EXTENDING SUPPORT TO PEOPLE LIVING WITH HIV/AIDS BY INVOLVING PUBLIC PRIVATE SECTOR: THE CASE OF KIFARU COMMUNITY DEVELOPMENT IN KIBAHA, TANZANIA

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTERS IN COMMUNITY ECONOMIC DEVELOPMENT OF THE OPEN UNIVERSITY OF TANZANIA

2011

CERTIFICATION

I, Dr. Deus Ngaruko, certify that this dissertation titled Extending Support for Programs of People Living with HIV/AIDS **(PLHIV) by Involving public Private Sector: The case of KIFARU community development in Kibaha, Tanzania**ò Submitted to The Open University of Tanzania for the award of Masters Degree in Community Economic Development (MCED) is an independent project work carried out by Mr. Kenneth Lister Chima, under my supervision and guidance. This has not been presented for the award of any academic qualification in any higher learning institution.

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Dr. Deus D. Ngaluko

(Supervisor)

Date é é é é é é é é é é é é é é é .

STATEMENT OF COPYRIGHT

DECLARATION

I, Kenneth Lister Chima, declare that this dissertation is my own original work and that it has not been submitted for the same or similar degree in any other university.

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Kenneth Lister Chima

Date é é é é é é é é é é é é é é é

DEDICATION

I dedicate this work to my beloved wife, Neema and my daughters, Veronica and Valeria for their love and patience throughout the stages of development of this research work.

ACKNOWLEDGEMENT

First and foremost I owe my thanks to the one above all, the Almighty God for answering my prayers by giving me the strength to continue with this work up to this stage. Praise the Lord.

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ABSTRACT

Over dependency of donor funding for development programs particularly health interventions for people living with HIV/AIDS have proved not to be sustainable and have major adverse effect to beneficiaries when funding came to an end. Over 95% of HIV/AIDS resources in Tanzania are financed by donors while 10% of total Government of Tanzania spending accounts for HIV/AIDS. Sources of funding for HIV/AIDS in Tanzania flows from, Government Consolidated fund, external Sources and locally collected revenue. Literature also suggests that internal funding specifically from the public private sector can continue to support People Living with HIV/AIDS compared to external funding which are limited and have time bound. This project was conducted for the purpose of documenting the experience of taping internal resources from the public private sector through fund raising activities for the purpose of supporting PLHIV. Different participatory approaches were used during the designing, implementation and monitoring of the project. Through community needs assessment the community was able to identify the most pinching problem and suggest possible solution. The study revealed that in Tanzania there is a big potential resource from the public private sector that can be tapped and support People Living with HIV/AIDS. This project therefore aims at **"Extend Support for programs of PLHIV by involving public private sector"** and it has been envisaged that PLHIV can be supported through internal funding do not have time limit neither conditions compared to external funding sources.

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AIDS	Acquired Immune Deficiency Syndrome
CAN	Community Needs Assessment
CBO	Community Based Organisation
CED	Community Economic Development
CRDB	Community Rural Development Bank
DAWASCO	Dar es salaam Water and Sewerage Corporation
DFID	Department for International Development
FAT	Football Association of Tanzania
FBO	Faith Based Organisation
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
GOT	Government of Tanzania
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
KCMC	Kilimanjaro Christian Medical Center
KIKODET	Kifaru Community Development in Tanzania
MAP	World Bankôs Multi-Country HIV/AIDS Program
MDGs	Millennium Development Goal
MMC	Muhimbili Medical Centre
MTP	Medium Term Plan
NBC	National Bank of Commerce
NGO	Non Government Organization
NMC	National Microfinance Bank

NMSF	National Multi Sectoral Strategic Framework
NSGRP	The National strategy for growth and Poverty Reduction
PEPFAR	Presidentôs Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
RFE	Rapid Funding Envelope
SBL	Serengeti Breweries Limited
SWOT	Strength, Weaknesses, Opportunities and Threat
TACAIDS	Tanzania Commission for AIDS
TANESCO	Tanzania Electric Supply Company
TASWA	Tanzania Sports Writers Association
TB	Tuberculosis
TBL	Tanzania Breweries Limited
TFNC	The Tanzania Food and Nutrition Centre
UNAIDS	United Nations on AIDS
UNICEF	The United Nations Childrenôs Fund
VPL	Vodacom Premier League

CHAPTER ONE

1.0 PARTICIPATORY NEEDS ASSESSMENT

1.1 Introduction/Background Information

Tanzania has undertaken many different approaches in attempting to slow the spread of HIV infection and minimize its impact on individuals, families and the society in general. Since 1983, when the first 3 AIDS cases in Tanzania were reported, the HIV epidemic has progressed differently in various population groups while national response has developed itself into phases of program activities led by the National AIDS Control Program since 1985. The program phases started with a two-year phase called Short Term Plan (1985-1986). Subsequent phases were termed Medium Term Plans lasting for five-year periods beginning with MTP-I (1987-1991), followed by MTP-II (1992-1996) and the MTP-III, which was beginning in 1998. Through these program phase successful national responses have been identified, the most effective ones being those touching on the major determinants of the epidemic and addressing priority areas that make people vulnerable to HIV infection.

Non-Government organization both international and local, faith based organizations (FBO), community based organizations (CBOs) have been at the center of the response to the HIV/AIDS pandemic. In many countries Tanzania in particular they have been responsible for the majority of the resources reaching individuals and have played a leading role in developing and implementing sustainable strategies to mitigate and prevent HIV/AIDS. During the past few years, a number of key donor programs have scaled up their global response to the crisis of

HIV/AIDS. The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the World Health Organizations (WHO), the joint United Nations Programs on HIV/AIDS (UNAIDS), the Presidentôs Emergency Plan for AIDS Relief (PEPFAR), the United Nations Millennium Development Goals (MDGs), the World Bankôs Multi-Country HIV/AIDS Program (MAP) and other bilateral donors and charitable foundations have raised significant resources to fight HIV/AIDS (Pact 2005).

Response to the HIV/AIDS in Tanzania by both the government and Non Government Organizations remains to be external donor dependent. As a result of being donor dependency most HIV/AIDS Programs are not sustainable and do not fulfil the beneficiaries needs rather trying to fulfil donors interests. On top of that when the program came to an end the direct beneficiaries such as People Living with HIV/AIDS are mostly affected. Failure of International and National NGOs to raise funds or capacitate local civil society organizations to raise funds specifically from the public private sector to continue supporting the initiated programs is cited as one of the contributing factor of dependency syndrome.

1.2 Kibaha Community Profile

1.2.1 Local and Administrative Area

Kibaha Town Council is one among the seven Councils of Coast Region; it also headquarters of the Region. The council is 40 km away from Dar es Salaam City. It is bordered by Kinondoni District to the East, Bagamoyo to the North, Kisarawe South and the Small Town of Mlandizi North. The Council has an estimated area of 750 square Kilometres and lies between latitude 6.8° South and longitude 38.2° and

38.5° East. It is directly linked with Bagamoyo Town by seasonal road, while connection to other District Headquarters such as Kisarawe, Mkuranga, Kilindoni (Mafia) and Utete (Rufiji) area accessible through Dar es Salaam City. Administratively, the Council has 8 Wards, which are Tumbi, Mailimoja, Kibaha, Visiga, Mkuza, Kongowe, Misugusugu and Pangani and 42 Mitaa. On the other hand, for financial year 2010/2011 the Counbcil will operate with 11 Wards and 53 Mitaa.

(a) Population

Kibaha Town as per 2002, census has an estimated population of 78,294 population of which 38,846 were Females and 39,448, Males with households number the council had a total population of 78,294 people of which 38,846 were females and 39,448 males with household number of 17,788 and average size for household of 4.4. However, the population distribution pattern is linear clustering along the Morogoro ï Dar es Salaam trunk road.

(b) Climate

The Town experiences hot and sunny weather through out the year, with maximum temperature in December while minimum temperatures occur in July. The Town experiences three distinct seasons; dry season extending between May and October and two rain seasons. The first season is between November and December and the second one between March and April. The annual rainfall ranges from 700mm. For the past five consecutive years, there was inadequate rain which resulted into shortage of food.

1.2.2 Situation and Status of Social Services

(a) Primary Education

The Council has made a very significant improvement in education, specifically in primary and secondary level. Currently have a total number of 37 primary schools of which 33 are Government schools and 4 private. The council has a total number of 20,209 enrolled pupils from standard one to seven and 604 teachers which gives a ratio 1:34 teacher pupil ratio.

Despites this significant success in teacher pupil ratio, still there is a remarkable challenge in shortage of desks and teachersô houses in government schools. To overcome this, the council needs a total of 1555 desks and 100 teachersô houses to fill the gap.

(b) Secondary Education

At the secondary school level, there are 22 secondary schools, 11 are government owned and the rest are non-government schools. Among the 22 schools, 3 are Aô Levels and only one is government school. The council has a total of 6604 enrolled government students form one to form six, among them 800 students are in boarding school. However, there are only 235 teachers to serve the whole figure.

Since the introduction of Ward secondary schools in 2006/07 the council remains with the core objective of supervision and development of these schools. With the limited resources it has, the Council continued to face a very serious challenge in supervision and development of these schools particularly in construction hostels, laboratories and teachersô houses.

(c) Health

The council has 28 health facilities. The number includes 8 councilôs dispensaries, 1 hospital owned by Kibaha Education Centre and the rest are non-governmental facilities. The town has 167 health workers.

(d) Water Supply

The residents of Kibaha Town enjoys pipe water supply from Ruvu River. The residents are those who live along Dar es Salaam ï Morogoro road. The rest of the residents are using other source of these include, Shallow wells, Bore holes, Earth dams, springs and harvested rainwater. The council has a total of 45 shallow wells, 6 bore holes and 1 Earth dam. For those depend on pipe water they are survived through DAWASCO Pipes.

1.2.3 Economic Activities

(a) Agriculture

Agriculture is one of the major sectors in economic activity in the Council. The main agricultural activity in the Council includes crops farming and livestock husbandry. General, the Town depends greatly on agriculture as the mainstay of its economy since the sector has enough potential resources to improve the economy of the Council. It is statistically estimated that, about seventy percent (70%) of all residents depend on agriculture while only thirty percent (30%) of the residents are engaged in formal and informal sectors. This includes those residents who engage in informal sector, deals with petty trade business and retail shops. Statistics show that, the town has 15,000 hectors of arable land suitable for cultivation. A total

hector of 10,517 are usually used for crops production. Normally, food crops cultivated include Cassava Rice and Maize; other food crops are sweet potatoes, Cow peas and Pigeon peas. Total production of food crops is 34,017.5 tones per year. Cash crops cultivated include cashew nuts, oranges coconuts and pineapples. Total production of cash crops produced is 2,854 tones per year.

(a) Lands

Land surveying and plots allocation is another economic activity with bring revenue to the council thereafter development to the people of Kibaha. An average of 500 plots produced annually and allocated for different uses includes commercial and residential.

