supervisors' home based kit with essential materials – January 2007.
- Training Volunteers and Supervisors, purchase of school uniforms for Orphans and vulnerable children – January 2007.

4.5 Inputs

- Two workshops for volunteers for home based care services providers
- 100 leaf-lets for stigma and discrimination fighting.
- Five pairs of uniforms for OVC.
- School fees for 5 OVC
- School material for 5 OVC
- Two kits for home based with essential drugs for PLWHA
- A total budget of Tshs 9,490,000 is required.

4.6 Staffing pattern

The staff plan includes the following positions:

- Project Coordinator – This is the overall in charge of the project.
- CED Students – He is working as a consultant especially in finance matters, proposal writing and participating in monitoring and evaluation of the project.
- Project technical Advisor – His main role is to provide advises on technical aspects of the project such as health care, medications and transfers to referral hospital whenever needed.
- Project Secretary – He supervises the day to day activities of the project and keeping records of work done and to be done like meeting schedules.
- Project Supervisor – He is supervising the day to day activities to ensure that the work is carried out as required.
- Project Treasurer – Overall in charge of financial management of the project.
- Two Care Givers – Their main roles is to provide home based care to PLWHA.

During the second year of the project, the following staff will be needed:

- Agriculture and Veterinary Officer who will help the project in income generating activities especially on chicken rearing and dairy goats.

4.7 Budget

Benefits Costs

- Volunteers allowance = Tshs 45,000 per month for 2 people = Tshs 90,000 per month. Therefore for one year is Tshs 90,000 X 12 =Tshs 1,080,000.

- Supervisor's allowance = Tshs 50,000 per month, therefore for 1 year is Tshs 50,000 X 12 = Tshs 600,000.
- Food support for 5 Orphans at Tshs 20,000 for each per month. For one year is Tshs 20,000 X 5 X 12 = Tshs 1,200,000
- Food support for 5 PLWHA at Tshs 20,000 for each per month. For one year is Tshs 20,000 X 5 X 12 = Tshs 1,200,000

Operating Costs

- School fees for five Orphans = 5 X 30,000 = Tshs 150,000
- School uniforms for five Orphans = 5 X 40,000 = Tshs 200,000
- Stationeries for 2 volunteers = 2 X 20,000 = Tshs 40,000

Equipments and leaf lets

- Home based care kits 2 pcs at Tshs 80,000 each = Tshs 160,000
- 100 Stigma fighting leaf lets at Tshs 1,500 each = 100 X 1,500 = Tshs 150,000.

4.8 Project Progress

- After collection of data and analysis, the project started with building link with Shalom Orphanage Centre operating in the Ward whereby there was an agreement to collaborate in matters concerning orphans like exchanging information and taking care of them.
- First workshop for volunteer care-givers has been conducted and they started to provide services and counseling since April 2007. There is a delay of about three

months as this activity was supposed to start in January. The reason is that because the sponsor (City Council of Mwanza) delayed to release the budget as agreed earlier.

- So far twelve families with HIV/AIDS have been identified. This is a continuous process and it is expected that other families will be identified as the project is going on.
- A total of twelve Orphans have been identified. Out of them, eight have so far been adopted by different people and they are taken care of as members of their own family. The remaining four were staying with their guardians but due to poverty in those families they are not able to get the necessary requirements. So far the project has secured admission for standard one including purchasing uniforms and school materials for the four children.
- Proposal was presented to the Mwanza City Council, whereby two meetings were held in October and November 2006, and they have accepted to fund the project.
- Preparations of anti-stigma leaflets were ready since 10th April 2007.
- The income generation activities plan has been prepared for the affected homes especially in enabling them to get nutrition for their survival. CBO members have so far contributed Tshs 203,000. Every month starting from January 2007 Tshs 150,000 is set aside from the amount received by the CBO from their activities carried out such as cleaning the streets of the Ward. Therefore a total of Tshs 803,000 is available to date to fund income-generating activities. To start with, five families with PLWHA will be supplied with 10 local breed chickens to raise

so that they get eggs for sale and consumption. In the later stages, the project will be extended to supply dairy goat and vegetable gardening.

