

## Appendices

WAJANE NA YATIMA WANAOSHIRIKIWA NA VIRUSI VYA  
UKIMWI  
(WAYAWAWI)

WAYAWAWI  
Yombo Machimbo,  
Nyumba No. 129.

Nakala; Ofisi ya Mwenyekiti,  
Yombo Machimbo

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Kumb. Na. WAYAWAWI/5/2005

Tarehe: 06 Oct. 2005

Kwa Yeyote Anayehusika.  
**DAR ES SALAAM.**

**YAH: UTAMBULISHO WA NDG. JOSEPHINE KAYUNGILIZI.**

Mtajwa hapo juu ni mwanafunzi anayechukua masomo ya shahada ya uzamili (Masters Degree) katika masuala ya maendeleo ya wananchi anayefanya utafiti wake katika eneo hili la Yombo Machimbo.

Mhusika anafanya utafiti juu ya Unyanyapaa unaohusiana na ugonjwa wa Ukimwi hapa Yombo. Utafiti huu utasaidia katika mwongozo utakaoleta mwelekeo wa ufumbuzi wa tatizo hili

Ili kufanikisha utafiti huu, atadodosa watu mbalimbali katika kata hii ili kuweza kupata taarifa hizo. Hivyo tunaomba apewe ushirikiano unaostahili ili kuwezesha azma yetu kwa wakazi wa eneo hili.

Tunatangulizha shukrani kwa ushirikiano wako.

Ndimi,

*P. Mhazima.*

**MWENYEKITI.**

Josephine F. Kayungilizi,  
P. O. Box 8137,  
DAR ES SALAAM.  
**TANZANIA.**  
30/09/2005

WAYAWAVI,  
P.O.BOX 1452,  
YOMBO DOVYA  
**DAR ES SALAAM.**

Dear Sir/Madam

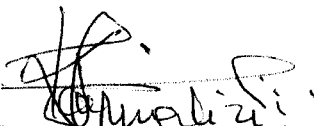
**RE: WORKING FOR CED PROJECT WITH WAYAWAVI GROUP**

I Josephine F. Kayungilizi. Am a student of Southern new Hampshire University at Open University of Dar es Salaam, doing MSc CED Program. (Community Economic Development) , during the course I am required to do Community Economic Development Projects with the CBO (Community Based Organization, Group etc) to work together in the community, in identifying needs of the community, assist in any objective in your Group in order for to me be exposed in essential projects, for the purpose of contribution of my knowledge and skills to the community and your Group and my practical skills for the period of 18 months, thus, duration of my course.

I hope you will consider my letter.

Thanking you in advance.

Yours faithfully



**Josephine Kayungilizi**

**WAJANE NA YATIMA WANAOSHISHI NA VIRUSI VYA UKIMWI  
(WAYAWAVI)**

Local Government Authority  
P. O. Box 1452,  
Dar es Salaam.

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Ref:No. WAYAWAVI/26/05

Date: 03/10/2005.

Josephine Kayungulizi,  
P.O.Box 8137,  
DAR ES SALAAM.

**RE: STUDY ATTACHMENT AT WAYAWAVI**

We are grateful of your letter to WAYAWAVI in respect of the caption.

We have some works to be done for Wajane na Yatima Wanaoishi na Virusi Vya Ukimwi promoted by us under the Government Ward Authority.

The work involves sensitizing WAYAWAVI and community in general on HIV and related stigmatization. The activity expected to be carried out to different groups including teachers, religious leaders, political leaders and community in general.

Our office and the group are open for you for your use and cooperation in this attempt.

Looking forward to your attachment and commitment.