(b) Mining

Kibaha has 200 hectors. Sand deposit mined in small scale. In the period of 2005 sand production reached at 127,750 tons valued at Tshs. 27,375,000. One Salt mining and processing factory is under construction at Maili moja Machinjioni area

(c) Trade and Industries

The township has more than 1000 traders who surrounding some part of the council. They form small and medium enterprises who own one or both of them. Types of trade available include retail shops, filling stations, intoxicating liquors, contractors, micro enterprises and other related trades. Industries are now picking up due to privatization policy and market economy investors are attracted in this town confirmed by 5 industries under construction, 7 working, 3 not working.

1.2.4 Aids to Trade

Infrastructure is one of prerequisite factor for efficient economic activities and employment creation. Poorly infrastructure will result to poorly economic performance. Kibaha Town Council is one among the councils in Tanzania that lack good infrastructures and specifically economic infrastructures. Lack of good infrastructures to the council, had made the council to lag behind in macro and micro economic performance. Social and economic infrastructures touch the following economic infrastructure.

(i) Transportation system

(ii) Markets

(iii) Telecommunication

(iv) Hydropower system

(v) Industries

(vi) Financial Institutions

(a) Transportation

Road Network is only means of Transport in Kibaha Town. A total length of 300km of roads covered the council. This length is for Tarmac road 58km, gravel roads 17 Km and earth 27.5.km. However, under the Tarmac, 28km is trunk road and 30km councilôs road.

(b) Telecommunications

Kibaha Town Council is well served by telecommunication links with other areas of the country and the world at large. A telephone system based on land is operated by TTCL Ltd., only while an expanding network of mobile phones system are being

provided by Zain., Vodacom, Zantel, Tigo and Sasatel. The people along the main road are the most excellent served, especially those along the highway. Radio stations and TV are not physically established in Kibaha but the services is available almost every corner of the council. Other telecommunication services like fax, Internets are not commercially established, people still depend much from Dar es Salaam as the nearest point.

(c) Power Supply

Firewood, charcoal and kerosene are the mostly used as a source of energy for domestic uses for many of Kibaha people. For those live along Dar es Salaam-Morogoro main road they access electricity through TANESSO services.

(d) Financial Institutions

At the moment there are three banks operated in the town. These are NMB located at Kibaha Regional Commissionerôs Office, NBC and CRDB both located at Mailimoja (Njuweni Hotel Building).

Figure 1: Kibaha Weigh Bridge

(e) Kibaha Weigh Bridge

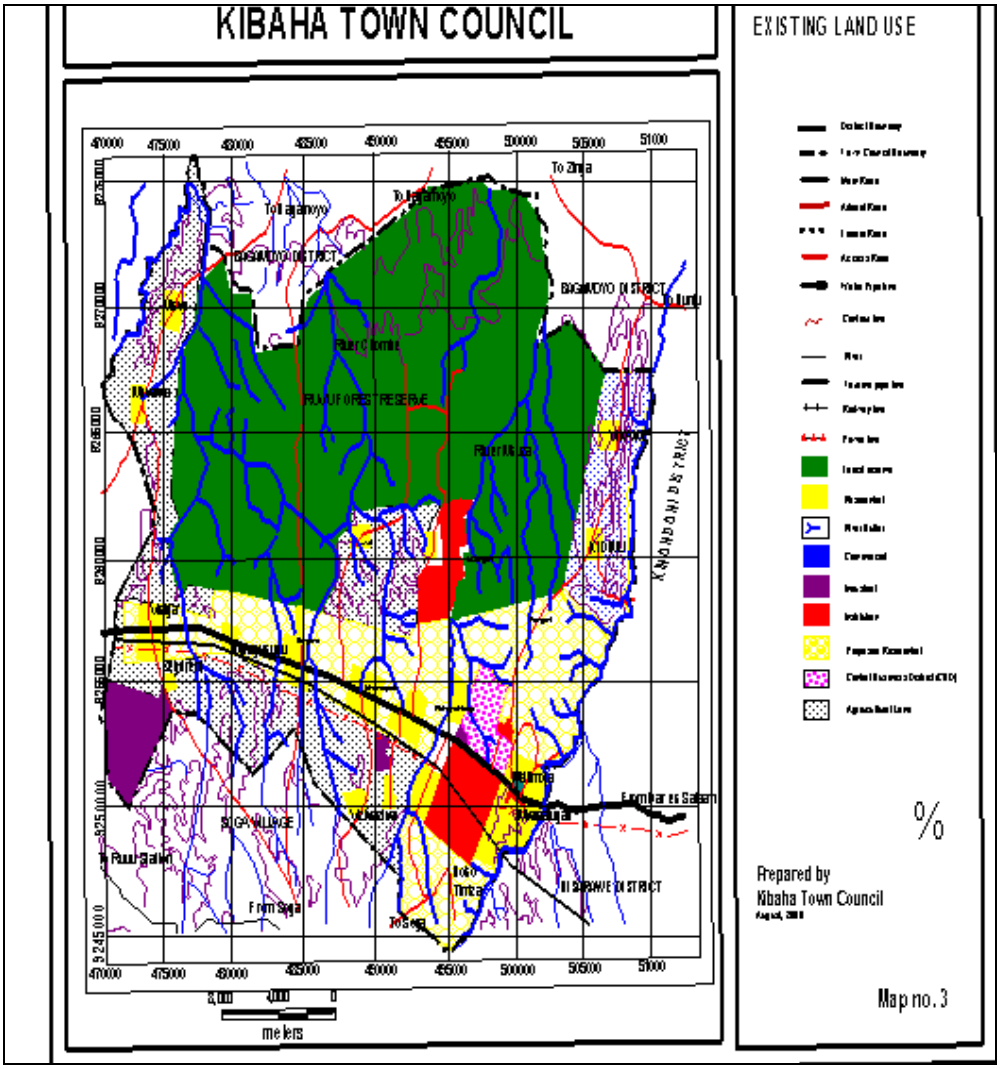
Kibaha has a weigh bridge operating 24 hours whereas heavy trucks and more than 65 passengersô buses have to be weighed.

(f) Markets

The council at present has no well-constructed markets. It has local markets that are temporary established to some centers. These markets are found at Mailimoja, Mkoani, Picha ya Ndege, Kwa Mathias, Kwa Mfipa and Kongowe. They have low capacity to absorb. Products, consequently most of the products are transported to Kariakoo at Dar es Salaam. Not only they have low capacity to receive products but also they are established along the highway as results products produced in remote areas are failed to reach consumers on time.

Figure 2: Kibaha Market

Figure 3: Kibaha District Map: Source Kibaha Social Economic Profile (2009)



1.3 Community Needs Assessment

Community needs assessment is the initial stage in the process of designing community economic project. Itôs a communal process that aims at gathering from the community themselves what are the pinching problems that hinders their development. Community needs assessment involves prioritising the most need problem to be developed an intervention. Itôs also a participatory process that aims at building partnerships with community members of different ages and background.

Always the partnership is built through discussions. As a process, community needs assessment may involve holding separate discussion with different groups such as women, girls, and boys for the purpose of:

(i) Gathering proper information on the problems that face that particular community

(ii) Explore from the community members what are the underlying causes of the problems identified.

(iii) Identify from the community what are the proposed solution to the identified problems and mention local available resources that can be used to alleviate the identified problems

Community needs assessment can be applied using different participatory techniques such as focus group discussion, mapping, transect walk, etc. One of the major benefits of the use of community assessment is that, it helps mobilize the community to take a collective action to improve their own quality of life but on top of that it is the basis for the implementation of the right community based approach.

1.3.1 Objectives of Community Needs Assessment

The objectives of conducting community needs assessment was to enable community members identify and prioritize problem hindering their development. The specific objectives include:

(i) To identify sources of problems affecting community members

(ii) Together with community members identify the local available recourses which can contribute alleviate the problems identified.

(iii) In collaboration with community members identify possible areas of interventions.

1.3.2 Research Hypothesis

(i) Development Programs including People Living with HIV/AIDS (PLHIV) Interventions are not sustainable because they are external donors dependent.

(ii) The most affected groups when donor supported programs came to an end are the vulnerable groups interventions such as People Living with HIV/AIDS (PLHIV).

(iii) There is a potential resource from the public private sector that if tapped well can be used to extend support to People Living with HIV/AIDS (PLHIV).

1.3.3 Community Needs Assessment Research Methodology

This study uses different participatory approaches to collect information. The use of participatory methods was based on the fact that it enables community members perceive the problem using their own eyes, building a sense of ownership of the process as well as probe the community to suggest appropriate interventions to alleviate the problems to be identified. In order to avoid biases and ensure data validity, the process of data collection adhered to the principles of triangulation. Other methods used include:

1.3.3.1 Research design

This study used Cross sectional design methods. The decision to use it aim at observing issues at its natural form, but also explore from the community members

what are their problems, causes of problems identified as well as understand their area of priority. Through the use of this method it was easy to determine their weaknesses, opportunities in solving the problem. Several participatory approaches were used and proved its strength in involving the community in the development process. Mostly qualitative data collection was gathered using this approach.

1.3.3.2 Sampling Techniques

Since it was not practical to involve the whole of Kibaha community in gathering information due to various reasons such as time limit of the study and other commitments of some of the required representative, representative sample was considered. The study used simple random technique to get representatives from the following community groupôs community leaders, People Living with HIV/AIDS (PLHIV), KIKODET member of staff, Home based care community volunteers, Mkoani Health facility staff and other community members. Six FGDs were formulated each containing 10 members.

1.3.3.3 Data Collection Methods

The study collected data by using various techniques as explained below:

Firstly, the focused group discussion by using guiding questions to facilitate the discussion with group representatives of PLHI, Volunteers, community leaders other community members group. Secondly, the transect walk that involves community leaders of five streets in Maili Moja ward namely Tangini, Muhesa, Maili moja and Uyaoni and Machinjioni. The transect walk organised and conducted aimed at exploring the local available resources and how they can be used to alleviate the

identified problem. Thirdly, pair wise ranking with selected members from the groups participated in the study. Pair wise ranking was used to prioritize the problems identified. Fourthly, the unstructured or informal interview using open ended questionnaire was used to obtain information from key informants of the study who included community leaders and health workers.

1.3.3.4 Data analysis Methods

Since the data collected was mostly qualitative, content analysis method of analysis was employed whereby, generalization of key issues emerged from the discussions were summarised and analysed to draw conclusion.

1.4 Community Needs Assessment Findings

This participatory assessment was conducted in Kibaha district in Coast Regional between December 2010 and January 2011. Four thematic areas were covered by assessment namely community, economic, environment and health. Summary of the findings are illustrated under the table below.

