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EVALUATION OF EFFECTS OF HIV/AIDS ON COMMUNITY DEVELOPMENT: A CASE STUDY OF LEVOLOSI WARD IN ARUSHA MUNICIPALITY

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A PROJECT PAPER SUBMITTED IN PARTIAL FULFILMENT FOR THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT IN THE SOUTHERN NEW HAMPSHIRE UNIVERSITY AT THE OPEN UNIVERSITY OF TANZANIA

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CERTIFICATION

The undersigned certify that he has read and hereby recommend for acceptance by the University of Southern New Hampshire and the open University of Tanzania a project case study titled "Evaluation of HIV/AIDS in Community Development. A case study of Levolosi Ward in Arusha Municipality" in the fulfilment of the requirements for the degree of Masters of Science in Community Economic Development for the year 2005.

G. I. Mkindi
(Supervisor)
Date: 14/8/2005

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I would like to express my appreciation to my course instructors, their knowledge and experience have been of great help in making this study a success.

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Finally, I feel indebted to the WANALE/KEUL CBO of Levolosi for providing me with a lot of useful information which has formed the basis of this work. I am also indebted to the people of Levolosi, to you all, I thank you.

Charles A. Kimaro
Arusha - Tanzania

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DECLARATION:

I, Charles Abel Kimaro, certify that, this project document hereby submitted in partial fulfillment of the requirements for the award of MSc (Community Economic Development) degree of Southern New Hampshire University is my own work, free of plagiarism what so ever and that it has never been submitted for a degree of similar purposes at any University or any other Institution of higher leaning.

Signature:----------

Date: 09-09-2005

DEDICATION:

To my children, Elizabeth, Alpha and Irine and all people of Levolosi ward.

EXECUTIVE SUMMARY:

The study concerns with the evaluation of the effects of HIV/Aids on community development. Using the case study design, the study investigated the spread and prevention of HIV/AIDS, strategies in educating and raising awareness and examining the hardships of day to day livelihood of people living with HIV/AIDS in Levolosi ward within Arusha Municipality.

HIV/AIDS is a deadly disease with no cure nor medicine. The disease, is a community based, on social, cultural and economic problem. HIV/AIDS is a national problem and indeed a threat to community development. HIV/AIDS is the leading cause of death for economically active segment of the population.

Arusha Municipal Council reported its first AIDS patient in 1986 and since then the number of cases has been increasing steadily and for the year 2002 only, the Municipality reported 354 new cases, with a prevalence rate of 17-19%. For 2004 [Jan. – June] the Council reported 224 cases with a prevalence rate of 21%. Levolosi ward alone carried 10.7%.

Further, the study aimed at studying day to day hardships for people living with HIV/AIDS in trying to determine the relationship between the disease and poverty. We looked at their daily livelihood and some prospects for future development. Due to the increasing number of orphans, widows, widowers, street children's the study also assesses the interventional role of NGO's, CBO'o and the Municipality in HIV/AIDS prevention initiatives so as to arrest the spread of the pandemic.

METHODOLOGY:
Questionnaires were administered to a sample of 200 respondents selected in a simple random method. A sample of 60 respondents were selected purposefully depending on their categories. Categories of respondents included bar maids, guest house keepers and people living with HIV/AIDS. Interviews were also conducted to the CBO management team and ward leadership.

SOME OF THE SUGGESTIONS/RECOMMENDATIONS:

- Education/Awareness should be extended further to all primary/secondary schools and other learning institutions.

- Aid control committees should be established at grassroot levels to be responsible with planning activities pertaining to HIV/AIDS.

- The community should be fully involved in curbing the HIV/AIDS epidemic.

- The Government should establish income generating activities to people living with HIV/AIDS including the orphans widows, and widowers.

- Screen centers for HIV/AIDS testing should be established in each ward of the Municipality.

- To promote and ensure availability of good quality condom to all users especially in Guest houses and household levels.

- For people living with HIV/AIDS, their children should receive free schooling.

- The Municipality should co-operate closely with other actors [NGOs/CBO/Business community and the community at large to fight the war against HIV/AIDS.

- There is a need to formulate a One Stop Centre [OSCs] in each ward, which will disseminate general information to the community.

- There is a need for the Arusha Municipality to establish a programme for care of orphans, widows and widowers.

- The activities pertaining to HIV/AIDS like the burials must be conducted in transparency. Secrecy must be avoided.

- The Government should put time limit for social activities, Bars, Casinos and nightclubs that they should not operate beyond mid night.

IMPLEMENTATION:

(i) The CBO has been in operation for 6 years during which it offered community based training and counseling services. The services are now to be extended further to all Primary schools, Secondary School, Teacher Colleges and all other Learning Institution in Levolosi Ward and the neighboring areas of Unga Ltd. In Order to achieve this, the evaluator has prepared a one year programme that will be implemented by WANALE/KEUL CBO of Levolosi.

(ii) In order the HIV/AIDS programme to be implemented an planned, there is a great need to have funds externally and internally. A total of Tshs. 53,160,000/= will be required to run the programme as from January to December, 2006 according to the Budget. The CBO is currently looking for Finance assistance as under:

▪ Donors: Gill Foundation	17,350,200/=
▪ TACAIDS DSM	15,000,000/=
▪ Arusha Municipal Council (Local Government)	10,000,000/=
▪ Religious Institutions/other stakeholders and the community	10,810,000/=
Tshs	**53,160,000/=**

A project proposal detailing the programme was sent to the Gill Foundation and also to the TACAIDS for the financial assistance. The CBO is also expecting some allocations from Arusha Municipal Council. The remaining amount will be raised through fund raising activities by Religious Institutions and other stakeholders.

LIST OF ABBREVIATIONS

CBO	COMMUNITY BASED ORGANIZATION
WANALE	WASHAURI NASAHA LEVOLOSI
KEUL	KIKUNDI ELIMU UNGA LTD.
HIV	HUMAN IMMUNODEFICIENCY VIRUS
AIDS	ACQUIRED IMMUNO DEFICIENCY SYNDROME
LGA	LOCAL GOVERNMENT AUTHORITY
MTEF	MEDIUM TERMS EXPENDITURE FRAMEWORKS
UNDP	UNITED NATIONS DEVELOPMENT PROGRAMME
ILO	INTERNATIONAL LABOUR ORGANIZATION
TACAIDS	TANZANIA COMMISSION FOR AIDS
STI	SEXUALLY TRANSMITTED INFECTIONS
NGO	NON GOVERNMENTAL ORGANISATION
OSCS	ONE STOP CENTRE

CHAPTER ONE.

INTRODUCTION.

1.0 Background Information:

HIV/AIDS is a major threat to global health, development and security HIV/AIDS emerged as a global epidemic in the 1980's but hitting Africa hardest today due to cracks in the foundation set long ago. More than 45 millions people worldwide are infected with HIV, 95% of whom live in developing countries. In 2002, approximately five million people were newly infected with the virus. HIV/AIDS is the leading cause of death in Africa and the fourth leading cause of death worldwide.

More than 13 million children under the age of 15 have been orphaned by HIV/AIDS, and this number is projected to double by 2010.

HIV/AIDS is not just a public health problem. The epidemic has far reaching consequences in our development. It can decimate the workforce, create large number of orphans, exacerbate poverty and inequality pressure on health and social services. Annual basic care and treatment for a person with HIV/AIDS can cost as much as 2–3 times per capital gross domestic product (GNP) in the poorest countries. HIV/AIDS threatens economic and social growth in the hardest hit countries of Sub-Saharan Africa and threatens to reverse their development of the last 50 years.

HIV/AIDS presents serious problems for the health and productivity of countries and solidity of family and community life.

The major modes of transmission are sexual intercourse, insafe injecting practices, mother to child during breastfeeding, and transfusion of contaminated blood or blood products. Heterosexual transmission accounts for infections worldwide. Certain groups are more likely to contract and spread HID/AIDS such as commercial sex workers, injecting drug users and men who have sex with men workers.

There are success steps in the fight against HIV/AIDS on national scale among developing countries. Thanks to the large – scale implementation of effective intervention programmes, which are enabled by adequate funding, favourable environments, strong political leadership and popular support, countries such as Thailand, Uganda and Brazil tried to control the spread of HIV/AIDS. There is a strong evidence that the epidemic can be subdued in developing countries.

Almost 30 million people are injected with HIV/AIDS in Africa, with the rest majority residing in Sub–Saharan Countries. Approximately, 22 million people have died from AIDS since the epidemic first began, and millions more are becoming ill and dying every year. Last year, 2.4 millions adults and children died and cumulatively up to eleven million children have been orphaned.

HIV/AIDS in Africa is primarily transmitted through sex, while secondary cause of infection is mother to child transmission of the virus during labour or breastfeeding, with a small additional percentage caused by insafe injection practices. North Africa has the lowest rates of infection on the continent. In Sub–Sahara Africa, 29.4 million people are infected, including ten million young people aged 15-24. Epidemics in Southern and Eastern Africa are generalized, affecting almost every segment of society. In East Africa, rates are over 5% in Uganda, Ethiopia, Tanzania, Congo, Burundi and Rwanda and at 15% in Kenya. Epidemics in West and Central Africa are comparatively less severe, they are still extremely high, and continue to grow. Rates in Cote D'Ivoire, Sierra Leone, Burkina Faso are over 5% and in Cameroon and Central African Republic, rates are over 10%. Nigeria's epidemic is projected to grow to 15 million people.