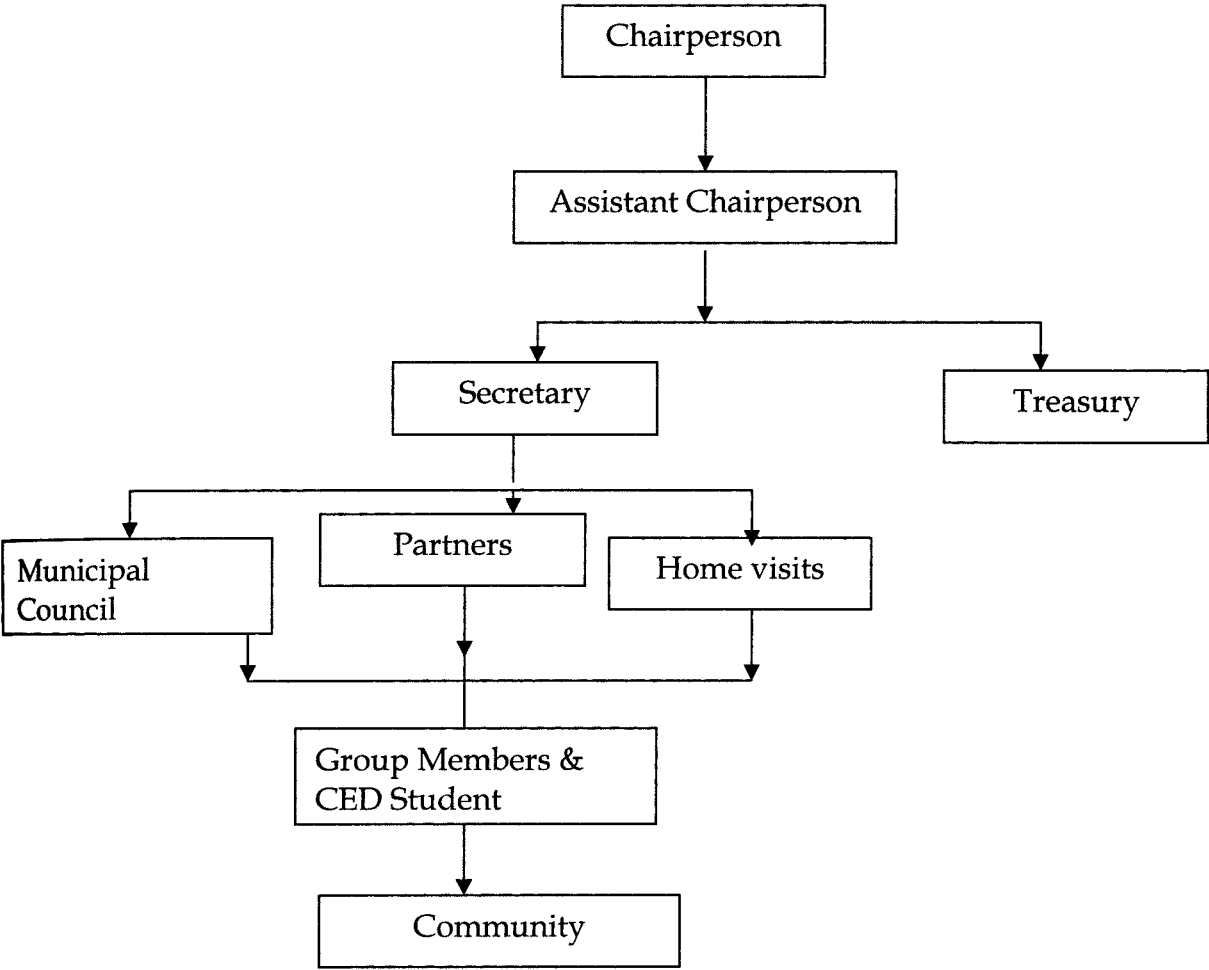
Yours Sincerely

*P. Mgeniwa.*  
**CHAIRPERSON**

**ORGANIZATION CHART**

The organization chart looked as follows:-

**LOCAL GOVERNMENT**



# Staff Job Description

**Job description is as follows**

## **Chairman local Government Authority**

- Over all seer of WAYAWAVI and any other activities in the organization

## **WAYAWAVI Chair Person**

- In charge of decision making on different activities
- Link WAYAWAVI and other organizations
- Liaised with the government and other organizations on administrative issues
- Responsible with communication on new changes from government or other authorities( ie policies, bylaws, directives etc)
- Represented the group in all meetings and gatherings as required,
- Authorized use of funds
- Group spokes person