Table 1: Community needs assessment findings summary

Thematic areas	FGD PLHI(1)	FGD Community Volunteers(2)	FGD Other Community members(3)
Declining of volunteerism spirits	Expectations of returns after performing a voluntary work.	Lack of trust of community members to its leaders.	Exclusion of majority of poor and marginalised people in the development process. Lack of accountability and transparency among community leaders

Inadequate involvement of community members in the development process	There is a lack of concept of participation of community members	Most of the community leaders are corrupt	Community leaders are used to top down approach
Poor environment for the child growth	Some people are sick (HIV/AIDS	Increasingly witchcrafts beliefs among community members	No time to look after children Globalization and new technologies such as TV with bad programs to our culture
Lack of safety for community members and their assets	Poverty makes some people find ways to sustain their lives.	Unemployment	Increasingly cases of drug uses and criminal cases. Community leaders are not performing their roles and responsibilities
Lack of effective strategies to combat poverty	Lack of capital Inadequate	Burecratic credit services from financial institutions	Inadequate employment opportunities. space for businesses and lack of business skills
Inadequate provision of human basic needs(Heath)	Shortage of health personnel	High costs for health services	High prevalence of diseases such as Malaria
Economic			
Lack of capital	No support from the government	The poorer are engaging into petty businesses	The government and financial Institutions concentrate with big business people
Climate change	High price of kerosene	Lack of agriculture skills	Incorrect use of fertilizers
Inadequate business/agriculture and livestock education	Lack of proper knowledge of economic	Extension workers not providing	Failure of government to provide extension

	activities	enough support	workers with necessary facilities
Lack of Marketing skills	No priority to PLHIV	No strategy to promote marketing skills	Marketing skills being ignored
High price of inputs	Government not promoting local manufacturer	Reliance on foreign technology	Lack of local industry to produce inputs
Inadequate space/business/agriculture activities	Poor planning	Priority being given to external investors	Lack of supportive environment. Lack of patriotism to favour indigenous

Source: Study findings FGD (2011)

1.4.1 Community stress

The followings were identified with different community groups participated in the study as major community stress: Declining of volunteerism spirits among community members, Inadequate involvement of community members in the development process, Poor environment for the child growth, Lack of safety for community members and their assets, poor strategies to combat poverty, poverty, Inadequate housing and Poverty as explained below.

(a) Declining of volunteerism spirits

Analysis of the information gathered during focus group discussion with PLHIV, Volunteers and other community members indicated that voluntarism spirits among community members has declined. The reasons provided for declined of voluntarism spirits include: Lack of trust for community leaders to their community leaders, exclusion of majority of poor and marginalised community members in the development process such as planning, monitoring and decision making process.

Other contributing factors mentioned include, lack of transparency and accountability especially on income and expenditure reports, increasingly cases of corruption among the community leaders, (An example was given that during voluntary work the poor are the most involved group compared with the rich one who donôt participate). Such a situation according to them suggests corruption environment. Participants also added that life hardship has shaped community members expect some returns after performing some work which is not always the case. As a result of this many community members decide to concentrate on their activity which gives them daily bread.

(b) Inadequate involvement of community members in the development process

According to the analysis of data collected during discussions with groups participated in the study, it was evident that most of community leaders are used to top down approach which does not give an opportunity for other majority of community members especially the poor/disadvantaged to participate in development process such as planning and decision making process. This was noted as a major gap as far as good governance concept is concern. Analysis indicates that both community leaders and community members lack proper understanding of the concept of good governance and community involvement on issues affecting their lives.

One of the participants from a community focus group discussion had this to say: ñ*Hawa viongozi wetu hawafanyi lolote yoyote, kazi yao ni rushwa tu na kuangalia*

*namna watakavyorudisha pesa walizotumia kuingia madarakani*ò Literally meaning that ñOur leaders are not doing anything and they are corrupt, they concentrate on how they can return the money they spend to get into powerò

(c) Poor environment for the child growth

Analysis after the discussion indicated that there is an increasingly cases of rape and other types of discriminations activities against children. According to the discussion with community members they mentioned that lack of a sense of neighborhood among community members is a major contributing factor. Other factors mentioned by participants include lack of time to look after children and globalization which has brought new culture and values that are different from the African one. Contributing to that, some participants argued that also increasingly witchcrafts beliefs has to a great extent contributed by people who are searching for wealth and unethical pictures shown in TV contribute to make community being vulnerable place for raising children.

(d) Lack of safety for community members and their assets.

During the discussion there was a feeling among majority of participants that community members and their properties are in danger. Poverty and unemployment were cited as major contributing factors. Both unemployment and poverty drive community members especially the youth to engage into activities that threatens other peopleôs lives and their assets. On top of that some participants mentioned that there has been an increasingly of criminal cases and number of drug users. Community leaders especially at the ward level, police and the judiciary were

blamed for this because they donôt perform their roles and responsibilities effectively. Most of them were said to be corrupt.

(e) Lack of effective strategies to combat poverty

Most participants had a feeling that this is a major contributor of all problems in the community. According to them there are several causes of these problems such as: Lack of capital, inadequate employment opportunities especially for young people, inadequate and bureaucratic credit services from the financial institutions, inadequate space for businesses and lack of business skills.

According to the participants a lot of initiatives have been done to combat poverty but very little has been achieved. Community leaders argued that overdependence on donor funds to implement the developed initiatives was also identified as one of the major factor that make these programs not sustainable.

(f) Inadequate provision of human basic needs (Health)

According to the health workers of Mkoani health facility, availability and access to human basic needs especially heath was said to be inadequate, despite the government introducing cost sharing in many cases drugs are not available.

Figure 4: Mkoani Dispensary in Kibaha

Shortage of health personnel was also mentioned as one of the barriers to access health services. High prevalence of diseases such as malaria was noted as the table below indicates.

Table 2: List of 10 most commonly reported causes of morbidity

S/N	Disease	Number of Occurrences 2005	Number of Occurrences 2010	(+) (-)%
1	Malaria	1,132,004	46,626	-96
2	ARI	39,699	14,493	-63
3	Pneumonia	19,312	8,162	-58
4	Minor surgical condition	17,183	3,129	-82
5	Diarrhoea	13,417	3,193	-76
6	Eye Infections	12,538	5,247	-58
7	Intestinal worms	10,670	3,147	-51
8	Skin Infections	9,735	5,539	-63
10	UTI	10,001	8,851	-11
11	Oral diseases	6,890	4,826	-30
Total		**1,271,449**	**103,213**	**-92**

Source: Kibaha Social Economic Profile

(g) Poor housing

The town of Kibaha is overpopulated with majority of indigenous owning poor houses. The analysis of information collected indicates that most of the areas are not surveyed. The discussion held indicates that poor coordination of town planners, bureaucracy and high costs of owning land/plots are the major contributing factors. As in other development programs participation of community members has been very poor while there is high level of selfishness among the leaders who benefits by

holding more plots and sell them at a higher price. Some participants dared to say that ñAll these problems are caused by lands officers who are not capable of doing their workò and bureaucracy and difficulties conditions to access house loans from the microfinance institutions.

1.4.2 Economic Stress

Documentary review which includes different material related to economic including Coast Region Profile and Coast Regional development report of 2006, Institutions (SWOT) analysis, as well as focus group discussion were used to gather information related to economic stress. Based on documentary review and focus group discussion held the following were raised as major economic stress: Lack of capital, climate change, lack of business skills e.g. Agriculture/Livestock, lack of marketing skills and high costs of agriculture inputs.

(a) Lack of capital

Most of the participants participated in the discussion are engaged into petty businesses. Generally the analysis indicates that big investors are not encouraged to invest, bureaucracy of micro financial institutions in providing loans. Community members were on the opinion that the government has not provided enough support to enable petty businessmen grow. An old man aged 67 years old insisted that ñThe government and financial institution concentrate with big businessman; they have forgotten about us the poorerò.

(b) Climate change

Generally the participants acknowledged that there is massive environmental pollution done by community members while searching for firewood, cleaning and

treating their lands. This attitude has to a great extent contributed to climate change which results into low production. High price of kerosene on the other hand has forced the community members continue using firewood and charcoal a practice which contributes to deforestation. The study also observed that lack of agriculture skills makes community continue with incorrect use of fertilizers.

(c) Inadequate business/agriculture and livestock education:

It was discussed that majority of community members who engage into different economic activities operates without proper knowledge hence reduce productivity and efficiency. Extension workers are not providing support especially for agriculture and livestock sector. Most of them are residing in town and seen only during special occasions. This of course is contributed by failure of the government to provide them with necessary facilities such as transport, housing and allowances.

(d) Lack of marketing skills.

It was mentioned that production of economic activities does not go in line with demand at the market, a situation which sometimes causes overproduction or low production. All this is because of not knowing the demands at the market. Marketing is not considered as important component in the whole process of economic production. The government and its stakeholders were blamed for lacking strong and efficient strategies to promote the marketing education.

(e) High price of inputs

ñLacks of local industry to produce inputs contribute the price of imported inputs to be highò. This was said by ward executive officer of Mkoani. Most of the do still

rely on imported inputs and foreign technology. The government was blamed for not encouraging, promoting and manage local manufacturer.

(f) Inadequate space business/ agriculture activities

Participants were on the opinion that there is lack of supportive environment for providing/reserving special areas for business, especially for the small businessman. As a result the small scale businesses are disorganized and spread all over. Lack of patriotism to favour indigenous, poor planning and not knowing the priority are the major contributing factors. By using pie chart community members showed the most important issues to improve economic/business activities.

1.4.3 Environment Assessment

Focus group discussion was used to explore the major environmental pollution done in the community and the following were the major issues mentioned: deforestation, forest burning, and collection of sands from protected or unsafe sources, poor sewage system and poor housing. The cause of environment pollution in Kibaha ward is contributed by poor town planning, inadequate education about environment conservation, bureaucracy and corruption in accessing plots and poor income. Community mapping was used to get more details of the environmental pollution, followed by transect walk to assess the damage of environmental destruction and at the same time seek views of other community members including community leaders.

1.4.4 Health Assessment

Focus Group Discusion (FGD) conducted with staff at Mkoani Heath Center and community focus group discussion with some community members indicates that

there is an inadequate provision of health services. Provision of inadequate health services are contributed by: according to the analysis of information gathered from staff of mkoani health centre the followings were key issues emerged. Lack of enough budgets from the central government to enable health facility to buy drugs and other supplies, adequate number of staff, lack of transport (Ambulance) specifically for attending referral cases, lack of buildings, e.g. Maternity ward, long distance to a health facility, small amount of cost sharing charged that does not reflect the actual costs. Wealth ranking tool was used to identify where do communities members go first when they fall sick.

Table 3: Wealth Ranking

	Government	Private	Religious	Pharmacy
Malaria	1	2	4	3
3Typhoid	1	2		
TB	1			
HIV/AIDS	1			2
Mother & Child Clinic	1	3	3	2
Delivery Services	1			2
Malnutrition	1			2
Eye health services.	1			2

Source: Study findings (2011)

Based on the wealth ranking conducted by participants indicates that majority of community members when they fall sick, they go first to public heath facility. The reason behind such a decision is that, public health facilities are reliable and cost

effective and that most qualified staff are at public health facility. HIV/AIDS was also reported to be a major problem in Kibaha. Kibaha is almost 40 Km from Dar es Salaam and lies in the main road to up country regions, a situation that makes the district more vulnerable to HIV/AIDS cases. The following table indicates cumulative number of people reported with HIV/AIDS in Kibabha district.