The Countries in Southern African are worst affected on the continent, with prevalence rates over 10% in Malawi and Mozambique; over 20% in Namibia, Zambia and South Africa; and over 30% in Botswana, Zimbabwe, Swaziland and Lesoto. Botswana has the highest population percentage of infections; that is 38.8% while South Africa has the highest numbers of infected people in absolute terms.

Tanzania is one of the countries in Sub-Sahara Africa severely affected by HIV/AIDS epidemic. The first cases of AIDS in Tanzania were reported in 1983 in Kagera region. By the year 1986, all regions of Tanzania's mainland had reported AIDS cases. According to Kapinga's report, by May 1992, the number of people infected with HIV/AIDS were 800,000 and by 1997 they were 1.5 millions people.

Some studies have shown HIV/AIDS prevalence to be higher in urban arrears than rural areas while other studies have shown that HIV/AIDS prevalence is higher among women than men. In his report, Kapinga noted that, one in ten people in Tanzania has HIV/AIDS and numbers of orphans are rising. Over 50% of those orphans live in a grandparent-headed household.

In Arusha, the first HIV/AIDS patient was reported in 1986 and since then the number of cases has been increasing steadily and from January to December 2002 only, the Municipality reported 354 new cases, these being Hospital based data, with a prevalence rate of 17-19%. This explains the need for urgent and vigorous interventions to Cub down the pandemic. The population group mostly affected are young people between the ages of 16-29 years and the women are affected at any early age compared to the males. The Municipality is also faced by an increase number of orphans, widows and the widowers who need the care of the Government and the entire Community.

The report from Municipal Officials indicated that about 98% of the population of people in the Municipality are aware of HIV/AIDS transmission, but many have not changed their behaviours towards safe sex.

Levolosi ward in Arusha Municipal Council is one among 17 wards of the Municipality popularly known as 'Makao Mapya' just a few kilometres to the South near main bus terminals of Arusha City. The area is very common to the ordinary person, there are many bars, Guest Houses, Local brews and cheap accommodation attracting many people who are entering Arusha. The area, according to the findings conducted in 2001 was a high transmission area.

Levolosi, compared to other areas of the Municipality has all the social attraction hence, the young generation, men and women are living here. The migrants weather permanent or temporary are from Arumeru, Monduli, Mbulu and other neighbouring districts come and settle in Levolosi. As the objective of young men and women coming to town is economic especially looking for employment and when the jobs are not available the only alternative business is commercial sex for the women as the only way to earn a living. This is what pushed me to conduct this study in Levolosi and not else where. It is believed that the ward is more hilted by HIV/AIDS compared to other wards in the Municipality. Migration in anyway is associated with the transmission of HIV/AIDS especially where family separation is prolonged.

To sum up, HIV/AIDS is clearly a health problem, it is also a development problem that threatens human welfare, socio-economic advances, productivity, social cohesion, and even national security. HIV/AIDS reaches into every corner of society, affecting parents, children, youth, teachers and health workers, rich and poor.

1.1 General Introduction:

1.1.1 Arusha Municipal Council is one of Municipal Councils in Tanzania which was re-established in 1982[1] under the Urban Local Government Act No.8 of 1982 but it came into operation in 1984. Arusha Municipality is the Headquarters of Arusha region and it is located in the Northern part of Tanzania between latitude 2^{o} and 6^{o} South of Equator and between longitude $34^{o}.5$ and 38^{o} East. It covers an area of 93km. The Municipality boarders Arumeru District which surrounds it in all directions. See map, Appendix I.

Population:

According to 2002 census, the Municipality population was 282,712[2] people growing at an annual rate of 6% therefore as at 30th June 2004 it is estimated to have a population of 336,117 people.

Administravely, the Municipal Council has three Divisions, 17 wards, 10 villages, 67 hamlets in the rural area of the Municipality and 41 streets in the urbanhoods of the Municipality.

1.1.2 The Vision Statement: Arusha Municipal Council:

Arusha Municipal Council has a vision statement which reads as follows:
"Arusha Municipality with attractive environment, strategic programmes on economic Development, health, education, environment and residents living happily and peacefully under good governance"[3].

1.1.3 The Mission Statement:

The Arusha Municipal Council Mission Statement says that, "The Arusha Municipal Council will involve stake holders in the provision of satisfactory services under rule of Law and democracy and improve working capacity using available resources efficiently"[4].

1.1.4 The objective of Arusha Municipal Council:

The overall objective of Arusha Municipal Council is to improve social and economic services by strengthening accountability to
the people, improve working efficiency and effectively in co-operation with stake holders.

1.1.5 The case study: The background information:

This case study is concerned with the evaluation of effects of HIV/AIDS on Community Development with special reference to Levolosi ward in Arusha Municipality.

In Levolosi ward, my survey activities are a result of attachment with the Community Based organization (CBO) called WANALE/KEUL. It is a non profit service delivery organization to the Community in Levolosi ward, Arusha Municipality founded in 1999.

1.1.6 The CBO Mission:

The Mission of WANALE/KEUL is to preserve and promote a culture of people living peacefully in an environment without discrimination, stigmatisation to people with HIV/AIDS.

1.1.7 The CBO objectives:

The organization aims to bring positive changes by:

- Providing care to people living HIV/AIDS within Levolosi ward.
- Provide counselling, education and health promotion to the Community.
- To reduce stigma among community members
- To mobilize community members for voluntary counselling and testing for HIV/AIDS.
- To mobilize the community pertaining to behaviour change
- To reduce misconception towards HIV/AIDS in Levolosi ward.

The foremost objective of WANALE/KEUL is educating the people on many aspects on HIV/AIDS such as:

- Educating the community on how this deadly disease is spread from infected person to uninfected one.
- Educating the community/family how to take care of an infected person.
- To provide guide and counselling.

1.1.8 Programs and Activities:

In order for WANALE/KEUL to attain its mission and objectives, the organization has programs categorized as centre programs and outreach programs. The centre programs aims to train and give support especially in educating the target groups such as:

- Bar and guest houses workers
- Community in Local brewing areas and drinkers
- Drummer/cultural groups
- Home based care for people living with HIV/AIDS.

The outreach programs incorporate activities carried outside the centre at family and community level, in primary schools, in sub-divisional meetings, seminars etc. However, the CBO's major activity is to raise awareness among the community based in Levolosi ward. The CBO's programs and activities are addressed to the following aspects:

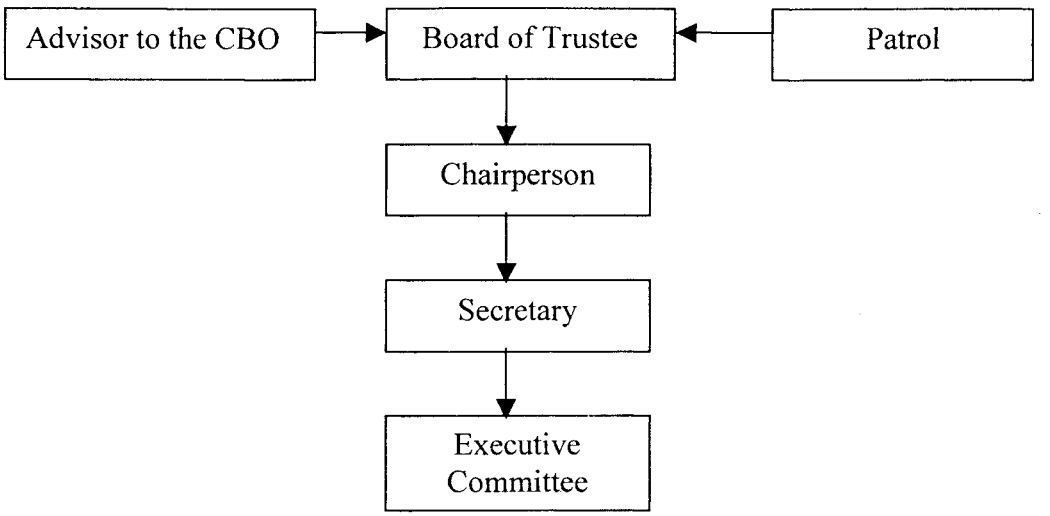
- Seriousness of HIV/AIDS in local community people
- Change of behaviour as means of controlling HIV/AIDS.
- Use of condoms as a safer sex practice
- The danger of alcohol intake as a risk factor of HIV/AIDS.
- Religions or traditional values contributing to HIV/AIDS.

During training, the target groups, each depending on their of level of education, they are brought together in a centre, for example, at Levolosi Community Centre for a defined length of time (e.g. Two weeks) to receive the required training:

- Bar and guest house workers receive education on the seriousness of HIV/AIDS on community development. They also receive education on how to use condoms as safer sex practice.

    - School children's receive education on HIV/AIDS and they are brought to understand the courses of the disease and its symptoms.
    - The adults, men and women are brought together in groups at the community centre where education on HIV/AIDS is provided.
    - Religions leaders are also brought together and receive the same education about HIV/AIDS

1.1.9 The CBO Organisation structure:



1.1.10 Sta*tement of Research Problem:*

HIV/AIDS is a community based, on social, cultural and economic problem. HIV/AIDS is the leading cause of death for economically active segment of the population particularly women and youths of both sexes. The epidemic is a serious threat to the country's social and economic development and has serious and direct implications on production sectors, social services and welfare. The consequences of Aids are:

- Increasing number of orphans
- Increasing number of street children's
- Increasing number of widows/widowers
- Increasing level of poverty at household
- Economic infrastructure weakened.