## **Assistant chairperson**

- Responsible for all the above activities on the absence of the chair person
- Assisted the chair person to perform her activities
- Worked closely with the group secretary

## **Secretary**

- In charged with all activities as planned by the group
- Advised the group on how best they can achieve their objectives
- Forewoman of different in the group and community related activities
- Performed the above activities on absence of both chairperson and assistant
- Accountable to home visits, peer educators, collaborators and partners reports

## **CED student**

- Reported to the secretary of the group
- Technical assistant
- Awareness creation assistant coordinator
- Linked the group with other NGOs working on HIV/AIDS and health in general
- In charged with formulation of policies related to stigma at the community level
- Overall seer of all activities pertaining behavior change communication of the project

**Responsibilities**

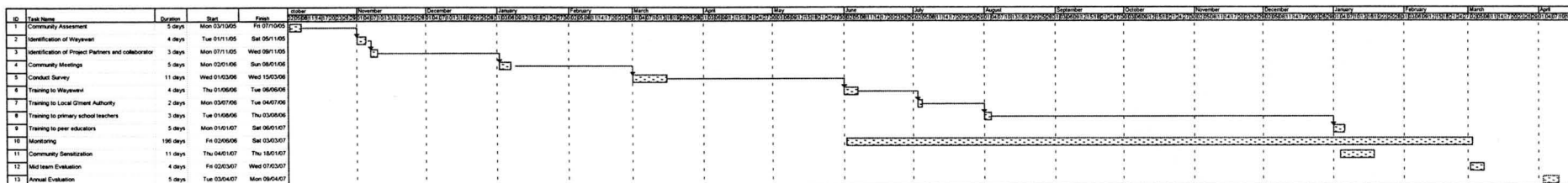
- Prepared implementation plan of all activities towards achievement of project objectives
- Made follow up of proposal made to institutions to secure some assistance for project implementation
- Done all activities that needed technical assistance
- Report writing on all activities in charged to her

**Group Members**

- Implemented all tasks as allocated in the plan with directives of the secretary of the group
- Provided any assistance needed in all activities of home visits to WAYAWAVI

**Community members**

- Provided physical support to ensure the success of activities which were in implementation





**Effects of HIV/AIDS Related Stigma and Discrimination on the Socio-economic status of PLWHAs: A case of WAYAWAVI Yombo Temeke in Dar es Salaam**

**By**

**Kayungilizi, Josephine Francis  
January, 2007**

**Introduction**

- HIV/AIDS related Stigma and discrimination is rampant in Tanzania
- S&D cause fear and reluctance to access and use available services and support
- S&D reduce number of potential users of voluntary counseling and testing services
- S&D constrain PLWHAs in their efforts to engage in socio-economic activities

**Introduction-why Stigma**

- Limited knowledge
- Judgmental attitudes; immoral behaviors lead to HIV
- Social and peer pressures

**Introduction cont...**

- Stigma and discrimination practices frustrate efforts by different organizations

**Community Assessment**

- Stigmatization related to HIV/AIDS is a very big problem in Yombo Dovyva Ward, Machimbo street in Temeke Municipal as reported by local authority and community
- Temeke has an approximate of 6224 HIV cases as of Dec 2005  
(Source: Municipal AIDS Coordination Office)

**Community Assessment**

- Machimbo street has a total registered 35 widows, 10 widowers and 94 orphans some being affected
- The problem affects PLWHA and especially widows
- Thus, justification for implementation of Community Sensitization Program on HIV and related stigmatization

#### Problem statement

- The studies are increasing revealing that people living with HIVS&D are facing stigmatization which is closely related to inadequate knowledge of community members on HIV/AIDS.
- These lead to unemployment, increased illiteracy level, prostitution, child labor and street children.

