

**CAPACITY BUILDING IN RESOURCE MOBILIZATION FOR
PEOPLE LIVING WITH HIV'S/AIDS: THE CASE OF
KINDIPHA+ ORGANIZATION, KINONDONI DISTRICT,
DAR ES SALAAM**

JABEZI ALOYCE

**A PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTERS IN COMMUNITY
ECONOMIC DEVELOPMENT (MCED) OF THE OPEN UNIVERSITY OF
TANZANIA**

SUPERVISOR'S CERTIFICATION

I, the undersigned certify that I have read and hereby recommend for acceptance by The Open University of Tanzania, a dissertation entitled Capacity Building in Resource Mobilization for People Living with HIV's/AIDS. The Case of KINDIPHA+, Kinondoni District, Dar es Salaam, Tanzania in partial fulfillment of the requirements for the award of the degree of Masters in Community Economic Development of The Open University of Tanzania.

.....

Name

.....

Date

COPYRIGHT

This project report or part of it is strictly not allowed to be reproduced, stored in any retrieval system or transmitted into any form or any means such as electronic, mechanical, photocopy or otherwise, without prior written permission of the author or the Open University on behalf.

DECLARATION

I, Jabezi Aloyce do hereby declare that this Dissertation is my own original work and that it has not been presented and will not be presented to any other University/Academic Institution for a similar or any other degree award.

.....

Signature

.....

Date

DEDICATION

I would like to dedicate this work to my Wife Grant Mwaijonga who encouraged and supported me to pursue the program. Also to my beloved Mother Emile Muya for her patience and support during my study. May the Almighty God bless them all.

ACKNOWLEDGEMENTS

I have my honour and gratitude to my Supervisor Dr. Magreth S. Bushesha who supported and encouraged me from the preliminaries of this study to its finality. I also thank the Management of KINDIPHA+ and its members for their assistance and encouragement. Others are the Staffs of the Tanzania Commission for Aids, Kinondoni Municipal Staffs and Centre for Disease Prevention and Control Staffs.

ABSTRACT

One of the most challenging issues in most of the organizations providing services to the community is Resource Mobilization. In such a modern world experiencing many social-economic crises, the priorities to save human lives are many. Some die of hunger, Wars and Natural Disasters. It is for this reason that, the need to have sufficient funds for proper provision of services scores its cardinal importance. This work therefore, endeavored to accomplish among others, Capacity building on Resource Mobilization, as a means to empower KINDIPHA+, an organization of people living with HIV/AIDS with the Capacity, Skills and Strategies for Mobilization of resources. This in turn is hoped to foster organizational performance in service delivery. The sample drawn was 61 organizational members of whom 27 were male and 34 were female. The sample comprised of the Organization Secretariat, Group Leaders of the 37 active groups and members from the organization. The researcher applied both purposive and random sampling in selecting samples. The tools of data collection were Focus Groups and Plenary Session, Questionnaires, Interviews, Observation and Literature Review. The findings of the study indicated that lack of skills in Resource Mobilization incapacitated the organization to acquire more funds in order to better finance its activities.

TABLE OF CONTENTS

Supervisor’s Certification.....	ii
Copyright.....	iii
Declaration.....	iv
Dedication.....	v
Acknowledgement.....	vi
Abstract.....	vii
Table of Contents.....	viii
Abbreviations.....	xiii
List of Tables.....	xiv
List of Figures.....	xv

CHAPTER ONE: PARTICIPATORY NEEDS ASSESSMENT

1.0	Introduction.....	1
1.1	Community Profile.....	3
1.2	Community Needs Assessment.....	4
	1.2.1 Needs Assessment Objectives.....	5
	1.2.1.1 General Objective.....	5
	1.2.1.2 Specific Objectives.....	5
	1.2.2 Resource Mobilization questions.....	5
	1.2.3 Community Need Assessment and Methodologies.....	6
	1.2.4 Research Methodologies.....	6

1.2.5 Research Design.....	7
1.2.6 Sampling Techniques.....	7
1.2.7 Data Collection Methods.....	8
1.2.8 Thematic areas involved.....	9
1.2.9 A briefing of the Thematic Areas.....	10
1.2.10 Data Analysis Methods.....	12
1.2.10.1 Venue where CNA was conducted.....	12
1.3 Community Needs Assessment Findings.....	13
1.3.1 Participants Number and Age.....	13
1.3.2 Level of Education of participants.....	13
1.3.3 Gender Distribution.....	14
1.3.4 Ranking of Thematic Areas.....	15
1.3.5 Discussion from the Findings.....	18
1.4 Leveling of Needs.....	19
1.4.1 Major Successes of KINDIPHA+.....	19
1.4.2 Major Challenges of KINDIPHA+.....	20
1.4.3 SWOT Analysis of KINDIPHA+.....	20
1.4.3.1 Strengths.....	20
1.4.3.2 Weaknesses.....	21
1.4.3.3 Opportunities.....	21
1.4.3.4 Threats/Challenges.....	22
1.5 Conclusion.....	22

CHAPTER TWO: PROBLEM IDENTIFICATION

2.0 Background to Research Problem.....	23
2.1 Problem Statement.....	24
2.1.1 Extent of the problem.....	25
2.1.2 Viability of the Project.....	25
2.1.3 The outcome of the problem if not addressed.....	26
2.2 Project Description.....	26
2.2.1 Target Community.....	26
2.2.2 Stakeholders	27
2.2.3 Project Goal.....	27
2.2.4 Project Objectives.....	27
2.2.5 Organization Profile.....	28
2.2.6 CBOs under KINDIPHA+.....	29
2.2.7 The KINDIPHA's + Mandate.....	29
2.2.8 Core functions of KINDIPHA+.....	29
2.2.9 KINDIPHA+ Organization Structure.....	31
2.2.9 Line Department of KINDIPHA+.....	31
2.2.10 The Responsibilities of each Department	31
2.2.11 Objectives of KINDIPHA.....	32
2.2.12 Selection of Organization.....	33

CHAPTER THREE: LITERATURE REVIEW

3.0 Introduction.....	35
3.1 Theoretical Literature.....	35
3.1.1 The Framework Mandating Control of HIV/AIDS in Tanzania Mainland.....	39
3.1.2 HIV/AIDS Prevalence by Region in Tanzania mainland.....	40
3.1.3 Services to PLHA's and the Consequences of HIV/AIDS in Tanzania mainland.....	40
3.1.4 Maternal Health and the Incidence of HIV/AIDS.....	42
3.2 Empirical Literature.....	42
3.3 Policy Review.....	44
3.4 Literature Review Summary.....	46

CHAPTER FOUR: PROJECT IMPLEMENTATION

4.0 Introduction.....	47
4.1 Project planning	47
4.2 The Project Budget	47
4.3 Logical framework Analysis.....	49
4.4 Implementation plan.....	50
4.5 Project Implementation	51
4.6 Other Activities Accomplished By the CED Student.....	51

**CHAPTER FIVE: PROJECT PARTICIPATORY MONITORING,
EVALUATION AND SUSTAINABILITY**

5.0 Introduction.....	52
5.1 Participatory Monitoring	53
5.1.1 Monitoring Research objective	53
5.1.2 Research questions.....	53
5.1.3 Monitoring Research methodology.....	54
5.1.4 Sampling.....	54
5.1.5 Data analysis.....	54
5.1.6 Monitoring Indicators	54
5.2 Participatory Evaluation	57
5.2.1 Evaluation Indicators.....	57
5.2.2 Formative Evaluation	57
5.2.3 Instruments used.....	58
5.2.4 Validity and reliability.....	58
5.2.5 Project Sustainability.....	58

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction.....	60
6.1 Conclusion.....	60
6.2 Recommendations.....	62

References.....64

Appendices:67

ABBREVIATIONS

AIDS	Acquired-Immuno Deficiency Syndrome
ARV's	Anti-Retroviral Drugs
ASAP	AIDS Strategy and Action Planning
CBO's	Community Based Organizations
CDC	Center for Diseases Control and Prevention
CED	Community Economic Development
CVM	Community of Volunteers
DARCOPHA	Dar es Salaam Coalition of People Living with HIV/AIDS
HIV	Human-Immuno Deficiency Virus
KINDIPHA+	Kinondoni District People Living with HIV's
MOHSW	Ministry of Health and Social Welfare of Tanzania
NACOPHA	Tanzania National Council of People Living with HIV and AIDS
NGO's	Non-Governmental Organizations
NMSF	National Multisectoral Strategic Framework
PLHA's	People Living with HIV/AIDS
PMCT	Prevention of Mother to Child Transmission
SACCOS	Savings and Credit Cooperative Society
SIDO	Small Industries Development Organization
SWORT	Strengths, Weaknesses, Opportunities and Threats

TACAIDS	Tanzania Commission for AIDS
THIMS	Tanzania HIV/AIDS and Malaria Indicator Survey
TPSF	Tanzania Private Sector Foundation

LIST OF TABLES

Table 1.1: HIV/AIDS Cases within Kinondoni Municipal.....	4
Table 1.2: Education level of the Participants.....	13
Table 1.3: Tabulated Thematic Areas Ranking.....	16
Table 1.4: Pair wise Ranking of Needs.....	17
Table 1.5: Budget Activity Matrix.....	48
Table 1.6: Logical Framework Analysis.....	49
Table 1.7: Implementation plan.....	50
Table 1.8: Monitoring Plan.....	55
Table 1.9: Evaluation Table.....	56

LIST OF FIGURES

Figure 1.1: Participants Distribution by Age.....	14
Figure 1.2: Participants Gender Distribution.....	15
Figure 1.3: KINDIPHA+ Organization Structure.....	31
Figure 1.4: HIV/AIDS Prevalence by Region in Tanzania mainland.....	40
Figure 1.5: HIV Prevalence from 2004 to 2010 in Tanzania.....	41

CHAPTER ONE

PARTICIPATORY NEEDS ASSESSMENT

1.0 Introduction

Recent reports still ranks Tanzania as among the Sub-Saharan country that is hard hit by AIDS pandemic. The disease poses an escalating phenomenon since 1983 when it was diagnosed for the first time in Kagera region. Two years later, the Ministry of Health and Social Welfare (MOHSW) established the National Aids Control Programme (NACP). Reaching in 1986, the disease was reported to have spread in all regions of Tanzania. In 1999, AIDS was declared by Hon. President Willium Mkapa to be a national disaster and the following year he established the Tanzania Commission for Aids (TACAIDS) with the mandate to formulate related policy and ensure coordination of governmental and non-governmental AIDS related programs, advocacy and resource mobilization.

According to the recent UNAIDS report 33 million people are living with the HIV virus worldwide and many of them are in their prime years as workers and parents.

Forty-five percent of all new infections among adults are young people aged 15-24 years. Currently, every, 4,900 people worldwide die from HIV/AIDS and another 7,100 people are infected daily with HIV virus. The Tanzania HIV/AIDS and Malaria Indicator Survey 2007-2008 estimated that about 3 million people are living with the HIV virus and more than 400,000 are in need of anti-retroviral therapy. In the beginning of the epidemic prevalence was more evident in urban areas as compared to rural areas.

However with the increased campaigns against the disease the trend is now said to have been overturned and more infections are imminent in rural areas. Indeed, the economy has been adversely affected by the epidemic, the disease affects all spheres of life and worse enough it causes loss of the most productive segment of the society. In examining the reports, that is THIMS, 2003-2004 and THIMS, 2004-2005, at least 90 per cent of all Tanzanians are now aware of the epidemic. However, the in-depth understanding of the disease is reported to be low with only 44 per cent of Men and 40 per cent of Women having comprehensive knowledge on AIDS. Eight in ten Women and seven in ten men aged 15-49 years know that HIV can be transmitted from mother to child through breastfeeding.

Of that number 53 per cent of Women and 44 per cent of Men know that HIV transmission risk can be reduced if mother takes special drugs during pregnancy. Moreover, comprehensive knowledge increases with increasing level of education and is geographically higher in urban areas than in rural areas. The lowest comprehensive knowledge in Men is found in Iringa and Zanzibar while among Women the lowest levels are in Rukwa, Iringa, Shinyanga, Singida and Pemba. On testing, 27 per cent of men and 37 per cent of women have been tested for HIV and receive the results. A small portion of them that is, 4 per cent of women and 3 per cent of men have been tested but not received the results. The overall proportion of men and women aged, 15-49 who have been tested and received results have been increased from 5 per cent of women and 7 per cent of men in the THIMS 2003-2004 to 19 per cent of women and men in 2007-2008 THMIS.