HIV/AIDS is a community problem. The disease is concerned with our day to day's social and economic life. Therefore, the problem is that; Community Development is hindered due to HIV/AIDS pandemic. It is also believed that Community economic development is curtailed due to HIV/AIDS. For that reason, that study is aimed at:

(i) To study spread and prevention of HIV/AIDS in Levolosi ward.
(ii) To look at the strategies in education and raising awareness for the sake of decreasing the growing force of the disease.
(iii) To study hardships of day to day livelihood of people living with HIV/AIDS.

1.1.11 The objective of the Research study:

The objective of this study was to evaluate the effects of HIV/AIDS on Community Development with particular reference to Levolosi ward, Arusha Municipality. Since the problems of HIV/AIDS has been realized, such as workforce badly affected or reproductive group, the objective is:

- Look at the major causes of HIV/AIDS transmission.
- Triggering mechanism for those causes.
- How to correct the Trend.
- People perceptions of the causes and consequences.

In specific terms the study looked into:

- To establish the level of understanding of HIV/AIDS pandemic in Levolosi ward.
- To establish the effects of sensitisation by local and international groups on HIV/AIDS in Levolosi ward.
- To find out the relationship between HIV/AIDS and poverty in Levolosi community.

1.1.12 Significance of the study:

HIV/AIDS is a deadly disease with no cure nor medicine and yet the disease is a community based, on social, cultural and economic problem. HIV/AIDS is a national problem and indeed a threat to community development. This study, therefore, is of great significance in trying to expose the problems brought about by HIV/AIDS in our community the problems are increasing number of orphans, widows/widowers and increasing number of street children's. On top of that, there is a problem of poverty being increased at household and community level. The study will also evaluate the effects of HIV/AIDS on community development, the strength and weaknesses in prevention of the disease.

The study is aimed in getting views on attitudes, perception from target groups, other stakeholders about the measures in trying to fight the disease and whether the measures taken are effective. The aim is to reduce the spread of HIV/AIDS by 40% at Levolosi ward in Arusha Municipality.

The study is intended to provide solutions and recommendations to both the Local and central government in making decisions financially especially during Budget allocations. The study is very important to the Municipal Officials at Arusha Municipal Council as the recommendations will help them to look into the problem of HIV/AIDS seriously and allocate more funds for HIV/AIDS activities.

The study is considered to be very useful because the disease is directly concerned with day to day social and economic life. We are told that HIV/AIDS is the leading cause of death for economically active segment of the population. Therefore, we must try to get rid of the disease.

1.1.13 Research Questions:

The case study attempted to provide answers to the major question of the study. Do you know anything about HIV/AIDS?

The major question in this study as indicated above was very similar to every target group in trying to assess their level of understanding about the deadly disease. Other research questions addressed by this study were as follows:

1. (a) Can you tell me how is the disease spread or transmitted?
   (b) Do you know the symptoms of HIV/AIDS?

2. (a) Have you ever received any education about HIV/AIDS? Where and when! What did you learn about?
   (b) People leaving with HIV/AIDS, are they receiving proper care from the household, community or Local authorities. Give us your opinion!.

3. Are you HIV/AIDS positive? If so, can you tell me about your future plans?
4. You are an Aids victim. Do you have any problem in getting the medicines, food etc?

5. (a) Now, we are to understand that HIV/AIDS as a threat a the problem to our lives and development. What opinions do you have about the disease and some suggestions to get rid of it?

   (b) Are your children's going to school? Have you prepared enough funds for schooling?
   (c) Have you gone for HIV/AIDS testing?

1.1.14 Scope and Limitation of the study:

During the research period, there were some limitations encountered such as:

- **Lack of secondary data**:

  Lack of reliable secondary data in CBOs Office was the main problem making the exercise difficult and time consuming. It was noted that there was virtually no data compiled ready for records.

- **Reluctance to give information:**

  Some respondents feared to give information some questions, which they thought, were sensitive for them. We had to talk with them friendly and inform them that the exercise was basically for academic reasons and gave them some incentive thus they were ready to give the information.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 THEORETICAL REVIEW:

HIV/AIDS is a Community base, social, cultural and economic problem. Tanzania is among the Countries with highest prevalence of HIV/AIDS in the world and the rate of HIV/AIDS infection is rising rapidly. The first cases of Aids in Tanzania were reported in 1983. Three years later in 1986 all regions of Tanzania reported cases.

In his foreword, President William Mkapa in 26 October 2001 said, "That HIV/AIDS is a national, indeed a globe disaster and a serious threat to the survival and development of our nation.

In this study, therefore, it was revealed that HIV/AIDS is a national problem and yet a threat to our community development as explained in National Policy on HIV/AIDS, Dodoma (2001) Republic of Tanzania.

In a report, HIV/AIDS and Agriculture, Danish Ministry of Foreign Affairs, DANIDA, July, 2002 reported that Tanzania is one of the countries most affected by HIV/AIDS epidemic in sub-Sahara Africa. HIV/AIDS is now a major threat to the survival of the people and development of a nation. It is estimated that more than 2 million people in Tanzania are living with HIV/AIDS and about 722,500 people are projected to have died of Aids related disease since 1983 when the first case were reported. In the Health Sector, strategy for HIV/AIDS 2003 – 2006, Ministry of Health Tanzania shows that the leading 5 killer diseases among the population aged 5 years and above were Malaria (22%), HIV/AIDS (17%), tuberculosis (9%), pneumonia (6.5%), and anaemia (5.5%).

In the year 1999, the president of Tanzania declared the HIV/AIDS epidemic as a National disaster and called on entire nation, the Government, political, religions, civil leaders, non Governmental organization on the importance of taking new measures to put the nation on a warfooting against HIV/AIDS. At the end of 2001, there were 722,490 cases of HIV/AIDS and similar number of orphans. The report on Health Sector Strategy for HIV/AIDS 2003 – 2006, Ministry of Health give us the following information.

- About 2 million people are living with HIV/AIDS 80% of them are in the productive age group of 20-44 years.
- HIV/AIDS prevalence in the active population is estimated at about 12%

- HIV/AIDS prevalence among the pregnant women range from 9.8% - 26% (in 2000).
- A total of 722,490 AIDS cases have occurred since the epidemic.
- Hai District is the leading cause of death for those aged between 15-59 years.
- About 600,000 children under 15 years, who were alive in 1999, had lost one of their parents due to HIV/AIDS.

On economic impact, the report suggested that, Poverty in Tanzania is widespread with 48% of the population living in absolute poverty. The Poverty Reduction Strategy Paper (PRSP) considers HIV/AIDS as a central development challenge, requiring that all sectoral plans and medium Terms Expenditure Frameworks (MTEF) as well as District plans and Budgets include HIV/AIDS activities.

Yet, Tanzania is one of the countries experiencing a reversal in human development due to the HIV/AIDS pandemic. It has been estimated that Tanzania's future GDP will be 15-20% lower in 2010 then it would have been without the Aids pandemic. Productive sectors of the economy are experiencing a loss of skilled labour, increasing recruitment costs, sick leave costs and reduced revenue. Certain economic sectors, such as transport, agriculture, education and mining are particularly hard-hit.

On the Health Sector, with the increasing HIV/AIDS prevalence, the epidemic, as a public health problem, imposes overwhelming pressure on the capacity and efficiency of the already overburdened health care system leading to further decline of quality of care and yet causing more financial expenditures on health services in general.

How is HIV/AIDS spread:

Aids (Acquired Immuno Deficiency Syndrome) is therefore a disease of the body's immune system. The immune system becomes weakened and a person is unable to fight infections.

The Tanzania Commission of Aids (TACAIDS) 2001 report give the following information. That HIV/AIDS is spread through the exchange of HIV/AIDS infected body fluids especially semen, blood and vaginal secretions. This occurs mainly through:

- Vaginal and anal sexual intercourse
- Transfusion of HIV/AIDS infected blood and blood products.
- Sharing or re-using misterilised skin piercing instruments eg. needles, syringes etc.
- From an infected mother to her baby during pregnancy or during breast feeding.

Infection begins when HIV enters the blood stream.

On the mode of transmission of HIV/AIDS, we are further told by the National Policy on HIV/AIDS Prime Minister's Office Dodoma, 2001 that HIV/AIDS is transmitted from one person to another mainly through heterosexual intercourse which accounts for about 90 per cent. HIV/AIDS infection can also be transmitted from a mother to her child during childbirth or from breatfeeding. Other modes of HIV/AIDS transmission can be through infected blood, blood products, donated organs or bone grafts and tissues.

What are the symptoms of HIV/AIDS:

We have already learnt that Aids affects the body's ability to fight diseases. The (TACAIDS) report No.6 of 2001 tell us that, people with Aids have the following symptoms:

- Extreme tiredness
- Headaches and fevers
- Swallow glands in the neck, armpits or groin
- A cough that persist, or shortness of breath.

The report further observed that, people living with AIDS are likely to cope with different types of opportunistic infection at the same time such as pneumonia, tuberculosis, skin problems including herpes rosters, boils, diarrhoea, serious headaches and stomachaches.