#### Problem statement cont...

- The affected groups are perceived or PLWHAs (WAYAWAVI) in Yombo Dovya ward Machimbo street, Temeke

#### Problem statement cont...

- WAYAWAVI formed the group so that they can fight stigmatization, take care of each other and support the orphans yet S&D has not been reduced
- This leads to a need of implementing a Community Sensitization Program on HIV and related S&D

#### Purpose

Study on effect of HIV&AIDS related S&D to the socio-economic status of PLWHAs and suggest strategies to improve the situation

#### Project Objectives

- Investigate effects of HIV/ AIDS stigma to socio-economic status of PLWHAs
- Investigate relationships between stigma and disclosures
- Investigate impacts of stigma on the use of counseling and testing services
- Provide recommendations for intervention on identified problems

#### Research questions

- Can HIV/AIDS- related stigma and discrimination reduce the chances of disclosure?
- Is stigmatization due to low understanding and ignorance on HIV
- Is stigmatization a function of denial of accesses of education, income and resources?
- Is HIV/AIDS-related stigmatization frustrating prevention, care and support efforts?
- Does HIV/AIDS-related stigmatization affect those who disclose their status?

### Literature review

- It has been revealed that stigmatization related to HIV/AIDS is a very common problem.
- Causing very serious problems to people who belong in this category and even at family, community and national level.
- These problems are due to inadequate knowledge the community has on HIV/AIDS

### Relevant researches

- Stigma and discrimination related to HIV/AIDS in health service context by ENGENDERHEALTH in Angola etc
- Stigma, Discrimination and Attitudes to HIV and AIDS in India
- Fighting HIV/AIDS and related stigma in China

### Study methodology -Tools

- Self-administered questionnaires with close-ended questions (True and False options) followed why, when, how
- Documentary review
- Observation
- Case study and stories
- Diagramming

### Questionnaire Content

- Number of questions varied according to respondents
- Content of questions
- Introductions and instructions
- HIV/AIDS knowledge/concept
- Community members Attitude towards people living with HIV
- Consequences of stigma and discrimination
- Response to HIV counseling and testing.
- Need for intervention

### Administration and Logistics

- Two administrators, both are experienced with reasonable exposure and experience in research units from reputable organizations.
- Training and orientation conducted to interviewers

### Design

- Descriptive- data collected once
- Used descriptive statistics method in data presentation and mainly use of %
- Use of SPSS to analyse the collected information

### Sample

The total population is 350 and respondents were 50  
Sample methods; simple random that equal chances to all, stratified, and convenience  
Sample size 25 Widows and widowers, 5 orphans, 20 community members,

### Analysis

- Primary data were processed and validated accordingly
- Secondary data were summarized according to variables of interest

### Characteristics

- Characters
  - Gender was represented by 50%
  - 96% of Community Members (CM) have reached standard seven
  - 71% of CM are married

### Study findings

#### Community Members(CM)

- 100% HIV/AIDS is a disease without cure
- 72% can define HIV

### (CM) Knowledge, Attitudes & Perception (K,A&P) HIV

- 83% of CM had a relative living with HIV
- 89% unwilling to go for HIV test
- Reason for not testing 78% fear of being isolated by community members
- 71% admit that every community member was at risk

### CM K,A&P cont...

- 78% believe that HIV is transmitted through shared spoons, plates, clothes etc
- 94% agreed that HIV is not transmitted from relatives/patients
- 94% agree that HIV is transmitted through sexual intercourse.