Such a trend emphasize the need to continue encouraging the general public to find out their sero-prevalence status through voluntarily counseling and testing (VCT) sites throughout the country. Now the challenges at hand are avoiding new infections and care for PLHA's. The latter being the subject of this project will be a major agenda of this project. Having the introduction of ARV's, and the requirement that one must use it for the rest of his life and the need to stay in good health to most of PLHA's now days, poses a huge socio-economic challenges.

Because those who might misbehave and infect others can not easily seen with a naked eye. On the other hand, the weaker immunity to PLHA's attracts Tuberculosis, Malaria and other diseases that add to the cost of caring for PLHA's.

The Tanzania Commission for AIDS Report of the Biennial HIV and AIDS Sector Review in 2008 revealed that, HIV/AIDS budget up to 2008 was 95% donor dependent without any signs of more increases in donor funding and domestic contributions. It is therefore, a high time that more Resource Mobilization activities be conducted domestically and beyond borders for the welfare of PLHA's.

1.1 Community Profile – Kinondoni District

Kinondoni District covers an area of 531 km² the District borders Bagamoyo in the northern part, Indian Ocean in the North East part, Ilala District in the South, Kisarawe District in the South East and Kibaha District in the West. The District population was 1,331,140 people in 2007, with an increase of 4.1% per year and the rural-urban migration, it is hoped that this number will keep on increasing.

The Municipal is one of the three Municipalities that constitute the city of Dar es Salaam; the other municipalities are Temeke and Ilala. Currently, Kinondoni district has a total of 27 wards which are administered from the District municipal headquarters at Magomeni in Dar es Salaam. The municipal has also been had hit by the epidemic with the prevalence rate of infection 10%. The trend of infection is still escalating see Table .1 below, a situation that poses a great challenge to developmental plans within the District.

Table 1.1: HIV/AIDS Cases within Kinondoni Municipal

Year	Cumulative cases
2001	351
2002	2102
2003	5283
2004	13,356
2005	11,420

Source: Kinondoni Municipal various reports (2010)

1.2 Community Needs Assessment (CAN)

This project was designed to enhance interactive learning between the student and the Community Based Organization – KINDIPHA+. Through learning and providing technical assistance in identified areas, it was hoped that, KINDIPHA+ would build its organizational capacity and improve its services geared into serving the lives of those who are living with HIV/AIDS.

1.2.1 Needs Assessment Objectives

1.2.1.1 General Objective

The general objective of this project was to gather data and information of the community need assessment in order to determine the extent of the problems, the contributing factors and seek the community's opinion and recommendations.

1.2.1.2 Specific Objectives

- (i) To empower PLHA+ to positively cope up with AIDS/HIV related illness such as Malaria, Tuberculosis and others that may weaken ones health by way of fundraising and visitors contribution (Certificate of Appreciation) to all the 42 groups under KINDIPHA+.
- (ii) To empower PLHA+ to positively cope up with AIDS/HIV related illness such as Malaria, Tuberculosis and others that may weaken ones health by way of fundraising and visitors contribution (Certificate of Appreciation) to all the 42 groups under KINDIPHA+.
- (iii) To train leaders and members of KINDIPHA+ on the required skills of Resource Mobilization.

1.2.2 Resource Mobilization questions

- (i) What are the fundraising strategies and activities you normally undertake?
- (ii) Have you selected a special team/committee for Resource Mobilization?
- (iii) Do you normally participates in HIV/AIDS Policy Dialogues/Workshops/ Forums and how far have they enhanced PLHA's rights?

- (iv) Are there any income generating activities that help funding your organisation's daily activities apart from donor and government funds?

1.2.3 Community Need Assessment and Methodologies

Community Need Assessment (CNA) refers to the activity geared to the identification of the challenges (problems) of a particular community which are the subject for the existence of any project. The CED student (Project Coordinator) employed various methods in the study so as to get the views of respondents.

The CED student communicated and agreed with the Organization Secretary that he should visit their office on Monday 11 April, 2011 the day they usually meet for review of organization activities. The first meeting was then with the organization Chairperson, Vice Chairman, Secretary and some PLHA's group members and they all agree to provide their cooperation for the project.

1.2.4 Research Methodologies

The methodology used was Participatory Urban Appraisal (PUA). The PUA approach is more participatory as it is in a way assisting a defined community to get involved in both, the data generation and ensuring development action. The community then and the CED Student form a partnership aimed at generating relevant and timely information as well as undertaking initiatives of identifying the real needs of the KINDIPHA+ members. The PLHA's people under KINDIPHA+ was the target community.

1.2.5 Research Design

Rwegoshora (2006) defines Research Design as the adoption of methods and techniques that are suited for research of the problem. It is an arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. The design of this study is participatory given the facts that, it intends to study the various ways that hinders mobilization of resources and the degree of response the community is having to PLHA's particularly those residing within Kinondoni District. For that matter, the researcher (CED Student) have organized in corroboration with KINDIPHA+ members dialogues, groups discussions, including focus groups, interviews and plenary discussions.

1.2.6 Sampling Techniques

The word sampling refers to a portion that is representative of a population or of that part to be studied. The important thing in selecting a sample is for that sample to bear the same basic characteristics of the population or from that part which it is drawn. Manheim, describes a sample as "part of the population which is studied in order to make inference about the whole population". The population studied in this project was the 42 groups of PLHA's and KINDIPHA+ leaders (secretariat). However for the purpose of sampling KINDIPHA+ secretariat, leaders of the 42 groups and 5 PLHA's in each of the 42 groups have been referred as a sample of the whole population.

1.2.7 Data Collection Methods

Various methods such as focus group discussion, observation, questionnaire, and interview were employed by the researcher. Those methods involved primary and secondary data.

(a) Use of Questionnaires

A set of questions were prepared and distributed during focused group discussion. This questions were drawn from all the thematic areas where by each group was supposed to respond to all questions and come up with what were identified as the major problems hindering KINDIPHA + to provide its services efficiently.

(b) Interview

Interview to KINDIPHA+ leaders and its members were structured and unstructured. For structured interview a set of questions were prepared to guide the person who is collecting data to ask questions systematically while for unstructured interview some of the questions asked were established according to how the clients responded to the structured questions. Observation was also part of the interview.

(c) Focused group Discussion

The participants were grouped into a group of at least ten and each group was requested to list in priority order each problem with reference to the established thematic areas of the Organization Assessment Tool.

The most pressing need from every group was noted and the result was presented to the Plenary Discussion (Refer Appendix 6).

(d) Plenary Discussion

This was conducted after focused group discussion presentations where by the participants discussed and finally agreed on what was the most pressing need, which if dealt with could foster the organization performance.

(e) Observation Method

Owing to the fact that, some of the information could not easily be gathered by way of Questionnaire and Interviews, observation in all aspects and specifically in matters pertaining to Resource Mobilization was continually done by the researcher from the Needs Assessment stage to the completion of this project.

(f) Research Ethics

Respondents were clearly assured that their answers will only be used for academic purposes and that arrangement for the take off of the project has been done with KINDIPHA+ management.

1.2.8 Thematic areas involved

Learning and sharing

Service delivery

Monitoring and Evaluation

Stigma in HIV/AIDS

Resource Mobilization

Financial Management

Human Resource

1.2.9 A briefing of the Thematic Areas

1.2.9.1 Learning and Sharing

This was mentioned by KINDPHA+ members as among the requirement in a move to ensure better provision of their services. Learning needs was mostly needed in areas like Financial and overall Management, Counseling and Home Based Care services. Learning and Sharing combined with encouragement to develop strong analysis of various issues affecting PLHA's gave them with the tools to fully participate in the processes of learning about their needs and opportunities and then take the action required to address them.

1.2.9.2 Service Delivery

The organization reaches relevant and progressively increasing numbers of beneficiaries. However, some of the PLHA's are in remote areas and therefore unable to reach them. Financial constraints coupled with the inadequate knowledge on the better requisites of the Home Based Care Service are also a problem.

1.2.9.3 Monitoring and Evaluation

The Strategic Plan (2008-2012 prepared since 2007 is in place. The Secretariat meet on Monthly basis to review its work in progress. Review of the Strategic Plan is done Quarterly and on Mid-Term basis. In March each year, members of KINDIPHA+ meet each year to provide inputs to the budget and the Revised Strategic Plan.

1.2.9.4 Stigma in HIV/AIDS

There have been a number of campaigns against the stigma on PLHA's, however more PLHA's are still victimized of their conditions. Worse enough the situation has even extended to Orphans and Widows.

1.2.9.5 Resource Mobilization

Despite the fact that KINDIPHA+ has managed to secure funds at several times from TACAIDS, Community of Volunteers (CVM) and The Foundation for Civil Society, it has only recently managed to rent one room office with one Desktop Computer and Printer. However, still the organization has no landline telephone, bicycle/motorbike/ vehicle and no Attendant (e.g. Secretary), therefore unable to sufficiently manage its 42 groups under its management. Since HIV/AIDS is not only a health problem, it requires a more broadly based response going beyond biomedical models in acquisition of funds.

1.2.9.6 Finance Management

There are no any kind of Financial manual that guide management of finances rather they depend on the Organization Constitution especially on issues of signatories. KINDIPHA+ has been formally registered, and has Executive committee (Board) that meets regularly according to the constitution and management team (Secretariat) that oversee the daily duties of the organization.

1.2.9.7 Human Resource

The organization has no system in place that guides General Human Resources requirements (e.g. recruiting, training, salary and appraisals). The organization has no employed staff instead the management team normally receives volunteer allowances.

1.2.10 Data Analysis Methods

The prime method of data analysis chosen by the researcher was Microsoft Excel compatible to 2003/2007 versions. Other methods were by way of tabulations, organization chats and pictorial representation.

1.2.10.1 Venue where CNA was conducted.

Having communicated earlier with leaders of KINDIPHA+, it was agreed that the Needs Assessment will be conducted in the CCM Hall close to their office that is located at Mwananyamala Ward, Mwinjuma Road.

1.3 Community Needs Assessment Findings

This was essential step that established the viability of a project before it can further proceeds to start accomplish the agreed objectives. In those findings, the researcher attempted to provide the CAN findings by way of Tables, Charts, Curves and other descriptive ways that can easily be understood by the community.

1.3.1 Participants Number and Age

There were a total of 61 participants. The ages of the participants were from 14 years to 66 years. The mean average was 40 years old.

1.3.2 Level of Education of participants

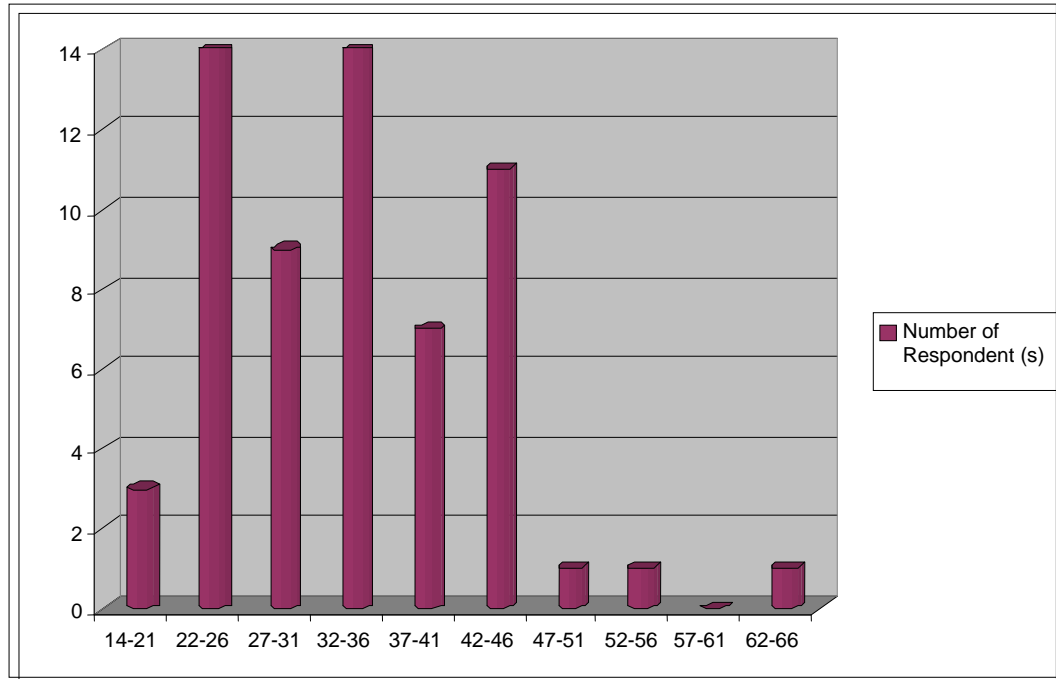
Participant's level of education was varied. The highest being first degree graduate and the lowest being primary school.