CHAPTER 5: MONITORING, EVALUATION AND SUSTAINABILITY

Monitoring is a continuous process aimed at establishing how the day-to-day project activities are implemented so that actions necessary can be done to achieve the desired goal. Monitoring provides managers with information needed to analyze the current situation, identifying problems and find solutions, discover trends and patterns, keep project activities on schedule, measure progress towards objectives, formulate/revise future goals and objectives, make decisions about human, financial and material resources.

5.1 Management Information System

Project monitoring will be carried out throughout the two years of project period using different methods and tools to ensure that the planned activities are implemented as planned and thus achieve the stated objectives: To realize that aim the following actions have been undertaken:

- Forms were designed and used to collect data. These forms provide the monitoring system. The forms yield data and information as follows:
 - Monthly reports from Volunteers to the Supervisors for compilation.
 - Monthly compiled reports from Supervisors to the Project Coordinator.
 - The project Coordinator compiles Supervisors reports for dispatch to the Project financiers.
- The above named monthly reports clearly show:
 - The number of People living with HIV / AIDS reached by these volunteers, their problems and how these problems have been solved. The reports also

show the number of orphans and vulnerable children reached, their ages, sex and the status of their parents or guardians.

- A report for each training workshop conducted, materials procured and supplied such as uniforms and kits is prepared and sent to the Project Coordinator. The report show how the objectives were met and what are the outcomes.
- The Project Coordinator monitors the day-to-day activities to see to it that they are implemented timely and compiles all the reports for submission to the relevant project funding authorities.

5.1.1 Monitoring and Evaluation Matrix

Objectives	Indicator	Baseline Target	Source of Information	Data Collection	Who Collects data	Users of Information	Importance of information
1. Identify households with PLWHA in the Ward	No. of PLWHA and Orphans	5 - 20	<ul style="list-style-type: none"> Community members PLWHA VCT Centres NGOs like AMREF & TANESA 	<ul style="list-style-type: none"> Face to face interview Secondary data 	Community members & PLWHA	<ul style="list-style-type: none"> QLED CBO Donors NGOs 	To know PLWHA and OVC
2. Training of families of PLWHA on home based care 2007	No. of trained families	0 - 20	City HIV/AIDS Coordinator	Training need assessment	<ul style="list-style-type: none"> Community members Consultants 	<ul style="list-style-type: none"> CBO Donors NGOs 	Assess the extent and type of skills transferred to PLWHA
3. To reduce stigma and discrimination against PLWHA & Orphans	Reduction of stigma & discrimination	80–60%	<ul style="list-style-type: none"> City HIV/AIDS Coordinator Community PLWHA 	<ul style="list-style-type: none"> FGD Questionnaires Interviews Review of Secondary data 	<ul style="list-style-type: none"> Community members PLWHA Consultants 	<ul style="list-style-type: none"> CBO NGOs City of Mwanza 	Assess level of discrimination and stigmatization

4. To Improve care and support to 10 families of PLWHA & Orphans	Improve care & support to 5 PLWHA and 5 Orphans	5 – 20%	<ul style="list-style-type: none"> • CBO records • PLWHA • Orphans • Community 	<ul style="list-style-type: none"> • Review of Records • Interview to Community, PLWHA & Orphans 	<ul style="list-style-type: none"> • Donors • CBO • Community members • PLWHA • OVC 	<ul style="list-style-type: none"> • CBO • City HIV/AIDS Coordinator 	Assess extent of support to PLWHA and Orphans
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5.1.2 Monitoring Plan

Project group members are meeting every Sunday to discuss progress, problems and together solutions are suggested and strategies for the way forward are set. The group also agreed that at the end of every month review of the records and activities carried out are done against the plan, this helps group members to know whether activities are undertaken as specified in the project plan.

5.1.3 Indicators to be monitored

- Number of PLWHA identified.
- Number of OVC identified.
- Number of trained families on provision of home based care.
- Reduction of stigma and discrimination against PLWHA and OVC.
- Improved care and support to PLWHA and OVC through home based care.

5.1.4 Monitoring Methodology

In order to assess the progress of the project and to monitor the activities carried out, it is important to collect data. The data collected from various activities are used to track and measure the progress achieved, problems encountered and the way forward. The following methods were used to collect data for monitoring.

