OUTCOME EVALUATION OF MICRO CREDIT SCHEME SAVING AND INTERNAL LENDING COMMUNITY INTERVENTION FROM PEOPLE LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS IN MAGU DISTRICT

By

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CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a thesis entitled **"outcome evaluation of microcredit scheme Saves Internal Lending Community intervention for people living with human immunodeficiency (PLHIV) virus in Kisesa, Buora and Bukandwe wards, Magu District"** in fulfilment of the requirements for award of the Masters of Science Health Monitoring and Evaluation.

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DECLARATION

I, **Lucy Cornel,** declare that this thesis is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature _____

Date_____

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LIST OF ABBREVIATIONS AND ACRONYMS

AFREDA	Action for Relief and Development Assistance
AIDS	Acquired Immune Deficiency Syndrome
CRPs	Community Resource Persons
DMS	Degrees Minutes Seconds
IDI	In Depth interview
IGAs	Income Generation Activities
IHI	Ifakara Health Institute
LSHTM	London School of Hygiene and Tropical Medicine
MoHCDEC	Ministry of Health, Community Development, Gender, Elderly and Children
MVC	Most Vulnerable Children
NGOs	Non-Governmental Organisation
NIMR	National Institute for Medical Research
PLHIV	People Living with HIV
SILC	Savings and Internal Lending Communities
TAZAMA	Tanzania AIDS Monitoring Activity
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Programme on HIV/ AIDS
USAID	United States Agency for International Development
UTM	Universal Transverse Mercato
UVUUMA	Umoja wa Vikundi vya Uzalishaji Mali na Uelimishaji Rika Magu
WHO	World Health Organisation

ABSTRACT

Background and rationale: HIV/AIDS has caused negative impacts on livelihoods including socio-economic problem, food insecurity and increased number of orphans among SubSaharan countries including Tanzania. Following this, TAZAMA, the project operated under the Tanzania National Institute for Medical Research (NIMR) initiated the so called Microfinance schemes with the main objective to mitigate the negative impact of HIV/AIDS among People Living with Human Immunodeficiency Virus (PLHIV) and vulnerable populations in rural areas. Therefore the purpose of this study was to evaluate the contribution of microfinance Saving Internal Lending Community (SILC) intervention under TAZAMA project to the living standard of People Living with Human Immunodeficiency Virus (PLHIV) in Kisesa, Bujora and Bukandwe in Magu district within Mwanza city Tanzania

Methods: Analytical cross-section study design was used which adapted mixed research methods; both quantitative and qualitative approaches were used. About 119 participants aged 18years old and above, PLHIV and beneficiaries of the SILC programme in Magu District suburb of Kisesa, Bujora and Bukandwe wards were enrolled for the study. Both self-administered questionnaires and interviews were used for data collection. STATA Statistical Software Package and ATLAS.ti V. 7 were used for data analysis. Inferential t-test and chi-squire test were used; also descriptive statistics such as frequency and percentage were presented in form of tables, figures and graphs.

Results: The findings revealed that the majority of PLHIV had manage to save and receive credit through SILC groups, all beneficiaries of PLHIV manage to start entrepreneur activities after joining SILC groups such as horticulture, shops ,transportation (bodaboda) and tailoring. Also, the findings show SILC members were able to increase meal intake and increased food stock. About success of SILC programme results shows PLHIV in improving their Living standard by owning assets and business. Statistically, there is significance difference on Ox-plough farm equipment before loan and after loan at P-value of $0.0095<0.05$ which shows there is improvement in farming activities due to program intervention. Moreover, there is significance difference in type of wall materials used among the household of PLHIV before and after loan at P-value of $0.000<0.005$.

Conclusion: The scheme has been positively impacted to PLHIV through operational SILC groups by saving and receiving microcredit. It had improved lives of the PLHIV in the three wards in Magu district and therefore, the Government and other stakeholders should allocate resources to scale-up SILC initiatives to other areas of Magu District and beyond to cover unmet needs of PLHIV since the project did not cover the entire community of people who are living with HIV/AIDS.

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CHAPTER ONE
INTRODUCTION

1.1 Background Setting to the Problem

Globally, HIV/AIDS is a global concern (Avert, 2018). An estimated number of people living with HIV (PLHIV) in the world have risen up to about 36.9 million people while the numbers of AIDS-related deaths were recorded to be around 1.3 million people at the end 2017.

The Global statistic illustrates that in 2017, there were 19.6 million people living with HIV (53%) in Eastern and Southern Africa. Whereas, 6.1 million (16%) living in Western and Central Africa, 5.2 million (14%) in Asia and the Pacific, and 2.2 million (6%) living in Western and Central Europe and North America (UNAIDS, 2018).

Most sub-Sahara African countries are highly affected by the HIV/AIDS pandemic and the disease has caused serious implications on livelihoods including socio-economic problem, food insecurity and increased number of orphans, it is uneven burden of HIV of more than 70% of global burden of infection (UNAIDS, 2018) (Kharsany & Karim, 2016). That 70% is almost 25.6 million people in sub-Saharan Africa living with HIV/AIDS, equally to two-third of overall world HIV infections. Although there are some efforts done to reduce the rate of HIV infection within a nation and international by testing HIV status to their people, enrolling those who are positive in ART treatment, and making sure adherence of treatment so to have viral load below one thousand; However, HIV occurrence rate has continued to increase in countries like Lesotho (22.7%), Botswana (22.2%) and South Africa (19.2%). This has been contributed by nature procedure and results of the burden in this region have been formed by an astonishing interaction of traditional, behavioural, social and material factors (Amuche et al., 2017).

Tanzania is one of the countries has also been affected by the HIV/AIDS epidemic. There are about 1.5 million people who live with HIV/AIDS, 4.5% are adult 15-49, 65000 new HIV infection, and 32,000 AIDS-related deaths, 68% adult on

antiretroviral treatment, 46% children on antiretroviral treatment (Avert, 2017). Various efforts have been made to raise the living standard of her people through government, local and international NGOs.

Microfinance schemes have been considered as one way to mitigate the impact of HIV/AIDS especially among vulnerable populations in the Less Developed Countries (LDCs). Some studies of microfinance institution delivering health-related services have evidence that when delivering routinely schedule of microfinance services to a microfinance group meeting and adding health education to people improve knowledge and behaviour change (WHO, 2010). The PLHIV participate in the training of income generation activities and loan. In 2006, 90.93% of participants were able to lend and repay back. The participants were able to reduce self-stigma and fear from their families and communities, self-esteem and quality of life has been increased (ILO, 2014).

The primary goal of a microcredit programme is to grant credit to the people credit with small collateral-free allowing borrowers to actively generate a range of activities to improve their economic conditions (World Bank, 2010).
Microfinance programme expansion has helped people to access credit and savings services. Globally, manage to reach over 100 poor clients, most of them are women who got the privilege of acquiring new business skills that enhance their self-esteem, conflict resolution ability, and household decision making and social network through economic empowerment through microfinance (Kim *et al.*, 2009).
So, since the initiative of microfinance, it is three-decade of microfinance project intervention and it has shown the success of economic empowerment of poor and poverty mitigation around the world. HIV/AIDS is one of disease that contributes to make people poor and inability to continue with their day to day activities of income generation activities, (WHO, 2010).