Table 1.2: Education level of the Participants

Attended no school at all	Primary Education	O Level Secondary Education	A level Secondary Education	College/ University Education
0	17	41	2	1

Source: Field data (2011)

Figure 1.1: Participants Distribution by Age



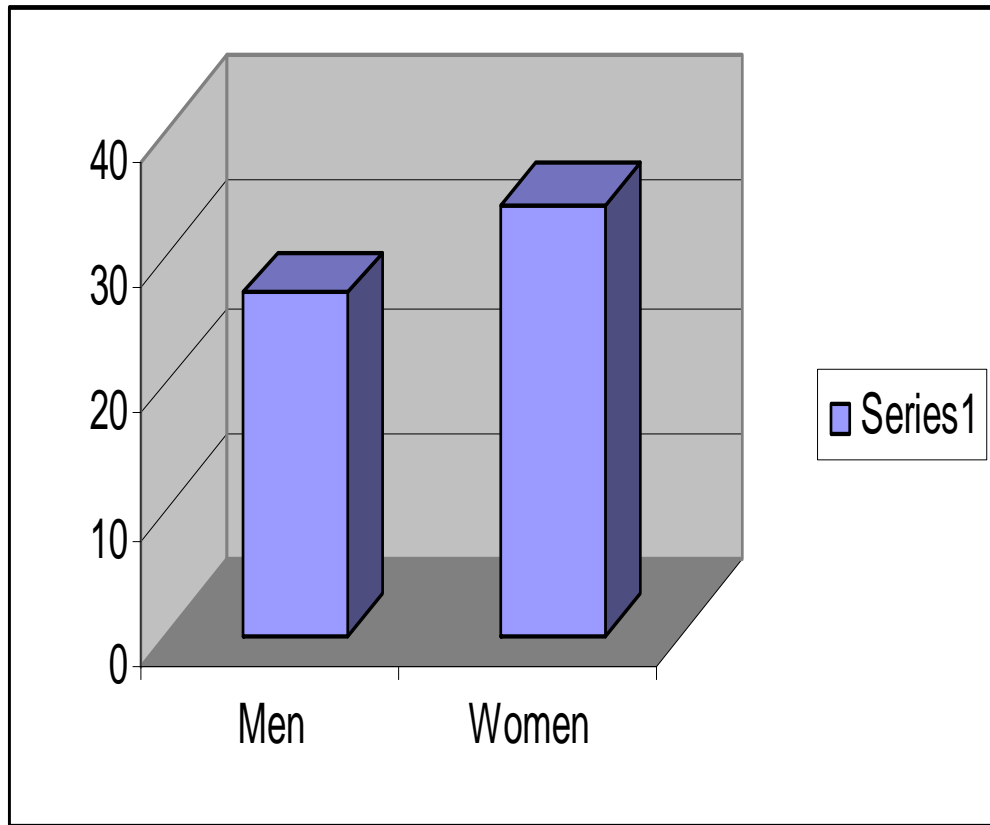
Source: Field data (2011)

1.3.3 Gender Distribution

Figure 3: Percentage of Men and Women

The number of Men was 27 and that of Women were 34 the number of women respondents was larger than that of Men an implication that more women are ready to share their HIV status than Men.

Figure 1.2: Participants Gender Distribution



Source: Field data (2011)

1.3.4 Ranking of Thematic Areas

The findings below showed that 46% of the respondents would like the organization to be trained on Resource Mobilization while Financial Management scored 4%, Human Resource scored 11% Learning and sharing 14%, Monitoring Evaluation 2% while Service Delivery 17% and Stigma in HIV/AIDS got 6%.

Table 1.3: Tabulated Thematic Areas Ranking

1	Learning and sharing	14%
2	Service delivery	17%
3	Monitoring and Evaluation	2%
4	Stigma in HIV/AIDS	6%
5	Resource Mobilization	46%
6	Financial Management	4%
7	Human Resource	11%

Source: Field data (2011)

Table 1.4: Pair wise Ranking of Needs

Learning and sharing	Service delivery	Monitoring and Evaluation	Stigma in HIV/AIDS	Resource Mobilization	Financial Management	Human Resource	Point	Rank
Learning and sharing	Service delivery	Monitoring and Evaluation	Stigma in HIV/AIDS	Resource Mobilization	Learning and sharing	Learning and sharing	2	3
Service delivery		Service delivery	Service delivery	Resource Mobilization	Service delivery	Human Resource	3	2
Monitoring and Evaluation	Service delivery		Stigma in HIV/AIDS	Resource Mobilization	Financial Management	Monitoring and Evaluation	1	4
Stigma in HIV/AIDS	Service delivery	Stigma in HIV/AIDS		Resource Mobilization	Stigma in HIV/AIDS	Human Resource	2	3
Resource Mobilization	Resource Mobilization	Resource Mobilization	Resource Mobilization		Resource Mobilization	Resource Mobilization	5	1
Financial Management	Service delivery	Monitoring and Evaluation	Stigma in HIV/AIDS	Resource Mobilization		Human Resource	0	5
Human Resource	Service delivery	Human Resource	Human Resource	Resource Mobilization	Human Resource		3	2

Source: Field data (2011)

1.3.5 Discussion from the Findings

A thorough examination of the records gathered depicts that most of KINDIPHA+ organization members were not having enough knowledge on Resource Mobilization and some of them were completely ignorant of this. In an interview with member of the Secretariat, they responded by saying that they most of the time request assistant from Staffs of other NGO's in order for them to draft proposals and other strategic documents. In observation, I also discovered that, the organization has no any Guidelines or Strategy on Resource Mobilization but merely depends on the decision reached by a special department known as Program Development and Resource Mobilization department as per the provisions of the Five Year Strategic Plan 2008-2012 of the organization.

However, in practice, these duties are currently performed by the Secretariat (i.e. Chairperson, Secretary and Treasury Officer). This in turn was not paving a way for any specification in the organization but centralized operations that may adversely affect the organizations operations. The needs assessment concluded that there is low knowledge of resource mobilization and some aspects of fundraising e.g. preparation of funding proposals. In line with those findings the researcher in agreement with KINDIPHA+ was given a green light to proceed with the project on Resource Mobilization capacity building.

Having established the above findings, the researcher recommended the followings:

1. That there is a need for members of the organization to be trained in Resource Mobilization especially members of the Program Development and Resource Mobilization department.
2. In their organization as PLHA's, KINDIPHA+ members can use this groupings to initiate Savings and Credit Cooperative Society (SACCOS), Small Scale activities e.g. handcrafts that may provide them with grants from Institutions like TPSF.
3. Visitors from all corners can be potential contributor of funds. I recommended the creation of Certificate of Appreciation for an amount that exceeds Tshs. 10,000.

1.4 Leveling of Needs

This served the purpose of drawing a comparison between the challenges noted and the opportunities that were available to proceed with the project to better attain the goal set.

1.4.1 Major Successes of KINDIPHA+

- 1 KINDIPHA+ is a registered Non Governmental Organization that serves as an umbrella organization for people living with HIV/AIDS
- 2 Has managed to secure funds from TACAIDS that helped it to acquire an Office within Mwananyamala Ward, Kinondoni District
- 3 Serves as an umbrella organization to 42 PLHA's groups

- 4 Since its inception in 2003 has managed to improve the welfare of its members

1.4.2 Major Challenges of KINDIPHA+

It can be inferred from the foregoing section that KINDIPHA+ still faces a number of challenges in delivering its mandate in an effective manner.

Such challenges includes but not limited to:

- 1 Lack of an effective Administrative, Management Information System as well as Monitoring and Evaluation
- 2 Inadequate resources to cater for increased needs of KINDIPHA+
- 3 Inadequate skills and knowledge by KINDIPHA+ staff, board members and member organizations in HIV/AIDS as well as other areas
- 4 Inadequate infrastructure-Office buildings, Communication network facilities and equipments.

1.4.3 SWOT Analysis of KINDIPHA+

The SWORT analysis was conducted in order to identify the prevailing capacity of the organization in undertaking its day to day activities. The analysis also saves the purpose of unfolding the various challenges that if overcome will avail proper functioning of the organization.

1.4.3.1 Strengths:

- 1 KINDIPHA+ has official/formal registration
- 2 Has leaders who were democratically elected

- 3 Currently KINDIPHA+ works as an umbrella Organization that manages 42 CBO's
- 4 The Organization Constitution is already in place
- 5 Organization Bank Account has been opened
- 6 Has committed volunteers
- 7 Already hired an Office
- 8 Posses a Strategic Plan from 2008-2012

1.4.3.2 Weaknesses:

- 1 Inadequate Constitution
- 2 No reliable sources of financing
- 3 No Financial Regulations and Human Resources System
- 4 Inadequate Organizational Structure/no Technical Staff
- 5 Weak Partner Organizations

1.4.3.3 Opportunities

- 1 The National Multi-Sectoral Strategic Framework is in place
- 2 Development Partners are ready and willing to assist KINDIPHA+
- 3 KINDIPHA+ enjoys recognition from the Government and the
would be partners
- 4 Decreasing trend of stigma and discrimination

1.4.3.4 Threats/Challenges

- 1 Lack of political will by some of the leaders in the District to address the epidemic
- 2 A limited number of Donors ready to assist
- 3 Frequency change of priorities by Development Partners
- 4 Stigma still exists in some quarters of Kinondoni District

1.5 Conclusion

This chapter is essentially a platform to establish the real picture of the needs required, an assessment to determine the challenges ahead and a step in ascertaining the dimension of the study(scope).In identifying the needs of PLHA's under KINDIPHA+, the researcher employed various research methods such as the use of questionnaires, interviews, focus group discussion and plenary discussion.

With all the findings, and the thematic areas established and tested, Resource Mobilization was identified as the most wanted need. This project was therefore among others proceeded with the main task of capacity building to KINDIPHA+ members in mobilizing resources in order to maintain a steady service delivery of the organization. The main activity in capacity building was Training of organization members.

CHAPTER TWO

PROBLEM IDENTIFICATION

2.0 Background to Research Problem

The prevalence of HIV/AIDS has been posing a big threat to developing economies like Tanzania. In his speech, the Chairman of the Tanzania National Council of People Living with HIV and AIDS (NACOPHA) narrated as hereunder;

“The major Challenges facing PLHA’s are limited access to ARV’s especially by the rural populations, high cost of living and poor nutrition causing some PLHA’s to stop using the ARV’s and the inadequate capacity of the healthy system to respond effectively to the growing demand for treatment and care services”.

As earlier stated, the founding of KINDIPHA+ was merely based on the joint efforts of PLHA’s in Kinondoni District to have one voice in an attempt secure better services and recognition in all sectors of the country. However, it was not possible to have even an office with Computer, printer and some furniture until May, 2011, despite inception of this organization since 2003. Now, the big challenges among all are the capacity of the organization to provide in-house visit to PLHA’s and empower them to fight with the AIDS related illness such as Malaria, Tuberculosis, Weight loss and many others.

In noticing those challenges, KINDIPHA+ has requested CED Student to perform fundraising and advocacy activities. In all, the economic hardships to most PLHA's in Kinondoni have been a barrier to their personal health and safety. This situation is even harder to women who have been divorced or widowed. KINDIPHA+ is an umbrella organization run by PLHA's, however many of its members has joined such networks in search of a relief from the hardships that most HIV positive people suffer. Currently, KINDIPHA+ leaders are engaged in service delivery especially home based care apart from other official daily routines. However, they in all their undertakings use public transport despite being required in some incidences to travel on the outskirts of the city.