- **Records Review**

The following records are kept by each volunteer and used in the monitoring process:

- 1) Number of PLWHA reached by volunteers, problems facing them and how they were solved or they are going to be solved.

- 2) Number of OVC reached by volunteers, their problems and the solutions.
- 3) Number of Orphans taken care by guardians or relatives, their problems and the solutions.
- 4) Materials support offered to PLWHA and OVC.
- 5) Training, workshops and counseling conducted and the costs involved.

- **Interview**

This method is used to collect information from individuals through open discussions.

The discussion mainly centred on projects objectives and the questions focused on establishing the following:

- 1) Whether home-based care has improved the quality of life for PLWHA and OVC in the ward.
- 2) Whether education provided through workshops, seminars and leaf lets has helped to reduce stigma and discrimination for PLWHA and OVC in the ward.
- 3) Whether the sensitization made has helped the community to participate and involve themselves in voluntary activities like taking care of OVC, PLWHA and other chronically ill persons.

- **Focus Group Discussion**

Discussion was made with the following focus groups:

- 1) Political leaders like Councilors.

- 2) Government leaders like District Commissioner, City Director, City Medical Officer, City Community Development Officer, City HIV/AIDS Coordinator, Ward Executive Officer and Street Leaders.
- 3) Religion leaders like Sheikhs, Pastors and Padres.
- 4) HIV/AIDS Specialists from Non Government Organizations like TANESA and AMREF.
- 5) CBO members.
- 6) PLWHA and OVC.

5.1.5 Data analysis and findings

Data collected and information collected on activities performed, progress achieved and problems encountered are recorded by CED students and Project Secretary and kept in a computer. The records are then compared with the planned activities and conclusions are made based on that comparisons made.

5.1.6 Monitoring results

- The organization was found convening meetings as it was supposed and minutes of the meetings were well kept. The current situation shows that, the organization has built a link of collaboration with one organization also operating in the ward known as Shalom Orphanage Centre. This has helped a lot in exchanging ideas especially in solving orphans problems and taking care of them.

- Mwanza City Council accepted the proposal to solicit fund for establishing a home based care and support for PLWHA and OVC in the ward. So far Tshs 4,745,000 has been released for the 1st year's budget.
- Workshop for volunteers was conducted in March 2007; there was a delay of about two months as it was supposed to be held in January 2007.

The following inputs required were procured and seen during the monitoring process:

- 100 leaflets for stigma and discrimination fighting were printed in April 2007. This is exactly as per project plan although the process was delayed from January 2007 to April 2007. This was because Mwanza city Council delayed to release fund from January to March 2007.
- Uniforms and school materials for five (5) OVC were purchased and distributed. The project also secured standard one admission for these children and their school expenses paid.
- Two kits for home-based care with essential drugs for PLWHA were procured as per project plan.
- CBO members' contribution for income generating activities has so far reached Tshs 803,000. This was raised in January 2007 with an initial outlay of Tshs 203,000 and thereafter a total of Tshs 150,000 is set aside from the CBO activities. The CBO was able during all this period to meet the plan and target.
- During this period, the CBO was able to identify 12 PLWHA and 12 OVC.

5.2 Evaluation

Evaluation is the process of gathering and analyzing information to determine whether the project is carrying out its planned activities and the extent to which the project is achieving its stated objectives through these activities.

The purpose of evaluation is to find out how effective the project is, to see whether objectives have been achieved, to learn how well things are being done and to learn from experience such that future activities can be improved.

5.2.1 Formative Evaluation

In formative evaluation we are looking for guidance and recommendations designed to strengthen or improve the project, make it sustainable or enhance performance and productivity.

To mitigate the spread of the virus and provide care and support to those already affected by the epidemic, Tanzania has adopted a multi-sectoral approach coordinated by the TACAIDS. Government Ministries, the private sector, Non-Governmental Organizations (NGOs), faith-based groups, communities, Community Based Organizations (CBO), support groups for people living with HIV/AIDS, international collaborating partners, and others are all engaged in the national fight against HIV/AIDS.

5.2.2 Summative evaluation

It examines whether the objectives have been achieved as defined.