Microfinance initiatives have become popular, mostly in low- and middle-income settings, as a means of promoting rural development. The microfinance patentability has now being recognized in health care and the United Nations (UN) and recognized microfinance role in socioeconomic in the communities and drew the attention on it

Microfinance schemes use group-based to harness the collective power of mutual support so as members can pooling their saving and make small loans within the group to each member to receive some amount so that they can start up a small business with aim of generating income to improve the economic power (WHO, 2016).

Developing countries face the challenge of social protection in food, chronic poverty and HIV pandemic. HIV and AIDS can push people and household into poverty due to medical expenses, reduction of labour capacity in a household in some families and community with HIV related experience stigma and discrimination of marginalizes PLHIV and household affected by the virus by excluding them from essential services (Miriam Temin, 2010).

Sub-Saharan Africa has population which comprises the highest number and rate of people living in tremendous poverty of any developing region in the world and roughly half of the population surviving on less than $1 a day, yet no financial institution (MF or otherwise) has attempt to reach 80 percent of the 800 million people living there. A survey of formal-sector financial institutions conducted in 2006 with Consultative Group to Assist the Poor and revealed that poor people in sub-Saharan Africa held only 4 percent of the global total of such accounts (Odell *et al*., 2011).

Furthermore, in sub-Saharan Africa, not many micro credits that targeting PLHIV that is reason microfinance becomes reluctant to target PLHIV because of the perception of being in high risk of the loan not been paid by PLHIV. This is field experience from one of HIV clients and clinic director in Uganda reveals that. Also, microfinance services have a high interest rate, they need collateral, rendering these programmes essentially inaccessible. Microfinance market in sub-Saharan Africa need to consider PLHIV as their potential customer since the provision of ART has increased life expectancy and health lives to PLHIV (Linnemayr *et al.*, 2017).

Microfinance in Tanzania is not new, in terms of microfinance activities. In Tanzania microfinance activities started 1995, whereby Government adapted the first National Microfinance policy in 2000 (NMP, 2017).In recently, there is the growth of economic status that has helped Tanzania's poorest, and still, report emphasizes that there are approximately 70% of Tanzanians who continue to live with less than $2 per day (Bank, 2018).

Despite having numerals of microfinance includes a total of 100-microfinance Institutions (MFIs) and 5, 300 Savings and Credit Cooperatives Societies (SACCOS). The latter include Savings and Credit Associations (SACAs), Rotating Savings and Credit Association (ROSCAs) Village Savings and Loans Associations (VSLA) and Village Community Banks (VICOBAs (AYANI, 2011). None of them has considered people living with HIV with access to capital, which will support their economic activities except the NGOs that deal with HIV/AIDS prevention such as TUNAJALI in Mufindi Iringa for women who are living with HIV, AFREDA in Tanga. The HIV & AIDS and Microenterprise Development Working Group of the SEEP Network, "Kibara Mission Hospital HIV Project, Tanzania. Phase II: Savings and Internal Lending Communities in Musoma and TAZAMA project with SILC. Therefore the country has 1.5 million people who live with HIV/AIDS, 4.5% are adult 15-49, 65000 new HIV infections (Avert, 2017).

Therefore, together with an increase in numbers of microfinance no legal written documents that allow PLHIV to get financial support since not all of them are capable of providing basic needs for the household. Also because of the nature of the disease, PLHIV has been isolated from social protection. Those few micro finances from NGOs who provide support are not enough to accommodate the needs of the clients they support, for that reason, Tanzania Ministry of finance, Tanzania Ministry of Health, Children Development, Elderly and Community (MoHCDGEC), health stakeholders and NGOs that deal with microfinance have to take initiative on how they can help PLHIV through those microfinance schemes. Reviews of policies, legal permit so they can accommodate PLHIV because is still challenge in our country and worldwide more effort and support on HIV /AIDS are on prevention, testing and

cancelling, ART enrollment, and TB issues. No any declaration worldwide, Africa or Tanzania that declare on financial support to PLHIV but rather the local or international NGOs interest. Microfinance has grown and been capable of saving 150 million clients around the world and became pan-nation multibillion-dollar industry, but not specific for PLHIV but rather those who are poor (Odell *et al.,* 2011).
TAZAMA project is among many projects, which operated and being supported by a local and international organisation through the partnership of the Tanzania National Institute for Medical Research (NIMR). In 2011 the project saw the challenges faced People living with HIV/AIDS (PLHIV) of their low life profile and inability to generate income and decide to initiate microfinance programme called Saving Internal Lending Community aims at improving the living standard of people living with HIV/AIDS in Kisesa, Bujora and Bukandwe wards, Magu.

The project in 2011 saw the challenges faced by people living with HIV (PLHIV), of their inability to generate income with low-status life profile and came up with Saving Internal Lending Community programme as microcredit to rescue PLHIV. The microcredit allows the household of PLHIV to borrow invests and create and expand the business. The project intends to provide economic security to rural communities affected by HIV/AIDS and those who live with HIV and AIDS in Kisesa, Bujora and Bukandwe Magu. The programme arises when TAZAMA project was in the second phase of implementation 2011 to 2016, which has been funded by Global Fund Round nine. This project manages its activities within the country under the umbrella of NIMR (NIMR, 2016).

Despite the number of strategies has been done coping with the burden of HIV/AIDS within the household and communities to represent, still there are a number of challenges concern PLHIV, still, these people are a vulnerable group because of economic constrain and vulnerability and being unable to resume their income generation activities. Microfinance scheme emerged as a noble substitute for informal credit and potent tool for people living with HIV and the low-income household which cover a number of services such as loans, deposit and payment services. Since PLHIV are vulnerable to economic instability and unable to join formal bank due to collateral and they had limited access to economic opportunity.

Therefore, they need other alternative sources of financial support that is why the emerge of the microcredit scheme is crucial to them to meet their basic need. Microfinance institutions have revealed a major contribution towards the poor in rural, semi-urban or urban areas for enabling them to raise their income level and living standards in various countries (Mittal & Srivastava, 2014).

It is the best position as a safety net to serve those PLHIV. Credit receiving services assist PLHIV to conquest over their liquidity constraints and embark on some income-generating activities and make easily consumption pattern. Once PLHIV has been improved it will facilitate investment in the productivity of workforce or human capital. However, credit has the ability to maintain production capacity of PLHIV household. Inability to access credit for the PLHIV may have negative outcomes such as lack of income, agriculture productivity, food insecurity, nutrition, education, health and other welfare. Moreover, Microfinance is important to households affected by HIV/AIDS, having access to financial services will enable them to shore up their resources ahead of time in an effort to cope financially with any emergency that may arise and demand money. Therefore, PLHIV they need microcredit assistance as one of the coping initiatives as they struggling for breadwinning for their families.

1.2 Statement of the problem

TAZAMA Project has been implementing Epidemiological sero-surveys since 1994 and up to end of 2010, six rounds had been implemented. During the Global Fund funding 2011-2016, two rounds of epidemiological sero-surveys were done in Magu District. The survey has recorded increasing HIV prevalence (percent of HIV infected individuals in the population) especially in the rural villages and decreasing HIV incidence (rates of new infections). The increase in the number of PLHIV in the community has led to economic instability, which accelerated to low income of the household and the poor status of their life profile. In 2011 the Project designed some income-generating activities so as to improve household income through supporting groups engaged in the Income Generating Activities (IGA). The project came up with microcredit scheme named Saving Internal Lending Community (SILC) to

provide economic security to rural communities affected by HIV/AIDS and those living with HIV and AIDS in Kisesa, Bujora and Bukandwe wards. Despite a number of efforts made by TAZAMA project through SILC in improving economic situation of PLHIV at Kisesa, Bujora and Bukandwe including the provision of credit through operational SILC, improved their ability to secure adequate food to sustain their household nutrition and other needs. There is no evaluation study that has been done to evaluate whether credit provided by the scheme has improved household income for PLHIV. For that reason, this study aims to evaluate the outcome of SILC intervention on the living standard of PLHIV in Kisesa, Bujora and Bukandwe to see whether the project has succeeded in improving life status of PLHIV in Kisesa, Bujora and Bukandwe wards.

