

# The Role of Non-Governmental Organizations on HIV/AIDS Mitigation in Morogoro Municipality, Tanzania

Mhando, D. G1; Nindi, S. J1; Mwanakatwe, E. O2

<sup>1</sup> Centre for Sustainable Rural Development,  
Sokoine University of Agriculture,

Email: [david\\_mhando@yahoo.com](mailto:david_mhando@yahoo.com)

<sup>2</sup> Morogoro, Municipal Council,

***Abstract:** HIV/AIDS pandemic has caused widespread negative socio-economic impacts in Tanzania. The epidemic is restraining development efforts of many households and the nation at large. Despite the mushrooming number of NGOs established to combat the epidemic, the prevalence of HIV infection is still high. This study was conducted so as to assess the effectiveness of NGOs on HIV/AIDS mitigation in Morogoro Municipality. A cross-sectional research design which employs a survey method was used. A sample 120 respondents was picked randomly and 17 NGOs were picked with the aid of table of random numbers. Purposive sampling was used to select members for a FGD and key informants. Data was collected using questionnaires, interview guide, FGD and key informants. Quantitative data were analysed using a Statistical Package for Social Sciences program. To determine the effectiveness of NGOs, descriptive and inferential statistics were employed. Structural and content analysis was used to analyse data from FGD and key informants. The study revealed challenges constraining the performance of NGOs which include; operating under meagre funds and donor dependency, incompetent staff, inappropriate approaches on HIV/AIDS message delivery, and poor networking. The study concludes that, NGOs are very important for mitigating HIV/AIDS despite the shortcomings revealed.*

**Key words:** HIV/AIDS, NGOs, mitigation

## INTRODUCTION

Non Governmental Organizations (NGOs) are organizations auxiliary to the government that pursue activities to relieve suffering, promote and protect the interests of the poor, protect the environment or undertake communities' socio-economic development. Throughout the world, NGOs have long represented and provided services to impoverished and marginalized groups across diverse areas of health and social development (Kelly et al., 2006). Since the early 1990s there has been a rapid growth in the NGOs sector worldwide to complement government efforts in areas of advocacy, policy lobbying and actual implementation of various activities at a grass root level. Many emerging NGOs perform

various activities including efforts to contain the Acquired Immune Deficiency Syndrome (AIDS) epidemic (Kelly et al., 2006).

Promising developments have been seen in recent years in global efforts to address the AIDS epidemic, including increased access to effective treatment and prevention programmes. However, the number of people living with HIV/AIDS continues to grow, as does the number of deaths due to AIDS. In 2004, UNAIDS established that a total of 39.5 million people were living with HIV/AIDS, while in 2006 the number increased by 2.6 million people (UNAIDS, 2006). However, the 2010 data indicated a declining trend whereby the number has decreased to 34 million people living with HIV/AIDS in the world. Moreover, 2.7 million people were infected with HIV, 1.8 million people dead of HIV and 390 children were infected (UNAIDS, 2010).

In many regions of the world, new HIV infections are heavily concentrated among young people of 15–24 years of age. Young people accounted for 40 percent of new HIV infections in 2006. Africa being the most affected continent had 28.1 million people among the world's estimates in 2006 (UNAIDS, 2006). Although Sub-Saharan Africa region accounts for more than 70 and 68 percent of all infections in 2006 and 2010 respectively, the number of people living with HIV/AIDS in 2010 has decreased to 22.9 million people (UNAIDS, 2010). While the prevalence rate is 5 percent in Sub-Saharan Africa, it is 0.2 percent in Western and Central Europe and 0.6 percent in America (UNAIDS, 2010). Despite the decrease in number of people living with HIV/AIDS, the data on the prevalence rate further signify the magnitude of the HIV/AIDS problem in Africa.

