

**SOUTHERN NEW HAMPSHIRE UNIVERSITY AND
THE OPEN UNIVERSITY OF TANZANIA**

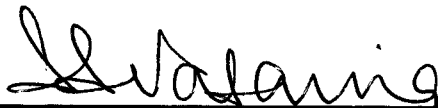
**MASTER OF SCIENCE IN COMMUNITY ECONOMIC
DEVELOPMENT (2007)**

**ASSESSMENT OF HIV/AIDS INTERGRATED PROJECTS
SUPPORTED BY MWANZA OUTREACH GROUP
MWANZA CITY - TANZANIA**

NGISSA JONARDA JOHN

PRELIMINARIES

Certification



Ms Scholastica M. Nasania

(Supervisor)

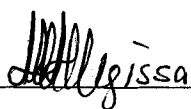
Date

20/10/2007

Declaration

I **Ngissa, Jonarda John** do hereby declare to The Southern New Hampshire University and The Open University of Tanzania that the work presented here is my own and has not been submitted for a higher degree in any other university.

Signature

_____

Copyright

No part of this dissertation may be produced, stored in any retrievable system or transmitted in any form or by any means: electronic, mechanical, photocopying, recording or otherwise without prior written permission of the author or The Southern New Hampshire University and The Open University of Tanzania

Dedication

To my parents The Late Yohana Salum Ngh'ulyungu (my father) and The Late Esther Ng'wamba Kisula (my mother), they are the ones who laid the foundation and inspiration of my education achievement but could not be here to share this attainment.

Acknowledgement

The accomplishment of this study would not have been possible without the perseverance of my family and taking it as an opportunity cost for the family's better future. I sincerely acknowledge them for their moral support.

Above all my appreciation goes to The Almighty God who enabled me to achieve this academic level.

My deep gratitude is due to my supervisor, Ms Scholastica Nasania for her tireless guidance, patience, encouragement, constructive criticism, care and understanding for the production of this project report.

I also extend my appreciation to Mr. Michel Adjibodou and Felician Mutasa- the instructors for Southern New Hampshire University and The Open University of Tanzania, School of Community Economic Development (CED) for their assistance during the period of my study. Their provision of lectures built the foundation from the initial stage of developing the proposal to the production of this report.

To Mwanza Outreach Group and its staff without forgetting the groups of PLHAs who are working hard in their Income Generating Activities, I very much appreciate their cooperation and support during the collection of the primary data and during the whole period of study.

Last but not least to my husband Mr. Sitta E.S. Ngissa and my kids: Hollo, Ng'wamba and Emmanuel, for their patience and perseverance during my studies, I believe they will be delighted to share with me the joy of this academic achievement.

Abstract

The study assessed the impact of income generating projects on the families involved using statistical data. Recommendations were written based on the findings. The study aimed to establish the impacts and sustainability of the projects supported by Community Based Organization known as Mwanza Outreach Group and other stakeholders of the People living with HIV/AIDS through establishment of Income Generating Activities. This is due to the fact that HIV/AIDS epidemic is complex, and thus only a combination of approaches can succeed to reduce its impacts, one of the approaches is through poverty reduction among people living with HIV/AIDS.

The assessment results reveals a number of facts regarding the implementation of projects like dairy goat keeping, petty businesses, merry-go-round schemes among the group members and grants mobilization from outside sources. The outcomes of the study culminated an assessment of household income and expenditure, and training PLHAs on how to effectively implement the IGAs. A number of recommendations has been given in this report including the possibility of the CBO phasing out some of the households that seem to be stabilized in terms of income increase and giving support to other new households. This would ensure a wider coverage of support as the number of infected and affected people in the community is increasing and many have no other support. In order to keep the study manageable, the study concentrated on the importance of IGAs to the target group of PLHAs households in the sense of providing better nutrition; direct income increase, expenditure and or savings. The information on the set-ups of the households, gender aspects, food security and nutrition status was set into the contexts.

Executive Summary

The project that was done consisted of the assessment of impacts and sustainability of Income Generating Activities (IGA) carried out by People Living with HIV/AIDS in Mwanza City- Tanzania.

The underlying problem that led to the study can be defined as follows: The support provided by the CBO in implementing projects (IGAs) to PLHAs is inadequate and sustainability is questionable; the PLHAs earn very low income and get poor nutrition and those PLHAs under Anti Retroviral Treatment (ARTs) experience problem in continuing their treatment without good and proper nutrition as advised by medical practitioners. In order to get proper nutrition as well as to be able to meet their costs of the basic needs, PLHAs need a substantially amount than they are currently have. The projects are implemented individually and some PLHAs have little energy to implement because their health conditions deteriorate due to poor nutrition and due to the effects of the viruses in the immune system.

Data analysis on poverty level of the four ward of Pamba, Igogo, Mkuyuni and Mbugani in Nyamagana district Mwanza Region, Tanzania, indicated that there has been an increase in poverty level in the community over the previous years. Poverty has a direct link with the spread of HIV/AIDS infections hence death rates due to HIV increases, resulting in an increase in orphaned children. The increase is evidently seen by the increase of the orphaned children in households as well as on the streets. By having sustainable projects for IGAs, PLHAs will be able to support themselves and later their children to access education and health services and other basic needs. That is why the Community Based Organization called Mwanza Outreach Group members supports

these two target groups – PLHAs and Orphaned children. The CBO members form the management, however amongst the CBO members there are those who are also tested HIV positive, and they are normally who provides the services to the other target group in various ways. Currently MOG provides support through the following: Community Based Care (CBC) Psychological support, Home-Based Care (HBC) and Counseling; Medical assistance, Care and treatment of opportunistic infections; Continuum of care and referral for Anti Retroviral Treatment (ART) as well as legal and spiritual referral rendered when necessary. Social Support e.g. provision of food supplies to improve nutrition; Educational and school related support to Most Vulnerable Children such as uniforms, school fees; and Creating community awareness on Stigma and discrimination reduction campaigns, behavior change communication.

The expected output of the project is PLHAs and their families run their IGA successfully, such that they will be able to live a quality life despite of the HIV positive status. The primary targeted population is predominantly PLHAs and orphaned children of different age groups (young children, adolescents and youths below 18 years of age). The objectives of this project were to assess the impacts and sustainability of IGAs by the end of 18 months of the project design (end of 2007), and furthermore to provide technical support to the CBO and the target group of PLHAs in resource mobilizing resources from development partners to enable them to increase their households' income and hence improve their lives through implementing sustainable IGAs. These objectives have been partially achieved as the community members participated fully in the problem identification and proposed project design including the interventions for the technical support to be provided; the tasks remaining is the proposal writing.

Table of Contents

CONTENTS	PAGE
i. Title page.....	i
ii. Declaration.....	ii
iii. Copyright.....	iii
iv. Dedication.....	iv
v. Acknowledgement.....	v
vi. Abstract.....	vi
vii. Executive Summary.....	vii
viii Table of Contents.....	ix
ix. List of Figures.....	xiii
x. List of Tables.....	xiv
xi. List of Appendices.....	xv
xii. List of Acronyms.....	xvi
CHAPTER 1: COMMUNITY NEEDS ASSESSMENT.....	
1.1. Study Area.....	1
1.2. Community Profile.....	4
1.3. Research Methods for Community needs Assessment.....	5
1.4 CBO Involvement in Needs Assessment.....	8
1.5. Problem recognition by CBO Members.....	8
CHAPTER 2: PROBLEM IDENTIFICATION.....	10
2.1. Background to the Problem.....	10
2.2. Target Community	11
2.2.1. <i>Target community</i>	11
2.2.2 <i>Target community's condition and Desired Condition</i>	12
2.2.3. <i>Host Organization</i>	12
2.3. Problem Statement.....	18
2.4. Conceptual Framework.....	19
2.5. Definitions of Key Terms	21

CHAPTER 3: LITERATURE REVIEW.....	23
3.1. Background of the Problem in Literature	23
3.2. Research Theories	25
3.2.1 <i>Theoretical Review</i>	25
3.2.2 <i>Empirical Review</i>	31
3.2.3 <i>Policy Context Review</i>	38
CHAPTER 4: IMPLEMENTATION.....	44
4.1. Administration.....	44
4.2. Products and Outputs.....	45
4.3. Project Planning	45
4.4. Project Budget.....	49
4.5. Actual Project Implementation.....	49
4.6. Project Implementation Report and Findings.....	49
4.6.1. <i>Income Generating Activities</i>	50
4.6.2. <i>Household Income</i>	52
4.6.3. <i>Household Expenditure</i>	53
4.6.4 <i>Capacity Building Through Training on IGAs</i>	55
4.6.5. <i>Gender Inequality</i>	57
4.7. Comparison of Findings With Other Studies.....	57
4.8. Lessons Learnt	59
CHAPTER 5: MONITORING, EVALUATION AND SUSTAINABILITY	64
5.1. Monitoring	64
5.1.1. <i>Monitoring Methods</i>	65
5.1.1.1 <i>Focus Group Discussion</i>	65
5.1.1.2. <i>In Person Interview</i>	65
5.1.1.3. <i>Observation</i>	66
5.1.1.4 <i>Records Review</i>	67
5.1.1.5. <i>Questionnaire</i>	67
5.1.2. Monitoring Questions.....	68
5.1.3. Monitoring Indicators.....	70

5.1.4. Monitoring Results	70
5.2. Evaluation.....	71
5.2.1. Types of Evaluation.....	71
5.2.2. Evaluation Methods.....	73
5.2.2.1. <i>Focus Group Discussions</i>	73
5.2.2.2. <i>In-depth Interviews</i>	74
5.2.2.3 <i>Review of Records</i>	74
5.2.2.4. <i>Observation</i>	74
5.2.2.5 <i>Administered Questionnaire</i>	75
5.2.3. Evaluation Indicators.....	75
5.2.4. Evaluation Results.....	76
5.2.5. Lessons Learnt from Monitoring and Evaluation.....	79
5.3. Sustainability	80
CHAPTER 6: CONCLUSION AND RECOMMENDATION...	86
6.1. Summary	86
6.1.1. <i>Challenges from the Field</i>	87
6.1.2. <i>Challenges from the Study</i>	88
6.2. Conclusion.....	89
6.3. Recommendations.....	90
6.3.1. General Recommendations.....	90
6.3.2. Recommendations to the CBO Management, Partners and Stakeholders	91
6.3.3. Recommendations for Further Studies.....	94
Bibliographies	95
Appendices	100
i. <i>Letter of Introduction /Acceptance</i>	100
ii. <i>Needs Assessment.</i>	101
<i>Problem Tree</i>	102
iii. <i>Organizational Chart</i>	104
iv. <i>Staff Job Descriptions</i>	105
v. <i>Project Budget</i>	106

<i>vi. PowerPoint Presentation</i>	107
<i>vii. Questionnaires</i>	113
<i>viii. Mwanza Population Characteristic.....</i>	123
<i>ix Photographs.....</i>	124

List of Figures

Figure 1: Map of Mwanza Region.....	3
Figure 2: Illustration of the Activities of the Organizations that Collaborate with MOG.....	15
Figure 3: Project Assessment Framework	20
Figure 4: Comparison of Data Collected using Different Methodologies.....	68

List of Tables

Table 1: Population and Household size of Nyamagana District –Mwanza City ..3	
Table 2: Project Planning48	
Table 3: Comparative Statistics on Household Income 53	
Table 4: IGA Income and Household Expenditure..... 54	
Table 5: Background Variables.....77	
Table 6: Summary Evaluation Table..... 78	
Table 7: Summary of Sustainability Plan 82	

List of Appendices

i. Letter of introduction/ Acceptance	100
ii. Needs Assessment.....	101
iii. Organizational Chart.....	104
iv. Project Implementation Gantt Chart.....	105
v. Staff Job Description.....	106
vi. Project Budget.....	107
vii. Project PowerPoint Presentation.....	108
viii. Questionnaires.....	114
ix. Mwanza Population Characteristics.....	124
x. Photographs.....	125

List of Acronyms

Acronyms	Meaning
AMREF	Africa Medical Research Foundation
AIDS	Acquired Immune-Deficiency Syndrome
ARTs	Anti Retroviral Treatments
ARV	Anti-Retroviral
APA	American Psychological Association
BMC	Bugando Medical Center
CBC	Community Based Care
CBO	Community Based Organisations
CEDPA	Center for Development and Population Activities
CPP	Community Partnership Plans
CRS	Christian Relief Services
ELCT	Evangelical Lutheran Church of Tanzania
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, TB and Malaria
GNI	Gross National Income
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activities
MDG	Millennium Development Goals
M&E	Monitoring & Evaluation
MOG	Mwanza Outreach Group
MVCs	Most Vulnerable Children
NACP	National AIDS Control Program (MOH)
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
PLHAs	People Living With HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections

TA	Technical Assistance
TACAIDS	Tanzania Commission for AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's' Funds
USAID	United States AID
VCT	Voluntary Counseling and Testing

CHAPTER 1:

COMMUNITY NEEDS ASSESSMENT

This chapter presents the study area, the community profile then gives background information on the subject of HIV/AIDS integrated projects in relation to improvement of households' income and nutrition. The chapter highlights how the needs assessment was done and how the study responds to those needs as recognized by the community themselves. The chapter also presents the research methods used during the exercise of community needs assessment.

1.1. The Study Area

Mwanza Region lies in the northern part of Tanzania, located between latitude 1°30' and 3° South of Equator; and also lies between longitude 31°45' and 34°10' East of Greenwich. It is located at an altitude of 1,140 meters above sea level. At the North West it borders Kagera region, Shinyanga region at South East and Mara region at its North East. Mwanza occupies 2.3% of the total land area of Tanzania Mainland.

Mwanza region occupies a total of 35,187 sq km, out of this 43% of the region's surface area is occupied by water, which is Lake Victoria (Mwanza Socio-economic Profile, 1997). In 2001 Mwanza region had seven districts namely Magu, Kwimba, Misungwi, Geita, Sengerema, Ukerewe, and Mwanza. The region has 33 divisions; 168 wards, and 682 villages, with a total population of 2,942,148 in the region, while in Mwanza City population is 378,327 according to 2002 census.

Administratively, the former Mwanza district was divided into two districts of Ilemela and Nyamagana both were in Mwanza peri-urban areas. After the two districts formed, now Mwanza region has 8 districts and Nyamagana is one of the eight districts of the Mwanza Region of Tanzania. Nyamagana comprises the Northern half of the city of Mwanza. It is bordered to the North and West by Lake Victoria, to the South by the Ilemela District and to the East by the Magu District, while the south and eastern borders are shared with Misungwi. The land area is shared with Ilemela: 425 sq. kms land area, 900 sq. kms. water area. Therefore makes 1,325 sq.kms total surface area.

Nyamagana district is divided into 10 wards: Igogo, Isamilo, Kirumba, Kitangiri, Mbugani, Mirongo, Mkuyuni, Nyamagana, Nyamanoro, Pamba. According to the 2002 Tanzania National Census, the population of the Nyamagana District was 210,735. Together with Ilemela, Nyamagana makes up Mwanza City.

Economic Activities are mainly services, commercial and industrial, some agriculture and livestock keeping and complemented by an expanding fisheries sector whereby big fishing companies use modern fishing gear and vessels to carry out commercial fishing.

The study area was Igogo, Pamba, Mkuyuni and Mbugani wards in Nyamagana district in Mwanza City. The four wards were appropriate for this study because of the following reason: The target group is the groups of People Living with HIV/AIDS (PLHAs) that are supported by the Community Based Organization (CBO) which is known as Mwanza Outreach Group (MOG) in collaboration with other stakeholders. The CBO was the determinant factor for the selection of the four wards.