1.3 Evaluation Objectives

1.3.1 General Objective

The main objective of this study was to evaluate the contribution of microfinance Saving Internal Lending Community (SILC) intervention to the living standard of People Living with Human Immunodeficiency Virus in Kisesa, Bujora and Bukandwe, Magu district.

1.3.2 Specific Objectives

i. To examine saving and credit receiving, at Kisesa, Bujora and Bukandwe wards in Magu District.
ii. To determine how successful are PLHIV engaged in establishing entrepreneurship activities, at Kisesa, Bujora and Bukandwe wards in Magu District.
iii. To establish the extent to which the PLHIV has been able to secure adequate food to sustain their household nutrition and other basic needs, at Kisesa, Bujora and Bukandwe wards in Magu District.
iv. To examine the success of SILC programme in empowering PLHIV

1.3.3 General Evaluation Question

The main evaluation question of this study is: What are the contributions of microfinance Saving Internal Lending Community (SILC) intervention to the living standard of People living with Human Immunodeficiency Virus in Kisesa, Bujora and Bukandwe, Magu District?

1.3.4 Specific Evaluation Questions

i. Have PLHIV managed to save and receive credit through operational SILC groups, at Kisesa, Bujora and Bukandwe wards in Magu District?
ii. Have PLHIV succeeded in establishing entrepreneurship activities, at Kisesa ward in Magu District?
iii. Have the PLHIV been able to secure adequate food to sustain their household nutrition and other basic needs, at Kisesa, Bujora and Bukandwe wards in Magu District?
iv. What are the successes of SILC programmes in empowering PLHIV?

1.4 Significance of the evaluation

Firstly, the study will contribute to the body of knowledge on the impact of microfinance on the lives of PLHV. Secondly, the study will provide empirical evidence on the contribution of microfinance services to people living with HIV towards entrepreneurship practice. Thirdly, the findings of this study may enlighten and inform policymakers about the potential of the SILC scheme in improving lives in the rural areas and therefore plan to scale-up the scheme to other parts of the country. Fourth, the Government has to reform microfinance policy and financial policy that will have respite rule and regulation that favours loans to the vulnerable groups in the communities. Finally, the ministry of health (MoHCDEC) and other stakeholders in planning, resource allocation and decision-making. Reorientation of microfinance institute financial and formed Bank linkage links more value-adding between SILC members and formal microfinance must explore to link with large pool capital.

1.5 Description of the Programme to be evaluated

1.5.1 Expected programme effect/objectives

The aim was to observe a cohort of PLHA since 1994 at Kisesa. The project oversees the livelihood of people living with HIV and decides to formulate the micro-economic called Saving and Internal Lending Communities (SILC) to help them in generating income to get their basic needs (NIMR, 2016).

Saving and Internal Lending Communities (SILC) is a Community based savings and lending scheme, that was introduced in Kisesa ward as a strategy to increase income of vulnerable households i.e. households of People Living with HIV (PLHIV) and households caring for Most Vulnerable Children (MVC), with inclusion with non HIV/AIDS individuals. The programme was established since March 2011 by TAZAMA project of the National Institute of Medical Research (NIMR Mwanza), Mwanza Centre through the facilitation of UVUUMA Organisation from Magu District. This was the second phase of the TAZAMA project (NIMR, 2016).

Since the programme began in March 2011, up to June 2016, with a total of 1118 members of SILC who are none infected with HIV and those who affected with HIV, 900 women and 218 men benefited from SILC loans. In this research, the researcher focused on age 18years and above where 170 members living with HIV were targeted such that 110 were women and 60 were men.

1.5.2 Objectives of the programme

i. To facilitate the formulation of as many SILC groups as possible in Kisesa, Bujora and Bukandwe, Magu District
ii. To ensure that the SLC group operates as per the principals of the SILC groups
iii. To ensure that SILC group members save and receive credit through operational SILC groups.
iv. To ensure that members of the SILC groups benefit from the SILC groups through Share, Social Fund and Community support fund.
v. To ensure improvement in the life hood of SILC member in all the groups
vi. Ensuring the sustainability of the groups
vii. Enabling SILC groups to form entrepreneurship activities

This particular evaluation was based at Kisesa, Bujora and Bukandwe on all main project objectives (i) and (ii). The strategies have got sub-target to achieve for any household with PLHA that are listed below "Income generation, nutritional, health service affordability, education and other needs.

1.5.3 Major strategies

The project recruited five (5) supervisors and 6 Community Resource Persons (CRPs) to facilitate, support and monitor the progress of the SILC groups.

1.5.4 Programme activities and resources

Training and mentorships of Health Care Workers lead to the provision of quality services.

Community Resource Person is the one who trains the SILC group on different modules. Training took six weeks to accomplish the training. The trainings include the following topics: (1) Groups, Leadership and Elections; (2) Development of Policies and Regulations Related to the Social Fund, and Savings and Credit activities; (3) Development of SILC Constitution; (4) Written Record-Keeping and Managing a Meeting; (5) Memory-Based Record-Keeping; and (6) Managing a Meeting, Meeting Procedures and First Savings, Loan and Repayment Meetings; (7) Income Generating Activities (IGA) i.e., micro-financing, poultry keeping startup of small scale business.

Conduct regular supervision/mentorship of SILC loan services delivery point

After the SILC group training phase, Community Resource Persons (CRPs) will initiate the intensive supervision phase and attend every group meeting for around a 16 weeks period. During this phase, the Community Resource Persons have a more supportive role for the groups, by clearing doubts and answer questions from group members. During supervision the project will ensure that they develop skills that will build capacity of group members in managing and operating their own group and after sixteen weeks of intensive supervision that is conducted by CRPs and members of group and evaluate the group performance; when evaluation results become positive CRPs will reduce the number of visits to the group. At this point, the group passes into the Development phase for approximately 16 weeks. During this phase

the (CRPs) gradually taper off their visits, reducing the frequency from every other meeting to every third meeting, etc. Finally, during the last three months of the SILC cycle, the group is in the Maturity phase during which time the group operates nearly independently. This phase prepares the group for graduation at which time each group member will receive his/her shares of the total amount of group assets that the group has agreed to share-out and the groups are officially declared independent of the partner. After the share-out, the groups agree upon membership and constitution for a second cycle.

Provision of technical support,

TAZAMA project recruited five supervisors, Community Resource Persons (CRPs) who facilitate, support and monitor the progress of the SILC groups. CRPs and supervisor receive training on SILC methodology to provide them with adequate technical support to the group. This resource person will provide technical expertise throughout the project implementation in Kisesa Ward.