In a survey study by EMAU (1998/1990) on Assessment of out of School Youth's Awareness Attitudes, Behaviours and Need on HIV/AIDS, when asked on what they new about signs and symptoms of HIV/AIDS the majority of the youth, 74 percent reported sudden loss of body weight, 50 percent indicated skin diseases, rashes, 44 percent reported intermittent fever, 27 percent reported chronic diarrhoea and 14 percent indicated ulcers in the month. The survey revealed that the signs and symptoms of the disease are well known.

Can we prevent HIV/Aids infection:

There is no cure for HIV/AIDS yet. The only prevention, therefore is:

- Abstrain from sexual intercourse
- Be faithful to one partner who has tested negative for HIV/AIDS
- Reduce the number of sexual partners
- Use a condom correctly every time when you have sex
- Do not share unsterilized syringes, needles, toothbrushes, razor blades etc.

HIV/AIDS, POVERTY AND COMMUNITY DEVELOPMENT:

It has been were-established that poverty significantly influences the spread and impact of HIV/AIDS. It creates vulnerability to HIV/AIDS infection, cause rapid progression of the infection in the individual due to malnutrition and limits access to social and health care services. Poverty causes impoverishment as it leads to death of the economically active people in the society and bread winners leading to reduction in income or production. The human capital lost, has a serious social and economic development in all sectors. Ultimately, the high cost of care and burials leave heavy burden on the already overburdened households, orphans, families and dependants.

In the status report of 2002, HIV/AIDS and Poverty, February 2002 on the African continent page 9, we note that: Individuals and communities living near the poverty line are facing the risk of immediate constraints in cash resources as the income situation may become quickly insecure in times of sickness or need to care for the sick family members. In rural areas, availability of labour and wage labour for agriculture and for small scale enterprises could decline. In long terms, cash resources decline and reduce possibilities to invest or by inputs for small scale enterprises.

A decline of outputs from income generating activities will lead to reduced access to health and other services. The capacity to save and invest will also be significantly reduced. Choices to take active decisions for improving livelihoods are likely to disappear. African continent continues to suffer due to HIV/AIDS. In Tanzania specifically, we have witnessed the loss of lives of our young generation working in production sectors, we have experienced weak labour force in education, agriculture sectors are bringing severe hindrance to development hence decline in economic performance leading to poverty. We are now faced by an increase number of orphans and widows, widowers who need the care of the Government and entire community causing higher financial expenditure on health services in general. Looking at the impact of HIV/AIDS at household and community levels, there is evidence that HIV/AIDS is increasingly affecting human, social and economic development at micro level in particular in African societies where pre valences are high and exceed 5%.

The UNDP reports (2002) on the Human Development Index of South Africa shows that food insecurity and malnutrition as foremost among the immediate problems. Formal school education is reduced as consequences of HIV/AIDS. Families lack the cash for children to complete primary school or to continue secondary education. Also, children may be forced to take over responsibilities of their deceased or sick parents. At the same time, the quality of education is decreasing due to Aids in the world bank report (East African) April

19-25, 2004, the report says that HIV/AIDS is taking a toll on education. In Kenya, the number of teachers dying from Aids almost quadrupled from the mid 1990s figures of 450 per year to some 1,500.

A survey report on HIV/AIDS, a threat to decent work, productivity and Development by ILO June, (2002) revealed that, aspects of HIV/AIDS on Local enterprises may be a loss of markets where purchasing power of the population declines due to loss of income or reduced employment.

The transport Industry is among the sectors most severely affected by HIV/AIDS. In Southern Africa, long distance trucking plays a critical role in the national economies while mobile populations tend to be more vulnerable to infection then local population for reasons which may include lack of hygiene, poverty and precarious family situations which accompany their status.

It is therefore revealed that, Poverty and HIV/AIDS are closely related both in terms of the causes and of the effects of the Aids epidemic, thus poses a complex and difficult problem for development, since it cuts across societies, in particular in Africa, being inter-related with poverty and number of other social, cultural and economic factors. Walter Rodney (1983) in "How Europe underdeveloped Africa" explained that development in human society is a many sided process, it implies increased skills and capacity, greater freedom, creativity, self disciplined, responsibility and material well being.

2.2 Empirical Review:

Ntahilaja E. Mbatian in his dissertation "Street children problems in Tanzania (2001)" says " However in Africa, where poverty and unrest were once the main factors enforcing children out of their homes, the HIV/AIDS epidemic has now become a key factor in phenomenon of street children. AIDS is the leading cause of death for economically active segment of the population. One of the consequences of AIDS is growing more rapidly in number of orphans, who due to lack of care run
to urban streets. Aids undermines the future too, as families
and communities struggle with burdens of sick people and orphaned children, building up debts and frequently having to remove children from school because of lack of funds or because the labour of even the youngest is needed to help the family to survive. These are about lost opportunities for academic achievements, an important gate way to success in the modern society.

In an approach to Development, a Community free from HIV/AIDS, the community, therefore, will attain a higher level of development in good and better ways of living, good education for their children, balanced diet, clean water, good shelter, roads for transportation, better markets for their crops, irrigation system, and health facilities.

A Journal of Institute of Housing and urban Development studies, 2004 Bangkok, Thailand defined community development as the process of developing active and sustainable communities based on social justice and mutual respect. It is about influencing power structures to remove the barriers that prevent people from participating in issues that affect their lives, values of fairness, equality, accountability, opportunity, choice, participation, mutuality, reciprocity and continuous learning. Educating, enabling and empowering are at the core of community development, which can be achieved only through effective participation which is desired and necessary part of community development activities.

Edward Magamu, Chair, UN Theme Group on HIV/AIDS Report 2004, reported that since the first AIDS cases were discovered in Tanzania, HIV prevalence has been on the increase, from 1.3% in 1985 to 7.2% in1990 and 9.6% in 2002.

The report said that women are significantly more affected than men, accounting for 60% of the new infections reported among youth aged 15-24 years. In 2000 the President of the United Republic of Tanzania declared HIV/AIDS a national disaster, which led to the establishment of the National Aids Commission (TACAIDS) in Tanzania mainland and the Zanzibar Aids Commission (ZAC) in Zanzibar. These multisectoral bodies are responsible for guiding national to fight HIV/Aids. Both commissions have successfully formulated a multisectoral strategic framework to fight HIV/AIDS for the period 2003 – 2007.

In the USAID Brief, reported that, in recent years, Tanzania has demonstrated growing political commitment to fight HIV/AIDS, giving the issue high priority for resource mobilization and setting up new structures to integrate HIV/AIDS strategies with other development sectors. The medium Term Plan for prevention and control of HIV/AIDS, 1998 – 2002, was developed in consultation with Government Ministries, donors, nongovernmental organizations (NGOs), and private sector partners. The framework emphasizes:-

- Provide appropriate STI case management
- Reduce unsafe sexual behaviour among highly mobile population groups
- Reduce HIV transmission among commercial sex workers
- Prevent unprotected sexual activity among the military
- Reduce vulnerability of youth to HIV/AIDS
- Maintain safe blood transfusion services
- Reduce poverty leading to sexual survival strategies
- Promote acceptance of persons living with HIV/AIDS
- Reduce unprotected sex among men with multiple sex partners
- Improve educational opportunities, especially for gives and

- Reduce vulnerability of women in adverse cultural environments.

The United States Agency for International Development (USAID) Tanzania works with both the Public and Private Sectors to implement its HIV/AIDS activities. The mission has supported the development of networks of indigenous NGOs to address HIV/AIDS, dissemination of HIV/AIDS behaviour change communication information through various media outlets, social marketing of male and female condoms, and strengthening of the Tanzania leadership for development of national HIV/AIDS and health care programs. Activities have also included training for syndromic diagnosis and treatment of STIs, extensive pear education workplace programs, and care and support for persons living with HIV/AIDS.

Angela Mazula in the TACAIDS research report said that about (7%) seven per cent of the adult population in Tanzania has been affected with HIV. According to the report, Tanzania HIV/AIDS Indicator Survey (THIS), the number of women infected stands at 7.7 percent, while 6.3 percent men are infected.

The report shows that Mbeya and Iringa regions have the highest rate of infections with 13.5 and 13.4 per cent respectively, while Manyara and Kigoma regions have lowest rates, two per cent each. Over 13,350 men and women aged between 15 and 45 Country wide were interviewed and tested. The survey was carried out in 21 regions in mainland were city dwellers are twice as likely to be infected with HIV/AIDS compared to people in rural areas. In the 15-19 years age group, about two per cent of both men and women are HIV positive. Prevalence among women then rises stealing and peaks at 13 per cent in the 30 – 34 years age groups. Women with two or more extramarital partners were twice as likely to be infected as those without, said the report.

Fatma Mwassa in the TACAIDS News paper, 2005 reported that about 2,880 teachers are dying every year because of HIV/AIDS.

2.3 Policy Review:

In the research finding by Tanzania Youth HIV/AIDS behaviour change communication (2002) indicated that, anyone who is exposed to HIV can get HIV/AIDS and HIV/AIDS affects the sexually active young people and adults of both sexes No one is immune to HIV. In Tanzania, young men between 15 – 19 years and those between 20 – 24 years are most at risk of contracting HIV. Majority of men and women with HIV/AIDS in Tanzania contract the virus before they are 30 years old.