Figure 1: The Map of Mwanza Region



Nyamagana District

Source: Regional Commissioner's office, Mwanza Region, 2002

Table 1: Population and Household Size of Nyamagana District in Mwanza City

Ward/	Type	Population (Number)			Household	
		Male	Female	Total	Number	Average Size
1 Mkuyuni	Urban	6,644	6,699	13,343	3,416	3.9
2 Igogo	Urban	14,682	13,888	28,570	7,289	3.9
3 Pamba	Urban	11,718	11,828	23,546	5,130	4.6
4 Mbugani	Urban	19,004	18,518	37,522	9,111	4.1

Source: Regional Commissioner's office, Mwanza Region, 2002

1.2. Community Profile

Economic situation:

Mwanza region is not only the major industrial and commercial centre of Mwanza region. It is also the largest industrial and commercial centre in Northwest Tanzania. There is variety of industrial, manufacturing and processing activities ranging from small to large-scale industries. These industries include edible oil mills, printing shops, metal workshops, mechanical / chemical establishments, fish processing plants, soft drinks manufacturing, bottling industries and cosmetic / soap making factories. Manufacturing industries employ about 38% of Mwanza residents. Industry and most of them live in the four wards of Pamba, Igogo, Mbugani and Mkuyuni making the area generally occupied with the urban inhabitants who are mostly low-income earners, this is a general characteristic of many slums in urban areas.

Social Conditions:

According to the 2002 census the combined population of the four wards is 102,981 people. This population in the four wards is economically and socially disadvantaged in comparison to the other six wards in the district. The families live in extreme poverty earning their income through petty businesses and low wage employment.

In Pamba and Igogo wards, it is estimated that there are more than 6,000 PLHAs and 20% of them are bed ridden requiring Home Based Care (HBC) services, the limited resources and skills in the organisation limits the scope of this service.

1.3. Research Methods Used During Community Needs Assessment

A preliminary familiarization survey was done so as to understand and justify the problem. In the process the qualitative and quantitative data and other information were gathered by using various methods including the following: Innovative methods, Focus Group discussion, Interviews, Observation and Use of Secondary data from various reports and documents.

1) Innovative method

A list of problems was established. Comparative data and priority ranking was undertaken for the listed problems. This was then used to establish the problem tree whereby causes and effects were discussed in plenary for needs assessment.

2) Interview

Interviews were conducted with the leaders and especially focussed on the historical background of the formation of MOG, their overall objectives and the organisational structure. It was during this time when the members were much more interested and expressed on the need of technical support to be provided to the CBO.

Personal Interviews were done using structured questionnaires and key questions used as guiding questions. In this exercise, male and female household heads were eligible for interview, and the focus was to investigate the contribution of IGA in relation to the study's specific objectives. The interviews allowed the interviewer to probe using the standard probes only; it enabled to go into more depth and helped to clear up the misunderstandings, and enabled to test the limits of a respondent's

knowledge. This encouraged cooperation and hence made the assessment easier to get truer picture and results of the survey.

3) *Focus Group Discussion*

- i. The discussions were held with the staff of the CBO, the leaders, the counsellors and the volunteers. The information gained was mainly on what activities are exactly done by the CBO, the successes and challenges they face and the coping mechanisms they use to respond to these challenges.

More discussions were also held with all relevant parties like district, regional and city officers as well as the grassroots' stakeholders like divisional, ward, leaderships and heads of the households on the whole management of the survey exercise. Focus group discussion was based on key questions determined by the researcher but also based on prior information gaps identified when going through the existing documents and using secondary data.

The focus of the discussions was to get the picture of how the government authorities and individuals do perceive the issues of Income Generating activities done by the infected people. The discussions were guided by the specific objectives of the study.

- ii. Target groups- the PLHAs have their own clubs arranged according to the types of income generation activities they are implementing. Most of the focused group discussions (FGD) were done in every field visit especially

when the PLHAs were meeting in their clubs and discussed on the issues they faced. Taking an example of the club of dairy goats keeping group, we discussed the benefits, successes and problems they are facing hence the needs were expressed as indicated in this report in the findings section. However, most of the discussions were made on IGAs sustainability.

4) Observation:

Observation was on the real situation of the beneficiaries as well as the surrounding environment. Observation of the activities and projects were done for example observations of the people engaged in IGAs as well as observation of assets purchased with house-hold income were easily done during the household and project visits. In some cases where agreed upon photographs were taken and later the observed information were justified later through discussion made with the target groups.

5) Use of Secondary data from various reports:

Different MOG reports were reviewed, but for more detailed information on the situation of HIV/AIDS data from National AIDS Control Programme (Surveillance report # 17 and # 18) were used to get more HIV/AIDS data for Mwanza region. Relevant secondary records such as Mwanza region profile, MOG records and statistical data were obtained from district, regional and city council offices and used.

1.4. CBO Involvement in Needs Assessment:

By using all the above-mentioned methodologies, the members of the CBO together with the target groups were all involved in the discussion meetings about the main problem and the needs, the leadership mainly discussed the problem statement presented in this paper. Furthermore the problem statement was shared in various organisational meetings.

1.5. Problem Recognition by CBO Members:

HIV/AIDS is a major development crisis that affects all sectors, it is a serious threat to the survival and development because it has no vaccine and no cure therefore it imposes heavy financial and social burden of caring for the sick. Poverty significantly influences the spread and impact of HIV/AIDS; and the disease increases poverty.

(National Policy (2001). These facts are recognized with all organizations that are working in the area of HIV/AIDS.

Since HIV/AIDS pandemic affects all sectors and the entire community, all the related problems are recognised although through experience there are some differences in understanding of the various aspects including social-economic factors. The more crucial aspect is the difficulties in behavioural change. This depends on individuals, hence why the problem of HIV/AIDS infection rate is increasing. For example other factors like stigma and discrimination, ignorance and or negligence, traditions and socio-cultural factors still fuel the spread of HIV/AIDS in the area.

While the organisations are continuing provide support and volunteering among staff, counsellors and the PLHAs themselves also do counselling and give HBC services to their fellows who are bed-ridden. This begs the question of who will give these services when the PLHAs become seriously ill? So the community appreciates the work of the organizations and recognizes that it will reach the time when no more support will be directed to the individual. This has been exemplified with the government system of providing loans to the groups and not individuals. In various forums of discussion during the survey, people had concern on how to look for other alternatives as well as approaches for sustainable systems of provision of services for example using community based health care approach to mitigate the impacts of HIV/AIDS that will be sustainable.

CHAPTER 2

PROBLEM IDENTIFICATION

The problem was identified using various methods as explained previously on how the community needs assessment was done, however, it is still important to explain the background of the problem as done in section 2.2 and the target community, the current situation and the desired condition. The gap that exists is the one that helped to derive the problem statement stated in section 2.3. The rest of this chapter explains the purpose and significance of the study in 2.4 and 2.5. The objectives of the study are in 2.6 and further more in section 2.7 tasks and research questions and in 2.9 conceptional framework are presented whereas in 2.10 definition of key terms are available.

2.1. Background to the Problem

It was estimated in 2003 that over 1.8 million persons were living with HIV/AIDS and close to 800,000 cumulative AIDS cases. Households affected by AIDS are experiencing significant reductions in income and increases in health expenditure. The % of orphans attributed to AIDS rose from 4% in 1990 to 42% in 2001. Recent data based on household surveys estimate the sero-prevalence in adults in Tanzania to be 7%, with a wide variation across the regions (NACP Surveillance Report No. 17 and No 18).

The epidemic becomes visible in a variety of appearances. Stigma and discrimination remain major barriers to HIV/AIDS prevention and care and misperceptions about HIV transmission persist. The social impact of AIDS has contributed to a serious and growing breakdown of the social networks in the community. A growing number of orphans are subjected to material, social and emotional deprivation as well as lack of

opportunities for education and health care. Widows and orphans are deprived of their inheritance rights by relatives, widows are often blamed for the premature deaths of their husbands therefore abandoned and discriminated.

Generally, the National Policy on HIV/AIDS has stipulated that poverty level is increasing at household level and especially amongst PLHAs as well as the entire community. While PLHAs whose CD4 levels are very low have to use ARVs as recommended, the use of these drugs requires better nutrition. It is clear that there is a necessity of having projects that will ensure improvement of both nutrition and income to PLHAs. However, sustainability of these projects for income generating activities is questionable.

2.2. Target Community

2.2.1 Target Community

Currently the project is implemented in four wards of Pamba, Igogo, Mbugani and Mkuyuni, which are located in Nyamagana District; the four wards are in urban areas set up within Mwanza City. The project aims to work with the urban inhabitants who are mostly affected. Since Nyamagana district is in Mwanza the HIV/AIDS transmission rate is 5.4% among blood donors in year 2003. (NACP Surveillance report number 18).

2.2.2. The Target Community's Conditions and the Desired Condition

Poverty in Tanzania is deep and pervasive, in 2001, 35.6% of household were unable to meet their food and non-food basic requirement while 17.74% of Tanzanians live in households with total expenditures that are not sufficient to obtain enough food to meet nutritional requirements. Basic needs rural poverty is estimated at 57% and food poverty at 32%. The poor are concentrated in subsistence agriculture but urban poverty is also widespread and increasing (Tanzania Assistance Strategy - TAS). The HIV/AIDS epidemic has led to this problem becoming acute. The condition can be improved with income generating activities such that the target group will be able to meet their basic needs and especially to have nutritious food.

2.2.3. Host Organization

As previously stated the study was hosted by the CBO known as Mwanza Outreach Group. This CBO has 17 members (10 females and 7 males) who are involved in management of the group; among those group members 8 are trained counselors, 2 field officers and 3 are leaders or Supervisors. Among the Counselors some are HIV positive and they became counselors after knowing their status. Also the project involves a total number of 29 Community members who are Volunteers for Home Based Care; and a total number of 236 PLHAs and 659 Most Vulnerable Children (MVCs) as target group of beneficiaries who are registered. (MOG Report, August 2005).

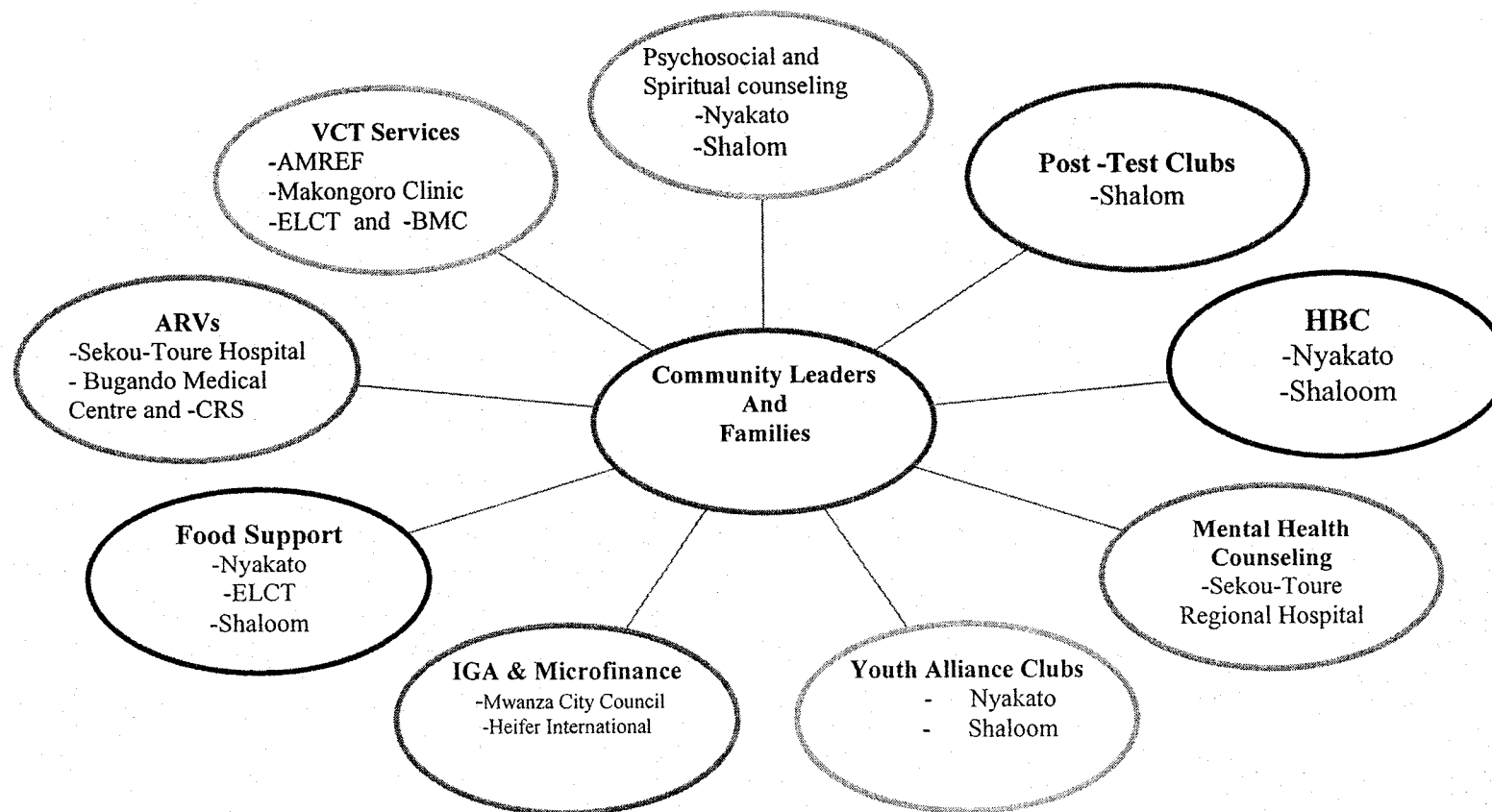
The project enable the target group of 236 families of PLHAs to design and establish sustainable income generation activities as a strategy to reduce the poverty level and hence improve their families' living standards. This in turn, increases the possibility of living longer since most of them are taking ARTs drugs provided as the costs have been substituted by the government. Before taking the drugs, PLHAs are advised to undergo CD4 test, a person with CD4 count under 200 is eligible to take ARTs drugs. The drugs have to be taken for life and one of the conditions is - a person requires nutritious food, as those drugs are so powerful and have effects if taken without enough food.

MOG and its partners and stakeholders like the community itself, other CBOs, NGOs, FBOs, the public and private sector saw the importance of supporting projects that will address both issues – to raise income so as to reduce income poverty and enable the households to meet the costs of basic needs and at the same time improve the nutritional status in order to improve the living standard of PLHAs as well as the well-being of their children.

Although the CBO is building the capacity of its target group through supporting them in Income generating activities, the reality is, MOG is a growing CBO and cannot escape the problems faced by most organisations in developing countries like Tanzania and especially as it deals with a challenge of the rapidly increasing number of its target group of beneficiaries. Since the magnitude of the epidemic is increasing the organisation cannot reach all the people who are positive in the area, due to limited resources. The major problems facing the organisation are the inability to generate or

attract financial resources from within and thus over dependence on external sources. This challenges the effectiveness and the scope of support to the PLHAs. To cope with the problem, MOG is working in the four wards in collaboration with other stakeholders, as illustrated in the figure 2.

Figure 2: Illustration of the activities of the organizations that collaborate with MOG



Source: MOG Report on NGO collaboration

The CBO support seemed to be possible and easier by establishing income generating activities (IGAs) instead of giving funds, food and other materials to the PLHAs every time. However in the course of addressing these two issues, IGAs were established and other problems arose as concerns project implementation and sustainability of the IGAs. Sustainability is questionable due to inadequate skills for resource mobilization from within and poor designing and monitoring of IGAs. These problems stem from perceptions, level of education and income use as core factors. The study tried to assess the impacts in detail in order to establish strategies to be employed so as to reach the objectives of the CBO, which is to help the PLHAs improve their standard of living.