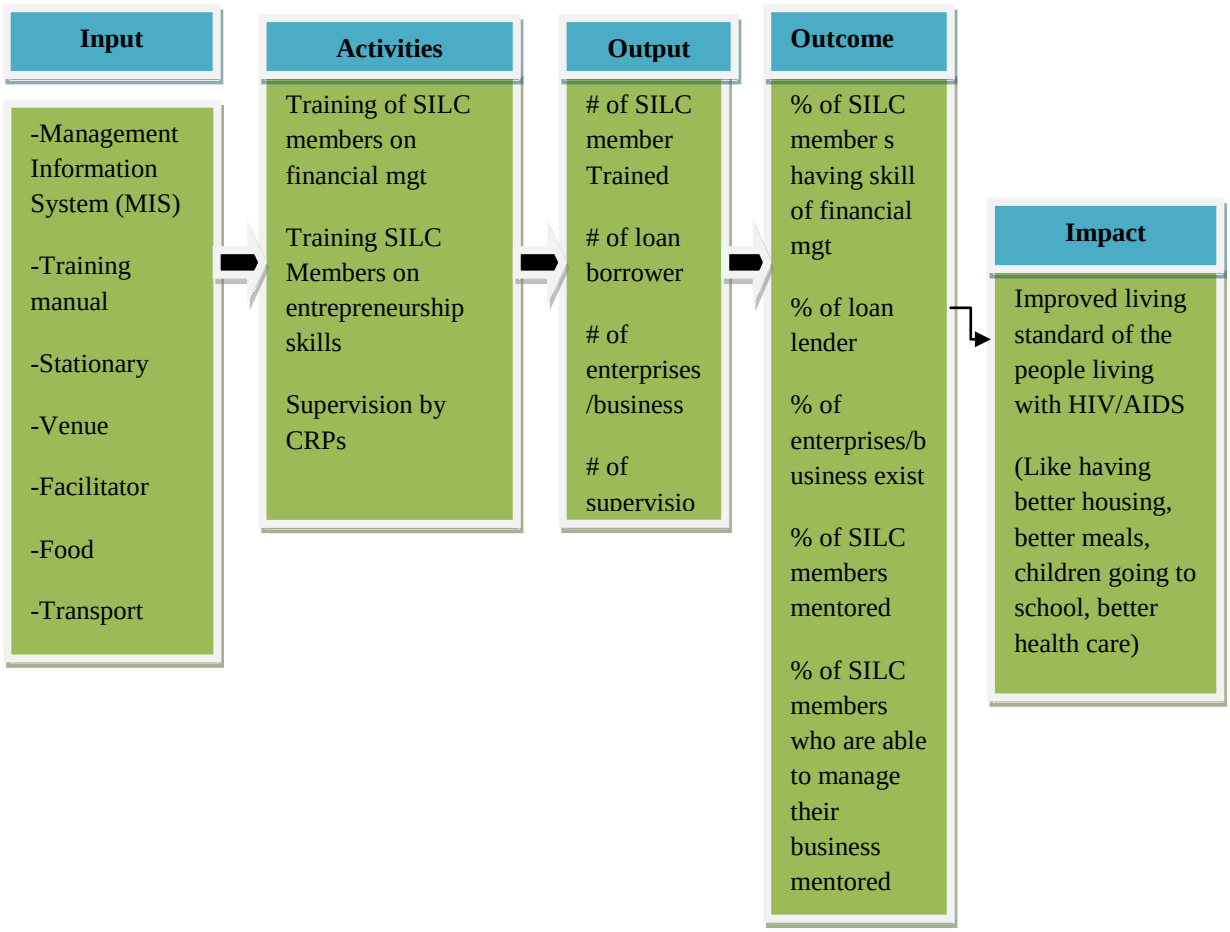
Scale-up of the SILC programme by integrating with other programmes such as UVUUMA and OVC

It is the expectation of SILC programme to scale up in other wards at feature and integrating with other projects like TUNAJALI, which deal with Home Based Care Programme. Project activities were implemented in Magu District, Mwanza Region, Within TUNAJALI they have programmes with youth that deal with food security and agriculture the programme called UVUUMA and Orphans and Vulnerable Children (OVC). Therefore, integration of SILC, UVUUMA and OVC will have a positive impact on food security to PLHIV, because of experience from UVUUMA.

1.5.5 Resources

The project succeeded in facilitating the formation of 56 Microeconomic groups' activities to mitigate the impact of the HIV/AIDS epidemic in the community. With only small seed funds (mainly for training groups members) the groups have shared over 1 Billion and have extended support to orphans and other vulnerable individuals in the turn of TZS 13,000,000 all this is from 2011 to 2018. The amount of loan used by 1118 household was 380, 77800 after SILC profit system (NIMR, 2016).

Figure 1.1 SILC Programme Logical Model



Source: Researcher's construct 2019

1.5.6 Stakeholder analysis

Table 1.1 Stakeholders Assessment and Engagement Matrix

No	Stakeholder	Roles in the programme	Interest / perspective on evaluation	Role in the Evaluation	Means of communication	Level of Importance (High, Medium, Low)
1.	MoHCDGEC	▪ Lead-recipient Ministry of Finance is a Principal recipient (receives funds from Global Fund, Geneva). ▪ It provides guidelines and policies that guide all programmes implemented in the health sector including the modalities for implementing HIV/AIDS and microfinance programme.	▪ Understanding activities undertaken for TAZAMA services, coverage of different Programme services within the area and trends of SILC services since the launching of the programme	▪ Supervision and data use data for decision-making and technical support.	Written reports / Emails Oral presentations /meetings	High
2.	NIMR Mwanza	▪ Provide policies and strategic guidance in HIV care and treatment-related programmes, provide technical assistance for SILC and make supervision for the programme, operation as well as disbursing to the partners; managing all project's logistics; organising project meetings; writing quarterly technical and financial reports	▪ Organising daily research operations of the Project; ensuring funds availability for project's operation as well as disbursing to the partners; managing all project's logistics	▪ Organising project meetings; writing quarterly technical and financial reports and overall coordinating the project.	Written reports / e mails Oral presentations /meetings	High

		and overall coordinating the project				
3.	IHI	▪ To expand Population and HIV surveillance to other parts of the country	▪ Take HIV surveillance activities	▪ Provision of data		Lower
4.	INTERNATION NGO (LSHTM)	▪ To provide technical support in several areas	▪ Designing and facilitation on implementation of research activities,	▪ Proposal writing, data analysis and writing papers and its publication.	Written reports / e-mails Oral presentations /meetings	Medium

Source: Researcher's construct 2019

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter defines important terms and concepts related to enterprises or business, access to basic services and the results of SILC on saving, income generation and repayment capacity. Hence, important concepts like living standard, collateral, household, food security, and loan are defined. It has involved theoretical reviews of theories related to the evaluation study such as microfinance Model (MFM) as well as an empirical review on business, microfinance and practices towards People Living with HIV/AIDS and the existing research gap. Thus, this will help in developing a good understanding, insights and right trends regarding similar studies.

2.2 Theoretical review

2.2.1 Definition of the key terms and their theoretical background

2.2.1.1 Microfinance Background

The main services provided by microfinance are credit and saving services, to households and micro-enterprises that have been disqualified from formal /traditional commercial banking services. On the other hand, microfinance can provide insurance and other services. The ideal aim of Microfinance was to provide financial services to people who are not illegible from those formal sectors and are from low-income, self-employed or informally employed individuals, with no ownership titles on their assets and with limited formal identification papers (Beck, 2015).

Generally, microfinance very last decade there has been an increase on attention to the precondition of microfinance services to micro-entrepreneurs, especially those from a poor household and vulnerable groups. This microfinance, microcredit or micro-entrepreneur programmes their mission is to provide services that vary from one context to another depending on those in need.