Table 4: Cumulative number of people reported with HIV/AIDS in Kibabha district)

S/No.	Period	Male	Female	Total
1	2004	396	465	861
2	2005	735	882	1,617
3	2006	564	1,050	1,614
4	2007	949	2,144	3,093
5	2008	1,514	3,388	4,902
6	2009	1,881	4,236	6,117
7	2010	2,182	4,966	7,148

Source: Kibaha Social Economic Profile (2009)

Related to support provided to PLHIV, the analysis indicates that, their programs are not sustainable and they depend external donors. When these programs came to an end they left to suffer more. On the other hand they also complained that the support they receive is not comprehensive. e.g. some PLHIV needs capital to establish Income generating activities but many organisations end up organising PLHIV in small groups and request them to generate some funds through saving and loans groups. According to them this type of intervention is very little and not sustainable.

1.5 Community Needs Prioritization/Levelling of Needs

Based on the findings and analysis of the information collected the following were categorized as major problems and priority area.

(i) Inadequate provision of human basic needs/services

(ii) Poor strategies to combat poverty

(iii) Lack of capital

(iv) Poor business/Agriculture skills Business/agriculture/livestock education

(v) Inadequate marketing skills Marketing skills

Pair wise ranking method was used to rank the most three priority problems by few selected participants.

Table 5: Pair wise ranking

	Lack of capital	Lack of marketing skills	Business/Entrepreneurship Skills	Lack of business Space	Score	Priority
Lack of capital		Lack of capital	Lack of capital	Lack of capital	3	1
Lack of marketing skills			Lack of marketing skills	Lack of marketing skills	2	2
Business/Entrepreneurship Skills				Business/Entrepreneurship Skills	1	3
Lack of business Space						

Source: study findings (2011)

Participants were also asked to draw a pie chart and show the percentage in terms of prioritization of the three identified problems.

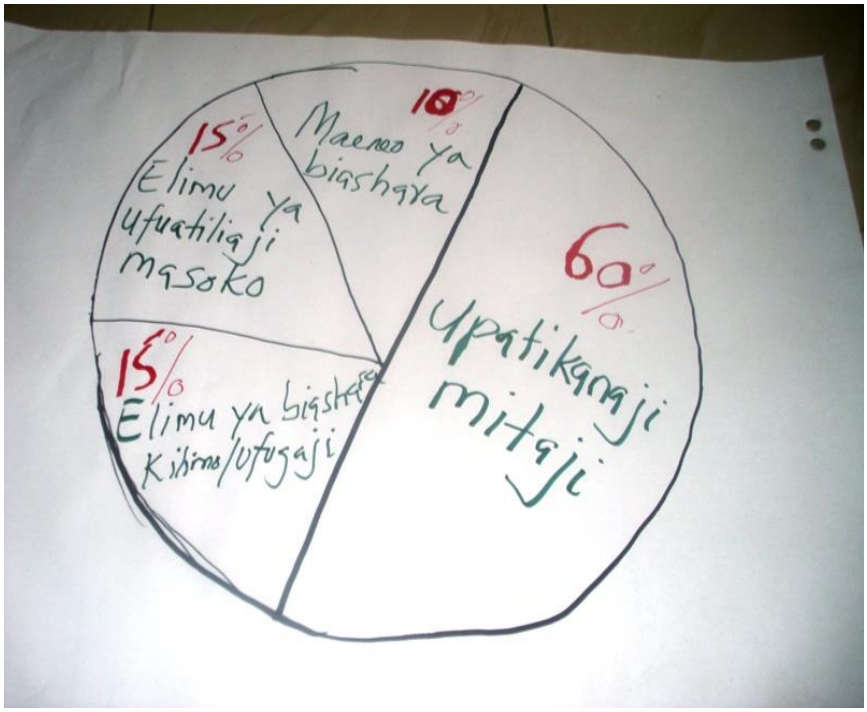


Figure 5: Pie chart drawn by community members: Mkoani Ward Coast Region (Source: Study findings)

According to participants the most important issue for them to improve their economic activities according to priority is availability of capital, Marketing and Business Education, and lastly business areas.

CHAPTER TWO

2.0 PROBLEM IDENTIFICATION

2.1 Background to the Research Problem

After the community members have identified the three most felt problems, a meeting was organise between the CED candidate, host organisation and some community leaders to share the identified problems and propose an intervention for the most felt one. A total of 21 people participated in the meeting that involves 10 community leaders, 4 representatives of groups participated in the study, 6 KIKODET Staff and 1 CED Candidate. The three prioritised problems were shared and an open voting system was applied to get one problem that will be developed an intervention.

Table 6: Problem Ranking

Identified Problem	Number of votes	Position
Lack of capital	10	1
Lack of marketing skills	3	3
Business/Entrepreneurship Skills	7	2
Lack of business Space	1	4

Source: Study findings (2011)

Extending support for People Living with HIV/AIDS was the major criteria for selection of the one problem to be developed an intervention. Based on the voting results participants identified problem of lack of capital specifically for people living

with HIV/AIDS as a problem to be developed an intervention. It was envisioned that extending support to PLHIV by tapping resources from the private sector, it will reduce dependency of PLHIV on donor funds as well as setting enabling environment for PLHIV self dependency.

2.2 Problem Statement

Civil society Organizations (CSOs) are the major pioneers of HIV/AIDS responses in Tanzania and has been in place since the early 1990s. CSO incorporates a large portion of public life outside the government spectrum. This includes community Based Organizations, Non government Organizations (NGOs), Faith Based Organizations (FBOs and professional Associations (Kanyima 2007). CSOs have been in the forefront to respond to HIV/AIDS epidemic by bringing innovative strategy to HIV prevention, care and support in affected communities and mobilizing around the rights of people living with HIV/AIDS. CSOs are seen as partners in national HIV/AIDS Programs by acting as a bridge between communities and National and International resources and framework. Despite potential role that CSO have in response to HIV/AIDS most are donor dependency. They have concentrated on the traditional funding mechanism of depending on external donor which are scarce and have time limit.

When external funded programs came to an end the direct beneficiaries of the program are mostly affected. This becomes worse if the direct beneficiaries are vulnerable groups such as People Living with HIV/AIDS or orphans and vulnerable children. Many CSOs have not ventured into other sources of funds such as Public

Private Sector, of which this program oversees its potential in continuing to support interventions targeting vulnerable groups as well as reducing dependency on outside donors.

The proposed project, ñExtend Support to People Living with HIV/AIDS (PLHIV) by involving Public Private Sector: The Case of KIFARU Community Development in Kibaha, Tanzaniaò aim at encouraging the host organisation and other stakeholders implementing programs for vulnerable groups to reduce dependency syndrome on external funding and encouraged to start activities that will generate some funds from within and make development program continue even after external funding came to an end.

2.3 Project Description

The proposed project is ñExtend Support to People Living with HIV/AIDS (PLHIV) by involving Public Private Sector: The Case of KIFARU Community Development in Kibaha, Tanzaniaò**.** The location of the project will be Kibaha district at Maili Moja ward in Coast Region.

2.3.1 Target Community

The target group for this project are divided into two categories. The direct beneficiaries will be People Living with HIV/AIDS (PLHIV) while the indirect beneficiaries will be other households living with PLHIV. The PLHIV will benefit from the funds raised by facilitated to borrow some funds for establishment of Income Generating activities. Prior to be considered for a loan they will be trained on entrepreneurship skills and simple proposal development template to access a

loan. Through this initiative PLHIV will automatically met their own needs and that of other household members thus reduce dependency syndrome on external funds support.

2.3.2 Stakeholders

Stakeholders are those entities within or outside which sponsor a project, or, have an interest or a gain upon a successful completion of a project, or may have a positive or negative influence in the project. According to the stakeholders analysis the followings are the key stakeholders of this project: People Living with HIV/AIDS (PLHIV) groups, KIKODET Organisation, District and ward leaders, Kibaha district Council, Financial Institutions such as CRDB, NMB and NBC Banks.

2.3.3 Project goal

Facilitate People living with HIV/AIDS meet their own needs in a more sustained way in Kibaha town.

2.3.4 Project Objectives

(i) Involve the public private sector in supporting People Living with HIV/AIDS (PLHIV).

(ii) Increase economic knowledge of people Living with HIV/AIDS (PLHIV) in order to start Income generating activities.

(iii) Strengthen the capacity of People Living with HIV/AIDS (PLHIV) to access and manage loans.

2.4 Host Organisation/CBO Profile

2.4.1 Introduction

Kifaru Community Development in Tanzania (KICODET) was formerly known as Umoja wa Majeshi in Kibaha (UMAKI), a community based organization established in 2002 and registered by the government of Tanzania in 2005 with registration number (00NGO0875/2005) as a non-governmental and non profitable organization. KIKODET was established with the aim of stimulating community responses to HIV and AIDS and address the needs of vulnerable groups (Orphans, most vulnerable children, aged people, disability and youth).

2.4.2 Organisational structure

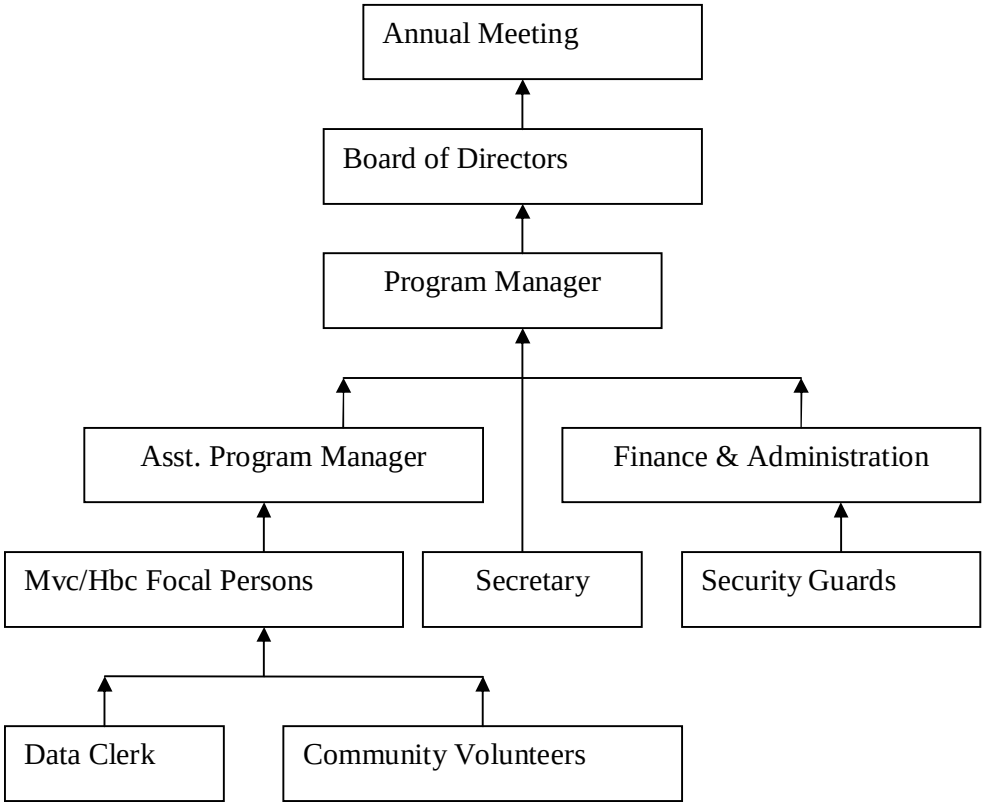


Figure 6: KIKODET organisation structure (Source: KIKODET Organisation Profile)

2.4.3 Vision

To have a well-organized society with stable community based initiative for care and support of people living with HIV/AIDS, orphans and other vulnerable groups.