- Evaluation is carried out periodically and at the end of the project. Project Coordinator is carrying out evaluation in periodic time to assess progress of the planned work, implementation of the planned activities and achievement of the project objectives.
- At the end of every six months period, the project will be evaluated to see whether the trained volunteers, supervisors and support staff perform their duties effectively and efficiently. The following will be the main outcome expected:
 - 1) Number of people living with HIV/AIDS identified.
 - 2) Identified home places for these HIV/AIDS patients to know their homes for visits, counseling and provision of care.
 - 3) HIV/AIDS patients visited and assisted in medications, referrals, nutrition and other advices.
 - 4) Identified orphans and vulnerable children and assistance given that includes how many were sent to schools, materials provided to them like uniforms and school fees and upkeep.
 - 5) To what extent has the stigmatization eliminated or rather reduced.
 - 6) Number of established groups for people living positively with HIV/AIDS so that they can collaborate in their problems and in income generating activities.
 - 7) Established strong network and referrals.

5.2.3 Current situation and the way forward

The HIV/AIDS epidemic continues to be a critical health and development issue for the nation. HIV prevalence is now estimated at 12% of people aged 15 to 49 years. This means that Tanzania is among the worst affected countries in the World.

Tanzania also has a vision to address the epidemic. The country has a national policy and a strategic plan in place and has adopted a multi-sectoral approach to prevention and mitigation of the HIV/AIDS epidemic. All Government sectors need to be and have been involved in the response, as well as the private sector, NGOs, community and faith based organizations.

Much has been already happened and much is being done to stop this epidemic and to provide care and support to those affected. Resources are now available to address the epidemic from Government, Private development partners and International sources such as Global Fund for AIDS and United States Government under the President's Emergency Plan for AIDS Relief. Efforts are also going on for rapid programme expansion, including provision of ARVs and expanded prevention of mother to children transmission services.

Tanzania is going to suffer the consequences of the HIV/AIDS epidemic for many decades into the future. The National Multi-Sectoral Strategic Framework

(NMSF) notes that “the fight against AIDS will last for many generations” and calls for continuous and long-term commitment on the part of stakeholders.

We now have more knowledge about the epidemic and how to address it than ever before. With sufficient commitment, Tanzania can achieve a point where the number of new infections keeps going down each year and where care, support, and treatment including ARVs reach new levels of coverage and quality.

5.2.4 Indicators to be evaluated

- Our first task was to identify PLWHA and OVC in the ward. Therefore the indicator for evaluation here was the **number of PLWHA and OVC identified**.
- The identified families had to be trained on provision of home-based care. The indicator was **number of trained families** on home-based care.
- The community members had to be given education on fighting stigma and discrimination against PLWHA and OVC. The indicator is to have a **reduction of stigma and discrimination**.
- Members of the community had to be sensitized to involve themselves in voluntary activities and taking care of those in problems. The indicators were **number of children so far adopted** by the community members and their contributions to those in needy.
- **Number of groups established** for people living positively with HIV/AIDS for collaboration purposes in solving their problems.

- Established strong network of PLWHA and referral.

5.2.5 Research Methodology

The research is done to make comparison of the data collected so as to assess whether the intended project goals and objectives have been achieved. The evaluation was done in a participatory manner whereby members and stakeholders of the project participated.

It was agreed that the project will be evaluated after every six months period whereby the first one was held in December 2006 and the second one is expected to be held in June 2007.

The following methods were used to collect data for evaluation:

- **Observation**

Observation was an important tool in our evaluation research as it provides opportunity for community members to air their views and comments on how the project is physically performing. It gave a room of gauging what has actually been implemented and what is remaining. It was also important at this particular juncture to evaluate community awareness on what is going on in the ward through this project.

- **Documentary review**

This involved reviewing all the documents and records kept during the project implementation for a particular period of 6 months. The records include minutes of meetings held, workshops and seminars conducted, number of PLWHA and OVC identified, families of PLWHA reached and the services

offered, Orphans adopted and taken care of by families and assistance offered to them, material support so far provided and community response to volunteer in taking care of those in problems.

- **Focus Group Discussion**

This was another tool used in researching the data for evaluation whereby focused group and knowledgeable people discussions helped to measure the extent of services provided, their awareness on the activities carried out and get their views on how the project is performing and what is to be done in case if there is any deviation.