Historically, Tanzania is among the countries in Sub Saharan Africa facing HIV/AIDS epidemic with a noticeable negative impacts on the development of the country (NMSF, 2003). The HIV/AIDS has spread relentlessly affecting people of all walks of life and decimating the most productive segments of the population between the ages of 20 and 49 years (URT, 2001). An estimated 1.4 million (1.3 million–1.6 million) adults and children were living with HIV in Tanzania at the end of 2005, making it one of the most-affected countries in the World and thousands have already died of AIDS related diseases (UNAIDS, 2006). The 2003/04 HIV prevalence in Tanzania was 7.0 percent and was higher among females (7.7 percent) than males (6.3 percent). Urban population aged 15–49 years, was considerably to have higher infection levels of 10.9 percent compared to rural residents of similar age who had infection rates of 5.3 percent. More than 60 percent of the infections occurred among young people especially females (URT, 2001). However,

the 2007-08 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), estimated that adult HIV prevalence is at 5.7 percent and at the same time, it was estimated that 1.4 million Tanzanians were living with HIV and AIDS, of which, children were approximated at 10 percent. The HIV prevalence has declined from 7 percent in 2003/2004 to 5.7 percent in 2007/2008. These figures indicate that prevalence has slightly declined. Various campaigns could be attributed to the decline. However, prevalence rates differ between urban and rural areas: urban (10.9 percent) and rural (5.3 percent). Furthermore, 2007/08 data reveal significant gender differences in prevalence rates, female and male prevalence was 6.6 percent and 4.6 percent respectively, indicating that women are still at higher risk than men (URT, 2008).

In 2005, NACP ranked Morogoro region among the five regions with the highest HIV infection prevalence. In descending order the regions were Rukwa 19.0 percent, Kagera 15.7 percent, Arusha 13.8 percent, Mbeya 10.0 percent and Morogoro 6.9 percent (NACP, 2005). However, the 2007/2008 data gives a different picture; Iringa was the highest with prevalence rate of 16 percent followed by Morogoro and Dar es Salaam with 9 percent each. This indicates that prevalence rate has decreased in Rukwa, Arusha, Mbeya and Kagera, but increased in Iringa, Dar es Salaam and Morogoro regions.

In an effort to contain the AIDS epidemic, NGOs are responding by providing assistance to communities affected by the epidemic in the fields of prevention, awareness creation, counselling, home care and support as well as looking for the general well-being of people affected (Sethna, 2003). The National Policy on HIV/AIDS streamlined the responsibility and the role of the Government and other institutions in controlling the pandemic in the country. It made the national response to be multi-sectoral and multi-disciplinary (URT, 2003). Having noted their crucial roles, NGOs have been normalized into the governance system that provides HIV/AIDS mitigation services. A number of NGOs have been established in Tanzania to support government efforts in combating HIV/AIDS pandemic (URT, 2001).

UNAIDS estimated more than 300 NGOs working on HIV/AIDS in the country and that the number has been steadily growing (UNAIDS, 2003). For example, by June 2007 Morogoro Municipality alone had more than 134 NGOs dealing with HIV/AIDS mitigation (RFA, 2007). However, in 2007/08, the prevalence of HIV infections in Morogoro Municipality was 9 percent, higher than the national prevalence of 5.7 percent (URT, 2008). The prevalence rate indicates that the problem of HIV/AIDS is still high in Morogoro Municipality despite the escalating number of NGOs

dealing with HIV/AIDS mitigation, which therefore calls for comprehensive study on the effectiveness of these NGOs in HIV/AIDS mitigation in Morogoro Municipality.

## **METHODOLOGY**

The study was conducted in Morogoro Municipality, which is in Morogoro Region. Morogoro Municipality is located 195 kilometres west of Dar es Salaam City. It is lying on the foot of the Uluguru Mountains with a total area of 260 square kilometres. Morogoro Municipality has a total population of 228,863, which is almost with the same proportion of females (50.4 percent) and males (49.6 percent) with a population growth rate of 4.6 percent per annum (URT, 2002). Morogoro Municipality has been selected because, firstly, it has many NGOs which are dealing with HIV/AIDS mitigation compared to other districts in Morogoro region. Besides this large number of NGOs in Morogoro Municipality, the prevalence of the epidemic is still high (9 percent) compared to the national prevalence which is 5.7 percent (URT, 2008).