2.4.4 Mission

To provide psychosocial support to people living with HIV/AIDS PLHIV, Orphans and vulnerable groups for sustainable and environmental development.

2.4.5 Organization Goal

To provide care and support different vulnerable groups such as people Living with HIV/AIDS and preserve the environment.

2.4.6 Specific Objectives

(i) To create awareness and action towards HIV/AIDS control and prevention

(ii) To promote care and support of HIV/AIDS patients

(iii) To promote maternal and child health

(iv) To promote behaviour change and communications

(v) To involve PLHAS for behavioural change and positive living

(vi) To promote community on use and preservation of environment

(vii) To advocate community on children rights and children abuse

2.4.7 Specific Objectives in Support to Families

(i) To promote income generating activities

(ii) To promote best practice on agricultural activities such as food production, cash food production and food preservation

(iii) To reinforce community with coping mechanism to orphans, vulnerable children, older people, youth, and disabled people

(iv) To advocate credit and savings schemes in the community

2.4.8 Coverage

KIKODET implementation covers the whole of Kibaha District in Coast Regional.

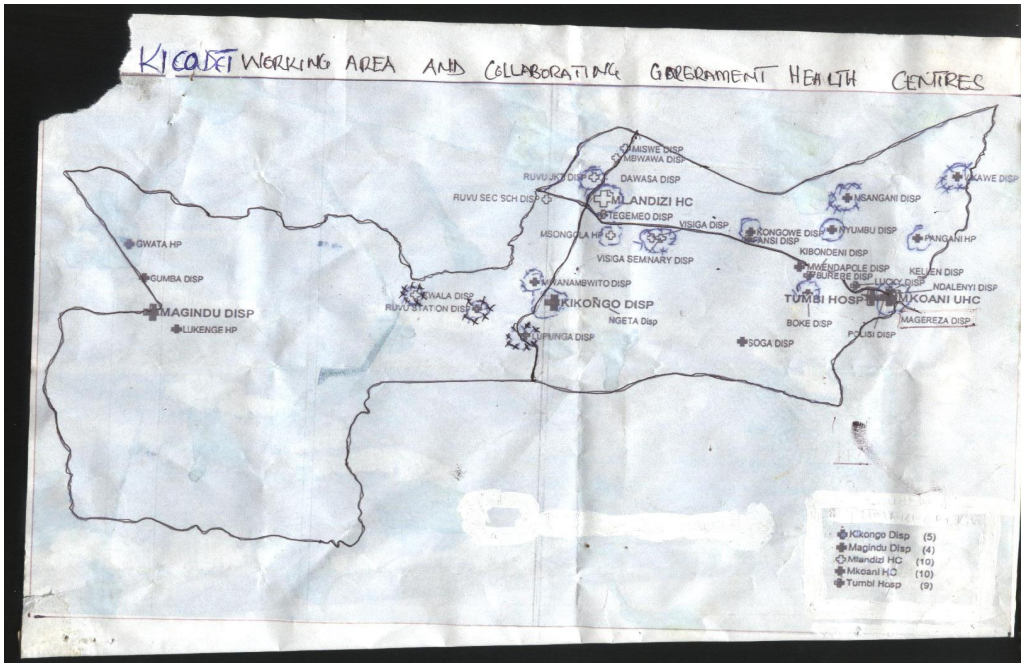


Figure 7: KIKODET coverage map (Source: KIKODET Organisation Profile)

CHAPTER THREE

3.0 LITERATURE REVIEW

3.1 Introduction

This chapter covers different literature on the subject matter within and outside Tanzania. The review of literature aim to discuss key issues, identify gaps and new ideas for the purpose of improving sustainability of people living with HIV/AIDS by involving public private sector. The chapter has been divided into three sub sections namely: Firstly the theoretical review which reviews some of the theories related to funding of HIV/AIDS Program, Secondly is the empirical literature review, a sub section that provides evidence from the ground on funding for HIV/AIDS and lastly the policy review that discuss some of the policies related to funding HIV/AIDS interventions and relevant in sustaining HIV/AIDS programs.

3.2 Theoretical Literature

Tanzania is a major recipient of international development assistance, including in the areas of HIV/AIDS. The total budget for HIV/AIDS in Tanzania in 2007 was 90% funded by donors and only 10% funded by the national budget. It is notable that the overall government budget is to a much lesser extent funded from external sources (46% in 06/07) as compared to the HIV/AIDS budget (Birdsall & Kelly 2008).

From 1990s until 2009, funding for the AIDS epidemic increased substantially. In 2008, an estimated $ 15.6 billion was spent on HIV/AIDS compared to $ 300 million in 1996. From 2002-2008 in particular funding increased six fol. Since 2009,

however total global funding for HIV/AIDS has remained flat. This means that the funding gap (the difference in the amount of money needed and the amount actually allocated) was $ 7.7 billion in 2009 compared to $6.5 billion in 2008(UNAIDS 2006). The Tanzanian HIV and AIDS response is heavily reliant on foreign funding. Almost all (95 percent) of the funding for HIV and AIDS programmes comes from foreign donors of which more than two thirds is from the Global Fund and PEPFAR. HIV and AIDS funding makes up one third of all the aid received in Tanzania. In total, more than $400 million was committed to HIV and AIDS in 2007/2008 (TACAIDS, 2007).

According to the draft cost of (NMSF 2008-2012) the financial requirement has been pegged at 6.1 TRN for five years. However available funding is only 3.0 trn for the next five years. Statistics indicate that Tanzaniaôs current year requirements on HIV/AIDS Programmes stand at 1.1 trn. However, available funds amount to 726 bn hence the gap of 374 bn. The HIV/AIDS funding from the international community for developing countries reaches the project through three main funding streams: donations from national government; multilateral funding organizations: and private funding. Private funding incorporates a wide range of donor types from large corporate donors and foundations to small non-government organizations (NGOs).

3.2.1 AIDS Funding from National Governments

It is estimated that around half of total global funding disbursed in 2009 for the AIDS epidemic was provided by donor governments. This funds is usually given in the form of bilateral donations, i.e. donations straight from one government to another (UNAIDS 2010). The American Government donates a substantial amount

of money for the AIDS epidemic. In 2009 the United States was the largest donor in the world, accounting for more than half of disbursements by governments followed by United Kingdom, German, the Netherlands, France and Denmark (UNAIDS 2010).

In his State of the Union address in January 2003, President Bush announced the creation of Presidentôs Emergency Plan for AIDS Relief (PEPFAR), a commitment to significantly increase US spending on HIV/AIDS initiative around the world. Planned to run for five years, PEPFAR intended to direct US $ 15 billion to places where it is most needed. PAPFAR was renewed in July 2008 with the intention of spending $48 billion from 2009 to 2013 on programs to tackle HIV/AIDS as well as tuberculosis and malaria (The White House, 2003).

The department for International Development (DFID) is the UK governmentôs department for managing Britainôs distribution of foreign aid. Though it provides funding for large range of projects, addressing the global AIDS epidemic is among its principle goals. A new plan for HIV/AIDS support was announced in 2008 with the emphasis on health system strengthening rather than on HIV/AIDS specifically (DFID, 2008). DFID is the worldôs second biggest bilateral donor for HIV/AIDS, spending around 4 850 million in 2005/06, and is also a major donor to the global fund, committing up to £ 1 billion of funds for the years leading up to 2015 (DFID, 2009).

3.2.2 Multilateral Funding Organizations

Funding for AIDS spending is distributed by multilateral organizations, which obtain their funding from a number of national governments. The largest such body

is the Global Fund to fights AIDS, TB and Malaria, which had distributed a total of US $ 5.67 billion on HIV/AIDS by May 2008(Global fund website 2008). Around 61 percent of the global fund funding is spend on HIV/AIDS (UNAIDS, 2010). The World Bank is the second largest multilateral donor to the HIV/AIDS response in developing countries and is one of the eight co-sponsors of UNAIDS. By the end of 2006 it had disbursed US $ 79.22 million to 75 projects to prevent, treat and reduce the impact of HIV/AIDS (World Bank, 2008).

3.2.3 Private Sector Funding

There are very large number of private sector organizations involved in the response to AIDS, including corporate donors, individual philanthropists, religious groups, charities and non government organizations (NGOs). These organizations vary in size, from small groups such as local churches to large contributors such as the Bill and Melinda Gates Foundation and corporate donors.

The William J. Clinton Foundation, founded by the former American President, Bill Clinton is another private organization with HIV/AIDS as one of its main concerns. The foundation addresses the inequalities in access to health care in the developing world and in particular aims to improve access to antiretroviral treatment for developing countries. Overall the private sector is by far the smallest of the four main sources of funding for the global AIDS response, accounting for around 4 percent of spending.

3.2.4 Domestic HIV/AIDS Spending

According to UNAIDS (2008) domestic spending by people and their governmentôs accounts for a significant part of the global response to HIV. In low-income and

lower-middle income countries, such spending more than doubled between 2005 and 2007.

3.2.5 Funding of Civil Society Responses to HIV/AIDS

Direct funding to CSOs by various donors, foundations and development agencies accounts for more than 70% of the resources received in Tanzania. The greater portion of this is accounted for by PEPFAR, the US Government funding support for HIV/AIDS, and the global fund. And lager of this amount goes to implementers of programs, most of which are international NGOs that sub ï grant to national programs.

3.2.6 Government Support for CSOs

Ministries are all allocated funds under the Medium Term Expenditure Framework. There are no significant mechanisms for ministries certainly do work with civil society HIV/AIDS initiatives, from parliament to clinic and classroom level, but it does not involve significant transfer of funds to civil society. The form of support to civil society at this level may involve sharing of transport and venues, sometimes reimbursements for costs, and support for volunteers in the form of stipends. But for the most part, the support is mutual with partners benefiting from joint inputs and effors (Birdsall & Kelly, 2008).

3.2.7 National Funding Mechanism

There are two primary funding mechanisms for funding civil society responses: Regional Facilitating Agencies and the Rapid Funding Envelop (RFE). Both of these mechanisms rely on civil society to generate proposals. These are the only two

mechanisms where funding priorities and deliverables are not strong prescribed: however the amount of funding is negligible (US$20 million in total over the years) compared to the overall expenditure on HIV/AIDS in the country.

3.3 Empirical Literature

Tapping internal resources through fund raising activities to support vulnerable groups interventions such as People Living with HIV/AIDS will to a great extent reduce external donor dependency and assure sustainability of development program and specifically for interventions of vulnerable groups such as People Living with HIV/AIDS.

Globally there are a very number of private organizations involved in the response to AIDS. These includes cooperate donors, individual philanthropists, religious groups, charities and non-government organizations. The subsequent sections outline some of the major foundations responded to HIV/AIDS.

3.3.1 Ford Foundation

Since 1987, the Ford Foundation has awarded approximately $ 70 million in HIV/AIDS-related grants, both nationally and internationally. In 2000, it awarded approximately $9 million and so far, it has awarded $3 million (Attaran & Sachs, 2001).