Previous Microfinance existed in various form and shapes, for example of Rotary club whereby individuals used to pool their saving into a certain fund every month and random pick without replacement to receive the entire fund within a year. Moreover, poor people and the vulnerable group were lending money from the existing informal lending institution to extend their credit. When you want to trace the origin of Microfinance you have to think of Rotating Saving and Credit Association (ROSCA) (Shodhganga, 2012).

Microfinance was established since 15th century in Europe by Catholic Church through Pawn Shops as money lenders which spread all over Europe, Irish, German, France, Quebec, Africa, Latin America and Asia 1970 and by banks such Grameen Bank in Bangladesh and Bank Raykat in Indonesia. The Grameen Bank microfinance intends to test whether it is practical that poor people could be able to generate income if there are equipped with the financial resource. Their clients did not possess any form of guarantee, only social bind was used instead. The borrower requested to form a group of five, and then the loan will be given to them to start up business either group or individual. When it comes business an individual within the group fails to repay the loan and no more loan will be granted for a group and the group members are liable to pay the loan for their member (Giné & Karlan, 2013).

2.2.1.2 Microfinance

This has been referred to as giving people financial support such as a loan so that they can awaken the spirit of entrepreneurship through different activities of their choice to generate income (Strasser, 2014).

2.2.2 Food security

Exists when all members at all times, have physical, social and economic access to sufficient, and safe nutritious food which meets their dietary needs and food preferences for an active and healthy life (Napoli, 2011).”

Food security has got about 4 pillars such as accessibility, availability, utility, and stability of food to a particular household. This will be measured using household income and expenditure, individual intake 3 meals per day this is FAO criteria of

assessing food security (Napoli, 2011). Household income and expenditure will be in how the head of the family purchasing power of food at home and away from home, a gift of food or food received as payment for labour and what household produce for food.

According to this research, basic services are like education, hospital services, water, food, house or rent for house and electricity.

2.2.3 Saving

Saving is an essential instrument for capital accumulation and formation, which further enhance economic growth and development through income generation activities (Pulka et al., 2015). The study wants to understand that individual after receive loan and generate income did they able to save.

2.2.4 Entrepreneurship

This is considered to be an inclusive, multidimensional perception and is defined by Global Entrepreneurship Monitor (GEM) as "any attempt at new business or new venture creation, such as self-employment, a new business organisation, or the expansion of an existing business, by an individual, a team of individuals, or an established business" (Rusu & Roman, 2017).

2.2.5 Income Generating Activities

Refers to any type of activity that enables a person or a household to generate revenue, creating sustainability and improving accessibility to basic food and non-food products (Bak et al., 2009).

2.2.6 Repayment capacity

This is an ability of borrower's to repay the debt through capital and interest from regular income (Langemeier, 2018; Kantrovich, 2011). Every business has principle and interest, some of them their principles have been borrowed from bank or microfinance offices. So if the business has debt it has to pay what has been lend with profits, so its ability to pay to differs from one person business to another, the study wishes to understand how PLHIV were able to return money to SILC or they had encounter cash flow difficult.

2.2.7 Living standard

Refers to a type of cooking fuel, sanitation, availability of clean and safe water, access to electricity, type of house floor and ownership of assets that an individual accesses (UNDP, 2015).

Plunkett (2011) defines living standards as the kind of life that household or individual can afford to live and it is determined by resources and services that households or individuals afford to access (Mdahila, 2012).

2.2.8 Better house

Article 24 of the National Constitution, the Government of Tanzania recognizes the right of every citizen to own property including housing. Housing condition can determine the quality of life of a person by preventing disease, increasing the quality of life, reducing poverty and it contributes to the achievement of the Sustainable Development Goal (WHO, 2018).

According to this study better house should have water since it is physiological requirement to sustain adequate hydration, to prepare food, and to maintain hygiene, indoor air quality and enough space of rooms, parent room at least each gender of children to have room, iron-sheet roofs, sand and cement brick, mud brick or burning brick. Poor houses is those where people live in mud huts with grass-thatched roofs, no enough room, one room the whole family sleep together.

2.3. Breaking the Vicious Cycle of Poverty Theory

Kwapani (2014), on his study addressing that microfinance intervention if used can help poor break the severity of economic issues. Poverty is characterised by low productivity, low per capita incomes, low servings and low capital accumulation. Also, the study addressed the issues of poverty in relation to microfinance, two key questions arise:-

(1)To what extent does microfinance empower entrepreneurship in LDCs, and are these processes economically and environmentally sustainable?

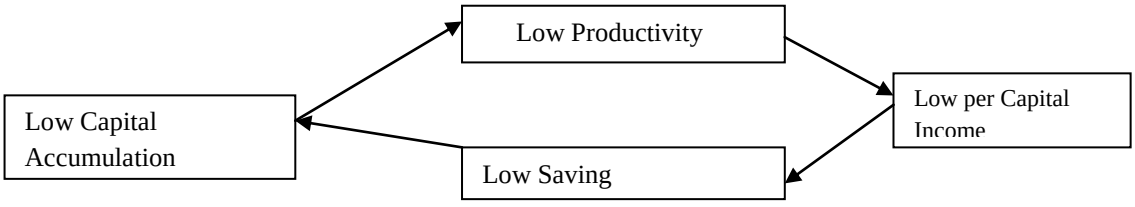
(2) To what extent do real-world case studies suggest that these processes reduce poverty in LDCs regarding the economic development process?

What makes the poor break the out of the above cycle is basically economic improvement, which ultimately leads to the total socio-economic advancement. Thus, economic development can be defined as "sustained increase in prosperity and quality of life realised through innovation, lowered transaction costs, and the utilisation of capabilities towards the responsible production and diffusion of goods and services" (Feldman *et al*., 2015). It includes three equally key aspects which are; raising incomes and consumption; fostering self-esteem through institutions that uphold human dignity and respect; and increasing people's freedom. This principle has a distinct application to the improvement of life standard of people (Kapwani, 2014).

2.3.1 Grameen Bank model

This was the beginning of microfinance by Mohammed Yunus 1976 with the support of Bangladesh Bank later IFAD and other several governments. Basically, when people want to lend some money they have to formulate a voluntary group of 5 people so as to share joint liability (Shodhganga, 2012).In the Grameen Bank the model illustrates that in order people to get loan there should be formation of group that will come together to make a regular cycle of fund contribution, which is then given as a lump sum to one member of the group in each cycle, group should have 5-10 people (Haldar & Stiglitz, 2016).

Figure 2.1 Grameen Bank model



This model seems to be a very common form of savings and credit, whereby the members of the group are usually neighbours and friends, and the group provides an

opportunity for social interaction and is very popular with women. The model based on group peer pressure whereby loans are made to individuals in groups of four to seven people (Kapwani, 2014).

2.3.2 Rotating Saving and Credit Association Model (ROSCAs)

ROSCA is a group of people pre-agreed to contribute a certain amount of money to be saved in a certain period of time in a saving pot. After a long cumulative of saving they identify the winner randomly or by a binding process, then later the winner will be excluded from receiving the pot in future. Termination of the member was after each member has received the pot once (Shodhganga, 2012).

In Tanzania, there are some solidarity groups that are using the model and show its effectiveness, for example, PRIDE Tanzania which is one the leading NGO which deals with small enterprise funding shows that this model is very popular where they meet weekly. The conversation between the researchers with some credit officers proved that the method is very efficient in terms of the high rate of repayment and serving (Kapwani, 2014).