1. Perceptions

Perceptions are all about the insights of the people in the community. Because of lack of awareness, discernment has been observed leading to stigma and discrimination of PLHAs. In Tanzania it has been clearly expressed that stigma is one of the key challenges in prevention and control of the epidemic, stigma is linked in people's minds to sexual behaviour (promiscuous behaviour hence PLHAs are perceived as sinful and evil people). Stigma in the community can hinder productivity of economic activities for example employees are terminated after been tested positive especially in private sector, businesses of PLHAs are also stigmatised hence collapse and finally a person fall in a poor condition leading to rampant poverty. Poverty emerges most clearly as a factor precipitating and exacerbating stigma. (Kilonzo and Mbwambo (2004)

2. Education Level

This is related to knowledge or understanding of HIV and AIDS. Education is also a key element in reducing the spread of HIV (UNAIDS and UNICEF 1999). Low level of education and ignorance causes more transmission as prevention measures are not taken seriously, This is also related to stigma and fear of HIV transmission. Fear of preoccupation with transmission through everyday casual contact leads directly to stigma, this happens in the form of isolation of persons living with HIV/AIDS in all aspects of daily life. It occurs everywhere, from home, to social gathering places, in neighborhoods, market places, health facilities and even in places of worship. "In the market places, if people find the fellow marketer has HIV/AIDS, they start isolating themselves from that person; if it is the customer who is sick, even when this person comes to buy they fear that they can contract the disease, the situation is worse when a sick person is selling, customers don't buy the items and especially if the items sold are in the form of food for consumption (Clay Kidd Sue and Ross (2003).

3. Income

Most African households depend on subsistence agriculture in rural areas, labour wages, business and other economic activities in urban areas. The effect of the HIV/AIDS epidemic on income and economic performance is complex. The overall impact of AIDS on economic growth derives from a reduction in the labour force (increased morbidity and mortality), a decline in savings and investment, and an undermining of social capital. All these aspects have an impact

on the production units, from subsistence household farming to large manufacturing firms, mining enterprises and public service providers. As a result of reduced income – poverty persists. And income poverty is directly related to poor nutrition that has again a direct impact on the PLHAs' lives.

4. Expenditure

Income generating activities provide financial benefits (income as a primary benefit); produce small, regular amounts of cash to pay for food leading to better nutrition and health, schooling, medication / hospital fees and or funeral costs. Through these expenditures they bring satisfaction and improve self-esteem that strengthen social networks and prevent isolation and stigma thus, improving PLHAs status and respect in the family and community. However, if it is unlikely that someone will be able to earn enough to support one person, let alone a family, the IGA may break down in time of extreme hardship – families may default on a loan if this will enable them to buy food or send a child to school. These are limited by time and strength, sometimes can fail if they are not well planned and if difficulties arise such as lack of markets.

2.3. Problem Statement

General statements for the problem are: Poverty level in terms of income and accessibility to basic needs is increasing at household level especially of PLHAs as well as in entire community. And sustainability of income generating activities done by PLHAs is questionable due to inadequate skills for resource mobilization, poor

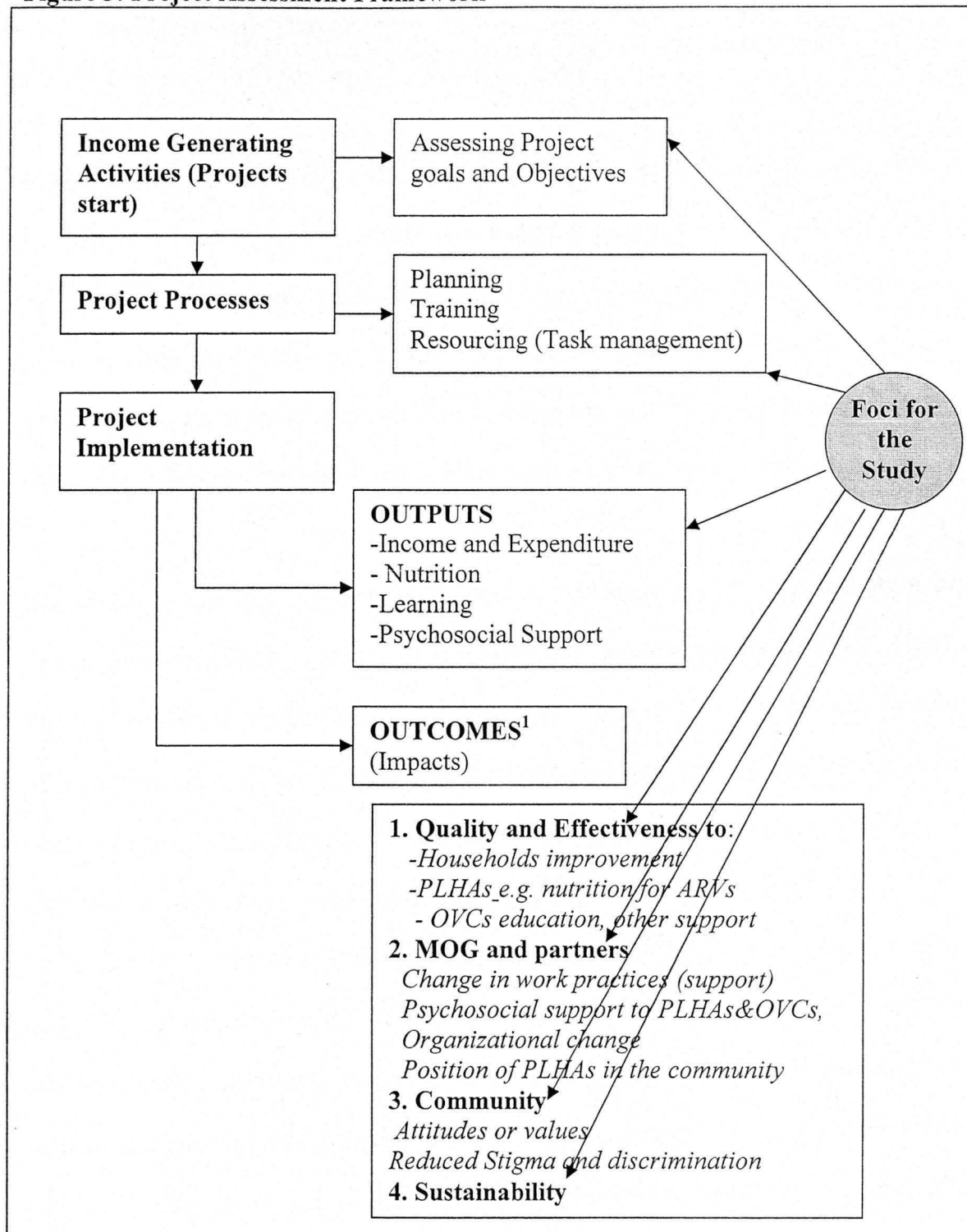
designing and implementation of IGAs, which are supposed to help the PLHAs (both men and women) improve their standard of living.

Technical assistance especially on HIV/AIDS related issues, Sustainable IGAs are needed because every time there are some new aspects and learning's on the pandemic and how to deal with e.g. ARVs use vis-a-vis nutrition, accessibility etc.

2.4. Conceptual Framework

The conceptual framework proposed by this study is presented in Figure 3. The different focus and directions of the assessment that were employed is presented. The study focused mainly on outcomes with a high concentration was on the impacts and sustainability of IGAs. The other foci were included as all are interrelated. The model seeks to examine the interrelationship between socio-economic factors, and realization of the level of income and the households' expenditure. The framework has been considered as assessment beyond the life of the project.

Figure 3: Project Assessment Framework



(An assessment beyond the life of the projects²)

¹ Projects by definition, have an ending and defined outputs, the outcomes may take time to be manifested. In this study manifested ones are discussed while others are in the recommendations.

²The gaps observed will be addressed further for sustainability purposes e.g. formulating strategies for resource mobilization from diversified sources

2.5. Definition of Key Terms

According to this study the following terms and words have the following stated meanings:

Income-generating activities (IGAs) - This term is taken to comprise the range of small-scale activities in services, production and marketing. They all bear the characteristics of requiring little start-up capital, simple technologies and no entry thresholds such as having premises, tax liability, etc. The implementers of these activities are often individuals, labour is provided by members of the family, and the type of work can vary in line with changes in the market and opportunities. IGA need micro entrepreneurs.

Household: In this study, a household is used as the unit of inquiry. It is that group of persons who live and eat together and share common living arrangements (URT, 1994). A normal household consists of a husband, wife, and their children, but can also include other persons, relatives and domestic servants provided they live together and eat most meals together. A household can consist of one person to very many people. A household should not be confused with a family group.

In demography a “household” refers to a co-residential unit, whereas the “family” refers to a group of individuals related by blood, marriage, or adoption (Mwageni, 1996). If two families live together for instance husband, wife, and children and married son (or brother) and his wife and children, and regularly eat together, then they constitute one household. But, in economic literature the two words are used interchangeably and sometimes combined into the term “family household”. Special care should be taken with polygamous relationships or extended families living together in one compound. Wives

can form separate households and the husband should be associated with the wife where he spends most of the time. (Mwageni, 1996)

Head of household: Mainly is the person recognized as such by the rest of the members of the household to be their leader. Often he/she is responsible for financial support and social welfare of the household members. (UNICEF, 1991).

Household income: Includes any cash received by the household during the year, which has been earned in the form of wages, salaries or cash from products sold or any other source. (UNICEF, 1991).

Orphaned and Vulnerable Children (OVC): According to this study the word orphans means a child who has lost both his/her parents, and lives in a family different from his/her original one, it can also mean a child who has lost only one parent, and is currently living with the remaining one. This is particularly true for the families headed by widows and especially PLHAs.

The general definition of vulnerable child refers to every child living in a poor social and economic environment. All OVCs of the considered family units where both the parents are alive foster orphans, while only half of the families headed just by the mother (widow, divorced or unmarried) have fostered children living with them. Note that the OVCs considered in this study are those who come from the households of PLHAs and not from the streets. (UNAIDS and UNICEF (1999)).

CHAPTER 3

LITERATURE REVIEW

In this chapter, literature on the poverty, unemployment and other socio-economic factors in relation to HIV/AIDS is reviewed. Firstly, the concept of the impact of HIV/AIDS is defined followed by a description of the World Health Organization (WHO), United Nations Development Programme (UNDP) and Joint United Nations Programme on HIV/AIDS (UNAIDS) performance.

Secondly the chapter deals with literature review of projects and household economy in terms of income generation activities (IGAs), employment creation, and marketing process, community development, gender, nutrition and environment issues. Finally, the status of research in assessing the IGA production for PLHAs in Africa region, other countries as well as in Tanzania as a nation is presented.

3.1. Background of the Problem in Literature

It was estimated in 2003 that over 1.8 million persons were living with HIV/AIDS and close to 800,000 cumulative AIDS cases. Households affected by AIDS are experiencing significant reductions in income and increases in health expenditure. The % of orphans attributed to AIDS rose from 4% in 1990 to 42% in 2001. Recent data based on household surveys estimate the sero-prevalence in adults in Tanzania to be 7%, with a wide variation across the regions (NACP Surveillance Report No. 17 and No 18).

About 5% (540) of the AIDS cases reported in 2004 were below 15 years of age and most of these are likely to have acquired infection through mother to child transmission. The

age group 20-49 years remained the most affected for both sexes, an observation that has remained consistent for several years since the beginning of the epidemic in the country. The observed clustering of cases in the age group 20-49 indicates that the majority of infections occur during the age of maximum sexual activeness as well as the active age for economic production (NACP - HIV/AIDS/STI Surveillance Report, January - December 2004 Report Number 19, Issued: October 2005). This means that beyond its health dimensions HIV/AIDS is a developmental issue.

It has been estimated that for poorer people, about 70-75% of the household budget is spent on food (CARE, 1998; Kongi-Makau, 1998 as cited by Jacobi *et al.*, 2000). Those studies conducted in Tanzania, found that about 20% of the food budget in Tanzania is spent on vegetable and fruit. This suggested that any contribution from home production has a direct impact either on nutrition level of the family or on the budget by reducing expenditures or earning additional income. Savings accounted for between 5-7% of a low-income household budget (Jacobi, 2000).

The goal of helping both PLHAs and OVC can be achieved by strengthening existing facilities, creating programs of integrated global care, financing innovative actions for the care of orphans and by encouraging the improvement of their immediate environment. The aim is not only to help OVC survive the impact of HIV/AIDS but to become productive members of their communities who may in turn become leaders in the fight against AIDS.

3.2. Research Theories

The term design refers to the researcher's way of arranging the environment in which a study takes place. The environment consists of the objects that are to be studied.

In this study the research methodologies that were used include the household study whereby the basic descriptive analysis is that almost all household studied are based on complex sample designs rather than random samples. Accordingly, sub-population groups of particular interest, such as the OVCs, are over sampled, which imply that sampling weights must be used to obtain unbiased estimates of basic descriptive statistics. (Paul, Glewwe) downloaded from <http://unstat.un.org> on 14/05/2006.

3.2.1 Theoretical Literature Review

Before talking about the project of supporting People Living with HIV/AIDS with income generating activities, it is good to know about HIV/AIDS and what does it mean when a person is living with HIV/AIDS?

HIV stands for *human immunodeficiency virus*. This virus attacks the body's immune system, which protects the body against illness. HIV infects only humans. AIDS stands for *acquired immune deficiency syndrome*. Becoming infected with HIV leads to a weakened immune system. This makes a person who has HIV vulnerable to a group of illnesses that a healthy person who does not have HIV probably would not get. After a person has been infected with HIV for a period of time (often many years), symptoms caused by the virus begin to develop. At this stage, people with HIV are likely to develop opportunistic

infections. “AIDS” is a clinical definition associated with HIV denoting infected people suffering from one or a number of specific infections, including tuberculosis, rare cancers, and eye, skin, and nervous system conditions. However, a person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection. A person with the virus but no symptoms is “HIV – infected” or “ HIV – positive” (NACP Reports No 17, 18 and 19).

Stigma and discrimination remain major barriers to HIV/AIDS prevention and care and misperceptions about HIV transmission persist. The situation has affected PLHAs who deal with small business in the area, even their businesses have been stigmatized- no customers turn up to buy items from their businesses - hence causing difficulties in earning income to sustain themselves and their dependants, there is therefore a need to deal with the issue of stigma in communities (Jessica Ogden and Laura Nyblade (2005).

What can the NGOs, Business Companies, Researchers, Development Partners, Government workers, Media, Private Consulting Companies, and PLHAs do? Is it possible to break the silence? HIV is not an African health problem; it is a global developmental issue.

In its report, “AIDS in Africa,” the U.N. agency examines potential scenarios for the continent in the next 20 years depending on the international community’s response. Researchers determined that even with massive funding and better treatment, the number of Africans who will die from AIDS is likely to top 67 million in the next two decades. “What we do today will change the future,”

concluded the report, drawn up by some of the world's leading experts on HIV and AIDS. "These scenarios demonstrate that, while societies will have to deal with AIDS for some time to come, the extent of the epidemic's impact will depend on the responses and investment now."

What we need in Africa as well as in Tanzania isn't quarantining, stigma or discrimination but support to live a meaningful qualitative life and contribute our quota to the development of our country, our continent and the world at large HIV/AIDS Implication for Poverty Reduction, UNDP (2001).