This study used a cross-sectional research design which employs a survey method. The population sample was drawn from NGOs and individual community. Key informants were drawn from Community Development Department and Health Department of Morogoro Municipal Council. The population sample size in this study was 120 respondents and 17 NGOs from Morogoro Municipality. The study used stratified sampling technique to select four wards from the sample frame of 19 wards which make up Morogoro Municipal Council. Simple random sampling was used to select two wards from the 21 urban wards. The other two wards were selected from six sub-urban wards. A simple random sampling also used to select 30 respondents from each ward to obtain a total of 120 respondents. A total of 17 NGOs were selected from 134 NGOs by using simple random sampling with the aid of table of random numbers. Purposive sampling technique was employed to select members for Focus Group Discussions (FGD) and key informants.

Two types of questionnaires were employed for data collection; i.e. one for the seventeen selected NGOs engaged in HIV/AIDS mitigation in the study area and another one for individual community members. NGOs' questionnaire focused on roles of NGOs, competence of staff, collaboration status and financial sustainability of NGOs. Four Focus Group Discussions, using interview guides were conducted; two FGD were for adults, female and males aged 35 to 40 years and other two groups were for youths, boys and girls aged from 16 to 30 years. FGD and key informants' in-depth interview was purposely for verification of

the information obtained from NGOs dealing with HIV/AIDS mitigation.

Secondary data were obtained from libraries, reports, NGOs documentation, Government offices and Internet.

Data collected were summarized, coded, cleaned and analysed using Statistical Package for Social Sciences (SPSS). Descriptive statistics was done to calculate mean, frequencies and percentages. Cross tabulations also was done to establish the relationships between variables. Index scale was used to measure community awareness, structural and content analysis was used for analysing data from FGD and key informants.

## **RESULTS AND DISCUSSIONS**

### **Demographic and Background Information of Respondents**

The respondents' age ranges from 15 years to above 65 years. From the sampled respondents, 40.8 percent were youths aged between 15-29 years, followed by 36.7 percent young adults aged between 30-44 years. The rest were adults aged above 44 years who were less than 25 percent. According to TACAIDS et al. (2005), the most affected group with HIV/AIDS is youths aged 15 to 49 years. Besides, in terms of marital status 41.7 percent of the respondents were single, compared to 32.5 percent who were married couples, and other groups in the study.

Education wise, the respondents with primary education level were 49.2 percent while 30.8 percent had secondary education and 15.8 percent with tertiary education. Thus, at least most of the respondents are educated, an important factor for them to be able to understand messages on HIV/AIDS.

### **Background Characteristics of NGOs**

NGOs are now very important entity on HIV/AIDS mitigation. A broad spectrum of organizations is involved in HIV/AIDS responses and many interventions have already been done to combat the epidemic. In this study, 17 NGOs were selected randomly and assessed so as to determine the effectiveness of NGOs on HIV/AIDS mitigation. Table 1 shows that 88.2 percent (15) of the sampled NGOs were registered while 11.8 percent (2) were not registered.

**Table 1: Background Characteristics of NGOs (n = 17)**

Background characteristics	Frequency	Percentage	
Year of establishment	Three years	2	11.8
	Four years	7	41.2
	Six years	2	11.8
	Seven years	2	11.8
	Eight years	2	11.8
	Ten years	1	5.9
Whether NGO is registered	Fifteen years	1	5.9
	Yes	15	88.2
Target Population	No	2	11.8
	Whole community	8	47.0
	Orphans	3	17.7
	Youth	3	17.6
	Women	1	5.9
	PLHWA	1	5.9
	Old people	1	5.9

Table 2 indicates that 41.2 percent of the NGOs have four years of work since established, which is enough to have an impact on the interventions done. Furthermore, about 88.2 percent of NGOs are registered and that 47 percent of them targets the whole community.

### **Roles of NGOs on HIV/AIDS Mitigation**

NGOs are dominant players in the fight against HIV/AIDS in Tanzania. They are currently involved in HIV/AIDS sensitization, prevention, control, and care programmes. In Tanzania most NGOs include the fight against HIV/AIDS on the list of their activities (AMREF, 2005). Jamil and Muriisa (2004) agree that NGOs are playing very important role on implementing HIV/AIDS activities. Table 2 indicates that 23.5 percent of NGOs are involved in caring and supporting PLHWA and orphans, 17.6 percent are providing education on HIV/AIDS, awareness creation on HIV/AIDS was mentioned by 17.6 percent, while few NGOs are involved in advocacy, testing and treatment services.