5.2.6 Data analysis and findings

Data collected were analyzed and used to make comparison with the planned activities. Then discussion session followed and conclusions reached through a participatory process.

The following were findings:

- We managed to prepare proposal for fund soliciting and presented it to Mwanza City in Mwanza. The City authority accepted the proposal and agreed to fund the project for two years at a cost of Tshs 9,490,000 as per our budget.
- We planned to identify 5 to 20 PLWHA in the Ward. The records show that we have identified 12 PLWHA, the process is still going on and we expect more to be identified.
- We had a target of identifying 10 OVC but our records show that we identified 12 Orphans whereby 8 were adopted and 4 are staying with their

guardians. The quality of life for these children has increased significantly for at least 25% and exceeded the planned rate of 20%. All 12 Orphans have been enrolled to schools and they were provided with all studying materials and food support. We are still faced with a challenge of increasing the number of Orphans adopted as the total number of OVC in the ward is estimated to be 236 therefore this is about 5% of the total population.

- Care and support of identified PLWHA was expected to be increased by 15% i.e. from 5 to 20%. Workshops and training for care givers was held in March and started provision of services in April 2007. Income generating activities for these families was scheduled to start in July 2007. Evaluation for this activity will be done in June 2007.
- 20% reduction of stigma and discrimination against PLWHA and OVC was expected i.e. from 80% to 60%. The activity started in April whereby anti-stigma materials and leaflets have been prepared and distributed. The impact of this activity will be evaluated in June 2007.

It was therefore unanimously agreed that all the activities were important and they should continue but more emphasis to be put in income generating activities so that to sustain the project for unforeseeable future.

5.3 Sustainability

Sustainability refers to how the project ensures its capacity to functions regardless of changes, which may happen such as external funding sources.

The following sustainability elements ensures the project to function for unforeseeable future:

5.3 1 Sustainability Elements

- Mwanza City Council being the main stakeholder of the CBO is funding the project and therefore it has a full support of the Local Government Authority of the area.
- The project is participatory and it involves the community and therefore the project is for them and they own it.
- Combating HIV/AIDS is a national priority and an integral part of the development efforts; it therefore has a strong political and government commitment at all levels.
- The Government has adopted multi-sectoral and multi-disciplinary approaches, which is expected to have effective coordination and partnerships of all actors.
- PLWHA themselves are actively participating in programming and implementation of the project. The only problem is that, people living with HIV/AIDS pay more attention in making sure that their human rights are respected, but slowly they have begun to engage themselves in full intervention.

5.3.2 Sustainability Plan

- People in Kirumba Ward have started to know that HIV/AIDS and OVC is a problem for everybody and the voluntary participation spirit is seen.

People are ready to contribute, to take care and also adopt Orphans. It is expected that this spirit of sharing problems will continue since it is a cultural habit of Tanzanians.

- CBO itself has started income generating activities for the project sustainability without depending on donors. The Organization has secured a tender to clean roads of the Kirumba Ward and also it has started tree seedlings planting for sale. The fund obtained from these activities will make it possible for the project to stand on its own in the future.
- There is also a process of income generating initiatives to the affected families.

5.3.3 Institutional Plan

- The project and interventions is people centred as it assists and empowers communities, families and individuals to develop their own responses.
- Mwanza City Council being has accepted our proposal and incorporated it in their five years strategic plan.
- The knowledge gained by community members through trainings, workshops, experiences and expertise is an asset and will be rolled out to others day after day.

CHAPTER 6: CONCLUSIONS & RECOMMENDATIONS

Quality Life and Environmental Destiny carried out a study of home based care for people living with HIV/AIDS and Orphans in the Ward. The Organization believes that comprehensive response to HIV/AIDS is an effective control of the epidemic. This includes prevention, care and support to PLWHA and OVC in the community including home based care. However, it must be appreciated that at the household level, caring for PLWHA and OVC is very costly in terms of human, time and financial. Therefore, the need for support from the community is paramount.

6.1 Conclusion

In accomplishing the goal of eradicating poverty by the year 2025, we have a very big challenge of fighting the further spread of HIV/AIDS so that to prevent the erosion of the productive human resource.