2.1 Problem Statement

KINDIPHA+ now faces financial constraints; it cannot sufficiently support its 42 PLHA's groups. Having no any essential gears at all, leaders of this organization rarely visits its groups and the provision of services to PLHA's is generally minimal. This project therefore endeavors to enhance the need for advocacy in PLHA's and generate funds to cater for the needs of PLHA's. This will save the purpose of raising awareness on HIV/AIDS pandemic, build strong networks among actors, improve service delivery and help financing the organization activities. Stigma is still a problem and is much more escalated by poverty among PLHA's.

Poverty among PLHA's is evident because lack of income generating activity, unemployment, lack of capital and illiteracy that results into bad practices of cultures, customs, believes and norms like polygamy.

2.1.1 Extent of the problem

Although the overall prevalence has fallen from 7% to 5.7% between 2003 to 2008 as reported from the National Multisectoral HIV Prevention Strategy of 2009-2012. It is estimated that over 130,000 Tanzanians are infected with the HIV virus each year. Among 3395 people aged between 15-45 years who came for HIV diagnosis in Kinondoni VCT Centers by September, 2010, 33% of them were diagnosed as HIV positive. Prevalence rates among the three Districts are also higher with 8% for Kinondoni, Temeke 13% and Ilala 6.6% (Source Kinondoni VCT centers 2011). Those prevalence rates are higher than the overall national prevalence rates of 7% for Women and 5 for Men. The challenge now is to continue save the lives of more than approximately 12,000 PLHA's within the District.

2.1.2 Viability of the Project

The researcher's viewpoint was then, KINDIPHA+ is dealing with people having HIV/AIDS and therefore instilling knowledge on resource mobilization will equip them with more capacity in delivering services to the community which in turn will reduce the burden to the community and the government.

The researcher is a CED student who in the most undertakings of the project has been working as a volunteer and so this have obviously reduced the costs of the project. With the increase in knowledge on resource mobilization, the situation could lead to a health life to most PLHA's and possibly raise PLHA's income and contribute to the national efforts to fight the effects of HIV/AIDS in the community and countrywide.

2.1.3 The outcome of the problem if not addressed

- i. KINDIPHA+ capacity to provide services to its 42 groups will adversely be affected
- ii. Stigma will continue to be a problem to most of the PLHA's under KINDIPHA+
- iii. Personal income and a healthy living to most PLHA's under KINDIPHA+ will be at stake
- iv. Efforts of the Government to fight HIV/AIDS within the communities with the help of such CBO's will negatively be affected
- v. The more vulnerable groups such as Children, Widows and Orphans will miss the services they require from the community.

2.2 Project Description

This project was undertaken by way of engaging the local communities within the project area. In doing so, the project has employed various participatory techniques.

2.2.1 Target Community

This constitutes a community that was benefited by this project and the ones from whom their challenges got solutions. The targeted communities in this project were members of the 42 groups served by KINDIPHA+ and other PLHA's of Kinondoni District who were not yet joined any PLHA's group.

2.2.2 Stakeholders

Stakeholders in this work (project) were members of KINDIPHA+, The Centre of Economics and Community Economic Development of the Open University of Tanzania, Kinondoni Municipal Council and any part interested in the undertakings of this project.

2.2.3 Project Goal

The project goal was to train KINDIPHA+ members with the various ways of Resource Mobilization including fundraising to enhance organization capacity and improve the welfare of PLHA's.

2.2.4 Project Objectives

- (i) To help foster relations between KINDIPHA+ and donor organizations that will equip KINDIPHA+ with knowledge of when, how to acquire fund.
- (ii) To persuade PLHA's to form groups and initiate small scale businesses so as to get loans and grants from financial institution and donors.
- (iii) To provide KINDIPHA+ members with skills on how to request grants by way of proposals, the required standards, pre-requisites and creation of programmes that can be easily funded.
- (iv) Propose for a visitor's certificate of appreciation that will be paid for and help raise funds for the organization.

2.2.5 Organization Profile

KINDIPHA+ is a network of Kinondoni District People Living with HIV/AIDS which was established in 2005 after a leadership seminar organized by CMV-EAP an NGO dealing with offering education on HIV/AIDS in Kinondoni district that involved 35 groups of PHLA's. The organization got its official registration on 2nd November 2005 with registration number No.13226. All 27 wards in Kinondoni District were involved and represented since the inception of this organization. The purpose was to have a strong umbrella NGO in order to fight the spread of HIV/AIDS in Kinondoni Municipality.

Its formation was the result of the realization that the NGOs and CBOs of People Living with HIV/AIDS [PLHA's] in the district were fragmented and hence there was a need to have a united voice in fighting for their rights. KINDIPHA+ operates in Kinondoni district only and it brings together various organization of PLHAs in the district. To date it has about 42 member groups throughout Kinondoni District and has its own constitution.

As per KINDIPHA+ Strategic Plan 2008-2012, the goal of the organization is to contribute efforts in fight against HIV/AIDS in the district by strengthening capacity as well as providing technical and material support to member organizations. The target groups for KINDIPHA+ are groups of PLHAs, Widows, Orphans and vulnerable groups.

2.2.6 CBOs under KINDIPHA+

When KINDIPHA+ was established, it started with 35 members. As of September, 2007, KINDIPHA+ has a total of 40 member groups all from Kinondoni District. Each of the CBOs has its peculiar organizational structure and functions. Refer to the list of the member (CBO's) attached as Appendix 6. The criteria for membership in KINDIPHA+ include the following: All member groups must abide by the objectives and goals of KINDIPHA+. Membership is open to groups

- (a) With member living with HIV/AIDS.
- (b) Registered formally by the respective authorities.
- (c) Recognized by the Kinondoni Municipal government.

2.2.7 The KINDIPHA's Mandate

KINDIPHA+ has been focused on strengthening of organizational capacity for member organizations as well as provision of technical support for quality services. Activities on the ground at community level were left to member organizations.

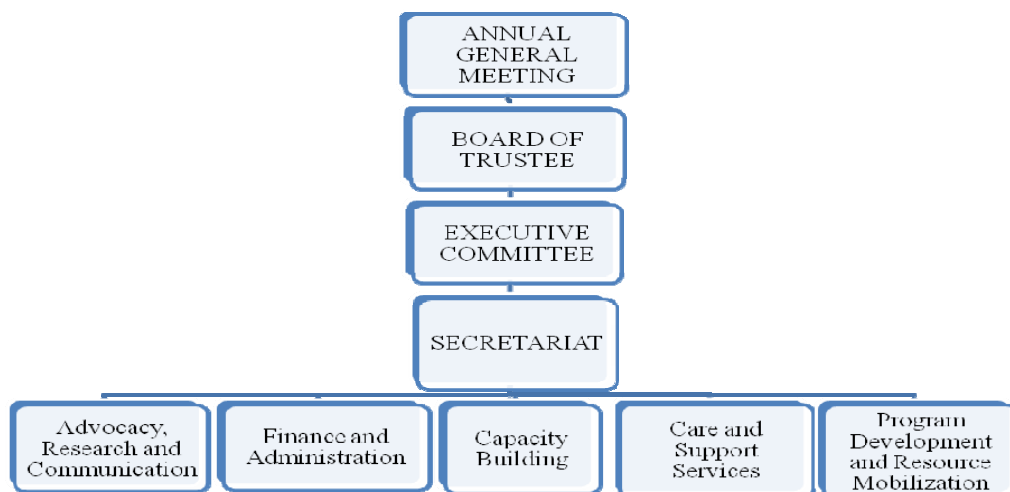
2.2.8 Core functions of KINDIPHA+

As per KINDIPHA+ constitution, the revised core functions are as follows:

- 1 To build capacity and coordinate member organizations so that they can educate, care and support those infected and affected by HIV/AIDS.
- 2 To advocate for government and NGOs in the country and abroad to contribute resources to KINDIPHA+ network *in order to* sustain implementation of its programs to the community.

- 3 To fundraise, empower PLHAs by seeking sponsorship for them to attend various seminars for the purpose of making them creative with new and quality strategies so as to make PLHAs live longer for the benefits of KINDIPHA+ and national at large.
- 4 To initiate, sponsor or undertake income generating projects for the benefits of those infected and affected by HIV/AIDS.
- 5 To conduct participatory research on HIV/AIDS using available researchers in the country.
- 6 To ensure that there is close cooperation and collaboration with various stakeholders towards information sharing, resource mobilization and advocacy.
- 7 To support member organizations to access medical facilities for opportunistic diseases and ARVs.
- 8 To print and disseminate information through radio, TVs, leaflets, flayers, brochures, publications, books as well as other simple dissemination means.
- 9 To mobilize resources for the benefits of those infected and affected by HIV/AIDS.
- 10 To coordinate the provision, support and care for PLHAs, orphans and vulnerable children whose parents have died of AIDS.

2.2.9 Figure 1.3: KINDIPHA+ Organization Structure



Source: KINDIPHA+ Strategic Plan 2008-2012

2.2.9 Line Department of KINDIPHA+

KINDIPHA+ has been reorganized into five departments to enhance provision of its services to member organizations and the community. The organization is headed by the Executive Director employed on contract but renewable depending on performance. He/She is in charge of all five departments and the day to day operations of the secretariat.

2.2.10 The responsibilities of each department are as follows:

2.2.10.1 Capacity building department

The capacity building department is coordinating needs assessments, monitoring and evaluations, management information systems and trainings. The department is headed by capacity building officer.

2.2.10.2 Care and support services

This department is coordinating all care and support services including Home Based Care for PLHAs, Orphans and vulnerable children. It is headed by care and support services officer.

2.2.10.3 Advocacy research and communication

This department coordinates all activities related the to advocacy, participatory research, information, education and communication (IEC).

In addition it also responsible for public relations to the secretariat. It is headed by Advocacy, Research and communication officer.

2.2.10.4 Program Development and Resource Mobilization

The department is responsible to develop programs, prepare technical proposals and fundraising. It is headed by Program Development and Resource Mobilization officer.

2.2.10.5. Finance and Administration

The department is responsible for administration of human resources and all financial matters of the organization. It is headed by Finance and Administration Officer.

2.2.11 Objectives of KINDIPHA

With reference to the Constitution the objectives of KINDIPHA include the following:

- (i) To educate community or society in decreasing the spread of HIV/AIDS, prevention of new infections especially among youth and PMTCT through member organizations.
- (ii) To advocate for the rights of orphans whose parents have died of HIV/AIDS.
- (iii) To advocate for the rights of PLHAs form stigma and discrimination
- (iv) To ensure that the support is reaching the intended beneficiary specially orphans, widows and the PLHAs.
- (v) To know and support all groups of PLHAs in Kinondoni District so as to improve their health especially provision of education for income generation and nutrition mainly those on ARVs treatment
- (vi) To educate groups of PLHAs in how to live positively and cooperate among themselves
- (vii) To communicate network and cooperate with any group/organization or any entity in the community from the level of street, village, ward, district, region, national and international
- (viii) To lobby and advocate for the government to make laws that promote basic rights and freedom of PLHAs including human rights and protection
- (ix) To perform any possible activity which is important and in the interest of PLHAs so as to support their groups.

2.2.12 Selection of Organization

The researcher (CED student) decided to work with KINDIPHA+ owing to the fact that, the organization is located near to his work place.

Therefore, it will be easy for him to perform various activities. Secondly, the CED student did not have permission from his employer and also possess limited resources. He also decided to work directly with PLHA's in the hope that, the PLHA's are the ones that knows most of their real challenges and how they prefer could be their way forward.

So as for the alleviation of the severity of the epidemic related illness and improve their social wellbeing. The CED student also wanted to learn from the bottom, their challenges, how to address them (advocacy), support networks among PLHA's, and cooperate with them in fundraising activities to broaden their financial capability in fighting the epidemic both within their networks (service provision) and at individual level.

CHAPTER THREE

LITERATURE REVIEW

3.0 Introduction

The spread of HIV continues to grow despite efforts to distribute information on avoidance or management of risk behaviors. In Tanzania, despite the promising economic progress in recent years that boasts the increasing foreign investment, HIV/AIDS still poses a big threat. In Tanzania mainland for instance, there has been a great regional heterogeneity with adult HIV prevalence ranging from 1% in Kigoma region to 15% in Iringa. HIV incidence rates peaked in urban areas at a rate of 3.4% in the late 1980's declined to about 1% and remained at around 1.4%. In the early 1990's rural incidence peaked at about 1.5%, declined to 0.5% thereafter and has increased to a secondary level at 7%.