After the above, theoretical discussions, let us switch to National Policy on HIV/AIDS.

The policy, which the government has promulgated enables each sector to have a definite plan for the prevention and control of HIV/AIDS. The plans to be implemented according to the guidelines are:

- The Tanzania Government recognises that all members of the community have individual and collective responsibility to actively participate in prevention and control of HIV/AIDS pandemic.
- Strong political and Government commitment and leadership at all levels is necessary for sustained and effective interventions against HIV/AIDS.
- HIV/AIDS is preventable. Hence education and information on HIV/AIDS, behavioural change communication, prevention strategies are necessary for people and communities to have the necessary awareness and courage to bring about changes at community and individual level.
- The community has the right to information on how to protect its members from further transmission and spread of HIV/AIDS.
- People living with HIV/AIDS are entitled to all basic needs and civil, legal and human rights without any discrimination based on gender differences.
- HIV/AIDS information and education targeting the behaviour and attitudes of employees and employers like shall be part of HIV/AIDS intervention in workplaces.
- The youth should be given correct information including prevention strategies and promotion of correct consistent use of condoms, voluntary counselling and testing. Girls should also be encouraged to avoid unwanted pregnancies.
- The community is the key in curbing the HIV/AIDS epidemic. The community should be fully informed about HIV/AIDS and the real life challenges in its prevention and care.
- Community programmes shall address the issues of multiple sex partnership and issues of gender and reproductive rights in relation to the spread and transmission of HIV/AIDS.
- HIV/AIDS is community based, on social, cultural and economic problem.

The overall goal of HIV/AIDS Policy:

Is to provide for framework for leadership and co ordination of the multisectoral response to HIV/AIDS epidemic. This includes formulation, appropriate interventions which will be effective in preventing transmission of HIV/AIDS and other sexually transmitted infections, protecting 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 co-ordinating public and private sectors, NGOs and faith groups in planning and implementing of HIV/AIDS interventions, particularly community based interventions.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY AND PROCEDURES:

3.1 INTRODUCTION:

This section describes the methodological frame work of the study which includes areas of study, research design, sampling techniques, data collection methods, data presentation methods and data analysis plan.

3.2 Area of the study:

The HIV/AIDS epidemic is a major problem facing Arusha Municipality. As one of the district of Tanzania mainland, Arusha Municipality is one of the very important sets of players in the establishment of a strong community based intervention with the involvement of local community people in the response to the epidemic. The main reason is that Arusha is a Tourist centre in the Northern Zone popularly known as Geneva of Africa, a city with a population of 282,712 (2002) and area of 93k.m.

This study was carried in Levolosi ward of Arusha Municipality a ward believed to be a high transmission area because of many bars, Guest houses, Local brew consumption area and also a drug abuse area.

Levolosi ward is one among 17 wards of the Municipality. The ward as shown in the map, Appendix 1, is within the centre of the Municipality occupying the bigger area of the town, starting from the main bus terminals, going South. The ward is popularly known as 'Makao Mapya'.

Levolosi is a densely populated area of the Municipality believed to attract immigrants from Arumeru, Monduli, Hai, Mbulu district and other areas outside the Municipality. The migrants are young people, men and women who come to town for economic reasons especially to look for jobs and other activities such as commercial sex for the women. As Levolosi has all social attraction, these people select to live here.

The study will concentrate on the spread and prevention of HIV/AIDS on community development. According to (2002) household census, Levolosi ward had 11,287 people, of which 5,388 were males and 5,899 females.

Economically, about 85% of the total population, of Levolosi are employed in factories, Industries, Government Institutions, Schools where as a small number are engaged in commercial activities such as bars, Guest houses, restaurants, shops, garages and in Hotels etc. Levolosi is the area in the Municipality leading with a great number of shops with a three Tourist Hotels in the area.

3.3 Research Design:

A cross sectional design, which employs a survey method as "outlined in "How to conduct Surveys" was used for this study. That is, data at a single point in time through some informal data were also obtained by interviewing the sampled respondents in groups. The data can also be used for simple descriptive interpretation as well as for the relationship between variables at particular point in time. The cross-sectional design was also chosen because it is easier and economical to conduct, especially, because of resource constraints, like time and money.

3.4 Unit of Inquiry:

Levolosi ward was the main unit of inquiry from which a sample of respondents were drawn. Other sub unit of inquiry comprised the following:

- Health Department Officials at Arusha
- Ward Councillor for Levolosi
- Ward Executive Officer for Levolosi
- Ward community Officer for Levolosi
- Ward Health Officer for Levolosi
- CBO Management.

3.5 Sampling Technique and Sample size:

In order to make sure that the selected sample size was representative sample and without duplication, the study employed different types of sampling procedures depending on the group to be interviewed.

(i) Purposeful/Judgemental sampling method was used to select respondents who were represented by officials in Levolosi ward. The selection was based on the position, experience and the knowledge of the bearer, the ward councillor, the ward Executive officer, Health officer, Community Development officer, Mitaa officers, Revenue collectors and the CBO management.

(ii) Simple random sampling method was employed where 200 people participated in the exercise.

(iii) Sample size method was also used for 20 bar maids, 20 Guest house keepers, 20 people caring for those infected by HIV/AIDS and 15 people living with HIV/AIDS.

3.6 Data collection procedures:

3.6.1 Primary Data:

These are the main information for this study, which were collected through personal interview using self administered questionnaires and discussions with respondents. For the purpose of getting more information which could not be obtained by the questionnaires, personal interviews were conducted for some people outside the sampled respondents.

Supplementary information for the study we collected through personal observation and visits in that particular ward.

Purpose of questionnaire:

Open ended questions were used to get information from the community in Levolosi ward about HIV/AIDS. These questionnaires were self administered and they seek views, opinions regarding the deadly disease of HIV/AIDS. For further details see questionnaire questions, attached as appendix 3, 4, 5, & 6.

Purpose of Interviews:

Interview guide was used to collect more information from people who were not earmarked for the use of self - administered questionnaires. Those interviewed were the ward leadership officials, civil servants in Levolosi ward, and the CBO management.

This method was used to get more information about attitude and behaviour change regarding to HIV/AIDS epidemic. For more detail see interview guide in the appendix 5 attached.

3.6.2 Secondary Data:

Secondary Data were collected from official documents, such as files, relevant literature, and annual reports in the Health Department of Arusha Municipal Council.

3.7 Data Analysis Plan:

The data collected from interviews, questionnaires and documents were compiled and entered spreadsheet by hand then into a computer for analysis.
Descriptive statistical methods were used to analyse such data and were presented in tabular forms which gave solutions to questions mentioned in the research case study.

CHAPTER FOUR

4.0 PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS:

4.1 INTRODUCTION:

This chapter presents the analysis of data collected in the field of study. The analysis of data closely follows the project research questions developed earlier in chapter one, under the heading "Research questions".

4.2 Research question one:

Question one was very common to each group interviewed so as to identify their level of understanding on HIV/AIDS knowledge and the spread of the disease. Therefore, knowledge on HIV/AIDS can be identified in table 1, 2, and 3.

Table 1:
Knowledge on HIV/AIDS by simple random sampling (n = 200).

KNWOLEDGE	NUMBER	PERCENTAGE
Accurate knowledge on the ways HIV is contacted	198	99
Accurate knowledge on prevalence	198	99
Protective measures against HIV	198	99
Don't know	1	0.5
Cant even guess	1	0.5
Total	**200**	**100**

Source study findings 2004.

Table 2:
Knowledge on HIV/AIDS persons living with HIV/AIDS victims (n=20):

KNOWLEDGE	NUMBER	PERCENTAGE %
Accurate knowledge on prevalence of HIV/AIDS	19	95
Accurate knowledge on the ways HIV is contacted	19	95
Protective measures	19	95
Knowledge on presence of group fighting HIV/AIDS	19	95
Partial knowledge	1	5
Proper knowledge on care of HIV/AIDS	19	95

Source: Study finding 2004.

Table 3:
Knowledge on HIV/AIDS by victims (n=20):

KNOWLEDGE	NUMBER	PERCENTAGE %
Right knowledge on the meaning of HIV/AIDS	17	85
Right ways spread of HIV/AIDS	17	85
Protective measures	17	85
Knowledge on civil groups against HIV/AIDS	17	85
Partial knowledge	3	15

Source: Study finding 2004.

Table 4:
Occupation of interviewed population in the study are (n=200):

OCCUPATION	NUMBER	PERCENTAGE %
▪ Peasant	6	3
▪ Employed	39	19.5
▪ Saloon	5	2.5
▪ Bar maid	5	2.5
▪ Students	20	10
▪ House wife	9	4.5
▪ Unspecified/Jobless	5	2.5
▪ None	9	4.5
▪ Technician	15	7.5
Total	**200**	**100.0**

Source Research findings 2004.

Table 5:
Average age of the sampled population (n=200):

AGE GROUP	FREQUENCY	PERCENTAGE
▪ 15-25	65	32.5
▪ 26-35	77	38.5
▪ 36-45	33	16.5
▪ 46-55	19	9.5
▪ 56-65	4	2.0
▪ 66 +	1	0.5
▪ Not specified	0	0.0
Total	**200**	**100.0**

Source: Research finding 2004.