Since HIV is primarily transmitted through heterosexual contact, most prevention efforts have to be aimed at changing high-risk sexual behaviour. We are therefore faced with a challenge of mitigating the spread of the virus and at the same time providing care and support to those already infected and otherwise affected by the epidemic. The following key points should be taken into account to have a successful intervention:

- Combating HIV/AIDS needs the involvement and participation of the entire community and society.
- Combating AIDS is a national priority and integral part of the development effort, but it requires continuous and strong political and government commitment at all levels.

- Success and synergies requires multi-sectoral and multi-disciplinary approaches with government leading effective coordination and partnerships of all actors.
- The human rights of persons living with HIV/AIDS must be respected and they must actively participate in programming and implementation of projects aimed for them.
- Intervention must be scientifically and ethically sound, respected and dignity and values of the people and must also be cost effective.
- Projects and interventions must be people centred in a way that assist and empowers communities, families, and individuals to develop their own responses.

The following strategies will help to mitigate the HIV/AIDS problems:

- For care and treatment, key strategies should be:
 - 1) To increase the proportion of PLWHA having access to the best available treatment and medical care for common opportunistic infections.
 - 2) To expand access to antiretroviral therapy for eligible PLWHA.
 - 3) To continue developing and expanding appropriate and sustainable home based care and support systems for PLWHA and their families.
- For economic and social impact mitigation, key strategies should be:
 - 1) To secure the basic livelihood of persons, families and communities hardest hit by the epidemic.
 - 2) To increase the proportion of children orphaned having access to adequate and integrated community based support.

- For cross cutting issues relating to the entire national response, key strategies should be:
 - 1) To provide correct and sound information and to protect people from false rumours and misinformation.
 - 2) To sustain national and other agents high-level commitment in dealing with HIV/AIDS epidemic.
 - 3) To promote societal openness about HIV/AIDS.
 - 4) To fight stigma and discrimination, treat PLWHA with tolerance and compassion while respecting and promoting their human rights.
 - 5) To promote, facilitate and expand models of community mobilization in all districts of the country.
 - 6) To mainstream the national response to HIV/AIDS in all major sectors of the society through integrated and comprehensive plans and implementation programmes, including long-term development plans and policies.

6.2 Recommendations

I highly recommend other communities to engage and participate in projects like this if they really focus on poverty reduction and alleviation. In order to attain the development we are dreaming of, we must learn and make sure that we stand on our own. This is a challenge to all community members as the Government has adopted a strategy of decentralization by devolution i.e. the grants and Government subsidies are directed to the low level of the Government particularly The Local Government Authorities (Cities, Municipals, Towns, Districts, Wards and Villages) to manage their own development.

Therefore, without having project skills like this one, they wont be able to attain the Government Objectives and goals.

6.3 Policies

HIV/AIDS is a community based social, cultural and economic problem that has brought into the open far reaching social, cultural, legal, gender and human rights implications in relation to the welfare of the larger numbers of widows and Orphans due to AIDS related deaths. The main objective of support services is to provide the legal and social framework for the promotion of care and support for those affected by the HIV/AIDS and Orphans in mitigating the impact of HIV/AIDS. Multisectoral efforts are sustained in promoting positive attitude on HIV/AIDS in the communities. The Local Government Authorities and Local Communities are supported to facilitate and sustain support service to PLWHA and Orphans in their communities.

The following are the Government policies concerning improving the life of PLWHA and OVC in Tanzania:

1. To encourage and promote multisectoral involvement in the community sensitization on prevailing laws, which protect the rights of surviving dependants and it ensures their right to inherit the land and properties of the deceased.
2. To encourage community involvement in ensuring care and support to PLWHA and OVC.
3. To ensure that policies of all sectors address the rights of surviving dependants.

4. The necessary support and protection from HIV/AIDS is given to Orphans and children in special institutions including street children and those with disabilities that are at risk of HIV infection.
5. The definition of an orphan, within the context of Tanzania society as far as AIDS epidemic is concerned, is a child between the age of 0 to 15 years who has lost both parents.

HIV/AIDS was declared a national disaster by the Ex-President of Tanzania Mr Benjamin Mkapa in December 1999. He made a call for the entire nation including the Government, political, religious and civil leaders and non-government organizations to join hands on the war against the HIV/AIDS epidemic.