3.1 Theoretical Literature

In its real meaning **Resource Mobilization** refers to the process of acquiring or accumulation of funds (money) and other gears essentially needed for the daily running of organization activities. Organization resources can be acquired as funds from donors, machines or other facilities. However, for the case of this project the CED student will endeavor to raise the **Organizational Capacity in Resource Mobilization** by specifically imparting knowledge on Resource Mobilization.

Many PLHA's are still suffering with inadequate nutrition, and medical care especially in developing countries and specifically in Sub-Saharan Africa.

Although there has been a considerable increase in funding for HIV/AIDS activities in Tanzania, the increase are still not enough to cater for the required services to PLHA's. For instance in the financial year 2000/2001 a total of \$8 million was allocated in fight against the pandemic in Tanzania mainland. In 2005 to 2008 there was an increase in resources from 226 billion to 595.7 billion that came from multilateral and bilateral sources. Poverty has also attributed to the spread of the disease, as it imposes enormous strains on the extended family structure leading to a substantial burden of orphans and vulnerable children (Ova's) that are estimated at 17 per cent in Tanzania.

Despite the arguments by many governments that they cannot afford to increase their health budget, this is often a matter of priorities. For instance, a United nations expert on Human Rights and Extreme Poverty, who has analyzed the effects of poverty on the human rights of women, has pointed out that taking all developing countries together, military spending equals the combined total spending on health and education. At the end of 2001 UNAIDS and WHO estimates were that the number of people living with HIV/AIDS had grown to 40 million worldwide and there were 3 million deaths due to HIV/AIDS related causes during that year. Sub-Saharan Africa remains by far the worst affected region with more than 28 million HIV positive and 17 million who have already died of AIDS. The death toll claimed by the epidemic in 2001 was ten times that caused by the region wars and civil conflicts. In other regions for instance the Caribbean AIDS is the leading cause of deaths for people aged 15-45 and the number of cases is doubling every two or three years.

Asia where more people live than any other region is seeing alarming increases in the number of infections. Despite the fact that, AIDS was originally diagnosed in homosexual men in the USA, the first case was actually identified in a woman two months after that in a man. By 1991 AIDS was the leading killer of young women in most large US cities. Sexual intercourse has been cited as the main factor for the spread of the disease, although other factors such as sharing injection, transfusion of blood that is HIV infected, exposure of HIV in the womb and during birth or breastfeeding are among the causes. The populations now being most affected by HIV/AIDS are those socially or economically marginalized by income, employment, ethnicity, culture and gender.

The United Nations Report on AIDS released on 2001 revealed that up to 2001 there was about 13.2 million children that have been orphaned worldwide. The spread of the pandemic is more intense in regions where civil and political rights are violated and where women are unable to negotiate the terms of their sexual relations, where ethnic gay men and sex workers are marginalized and excluded from services and where sexual violence is prevalent. In industrialized countries where antiretroviral therapy is helping HIV-positive people to live productive lives, the epidemic is shifting towards poorer people especially ethnic minorities. For instance in Canada, those at high risk of becoming HIV positive are those 'hard to reach' or forgotten populations who are excluded from the main stream.

A vivid scenario is that of Aboriginal Canadians whose HIV cases have risen steadily among women and those under 30 since 1984. This denial coupled with stigma are among the challenges facing many societies in fighting the pandemic.

In mainland Tanzania the mode of transmission has been predominantly heterosexual that accounts for 80% of infection whereas mother to child transmission accounts for 18% and 1.8% for medical transmission consecutively. In such a situation, risk behaviors, claimed the most of infections supplemented by gender norms and violence. In 2008 for example 18% of Men and 3% of Women were reported to have multiple sexual partners and 29% of married Men and 16% of Women had extramarital sex.

Condom use among 15-49 ages has increased from 38%-43% in women and 50%-53% in Men. Research has shown that when young people have information about sex they tend to delay sexual intercourse, use condoms or improve decision making skills and therefore it is ignorance that increases their vulnerability to infection.

Alcohol is also exacerbating the risk of becoming HIV as records indicates that the prevalence in alcoholic Men is three times to those who do not drink alcohol (20% to 7%) and two times in Women (14% to 7%). Gender norms and violence are also supplementing this trend. Within Kinondoni Municipality, the current prevalence rate of infection stood at 10% (Refer Table No.1). Such a trend therefore reveals a big challenge to the country in fighting the pandemic. From the results of the Needs Assessment it is obvious that, Resource Mobilization should be undertaken as the main Agenda of the organization undertakings.

3.1.1 The Framework Mandating Control of HIV/AIDS

There has been a widening framework for the control and fight against AIDS in the country since the rise of the epidemic. Principally, the activities related to the pandemic are countrywide monitored by the Ministry of Health and Social Welfare in corroboration with Tanzania Commission for AIDS. With the escalation of the pandemic, the government on November, 2001 formulated National AIDS Policy so as for the attainment of guidance in aids related issues.

This is manifested in policy statement No. 3.2 (a) (i) of the same that reads,

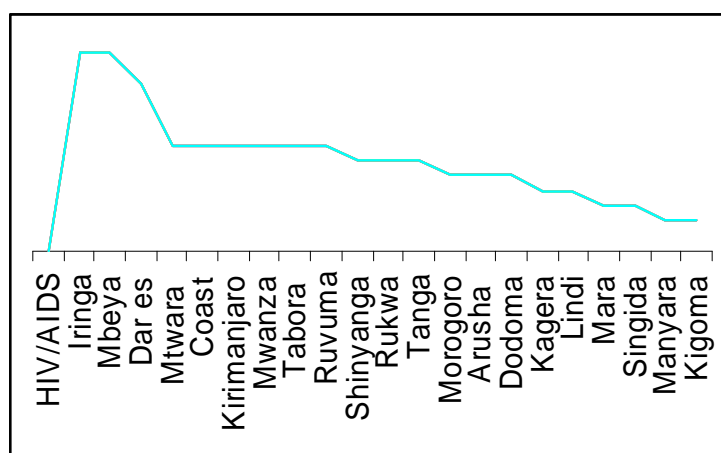
“Kuanzisha na kuongeza mwamko wa kutambua UKIMWI kwa kampeni maalum, taarifa, elimu na mawasiliano ya kubadilish tabia katika ngazi zote kwa sekta zote. Hivi vinasaidia kuhusisha jumuiya na kuipa uwezo wa kuanzisha mikabala inayofaa katika kuzuiya maambukizo ya UKIMWI, matunzo na msaada kwa wale walioambukizwa na kuathiriwa na ugonjwa wakiwemo wajane na yatima”.

The National Policy on HIV/AIDS and the National Multisectoral Strategic Framework (NMSF) are the guiding tools in implementing HIV/AIDS activities. In 1998, the National Aids Act was also enacted primarily for the protection of PLHA’s rights. Despite all that efforts, the race against HIV/AIDS are at stake owing to the fact that donor financial assistances may remain constant or decrease, worse enough governmental funds that could be allocated to development projects are increasingly channeled to fight HIV/AIDS.

3.1.2 HIV/AIDS Prevalence by Region in Tanzania Mainland

The prevalence out of 100 people in Tanzania mainland is 13 people for Iringa and Mbeya 11 people for Dar es Salaam, 7 people in Mtwara, Kirimanjaro, Coast region, Mwanza, Tabora, Ruvuma, 6 people in Shinyanga, Rukwa, Tanga, 5 people in Morogoro, Dodoma, Arusha, 4 people in Kagera, Lindi, 3 people in Mara, Singida, 2 people in Manyara and Kigoma.

Figure 1.4 HIV/AIDS Prevalence by Region in Tanzania mainland



Source: TACAIDS (2006)

3.1.3 Services to PLHA's and the Consequences of HIV/AIDS in Tanzania Mainland

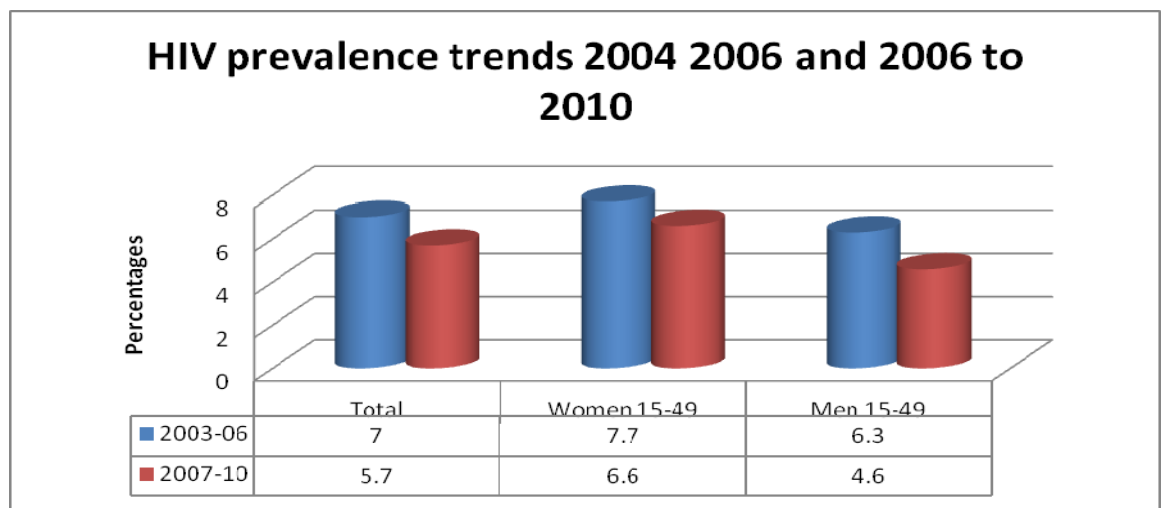
The number of HIV positive adult persons steadily increased from 1983 to 1997 when the HIV prevalence peaked at 8%, however it was later fell to 6.4% in 2005/2006.

This progress is said to have accelerated with the introduction of ARV's and the spread of education on safer sex, abstinence, use of condoms and having one faithful partner.

Although the overall prevalence has fallen from 7% to 5.7% between 2003 to 2008. It is estimated that over 130,000 Tanzanians are infected with the HIV virus each year. The HIV/AIDS prevalence in Tanzania has been 5.7% for the year 2010. Prevalence by age shows that women from 35-39 years have prevalence rate of 9.5% while in Men this rate has climbed to 10.6%.

However, a slight reduction obvious in people aged between 45 to 49 years whereby women are at 6.8% and Men 6.1%; Women in between 20-24 years old have prevalence rate of 6.3% while Men 1.7% prevalence. A low prevalence rate has been observed in boys aged 15 to 19 with prevalence rate of 0.7. Among the challenges now is that, worldwide more women are dying of HIV/AIDS than Men. In Sub-Saharan Africa women constitute 55 per cent of all HIV infected adults, while teenage girls are infected at a rate of five to six greater than their male counterparts.

Figure 1.5: HIV Prevalence from 2004 to 2010 in Tanzania



Source: TACAIDS (2010)

3.1.4 Maternal Health and the Incidence of HIV/AIDS

About 32,541 pregnancy mothers tested for HIV and the results shows that 8,694 were affected by HIV in Temeke while in Kinondoni who were affected were 7100 and Ilala were 520. For the year 2010 the pregnancy women who tested for HIV were 41,367 and the results show that 2,696 were affected by HIV, 18 Health centers were trained to be able to recognize a child born with a mother being affected by HIV/AIDS while in Kinondoni were 58 and 40 in Ilala.

3.2 Empirical Literature

The emergence of PLHA's networks is a result of the National AIDS Policy of 2001 that laid a platform for the protection of PLHA's rights. This has been manifested in statement 7.1, and 7.2 of chapter 7 that reads in Swahili language as follows:

7.1. “ Madhumuni makuu ni kuendeleza msaada wa lishe, kijamii na kimaadili kwa watu wanaoishi na VVU/UKIMWI na kuwawezesha kuishi misha mazuri , kuendelea kuzalisha na kuishi maisha marefu wakiwa na VVU/UKIMWI.

7.1 (a) Watu wanaoishi na VVU/UKIMWI watapewa fursa ya kupata matunzo ya afya kamili. Yakiwa ni pamoja na huduma za matibabu, ushauri nasaha na ustawi wa jamii.

