

PROJECT TITLE: HIV/AIDS IMPACT MITIGATION TO VULNERABLE GROUPS IN KARAGWE DISTRICT COUNCIL

PROJECT START DATES: 1st APRIL 2025

PROJECT END DATES: 31st MARCH 2026

TARGET BENEFICIARIES:

This project directly targets the following vulnerable groups in Karagwe District:

- 2,000 Orphans and vulnerable children (0-17 years)
- 1,500 People living with HIV/AIDS
- 3,000 Women and adolescent girls
- 2,000 Youth aged 15-24
- The entire community in Karagwe District Council

PROJECT PROBLEM STATEMENT:

Tanzania is one of the high HIV burden countries in Africa. Although the prevalence of HIV among people aged 15-49 years has declined progressively from 7% to 4.7% in 2016/2017, about 1.7 million people are living with HIV (PLHIV) which makes Tanzania one of five countries with the highest number of PLHIV in Africa. Kagera region is among the five regions in Tanzania that have an increase in HIV prevalence of more than 1% (National Multisectoral Strategic Framework on HIV/AIDS 2022-2026).

According to the National Costed Plan of Action for Most Vulnerable Children (2013-2017), vulnerable groups are the populations with limited access to social services and may include children under the age of 18 years falling under the extreme condition such as prone to HIV/AIDS, orphans, women, adolescent girls, widows, youth as well as people with disabilities.

UNAIDS defines vulnerable groups by including orphans under 18 years of age who have lost their mothers (maternal Orphans) or both parents (double Orphan) to AIDS. According to the World Bank (2015), vulnerable group include the orphans who have lost their parents, women who have lost their husbands and those populations living in extreme conditions. Thus, the above definition is adapted in the context of this project which seeks to mitigate the impact of HIV/AIDS to the vulnerable groups.

Based on the above definitions, the following are the attributes of vulnerability which the project in question will work to address in Karagwe District.

One, people living in extremely poor households with significant unmet needs in terms of HIV/AIDS services, adequate education, health care, food/nutrition, shelter, ECD services, emotional and physical protection; secondly children and adolescents living in child-headed households; thirdly, people assessed to be at risk of suffering from violence, abuse or neglect; and fourth, a group of people

involved in the worst forms such as child labour (sexual exploitation, illicit activities), paid domestic work and victims of child trafficking.

According to the Ministry of Health (2018), orphans and vulnerable children (OVC), adolescent girls, youth, people with disabilities and women are vulnerable to HIV transmission because of the conditions under which they live and work. Family related problems such as divorce or separation may lead to some of them becoming homeless and resort to living in the streets under very difficult conditions, which makes them vulnerable to sexual abuse, violence, substance abuse and HIV infection.

Research shows that, orphaned children head of households and those living with guardians, at homes are obliged to work under harsh conditions to provide for their upkeep and that of their guardians. Additionally, children that drop out of school due to poverty, pregnancy or exam failure are sometimes forced to work as child labourers or sex workers thereby risking their lives to violence, sexual abuse and HIV infection. There are some poor families that force their children to go into child labour or begging in streets in order to earn some money for the family (TACAIDS, 2016).

The Tanzania National Plan of Action to end violence against women and children (NPA-VAWC 2016-2022) highlights the challenges in addressing vulnerable group issues at both structural and community level which include; inadequate service provision for survivors of violence, combined with myth on utilization of health services; limited parental care to support the costs of maintaining children financially at the family level; and limited awareness and knowledge on social, economic and legal rights among the affected groups.

The data from Karagwe District Council, the department of Social Welfare (September 2024), reveals a very critical condition of vulnerability whereby there are more than 5,000 vulnerable groups in the district. Vulnerability of such groups are due to factors already explained above which in a nutshell include; HIV/AIDS impacts, extreme poverty, family separation, chronic illness, child labour just to mention a few.

HIV and AIDS remain the significant public health challenges in Tanzania, with a negative impact on vulnerable groups such as women, children, people with disabilities, and youth. Karagwe District faces unique challenges due to its remote location, limited healthcare infrastructure, and socio-economic vulnerabilities.

Despite national efforts, stigma, limited access to information, and inadequate support systems continue to worsen the situation. There is an urgent need for community-based strategies to reduce HIV transmission, support affected individuals, and improve overall community resilience.