3.3.2 Bill and Melinda Gates Foundation

With an assets base of $23 billion, the Gates Foundation has committed over $350 million to HIV/AIDS prevention and treatment programs domestically and internationally. In 2000, the gates Foundation committed $55.6 million towards

HIV/AIDS- related activities, with over 99% going towards international HIV/AIDS programs.

3.3.3 HENRY J. Kaiser Family Foundation

Over the past ten years the Henry J. Kaiser Family Foundation has committed in excess of $100 million to AIDS related programs in the United States and South Africa. Last year, this foundation made the largest commitment in its history, $50 million over five years toò love lifeò, an initiative in south Africa to reduce HIV infection among adolescents by promoting sexual health and health futures through the use of high powered media coordinated with national outreach, support and clinical services (Priya *et al*, 2001).

3.3.4 Rockfeller Foundation

In 2000, the Rockfeller Foundation made grants and fellowships totalling approximately $142, of which $1.5 million went toward HIV/AIDS related activities. The entire $1.5 million in grants benefitted Africa and other developing countries. In June 2001, the foundation committed $15 million over five years for medical studies of cost effective AIDS care in Africa.

It has committed another $15 million over five years to advance research on microbicides, topical gels and ointments that can prevent infection with HIV and other sexually transmitted disease (Bank *et al*, 2001) Apart from the foundations there are also major cooperate donors who have contributed a substantial amount of resources for HIV/AIDS as indicated in the subsequent sections.

3.3.5 Bristol-Myers Squib

Since mid 1999, Bristol Myers Squib has committed $37 million in grants for HIV/AIDS activities (Attaran & Sachs 2001). In March 2001, the company announced a new program to combat HIV/AIDS in Africa. Through its ñSecure the futureò initiative, the company pledged an additional $15 million on top of a previously committed $100 million to develop ways to prevent and treat HIV/AIDS among women and children, and to help communities deal with the AIDS epidemic (The Bill & Melinda Gates Foundation, Merck & Co.Inc 2001)

3.3.6 GlaxoSmithKline

Established in 1992, Positive Action is GlaxoSmithKlineôs international Program of HIV education, care and communication support. It is involved in helping people living with HIV/AIDS in developing countries to play a more visible role in national HIV policy and fighting stigma and discrimination. To date GlaxoSmithKline has invested approximately $50 million in the program (Priya *et al,* 2001).

3.3.7 Merck

In 2000 Merck launched an initiative with the Gates Foundation and the Republic of Botswana to improve the overall state of HIV/AIDS care and treatment in that country. The Gates Foundation dedicated $50 million over five years to help Botswana strengthen its primary health care system. Merck and The Merck Company Foundation matched the Gates Foundation funding trough development and management of the program and contribution of antiretroviral medicines (Merc and Co.Inc, 2001). In 1998, Merk started, in cooperation with the Havard AIDS

Institute and the Harvard School of Public Health, a strategic focus on partnerships to improve the quality and outcomes of HIV care (In 1999, Merck Sharp & Dohme donated $1 million to the Romanian government for HIV/AIDS Treatment centers (Crossette, 2001).

3.3.8 Pfizer

Pfizer announced in June 2001 that it will offer Diflucan, a drug used to combat fungal infections associated with AIDS, free of charge to more than 50 of the poorest and most AIDS affected nations in the world. The company has also pledged to provide medical training and patient education in the developing world (Morin S, *et al*., 2000).

In Tanzania there is a big potential of resources from the public private sector that can be tapped and reduce dependency and assure sustainability of PLHIV programs. Companies such as VODACOM, Tanzania Breweries Company Limited (TBL) and Serengeti Breweries Limited (SBL) and National Microfinance Bank (NMB) are some of the practical examples of organization that have the potential to support sustainability of PLHIV Interventions. Some of their commitments include VODACOM Tanzania has commitment of more than 600m/- to sponsor this yearôs Miss Tanzania. The premier league, also known as Vodacom Premier League (VPL) has a very long history. The national top flight league was established in 1965 under the name of national league and was later on renamed First Division Soccer League. The title was changed to Premier League in 1997 when the first league sponsorship was secured from Tanzania Breweries LTD (TBL), through their

brand, **Safari Larger.** The contract with Safari Larger was terminated in 2001 after misunderstandings occurred between the soccer governing body, by then namely (FAT) and TBL. Then in 2002 Vodacom came on board.

Serengeti Breweries Limited (SBL) has injected 80m/- to sponsor the 2010 Tanzania Sports Writers Association (TASWA) Sports Personality of the Year Awards. The annual event, which recognizes and awards individuals who have made their mark on the sporting scene, was held at the Moven Pick Hotel in Dar es Salaam on May 6 2011. Experience indicates that major companies in Tanzania seem to be more comfortable to sponsor beauty contests and sports rather than HIV/AIDS related area.

3.4 Policy Review

3.4.1 The Policy Framework Review

The nation has developed different policies and guidelines of which among other things they stipulate clearly funding mechanism for health Interventions including HIV/AIDS at different levels as follows.

According to the health policy (1990) the central government finances the health services in two ways: Firstly, the Ministry of health provides funds to the referral hospital and to various medical schools. It also provides funds to its parastatals such as the Muhimbili Medical Centre (MMC), The Tanzania Food and Nutrition Centre (TFNC) and National Institute for Medical Research (NIMR). The Ministry gives subventions to Kilimanajaro Christiann Medical Centre (KCMC) Hospital, Bugando Hospital and other designated hospitals belonging to the religious organisations.

Secondly, the Prime Ministers office provides funds for the running of regional and district hospitals including salaries for their employees. At the same time the office of the prime Minister gives subventions to the local councils for the salaries of running health centres and dispensaries.

3.4.1.1 Local Government Funds

The Local governments are responsible for the running of dispensaries and health centres in the rural areas. They have to provide funds for: purchase of medicines and equipments: salaries and training and development of employees: construction and maintenance of the dispensaries and health centres. Local Government get their funds Government subventions and local taxes.

3.4.1.2 Funds from Voluntary Agencies and Religious Organisations

Voluntary agencies and religious organisations contribute a lot to health services in the country. Most of the health services in the rural areas are provided by these organisations. They receive subsidies from the government and purchase their medicine and equipment from the government stores. Some organisations run several health and medical schools.

3.4.1.3 Funds from Donors

Many organisations and donors assist Tanzania in the provision of health services. Such assistance is provided in different forms. Major donors provide funds to the ministry of Health for running of national, regional or district health projects. Other donors assist by bringing their experts and offering medical equipment and

medicines. Such assistance is usually directly extended to the government or routed through International organisations like WHO, UNICEF etc.

3.4.1.4 People's Contribution to the Health Services

Communities have contributed towards the construction of health centres either by participating physically in the building work or providing materials and money.

3.4.2 National HIV/AIDS Policy

The National HIV/AIDS policy states clearly that the Government has the responsibility to provide management and financial leadership in the National response to the HIV/AIDS epidemic. The Government has allocated US$ 8 million for HIV/AIDS activities for the fiscal year 2001/2002 and all sectors and councils are implementing HIV/AIDS interventions. However, given the overwhelming high cost involved, it is beyond the capacity of the Government to provide adequate funds for the National response program. Therefore development partners and the private sector also share the responsibility and moral obligation to complement the Government efforts. In view of the large numbers of PLHAs, and the critical importance of community based interventions including home care and support to orphans and PLHAs the communities will need financial and moral support to carry out the interventions. However, considering the poor economic situation in the local councils and communities, and particularly in the households, modalities must be found to mobilise funds for the support of the community based interventions. Consideration will be given to establishing AIDS Trust Fund to complement community based interventions through the local councils. The Fund will draw

funding from the central and local councils, private sector, development partners, NGOs, Charitable organisation, clubs and individuals. (HIV/AIDS Policy, 2001).

The policy again recognizes that HIV/ADS is a major national crisis that affects all sectors at all levels. Therefore the main objective is to enhance a coordinated and effective multisectoral approach towards curbing this epidemic and to mobilize adequate financial resources for HIV/AIDS activities. The sectoral roles are outlined in the national Multisectoral policy guidelines on HIV/AIDS. Central and local governments, parastatal organizations, NGOs/CBOs, Religious organizations and the private sector and institutions shall design, and implement HIV/AIDS activities in their sectors (HIV/AIDS Policy, 2001).

3.4.3 National Strategy for Growth and Reduction of Poverty (NSGRP)

The national strategy for growth and poverty reduction (2005) indicates that there is an increase in HIV and AIDS prevalence, over the last decade has further aggravated the health status by eroding the human development index (HDI) and future prospects of Tanzania. It has undermined the foundation for development goals and national targets. It is important therefore to build a deeper understanding of the pandemic through awareness campaigns so as to contain further spread and minimize its impact. Indeed prevention campaigns have succeeded in raising peopleôs awareness but this has not translated into required behavioural changes. Though there is an increasing awareness about HIV/AIDS minimizing the risk of transition requires that the poor status of young men and women be addressed and elevated through making it easier for them to access useful advise and services on

how best to protect themselves against HIV/AIDS. Prevention of mother to child transmission of HIV is also an important strategy for reducing infant and under-five mortality (NSGRP, 2005).

3.4.4 NSGRP Financing Strategy

The financing strategy for NSGRP assumes that the public sector will play a critical role in the implementation of the strategy to invigorate the participation of the private sector-the engine of the growth. However attempts to quantify the contributions and financing requirements of other sectors (Private sector, NGO and community) require more time and data (NSGRP 2005).

3.4.5 Local Government Authorities

The United Republic of Tanzania gives each Local Government Authority status of the Government whereby LGAs can raise funds i.e. collect taxes, fees and charges. As a result of this LGAs can finance own goods, services and financing development projects. The budget cycle for LGAs starts by the central government issuing budget guidelines each year around December. The guideline is prepared in collaboration with ministry of planning and finance and PMORALG. Usually the guidelines priorities are given, performance reviewed and levels of funding are given. Sectors Ministries put their guidelines through this guideline including HIV/AIDS (Bengôi Issa TACAIDS Undated).

3.5 Literature Review Summary

Generally the literature provided indicates that the national policies and guidelines presented indicate the commitment of the country in responding to alleviate health

problems particularly HIV/AIDS. However these initiatives are faced with dependency on external donor funds. As stated early the programs that depends on external funds are not sustainable hence casing more problem to its beneficiaries when the funds come to an end. Both the government and the NGOs have not tapped the potential resources that are available from the public private sectors that can assure sustainability of developed programs including HIV/AIDS Programs.

Throughout the developed world, public private sectors have demonstrated remarkable contribu tion in development process including supporting of people living with HIV/AIDS. Its therefore a high time that the government and NGOs start tapping resources from the public private sector an initiative that will help reduce dependency on external funds for people living with HIV/AIDS programs.

CHAPTER FOUR

4.0 PROJECT IMPLIMENTATION

4.1 Introduction

The process of developing this project started with organising and conducting community needs assessment for the purpose of exploring from the community some of the problems hindering their development in four thematic areas of community, economic, environment and health. The assessment involved different community groups such as community leaders, PLHIV, HBC Volunteers, health facility staff and other community members.