Ali *et al.* (2010), in their study, they explained the microfinance to be an important resource to provide loans and other basic financial services to increase the employment rate, productivity and earning capacity. This has a positive implication to PLHIV in their day-to-day life through removing poverty and improving living standards, such as health, education, food and other social impacts (Meela, 2015).

Advantage of the theory since the microfinance considers women by empowering them financially, the women, therefore, ensure household welfare, strengthen their social, political position, hence, credit women has a positive impact on child welfare, girls' schooling and food security. Also, group lending has an advantage of reducing the cost for screening, monitoring and enforcement frequent information of borrower from members of the group (Shodhganga, 2012).

A disadvantage of the theory is misleading people by assuming that the model of joint liability group lending implemented by most MFIs leads to lower transaction

cost, also through debt is not an effective tool to ensure financial and economic well-being to the poor (Shodhganga, 2012).

2.3.3 Access of basic services

The consumption of any services depends on what one earns. Other researchers such as Giang *et al.* (2015); Akotey and Adjani (2016) have suggested that the borrowing pattern has linked with the raising expenditure level; and Karlan and Zinman (2010); Kaboski and Townsend, (2012) insist on food consumption that allows households to obtain basic payment, as well as access small saving and basic insurance (Chhorn, 2018).

As far as this study is concerned the household has to be ensured of access to water, electricity, health service, food, education and house.

2.3.4 SILC Microfinance loan household income and saving

There are positive effects of microfinance, which are logical reasoning without considering health status quo being HIV/AIDS, or not. Some studies have given genuine reasoning as follows: -

Karlan *et al*. (2010); Bateman (2010); Kaboski *et al*. (2012) studies explain that microcredit which has low-interest rate, is a potential tool to encourage the existing and/or new business opportunities that can subsequently create employment, extra income, and individual monthly income for the communities as well as the poor. These ideas are consistent with other studies done by Bateman (2010); Kaboski et al. (2012); Banerjee et al. (2015) which found that microfinance was a major force in allowing households to spend on durable goods, productive assets such as house, water pump, hand tractor, bicycle, motorbike, TV, radio, cars, maize, rice mill, threshing machine, harvest machine, boat, cattle, etc. to support their agricultural activities or fund their small non-farm investments. According to Okurut *et al.* (2014) state that owning all these goods and assets requires a big amount of money; therefore, access to microfinance is their solution, access to credit influences significantly economic incentives at the household level and improves their expenditures.

Microfinance has been hailed as a vital tool for the economic empowerment of poor households. Therefore, access to microfinance correlates with rising household income and consumption levels, less severe income inequality and enhanced welfare than the non-participants of the microfinance programme (Okurut *et al.*, 2014).

2.4 Empirical literature review

The expectation of most microfinance initiation was to relive financial hardship to the poor, to enable them to get some loans which will be managed properly; improvement of the living standard of many people will result, by enhancing them to establish new business, enterprises, increase their income, saving and accommodate all their basic needs like health services, education, food and shelter. Nonetheless, the challenge arises in that microfinance due to failing of repaying back of the loan by their client yet the Tanzania government establish Microfinance policy which was approved by the cabinet on May 2000 (Facet, 2007).

The World Bank conducted research in Bangladesh by funded microfinance institute to address the need of the poor by building their capacity to address and to perform in different activities as income generation strategies. The study revealed that microfinance has been improving livelihoods, reducing vulnerability, and fostering social as well as economic empowerment. This makes it particularly attractive as a tool to help the poor (CGAP Focus Note 20). In the rush to mitigate poverty worsened by the impact of HIV/AIDS, donors may inadvertently pressure some microfinance institutions into activities (UN, 2013).

2.4.1 Savings and credit among PLHIV through SILC group

Back to the PLHIV through the firm connection to the place where they access their loan and joint business they have, it is possible for them to improve their health. Some studies have shown various results of the impact of microfinance. Example there was 14 years study done by World Bank with 3 Microfinance in Bangladesh and the result was 40% of poverty reduction was facilitated by microfinance. Another study conducted by the University of Witwatersrand with RADAR programme, IMAGE collaborative alliance between the Small enterprises in Johannesburg South Africa for poorest and vulnerable women (USAID, 2010).

The evidence from Zambia practices on microcredit it shows that it has enabled HIV/AIDS affected clients households to smooth income flow via diversification of their source of income and they invest more on education for their children boys aged six to sixteen years old (Rahman *et al.*, 2015).

In Uganda the study was conducted about HIV/AIDS microfinance and socioeconomic outcome and found that loan recipients were able to improve their weekly income, increase their saving, also they were able to double more than their weekly profit between the baseline and the 9 months follow up interview, this is an evidence that loan recipient was able to improve their earning capacity significantly more than the non-beneficiary can, therefore, HIV- positive clients can successfully participate in Microfinance activities. There is no need to exclude them from microfinance scheme programme the evidence regarding the positive impact of receiving a loan was found in loan beneficiary over 80% indicates that they were able to increase the size of their business since baseline, and 26% of loan beneficiary added new products or services to an existing business. When were asked clients about what purpose they used the loan for, 79%indicated using it to buy stock inventory and other working capital, 36% indicated using it to pay school fees as well as food and other daily needs (28%) and emergency needs (22%). Health costs were mentioned by 19% of loan beneficiary (Linnemayr, Sebastian; et al., 2016).
Study from Zimbabwe suggested that microfinance is one of the weapons to fight against the negative economic impact of HIV/AIDS. Microfinance has helped PLHIV in household diversities on income sources by improved saving pattern and attainability of children need in education, health after the death of their parents in the household member who was head and generating income to the family (Dworkin & Blankenship, 2009).

2.4.2 Establishment of entrepreneurship activities

Another study conducted in Tanga on effectiveness of microfinance with PLHIV in relation to poverty reduction and found statistically significant relationship between microfinance and poverty reduction to PLHIV, since they were able to improve their

health status by 78%, respondents were able to generate their income by 96%, job creation was increased by 88%, stigma and dependence among PLHIV was also reduced, they improved business management skills by 98%. All this has happened after PLHIV have joined AFREDA project and received a loan. This study justifies the importance of microfinance to PLHIV in income generation, therefore when an individual reduces poverty in her/his life means that he/she has improved his/her life standard (Meela, 2015).

The study conducted by Mdahila (2012) evaluating the impact of microfinance intervention to women living with HIV/AIDS (WLHA) under TUNAJALI project at Mufindi it was found that unmarried women have experienced the higher impact of interventions regarding issues of decision making, control and access to services and resources than those who are married. The study also brought insight that men are more dominant in every prior mentioned intervention and social-cultural practices hinder women power in urban and rural areas (Mdahila, 2012).

Linnemayr *et al.* (2012) conducted study in Uganda on microcredit and people living with HIV/AIDS, their respondents showed positive responding that the loan they received helped them to keep their children to school and sustained their families, improved their self-esteem and status, acquisition of skills and knowledge regarding business management, repayment ability despite the challenges of half of the members failed to repay back the loan but they managed to re-establish their livelihood, 90% indicated training was helpful in managing their business such as bookkeeping, how to grow their vegetable and how to deposit money into bank and importance of saving 28% of participants managed to overcome socially related to HIV stigma and live positively.