The Strategic Framework is an important step in the national efforts to intensify the epidemic. The operationalisation of the national policy on HIV/AIDS provides strategic guidance for developing and implementing HIV/AIDS interventions by various partners. It puts strong emphasis on community-based response, that communities are fully empowered and involved in formulation and implementing own responses. It is closely linked with other national development initiatives including Vision 2025, Poverty Reduction Strategy Paper (PRSP) and Medium Term Expenditure Framework (MTEF).

Despite substantial efforts by the Government of Tanzania and its Development Partners since 1986 when the National AIDS Control Programme (NACP) and the

first short term plan against HIV/AIDS were established, HIV prevalence rates continue to rise in nearly all parts of the country.

Poverty, which is still widespread in the country, reduces the possibilities of larger segments of the population to have access to correct and continuous information and education about sexual health matters and medical services for treatment of Sexually Transmitted Infections (STIs). At the same time, poor resources limit the capacity of public sector to safeguard the health of the population and provide sufficient education and social services to its people. Poverty also limits the economic safety to provide support to individuals, families and communities hard hit by the impact of the epidemic.

The impact of the National response to the epidemic in the last 16 years is difficult to assess. Although the different short term and medium term plans between 1986 and 2002 were guided by national experiences and internationally recommended prevention and control strategies. Their combined efforts failed to reverse the trend of the epidemic at the national level. Past efforts spearheaded by the Ministry of Health and its National AIDS Control Programme (NACP) were constrained by structural factors like low implementation rate, lack of human and financial resources, inadequate capacity of the implementing institutions, excessive bureaucracy and centralization, insufficient coordination and limited integration of development partner activities.

In spite of this, the following two major achievements were noted:

- The elaboration and approval of a National Policy on HIV/AIDS (November 2001) and,
- The creation through an act of Parliament (2001) of the Tanzania Commission for AIDS (TACAIDS), a new body to lead the multi-sectoral National Response under the Prime Minister's Office.

Based on analysis of past efforts, achievements and constraints and on the continuous rise of the epidemic, the following challenges must be addressed:

- To increase the commitment and leadership among the national authorities and the leaders at all levels,
- To respond to the rising demand for high quality treatment of PLWHA so that they live positively and remain productive.
- To unite all efforts of national and external stakeholders around a broad multisectoral response,
- To bring in line the long term development policies of poverty reduction with immediate programme efforts of HIV/AIDS prevention and control,
- To increase the long term commitment of the entire population to HIV/AIDS programmes,
- To increase financial commitment at all levels for the actors.

BIBLIOGRAPHY

- AMREF – Home based care project in Iringa, 2005.
- An Inter-Agency policy document of 2003.
- Article from Oxfarm International, 2005.
- Avert – HIV & AIDS in Africa, 2005.
- De Waal, 2003.
- IFAD Strategy Paper on HIV/AIDS for East and Southern Africa,
- Global AIDS Program – The Emergency Plan in Tanzania, 2003.
- National census – 2002.
- Official Information on HIV/AIDS for Mwanza City – City Medical Office - 2003.
- Orphans and Vulnerable Children data for Kirumba Ward – Ward Executive Office - 2003.
- Orphans and Vulnerable Children data for Mwanza City – City Community Development Office - 2003.
- Pathfinder International’s experience document on HIV in Kenya, 2005.
- President Benjamin Mkapa’s Speech – December 1999.
- SADC Strategic framework
- The Formation of the Commission on HIV/AIDS and Governance in Africa paper, 2003.
- The National Multi-sectoral Strategic framework on HIV/AIDS (2003 – 2007).
- The National Poverty Reduction Strategy
- The National Policy on HIV/AIDS.

- The National Vision 2025.
- The UN Regional Inter-Agency Coordination and Support framework, 2002
- The UN System General Assembly Special Session paper on Declaration Commitment on HIV/AIDS, 2001.
- The US Doctor for Africa.
- Twenty – third Regional Conference for Africa on HIV/AIDS in Sub-Saharan Africa paper – March 2004.
- UNAIDS, 2003.
- UNAIDS and WHO, 2002.