GENERAL PROJECT OBJECTIVE:

To reduce the socio-economic and health impact of HIV and AIDS on vulnerable populations in Karagwe District through awareness creation, prevention, care, and empowerment initiatives.

KEY OBJECTIVES:

1. To increase awareness and knowledge of HIV and AIDS transmission, prevention, and treatment among vulnerable groups.
2. To increase access to HIV testing, counseling, and treatment services in rural and underserved areas.
3. To reduce the incidence of stigma and discrimination associated with HIV/AIDS through community engagement and education.
4. To empower vulnerable groups economically and socially to meet their basic needs
5. To increase community ownership and capacity to implement HIV/AIDS interventions through trainings and partnerships

GENERAL APPROACHES:

The approaches used to reach at the intended results (outputs, outcomes and impact) are listed in table 2.0 using the Gantt Chart matrix, each approach shown with implementation time frame.

Table 2.0: Approaches/activities and their implementation time frame in quarters

APPROACH PER EACH OBJECTIVE	TIME FRAME IN QUARTERS			
	Q1	Q2	Q3	Q4
Objective 1: To increase awareness and knowledge of HIV and AIDS transmission, prevention, and treatment among vulnerable groups				
I.1 Conduct a two days refresher training to 25 community health workers (CHWs) and peer educators on HIV/AIDS prevention, HIV testing and counselling, ART adherence, nutrition assessments, economic strengthening schemes and community engagement				
I.2 Engage trained community health workers (CHWs) for community awareness creation through home visits, follow-up on ART adherence, nutrition assessments and counselling and general community behavioral change interventions. CHWs will be facilitated with stipends on quarterly basis.				
I.3 Conduct quarterly meetings with community health workers (CHWs) for reports submission, share best practices, challenges and way forward				
I.4 Conduct community sensitization campaigns by using local media such community radio, cultural group performances, commemoration of HIV/AIDS Day and community meetings to educate on HIV prevention and importance of adhering to medical treatments for those living with HIV/AIDS				
Objective 2: To increase access to HIV testing, counseling, and treatment services in rural and underserved areas				

2.1 Support for HIV testing and counseling outreaches. COEHI will collaborate with the Health Department at District level to conduct mobile testing units in hard-to-reach areas and in areas where there is limited access of HIV related services				
Objective 3: To reduce the incidence of stigma and discrimination associated with HIV/AIDS through community engagement and education.				
3.1 Provide psychosocial support services to target group using PLHIV support networks at district and ward level, the PLHIV networks will provide regular psychosocial support and share relevant information to the HIV infected and affected groups including OVC, adolescent girls and others				
3.2 To develop and disseminate Information, education and communication (IEC) materials to community for awareness creation on HIV/AIDS				
Objective 4: To empower vulnerable groups economically and socially to meet their basic needs				
4.1 To link the vulnerable groups households to the existing economic strengthening groups such as VICOBA for household's income generating and self-sufficiency, as well the same groups will be linked to the department of Community Development for acquisition of the soft loans which are provided by the government				
4.2 To conduct regular capacity building sessions to economic strengthening groups (VICOBA) with an emphasis on accounting procedures, group management, money management and resource mobilization				
Objective 5: To increase community ownership and capacity to implement HIV/AIDS interventions through meetings and partnerships				
5.1 Support school based interventions by using HIV prevention clubs to educate adolescents students on sexual reproductive health and rights (SRHR) , and general life skills				
5.2 Promote advocacy and stakeholders engagements. COEHI will conduct project stakeholders meetings on quarterly basis for project review at district level targeting 20 participants including; government leaders, PHIV Clusters, religious leaders, community leaders, health facilities and partner Civil society organizations				
5.3 To conduct monthly supportive supervision by 4 Project staff for implementation, monitoring and reporting on project progress at field level				
5.4 To conduct quarterly joint supportive supervision visits with CHMT members to track project progress				

PROJECT SUSTAINABILITY STRATEGIES

The innovations and strategies employed in this project help to sustain project results and bring the desired change in people's conditions in particular even after the donor funding. These innovations include;

- Integrating economic strengthening scheme as the best way of earning income whereby income earned will be used to support health services and related services to the vulnerable groups
- Community Participation: We ensure that the local people actively participate in the entire project cycle so that they own the project rather than considering it as donor driven
- Multi- stakeholder engagement or partnership: We engage stakeholders including local government authorities, the Cluster for People Living with HIV, local civil society organizations (CSOs,) Faith Based Organizations and government departments at district level and develop joint work plan. This initiative enhances complementarity of the project, reduces duplication of the efforts and assures effectiveness.