Table 6:
Level of education 2. The sampled population (n= 200) in Levolosi:

LEVEL OF EDUCATION	FREQUENCY	PERCENTAGE
▪ No Formal Education	1	0.5
▪ Not specified	7	3.5
▪ Std 1-4	2	1.0
▪ Std 5-7	90	45.0
▪ Beyond Primary Education	99	49.5
Total	**200**	**100.0**

Source: Research finding 2004.

Gender on simple Random Sampling:

The study on simple random sampling had more women 102 against men, who were 98 all selected at Levolosi ward. See table 7 below:

Table 7:
Gender of the simple random sampling (n=200):

	RESPONDENTS	PERCENTAGE	TOTAL %
Men	98		49
Women	102		51
Total	**200**		**200**

Source: Study finding 2004.

According to table 1, 2 and 3 the findings indicated that the majority of the population at Levolosi is aware of HIV/AIDS. The people have accurate knowledge on the ways HIV/AIDS is contacted, transmitted and they have proper knowledge on protective measures against HIV/AIDS. According to table 6 above, the findings showed that the majority of people have attended school, for 49.5% beyond primary education, 45% for primary education and 0.5% only with no formal education.

4.3 Research question two:

Research question two is about HIV/AIDS education and raising awareness among the community members of Levolosi. According to table 1 and 2 the findings revealed that to a large extent, people at Levolosi have already received education on HIV/AIDS. Either, they are aware that civil groups including CBOs, NGOs, are together fighting against HIV/AIDS in the society. These were revealed in the study as for 95% and 85%
respectively. With awareness creation, the only problem seen is that some people are not changing their behaviours simply because of traditional cultures.

For example, the Masai tribe or Mwarusha will not accept using condoms because they believe that by using condoms is just the same as not playing sex. The Masai men believe that by using traditional medicines available in the Masai areas they cannot be infected by HIV/AIDS. This is their belief.

For that matter, men are not using condoms as a safer sex and some women because of traditional cultures and at the same time they are weak gender, they accept everything, as suggested by their partners. This is another problem for immediate counselling. Many women in the Northern Zone especially the tribes of Wachagga, Waarusha, the Masai, and Wameru are very much tied up by traditional cultures and believes. It is widely accepted that men have the final say regarding his wife, therefore, if a men has two wives and he has neglected the idea of using condom, the two wives are not supposed to question him.

4.4 *Research question three:*

The question was concerned with people leaving with HIV/AIDS. We wanted to know if they are receiving proper care from the family, community or Local authorities in the area concerned. The findings are illustrated in table 8 below.

Response on proper care by family, CBOs/NGOs by people living with HIV/AIDS victims (n=20):

Table 8:
Proper care by family care by the CBOs/NGOs.

	FREQUENCY	PERCENTAGE
Proper care by family	3	15
Care by the CBOs, NGOs	15	75
Not ready to explain	2	10
Total	**20**	**100**

Source: Research findings 2004.

The findings from the table indicated that a few victims, around 15% were depending on their wives/husband for proper care at home where as the majority, 75% of the victims depended much on care provided by the CBOs or NGOs in the Municipality.

They mentioned the CBOs/NGOs as Uhai Centre, Wanale/Keul CBOs, Angaza women group, Alpha group and Life Concern. Two victims were not ready to comment. So far they did not mention anything coming from the Local Government authorities or the central Government.

4.5 Research question four:

Research question four is of crucial importance in our study. In this research question we tried to find out the relationship between HIV/AIDS and poverty. We asked, being a victim of HIV/AIDS, can one plan for future development, what about his current position, are there signs or constraints of improvement?
With that question, the findings in different groups in the population of Levolosi community indicated that: From simple random sampling, of 200 people, 184 people indicated that they were almost poor, 10 soon they will be poor, where as 4 rejected, and 2 did not answer.

From the sample group of people living with HIV/AIDS the findings on Table 2 and 3 are summarized below.

Table 9:
Occupation of the person living with HIV/AIDS victim (n=20):

OCCUPATION	FREQUENCY	PERCENTAGE
Peasant	1	5
House wife	4	20
Petty business	3	15
Technician	1	10
Unspecified/Jobless	10	50
Total	**20**	**100**

Source: Research finding 2004.

Table 4:
Economy of the persons living with the HIV/AIDS victim (n=20)

STATUS	NUMBER	PERCENTAGE
Worsen	10	50
Stable	2	10
Slight change	8	40
Total	20	100

Source: Research finding 2004.

From the Research, findings in table 3 revealed that housewife infected by HIV/AIDS already were 20% where as the jobless and with those with no occupations, were the majority, 50% and 15% were petty traders.

Their Economic status is shown in table 4 with 50% worsen where as 40% have already shown slight change in economic output. People who were still stable were only 10% probably because of time and resources.

The Researcher also tried to make some physical observation and visits among the victims of HIV/AIDS in Levolosi ward. Many of them had sad faces and they were very reluctant to answer questions. One person was an employee with the Government in Maswa District as a Co-operative Officer. He was brought back by his younger brother six years ago leaving everything behind. He has two children and his wife died two years ago. He is now leaving with his brother working in town simply because life at their home place is not encouraging, as care and prevention is limited. The outcome of the observation is that the kids will have no formal parent care, in adequate resources for schooling. Also, the dependants are increasing economic burden to their brothers.

At the early years the victim was getting his salaries through District Commissioners Office but all of a sudden for two years now he has received no money from Maswa. The individual is sick, he has no income and cannot do any productive work. On top of that he has a burden with Medical bills! The Government is not taking care off his two children who are attending school. The victim in Appendix 7. Skilled workers are lost and labour productivity is decling.

Another victim visited (Appendix 8) was a Senior Accountant in Local Government who was transferred to Ngorongoro District. He left his family in Arusha town looking after the small business he had started earlier before his transfer. During, his absence, and because of separation there occurred a problem of HIV/AIDS and eventually he become a victim. At the moment he has no employment nor the business he had started earlier, his wife is no longer alive. His only hope is the community and the Government.

Looking at work performance and labour productivity for those living with HIV/Aids still in employment, the interviewed population in the study area showed that: 177 people out of 200 indicated that they are no longer productive while 33 indicated that they can be productive.

It is true that HIV/AIDS is draining the work force and employers are loosing many of their more experienced personnel and facing shortages of skilled workers, take an example of the two victims visited in the Research study, a co-operative officer and a Senior Accountant.

Research findings indicated that our current workforce, are the employees, technicians and the students who are the majority of the population at Levolosi. We need, therefore, retain this workforce and make it more productive for future development. We noted in the study that the victims are poor because they are unemployed with no income hence they cannot afford to buy food, clothing and pay rent for accommodation.

4.6 Research question five:

The last research question on the sampled group of Barmaids was about whether they have attempted HIV/AIDS screening.

The research findings indicated that many participants in the research either did not like the question as a result they were not happy to answer it. The group had 20 participants, only 4 mentioned to have gone for testing, 10 did not answer and only six said No for testing.

Depending on the nature of their work, Bar workers is the group very close to the infection of HIV/AIDS. Therefore it is very important for the workers to be sure of their health because others are not only bar workers but they are practising commercial sex. It is indicated that the guidelines passed by the Ministry of Health stipulating that all Bar workers must take HIV/AIDS testing is no longer practiced.

4.7 Discussion of Findings:

The main trend shown in table 1, 2, 3, to 4 and figures are briefly discussed so as to prepare ground work for answering the seventh question of the research.

The question asks, as we are to understand that HIV/AIDS is a threat to our lives and development, what suggestions or opinions in getting rid of the disease. Indeed, this is a challenge to Levolosi community, the Local Government and the Central Governments in its efforts to have a population free from HIV/AIDS.

In the first instance, the analysis has revealed that the existing population, about 98% are aware of HIV/AIDS Table 1 and 2. People have accurate knowledge on ways HIV/AIDS is contracted, transmitted, and how one can protect himself.

The study revealed that while much education in raising peoples awareness has been delivered, a few have not changed their behaviour especially towards safe sex because of traditional culture and attitudes. There are people todate who, don't use condoms. Some people are unable to use condoms because of alcohol intake and because of traditional cultures. This is a risk, as the disease trend is keeping high. Others are not using condom simply because, they believe that their partners are safe.

Therefore, we find that the use of condoms is of crucial importance for both men and women including the married. It is believed that women can be forced into unprotected intercourse by their husbands or partners.

From the findings, it is indicated that people living with HIV/AIDS are getting much care from the CBOs and NGOs but much help is needed from Local and Central Governments. The Government must see to it that HIV/AIDS patients are treated in hospitals free compared to the present situation where they are forced to share the charges. The Local Authorities like the Municipality must work closely with people living with HV/Aids in all areas of the Municipality especially in providing medicines and canselling services.

The Municipality should establish committees at ward level comprising of Doctors, Nurses and ordinary people from the ward to be responsible with house to house training, giving treatment and also giving advice to people.

It is noted from the study that as the drugs for prolonging life are very expensive the government should try to subsidize for providing the medicine free. Here, we don't have any problem with the Government to deliver the drugs to the people free but the problem is those people using those drugs with false confidence and they go on spreading the disease.

It is indicated in the study that HIV/AIDS victims are poor and are becoming poorer. As the population group mostly affected are young people between the ages 16 – 29 years who are expected to be much productive in the economy, their efforts are put in vain. It is indicated that HIV/AIDS victims who were employees in Government, Organizations, NGOs are not taken care off by their employers once they are known to be infected by HIV/AIDS instead they are transferred to their home places where they don't get any assistance form the former employer. They stay idle without any economic activity but begging from people and entire community. It is believed that even those people who are seen as rich for the time, it takes a short period when you will find the victim almost poor.