The study also examines the dependency syndrome among NGOs implementing HIV/AIDS Programs and the impact to direct beneficiaries when the programs come to an end. Project implementation involved development of activities to raise funds from the public private sector for support of PLHIV. KIKODET will facilitate establishment of saving and loan scheme and training of PLHIV groups in entrepreneurship skills and proposal development for accessing funds from saving and loans fund established. The project aims to support PLHIV by sustain their interventions in Kibaha district through tapping resources from the public private sector. Through this project KIKODET will reduce dependency on donor funds in supporting PLHIV program.

4.2 Products and Outputs

(i) The first project output of this project is the number of public private sectors involved in fund raising activity.

(i) The second project output is the total amount of funds raised during fund raising activity.

(ii) The third project output is the number of PLHIV groups trained on entrepreneurship skills.

(iii) The fourth project output is number of PLHIV accessing loan from saving and loan scheme.

(iv) The firth project output is the number of PLHIV established Income generating activities.

4.3 Project Planning

4.3.1 Implementation Plan

Table 7: Logical framework

	Performance Indicators	Means of Verification	Risks and Assumptions
Goal (Overall Objective)			
Facilitate People living with HIV/AIDS meet their own needs in a more sustained way in Kibaha town.			
Project Objectives			
Involve the public private sector in supporting People Living with HIV/AIDS (PLHIV)	Number of public private companies engaged in supporting PLHIV Programs.	Activity report CSO report	PLHIV adhere to loans conditions
Increase economic knowledge of people Living with HIV/AIDS(PLHIV) in order to start Income generating activities	Number of PLHIV trained	Training report	There is funds for training

Strengthen the capacity of People Living with HIV/AIDS (PLHIV) to access and manage loans.	% of PLHIV accessing loans	Bank and CSO Report	
Outputs (Results)			
Public private sector involved in fund raising	Public private sectors sensitized on supporting PLHIV Programs	Activity report	
Number PLHIV trained on entrepreneurship skills.	Number of PLHIV established Income generating activities	CSO Progress report(Quarterly reports)	
PLHIV accessing loans.	Amount of money at the bank	Bank report	
Activities			
Conduct sensitization and mobilization meeting with councillors during full council session	Number of councillors and other community leaders sensitized and mobilised	Activity report/Quarterly reports	Community leaders are ready to support the initiative
Train PLHIV Group representatives on proposal development	Number of PLHIV group representatives trained on proposal development	Training reports	Something here
Organise and facilitate fund raising activity	Amounts of fund raised	Activity report/Quarterly reports	
Train PLHI Group members on entrepreneurship skills	Number of PLHIV group representatives trained on entrepreneurship skills	Training reports	PLHIV are ready to be trained

Source: Study Findings (Log framework)

4.3.2 Inputs

In the efforts to achieve the objectives to sustain PLHIV programmes, the project will have to implement some activities as shown in the implementation plan. These activities require some inputs in order to be implemented as presented below.

Table 8: Input

(i) The first project output is sensitization of 15 community leaders on strategy to improve sustainability of PLHIV Interventions.

(ii) The second project output is trainings of 25 PLHIV on proposal development and entrepreneurship skills.

(iii) The third project output is number of PLHIV accessing loans and started income generating activities.

4.3.3 Staffing Pattern

The implementation of this project did not intend to hire new staff to implement the project. It is proposed that the same staff employed by the host organisation will be implementing the project. KIKODET Project Coordinator and his assistant, 1 accountant and 2 project officers will be responsible for management of the project from KIKODET. The team will be assisted by District Social Welfare Officer (DSWO) and one representative from the financial institution preferably National Microfinance Bank (NMB). Together these staff will form a technical team that will be responsible for reviewing and approving PLHIV proposals. KIKODET Project coordinator will act as the spokesman of the project.

4.3.4 Project Budget

A project budget is a financial plan that facilitates project management, funders and others with financial information on the different activity cost at a particular project period. The total budget for the proposed project is **14,920,000/=** Tsh. The host organisation, Kibaha district council, other stakeholders will all contribute.

Table 9: Project budget

Description of Activity	Budget	Total
Conduct sensitization and mobilization meeting with community leaders specifically councillors	Perdiem for 15 participants @ 30,000	450,000
	Venue for 1 day @ 30,000	900,000
	Facilitation 1 person @ 50,000	30,000
		50,000
Facilitating fund raising activity for 200 invited guests	Venue @ 100,000	100,000
	Dinner @ 25,000 per participant	5,000,000
	2 Facilitators @ 100,000	200,000
Organize and conduct proposal development for 25 PLHIV	Venue 30 daily for 5 days	150,000
	Refreshments for 30 people@ 15,000 per participants	450,000
	Stationery for participants @ 1500	45,000
	2 Facilitators @ 100,000 daily	1,000,000
Organize and conduct proposal development for 25 PLHIV	Venue 30 daily for 5 days	150,000
	Refreshments for 30 people@ 15,000 per participants	450,000
	Stationery for participants @ 1500	45,000
	2 Facilitators @ 100,000 daily	1,000,000
Communication	Internet @ 100,000 x 12 Month	1,200,000
	Fax @ 30,000 x 12 Month	360,000
	Photocopier 20,000 x12 Month	240,000
	TTCL 100,000 x 12 Month	1200,000
Refreshments & Office Cleaning Materials	Equipments maintenance	100,000
	Newspaper	250,000
	Coffee/water/Cleaning Materials	250,000
		100,000
Monitoring and Evaluation within the intervention area	100,000 x 12 Month	1,200,000
Total		**14,920,000**

4.4 Project Implementation

The implementation of this project aimed at achieving the following overall goal and objectives.

Overall goal

Facilitate People living with HIV/AIDS meet their own needs in a more sustained way in Kibaha town.

Objectives

(i) Involve the public private sector in supporting People Living with HIV/AIDS (PLHIV).

(ii) Increase economic knowledge of people Living with HIV/AIDS (PLHIV) in order to start Income generating activities.

(iii) Strengthen the capacity of People Living with HIV/AIDS (PLHIV) to access and manage loans.

The project planned to implement some activities in order to achieve the set objectives. These activities were planned to be implemented between the period of January 2011 to December 2012 and it includes:

(i) Conduct sensitization and mobilization meeting with community leaders specifically councillors.

(ii) Organize and conduct proposal development for 25 PLHIV

(iii) Facilitating fund raising activity for 200 invited guests.

(iv) Organize and conduct proposal development for 25 PLHIV

The implementation of the project was planned to be managed by the host organization KIKODET with assistance from the district council specifically the District Social Welfare Officer (DSWO) and the National Microfinance Bank (NMB) Kibaha Branch. The role of the CED candidate was to provide technical expertise on the implementation on area of expertise.

4.4.1 Project Implementation Report

Until the end of June the following two activities have been achieved of project implementation:

Firstly was the sensitization and mobilization meeting with community leaders specifically the councillors. This activity was conducted by the host organization KIKODET with support from the CED candidate. A total of 15 councillors from Kibaha town were sensitized and mobilized about the project. The councillors were involved for the purpose of building a sense of ownership of the project among community leaders as well as seek their support in implementation of the project.The second activity to be achieved was the training of PLHIV on proposal development. A total of 25 participants participated in the training. The training aimed at enabling PLHI develop good proposal during application for loans. Most of the participants were happy with the training since it would facilitate them develop doable project as well as facilitate management of loans. Unfortunately the remaining activities were not achieved due to lack of funds and commitments of key stakeholders on other issues. The plan to implement the remaining activities is to outsource funds and conduct fund raising activity, an activity that will be followed by PLHIV applying for loans. Participatory monitoring, evaluation and sustainability of the plan were not fully achieved because only three activities were achieved. This of course was caused by delays of funds to implement the planned activities, other commitments of key stakeholders invited to participate in fund raising activity and time limit of implementing the project.

4.4.2 Project Implementation Ghannt Chart

The Ghannt chart provides the activities to be implemented, time frame for the implementation, resources needed to accomplish the activities and responsible person.

Table 10: Project Ghannt Chart

ACTIVITIES	PROJECT MONTH											RESOURCE NEEDED	RESPONSIBLE PERSON
	1	2	3	4	5	6	7	8	9	10	12		
Conduct participatory needs assessment												KIKODET Staff	Project Coordinator, CED Candidate
Conduct sensitization and mobilization meeting with councillors												Transport, KIKODET Staff	Project Coordinator
Preparation for fund raising activity												KIKODET Staff, Transport	Project Coordinator, DED and CED Candidate
Conducting fund raising activity												KIKODET Staff, Transport, Finance, venue, facilitator	Project Coordinator, DED and CED Candidate
Follow up on pledges during fund raising activity												Transport Finances	Project Coordinator DED
Train PLHIV Group representatives on proposal development												Finance, transport, venue, material and facilitator	Project Coordinator Facilitator
Train PLHIV representatives on entrepreneurship skills												Finance, transport, venue, material and facilitator	Project Coordinator Facilitator

CHAPTER FIVE

5.0 PROJECT: PARTICIPATORY MONITORING, EVALUATION AND SUSTAINABILITY

5.1 Introduction

This chapter is mainly about the plan to monitor and evaluate the project. Definition of key words is provided parallel with monitoring plan as part of monitoring implementation of the project. Monitoring tool helps anticipate obstacles and identify solutions, measure project progress as well as evaluate the success of the project.

5.2 Participatory Monitoring

Monitoring is the process of routinely gathering information on all aspects of the project. Monitoring provides management with information needed to analyse the current situation, identify problems and fins solutions, discover trends and patterns, keep project activities on schedule, measure progress towards objectives, formulate/revise future goals and objectives, make decision about human, financial and material resources (CEDPA, 1994). Generally monitoring is a continuous process and is usually developed before the project start up. Participatory monitoring provides stakeholders and beneficiaries an opportunity to reflect on progress of project and obstacles.

5.2.1 Monitoring Information System

Monitoring Information System is a system designed to collect and report information on a project and project activities to enable a manager to plan, monitor, and evaluate the operations and performance of the project (CEDPA, 1994).

Table 11: Monitoring plan

Categories of information	What to monitor	What records to Keep	Who collects data	Who uses data	How to use information	What decision can be made
Work plan and activities	Timing of activities as per work plan	Project Work plan Staff work plan	KIKODET staff Social Welfare Officer	District Council KIKODET Bank Donor	Improve performance Monitor progress	Redesigning the project/activities
Costs and expenditure	Loan application forms	Application forms Records for loan given	KIKODET staff District Council(DSWO) Bank staff	District Council KIKODET Bank staff Donor	Follow up on loans given	Continue/Discontinue providing loan
Staff and supervision	Knowledge Education level Job performance	Curriculum vitae Performance appraisal	KIKODET Staff	Management of Project (KIKODET)	Motivation Career development	Training Promotion Disciplinary action
Commodities	The use of vehicles/fuel	Log book to monitor mileage/fuel	Drivers	Management of Project (KIKODET)	Ensure proper use of vehicles	Disciplinary action Action to reduce costs
Results	Type of service provided. Services	Loan application form supervision reports	Bank staff KIKODET Staff District Council(DSWO)	District Council KIKODET Bank staff Donor	Ensure objectives are met Assess quality of services provided	Revise strategy to implement the project Revise objectives of the project

Depending on the type and size of the project and skills and experience of project staff, the Monitoring Information System can be formal or informal, extensive or small. It should always be simple and efficient to use. It can be manual system or it can be computerized. It should not be time consuming to use and should fit comfortably and naturally with staffôs other activities.