The epidemic threatens the economic growth, social growth and the nation's stability in addition to the human sufferings it causes. The epidemic continues to impose a heavy burden on the health care system and poses problems to many countries health and productivity as well as to the family as it is affecting all operations in all sectors and community life in Sub-Saharan Africa including Tanzania. Poverty, unemployment and other socioeconomic factors, are all helping to fuel a growing HIV problem.

While there is no cure for HIV or AIDS, anti-retroviral (ARVs) drugs can allow sufferers to live a normal life. Such drugs, however, are too expensive for most Africans, who live on less than a dollar a day and don't have access to modern health care; As a result the government has tried to supplement the accessibility of ARVs.

In Tanzania the major body involved in combating HIV/AIDS has been the National HIV/AIDS Control Programme (NACP). The priorities of NACP are

referred in the various plans, including the short-term plan (1985-86) and medium term plans MTP-I (1987-91), MTP-II (1992-1996) and MTP-III (1998-2002).

In October 2001 the parliament passed a bill creating the Tanzania Commission for AIDS (TACAIDS). TACAIDS was established to provide leadership and multisectoral responses (The United Republic of Tanzania 2001). TACAIDS is a quasi-autonomous agency for coordinating all interventions related to AIDS. Donors contributed a substantial amount to establish TACAIDS (UNDP Tanzania Country Office 2001)

In this study, PLHAs who are using ARVs and involved in IGAs are directly affected in the accessibility of ARVs as well as nutrition improvement. The IGAs can help in coping with their status as well as coping with poverty and its consequences more easily. Apart from PLHAs as being the target group, orphans are another special group to be considered for support provided by the CBO.

In practice as well as in literature, it is clear that an increasing number of people dying of HIV/AIDS leave many children orphaned. It therefore becomes essential to address the issue of Orphans and Vulnerable children (OVC). Review of existing literature on children show that the orphans' phenomenon is becoming a major economic problem due to the rapid increase of number of the orphans in the world. Following the increase of orphans everywhere, a number of projects have already been established whose purposes are to save the life of orphans through provision of basic needs including education opportunities (UNICEF Report on HIV/AIDS 2004).

In many communities of Tanzania, Civil Society Organizations such as NGOs, CBOs and FBOs are already playing a leading role in community based HIV/AIDS interventions in prevention, care, treatment and support and impact mitigation.

According to the Jointed United Nations Program on HIV/AIDS (UNAIDS (2004) it has been estimated there are more than 13 million orphans worldwide. The United State Agency for International Development (USAID) projected that this number would rise to 40 million by 2010. The increasing number of orphans will have social ramifications in developing countries. With the increasing number of parents dying, orphans and vulnerable children in AIDS affected areas tend to receive inadequate food, clothing, educational opportunities and health care. "Among the most devastating effects of the HIV/AIDS epidemic in sub-Saharan Africa is that it is orphaning generations of children - jeopardizing their rights and well-being, as well as compromising the overall development prospects of their countries.

- 1 In 1990, fewer than 1 million sub-Saharan African children under the age of 15 had lost one or both parents to HIV/AIDS (UNICEF Report on HIV/AIDS 2004).
- 2 At the end of 2001, 11 million in this age group were orphans because of HIV/AIDS, nearly 80 percent of the world total.
- 3 By 2010, 20 million in this age group are likely to be orphans from this single cause, comprising about half the total number of orphans expected in the sub-Saharan African region.

The report continued by commending that the core of a framework of action, developed by a number of international agencies, including UNICEF, UNAIDS and USAID, highlights the need for strong action on five fronts.

1. Strengthening the capacity of families to protect and care for orphans and other children made vulnerable by HIV/AIDS. In sub-Saharan Africa, extended family relationships are the first and most vital source of support for households affected by HIV/AIDS, including for orphaned children.
2. Mobilizing and strengthening community-based responses - after families, communities provide the next level of support.
3. Ensuring access to essential services for orphans and vulnerable children. Orphans and other vulnerable children need a number of services to ensure their rights and well-being, including education, birth registration, health care and nutrition, psychosocial support, safe water and sanitation, and strong and independent justice systems.
4. Ensuring that governments protect the most vulnerable children. While the family has primary responsibility for the care and protection of children, national governments have ultimate responsibility for guaranteeing the rights of children. Raising awareness to create a supportive environment for children affected by HIV/AIDS is important so as to ensure the responsibility is shared nationally.

Approaches to estimating the impact of HIV/AIDS on teachers *Policy & Research: series 1* by Tania Boler, Action Aid (2004)

HIV/AIDS has huge social and economic impacts, as well as being an enormous health problem. In already poor communities, HIV/AIDS makes poverty worse, by striking

mainly at the middle generation. The effect of general poverty paired with high rates of HIV infection is dramatic as the epidemic strikes an already very vulnerable population. The World Bank points out that because low-income households are more adversely affected by an AIDS death than are other households, the epidemic will tend to worsen poverty and increase inequality (World Bank 1999).

3.2.2 Empirical Literature Review

In Africa region the best practices in reducing the impact on individuals, households and communities focused on the *household*, which is the most important institution in rural Africa for providing care for children, sick people and the elderly and is therefore the most appropriate focus for assistance. To reach the households in particular need, local organizations are probably the most efficient agents (UNAIDS 1999).

Efforts to establish support systems for people and communities pay adequate attention to social and cultural responses to the HIV/AIDS issue and the pre-existing cultural patterns have been explained as highly relevant to the response to AIDS control interventions (Tania Boler, Action Aid (2004).

Various studies emphasize that analysis of the economic effects of AIDS at both macro and micro levels is important, not least for the international community which will have to support African countries in getting through the crisis. There is, however, little data and little work that has been done in this area so far.

In other countries the clearest example of similar project studies on IGAs to PLHAs comes from Uganda and evidenced the declines in HIV prevalence and changes in sexual behaviour.

A person may ask: are there lessons to be learned for other countries or is Uganda unique? In Uganda, HIV prevalence declined from 21% to 9.8% from 1991-98, there was a reduction in non-regular sexual partners by 65% through establishment of self-help projects to earn their living. The income-generating activities contributed to PLHAs livelihoods and therefore found no need to turn to commercial sex in order to earn a living. Few small-scale businesses carried out by older organization have now grown from a small community based organization to an NGO (UNAIDS 1999).

In Uganda, The AIDS Support PLHAs Organization (TASO) is already engaged in small-scale income-generating activities, such as indoor goat keeping or petty business. The support to income-generating activities is part of a wider programme aimed at tackling a range of problems identified by PLHAs, such as housing, water supply, social care, civic education and advocacy. TASO offers counseling, medical care and home care to people with HIV and AIDS (Hampton 1991). Other somewhat similar forms of counseling and care are reportedly found in Zambia (Williams 1992).

Another strategy used in Uganda is through use of greater levels of communication about AIDS and people with AIDS through social networks and there is evidence of a basic population level response initiated at community level

– for example initiatives to avoid risk, reduce risk behaviors and care for people with AIDS. The basic three elements of a continuum of communication, behaviour change and care - were integrated at community level. However, it is important to be realistic about how far income-generating activities can contribute to PLHAs livelihoods in other countries like Tanzania – the study tries to explore that.

TASO were also strongly supported by distinctive Ugandan policies from the 1980s. Similarly, early behaviour and communication response in other situations where HIV has declined: Thailand, Zambia and Ethiopia states that: visits to sex workers decreased by 55% and non-regular partners declined from 28% to 15% (1990-93) as important as the '100% condom use policy, and capacity building for increased income to people reduced the percentage of infection in those countries. These responses preceded and exceeded HIV prevention efforts. However, where they were built on by distinctive HIV policies, HIV prevention has been scaled and led to national level declines in HIV. It is not easy to transfer the lessons of these successes. These require real social and political commitment in addition to financial capital.

From Malawi it is reported that in many villages there are “orphan committees” to assist those in need (UNAIDS and UNICEF 1999). A wide range of international NGOs also devotes effort towards reducing the impact of HIV/AIDS in sub-Saharan Africa.

Horizons Research Summary (2002). Greater involvement of PLHA in NGO service delivery: findings from a four-country study: Seventeen NGOs in Burkina Faso, Zambia, India and Ecuador surveyed by the researcher of this study, which examined the ways in which people with HIV/AIDS (PLHA) were involved in NGO programmes and service delivery. The study identified four distinct types of PLHAs involvement as they take part in management, policy making and strategic planning. The study concludes that PLHAs involvement strengthens NGOs as well as enhancing the lives of PLHA. But it is distinct from public disclosure and visibility, and requires a supportive environment. Recommendations propose ways in which NGOs can create a supportive environment in order to improve their own work and approaches. (*Document type: Report Paper Publisher: Horizons Available at: www.popcouncil.org/horizons*)

Development partners who are committed to assist in strengthening training programs will enhance the capacity of communities to plan and manage their developmental activities. That is to say, there is the will to assist and strengthen people (regardless of their HIV status) to make right and informed decisions about their lives and health. Treatment Education programmes should be strengthened and this isn't just about ARVs. A comprehensive Treatment programme incorporates Good nutrition, Positive Living, use of supplements and prophylaxis, drugs to treat opportunistic infections and, ARVs as the only class of drugs that fight HIV directly.

Africa's Orphaned Generations by UNICEF's HIV/AIDS Unit November 26, 2003) The report, (*from the Executive Summary*), outlines the context and current situation of children orphaned by HIV/AIDS in Africa, examines the impact of orphaning on families, communities, and on the orphans themselves, and describes a framework for priority actions that includes community mobilization, sharing of information, and raising awareness of the issues on a regional and global scale. The report also recommends interventions that would encompass more than the material needs of families caring for orphans. "Psychosocial support is essential, but often overlooked, early intervention is vital".

S. Hunter. (2000) National Systems and Strategies for Provision of Care to HIV/AIDS affected adults and children summarizes the experience of Eastern and Southern African countries over the last decade in building replacement and compensatory social welfare mechanisms in response to the HIV/AIDS pandemic. The broad strategic framework described in this paper will expand the planning universe so that the most effective long-term programs, reaching the largest number of beneficiaries, are established. It can also help generate criteria to guide programs and grant making bodies so they serve broader state- initiated program decisions

These few examples are only a brief introduction to different forms of grassroots organization. Lessons to be learnt from their experiences is the fact that Community-based Organizations (CBO) and Non-governmental Organizations

(NGO) are important in AIDS care and support, and greater and meaningful involvement of PLHAs is needed. By working with PLHAs, Specific initiatives may be taken to provide assistance to individuals and households in particular need. Meanwhile a comprehensive package can be used that will help stop new infections and prevent needless deaths. Self-help groups of people with HIV/AIDS and people affected by HIV/AIDS take initiatives to overcome their difficult situation. Besides the material support, such groups are a major source of psychosocial support. Such self-help groups are informal and have low costs.

Nationally, there were many works done on the same, for example The Tanzanian AIDS organization WAMATA (Walio katika Mapambano na UKIMWI Tanzania) has grown from a small grassroots organization to an important community based organization (UNAIDS 1999)

HASAP (2003) Mainstreaming HIV/AIDS using a community led rights-based approach: a case study of ACORD Tanzania - Describes a programme carried out by ACORD Tanzania designed to help to develop an "*AIDS-competent* society"- one where everyone is able to assess and make decisions about factors related to the causes and consequences of HIV/AIDS and to generate the means and mobilize the resources to respond. Mainstreaming HIV/AIDS into the core business of development has been seen as an important part of the process of achieving this vision. However the question of what mainstreaming means in

practice and how a community-led practitioner should go about it is still being debated.

However, the concept of mainstreaming HIV/AIDS through developing a community-led rights-based approach, where the community is encouraged to take the lead in bringing about AIDS competence is described. The role of the community becomes critical at every level, from on-the-ground services through to national-level policies. This approach appears to have been particularly successful at challenging structural blockages such as stigma, discrimination and lack of skills. (*Journal Article, Publisher: HASAP which is available at: <http://www.acord.org.uk/TZ%20Maintstreaming.pdf>*)

From this similar projects, five basic interventions and or strategies has been learned which can help maximize the impact of local, community-based responses, i.e.:

- 1) strengthening the capacity of families to cope with their problems;
- 2) stimulating and strengthening community-based responses;
- 3) ensuring that governments protect the most vulnerable children;
- 4) building the capacities of children to support themselves; and
- 5) creating an enabling environment for the development of appropriate responses. (Hunters S. 2000).

It has been reported that, there are many problems affecting orphaned children. The children under the age of going to school lacks nutritious diets, others lack

basic needs, and health facilities. The problems are more to the children who do not have relatives to take care of their properties that were left behind. (Taarifa ya Tathmini ya Malezi ya Watoto Yatima Mkoani Kagera, 1992). Households may be less able to pay for schooling. An orphan child may have to take over household or income earning work. Sick adults may have reduced expectations of returns to invest in children's education, as they do not expect to live long enough to recoup the investment (World Bank Report (1997) and Tibaijuka (1997).

3.2.3 Policy Context Review

HIV infection is a social, cultural and economic problem, which touches on the private lifestyle of individuals; and poverty increases vulnerability - poverty creates vulnerability to HIV infection. Poverty causes rapid progression of the infection due to malnutrition and limits to social and health care services and it causes impoverishment as it leads to death of the economically active segment of the society hence reduction in income or production. When relating the study objectives with poverty then a number of policies are involved and therefore, there is no single policy prescription that will change the outcome of the epidemic in Africa, UN report (2000)

Under the worst-case scenario, experts have plotted current policies and funding over the next two decades.

The *National policy on HIV AIDS* states in a brief section that the aim is to improve the quality of the lives and minimize the stigma of people living with HIV/AIDS (The United Republic of Tanzania (2001).

In the foreword to the *National Policy on HIV/AIDS*, President Mkapa states that the country should target the "85 per cent of the sexually active population that is still free from AIDS" (The United Republic of Tanzania (2001).

The *National policy on HIV/AIDS* declares that HIV/AIDS epidemic is a national crisis. The fight against the disease has been made a top priority on the development agenda, along with poverty alleviation and improvement of the social sector services. (The United Republic of Tanzania 2001). HIV/AIDS is considered a crosscutting issue of importance in a range of sectors. The specific objectives include: Prevention of transmission of HIV/AIDS; HIV testing; Care for PLHAs; Sectoral Roles and Financing, ensure strong and sustained political and Government commitment and leadership and accountability at all levels, to establish a framework for coordinating fund raising activities, budgeting etc; to influence sectoral policies, Research and Legislation and legal issues

The National HIV/AIDS Policy has been developed with the main goal of providing a framework for leadership and coordination of the national Multicultural Strategic Response to HIV/AIDS epidemic. This includes formulation by all sectors of appropriate interventions, which will be effective in preventing transmission of HIV/AIDS and other sexually transmitted infections, protecting and supporting vulnerable groups, and mitigating the social and economic impact of HIV/AIDS. It also provides a framework for strengthening the capacity for 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 intervention. The policy calls for political and government commitment in relation to sustained leadership at all levels in spearheading the fight against the epidemic. And also calls for different organizations to start up projects that are long term, which can be implemented and sustained by orphans and their guardians in their local environment. (National Policy on HIV/AIDS (2001))

The National AIDS policy stresses on human rights, as well as the rights of PLHAs. For example the right to live, right to contribute to all development initiatives, right to education opportunities, right to have families, and all other human rights.

In all the approaches, the necessary strategies to be considered in the three thematic areas are: 1) Prevention, 2) Care and support, and 3) Impact mitigation of HIV/AIDS effects. The areas are well stipulated in the National Multisectoral Strategic Framework (2003-2007) for initiative and commitment of the Tanzanian Government- The United Republic of Tanzania- Tanzania Mainland in responding to the epidemic. The strategies were developed and coordinated by the Tanzanian Commission for AIDS (TACAIDS), which was established to provide leadership and multisectoral responses (The United Republic of Tanzania 2001).