- Strengthening resource mobilization strategies and maintain donor base: We always engage new donors and stakeholders in our programs and we have multiple funding sources which include membership fees and funding from individuals with good will on community intervention initiatives.

PROJECT BUDGET

PROJECT BUDGET FOR 2025-2026					
Categories of cost	Unit of cost	No. of Units	Level of effort	Months	Total Cost(TZS)
A: ADMINISTRATIVE COSTS					
1. Staff Incentives(salary top up)					
Project Officer	500,000	1	50%	11	2,750,000
Sub Total					2,750,000
2.Fringe Benefit(10% NSSF)					
Project Officer	250,000	1	10%	11	275,000
Sub Total					275,000
3. Office Related Costs					
Stationeries for office and project reporting purposes	40,000	1	1	10	400,000
Bank Charges	40,000	1	1	12	480,000
Communication and Internet services	45,000	1	1	9	405,000
Sub Total					1,285,000
B: PROJECT COSTS (DIRECT COSTS)					
1. Travel					
Car Hiring for project Monitoring counted per each mileage covered	2,000	100	2	12	4,800,000
Sub Total					4,800,000
1.1 Conduct a two days refresher training to 25 community health workers (CHWs) and peer educators on HIV/AIDS prevention, HIV testing and counselling, ART adherence, nutrition assessments, economic strengthening schemes and community engagement					
Conference package(venue,meals,stationeries) for 25 CHWs, 2 facilitators, 4 staff	20,000	31	2	1	1,240,000
Transport refund for participants	10,000	31	2	1	620,000
Accommodation fo participants	30,000	31	2	1	1,860,000
Dinner for Participants	20,000	31	2	1	1,240,000
Facilitators fee	40,000	2	2	1	160,000
Logistics(lumpsum)	300,000	1	1	1	300,000
Sub Total					5,420,000
1.3 Conduct quartely meetings with volunteers (CHWs) for reports submission, share best practices, challenges and way forward					
Transport for CHWs (go and return)	10,000	25	2	4	2,000,000
Meals during the meetings	15,000	25	1	4	1,500,000
Accommodation fo one day	30,000	25	1	4	3,000,000
Sub Total					6,500,000.00
1.4 Conduct community sensitization campaigns by using local media such community radio, cultural group performances, and community meetings to educate on HIV/AIDS issues					
Procure airtime to 2 community radio on monthly basis	50,000	1	2	11	1,100,000
Facilitate PLHIV to Commemorate HIV/AIDS Day	400,000	1	1	1	400,000
Hire cultural troupes/groups for performances in public gatherings	200,000	1	3	1	600,000
Sub Total		2	7	1	2,100,000
2.1 Support for HIV testing and counseling outreaches.					
Transport refund for government health practioners on quarterly basis (during outreach services)	50,000	2	1	4	400,000
Sub Total					400,000
3.1 Provide psychosocial support services to target group using PLHIV support networks at district and ward level					
Transport refund for PLHIV networks on quarterly basis	30,000	2	1	4	240,000
Sub Total					240,000
3.2 To develop and disseminate Information, education and communication (IEC) materials to community for awareness creation on HIV/AIDS					
Develop and disseminate I.E.C materials to community	2,500	1,276	1	1	3,190,000
Sub Total					3,190,000
5.2 Conduct project stakeholders meetings on quarterly basis for project review at district level targeting 20 participants					
Transport for participants	10,000	20	2	3	1,200,000
Conference package(Venue,meals,stationeries)	20,000	20	1	3	1,200,000
Sub Total					2,400,000
5.4 To conduct quarterly joint supportive supervision visits with CHMT members to track project progress					
Per diem for staff	20,000	2	2	4	320,000
Half per diem for CHMT members	40,000	2	1	4	320,000
Sub Total					640,000
GRAND TOTAL					30,000,000