7.2 (b) Serikali itaanzisha ushirikiano na watu binafsi,
makampuni mashirika au vyombo katika jamii vinavyoendeleza
huduma za matunzo kwa wagonjwa na yatima wa UKIMWI.

The last statement (7.2(a)) expressly declares collaboration between the government and organizations dealing or in fight against the pandemic. Such provisions and the willingness of the government in support of the welfare of PLHA's enabled the establishment of various organizations including NGO's and PLHA's network organizations like KINDIPHA+. Currently, PLHA's activities are regionally organized and managed by DACOPHA in Dar es Salaam. The organization has been mandated to oversee the activities of PLHA's activities in all three districts namely Kinondoni, Temeke and Ilala district.

As for the case of Kinondoni district the other districts possesses umbrella organizations for PLHA's. Country wide PLHA's networks are organized by NACOPHA the National Council of People Living with HIV and AIDS. On the other hand, the activities of PLHA's networks within Kinondoni District are managed by the Senior Social Welfare Officer of the District. This in turn has been causing the indirect coordination among the PLHA's groups and TACAIDS which has been vested with the mandate of overseeing the welfare of PLHA's. The most desired option from PLHA's has been the direct coordination and supervision of PLHA's groups to avoid the use of corrupt Municipal Officers.

3.3 Policy Review

The impact of the HIV/AIDS has been a national agenda since the occurrence of this disease in the 1980's. This has necessitated various initiatives including the formulation of the AIDS Policy in 2001, formation of the National Multisectoral Strategic Framework (NMSF), the formation of the Tanzania Commission for AIDS (TACAIDS) in 2001 and the enactment of the AIDS Act of 1998. HIV/AIDS has been also a development agenda in the National Development Vision 2025 and the National Aids Control Programme (NACP).

The government of Tanzania has also formulated a Tri- Partite Code of conduct on HIV/AIDS at the work place in Tanzania Mainland in 2008. All that initiatives reflects the government commitment to the eradication of the pandemic without prejudice to the rights of PLHA's and other victims. This part will therefore attempt to provide a picture of the main policy statements and their objectives and how this could go a long way for rights of PLHA's, victims and the well being of a nation. The code of conduct provides among others for the:

- (a) Prevention of HIV/AIDS inn the work place.
- (b)Management and mitigation of the impact of HIV/AIDS on the world of work.
- (c)Care and support of workers infected and affected by HIV/AIDS
- (d) Elimination of stigma and discrimination on the basis of real and perceived HIV status.

(e) Development of joint information, Education and prevention programmes accessible to employers and employees at the work place. Education on HIV should where possible incorporate employee's families.

The formulation of HIV/AIDS policy was among the essential task in fighting the pandemic and this was for the first time performed in 2001 under the 3rd phase government of Hon. President Benjamin William Mkapa.

The main objectives of the Aids policy as per chapter 3 are:

(i) Controlling the spread of HIV/AIDS

This can be achieved by initiating campaign against the pandemic, exchanging information , provision of education on HIV/AIDS and behaviour change in all sectors. Others are safe blood transmission, promoting safe sex and treating STD's at the earlier stages.

(ii) HIV/AIDS testing

To insist on HIV/AIDS early testing and counseling so as to avoid the 85-90% of those who are HIV free not be affected by HIV positive people. Another strategy is to make sure that those who are HIV continue to live with hope.

(iii) Services to PLHA's

(a) To provide services on counseling to PLHA's and other social services to their families or dependants.

(b) To fight against the HIV/AIDS stigma and make sure that the home based care to PLHA's are equal to services provided at hospital.

- (c) The government of Tanzania will make sure that medicines for Aids associated diseases and ARV's are available to PLHA's.
- (d) To have multisectoral approach on HIV/AIDS issues in that all sectors must collaborate in the fight against the pandemic by way fundraising and implementation of various programmes geared to the fight against the pandemic.
- (e) Performing research and exchange information to keep pace with any new findings.
- (f) Enactment of laws on HIV/AIDS

This will save the purpose of protecting PLHA's and their families against any discredit, provide protection to their properties and avoid any infringement to their rights.

3.4 Literature Review Summary

With regard to the findings, it obvious that the pandemic is still escalating at a pace that requires our serious attention. Given the fact that most of the assistance HIV/AIDS activities are donor funded, it is now high time that, Resource Mobilization for PLHA's networks should be considered with a paramount importance, owing to the fact that donor funding has been reportedly decreasing a situation that calls for alternative strategies for the welfare of PLHA's. Having enough resources will enhance the provision of education to especially the young generation who are mostly the exposed group. Ideally, education should start before young people become sexually active and should also be combined with women's rights issues.

CHAPTER FOUR

PROJECT IMPLEMENTATION

4.0 Introduction

This chapter embraces the implementation of the project objectives negotiated and agreed among the researcher (CED Student) and KINDIPHA+ organization members. It is the work done of the project and in part a platform for the future undertakings of the same. Inclusive in this chapter are also, the output of this project, budget and project plan.

4.1 Project planning

A plan is a sequence of activities set to be undertaken in a specified period of time within the available resources. Many of the activities undertaken by the researcher have been presented in a tabular form showing the timeframe of activities and where necessary emphasis was added.

4.2 The Project Budget

The CED student accomplished various activities like attending PLHA's claims since the end of February, 2011 as a Volunteer as the project had no salary. Payment to the CED student was only in making Presentations, and for allowances in Food and Transport.

Table 1.5: Budget Activity Matrix

S/n	Activity Description	No: of D/W/M	Cost per day/item (Tsh)	Total costs
1	Visiting and interview 12 Groups among the 42 of PLHA's per week @2500 per group	4Weeks	2,500 per group	105,000
2	Training of KINDIPHA+ Secretariat Members and 2 members from each group on Resource Mobilization	9 days	15,000 per day	135,000
3	Training of KINDIPHA+ Members on Resource Mobilization by way of Fundraising	4 days	15,000 per day	60,000
4	Purchased 2 Textbooks of KARIBU Eden@20,000 for Herbal Medicines	1day	20,000@Textbook	40,000
5	Training on Developing a project and management to 2 Groups of KINDIPHA+ Members	23 days	15,000	345,000
TOTAL BUDGET		685,000 shillings		

Source: Field Data (2011)

4.3 Logical Framework Analysis

Table 1.6: Logical Framework.

Source: Field Data (2011)

Beneficiaries: 42 Groups of People Living with HIV/AIDS managed by KINDIPHA+ organization, Kinondoni District, Dar es salaam)			
Project title: Resource Mobilization in People Living with HIV's/AIDS.			Project duration: 4 Months
Project Objective	Progress/Implementation Indicators	Means of Verification	Output
To help foster relations between KINDIPHA+ and donor organizations that will equip KINDIPHA+ with knowledge of when, how to acquire fund.	• Managed to establish contacts between CDC and KINDIPHA+.	KINDIPHA+ are now attending Workshops regarding applications for Grants	Increase in Funding opportunities.
To have PLHA's who have been capacitated to unite themselves and initiate small-scale business in which they can access funds from e.g. TPSF and SIDO.	Already KINDIPHA+ members have received training on concept note and proposal writing and generally on Resource Mobilization	Two proposal for small-scale business grants are now prepared to be sent to donors	KINDIPHA+ members can now prepare and send proposals for funding
Propose for a visitor's certificate of appreciation to be paid for and help raise funds	Considered by the Secretariat as a satisfactory option in supplementing Organization income	Presented in the Plenary Session of the Secretariat Assembly and consented	The proposal will be tabled in the Executive Committee Meeting

4.4 Implementation plan

The below information provides a summary of the activities implemented, progress, and the dates of the implementation, the resources used and comments for the project activities.

Table 1.7: Implementation plan

Activities to be carried out	Project months								Person responsible
	Year 2011								
	2	3	4	5	6	7	8		
Engaging in a Local CBO to conduct CAN									CED Student
Attending Preliminaries with KINDIPHA+ Members									CED Student
Conduct a Community Needs Assessment									CED Student with KINDIPHA+ members
Identification of trainees/facilitators									CED Student with KINDIPHA+ members
Conduct Training									CED Student
Participatory monitoring and evaluation									CED Student with KINDIPHA+ members
Writing Project report									CED Student
Project presentation									CED Student

Source: Field Data (2011)

4.5 Project Implementation

The implementation of this project was participatory by being built on the on the concept that embraces partnership, participation, inclusiveness, co-operation and sharing of those involved in the project activities. With this model, the CED student facilitated investigation, analysis to the community members that helped them initiate and carry out their own development initiatives. With such partnership, a sense of project ownership becomes in-built in the minds of the community members, a situation that helps sustain the project.

4.6 Other Activities Accomplished By The CED Student

- (a) The CED student in agreement with the management facilitated the activation of the Program Development and Resource Mobilization Department that will deal Resource Mobilization. Funds for Training of its members and member of other Departments have been thought from donors. The CED student is helping the preparation of Concept Notes and Proposal.
- (b) Donor like The Civil Society Foundation, have shown interest to fund areas of Training thus could provide potential knowledge on Resource Mobilization and Management.

CHAPTER FIVE
PROJECT PARTICIPATORY MONITORING, EVALUATION AND
SUSTAINABILITY

5.0 Introduction

The desired outcome in any given project requires accountability. It is within such premises that, participatory monitoring and evaluation scores its essence. Monitoring and Evaluation (M&E) are essentially tools of analysis in ascertaining organizational performance. This part therefore attempts to avail the project with the measured outcome of project implementation so that the needs identified and the objectives set are comparatively considered against the Monitoring and Evaluation (M&E) to establish the pace reached. Given the fact that this project operated on participatory model. It is the usual practice that the assessment of the progress made follows the same path of participatory approaches.

The need for monitoring and evaluation is that, the interventions being carried in any project must be measured to ascertain its progress, setbacks and challenges in order to better propel the project. Participatory approach recognizes and respects the collective knowledge of the community to be studied. The community is able to share this knowledge with the researcher and this sharing takes place when there is mutual respect and genuine interest in the knowledge and wisdom of the community. The participatory method employed by the researcher was Participatory Urban Appraisal (PUA) which has greatly facilitates sharing among the researcher and the community. Monitoring and Evaluation are tools that demonstrate accountability to the community and to those providing resources and stakeholders.

5.1 Participatory Monitoring

Monitoring means assessing the progress of a programme during its lifetime. In determining the progress of this project, Participatory Urban Appraisal, Action Plan and Beneficiary assessment, Focus Group discussion and Meeting was conducted. Field reports were availed to CED student via Assistant Researcher who was the Secretary of KINDIPHA+. The role of Assistant Researcher was to coordinate with the 37 groups that are active.

5.1.1 Monitoring Research objective

Participatory monitoring objective aimed at ensuring that the project is on track in terms of realizing the planned activities outputs. This helped the researcher to identify areas which needed corrective actions before it is too late for any corrective measures. The aim was therefore to collect data routinely and assess if the goals set, purpose and objectives are being realized.

5.1.2 Research questions.

Research questions were designed and pre tested. The questions helped to gather information in the course of monitoring activities of the project. The research questions were also derived from the Thematic Areas developed.

- 1) Do you have any Resource Mobilization Plan for your Group now after learning its prerequisites?
- 2) Are the activities of this project implemented according to the plan?
- 3) What has been the contribution of the project to the organization?
- 4) Is the project idea and approach feasible?

5.1.3 Monitoring Research Methodology

The methodology used was rapid research appraisal where stakeholders gathered and issues were discussed and structured questionnaire were administered to selected participants. Reviewing secondary data was another methodology used to gather information while purposive sampling was used to include some of the members in the group for the data collection methods. Other methods for data collection used were semi structured questionnaires that were administered to individual in the group and at household level. Observation was also conducted to verify the validity of the information from questionnaire and focus group discussion. In focus group discussion consensus was reached by voting. Various tools were used for triangulation so that the information obtained is reliable.

5.1.4 Sampling

Purposive sampling and simple random sampling were used to ensure there is equal participation of all groups in the study area.

5.1.5 Data analysis

The data received were analyzed and interpreted using Microsoft Office 2003 software package.

5.1.6 Monitoring Indicators

2% of group members in each of the 37 groups and 100% of the KINDIPHA+ Secretariat that manages daily activities of KINDIPHA+ and members of the Program Development and Resource Mobilization department were trained.