This is because they are mentally shocked because of worries. HIV/AIDS has experienced severe hindrance to personal and community development. HIV/AIDS interferes with economic performance at individual and national levels. Moreover, economically disadvantages women are often compelled to use sex as a commodity in exchange for food, shelter, school fees and other basic needs.

The study also revealed an increase number of orphans and widowers/widows who need the care of entire community and the government. There is increased number of street children in Arusha Municipality than ever due to HIV/AIDS. At present, the Municipality and the Government has not established any program for care of orphans nor street children and at the later the problem will expand to be a National problem.

Most of our young generation (the youth) will not live to see adult hood. Their energy and education will also be in vain. In everyday, migrants from Arumeru and Monduli Districts are entering Levolosi looking for jobs and commercial sex for women. They choose Levolosi because is the centre of the town, a commercial area with many bars, hotels, shops and cheap accommodation. Also, it is a local brew area. It has been observed in the study that as cash resources decline and reduces possibilities to invest for income generating activities lead to reduced access to health and other services. The capacity to save and invest will also be significantly reduced thus chances to take active plans and decisions for improving livehoods are likely to disappear causing poverty in the familly and community levels.

It has been revealed in the study that those people with no jobs or income are looking for money to make two ends meet? Women are found in the trap once she has been promised money by a man. Also, young men are forced economically to play sex with the older women simply by promising the young man his well being.

The effects of HIV/AIDS at household and community levels are also affecting human, social and economic development. Today, what is seen as development in Levolosi such as schools, urban roads, Hospitals, community centres, markets, communication, bus stands, shops, tourist hotels and many others in five years to come, because of HIV/AIDS there will be no development as skilled and trained personnel are lost and labour productivity will decline. Take an example of Teachers Health workers, Technicians, Hotel keepers and agriculture staff.

HIV/AIDS victims should be encouraged to work in groups, whereby they can receive education, training and counselling about their future development. We can make them to be productive by allocating them funds for income generating activities. (more can be observed in Appendix 9 and 10).

Women in urban and rural areas face the additional burden of caring for family members and neighbours who are sick with HIV/AIDS, rendering their work load untenable. The sick are returning from urban centres to traditional safety nets.

The findings indicated that knowledge about the disease has increased (at 85%) tremendously but steps to educate the youths on the preventive measures still more needs to be done in order to save lives of the youths and children from contracting the disease. Parents should also play their role by educating their children on the effects of the disease and how to protect themselves from contracting the disease which claims millions lives in the world.

Women economic empowerment may be one of important steps that need to be taken in order to save lives of majority of women and girls who have been engaging in commercial sex in order to make ends meet. Among those, are the orphans.

Women are to be given the right to knowledge and education so that they get the means to their own independence and the means to assist others in the fight against HIV/AIDS.

CHAPTER FIVE

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 CONCLUSIONS:

Arusha Municipal Council reported its first HIV/AIDS patient in 1986 and since then the number of cases has been increasing and for Jan -June 2004 alone, the Municipality reported 224 new cases (For hospital based date only) with a prevalence rate of 210%. This shows that the council is concerned on the way the disease trend is keeping high. In that manner, the Council should not work in isolation rather other players must be involved, the Government, and NGOs, CBOs and individuals. The entire community must be involved in the fight against the disease. This was also stipulated in the national policy guidelines.

Following the current situation, it is revealed in the study that the entire community is not involved in the comprehensive plans for the control of HIV/AIDS. At Levolosi there were no evidence to show that the entire community is involved in any activities against HIV/AIDS.

It is important also to mention here that plans for HIV/AIDS activities should start at the grass root levels instead of up-downward approach. In this matter, HIV/AIDS committee at ward, Kitongoji and Mtaa level should be involved fully for planning of HIV/AIDS at their respective areas.

The Government, at this particular time should encourage other actors, the NGOs, CBOs, Religious institutions to work closely especially for caring for the people living with HIV/AIDS. The actors should be involved in all stages of the program implementation, planning and the implementation of the activities. The Government should have clear net working between the community, COBs, NGOs and Local Governments. For the purpose of HIV/AIDS, interventions all the activities pertaining to the disease must be open and transparent.

When the Government is trying to distribute the drugs for prolonging the life for those people infected with HIV/AIDS, there is the danger for the trend of transmission to keep high because of false confidence of those using the drugs. Not all the people are honest, or faithful as long as they are health, they go on spreading the disease.

This is another problem which need the efforts of the Government and the entire Community. These are the side effects brought about by life prolonging drugs as those people using the drugs are still spreading the disease to others unless proper counselling is done to the users. As the disease is related to poverty, efforts in eradicating poverty must be improved so as to eliminate HIV/AIDS.

Another point to be considered here is family separation, be it permanent or temporary, such absence, especially when prolonged may be the course of HIV/AIDS. Our Government should try now to avoid unnecessary transfers for some of public services personnel. However, when it is must for them to move from one station to another, they must be encouraged to take their wives, or partners.

This has occurred in Thailand where Transport Industries allowed their drivers to take their wives or partners with them on long trips (cited by ILO, 2000).

5.2 RECOMMENDATIONS:

To improve the situation of HIV/AIDS epidemic in Levolosi and the Municipality a number of recommendations were suggested. These are as follows:

- Raising awareness should be extended further to all primary schools, secondary schools and Teacher Training Colleges. There is need to form peer educator groups in the ward level so as to help in awareness creation.

- Aids control committees should be formed in grassroot levels, ward, Kitongoji and Mtaa to be responsible in planning all HIV/AIDS activities.

- People living with HIV/AIDS should be taken care of by the Local and Central Government. Support services, should be extended. Home to home education to be encouraged.

- Income generating activities should be established to people living with HIV/AIDS, orphans, widows, and widowers in working groups.

- Screening Centres should be established in each ward of the Municipality and screening to be free.

- To promote and ensure availability of good quality condoms to all users especially in Guest houses, Bars, and household.

- Openness and transparency about HIV/AIDS activities to be improved in all areas like the burials.

- Arusha Municipal Council to establish a Local newspaper about HIV/AIDS and distribute the paper to the Local Community. HIV/AIDS education materials to be available in wards and schools.

- The CBOs at ward level is playing an active role in prevention of the disease, therefore funds allocations from the Municipality should be considered especially in raising awareness.

- The Municipal Council should establish a program of care for the orphans, widows and widowers especially in education, health and economic activities.

- The Government must take care of the increased number of street children caused by the spread of HIV/AIDS. Children centres for that matter must be considered. Also, the community must take care of their children especially at family level.

- The Municipality should co-operate closely with other actors NGOs/CBOs/business community and the community at large to fight war against HIV/AIDS. Close relationship between the Municipality and other actors must be established.

- There is need to formulate a one stop centre (OSC) in each ward which will disseminate general information to the community about HIV/AIDS. Libraries are incouraged for that matter.

- The Government should put time limit for social centres, such as the Bars, casinos, night clubs. They should not go beyond might night. This is important step so as to avoid alcoholism, family instability and mental illness.

CHAPTER SIX

6.0 IMPLEMENTATION:

6.1 Introduction:

As it was revealed in the study that with the decline in cash resources in most of Levolosi households, many families failed to fill the income gaps. This situation used as a 'trap' by the well income people to trap poor people mostly school girls who are forced to play sex with a man once she has been promised some money.

Also, the young boys play sex with older women simply by promising the young boy his well being. As a results there is an increasing number of HIV/AIDS infected school children. Though the study findings indicated that knowledge about the disease has increased about 85%, still there is a need to take further steps to educate the youths particularly school children on the prevention measures, otherwise most of these school children will not live to see adult hood, further more, their energy and education will also be lost in vain. This will affect the Tanzanian future development.

6.2 Implementation:

The above explanation shows the importance of implementing the recommendation bullet one **"Raising awareness should be extended further to all Primary Schools, Secondary Schools and Teachers Training Colleges".** In order to achieve this, the evaluator has prepared one year programme that will be implemented by WANALE/KEUL CBO of Levolosi. The activities below have been developed to achieve a particular out put as recommended in bullet one.

1. Familiarization and introduction meetings in school and Teachers training College.
2. Formation of peer educator groups at ward level
3. Training of TOT for peer educators
4. Conducting HIV/AIDS awareness meetings/seminars and discussions.
5. Identifications and or formations of HIV/AIDS awareness schools' artist groups.
6. Formation of Schools and College HIV/AIDS awareness committees.
7. Organizing inter schools HIV/AIDS awareness Bonanza.
8. Establishment of inter schools HIV/AIDS awareness's network.
9. Conducting project evaluation.

The detailed description of the activities as mentioned above, the output is given below:

1. Familiarization visits and introduction meetings in schools and teachers training colleges:

The WANALE leadership and the project staffs will conduct visits to primary and secondary schools to familiarize themselves with schools', locations, surroundings and management. Also introduce the project to schools Administration. These visits will build friendly atmosphere and common understanding between the project and the schools (teachers and students). This is a necessary step for the project success.

2. Formation of Peer Educator groups at ward level:

With the assistance of Ward Education Officers, the project will facilitate the identification of Volunteers both male and female in each ward to be peer educators. The identified ones will be organized into groups of Eight people each, and each group will be assign particular schools to work with.