Its task is to ensure that all stakeholders and partners are effectively involved in the national multisectoral response to contain the epidemic.

The Tanzania Poverty Reduction Strategy Paper Progress Report 2000/01 considers HIV/AIDS as a cross-cutting issue towards which particular strategies should be directed. In the PRSP, containment of HIV/AIDS is held out as one of the primary goals. The PRSP seems to have a particular focus on the preventive aspect of the HIV/AIDS epidemic. Few references are made to interventions for people affected by HIV/AIDS. The medium term plan III (1998-2002) has 11 clearly articulated focus areas (UNAIDS 2000) and places emphasis on various aspects of prevention (The United Republic of Tanzania 2001).

The effect of general poverty paired with high rates of HIV infection is dramatic, as the epidemic strikes an already very vulnerable population. The Tanzanian Poverty Reduction Strategy Paper outlines the following characteristics of poverty in rural Africa: *Poverty is largely a rural phenomenon, the poor are concentrated in subsistence agriculture; Urban poverty is widespread and increasing; the youth, the old, and large households are the poorest; Women are generally poorer than men* (The United Republic of Tanzania 2001)'

Concerning OVCs there are a number of policies involved, however in this study the Tanzania Child Development Policy was reviewed and it also gives the directions on how children should be treated. Development of a child is related to his/her physical, intellectual, moral and spiritual growth. In order for a child to

grow she/he needs to be cared for, given guidance and brought up in accordance with the norms of the community. Taking into consideration of the fact that, "The number of children orphaned by the epidemic will continue to rise beyond 2025." (AIDS in Africa," the UN report 2000). Tanzania signed the Convention on the Rights of the Child and therefore the National Constitution is the one used to protect the rights and interests of the child.

For Sustainable Development Novatis Foundation reported that, in at least five Sub Saharan African countries, 20-30% of children under the age of 15 have lost either one or both parents in almost half these cases due to HIV/AIDS. USAID has calculated that in the year 2010 there will be approximately 1.8 million AIDS orphans in Tanzania if an effective and inexpensive form of treatment is not developed by that time. This means that more than one in ten children in Tanzania under the age of 15 will be orphans and from the above explanations, it is clearly shown that orphans need support, especially to help them access education opportunities at all levels.

The UN Millennium Development Goals (MDGs) emphasize primary education and states that all boys and girls within school age should complete a full course of primary schooling. Therefore, deliberate efforts by the government, civil societies organizations (CSOs) and communities is needed to support orphans to attain primary education level and above.

Economic Reform Programmes implemented by the Tanzanian Government have been based on the philosophy that Tanzania is committed to a market economy whereby the private sector will take the lead in creating incomes, employment and growth. On the other hand, the State will be a producer of public goods, play a regulatory role to level the playing field and create a conducive environment for the private sector to take the lead in driving economic growth. This philosophy is evident in almost all policy statements made since 1986 and in particular after 1996. The private sector has started playing an ever increasing role in creating incomes and employment. Small and Medium Enterprises (SMEs) policy account for a large share of the enterprises active in Tanzania. In fact Small and Medium Enterprises are the emerging private sector and do form the base for private sector-led growth. (The Tanzania Small and Medium Enterprises Policy (2002))

CHAPTER 4

IMPLEMENTATION

The purpose of this chapter is to describe how the implementation was carried out. The chapter covers the administration of the study, the products and outputs, its original plan and the actual implementation, then budget and project implementation and the findings and discussion of the results.

4.1. Administration

The researcher was assisted by a community based extension officer who acted as a research assistant during data collection. The extension officer was the Field Officer (FO) for MOG; the collected data were checked in the field before processing and analysis.

Characteristics of study administrators in terms of their education, and experience: All are experienced and some have certificates at secondary level of education and some have diplomas in their areas of specialization e.g. Nurse volunteers who give counseling services to PLHAs. Since the interviewer were experienced no training was not conducted prior to data collection but simply an orientation to the questionnaire was given to ensure that the study is administered and interpreted in a uniform way by everyone who administered it as the analysis relies on the self reported assessment. Cross-sectional data were important to ensure that common methods variance does not dominate and is not a serious threat to the validity of this study.

4.2. Products and outputs

The expected outputs of the study were as follows:

1. Physical visit to selected projects will be conducted so as to assess improvement and successfulness of the established IGAs and projects.
2. Recommendation on best practices and lessons learned for implementing sustainable Income Generating activities to PLHAs have prepared, submitted to various development partners and response obtained from the development partners.
3. Through use of information sharing and application of the good practices and through use of lessons learnt the CBO can mobilize more funds through proposal writing and increase and or improve the support that is given to the PLHAs
4. Increased household income that will support PLHAs and the orphans to access their basic needs.

4.3. Project Planning

The project planning has focused on resources, time frame and responsible person that will enhance the success of the project. The project will address four objectives that will contribute to overall goal of the project. The planning process has been done at all levels of project design that is from the communities; stakeholders and expatriates who supported the project. Monitoring and evaluation of the project activities were planned to be carried out throughout the study period.

The project was scheduled to be completed within one year where different activities were conducted during this period. Activities that were conducted during this period were:

- **Proposal development**

The request letter was submitted to the CBO and arrangement to start the project implementation were agreed formally then followed by other activities such as needs assessment done by the target group- PLHAs.

- **Project design with community**

The original plan that was designed in implementing the project started by preparing project design that was later presented. The original plan that was designed in implementing the project started by preparing project design that was later presented. Data collection exercise was done just after the acceptance of the presented proposal in the month of February 2006.

- **Community needs assessment**

This was second stage of the project whereby the CBO staff, PLHAs and communities were facilitated to present their needs and analyze them in the form of the problem tree and hence come forth with their priority on enhancing IGAs for self help so as to get solutions on the critical issues of increasing household income and improve nutrition status for ARV/Treatment. (See appendix ii.).

- **Field visit and capacity building to the PLHAs clubs**

The field visit and other activities were basically done in order to do the assessment of the impact of the Income generating activities done by the PLHAs with the support of the CBO with the aim of drawing some lessons learned, share the best practices with others,

make recommendations and whenever possible provide any other technical support that I have as my contribution to the community and success of the work done by the CBO. One of the technical supports includes building capacity to PLHAs by presenting some topics on HIV/AIDS in their training sessions or in group discussion during their clubs meeting. At the level of the CBO strategizing on resource mobilization and proposal writing to get more funds and enhance the support for the IGAs. Also report writing and follow-up of the IGA project to be assessed and documented also any concern regarding household income, expenditure, behaviour, knowledge, skills and attitude towards HIV/AIDS and related challenges like income poverty and stigma were assessed and where problem raised technical support was provided to the supporting CBO the community as well as PLHAs. All best practices were documented as lessons learned in this report.

The table below shows the objectives that will be addressed by the project, resources required and the time schedule of each objective with people or institution, which will be responsible in project implementation. Gantt Chart will indicate sequential of all project activities as it is attached.

Table 2. Project Planning:

Time	Activity	Resource	Responsible	Budget*
January 2006	Preparation and presentation of project proposal design	Stationary	Student Instructor	
February 2006	Collection of Data and basic information about the situation as related to the problem Monitoring study activities and objectives	Transport Stationary	Student MOG Staff and target groups PLHAs and Orphans	
March 2006	Data analysis and discussion	Transport Stationary Computer software	Student MOG Staff PLHAs	
April 2006	Submission of First draft of the project report	Stationary	Student Instructor	
May - June 2006	Income Generating proposal writing and submitting to development partners for support Monitoring	Stationary Funds	Student MOG leaders Development partners	
June – October 2006	Implementation of the project succeeded to get funds Monitoring	Funds for project implementation	MOG leaders and target groups	
July 2006	Provide support through training (capacity building) Monitoring	Funds for project implementation	MOG leaders and target groups Stakeholders	
November-December 2006	Monitoring and Evaluation of project Report writing	Transport Stationary Transport Stationary	Student MOG leaders and target groups Government – Municipal Council (CDO) Communities	
2007 onwards	Mobilize funding from external and internal sources.	Stakeholders Transport Stationeries	MOG Student Other stakeholders	

*The detailed budget is included in Appendix (vi.)

4.4. Project Budget

In order to implement the activities the inputs included transport, stationery, human resource as explained in the section of administration. For transport, stationery and lunch costs, a total budget of an estimated amount of Tanzanian shillings. **1,108 000.00** was estimated. A detailed budget is attached in appendix vi.

4.5. Actual Project Implementation

The activities that were realistically implemented in the whole period of the study, include the preparation and presentation of project proposal design, collection of data and basic information about the situation as related to the problem, data analysis, discussion and submission of the project report. Since the project was implemented on a voluntary basis any other emerging activities beyond the planned period of one year will be done as promised at any time when the CBO needs technical assistance. For example to assist in resource mobilization through writing technical proposals, in capacity building or conducting training to various groups (MOG staff, PLHAs, children and community members). The methodologies used to reach the results are presented in this section.

4.6. Project Implementation Report and Findings

In general, the implementation of the project was done successfully according to the study objectives. The successfulness can be warranted by the sum of the findings, for example it became clear that the PLHAs and their families are able to run sustainable IGA successfully, and it is expected that in the long run they will be able to live a quality life despite of their HIV positive status. They will be able to support their children to

access education and health services and other basic needs. Improved income will reduce the impact of rampant poverty and hence keep the rate of infection of HIV/AIDS checked.

4.6.1. The Income Generating Activities:

Some of the result found through the descriptive data includes the types of IGAs done by the various groups as follows:

1. Animal keeping

Capital is provided to these groups in the form of animals. Someone whose goat produces a female goat has to hand over the produced goat to someone who has not yet been supported. Then, the recipient hands on back or to another person in the group and the trend goes on.

Others have indigenous poultry projects (including goose keeping) for both income and nutrition improvement. Some initiated the project by their own capital and some received loans from micro-credit institutions and other sources of funds.

2. Petty businesses

These are all petty trading like kiosks, selling fruit, vegetable and food items in streets. The market is among the households dwelling units.

3. Merry-go-round schemes

These are self-help initiatives, in which groups of people make regular contributions to a group loan fund. Each person in turn receives the whole fund, enabling them to invest more in their business than they could generate on their own. The group members who mainly actively participate in this scheme, are

those involved in petty business, and this approach has the advantage that it reflects the community's capacity to invest and raise funds from within.

The schemes are better ways of avoiding stigma and discrimination faced by PLHAs when seeking for loans and credits from the local or community based micro-credit facilities. While in a group discussion, the PLHAs shared painful experiences of stigmatizing statements like:

'How come a moving corpse can get a loan while those who are still living (those with good healthy) are not getting'

'If loans are given to the infected person will the repayments be received before she/he dies? What if she/he dies before paying back?'

'Why should a sick person take a loan while she/he may die tomorrow' etc.

They concluded by saying that it is much better to get small amounts of money from their own group although not sufficient for their needs than looking for much more money from institutions that provide loans and credit/ financial services while being mocked and stigmatized.

4. Grants

These are not typically income-generating activities, but they are the means of getting capital to start or run the projects for income generating activities. The sources are mostly from the private negotiation from friends to support person's business- this is an internal source as it is from the community itself. Other grants were provided to the CBO e.g. by the Mwanza municipal council, TACAIDS, CARE International – Tumaini Project, CRS and other partners. The grant were in turn supported the clients (PLHAs) whose project seemed to be successful. The

small grants increased capital to the IGA projects, with aims of addressing OVC needs such as providing education materials or paying school fees. However, these are not sustainable, as sometimes grants are not reliable and they generate no income for the projects instead cause dependency to external support. On the other hand grants are very important at the same time, it gives direct support to the most ill people and orphans to address specific issues e.g. transport to the hospitals, food distribution and school materials.

4.6.2. Household Income

The results showed that IGAs are among the higher income earning strategy to PLHAs in comparison with other activities. The study indicated that 52.2% of the PLHAs use their produce to improve their nutrition status. The study revealed that more than 30% of the beneficiaries use their plots for the IGAs and therefore low projects running costs that ensure more income and profit as well.

In addition income variations among the studied groups of beneficiaries' households are very insignificant because they are located in the same kind of environment of Mwanza.

Furthermore the study results show the IGA projects created employment opportunities. Therefore IGA is a chief contributor to the health status in line with ARVs for improving life longevity; improving household income as well as the national income in Mwanza

Table 3: Comparative Statistics on Household Income

Ward	% Households earning >1000 Tshs. per day	% Pop. Below National Poverty Line	Measure of inequality*
Pamba	26.3	45.0	30.0
Igogo	48.7	63.1	42.6
Mkuyuni	19.9	38.7	38.2
Mbugani	17.7	57.2	36.1

A high percentage of PLHAs in all four wards who live below National Poverty line indicates that they are the poorest population in the areas reflecting a true picture of the urban poorest of the poor. Igogo ward has the highest percentage of the urban poor by having 63.1% of people living below National Poverty line.

4.6.3. Household Expenditure

This subsection determined how the household's income sustains the household expenditure. It is more likely to be self-employed and generating higher income throughout a year and improve the quality of nutrition to the sick.

In the surveyed areas IGAs are the main source of income. The survey revealed that it is mainly income from the mentioned projects, which has been running most of the family's expenditure. The income gained sustained the household expenditure in a number of ways. Common household expenditures were home consumption through buying food, clothing, and medical expenses and children's school fees.

Petty businesses, contributed to some extent to increasing income and even substantial family savings, but more so in enabling PLHAs to be able to buy consumable items like vegetables and fruits. In general, it can be stated that in the surveyed areas the IGAs are considered to be the back bone of the households' economies. The study further revealed that, some households take part in other economic activities, such as being employed as a housemaid or day workers to gain more income. The details on revenue or income gain in percentages are indicated in table 4 below:

Table 4. IGA Income and Household Expenditure.

	Petty business	Diary Goat Keeping	Merry-go-round and others
	Per cent	Per cent	Per cent
Food	47.0	33.0	20
Fees	40.3	46.0	13.7
Clothing	69.4	14.3	16.3
Medical costs	54.5	10.3	30.2
Other development	42.5	33.0	24.5
Saving	7.3	0.4	5.3
Home consumption of products	35.6	49.2	15.2

Source: Mwanza Outreach Group Survey; 2006

Note: The purpose of this table is to show and compare the contribution of IGAs dairy goat keeping and other petty business and merry go round and other activities to the household income and economy

About 55% of PLHAs reported that their income supported medical care expenses. It should be taken that petty businesses are key source of income as well as sustaining household expenditures.

The survey indicated that in the petty businesses some households benefit from vegetable and fruits consumption. So the families have higher level of nutritional status compared to others who do not sell fruits and vegetables.

Generally, it seems that IGAs has been facilitated for the transformation of lives of people in the study population and not only for household expenditure but also for the development of PLHAs.

The results also demonstrate that IGAs are more likely to provide self-employment and generating higher income throughout a year than other economic activities in the urban. In this aspect this has been a significant variable and sufficient evidence for supporting evaluation of the general spending that helps to determine the real impact of the programme on the living standards of the families: the higher the business profits, the better the livelihood of the family will be.

5.6.4. Capacity Building through Training on IGAs

PLHAs were provided with short-term primary training on the project and the households were given start-up grant in terms of animals for those involved in dairy

goat keeping. The main goal of providing the training was to impart some initial knowledge and skills on projects that the target groups are going to be involved in so as to get small amounts of income, nutrition accessible and hence improve quality of life on a short-term basis. They were enabled to access training in line with project management. Through weekly meetings clients obtain further information about their own businesses; and how to deal with reported problems as they tend to give feedback on how they are proceeding with their projects. In this sense they have also an auto-monitoring function. Through group monitoring where the overview of the programme trends are presented by the group chairpersons, MOG staff are able to deal with any possible problems which may occur in the groups in a timely fashion. Sometimes most of the difficulties in IGAs were found at this level or during home visits. At the same meetings PLHAs explain their health status so that the counselors and health educators address the recurring problems as well. The meetings are very interactive and interesting to all therefore become one of the social gathering for the groups and nobody who is feeling well wants to miss that.