**Table 2: The Roles of NGOs (n = 17)**

Roles of NGOs	Frequency	Percentage
Care and support for PLHWA Orphans	4	23.5
Education on HIV/AIDS	3	17.6
Awareness creations on HIV/AIDS	3	17.6
HIV/AIDS prevention	2	11.8
Counselling	2	11.8
Advocacy	1	5.9
Testing for HIV/AIDS	1	5.9
Care and treatment	1	5.9
Total	17	100

Table 2 indicates that prevention and impact mitigation of HIV/AIDS are the key area of intervention by most of NGO while less effort is footed on testing, advocacy and treatment which are costly

interventions. Comparatively it was revealed that prevention interventions as they are of much benefit to the community, a core role of NGOs although they appears in different aspects like provision of education/awareness creation, HIV/AIDS prevention and also counselling which all curtail further spread of the scourge. This is followed by impact mitigation which is also important for those infected and affected i.e. PLHA and orphans.

### Approaches Used by NGOs on HIV/AIDS Mitigation

Various approaches are used by NGOs on prevention of HIV which is pursued predominantly through initiatives to community change of behaviour, such as ABC (“Abstain, Be faithful, and Condom use”). Amirkhan (2005) noted that risk for HIV infection is not uniform across any community population. Prevention efforts must target hidden population groups at greatest risk for the disease, and advances are especially needed in identifying practical strategies that can reach these high-risk segments of community populations.

**Table 3: Major Approaches used by NGOs on HIV/AIDS Mitigation (n = 17)**

Approaches	Frequencies	Percentages
Seminar/workshop	3	17.7
Leaflets distribution	2	11.8
Media coverage	2	11.8
Theatre Arts promotion	2	11.8
Video Shows	2	11.8
Posters Distribution	1	5.9
Community participation	1	5.9
Condom distribution	1	5.9
Group therapy	1	5.9
Educate and use peer groups	1	5.9
Vocational training	1	5.9
<b>Total</b>	<b>17</b>	<b>100</b>

Table 3 indicates that 17.7 percent of NGOs commonly use seminars and workshops and the least approaches are poster distribution, group therapy, vocational training, etc. (5.9 percent respectively) all these approaches reach a small sect of the community. This prompt a further exploration on why most NGOs prefer seminars and workshops which has disadvantage of reaching few people (participants) and they are costly. Media (radio and newspapers) could therefore be an appropriate means towards awareness creation while seminars/workshops could suit planning of activities and impart in-depth skills.

### Activities Done by NGOs in HIV/AIDS Mitigation Programmes

Table 4 indicates that 17.6 percent of NGOs were conducting seminars and workshops as their major activity in HIV/AIDS mitigation for the past twelve months.

**Table 4: Major Activities Performed by NGOs in a period of Past twelve Months (n = 17)**

Major Activity	Frequency	Percentage
Conduct seminar and workshops	3	17.6
Provide support to orphans	2	11.8
Distribute leaflets with HIV/AIDS messages	2	11.8
Counselling	2	11.8
Home based care for the sick (PLWHA)	1	5.9
Conducted group therapy	1	5.9
Testing HIV	1	5.9
Educate community on stigmatisation	1	5.9
Distribute condoms	1	5.9
Provide entrepreneur education	1	5.9
Provide legal support to widows, orphans and PLWHA	1	5.9
Doing research	1	5.9
<b>Total</b>	<b>17</b>	<b>100</b>

The second important activity was providing support to orphans (11.8 percent) while leaflets distribution was among the activities performed by most of the NGO and was ranked third and scored 5.9 percent. These results prompt a discussion on the effectiveness of seminars and workshops as the approaches seems to be limited on the number of the people reached and the criteria used to select participants and the frequency of these seminars. Findings from observations and FGD shows that NGOs meet only few high class people whose majority were formal employees/workers and not ordinary people from the grass-root level. For example a FGD member from Mji Mkuu ward said that:

*"I have been living here in Morogoro for twelve months now, but I haven't been invited to any seminar conducted by NGOs, but I heard every day that there are seminars, workshops conducted but I don't know who the target group were. May be it is for the people working in the offices".*

Literature indicates that respondents' awareness on HIV/AIDS is said to come from radio and newspapers, the major activity of NGOs on HIV/AIDS mitigation is conducting seminars and workshops which are noted as not effective as radio and newspapers. These two findings bring a probability that majority of people learn about HIV/AIDS through radio and newspaper and not necessarily from NGOs. Sethna (2003) shared the same observation that there is a need for NGOs to analyse the roles played by media. The media act as agents of information, education or sensationalism. Therefore it will be easy for a message sent through

radio and newspapers to reach large community. It can be deduced that seminar and workshop approaches are not an appropriate and encompassing means on HIV/AIDS mitigation to the community. From this observation, it is imperative that NGOs should employ appropriate approaches over HIV/AIDS information dissemination interventions.

### NGOs' Sources of Fund

NGOs dependence on donor funding is demonstrated on Table 5 where 41.2 percent of NGOs depends on donor funding while 11.8 percent of the NGOs are funded by individual members to implement their activities. This means that without donor funding very few NGOs can operate. This dependency syndrome seems to be a common phenomenon to many NGOs and Kelly et al. (2006) concluded that NGOs all over the world highly depends on foreign and international aid agencies/donors. The donor dependency syndrome has a great bearing on approach, result and sustainability of NGOs activities as always favour or rely on donor's interests/priority areas. Donors make decisions which influence local NGOs priorities that are then turned into intervention frameworks which might not suit local conditions. From these findings, NGOs activities on HIV/AIDS mitigation are not communities 'demand driven and hence not sustainable since most of them depend on donor for their activities. It is obvious that without donor assistance, most of the NGOs will not sustain their activities.

**Table 5: NGOs Sources of Fund (n = 17)**

Source of Fund	Frequency	Percentage
Donor funding	7	41.2
Internal sources	6	35.2
Government funding	2	11.8
Individual funding	2	11.8
<b>Total</b>	<b>17</b>	<b>100</b>

These results concur with Kelly et al. (2006) who noted that NGOs are dramatically underfunded relative to urgent HIV prevention needs. Furthermore it has been observed that many NGOs reported short funding periods and small funding levels. Therefore these factors create programme instability, make it difficult to establish long term programme development plans, and require that organizational effort be constantly focused on seeking funds to replace shortfall when short support periods end.

### NGOs Budget Deficit

Budget deficit for NGOs is a common phenomenon. Table 6 indicates that, 94.1 percent of NGOs dealing with HIV/AIDS mitigation were experiencing budget deficit which limit NGOs intervention. This is

because NGOs might be having good plans for HIV/AIDS interventions, but fail to implement their activities due to insufficient funds which constrain implementing activities as planned.

**Table 6 Budget Deficit among NGOs Funded by Donor Agencies (n = 17)**

Response	Frequencies	Percentages
Yes	16	94.1
No	1	5.9
<b>Total</b>	<b>17</b>	<b>100</b>

The findings of this study tallies with Kelly et al. (2006) who pointed out that one of NGOs' most striking problems is the small budgets, both with respect to their total operations and their budgets for HIV/AIDS activities. Moreover, White (2005); Birdsall and Kelly (2005) found that, many NGOs are often operating on very small budgets which limit intervention efforts in HIV/AIDS mitigation thus impeding their performance during activity implementation. This study also comes out with similar findings regarding small budget and the performance of the NGOs.

### **The Competence of NGOs Staff on HIV/AIDS Mitigation**

NGOs staff have a vital role in ensuring success in many HIV/AIDS mitigation activities. They are instrumental not only in setting guidelines on which activities NGOs should perform, but also on determining which and what knowledge or information should be imparted to their beneficiaries. Therefore, for the good performance of NGOs in implementation of HIV/AIDS mitigation programmes, their staff should have thorough knowledge and be well informed especially on issues related to HIV/AIDS mitigation. NGOs therefore, need to have professional permanent staff who work on a daily basis.