The training was generally on Resource Mobilization. The Secretariat composed of the Chairperson, Treasurer, Secretary and his Deputy whereas the latter composed of 4 members.

Table 1.8: Monitoring Plan

Source: Field Data (2011)

Goal/Objective	Indicators	Data Collection Methods	Means of verification	Who collected information	Timeframe
To form a Monitoring team of one representative from each of the 37 groups, the KINDIPHA+ Secretary and (CED Student)	Meetings, Reports from the groups and KINDIPHA + Secretary	Records keeping and Counting	Teaching materials and other required equipment	Representatives of member groups, KINDIPHA+ Secretary and CED Student	February, 2011
Training KINDIPHA+ on Resource Mobilization	Meetings, minutes and the people who participated in the training session	Counting and recording what was discussed	Enhancement in Concept Note and Proposal writing skills, Attendance counts	The CED student	March-May, 2011
To have PLHA's who have been capacitated to unite themselves and initiate small-scale business in which they can access funds from e.g. TPSF and SIDO.	Increase in Initiatives for the preparation of Concept Notes and Proposals	Reports, Meetings	Concept Notes and Proposal brought to CED student for rectifications	KINDIPHA+ Secretariat	May-July, 2011
Monitoring the works of the groups	Physical visit and recording	Observation	Initiatives to start writing Concept Notes and Project Proposals	CED student	March-July, 2011

Table 1.9: Evaluation Table

Goal/Objective	Expected output	Actual output	Indicator	Level of achievement
To help foster relations between KINDIPHA+ and donor organizations that will equip KINDIPHA+ with knowledge of when, how to acquire fund	Establish strong networks with donor community	Managed to establish contacts between CDC and KINDIPHA+	Now days, schedules of workshops and grants are communicated to KINDIPHA+ from CDC's	Achieved 65%
Training KINDIPHA+ members on Resource Mobilization	2% of group members and 100% of the KINDIPHA+ Secretariat and members of the Program Development and Resource Mobilization department were trained on Resource Mobilization	Increase in skills for Resource Mobilization in all groups of KINDIPHA+	Meetings, The CBO members were willing to mobilize themselves for Resource Mobilization activities	This was about 90% achievement
Propose for a visitor's certificate of appreciation to be paid for and help raise funds for the organization	Certificate of appreciation that will be paid for and help raise funds for the organization	The proposal will be tabled in the Executive Committee Meeting	Meetings, The CBO is positive on the matter	Pending

Source: Field Data (2011)

5.2 Participatory Evaluation

Evaluation in its real meaning refers to the periodic, in depth analysis of programme/project performance. Evaluation relies on data generated from monitoring activities as well as information obtained from other sources. In this project, evaluation was done by way of in-depth interviews, focus groups discussion and surveys. Participatory Evaluation of the intended project activities aimed at:

- i. Identify successful strategies for scaling up community interventions
- ii. Modifying unsuccessful strategies
- iii. Justify the need for interventions to donors, partners and communities
- iv. Verify and improve programme quality and management
- v. Measure effects and benefits of the interventions

5.2.1 Evaluation Indicators

This was the change of mind set of the organization members on the meaning of Resource Mobilization and the response in resource mobilization within the group. The indicator for this objective was the percentages of members and the community willing to mobilize their resources for the benefit of the organization and the community.

5.2.2 Formative Evaluation

In assessing if the goal of the project was reached. The participatory Self Review and Planning tool for formative evaluation was chosen because it is the method which allows all participants of the project to assess the progress and agree on the objectives and indicators as per original plan.

In this evaluation the participants vote against a given objective and indicators.

5.2.3 Instruments used

Research tools used was meetings where focus group discussions were conducted, surveys and interviews. These tools were used because they are simple to use.

Secondary data was collected by reviewing monthly monitoring reports.

5.2.4 Validity and reliability

Validity and reliability, the questionnaire was pre tested and amendments were made where necessary. Different tools or instruments were used for triangulation of information.

5.2.5 Project Sustainability

Owing to the fact that, the project was participatory, the overall participation of KINDIPHA+ members at all stages was satisfactory. And therefore the awareness and training meetings done at KINDIPHA+ has increased the knowledge to the organization and make them start the internal resource mobilization. The CBO (KINDIPHA+), Kinondoni Municipal Council, and the community were fully involved in identification of the project and their promise is to continue working with the project to ensure its sustainability. More capacity building in terms of knowledge has been the main component of the project. This component is very important for project sustainability of the community.

KINDIPHA+ has also affirmed that, the instilled knowledge on Resource Mobilization has;

1. Greatly enhanced organizational capacity for acquisition of funds to foster its service delivery
2. Exposed its members to knowledge on resource mobilization that can be used to even raise their income by engaging in small businesses.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

7.0 Introduction

This chapter serves the purpose of summarily stating the work done in this project. It is essentially expressing the outcome of the objectives and goals set in this project, the activities performed, challenges identified and consequently a number of recommendations to the various stakeholders concerned.

6.1 Conclusion

The incidence of HIV/AIDS in Tanzania mainland is mature, generalized and heterogeneous. The main cause of infection has been heterosexual that accounts for 80%. In identifying the trend posed by HIV/AIDS pandemic in the country, the CED student was inclined in corroboration with KINDIPHA+ a PLHA's network, to initiate a project that will be operational for the welfare of PLHA's and CED student as part of his CED Syllabus. In undertaking the said project, the CED student in corroboration with KINDIPHA+ conducted various activities comprised of identifying the needs of PLHA's under KINDIPHA+, organizational needs, implementation of the needs, monitoring, evaluation and reporting of the outcomes.

Community Needs Assessment was initially conducted to identify the real needs of the CBO. This was conducted by the CED student with assistance of some members from the CBO. The outcome of the Needs Assessment was that, the most wanted need was Resource Mobilization and thereby the CED student proceeded to start implementing activities that lead to the accomplishment of the project objectives.

The Needs Assessment exercise was made possible by way of various research methodologies comprised of Questionnaires, Focus Group and SWORT analysis and Observation. This stage helped to lay a foundation on what to proceed with in undertaking project activities. The need (problem) established was measured studied and analyzed so as to not only solve the problem but also improve organizational capacity. Analysis of the need was vital for it enables the determination of the strength and weaknesses of different variables.

The review of the available literature on HIV/AIDS generally and specifically on Resource Mobilization was also an essential focal point in ascertaining the various works that has been done. In review of the various undertakings in HIV/AIDS, it was obvious that funding for HIV/AIDS may remain constant or decline in future a trend that calls for more initiatives directed in resource mobilization for the welfare of PLHA's.

Participatory assessment was one way of involving the communities in the project interventions. This was possible by selecting some members from the CBO to work with the CED student in undertaking the activities. This part comprised of participatory monitoring and evaluation whereas the CBO/community was involved in the monitoring of project activities and timely evaluation to ascertain the progress made with reference to the agreed objectives and goals of the project. Among the notable achievement was that skills in Resource Mobilization were successfully imparted to the community.

However, a number of setbacks were evident as being non-attendance of some members in meetings, illiteracy and inferiority complex among members who thought that the issue of resource mobilization should only be left to their leaders.

In all, the training provided at KINDIPHA+ aimed to not only impart knowledge on Resource Mobilization to PLHA's but also help them realize their potential in initiating income generating activities in order to improve their wellbeing, health and raise income to help foster their lives and families.

6.2 Recommendations

PLHA's networks should not solely depend on donor funded projects. Training on various income generating activities and resource mobilization are essential so as to empower them to sufficiently fight with the AIDS illness and associated diseases. This approach will also raise their income.

Various reports show that PLHA's networks are not yet having connections with private companies and prominent business peoples who could also be the potential donors. Therefore initiatives should be undertaken to start establishing relations that will empower PLHA's to receive more financial assistance as this will be a significant source of domestic funds.

Up to 95% of the available funds for HIV/AIDS are from donors. It is therefore a high time that the debated National HIV/AIDS Trust Fund is quickly established to take charge as the source of domestic funds.

CBO's require capacity building, access to resources, stronger coordination and mechanisms for representations in policy dialogues. Although there has been notable progress at workplaces with regard to HIV/AIDS. However, the roles of the private and informal sectors in the national response must be strengthened.

REFERENCES

AIDS (2008). Report of the Biennial HIV and AIDS Sector Review.

Commission on the Status of Women (2001). “Agreed conclusions on Women, The Girl Child and AIDS/HIV, 45th Session of the UNCSW, New York, United Nations: (In) Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach. 2002. Common Wealth Secretariat, UK.

Chinkin, Christine (2001). Gender Mainstreaming in Legal and Constitutional Affairs, London, Commonwealth Secretariat.

Gupta, Geeta Rao (2000a). ‘Gender Sexuality and HIV/AIDS: The What, The Why and The How’, Plenary Address, XIII International Aids Conference Durban, South Africa, 2000.

Kinondoni People Living with HIV/AIDS. (2007). KINDIPHA+ Strategic Plan 2008-2012, Dar es Salaam.

Rwegoshora, Hossea M.M. (2006). A Guide to Social Science Research, Mkuki na Nyota Publishers Ltd, Dar es Salaam.

Tanzania Commission for AIDS (2008). The HIV Epidemic in Tanzania Mainland, Where have we come from, where is it going, and how are we responding?,

The United Republic of Tanzania (2008). The Prime Minister's Office, Tanzania
HIV/AIDS and Malaria Indicator Survey, 2007-2008.

The United Republic of Tanzania. 2009-2012. Prime Ministers Office, National
Multisectoral HIV/AIDS Prevention Strategy.

The United Republic of Tanzania (2001). Tanzania Aids Policy, Policy Brief,
Government Printer.

The United Republic of Tanzania (2011). National HIV and AIDS Behavior Change
Operationalizing Guide, TACAIDS.

Tolson, Margareth and Stephanie Kellington (2001). Changing the Balance of
Power: The Listen Up! Research Project and Participatory Research
in Marginalized Communities, Paper prepared for Commonwealth
Secretariat /Maritime Centre of Excellence for Women's Health co-
publication.

UNAIDS/WHO (2001). AIDS Epidemic Update: December 2001, Geneva.

UNAIDS (2001b). Together We can: Leadership in World of AIDS, Geneva, Joint
United Nations Programme on HIV/AIDS.

Weezenbeek, Kitty L. (2008). TB and HIV/AIDS Integration in Ethiopia, Kenya, Tanzania and Eritrea, The World Bank, Washington.

Appendix 1:

OPEN UNIVERSITY OF TANZANIA



A TRAINING MANUAL ON RESOURCE MOBILIZATION FOR PEOPLE LIVING WITH HIV/AIDS AT KINDIPHA+ ORGANIZATION, KINONDONI DAR ES SALAAM.

Jabezi Aloyce

MCED Student, OUT

P.O. Box 77588, Dar es Salaam

Email: mjuzi@live.com

22nd May, 2011.

Table of Contents

1.1 Foreword.....	69
1.2 Introduction.....	70
1.3 Training Modules.....	71
1.3.1 Module 1: Introduction	71
1.3.2 Module 2: Understanding Resource Mobilization.....	72
1.3.3 Module 3: Fundraising Essentials.....	73
1.3.4 Module 4: Organizational Capacity Needed in Capturing Funds.....	74
Appendices: Pre –Training and Post Training Assessment Forms.....	76

1.1 Foreword

To the management of KINDIPHA+, the 42 member group Leaders and all members of the Organization;

It is my pleasure to present you with this Manual on Resource Mobilization. As most of you are aware that we are all facing the challenges of caring for our relatives, friends and vulnerable individuals who has been infected or affected by HIV/AIDS. There has been an increasing burden to our nation and ourselves hence the need to continue finding ways for the better living of People Living with HIV/AIDS (PLHA's). Its therefore my belief that this Manual of Resource Mobilization will unfold the requisite skills in mobilizing the required resources for KINDIPHA+.

Please enjoy your reading and facilitation.

1.2 Introduction

This manual has been designed and developed by CED student in May, 2011. It is drawing on experiences and the current needs of PLHA's. The Manual will serve the purpose of proving the required techniques in Resource Mobilization. There about 5 Modules that has been structured in the following standardized manner:

- i. Module Title/Purpose**
- ii. Training Objectives**
- iii. Presentation Techniques**

Notes from the facilitators will be distributed to all participants and much of the facilitator's role will be supporting the participants to generate ideas on the core issue and help the participants to fine-tune the ideas into a formal way.