3. Training of TOT for peer educators:

The success of the project depends very much on how the message is carried out to targeted audience. The peer educators as the facilitators at the grass root level will be trained on. The HIV/AIDS, dissemination effects and impacts, counselling, methods of HIV/AIDS prevention, methods of conducting meetings and discussions and other relevant topics that will make them become very effective in their tasks.

4. Conducting HIV/AIDS awareness meetings/seminars/discussions:

The members of peer educator group will facilitate and hold meetings in schools with teachers and students. With assistance and supports from teachers and schools HIV/AIDS awareness committees they will organise inter classes discussions and debates on various topics concerning HIV/AIDS.

5. Identification and formation of HIV/AIDS awareness artists groups in schools:

The project will facilitate identification and encourage the formation of choirs, traditional dances, Drama groups etc. in schools which will be used to raise awareness in schools. The project will support the artists groups with equipment and tools necessary for their activities such as uniforms, drums, lord speakers etc. This support will also motivate them. The project will also provide transport to drama groups so as to be mobile in different areas of the Municipality.

6. Formation of schools and college HIC/AIDS awareness committees.

The project will facilitate the formation of HIV/AIDS awareness committees in each school. The role of these committees will be as a Linkage between peer educators and schools (teachers and students). Also they will be responsible for coordinating all the activities pertaining to HIV/AIDS at school level.

7. Organizing Inter schools HIV/AIDS Awareness Bonanza:

The project in collaboration with schools awareness committees will organize the Inter Schools HIV/AIDS awareness bonanza annually. In this Bonaza event, students from all project schools will participate in various sports such as football, basket ball, etc. also perform traditional dances, drams, choirs etc. In the Bonanza HIV/AIDS awareness messages will be delivered to the participants.

8. Establishment of Inter schools HIV/AIDS awareness network:

The project will facilitate the formation of inter schools HIV/AIDS awareness network. This network will function as a facilitator of exchange of knowledge and experiences on HIV/AIDS awareness creation between various schools within the project area.

9. Conducting project evaluation:

The project will carry out evaluations of its activities at the end of phase two in December 2006. The consultant will be hired to facilitate the evaluation exercise in a participatory approach. The project stakeholders' representatives will participate in the evaluations.

Logical framework:

Below is the logical framework approach matrix detailing the important monitoring indicators/process:

Output: Awareness raised on HIV/AIDS to all Primary Schools, Secondary School and Teachers Training Colleges in Arusha Municipality:

NA.	ACTIVITIES	INDICATORS	MEANS OF VERIFICATION	IMPORTANCT ASSUMPTION	RESOURCES
1	Conducting familiarization visits and introduction meetings in schools and teachers training college.	i. Number of visits, and meetings done. ii. List of schools/colleges visited. iii. List of people introduced	i. Monthly reports ii. Familiarization visits and meetings reports	Head of schools and college are willing and available for the meetings.	-Transport -Stationery -Lunch allowance
2	Formation of Peer Educator groups at ward level.	i. List of people Volunteered to become HIV/AIDS peer educator. ii. List of peer educator groups formed in each ward	i. Quarterly and Annual Reports. ii. List of Peer educator groups available in each ward.	People are willing to Volunteer as HIV/AIDS peer educator.	-Transport -Stationery -Allowances -Facilitator.
3	Training of TOT for peer educators	i. List of peer educators trained ii. TOT training report.	i. Quarterly and annual reports. ii. Peer educators TOT training report.	Municipal Officials CBO management team.	-Transport -Venue -Allowances -Consultant -Stationery.
4.	Conducting HIV/AIDS awareness	i. Number of Meeting/Seminars/Discussio	i. Monthly, quarterly and annual project report.	-Pupils and students willingly devote their	-Peer Educators -Allowances

	Meeting/Seminars/Discussions in schools and colleges.	ns held. ii. Number of students and teachers participated in the meetings/seminars/discussions.	ii. Schools/College HIV/AIDS awareness committees quarterly reports.	extra-curriculum time for HIV/AIDS awareness meetings, seminars and discussions. -Schools and college managements supports HIV/AIDS awareness meetings and discussions in their institutions.	-Stationery.
5.	Identification and formation of HIV/AIDS awareness schools artist groups.	i. Number of lists of Artists groups formed in each school/college.	i. Quarterly/annual reports ii. Lists of HIV/AIDS awareness artists groups actively available in schools.	There is a will and artists talents among the students.	-Facilitator -Allowances -Stationery -Music equipments -Uniforms -Loud speakers
6	Formation of schools and college HIV/AIDS awareness committees.	i. Number of HIV/AIDS awareness committees formed in schools.	i. Quarterly and Annual Report.	Head of schools and college continue strongly to support HIV/AIDS fighting campaign.	-Facilitator -Allowance -Stationery
7.	Organizing Inter schools HIV/AIDS awareness Bonanza.	i. List of schools participated in the Bonanza. ii. Number of people attended the Bonanza in gender basis.	i. Annual/report ii. Bonanza report.	Head of schools and college strongly support HIV/AIDS awareness campaign.	-Facilitator -Allowances -Stationery -Loud speakers -Generator -Posters.

8.	Establishment of Inter schools for HIV/AIDS awareness network.	i. List of HIV/AIDS awareness schools contact people available. ii. Inter schools and college HIV/AIDS awareness committee meetings schedules available.	i. Quarterly and Annual Reports. ii. Inter Schools committees meetings minutes.	-Municipal officials of Departments of education and health. -Head of schools -Media officials.	-Allowances -Stationers -Transports -Facilitator.
9.	Conducting project evaluation	i. Evaluation report available	i. Evaluation report ii. Annual Project report	-Municipal officials -CBO Management officials -Stake holders:	-Transport -Allowance -Stationers -Consultant.

The Action Plan activities schedule: January – December 2006:

NA.	ACTIVITIES	MONTHS												RESPONSIBLE
		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
1.	Familiarization visits and introduction meetings in schools and teachers training college.	XXX XXX XXX XXX	XXX XXX XXX XXX											WANALE Chairperson, Project Coordinator, Project Supervisors.
2.	Formation of Peer educator groups at ward level.		XXX XXX											Project Coordinator, Ward education Officer.
3.	Training of TOT for Peer educators		XXX XXX	XXX XXX										Project Coordinator.
4.	Conducting HIV/AIDS awareness meetings/seminars/discussions.			XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	Project supervisors, Peer Educator groups.
5.	Identifications and or formation of HIV/AIDS awareness schools artists groups.			XXX XXX XXX										Schools HIV/AIDS awareness committees -Drama groups.
6.	Formation of schools and college HIV/AIDS awareness committees.		XXX XXX XXX											Project supervisors, Peer educators, Head of schools/ college.
7.	Organizing Inter schools HIV/AIDS awareness Bonanza				XXX XXX XXX					XXX XXX XXX				Project Coordinator, Head of schools, Schools awareness committees.
8.	Establishment of Inter Schools HIV/AIDS awareness network.				XXX XXX XXX									Project Coordinator, Head of Schools/Colleges, Schools awareness committees.
9.	Conducting Project evaluation												XXX XXX XXX	WANALE Chairperson, Project Coordinator -Consultant.

Activities: **Budget (in Tanzania shillings):**
Project Name: **HIV/AIDS Pilot Programme for Levolosi ward, Period: 2006.**
Items: **Awareness raised on HIV/AIDS to all Primary schools, Secondary schools and Teachers training colleges in Arusha Municipality.**

NA.	ACTIVITY	TARGET	UNIT	UNITCOST	TOTAL
1.	Familiarization and introduction Meetings in schools and teachers training colleges	26	Meetings	15,000	390,000
2.	Formation of peer educator groups at ward level	7	Groups	60,000	560,000
3.	Training of TOT for peer educators	42	People	1,540,000	22,680,000
4.	Conducting HIV/AIDS awareness meetings/seminars	520	Meetings/Discussions	20,000	10,400,000
5.	Identifications and formation of HIV/AIDS awareness schools artists groups	42	Groups	100,000	4,200,000
6.	Formation of schools and college HIV/AIDS awareness Committees	26	Committee	20,000	520,000
7.	Organizing Inter schools HIV/AIDS awareness Bonanza	1	Bonanza	6,730,000	6,730,000
8.	Establishment of Inter schools HIV/AIDS awareness network	3	Meeting	1,000,000	3,000,000
9.	Conducting Project evaluation	1	Evaluation	4,680,000	4,680,000
	Total			**13,185,000**	**53,160,000**

Fund Raising Activities:

In Order to implement HIV/AIDS Pilot Programme for Levolosi ward an planned, there is a great need to have funds. A total of Tshs. 53,160,000/= will be required to run the programme as from January to December 2006 according to the Budget. The CBO is currently looking for financial Assistance as per below schedule:

▪ Donors: Gill Foundation	17,350,000/=
▪ TACAIDS DSM	15,000,000/=
▪ Arusha Municipal Council	10,000,000/=
▪ Religions Institutions and other stakeholders	10,810,000/=
Total Tshs.	**53,160,000/=**

No. Foot Notes

1. Tanzania Government Urban Council Act.No.8 of 1982, Government Printer, Dar es Salaam

2. Bureau of Statistics, Population Census 2002, Government Printer 2003, Dar es Salaam

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