**Table 7: The Status of Employed of Staff within NGOs (n = 17)**

NGO Staff		Percent
Number of permanent staff	0	29.4
	1-5	58.8
	6-10	5.9
	11+	5.9
Number of temporary staff	0	5.9
	1-5	17.6
	6-10	11.8
	11+	64.7

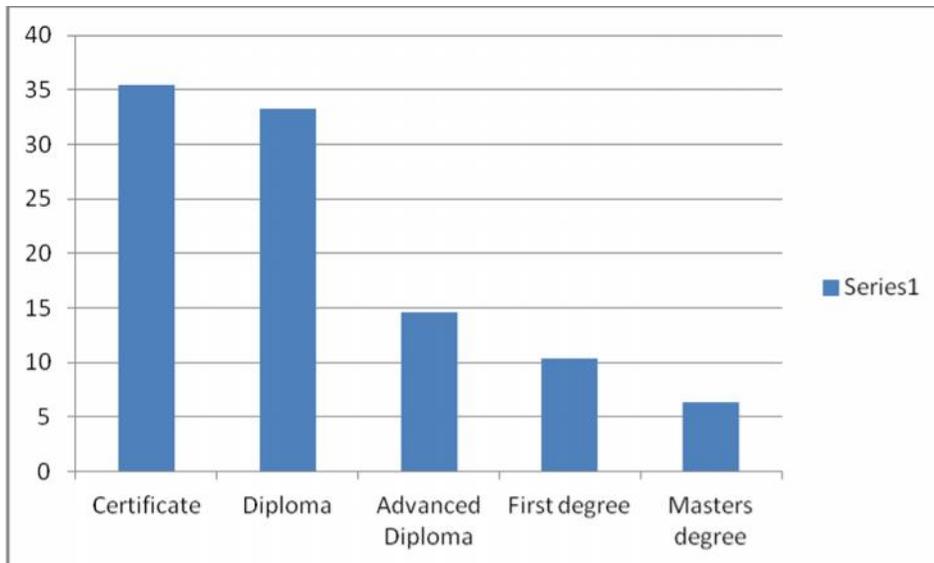
Table 7 indicates that 58.8 percent of sampled NGOs have one to five permanent staff within organization, while 5.9 percent of NGOs have more than five permanent staff and other 29.4 percent of NGOs have no

permanent staff. During discussions, it was explained that meagre budgets limit most NGOs to employ adequate permanent staff as they are believed to demand high salaries and other fringe benefits. As a result many NGOs depend on the services of temporary staff in execution of their activities since about 64.7 percent of NGOs were found to employ above 11 staff on temporary basis. Employment of temporary staff usually manifests the temporal nature of most activities NGOs undertake and might attract the use of incompetent staff. This observation has been also noted by Binangwa et al. (2003) who revealed that, majority of NGOs lack competent and sufficient numbers of full time staff. Similarly, Kelly et al. (2006), found that most NGOs had more temporary staff than permanent staff and that temporary staff were not competent in critical areas and were always neither stable nor reliable. Even though NGOs have been found to operate on very small budgets, the need of having sufficient and permanent professional staff is essential to make them effective and sustainable.

#### **Education Level of NGOs Staff**

Education is an essential tool for any meaningful development in any society and that more often competency goes hand in hand with the level of education one has been exposed to. As per this fact, HIV/AIDS complexities require thorough knowledge and understanding of what is needed in order to be able to respond quickly and effectively. However, as the epidemic is new there have been few experts on HIV/AIDS related issues. NGOs staffs need therefore to be equipped with this necessary background to enable them respond accordingly.

Figure 1 presents education level of NGOs staff. The figure shows that 35.4 percent and 33.3 percent of NGOs staff have certificate (and diploma respectively). Very few NGOs' staff has either Bachelor (first) or Masters Degree respectively on other aspects and none on HIV/AIDS.