#### CM (K,A&P) cont...

- 61% agree that PLWHA can still be socially and economically productive
- 94% of CM not willing to take care of orphans
- 89% of CM find badly to get services from a person who is HIV positive
- 77% CM argue that HIV positive people should not work as food vendors

#### CM Knowledge of Stigmatization

- 100% can explain stigmatization
- 72% can not mention actions attitudes which discourage stigmatization
- 89% agree that stigmatization may lead to more HIV transmission
- 100% believe that stigma make people fear HIV testing and 100% argued that HIV testing should not be mandatory

#### Study findings -Wayawavi

- 85% of people living with HIV can define it
- 75% of widows, widowers and orphans have faced different kinds of stigmatization
- 89% were able to explain how they realized stigmatization and 75% reported that is due to inadequate knowledge of HIV transmission.

#### WAYAWAVI

- 85% suggest that stigmatization can be reduces through community sensitization program.
- 90% admit that woman face high level of stigmatization
- 100% agree that stigma can lead to further HIV transmission

#### Wayawavi-Economic Status

- 80% of them had income generating activities while 10% were housewives and 10% were students
- 60% lost their economic activities as food vendors and 75% reported CM avoid their services
- Currently 45% of them are working as peer educators ie volunteers.

#### Wayawavi-Economic Status cont...

- 95% reported that there is close relationship between stigmatization and deterioration of economic activities performance.

#### Interpretation

- Community members HIV/AIDS knowledge is low
- HIV prevalence rate is high
- Stigmatization leads to poor uptake of HIV prevention services
- Stigmatization leads to unemployment, child labor, prostitution etc

#### Interpretation cont...

- Stigmatization leads to minimized choices of economic activities
- Stigmatization related to HIV/AIDS is a very big problem that needs to be addressed
- Stigmatization hinders HIV status disclosure

#### Interpretation cont....

- Likelihood of increased rate of new infections
- Frustration of prevention efforts

#### Recommendation & Conclusion

- Implementation of Community Sensitization Program
- Implementation of a program on income generation activities
- Establishment of home care for orphanages
- Establishment of trust fund to provide orphans basic needs

#### Implementation

- Over 6000 community members of Yombo Dovya population Will be reached with information on HIV and effects of its related stigma through CSP between January and June 2007

#### Monitoring

- Monitoring will be done on monthly basis to keep the track of the program ie filling forms, activity report, inventory
- The table will outline, the goals, how, when, challenges on each objective monitored

### Evaluation

- Evaluation will be on going though meeting with all stake holders on monthly basis
- Mid term evaluation- March 2006
- Annual evaluation- June 2007

### Performance-Indicators

- Number of community members who will attend the sessions
- Number of behavior change comm. Reading material distributed
- Qnty& Qty of sensitization sessions conducted to community groups
- Number of special events like film shows, cultural groups performances

### Performance indicators cont..

- % of Community Members who can give basic explanation of effects of stigmatization during sessions and evaluation
- Number of CM going for HIV counseling and testing
- Number of CM who are willing to disclose their HIV status
- % of potential partners & collaborators involvement in the program implementation

### SUSTAINABILITY

- Working in collaboration with other organizations ie PASADA, SHIDEPHA PLUS, Municipal AIDS coordination office, TACAIDS etc.
- These organizations are doing different interventions on HIV

### End

- Thank you All

## Questions for Interview to Community Members

### INSTRUCTIONS

I will **Section** ask you some questions and your answers will be filled in the spaces given after every question. Information collected from these questions will be treated with high confidentiality.

#### I. Back ground information

Age Groups

Under 15                      between 15 – 25    25 and above

Marital status \_\_\_\_\_

Gender \_\_\_\_\_

Education level \_\_\_\_\_

#### Section II

Knowledge, Attitude and Perception

1. What do you understand by a HIV/AIDS?

\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any relative, friend or neighbour who is living with HIV/AIDS? Yes/No

3. If you are asked to test HIV, will you accept? Yes/No for any answer, why?

\_\_\_\_\_

4. Do you believe that people who are infected with HIV are responsible for getting infected? Yes/No why?

\_\_\_\_\_  
\_\_\_\_\_

5. Do you find HIV positive people to be the biggest threat to your safety when you share with them spoons, plates, clothes and the like? Yes/No why? How?