2.4.3 Food security

One study conducted in India; the study was on Food Security in Households of People Living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). Family members with HIV/AIDS were significantly associated with a lower likelihood of food security. The major coping strategies to deal with food insecurity in the acute phase HIV infection included borrowing money (56.1%),

followed by spousal support, loans from microfinance institutions, banks, or money lenders, borrowing food, or selling agricultural products. (Dasgupta, Bhattacherjee, & Das, 2016).Also, study conducted in Kakamega Kenya on contribution of microfinance in enhancing food access and coping strategy in aids-affected households and result found that 50% AIDS-affected households before joining microfinance were spending their income on food irrespective of loan status and found statically significance difference on food spending between the household with and without microfinance loan, the study concludes that affected households with microfinance had easy access to food, ate the required number of meals and adopted less severe coping strategies(Ngala *et al*., 2017).

2.4.4 Success of SILC programme in empowering PLHIV in improving their Living standard

Result of loan to their business and income 75% managed to earn an income due to selling of fish, food, shoes and used clothes restaurant and bodaboda. Therefore, 90% of respondents believed the microcredit loan has played a positive role in their income generation activities and 83% PLHIV managed to expand their business through loan yet they were able to use the loan for non-business issues (Wagner et al., 2012). Third, there is some evidence to suggest that microfinance has also been seen as the catalyst to empower women (Akotey & Adjasi, 2016; Vathana *et al.*, 2017) and enhance capital investment (Kaboski & Townsend 2012).

Another intervention was conducted in Kibara-Bunda Tanzania through microfinance SILC under Catholic Relief Services (CRC). The intervention had shown the improvement of the community through saving, ability to generate their income and asset owning to that community of PLHIV and who had joined SILC (Parrot, 2008).

2.5 Existing evaluation gap

SILC is a relatively new approach of financial supporting to PLHIV through NGOs microfinance in most of the parts of Tanzania. Although the country has been practising microfinance services; most of the studies are those related to poverty and

microfinance, with extremely few studies conducted on the relationship between Microfinance and PLHIV.

This study attempted to explore and add information on how the programme will reach the intended outcomes and later results in the impact. For instance, Mdahila (2012), discusses microfinance concerning women living with HIV on decision making, resource control, access to resources and services at Mufindi and use qualitative method for data collection.

Linnemayr *et al.* (2012) conducted the study with title A Microfinance Programme Targeting People Living with HIV in Uganda: Client Characteristics and Programme Impact their words were HIV/AIDS, microfinance, Uganda, socioeconomic outcomes. They use the interviewer-administered survey. Bivariate statistics (2-tailed t-test, w2 test) were used to compare baseline characteristics among the different groups (location, gender, health status).

Not only that but also Meela (2015) in her research employed explanatory and descriptive use qualitative and quantitative method of data collection and she has sample of 60 respondents 50 where PLHIV while 10 were as follow; one official from TAWG, one official from Bombo Hospital and three members from AFREDA, and 5 people living with HIV/AIDs relatives. Several studies have been conducted looking at microfinance among people living with HIV. But this study aims at assessing the contribution of SILC on the living standard of people living with HIV in Kisesa ward in Magu district council.

Chant (2016) argues that HIV/AIDS programme planners, microfinance represents a potentially powerful tool, and it is an approach that holds the promise of empowering and gender equality to achieve greater and improving the financial health of families, particularly women and girls. Only more rigorously designed studies and impact evaluations will be able to better gauge the effect of microfinance and its applicability to various settings (Chant Sylvia, 2016).

Since Kisesa ward is one of the wards that had to implement SILC programme under the umbrella of the TAZAMA project in Tanzania. This evaluation study may help government and different internal and external stakeholders to realise the outcome of this project to beneficiaries and hence supporting them in restructuring strategies so as to reach the ultimate goal of supporting PLHIV to improve their generation income, hence they will meet their basic needs for household, therefore, reduction of morbidity and mortality due to HIV/AIDS and improvement of their life standard.

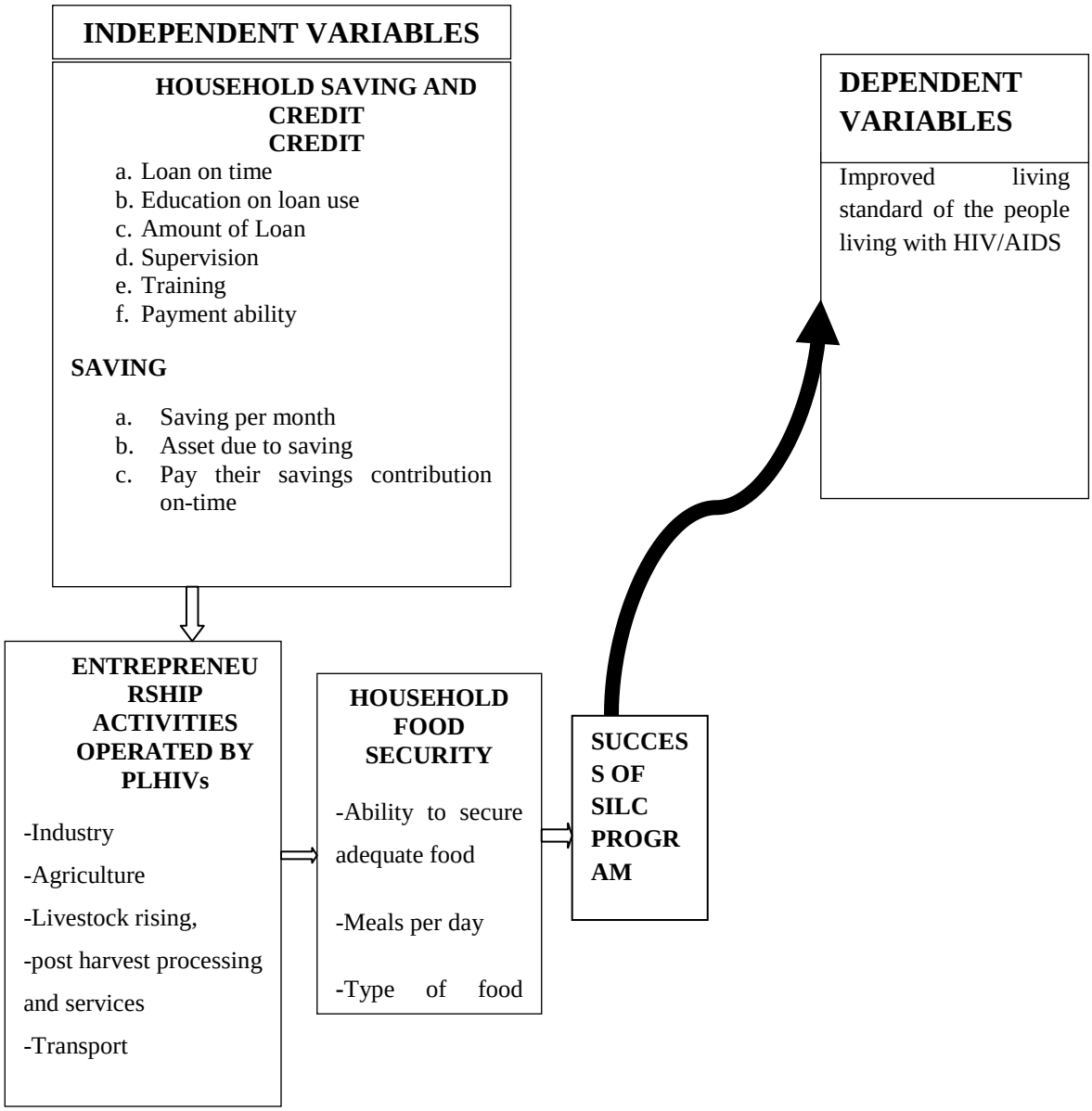
2.6 Conceptual Framework

The conceptual framework for the present study was based on both theoretical and empirical review. The dependent and independent variables were carefully selected based on the clear theoretical relationship and empirical studies. The conceptual framework aimed at showing different factors associated with improved standard of living for people living with HIV/AIDS in the project area.