**Figure 1:** Education level of NGOs Staff

Education level of NGOs staff which is depicted on Figure 1 is not sufficient to address pertinent issues of HIV/AIDS mitigation and community socio-economic dynamics. Hala (2004) concurs with this by noting that, many HIV/AIDS experts believe that prevention through education is the best way to fight the transmission of HIV the approach which is subject to competency and education level of the NGOs' staff. By using informal interviews to NGOs' staff, it was found that many NGOs' staff who are working within organizations have low level of education and are not conversant and not well informed with the activities they execute. This raises the question as to whether their education and knowledge is sufficient to effectively address social and economic impacts of HIV/AIDS.

#### **Training on HIV/AIDS to NGOs Staff**

HIV/AIDS training is an important undertaking for NGOs to be able to address HIV/AIDS related issues. Table 8 indicates that 64.7 percent of NGOs have less than five staff who had attended seminars and workshop on HIV/AIDS. Furthermore 94.1 percent of NGOs has less than five staff with skills to facilitate seminars and workshops. This is an indication that most NGOs have no enough competent staff to enhance effective HIV/AIDS interventions.

**Table 8: NGOs Staff attended HIV/AIDS training and facilitated on workshops and seminars on HIV/AIDS (n=17)**

Number of staff		Percentage
Staff attended HIV/AIDS training	<5	64.7
	6-10	23.5
	11+	11.8
Staffs facilitated on workshops	<5	94.1
	6-10	5.9

### **Coping Mechanism to Deficit of Staff and Competency**

As a coping mechanism to deficit of staff and competency many NGOs are hiring expertise from other institutions as an alternative coping mechanism. Table 9 indicate that, 88.2 percent of the NGOs hired expertise for facilitation of their activities from other institutions particularly government offices. This is an indication that most NGOs lack competent staff as it has been indicated in Table 10 whereby 64.7 percent of NGOs have temporary staff. Alternatively, outsourcing job is another strategy bearing in mind that many NGOs have budget deficit.

**Table 9: Technical Staff hired by NGOs for Implementing HIV/AIDS Activities (n = 17)**

Whether technical staff hired	Frequencies	Percentages
Yes	15	88.2
No	2	11.8
<b>Total</b>	<b>17</b>	<b>100</b>

### **Collaboration Status and Networking among NGOs on HIV/AIDS Mitigation**

Table 10 shows that, all sampled NGOs collaborated with other stakeholders on HIV/AIDS mitigation. Moreover, 40 percent of the NGOs indicated that major reasons for collaboration were to share experiences on HIV/AIDS interventions, while 17.7 percent indicated that collaboration aimed at improving quality of services to the community they serve. Table 10 further indicates that, 29.4 percent of NGOs were collaborating by sharing HIV/AIDS information, while 23.5 percent collaborated by exchange of expertise.

**Table: 10 Reasons for Networking Among NGOs (n = 17)**

Reasons for collaboration	Frequencies	Percentages
Share experience	7	40.0
Improve service to community	3	17.7
Share expertise	2	11.8
Financial support	2	11.8
Building network among stakeholders	1	5.9
Establish good relations	1	5.9
Poverty alleviation	1	5.9
<b>Collaborative ways</b>		
Share HIV/AIDS information	5	29.4
Exchange expertise	4	23.5
Joint of execution of activities	3	17.7
Share resources	3	17.7
Joint planning of the activities	2	11.8
<b>Resources shared</b>		
Fund	8	47.0
Experts	5	29.4
Working tools	1	5.9
<b>Collaborating status</b>		
Mutual understanding	10	58.8
Legal Binding	3	17.6
Memorandum of understanding	2	11.8
Both Mutual and memorandum	2	11.8
<b>Collaborating partners</b>		
Local Partners	9	52.9
National partners	5	29.4
International partners	3	17.6

Table 10 also indicates that, 47.0 percent of the resources shared by NGOs on HIV/AIDS mitigation were funds, while 29.4 percent were on expertise. The rest were transport and working tools. However, through discussions it was observed that some NGOs work in isolation, reluctant to collaborate with each other or with the government. This leads to limited sustainability of HIV/AIDS interventions and duplication of their efforts. Likewise, UNAIDS (2003) observed the same when reported that, there is lack of networking among NGOs dealing with HIV/AIDS and that whatever networking exists, it remain in a very rudimentary stage and almost ineffective. As a result duplication of programme and activities among them persist. In most cases the same kind of activities are implemented in the same geographic area whereas other areas in need are not reached with such services.