1.3 Training Modules

1.3.1 Module 1: Introduction

Purpose

- This module is for climate setting, introducing participants, organizers and creating friendly relations among participants.

Training Objectives

At the end of this module participants are expected to:

- Be aware of the training purpose, content, processes, expected output and administrative issues.
- Undertake self assessment on their level of understanding on Resource Mobilization.

Methodology/Presentation Techniques/Learning Activities

- Word of welcome to all participants by training organizer during an official Training opening ceremony.
- **Introduction:** Participants will be asked to stand and introduce each other by Name, PLHA's Group, Ward, Street or Village and his/her expectation from the Workshop.
- Participants will agree on what will be the norms, values, rules and regulations in decision making.
- Organizer will brief participants on the Training Purpose, Content and Administrative arrangements.
-

1.3.2 Module 2: Understanding Resource Mobilization

Purpose

- This module aims to equip participants with the understanding of the Resource Mobilization essentials, its importance and impact to the organization.

Training Objectives

At the end of this module participants are expected to:

- Understand the need for Resource Mobilization, The impact of Resource Mobilization to their organization and welfare of PLHA's.
- Be aware of the Training purpose, Content, Processes, Expected output and Administrative issues.
- Be capable of requesting for funds by way of Proposal Writing, Initiating Community projects and request funds from Donors and initiating Small Scale Businesses.

Methodology/Presentation Techniques/Learning Activities

The Trainer should make a presentation on Resource Mobilization in the country (Tanzania) in a very simple language that can well be understood by all participants. He/ She is required to provide examples how Resource Mobilization has improved services in organizations like KINDIPHA+. Where possible examples with statistics of increase in delivery of service to PLHA's should be unveiled to participants.

Task A: Ask participants have they been involved in Resource Mobilization activities? If Yes How many of them?, How was that improved Service Delivery?

What was the Challenge for them in undertaking such a task?.

Task B: What do they think will empower them in performing Resource Mobilization activities?.

1.3.3 Module 3: Fundraising Essentials

Purpose

The need here is for participants to know the importance of Fundraising, its procedures and processes and its impact to Service Delivery in the Organization.

Training Objectives

At the end of this module participants are expected to:

- Know what is fundraising and its importance.
- Be aware of the tasks and costs involved in fundraising.
- Identify the resources and techniques required in fundraising.
- Acquire Knowledge in Concept Note and Proposal Writing.

Methodology/Presentation Techniques/Learning Activities

Given the fact that, this training follows the Need Assessment findings, it is clear that the funds to be acquired will be used for what purpose e.g. service delivery, paying allowances or buying office machines and furniture. And so it is important to be clear from the beginning that the funds are for e.g. Service Delivery improvement.

This must be well communicated to Stakeholders and Donors before commencing fundraising activities. Fundraising Plan of One, Two years or more must be prepared after having been negotiated and agreed within the Organization. The fundraising,

Mission, Goal and Budget must be in place. Potential donors should also be identified.

Task A: Ask participants what will they contribute in fundraising event?

1.3.4 Module 4: Organizational Capacity Needed in Capturing Funds

Purpose

The main purpose here is to enlight KINDIPHA+ members the need to strengthen the capacity of the organization as one of the prerequisite in acquisition of funds.

Training Objectives

At the end of this module participants are expected to:

- Understand the importance of strengthening organizational capacity for Resource Mobilization.
- Identify areas of priority in strengthening organizational capacity e.g. by employing Accountant (s), Internal Auditor and Project Coordinators.
- Know the need for accountability in all undertakings.

Methodology/Presentation Techniques/Learning Activities

The Organizer/CED Student will start by asking the participants to stand and mention their careers one by one. This will be followed by his summary of what has been identified in this exercise. The result will provide a picture of how many participants are having careers that can be utilized by KINDIPHA+ and help enhance its Organizational Capacity. This will add to the internal resources available at KINDIPHA+.

The organizer will then, proceed to unveil the required manpower at KINDIPHA+ that will enhance organization performance in terms of service delivery and for purpose of conforming to donor requirement in issuance of funds.

Appendix 2: Pre –Training and Post Training Assessment Forms

Pre-Training capacity Assessment

Please rank the question below in relation to your **knowledge and skills on**

Resource Mobilization as indicated:

0-No Knowledge and Skills

1-Low Knowledge and Skills

2-Average Knowledge and Skills

3-Above Average Knowledge and Skills

4-Excellent Knowledge and Skills

Area of Knowledge and Skills	Ranking
The concept of Resource Mobilization	
The need for Resource Mobilization	
Prerequisites for Resource Mobilization e.g. Qualified and Knowledgeable Staff	
Resource Mobilization activities/methods	
Setting a workable plan on Resource Mobilization, objectives and indicators	
Identifying roles and responsibilities in Resource Mobilization	

Post-Training capacity Assessment

Please rank the question below in relation to your **knowledge and skills on**

Resource Mobilization as indicated:

0-No Knowledge and Skills

1-Low Knowledge and Skills

2-Average Knowledge and Skills

3-Above Average Knowledge and Skills

4-Excellent Knowledge and Skills

Area of Knowledge and Skills	Ranking
The concept of Resource Mobilization	
The need for Resource Mobilization	
Prerequisites for Resource Mobilization e.g. Qualified and Knowledgeable Staff	
Resource Mobilization activities/methods	
Setting a workable plan on Resource Mobilization, objectives and indicators	
Identifying roles and responsibilities in Resource Mobilization	

Appendix 3:

Facilitation of program and logistical assessment: Please tick in the box that represents your appropriate judgment on the issue to be evaluated.

S/N	Item	Score			
		Poor	Good	Very Good	Excellent
1	Presentation Skills and Competence				
2	Program Content				
3	Relevancy of the Program to Your Work				
4	Logistical Arrangements				

Appendix 4:
Questions for Focus Group Discussion

1. What are the problems facing your Organization in providing its services?
2. Are the available resources enough to solve the current problems?
3. Do you have knowledge on resource mobilization?
4. Are there donors for your projects?
5. Are there Stigma?
6. Do you have any income generating activities at KINDIPHA+ or anywhere else?
7. What do you think are the opportunities available in solving the current problems?

Appendix 5:

(Organization Capacity Assessment for: KINDIPHA +)

OPEN UNIVERSITY OF TANZANIA
Assessment Date: 8 April, 2011
<p>Area of intervention: Capacity Building in Resource Mobilization in People Living with HIV's/AIDS.</p> <p style="text-align: center;">A Case of KINDIPHA+ Organization</p>
<p>To Respondents: This research is solely intended for academic purposes and not otherwise</p>

1. Learning and sharing

1.1 Are you facilitating skills training for other organizations / groups? (i.e. local, national or regional levels?) [Yes] [No]

1.2 Did you mentored or supported any other community groups? (How, which groups?)

.....

.....

1.3 Have you documented your work for sharing with others? [Yes] [No]

1.4 Is your organization participates in different training organized by organizations? [Yes] [No]

2.0 Service Delivery

2.1 Is the organization measure and obtain information about its service delivery to beneficiaries? [Yes] [No]

2.2 Does the organisation have clear targets and goals related to service delivery? [Yes] [No]

2.3 Are the service accessible to different target groups including women and youth? [Yes] [No]

2.5 Are the community believes that the service is of a high quality? [Yes] [No]

2.6 Is your organization involve communities in which they service during service delivery? [Yes] [No]

3. Monitoring and Evaluation

3.1 Do you regularly review your strategic Plan? [Yes] [No]

3.2 Name the Stakeholders/Individuals involved during developing of your Strategic Plan?

.....
.....
.....

3.3 Has a needs assessment been conducted for each of your programmes or activities? [Yes] [No]

3.4 Do you have guidelines or criteria to identify the vulnerable groups you want to work with? [Yes] [No]

3.5 Do you regularly monitor your programmes and activities using appropriate tools? [Yes] [No]

3.6 Do systems exist for recording and filing information? [Yes] [No]

4. Stigma in HIV/AIDS

3.7 4.1 Are there cases of discrimination for People living with HIV/AIDS within your vicinity? [Yes] [No]

3.8 4.2 How far have addressed the problem? [Yes] [No]

3.9 4.3 What do you think is needed to solve the problem? [Yes] [No]

3.10 4.4 Are Widows and Orphans victims too? [Yes] [No]

5. Resource Mobilization

5.1. Are you actively mobilize local resources (donations, subscriptions)? [Yes] [No]

5.2. Do you have any source of domestic funds/ resources? [Yes] [No]

5.3. Do you actively mobilize international resources (donor contracts)? [Yes] [No]

5.4. Do you have multiple funding sources? [Yes] [No]

5.5. Have you got a fundraising strategy? [Yes] [No]

5.6. Do you have any income generation activities that help to fund your organizations?

[Yes] [No]

6. Financial management

- 6.1. Do you have short-term work-plans and budgets to ensure the accomplishment of the goals on time? (i.e. annual work-plans or semi-annual work-plans) [Yes] [No]
- 6.2. Do you regularly review your budgets? [Yes] [No]
- 6.3. Is there a strategic budget that accompanies your strategic plan? [Yes] [No]
- 6.4. Do you have a detailed assets register? [Yes] [No]
- 6.5. Does the board approve budgets, including revisions to budgets? [Yes] [No]
- 6.6. When you do annual budgeting, do you involve key staff outside of management?
[Yes] [No]
- 6.7. Are at least two signatures needed on all cheques drawn by the organization?
[Yes] [No]
- 6.8. Do you have at least one trained accountant or bookkeeper? [Yes] [No]
- 6.9. Are programme staffs responsible for their own budget areas? [Yes] [No]
- 6.10. Is your organization having approved or updated financial policies and procedures? [Yes] [No]
- 6.11. Does the organization use a recognized auditor? [Yes] [No]
- 6.12. Does the organization have proper financial records? [Yes] [No]
- 6.13. Are there supporting documents for every expenditure transaction? [Yes] [No]

6.14. Are the supporting documents neatly filed and easily accessible when needed? [Yes] [No]

7.0 Human Resource

7.1 Is there in place a Human Resource policy that is regularly reviewed and updated? (i.e. recruitment, hiring, termination, standard work conditions, salary scales, job descriptions, duties and reporting relationships for all staff)? [Yes] [No]

7.2. Do staff members employed by the organization have appropriate qualifications and/or experience? [Yes] [No]

7.3. Are your staff members demonstrate expertise in their specific work areas?
[Yes] [No]

7.4. Do staff members demonstrate expertise in their specific work areas? [Yes]
[No]

7.5. Are your staff members possess the requisite skills in monitoring and evaluating their programmes and activities? [Yes] [No]

7.6. Is your organization conducting performance appraisals at least annually?
[Yes] [No]

7.7. Have you got a staff development plan and process? [Yes] [No]

7.8. Does your staff receive skills training in areas such as planning, monitoring and reporting, human resources, governance, and resource mobilization and effective management? [Yes] [No]

7.9. Is there effective communication within your organization and outside your organization? [Yes] [No]

Appendix 6. (KINDIPHA+ 42 Groups)

1. CHAVIHA – HANNANNASIF
2. MBEMANO – MBEZI
3. TUPENDANE WOMEN GROUP
4. FIHATA
5. SUWOCHIA
6. KIBAMBA COMMUNITY CENTRE
7. JIPE MOYO
8. TUREMA
9. UKWAMANI GROUP
10. MIKOCHEHI HIV/AIDS GROUP
11. MATUMAINI GROUP
12. MAPAMBANO GROUP
13. ZUINAMA
14. NDUPEHA
15. KIPELIHA
16. MAKUBURI GROUP
17. MABIBO GROUP
18. GOBA GROUP
19. MSHIKAMANO GROUP
20. WAVUMO
21. NETWORK OF YOUNG PEOPLE LIVING WITH HIV (NYP)
22. KASI MPYA
23. MWAMKO GROUP

24. MATUMAINI
25. PEHAMA
26. KUJIKWAMUA GROUP
27. WOFATA
28. AWITA
29. TASWO
30. KARISHIA
31. UMULA
32. CHAMADU
33. TWIHA
34. WAWAVIKI
35. HOPE YOUNG POSITIVE (HYP)
36. ZUUKA
37. WAHANGA
38. TAYOPA
39. KIPELAOWI
40. WALIPOHA
41. LIWOHATA
42. AWOCONEO