Nevertheless, at the level of the supporting organization, and at the level of the beneficiaries, there is a need for a proper focus on examining viability and opportunities of different projects in order to eliminate unviable activities. It is high time other stakeholders in care support and impact mitigation of HIV/AIDS victims and other vulnerable groups such as OVC and widows recognized that supporting IGAs is one of the pillars of the household and national economy. This

is crucial in order to deal with the root cause of the problem identified during the needs assessment as being low income.

The study revealed that one of the difficult problems to be solved by training was that: the majority of the PLHAs lack business management skills and therefore fail to plan for project development that may ensure sustainability.

4.6.5. Gender Inequality

It is not possible to make any coherent analysis and assessment of the impact and responses to the epidemic without including the gender aspect. It is acknowledged that income poverty plays a role in dividing people in society. And it is especially women who are left behind. When two or more members of a household are infected with HIV, the costs of caring can be devastating for the poor family and the burden may become unbearable driving some families to stigmatize or even neglect the member who is living with HIV/AIDS. This especially happens when the infected one is a woman. The children along with the women are in a very vulnerable position in most African societies. Therefore efforts to help children and improving women's access to resources and education and securing their legal rights are very important.

4.7. Comparison of Study Findings with Other Studies Done Elsewhere

From the literature review it was learnt that many developing countries, even the poorest, conduct some kinds of household studies, such as income and expenditure, labor-force, and demographic and health surveys. These studies provide a wealth of information that

can be used to better understand the nature of poverty as related to HIV/AIDS crisis and the likely effects of government policies on the poor.

The findings were compared with the similar studies completed in other parts of the country as well as in various countries such as Uganda, Malawi, and Zambia by using its Conceptual Framework for Impact Assessment for small NGOs who seek simple, low-cost methods. Locally based organizations are important for mitigating the impact on families and households; the basic idea is to estimate the relationship between various interpreters, variables and households' income or expenditure, using the household study data.

It was learned that the household and the extended family are largely overlapping categories, but are not necessarily congruent. The main difference is that a household might also include others than people of close kin. As compared to the study conducted in Kagera region the risk of the household falling below the poverty line is high because the victims are the productive members of the household (Tibaijuka, 1997). Some households may have resources enabling them to cope with problems while others have fewer resources and may reach the end of a process ending in dissolution.

The HIV/AIDS epidemic affects the labor available in the household. Illness and death from AIDS cause depletion of the resources of the household. The family experiences reduced income when a breadwinner is unable to continue working. The more vital the roles that the person has in earning the family's income, the more dramatic are the consequences. The reduced income is often paired with a significant increase in expenditure.

Reduced income - The inability to work and the eventual death of members of the household reduces the amount of labor it has for subsistence agriculture, cash income generating activities and ordinary wage labor, hence limiting the resources of the household. A study conducted by other researchers in Tanzania shows that a woman with a sick husband spent 60 % less time on agricultural activities than she would normally do (UNAIDS 2000). This illustrates the inter-relatedness between subsistence agriculture and the labor resources of the household.

Increased expenditure - Through group discussion it was observed that not only medical treatment but also funeral costs represent a significant increase in household expenditure. Tibaijuka reported from the Kagera Region in Tanzania that in most households virtually all household cash income went to pay medical bills due to AIDS. The households had to sell assets or borrow funds to cope with the increased expenditure (Tibaijuka 1997).

4.8. Lessons Learnt

More findings that generated some lessons learnt include the following:

In order to follow the real impact and the results of the IGAs, the data, can be compared to those referring to the situation of the PLHAs during the various stages of the projects implementation. The data here presented refer to two IGA groups- the dairy goat keeping and the petty businesses; data were gathered through personal interviews.

The average age of the clients is 28 years, with a maximum of 40 and a minimum of 19.

Most of them were women and have children, an average of 4 children in each household.

Children who are considered orphans are not only those who have lost both their parents, and live in a family different from their original one, but also those who have lost only one parent, and are currently living with the remaining one. This is particularly true for the families headed by widows, a common condition among the supporting organizations clients. This interpretation is confirmed by statistical data: all of the considered family units where both the parents are alive foster orphans, while only half of the families headed just by the mother (either widow, divorced or unmarried) have fostered children living with them. The general definition of OVC included the MVC that refers to child living in a poor social and economic environment (For the differences between OVC and MVCs refer to the definition of terms).

School age children attend school, but half of the families depend on those children to help in working in the projects either feeding the animals or selling the products at the kiosks especially in the evening time. Children, therefore, risk being banned from attending lessons at anytime and therefore denied access to education especially if their parents have not always been able to work due to ill healthy. The risk of being infected also increases as they become exposed to more temptations as they meet with other social pressures on unwanted sexual behaviors, harassment, substance abuse and all sorts of problems facing the youths in general.

PLHAs are running some kind of business but do not necessarily have good business and entrepreneurial skills. Most businesses are in form of retail trade. Trade is the main

economic activity in the compounds surrounding the town, where there is little space available for agriculture. The average income per family is 55.000 Tshs per month, which is the amount of money available for general expenditures, such as nourishment, school fees, medical costs, house rent and little savings. Assuming that an average family unit is composed of six persons, the daily expenditure per person comes to 1,500 Tshs, which corresponds to one U.S. dollar per day. Malnutrition is therefore likely to be common among children, which is why MOG in collaboration with Heifer International decided to support families with dairy goats as a source of nutrition as well as an IGA for the household.

PLHAs consider their present businesses not sufficiently profitable, or they believe that the programme will provide them with the necessary skills to enable them to run a new activity collectively in a group for more support to the bed ridden fellows. The CBO needs additional funding as well as thorough planning for future support to be implemental.

The training that has been provided at the initial stages of the project aimed at starting the projects up and sometimes dealt with some economic and management subjects based on experience in micro-business training; More trainings are required.

MOG as a CBO sometimes provides foodstuffs to its target group, but it does not completely provide for the food requirements of the families, and the handouts are only meant to support the families especially during the period of food shortage that prevailed in Mwanza and in other parts of the country last year. According to available funds in the

CBO budget (Supported with other stakeholders like the Municipal Council and the Tumaini Project (through Care International and CRS), the project also provides school fee payments to children at secondary school level and those in vocational training whenever possible. Unfortunately the number of those children at that level was overlooked to be studied.

The petty businesses at the moment in the IGAs mainly concentrate on the kiosks. More than half of the IGA entrepreneurs sell foodstuffs (vegetables, fruits and buns commonly known as 'mandazi' and 'Chapati' in Kiswahili or other kinds of snacks. These two activities are relatively easy to implement as they require neither big capital nor many skills, however, high competition exists and being extremely small, these businesses have little chance of being profitable or expanding. Such businesses can collapse easily and especially when family member end up consuming any unsold foodstuff.

The livelihood of the clients clearly improved when compared to their situation at the beginning of the programme, even if it is difficult to evaluate the precise impact of the programme. The amount of income is an example of the improvements in the households as compared to the situation before the beginning of the projects; and the IGA increased the self-confidence of the PLHAs especially the women, enhanced their skills and ability to reveal their HIV/AIDS status and created awareness amongst the public.

It is more difficult to quantify the benefits to the orphans deriving from IGA, since they are linked to a general improvement of the family living standards. An important

indication might be from the number of meals eaten per day, which rose to three meals a day in the families. When they are asked to evaluate the advantages of IGA, this is often the first item on their list, followed by school attendance for those who were not attending.

While the PLHAs are on the whole satisfied with their participation in projects this in turn, leads to further considerations about non measurable results achieved generated by the projects.

The IGA's specific goal is to enable the clients to run their businesses on their own. This target is achievable only if the PLHAs gain enough skills and self-confidence to be able to face difficulties without depending on external handouts. The challenge is – how? and what should be done?

CHAPTER 5

MONITORING, EVALUATION AND SUSTAINABILITY

5.1. Monitoring

In this study monitoring was characterized with continuous follow-up of implemented activities. The project monitoring was done from the inception of the IGAs project. All the stages of monitoring facilitated the analysis of past current situation and situation after support to PLHAs.

Monitoring of the project implementation process was carried to ensure that the project was implemented as per planned activities. Monitoring helped to understand the progress towards objectives achievement and target group satisfaction upon the intervention and lead to decision making among PLHAs about their households wellbeing.

Participatory methods were applied to give all the stakeholders room to learn about the project performance, best practices and improve future operations. Therefore project monitoring was done by all stakeholders involved in the project. PLHAs play a role of day-to-day monitoring of all ongoing project activities. The role of day to day monitoring of IGAs is under supervision of the CBO in centrally done by the counselors during households' visits. Normally depending on the nature of the challenges observed they have a good reporting system e.g. when they observe more technical problems facing PLHAs who keep animals like diary goats the counselor has give the report to the veterinary officer who works with MOG as an extension officer or sometimes request their partners – in this case Heifer International to help.

MOG is responsible for monitoring quality of work, and implementation process as according to training, service delivery, resource collection and banking as well as

guidelines follow-up to the IGAs. While at the CBO level the supporting NGOs are fully engaged in monitoring all the implementation processes and use of resources.

5.1.1. Monitoring Methods

The project used a detailed and systematic monitoring plan, review, discussion and meetings. Field visit and simple survey was the main monitoring techniques applied at different times depending on the nature and type of activities involved.

5.1.1.1 Focus Group Discussion (FGD)

Focus group discussions were based on key questions that was determined by the researcher, but also based on prior information gaps identified when going through the existing documents and using secondary data. The method was used for data collection, monitoring data collection system as well as monitoring the collected information as part of the information management system.

5.1.1.2. In person Interview

Personal Interviews were done using structured questionnaires and key questions. In this exercise, male and female household heads were eligible for interview, and the focus was to investigate the contribution of IGA in relation to the study's specific objectives. The interviews allowed the interviewer to probe using the standard probes only; it enabled the interviewer to go into more depth and helped to clear up any misunderstandings, and enabled to test the limits of a respondent's knowledge. This encouraged cooperation and hence made the assessment

easier to get a truer picture and results of the study. Interview Guiding Questions that were used by the interviewer are found in the last part of Appendix vii.

Informal discussions in groups and for persons were also held e.g. with relevant parties like district, regional and city officers and to the grassroots' stakeholders like divisional, ward, leaderships and heads of the households on the whole management of the study exercise. The focus of the discussions was to get the picture of how the government authorities and individuals do perceive the issues of Income Generating activities done by the infected people. The discussions were guided by the specific objectives of the study and all the methods proved to give reliable responses as later tested for reliability as shown in the figure 4 shown below.

5.1.1.3. Observation

The researcher observed activities and projects, people engaged in IGAs and assets purchased with household income. This method helped to collect data that measures the determinants' behavior and environment conditions of interest (Bauman & Adair 1992), however, it had limitations in probing for clarification on specific issues, therefore it was important to use other method in order to complement, check and compare the information for reliability.

5.1.1.4. Record Review

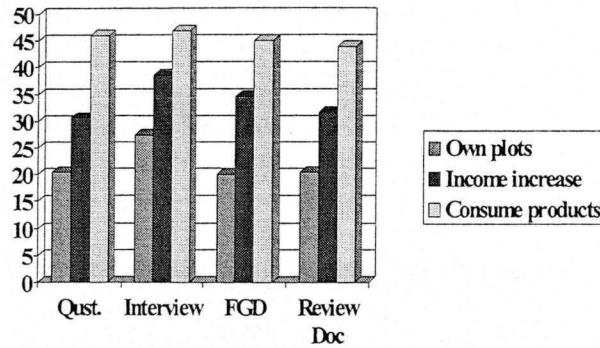
Review of Secondary Data was also done; relevant secondary records such as Mwanza region profile, MOG records and statistical data were obtained from district, regional and city council offices as well as in MOG offices. Reviews of secondary data such as training reports were used to compliment collected data using other methods.

5.1.1.5. Questionnaire

Self administered questionnaires were used for questioning respondents using both closed and open questions. Questionnaires were completed by the head of households, community leaders and CBO staff (management, volunteers and members). The questionnaires were formulated in English and then translated into Kiswahili to facilitate easy communication during data collection. The questionnaires are found in Appendix viii.

In summary, all Self-administered questionnaires and observing behavior was clearly useful enquiry techniques, but asking people directly about what is going on was an obvious shortcut in getting answers to questions in mind. Therefore interviewing technique and focused group discussions provides opportunity for people (study population) to tell things about their own experiences, feelings and perceptions (Kreuger, J. 1998, Minkler M. H, 1997). The results obtained from all methods were easily compared as shown in the graph below:

Figure 4. Comparison of data collected using the Different Methodologies in bar chart (%)



5.1.2. Monitoring Questions

During the study the following are the key questions asked during monitoring of the study activities:

- How many field visit have been conducted?
- How many community mobilization meetings have been conducted?
- How many PLHAs have been involved in FGD and participated for own capacity building?
- How many group members managed to attend the training on their particular projects for income generating activities?
- How much capital base has been accumulated for the group members to be assisted to establish own income generating activities especially the petty business groups?
- What new income generating activities have been established?

- What has been the socio-economic impact of the IGA of PLHAs at household level? At Community level? E.g. in education, in increasing the income and solving other immediate family problems.

Example of monitoring questions used and results obtained:

How did PLHAs spend their income and what is its implication?

The respondents reported that the Household Expenditure was as follows:

Food: Highest (49%); Treatment: Higher (10%) Housing: medium, (9%) school materials and fees: Lowest (1%), Others like beddings and clothes (0.6%)

Status of household well being:

- 14% - of the respondents said that household's income was going up
- 37% - said the income was steady
- 49% - said income dropping

Other important questions that gave a lot of insights on the projects include the following:

Are the projects providing significant contribution to their family income? In what way?

How did they feel before they started working on the activity? How do they feel now? Do

they think the time spent on the income-generating activity is worth it? Do they think the

projects chosen are the right activities? The responses to these questions gave the general

results that income-generating activities are very important and useful in improving the

living standards of PLHAs therefore may be well designed to help overcome the crisis

and reduce long-term poverty. The response from a household in economic distress is to

diversify sources of income. The support aims to provide the household with alternative

sources of income.

5.1.3.. Monitoring Indicators:

Some important indicators included:

- Activities implemented according to the Action Plan
- Number of field visit conducted and reports written.
- Number of households supported and has projects for IGAs.
- Number of training conducted for capacity building
- Report system established and used effectively and efficiently.
- Increased Income of the households .
- Access to health and education services improved (decrease of number of children who do not attend school, decrease of unattended orphans in the community or in streets etc.)

5.1.4. Monitoring Results

Records showed good trend of performance regarding the implementation plans and its achievements. For example 70% of the PLHAs managed to be visited and more than 80% of PLHAs attended meetings and participated in their IGA clubs.

When some of the group members were interviewed, most said they need more training on small project management as soon as possible so as to make sure that they can improve their production and enhance improved life standards for their household, and whenever possible help them to have some savings.

Most PLHAs appreciated the work done by MOG as they are encouraged and feel dignified when counselors visit them at their home and discuss issues related to

their projects and their health status. The visits by the counselors, volunteers and members of the CBO to the PLHAs' homes give lessons to community members, this is one strategy that is used in order to combat stigma. Stigma and discrimination is evident as some community members abandon visiting households of the bed ridden PLHAs, they keep on asking how is the condition going on from a far..