\_\_\_\_\_  
\_\_\_\_\_

6. Do you think most of HIV positive people get HIV from their infected relatives? Yes/No How?

7. What is your feeling when you are required to provide health, social and economical services to people infected with HIV? Is it wastage of resources since they are going to die soon anyway Yes/No

8. Should HIV patients be discharged regardless of overall health status or as soon as HIV test results become available Yes/No

9. Do you perceive taking care of an orphan child as same as taking care of your own child? Yes/No



10. How do you feel when supporting or being supported by a person whose HIV status is known?

why \_\_\_\_\_

11. How do you find buying food which have been prepared by people whose HIV status is known like having meal to a tea room whose servers are infected with HIV? \_\_\_\_\_

Why \_\_\_\_\_

12. What suggestion of income generating activities you recommend to people who are HIV positive

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What actions do you think promote stigma and discrimination in the community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What are the actions which discourages stigma and discrimination?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Is there any possibility for a person who is living with HIV to deliberately spread the infection to other community members? Yes/No

Why \_\_\_\_\_

Should HIV testing be mandatory Yes/No to which group of people? why \_\_\_\_\_

16. What do you refer by words Stigma \_\_\_\_\_ and Discrimination

\_\_\_\_\_

## Orphans, Widow, Widowers

### INSTRUCTIONS

I will ask you some questions and your answers will be filled in the spaces given after every question. Information collected from these questions will be treated with high confidentiality.

#### Back ground information

Age Groups

Under 15                      between 15 – 25    25 and above

Marital status                      \_\_\_\_\_

Gender \_\_\_\_\_

Education level \_\_\_\_\_

- 1    What do you understand by a HIV/AIDS?  
\_\_\_\_\_  
\_\_\_\_\_
- 2    What do you refer by stigma and discrimination? \_\_\_\_\_
- 3    Have you faced any stigma or discrimination action or attitude Yes/No what was it? \_\_\_\_\_ how did you realize that was stigma \_\_\_\_\_
- 4    What are the reasons, which lead to problem of stigma and discrimination?  
\_\_\_\_\_
- 5    Is there any way to avoid/stop stigma and discrimination? Yes/ No. How?  
\_\_\_\_\_
- 6    Between men and women, who do you think faces a high level of stigma and discrimination?  
\_\_\_\_\_
- 7    Do you think stigma and discrimination make people reluctant for counseling and HIV test? Yes/No
- 8    Do you think stigma and discrimination can lead to induced HIV transmission among community members? Yes/No.

#### Section II

##### Economic issues

- 9    What economic activity were you doing before knowing your HIV status  
\_\_\_\_\_
- 10   Do you have any income generating activity you are doing? Yes/No. What is that?  
\_\_\_\_\_
- 11   Do you think community members have stigma on your activities? Yes/No how  
\_\_\_\_\_
- 12   What was your economic status before knowing your HIV status and now?  
\_\_\_\_\_ Is there any differences?  
YES/NO do you think this has anything to do with your status Yes/No.?

**Interview to counselors;**

- 13 How long have you been working in this post? \_\_\_\_\_
- 14 In average, is there any difference between now and last year in number of people who attend counseling?
- 15 If the answer is yes, what was the average number of counseling cases last year \_\_\_\_\_, last 6 months \_\_\_\_\_ and a week ago \_\_\_\_\_
- 16 In average how many people come for counseling services in a day? \_\_\_\_\_
- 17 How do you compare level of results sharing of nowadays and previously \_\_\_\_\_ what do you think should have contributed to this?  
\_\_\_\_\_
- 18 Do you normally find people who come to collect their results accompanied with their relatives? Yes/No. How many in a week? \_\_\_\_\_
- 19 What is the response rate of HIV/AIDS testing? Are you convinced that is reasonable? Yes/No what is the reason?  
\_\_\_\_\_

**Thank you, very much for your cooperation**