5.2.2 Participatory Monitoring Methods used to engage community in the Project monitoring

5.2.2.1 Group discussion

This is a short informal semi structured interviews with a small group participated in the trainings. The discussion follow a format of allowing participants perception of the training conducted. This method was chosen because it allows a direct contact between the management of the project and direct beneficiaries of the project hence provide valuable discussion for improvement of the project.

5.2.2.2 Monthly meeting

As part of monitoring project activities, it was planned that each PLHIV group will convene a meeting every month to discuss different issues and produce a report. Copy of the report will be sent to the host organisation KIKODET.

5.2.3 Participatory Monitoring Plan

The participatory monitoring plan was developed jointly to monitor the work plans and activities, costs, staff and commodities. The plan also indicates what to

monitor, what records to keep, who should collect the data, how to use information and what decision can be made **(**See Appendix 1 for details).

5.3 Participatory Evaluation

Participatory evaluation provides a forum for active involvement in the evaluation process of those with a stake in the program such as service providers, partners, beneficiaries and many other interested parties. Participation typically takes place throughout all phases of the evaluation such as planning and design, gathering and analysing the data, identifying the evaluation findings, conclusions and recommendation, disseminating results and preparing an action plan to improve program performance.

5.3.1 Performance Indicators

Table 12: Performance Indicators: Performance information that can be used to measure the project of improving sustainability of PLHIV programs in Kibaha district

Information Categories	Data to gather	Using the Information	Making decision
Social economic characteristics of target groups	Income Level Health status(PLHIV) Education Level	Project management can determine on the strategy to facilitate saving and loan for PLHIV.	Review of criteria for selecting and approving loan applicant
Factors influencing application of loan	Health status Economic status	Project management can determine if PLHIV current situation will influence	
Demand for and application of Loan	Ratio of huge to small loan Reason for choosing a certain amount Reasons for applying	Management can determine whether the loan scheme is compatible with applicant needs.	

	for this loan		
Discontinuation and failure to repay back the loan	Reasons for discontinuation Results of discontinuing with the service	Management can determine how satisfied the users are with the services provided	
Quality of services	Procedure for loan Application Behaviors ,competency and experience of project staff	Management can find ways to improve the existing service provision	
Characteristics of community participation and support	A level of community participation Amount of community financing	Project management can use the information to find the best way to involve the community	Assess prospects for facilitating loans and credit for PLHIV

5.3.2 Participatory evaluation methods

The project intends to use the following participatory methods to evaluate its project.

5.3.2.1 Key informant interview

This method will involve interviewing selected group of individuals selected from among the key stakeholders of the program such as PLHIV, community leaders and volunteers.

5.3.2.2 Focus group discussion

5 to 10 people will carefully selected from among the major group to participate in the discussion. Participants are expected to be freely to discuss issues, ideas and experience from among themselves.

5.3.2.3 Direct observation

Project staff and other key stakeholders will use detailed observation form to observe and record what they see and hear about the program at the program site and elsewhere. The information may be about physical surrounding or about the ongoing activities, processes or discussions.

5.3.2.4 Case studies

By using case studies record anecdotes that illustrate a projectôs shortcomings or accomplishments. They tell about incidents or concrete events, often from one personôs experience.

5.3.3 Project Evaluation Summary

Table 13: Project evaluation summary

Project Goal	Project Objectives	Activities	Output Indicators	Methods	Source of Information	Responsible Person
Facilitate establishment of saving and loan scheme for PLHIV in Kibaha	Involve public private sector in supporting PLHIV Program	Fund raising activity organized.	Number of public private sectors attended and amount contributed	Meeting, Key informant Interview	Activity report Observation Informal discussion	CED Candidate KIKODET Staff, Social Welfare officer
	Strengthen the capacity of PLHIV to manage loans	Train PLHIV on proposal development and entrepreneurship skills	Number of PLHIV trained Number of PLHIV trained	Key informant Interview Field visit, meeting	Training report Observation Survey	CED Candidate KIKODET Staff, Social Welfare officer
	Facilitate PLHI access and manage loans	Provision of loans to PLHI	Number of PLHI received loans and start Income Generation activities	Key informant Interview, Field visit, meeting, FGD	Training report Observation Survey	CED Candidate KIKODET Staff, Social Welfare officer

5.4 Project Sustainability

Generally the project has been designed to ensure that support to PLHIV is sustainable through Public Private Sector involvement. Strategies to ensure sustainability of the support is reflected from the initial stages of designing, implementation and monitoring and evaluation this project.

Since the implementation of this project was under KIKODET and a small technical team with representatives from district council and National Microfinance Bank, it is suggested that for sustainability purposes KIKODET will gradually hand over management of the project to district council (Department of community economic development). Build a sense of ownership of the project to district council authority and community at large. This effort aim at ensuring that district council incorporates this activity in their work plans as well as budget for its implementation. This will also go parallel with sensitizing and mobilizing more public private sector companies to support PLHIV activities.

Facilitate fund raising activity at least once every year for the purpose of improving PLHIV fund. The small interest from the loan will also be used to improve the PLHIV fund so that more PLHIV can apply for loan. Involve district council officials, community leaders, PLHIV and other community members in monitoring and evaluation of the project. Use the existing structures such as district council authority, wards and village leaders to implement the project. Continue to build technical and managerial capacity of district council staffs, community leaders and PLHIV on issues related to saving and loan scheme, entrepreneurship skills and project management.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATION

6.1 Introduction

This is the chapter that describe the conclusion of the study as well as recommendation on the way forward. In order to be more precise summary of key issues from different chapters are summarised.

6.2 Conclusions

The key message of this study is that public private sector has potential resources for supporting people living with HIV/AIDS. Civil Society Organisations (CSOs) and the government should start tapping resources from this important sector for the aim of reducing overdependence on external funding for development programs particularly HIV/AIDS interventions. Literature review suggests that response for HIV/AIDS in Tanzania is very heavily reliant on foreign funding. Foreign funding flows through three streams: Donations from national government, Multilateral funding organisations and private funding.

Through empirical literature there are a number of foreign private organisations that provide funds for HIV/AIDS response, these includes Ford Foundation, Bill and Melinda Gates Foundation, Rockefeller Foundation etc. On policy Tanzania as a nation has developed a number of policy that state clearly funding mechanism for HIV/AIDS Interventions. Among them it includes health policy, National HIV/AIDS policy and National Strategy for Growth and Reduction of Poverty (NSGRP).

Generally the objective of strengthening the capacity of PLHIV to access and manage loans was achieved by managing to organise and conduct two trainings on proposal development and entrepreneurship skills. Involvement of public private sector was partially achieved because the project was able to organise a sensitization meeting with community leaders (councillor) who supported the idea. Despite all the constraints, it is anticipated that as soon as the funds are available and key stakeholders are ready to participate in fund raising activity other project activities will continue as per plan.

6.3 Recommendations

The study of improving sustainability of PLHIV programs by involving public private sector is very crucial. Though the study was not complete, it reveals that there is a high commitment of both International and national efforts to respond to HIV/AIDS pandemic. However the challenge remains with national public private sector to contribute to the efforts in alleviating HIV/AIDS.

The study therefore recommends the followings as strategies for improving sustainability of PLHIV Programs through involvement of public private sector:

(i) Participatory assessment is very important process in developing a community based programs because it provides a forum for active involvement of those with a stake in the program. Participation of different stakeholders should take place from designing implementation, monitoring and evaluation of the program.

(ii) Literature provides us with theories and policies that have been developed and identify their gaps. Literature review also provides practical evidence of ideas that can work and those that cannot work.

(iii) For the project to achieve its objective and became sustainable, a clear monitoring, evaluation and sustainability plan should be clearly developed and shared among key stakeholders of the project.

(iv) It is high time know for CSO that depend on external funding to move out of the box and try to find other mechanism of sustaining their programs. One of the proposed ideas is conducting fund raising activities by involving public private sector.

(v) Program sustainability is a major problem among many CSOs. Sustainability needs to be considered from the designing of the project by developing clear and implementable strategies.

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APPENDICES

Appendix 1: Guiding questions for focus group discussion

A Community

1. Hali ya moyo wa kujitolea katika jamii yenu ukoje?
2. Je ushirikishwaji wa watu ukoje katika masuala yanayowahusu
3. Je jamii yenu ni sehemu salama kwa makuzi ya watoto
4. Hali ya usalama wa watu na mali zao katika jamii yenu ikoje?
5. Je unadhani kumekuwa na mbinu madhubuti za kukabiliana na umasikini
6. Je hali ya utoaji huduma za afya ukoje?
7. Hali ya makazi ikoje katika jamii yenu?

B Economic

1. Ni shughuli gani za kiuchumi zinazofanyika katika maeneo haya?
2. Hali ya upatikanaji wa mikopo kwa ajili ya shughuli za kibiashara ukoje?
3. Kupatikanaji kwa maeneo ya kufanyia biashara ni rahisi au mgumu?
4. Upatikanaji wa mbolea na pembejeo ukoje?

C Environment

1. Hali ya uharibifu wa mazingira ikoje katika wilaya ya Kibaha
2. Nini inaweza kuwa sababu kubwa za uharibifu wa mazingira katika wilaya ya Kibaha.

D **Health**

1. Hali ya utoaji wa huduma za afya katika wilaya ya Kibaha ikoje?
2. Magonjwa sugu kwa wakazi wa Kibaha ni yapi?
3. Ni matatizo gani yaliyopo katika utoaji wa huduma za afya hapa Kibaha?

Appendix II: Table 14: Performance Indicators

Categories of information	What to monitor	What records to Keep	Who collects data	Who uses data	How to use information	What decision can be made
Work plan and activities	Timing of activities as per work plan	Project Work plan Staff work plan	KIKODET staff Social Welfare Officer	District Council KIKODET Bank Donor	Improve performance Monitor progress	Redesigning the project/activities
Costs and expenditure	Loan application forms	Application forms Records for loan given	KIKODET staff District Council(DSWO) Bank staff	District Council KIKODET Bank staff Donor	Follow up on loans given	Continue/Discontinue providing loan
Staff and supervision	Knowledge Education level Job performance	Curriculum vitae Performance appraisal	KIKODET Staff	Management of Project(KIKODET)	Motivation Career development	Training Promotion Disciplinary action
Commodities	The use of vehicles/fuel	Log book to monitor mileage and fuel	Drivers	Management of Project(KIKODET	Ensure proper use of vehicles	Disciplinary action Action to reduce costs
Results	Type of service provided. Type of people receives services	Loan application form Supportive supervision reports	Bank staff KIKODET Staff District Council(DSWO)	District Council KIKODET Bank staff Donor	Ensure objectives are meet Assess quality of services provided	Revise strategy to implement the project Revise objectives of the project