Some PLHAs who were interviewed in personal and in FGD expressed the need of coming-up with more viable and collective projects to help the bed-ridden PLHAs to support their children with immediate needs like food.

5.2. Evaluation

5.2.1. Types of Evaluation

To assess the performance of the project at different levels, both formative and summative evaluations had to be carried out.

- **Formative evaluation:**

At the CBO level: Evaluations of the implemented activities was done before given support from the partner like CARE Tumaini Project funds, Mwanza Municipal Council as a funding partner and other stakeholders. Follow-up evaluation was held at the mid of project implementation and final evaluation will be done at the end of the project.

The IGAs: Projects evaluation was done on daily basis to assess the number of PLHAs and Orphaned children supported by MOG, the results were shared with

other stakeholders and observed two different supporting organizations were supporting same people or same households; they finally came up with a solution of avoiding duplication of services and thereafter divided the roles and services among partners. And the volunteers were assigned specific areas and streets to visit PLHAs. Furthermore the system of giving referral to the PLHAs to be attended or supported by the partners found nearby to the PLHAs' household. Also evaluation held to in order to assess project successes e.g. number of IGA and their productivity, number of expanded IGAs etc.

Evaluation of the use of income gained after implementing IGAs. For example for the income gained from petty businesses and merry-go-round given to PLHAs were evaluated during clubs meetings held once in a week (normally Thursdays) through giving reports on the progress and benefits, questions and answers, experience sharing and finally feedback was given together with advise for improvement.

Mid evaluation at the CBO level was held and measured the number of PLHAs supported to community with reference to the records and lists of PLHAs and various reports, to evaluate efficiency and effectiveness of supported inventory. Mid evaluation also looked at income rate, community attitude and skills of PLHAs on implementation as well as the change of community on social and economic performance after the project implementation.

- **Summative evaluation:**

This study aimed at assessing the impacts of IGAs, but also at the end of this study, evaluation of the impact of MOG project with respect to improvement of community, social and economic performance through supporting PLHAs implementing own IGAs will be conducted. The evaluation should focus mainly on the various support provided by MOG and its stakeholders to the target groups. The socio- economic changes to the lives of PLHAs and change of attitude of communities towards them can be assessed.

Some of the indicators will include the PLHAs accessing proper medical care, number of children in PLHAs households going to school, improved houses and assets acquired, reduced stigma etc. All the indicators will be based on improved income to PLHAs through IGAs.

5.2.2. Evaluation Methods:

The participatory evaluation methodologies were applied in order to give all key stakeholders a room to learn about the project performance, best practices and improve future operations.

For the formative evaluation the methods that were used include:

5.2.2.1. Focus Group Discussion

Two main categories of groups considered in FGD include MOG staff and PLHAs. Staff were involved in the discussion in order to assess the organization progress and achievements in their work; while PLHAs group members were

involved to assess the groups' progress on the IGAs, their living standards as well as community perceptions, involvement, attitudes towards PLHAs and their IGAs and overall participation.

5.2.2.2. In-depth Interviews

The interview with key informants from the CBO, community and target groups on the progress of the IGA projects, benefits and impacts to the target groups and the community. More insights and lessons learnt were explored and best practices shared.

5.2.2.3. Review of records

Record gave the overview of the IGAs implementation, progress and the results gained. In the reports some indicators included the number and types of successful IGAs and their impacts, number of supported PLHAs households and kind of support given. Results include good attendance of PLHAs in their meetings and reported achievements and challenges, lessons learned and recommendations given for improvement.

5.2.2.4 Observation

IGAs progress easily seen during field and home visits to the PLHAs households.

The evidence of what was seen are provided in the photographs attached in

Appendix ix.

For summative evaluation to assess the impacts of IGAs same methods were used as mentioned above with additional method of administered questionnaire.

5.2.2.5. Administered Questionnaires

The questionnaires will be a useful tool to collect information on various issues focusing on assessing the socio-economic changes and or impact of IGAs on the life of the target groups after the period of time after being given support.

5.2.3. Evaluation indicators:

- Number of meetings held (meetings of target groups, leaders, and other stakeholders)
- Number of projects established and implemented as planned
- Number and types of successful IGAs and their impacts,
- Number of supported PLHAs households and kind of support given.
- Reported achievements and challenges, lessons learned and recommendations for improvement and actions taken.

Indicators of income at the household level that were measured during the study were:

- Living standard (food consumption patterns; key assets (e.g. land, housing, business assets); and income earning opportunities.)
- Financial dependency whereas people who were financially dependent were more vulnerable than those who were not.
- Stability of income earned - refers to periodic fluctuations in income, if these fluctuations are diminished, the household were more secure.

5.2.4. Evaluation Results

The results for the formative evaluation focused on the skills, training capacity, types of activities, ownership, financial/ income status, household size and employment.

In all the methods used the people involved were mainly female about 73% were female and 27% are male; and the household size with average of 6 people.

The main types of IGAs include: Animal keeping (dairy goats and poultry), small businesses (fruits and vegetable kiosks whereas food vendors are affected by stigma), merry-go round for the clubs to increase their capital.

Most of the group members were trained on the basic skills of their in their related types of IGAs. Also a series of trainings on HIV/AIDS conducted by MOG and other partners has been organized; a lot of discussions on how to cope and react to complications caused by the epidemic are done continuous as the group members meet in their meetings and clubs.

Family income was qualitatively assessed for the current year with their income of a prior period to show whether the family income has increased. PLHAs appreciated that the IGAs are helping to increase some income and improved their nutrition standards e.g. they can afford to have at least one or two meals a day.

Concerning employment most are employed and are low wages earners e.g. some employed in private sectors as day workers or for the females who are the majority amongst the orphaned children target group are employed as housemaids.

More results from the questionnaires and specifically on the Respondents' Profile:

The most PLHAs are people of age 25-34 (31%). As far as education is concerned, the study revealed that 56% of the respondents are standard seven leavers and 20% secondary education and 3% have certificates

(See table 5 below).

Table 5: Background variables

Variables	Per cent % N=90
Age:	
15-24	26.9
25-34	31.3
35-44	23.1
45-54	13.4
55-64	3.7
Gender:	
Female	73.0
Male	27.0
Education level:	
< Standard 7	16.4
Standard 7	56.0
Form VI	20.9
Certificate	3.0
Other	3.7
Occupation:	
Petty businesses	91
Civil servants	3
Other	6
Marital status:	
Married	10.4
Single	63.1
Widowed	17.5
Divorced	3.7
Other	5.2

Source: Mwanza Outreach Group Study (2006)

Table 6: Summary Evaluation

Goal: Reduce the adverse effect of HIV/AIDS to PLHA by providing adequate support in Income Generating Activities (IGA).

Objectives	Strategies	Activities carried out	Indicator	Achievements	Comments
IGAs study successfully conducted	1.1 Determine socio-economic impact of the HIV/AIDS epidemic 1.2 Use different qualitative and quantitative research methods	Conduct Research activities on impact of IGAs on HIV/AIDS <ul style="list-style-type: none"> Impact of HIV/AIDS on children Develop and pilot tools for monitoring and evaluation 	Community based organizations identified The proportion of PLHAs having support (financial, capacity building ..) provided by CBOs' support and its stakeholders	<ul style="list-style-type: none"> Three rounds conducted Data collected analyzed and included in study report. Report available Tools developed and piloted Paper presented and accepted 	<ul style="list-style-type: none"> Activities accomplished as planned
Determine situations, patterns and needs in communities in order to develop interventions in the context of HIV/AIDS	Use the findings of the assessment to come up with recommendation and plan for way forward.	<ul style="list-style-type: none"> Assess PLHAs and Community situation. Impact of AIDS community Socio-economic impact of AIDS at household levels. 	Create community-based partnerships for referral systems related to continuum of care	<p>Assessment done and report written</p> <p>Technical assistance to the CBO was provided in training and</p>	<p>Feedback on the final report of the study will be presented the CBO management by end of October 2007.</p> <p>More technical support to be provided through proposal writing for resources mobilization for a collective project to ensure support to the bed ridden PLHAs and orphans.</p>

5.2.5 Lessons learnt from monitoring and evaluation:

IGA is a form of social dignity restitution and the aim of IGA does not only consist in the economic rehabilitation of the target group, but also and more specifically, in building up self-confidence in people living with HIV, by giving them responsibility of ensuring that they are getting the required nutrition for ARVs to live longer, and take care of their own children. On the other hand IGAs aims to make these women who are the majority among the target group to be more self-confident by doing quality project of their own and hence improve the skills already achieved through the management of their activities.

Therefore the supported IGAs are serious business, not just a handout, and needs normal standard requirements for project achievement (i.e. good health, previous business experiences, training for the inexperienced etc.), People who are involved should be able to work. For PLHAs good health status is an important factor or has to have an assistant within the household who will work on their behalf, those who are already bed ridden could not work and if no other person to assist them, then the project can fail and moreover no income can be gained. That's why the concept of merry-go-round came in to assist them and cement their solidarity and group support.

It was also found that the wide majority of the IGAs participants are women.

There are several reasons, which justify this trend:

Many people who are HIV positive who volunteer to reveal their status are women

Many women are running informal activities, which often turn out to be the only family revenue.

Women are the people who are most involved in managing the home economy of the families. They know the necessary requirements for their families and usually decide independently how to spend the family income. Women, more than men, are willing to allocate economic resources for the maintenance of children, both for fostered orphans and their own children. This sort of attitude is held in high consideration in a project that deals with assistance to orphans.

For sustainability purposes, the long term monitoring were used in the periodic reports (monthly, quarterly, semi-annual and annual) has to be continued. Throughout this study assessment of the projects was done, however evaluation has still to be done at the end of each project depending on the CBO plans. Together with strategic planning, the issue of sustainability may be further monitored.

5.3. Sustainability

a) Sustainability Elements: The financial element is a threat for the sustainability of the supported IGAs. MOG has inadequate financial capability but uses various strategies to allow other beneficiaries to be assisted. For example giving a goat to a new family not initially engaged in goat keeping, establishment of a collective project that is managed by the group. In this way the project will be sustainable for the long term as long as the CBO will utilize the opportunity and use the technical support that I have promised to provide. Also whenever possible fund raising can be done in order to mobilize funds from internal sources; Once the funds are secured and available, they can be made

available to the target group through revolving fund or capital with very simple conditions.

It was also proposed that technical support is needed in writing project proposal for soliciting funds and resource mobilization that can be done beyond this study on a voluntary basis.

The political and social circumstances in Tanzania are supportive to the work done by all civil society organization supporting PLHAs in different ways as explained in the National Policy on HIV/AIDS and demonstrated through the use of Multi-sectoral Strategies. Again it is expected that the experiences gained in the project will be used in discussion on exploring more strategies for sustainability by different actors, the key area being the ownership of the problem and the collective efforts among stakeholders to solve the problem; Ensuring that MVC/OVCs have access to better education, health services and hence enhanced opportunities for future life without rampant poverty .

b) Sustainability Plans:

Sustainability plans that are in place include putting the project designing at the discretion of the community itself through needs assessment, then ownership and empowerment of the target group. Another strategy for sustainability is the community providing the capital for example through fundraising and establishment special funds for support. However, community leaders' involvement and participation is highly needed during the planning, monitoring and evaluating the implementation of activities of various CBOs so as to assist and strengthen their efforts they are contributing to the

society. And since the government officials has power to influence changes in the decision making among community leaders, it has a role to give clear guidelines on how to address various issues including security and environmental issues. Stigma and discrimination have been hindering the success of the project, therefore needs to be addressed. Capacity development of the project staff and community leaders is very important for the efficiency and effective management of IGAs. Another strategy for sustainability is the community providing the capital this means mobilizing the resources from internal sources.

Table 7. Summary of the sustainability plan

Sustainability Element	Plan or Measure
Political	Involving government and community leaders mobilizing, guiding and take role during planning implementation, monitoring and evaluation of projects
Socially	Mobilizing community in meetings and campaigns at all stages including having well stipulated and acceptable guidelines - community contribution in kind and services as a strategy to combat stigma and discrimination
Technical	Training and capacity building to all stakeholders on relevant aspects as regards to the project needs.
Financial	Resource Mobilization form internal and external sources e.g. Internally – community and government contribution External sources – Proposal writing for grants from the interested donors to support the community initiatives to support PLHAs and orphaned children

c) Institutional Plan

The institutional plan for sustainability was tapped through a general question asked in one of the stakeholders meeting: *How can the CBO and or other stakeholders be able to provide capital to PLHAs for a long period?*

This was focused on sustainability of the projects in terms of access to capital bearing in mind the rapid increase of PLHAs joining the groups. In FGD, some of the questions focused on what kind of income-generating activities can be implemented and sustained and what financial support is needed: Most small businesses need start-up capital – a lump sum of money at the beginning, to purchase materials or equipment. They also need working capital – ongoing cash to replenish stocks. Good finance schemes cover both of these needs.

Non-financial capital, such as livestock, materials or equipment was generally better than grants and loans, because they commit beneficiaries to making profit. This is good for sustainability of the IGAs.

However the respondents had a feeling and wish of having some other stakeholders who can start a loan scheme, which can also be used to fund further loans or provide other support to the beneficiaries. However, we must consider the fact that loans are associated with stigma and discrimination, the statement like - “PLHAs are expected to die soon” how can they repay the loans? Fighting against stigma and discrimination is important and has to target the entire community.

The community is the key for effective responses towards care for and support for people living with or affected by HIV/AIDS. This is accomplished by working with communities, assisting them to identify economically attractive projects and advising them on all aspects of enterprise development in order to encourage income-generating activities among existing CBOs to help alleviate poverty.

Other stakeholders in care, support and impact mitigation to the HIV/AIDS victims and other vulnerable groups like MVC, OVC and widows recognized that supporting IGAs is one of the pillars of the household and national economy. More use should be made of IGA's potential value to specific groups like the PLHAs, OVCs and even the caretakers like the elderly and especially women who have been overlooked for a long time.

Since sustainability of the IGA projects is a great challenge and especially considering the status of the target groups, the study generally suggests that sustainability should be ensured if community will be able to support the PLHAs households as well as taking the responsibility of supporting the orphans to access all their necessary needs. By improving the overall project activities and use the project inventories to initiate income-generating activities, even at the difficult times e.g when the PLHAs are seriously ill the community participation on project management and decisions making will be ensured and this will be used as one indicator on project sustainability. The close supervision from district council will support the project on technical aspect as well as consultancy when required. The resource mobilization from both internal and external sources will ensure that more productive and sustainable IGAs established amongst the community members

As conclusion on sustainability for PLHAs households involved in IGAs, the results of this project can be disseminated to as many stakeholders as possible so as to advocate the need for the institutionalization of the project. It is possible that IGAs can be a successful strategy of HIV/AIDS prevention as well as a good strategy for impact mitigation for infected and affected people.

Since the government has got its policies and guidelines in both HIV/AIDS and Micro/Macro-enterprises that are implemented at the district level, then the stakeholders must take into consideration the disseminated recommendations of various studies conducted in the country like this one and others. The recommendations will be shared considerably to the CBO and its partners during feedback giving session on this report that will be carried out as planned with a specific call for institutionalization of IGAs to PLHAs as well as the entire community in order to reduce income poverty.

CHAPTER 6

SUMMARY, CONCLUSION & RECOMMENDATIONS

This is the chapter that gives the summary of the problem addressed in the study in general, how it was done and the general summary of the results or findings and discussion around it. The challenges that were faced have been explained and a conclusion made by the student. Recommendations are presented in three categories: general recommendations, recommendations to the CBO management and its partners and the recommendations for further studies. The first two categories of recommendations are explicitly listed to be shared with all stakeholders for the betterment of the implementation of IGAs and especially when considering successful IGAs implemented by PLHAs as a strategy for combating HIV/AIDS.