The fund sharing might have been related to fund disbursement from donors and local funding organizations like, Foundation for Civil Society and TACAIDS. The findings tallies with Seckinelgin (2004), who observed that most of the challenges presented by NGOs seem to be

related to funding gaps, and scale of implementation of HIV/AIDS activities.

Table 10 further indicates that, 58.8 of NGOs collaborated in mutual understanding and the rest were collaborating in other ways. Findings indicate that there is no legal binding to the majority of NGOs to collaborate and this might not guarantee accountability. Legal binding and Memorandum of Understanding (MOU) are the best ways of strengthening partnership among organizations and make them strong and more effective. Amoa (2005) noted that it is inevitable that not all partnerships run smoothly. Partnerships require building trust over time. Amoa (2005) said that there is a need to "...undertake effective and sustained communication to keep the partnership alive."

On exploring further the collaboration status among NGOs, Table 10 show that, 52.9 percent of the NGOs were collaborating with local partners, while 29.4 percent collaborated with national partners, while 17.6 percent collaborated with international partners. This suggests that most of the sampled NGOs operate in a much localized environment and therefore have very little exposure and experience from national and international organizations. This may result into a weak and poor exchange of information and networking among NGOs. Having many partners from the international and national organizations means there will be sharing of information and exchange of ideas in a wider context. From this point of view, it will be easy to learn different methods used by other organizations on fighting the epidemic. Furthermore, it was revealed that only 13.2 percent of NGOs have joint planning session and collective execution of the activities. This approach is cost effective measure, since when activities are planned together it is easy to know who is doing what, where and when. This enables NGOs to re-arrange the activities of their organizations basing on joint plans and therefore be able to share resources such as experts and avoid replication of activities.

#### Challenges Faced by NGOs in Implementing HIV/AIDS Activities

Various challenges have been faced by many NGOs while implementing HIV/AIDS related activities. Table 11 indicates that 24 percent of NGOs are operating under insufficient funds within their organizations, while 12 percent have inadequate working tools and lack means of transport to reach the community. Other challenges mentioned were; lack of permanent offices, shortage of staff, and poor relationships among NGOs and other stakeholders on HIV/AIDS mitigation, and slow change of attitude and sexual behaviour among the community.

**Table 11: NGOs Major Challenges on HIV/AIDS Interventions (n = 17)**

Challenges	Frequencies	Percentages
Insufficient funds for conducting HIV/AIDS activities	4	24.0
Inadequate working tools	2	12.0
Lack of transport to reach community	2	12.0
Lack of permanent office	2	8.5
Shortage of staff	2	6.4
Poor relationship among NGOs and other stakeholders	1	6.4
Community not changing behaviour	1	4.3
Lack of community support on caring PLWHA and orphans	1	2.1
Little support from the government	1	2.1
Outdated culture and norms	1	2.1
<b>Total</b>	<b>17</b>	<b>100</b>

These findings are also supported by Subbarao et al. (2004) and Birdsall and Kelly (2005) who noted that some of the challenges facing most of the NGOs in Africa include inadequate funding, shortage of trained personnel, inadequate skills, lack of psychosocial services, lack of long-term strategic planning, and low self-esteem.

## CONCLUSION AND RECOMMENDATIONS

Despite of various shortcomings revealed, NGOs are still very important for mitigating HIV/AIDS. In the future, considering the numerical greatness of NGOs and the gaps mentioned in terms of reaching people, NGOs should reconsider the existing networking arrangements so as to intensify and capitalise their roles. Prevention activities should be given priority in setting out HIV/AIDS mitigation interventions. NGOs should re-align their roles on HIV/AIDS interventions and employ qualified permanent staff so as to prevent further spread of the epidemic. Lastly, NGOs should carry out a situational analysis and community needs assessment before deciding on which approach to use on HIV/AIDS interventions.

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