6.1. Summary

It is increasingly clear that individuals and families must be at the center of strategies to control HIV/AIDS. As described in this report, stronger commitment of the nation urgently need sustainable efforts, putting communities, families and children on the front line of this epic struggle. Data analysis on the demographic structure of the four ward of Pamba, Igogo, Mkuyuni and Mbugani in Nyamagana district Mwanza Region, Tanzania, indicates that there has been an increase in the poverty level in the community over the previous years. Evidences suggest that poverty has a direct link with the spread of HIV/AIDS infections. As death rates due to HIV increase, the number of orphaned children also increases. By having sustainable projects for IGAs, PLHAs will be able to support their children to access education and health services and other basic needs. The

expected output of the project is that PLHAs and their families run successful and sustainable IGAs in order to be able to live a quality life despite of the HIV positive status, Orphans will also benefit from these sustainable IGA programmes.

6.1.1 Challenges from the Field

It needs an extra courage to interview the PLHAs as many of them have terrible experiences that lead one to cry, sometimes forcing one to contribute beyond one's own capacity. In these trends of sad situations noting the answers given by the respondents was difficult.

The challenge for MOG is to empower the communities on various issues concerning the projects e.g. security for the projects as sometimes thieves attempt to steal the animals forcing beneficiaries to share the small spaces in the houses with the goats (this situation poses another challenge for their health).

A further challenge exists as to how to solicit markets for products like goat milk in order to increase income. Apart from the fact that goat milk is so nutritious and recommended to be used by the PLHAs, its use is limited by the socio-cultural beliefs that goat milk is not good (Sukuma sees only cow milk is good for human use).

Fortunately the PLHAs must follow advises given by doctors and counselors and leading to ready market amongst PLHAs as long as quality and quantity is guaranteed.

The summarized challenges to beneficiaries include the following:

- Stigma affects market of products

- Environment-lack of waste disposal areas as well as poor production due to poor animal feeding and care
- Insecurity- theft of livestock hence forcing people to share rooms with their animals
- Lack of area for IGA for those who do not own houses/land
- Weak persons involve children in IGAs hence affecting their school attendance
- Poor savings, inadequate resources and no secondary training on IGA management.
- Sustainability is still questionable.

From the lessons learnt there is a need to strike a balance between the CBO objectives, community involvement, income generation activities, and the timeframes for getting work planned, designed and implemented more efficiently.

6.1.2. Challenges from the study

Over 50 percent of urban residents in Tanzania live in poor conditions in unplanned settlements as the 1995 National Land Policy document on Unplanned Urban Settlements acknowledges. The urban poor population live in un-surveyed plots (in squatter), posing many challenges to the projects, for example area for keeping the dairy goat and poultry, areas for implementing small businesses. Furthermore the fact that living in poor conditions means more health risks, more difficulties in combating behaviors that fuel the transmission of HIV/AIDS leading to a subsequent increase in the number of HIV infected and affected people. The overarching challenge for the CBO for the Mwanza

region as well as Tanzania as a whole is how to increase support to the HIV/AIDS affected and infected population.

Another general challenge from the projects is their capacity to provide capital to an increasing number of beneficiaries and the whole issue of sustainability. Some of the PLHAs used the capital given to them to address their immediate and pressing needs rather than starting the projects.

HIV/AIDS epidemic tends to drive the household into a process from which it may be difficult to break away. The process may be illustrated by dividing it into the three phases of HIV impact to households, "the illness, the death, and the long-term consequences".

To address all these challenges, several categories of strategies are certainly required. Improved income will reduce the impact of rampant poverty and hence keep the rate of infection of HIV/AIDS in check.

6.2. Conclusions

Provision of technical support in Income Generating Activities (IGA) to the people infected and affected by HIV/AIDS will contribute to improved nutrition, increasing the life span of PLHAs who are using ARTs and decreasing the number of OVCs.

Finally improved income will reduce the impact of rampant poverty and hence keep the rate of infection of HIV/AIDS in check.

Success of IGAs can lead to a chain of improvement at the household level as well as National levels.

In more recent years, there has been more of an attempt for support agencies (i.e. donors in particular) to work together and to get some measure of consistency across supporting HIV/AIDS programs.

This study provides a wealth of information that can be used to better understand the nature of poverty and the likely effects of the developed government policies on the poor.

6.3. Recommendations

6.3.1. General Recommendations

1. It is high time that economic and social development planners and policy makers recognize that IGAs are one of the pillars of the household and national economies. So planners and policy makers should look for standard criteria that could facilitate the process of community development and include this as socio-economic information.
2. The government has to put in place the appropriate policies and technologies to facilitate IGAs to significantly supplement the income of the poor and provide additional employment opportunities, especially in unplanned urban settlements.

6.3.2. Recommendations to CBO Management partners and Stakeholders:

- a) To reduce stigma and discrimination, all the stakeholders have to advocate and facilitate the public to understand that human rights are also rights to PLHAs. Despite being infected, PLHAs are human beings and have rights; this means that, there are lots of potential for PLHAs in all aspects of development.
- b) Self-help strategies such as project establishment improve people's self-esteem. Therefore all efforts to fight against stigma and discrimination are recommended.
- c) At the level of the supporting organization, and at the level of the beneficiaries, there is a need for a proper focus on the IGAs (examining viability and opportunities in different sectors) in order to eliminate unviable activities.
- d) NGOs and other partner should promote and support PLHAs income-generating activities in line with the provision of ARVs. Once financial support is granted, it is vital that sustainable income generation activities are established to ensure income continuity and hence better nutrition, this is essential for PLHAs taking ARVs.
- e) Stakeholders practical responses to the self-help and development needs of PLHAs are important, however more empowerment is needed so as ensure sustainability of the Projects.

The following are some of the criteria in most of the micro projects:

j) Government should support the projects; and act as a role model for other stakeholders who are interested in local investment in Tanzania especially those of service delivery. To ensure this happens lobbying and advocacy can be carried out to the government leaders who have accessibility to Global Fund for AIDS, TB and Malaria (GFATM). As a funding strategies it is essential to have a clear initial financial foundation This will also enable project goals and objectives to be achieved in a broader sense; However for continued sustainability IGA funds can be mobilized from internal sources. The following intervention strategies to assist children, families and communities affected by HIV/AIDS can be implemented:

1. Advocate for the governments to lead and protect the most vulnerable children and families
2. Strengthen the capacity of families to cope with their problems by setting appropriate policies
3. Stimulate and strengthen community-based responses and create an enabling environment for affected children and families to take charge of the situation and use the available resources for production
4. Build the capacities through practical training of children to support themselves.
5. Monitor the impact of HIV/AIDS on children and families so as to be able to come up with more strategies and skills of combating the epidemic

6.3.3. Recommendations for Further Studies (Next Steps)

1. Further research on the functioning of organizations in the local community especially those being considered for external support should be undertaken including how will ensure that the interventions are sustainable.
2. Further analysis in order to understand stigma and other related issues experienced by PLHAs and the effects on their IGAs developing strategies to deal with this.
3. The effects of environmental pollution, degradation and health risks in relation to urban animal keeping in unplanned plots, can be researched separately as a specific study relating to IGAs and not necessarily related to PLHAs.

BIBLIOGRAPHY

Africa's Orphaned Generations by UNICEF (2003)

Angus D. (1997). *The Analysis of Household Survey: A Microeconomic Approach to Development Policy*. Baltimore, Maryland: Johns Hopkins University Press

Arlene Fink and Jacqueline Kosekoff (1985), *How to Conduct Study, A step-by-step Guide*.

Ceest (1996), Study on air quality in Dar-es-salaam Centre of Energy: *Environmental Science and Technology Report No. 2. Draft final report*.

Center for Development and Population Activities [CEDPA], (1994). *Project Design for Mangers*: pp33-40;

Colin Robson (1983) *Real World Research*, A Resource for Social Scientists and Practitioner-Researchers: pp 200;

Fowler, F.J. (1993), *Study Research Methods*. (2nd Edition). Vol. 1 SAGE

Publications, International Educational and Professional Publisher, Newbury,

California. pp 156.

Glewwe P. (1998), *Using Multi-Topic Household Study To Improve Poverty Reduction Policies In Developing Countries*, Department of Applied Economics, University of Minnesota St. Paul, Minnesota, United States of America

Gondwe, Kennedy (2000) Zambia's future lies in children. The Post 8 November
HASAP (2003). *Mainstreaming HIV/AIDS using a community led rights-based approach*: a case study of ACORD Tanzania

Horizons Research Summary (2002). Greater involvement of PLHA in NGO service delivery: findings from a four country study.

Document type: Report Paper Publisher: Horizons Available at:
www.popcouncil.org/horizons

Hunter. S (2000). *National Systems and Strategies for Provision of Care to HIV/AIDS Affected Adults and Children*

Hunter, S and Williamson J. (1998). Responding to the Needs of Children Orphaned by HIV/AIDS, *Discussion Paper on HIV/AIDS Care and Support No. 7*. Arlington, VA: Health Technical Services (HTS) Project
<http://www.christianaid.org.uk/indepth7043by5/index.htm>

Jacobi, P. & Amend J. (1997). Vegetable farming in Dar-es-salaam: *An important source of income, and not only for the poor. Agriculture + Rural Development* 2, pp 52-54.

Jacobi, P; Amend J. and Kiango (2000) Urban Agriculture in Dar-es-salaam: *Providing an Indispensable Part of the Diet, In: Growing Cities, Growing Food Urban Agriculture on policy Agenda*. A Reader on Urban Agriculture (edited by Bakker et al. 2000) Food and Agriculture Development center – Germany pp. 257-278.

Jan I. & Spissøy R (2002): **10**, Socio-economic effects of HIV/AIDS in African countries: A study commissioned by NORAD on *Impact at the household level*

Kothari C. R (1990) Research Methodology, *Methods & Techniques* Second Edition

Lewis, Arndt, C. (2000) The Macro Implications of HIV/AIDS in South Africa: A Preliminary Assessment.

Lipton and Ravallion (1995) and World Bank Report (2001)

Luhanga, J. (1998). Opening Statement by the Mwanza Regional Commissioner

Major General James Luhanga – Delivered at a zonal workshop on

Poverty/Welfare Monitoring Indicators. held in Mwanza; on 5th –6th March, 1998.

Mascarenhas, O. (1994): Trends in urban poverty research in Tanzania. *Paper presented at a workshop on the Governance of urban Development in Tanzania*, August 1994.

Maxwell, D (1995) Alternative food security strategy: *a household analysis of urban agriculture in Kampala*. *World Development* (10): 1669- 1681). pp.

Mbwambo, J. & Kilonzo G. (2004): Understanding HIV and AIDS related stigma in Tanzania. Dar-es-Salaam. MUCHS.

MOG Report August, 2005

Microenterprise Best Practices (2000) The MBP Reader on Microfinance and HIV/AIDS: First Steps in Speaking Out..

Mwanza Socio-economic Profile (1997): *Mwanza Regional Socio-economic*

Profile, Tanzania - Pub. Planning Commission Dar-es-salaam and Mwanza

Regional Commissioner's office- Mwanza pp. 23.

National Aids Control Programme (NACP) Surveillance Report (2000) No. 17, (2003)No. 18, (2004) No. 18 and (2005) No. 19

National Multisectoral Strategic Framework (2003-2007), TACAIDS (2003).

Ngechu, M. (2004) Understanding the Research Process and Methods: *An Introduction*, 1st Ed, University of Nairobi.

Ogden J. and Nyblade L. (2005): *Common at Its Core: HIV-Related Stigma Across Contexts*

Parker, Joan. (2000) "Discussion Paper: Microfinance and HIV/AIDS". USAID Microenterprise Best Practices Project.

Parker, J. Singh, I. & Hattel, K. (2000) *The Role of Microfinance in the Fight Against HIV/AIDS*. A report to The Joint United Nations Programme on HIV/AIDS (UNAIDS). Development Alternatives, Inc.

Poverty Reduction Strategy Paper (2004), *CSO Inputs on HIV/AIDS for the 2004*.

Research Paper No 4: (1998) Freedom From Hunger. Impact of Credit with Education on Mothers' and Their Young Children's Nutrition: Lower Pro Rural Bank Credit with Education Program in Ghana.

Russ D (2005) American Psychological Association [APA] Research Style Crib Sheet. Revised edition and updated in January 2003 by Doc.Scribe.
<http://www.Wooster.edu/psychology/apa-crib.html>

Tania B (2004) Approaches to estimating the impact of HIV/AIDS on teachers *Policy & Research: series 1* by ActionAid (tboiler@actionaid.org.uk)

Taarifa ya Tathimini ya Malezi ya Watoto Yatima Mkoani Kagera, (1992)

The United Republic of Tanzania (2001). *National policy on HIV AIDS*

The United Republic of Tanzania (2001). *Tanzania Poverty Reduction Strategy Paper Progress Report 2000/01*.

Tibaijuka, A. K. (1997). AIDS and Economic Welfare in Peasant Agriculture: Case studies from Kagabiro Village, Kagera Region, Tanzania. *World Development* 25:963-975.

UNAIDS (1998). *Guide to the strategic planning process for a national response to HIV/AIDS: Strategic plan formulation*. Geneva: UNAIDS

UNAIDS (1998). *Report on the global HIV/AIDS epidemic June 1998*. Geneva: UNAIDS

UNAIDS (1999). *From Principle to Practice; Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA)*. Geneva: UNAIDS

UNAIDS (1999). *A review of household and community responses to the HIV/AIDS epidemic in the rural areas of sub-Saharan Africa*. Geneva: UNAIDS

UNAIDS (2000). *The Economic Impact of AIDS in Africa, A Review of Literature*. Geneva: UNAIDS

UNAIDS (2000). *Enhancing the Greater Involvement of People Living or affected by HIV/AIDS (GIPA) in sub-Saharan Africa*. Geneva: UNAIDS

UNAIDS and UNICEF (1999). *Children orphaned by AIDS*. New York: UNICEF

UNAIDS and WHO (2000). *Epidemiological Fact Sheets by Country*. Geneva: UNDP
www.undp.org/hiv/publications/index.htm

UNAIDS, 2004 Report on the Global Epidemic, 4th Global Report.

UNDP Tanzania Country Office (2001). *UNDP, government and partners establish strong commission to fight HIV/AIDS*. www.tz.undp.org/at_work/tac aids.html

UNICEF (1991). *AIDS and orphans in Africa*. New York: UNICEF

United Republic of Tanzania (1994) *Household Budget Study 1990/1991*. Bureau of Statistics, Planning Commission Dar-es Salaam pp.180.

United Republic of Tanzania (2003) *Population and Housing Census –General Report*,

Tanzania National Website 2003, [<http://www.tzonline.org>] site visited on 19/6/2006.

USAID (1996). *AIDS Briefs*. United States Agency for International Development (USAID)

USAID (2001). *How Does HIV/ AIDS Affect African Businesses?:* United States Agency for International Development

World Bank (1995). *Africa - Regional AIDS strategy for the Sahel*. Washington: World Bank

World Bank (1998). *Confronting AIDS: Evidence from the developing world: Selected background papers from the World Bank Policy Research Report, Confronting AIDS: public priorities in a global epidemic*. Brussels: The European Commission.

World Bank (1999). *Confronting AIDS - Revised edition: Public Priorities in a Global Epidemic*. Oxford: Published for the World Bank [by] Oxford University Press.

World Bank (1999). *Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis*. Washington: World Bank

World Bank (2000). *World development report 2000/2001: Attacking Poverty*. Oxford: Oxford University Press.

World Bank (2002) World Development Indicators.