2.6.1 Overall Assumption of the Conceptual framework

The conceptual framework developed from literature review describes the major linkage between SILC and factors associated with improved standard of living for people living with HIV/AIDS through income-generating activities, which is the major focus of this study. The conceptual framework developed describes the loan flow from SILC scheme to the PLHIV; saving and credit, enterprises such as industry port making, blacksmith services, and clay stove, also agriculture area on Sweet potatoes, Maize, Groundnuts, Cotton Plants, livestock rising, Hens, Cows, Fishing, post-harvest processing and services, Milling machine Maize, Grinding machine and Transport like motorbike, bicycle, Bajaj links with the outcomes which are measured by IGA to the borrowers after investment. SILC services are expected to have positive result not only on the PLHIV health but also on the living standard and community at large. Therefore, the conceptual framework developed reflects also the outcome of family development at household level; this is due to the assumption that an increase in growth of enterprises results in an increase of owner's wealth and overall standard of living.

Figure 2.2 Conceptual Framework for the standard of life for people living with HIV/AID



Source: Researcher's construct 2019

CHAPTER THREE
EVALUATION METHODOLOGY

3.1 Introduction

The research methodology section describes systematic actions taken to investigate a research problem and the rationale for the researcher to apply specific techniques and procedures which were used to identify, select, process and analyze information to understand the problem. The research method is a strategy of enquiry, which moves from the underlying assumptions to research design, and data collection (Myers, 2009). This chapter explains in detail techniques used in the evaluation study, covering area of the study, evaluation period, study design, evaluation approach, population studied, unit of analysis, source of data, data collection methods, data management, data analysis and ethical issues.

3.2 Description of the Study Area

This study was conducted in Kisesa, Bujora and Bukandwe Wards of Magu District. The study area was purposively selected due to following reasons: It was among the first wards where SILC pilot project was started, Secondly, SILC is among the few microcredits in Tanzania that have given priority of financial support to PLHIV. Thirdly, the programme has been implemented in Magu, Kisesa, Bujora and Bukandwe for eight years without conducting an evaluation study. Thus, the researcher was able to get the required data related to SILC implementation with PLHIV initiative in Kisesa, Bujora and Bukandwe.

Magu district located at the approximate coordinate latitude of S 2^0 $33^{0'}$ 0" E 33o 1'60" in DMS (Degrees Minutes Seconds) or -2.55 and 33.0333 (in decimal degrees).Its UTM (Universal Transverse Mercato) position is WC01 and it is Joint Operation Graphic reference is SA36-11. Project activities were mainly implemented in Kisesa, Bujora and Bukandwe Wards, which are among the 31 Wards of Magu district. Magu is one of eight districts of Mwanza Region in Northwestern Tanzania. Kisesa Ward lies 20 km East of Mwanza City, the Region's Capital. The ward is administratively divided into six villages, three of which are located along the main

road to Musoma. The three Wards have a population of about 34,000 with an average household size of 6.4 individuals.

3.3 Evaluation Period

The work for this evaluation study was carried out from November 2018 to August 2019. Activities, which were carried out during the period, included: to March 2019 for preparation of study proposal (November 2018 – March 2019); data collection and report writing (April to June 2019) and submission of the study report (August 2019).

3.4 Evaluation approach

This evaluation study used summative evaluation approach to gather detailed information which summarized SILC programme intervention on save and receive credit, succeeded in establishing entrepreneurship activities, secured adequate food and other basic needs for their household to PLHIV. The approach was applied to evaluate the outcome of microfinance to the living standard of PLHIV because the programme has reached its maturity. Outcome evaluation was performed to provide judgment about the worth of a programme, effectiveness of programme and programme progress either for intermediate or ultimate results. Outcome evaluation was used to collect information from PLHIV and members of SILC, which would summarize the contribution of SILC in improving the living standard of people through different skills of entrepreneurship and self-employment for income generation Activities.

3.5 Evaluation design

Mixed methods research was used in this evaluation study. This approach involved collection of both quantitative and qualitative data, integrating the two forms of data by using discrete approach whereby qualitative approach used open-ended data and quantitative approach used closed-ended data which involve thoughtful assumptions and theoretical frameworks. The core assumption of this form of inquiry was that the combinations of qualitative and quantitative approaches provide a more complete understanding of a research problem than using a single approach (Creswell, 2014).

Therefore, this approach applied both deductive and inductive scientific methods; it has several forms of data collection and produces various and realistic reports.

Analytic cross-section study designs were used for testing the hypotheses formulated by descriptive studies. Therefore, analytical cross-sectional study design was mixed-method approach which based on convergent since it opens the entrance for researcher to collect both quantitative and qualitative data analyze them separately, and integrates the information in the interpretation of the overall results to witness the findings if were the same or different to each other (Creswell, 2014).

The Study employed analytical cross-sectional study design due to the following reasons; firstly, the quantitative data focused on collecting information of PLHIV before they joined SILC and after to obtain the outcome of microcredit loan, on success obtained by PLHIV in establishing entrepreneurship activities, how they managed to save and receive credit from SILC, practicability of household income, access of basic needs, such as secured adequate food to sustain their household nutrition and other basic needs for the purpose of comparing the living standard. Secondly, to test the hypothesis that PLHIV, have improved their quality of life after joining the microcredit programme. Thirdly, the study gave the insight into the living standard of PLHIV which were due to SILC loan or there was other source of income-generating activities. This was done by using a structured questionnaire. By definition, the study design is a plan of when and from whom, how and what data will be collected based on scientific principle (Gay, Mills, & Airasian, 2009).

3.6 Focus of the evaluation

The main focus of this study was to evaluate and understand if the loan received has helped to improve the life standard of the PLHIV at Kisesa, Bujora and Bukande Wards of Magu District.

3.7 Indicator/ variables

3.7.1 Independent variables

Household saving and credit

a. Credit

Loan on time, training, amount of loan, supervision and payment of their contribution

b. Saving

Saving per month, asset due to saving, pay their saving contribution

ii. Entrepreneurship activities operated by PLHIV

a. Industry such as port marking, clay stove
b. Agriculture such as sunflower, maize, groundnuts and cotton plants
c. Business such as a retail shop, informal market (genge) and market services
d. Livestock raisings such as hens, cows and fishing
e. Post-Harvest Processing and Services such as milling machine maize and grinding for oil making
f. Transport such motorcycle, bicycle and bajaji

iii. Household food security

a. Ability to secure adequate food
b. Meals per day
c. Type of food intake
d. The success of SILC programme

3.7.2 Dependent variables

The improved living standard of people living with HIV/AIDS

3.7.3 Indicators Living Standard

- **Income and expenditure at the level of household**

Saving, Food security, cooking fuel, sanitation, availability of clean and safe water access to electricity, type of house floor and ownership of assets

3.8 Population and sampling

3.8.1 Target population

The study population for this evaluation study was based on PLHIV and who are beneficiaries of the SILC programme and management. The population was 171. The researcher used PLHIV aged 18 years and above plus members of SILC during the period of collecting data. Thus findings from this study can be generalized to other wards in the country, which have been implementing the SILC project.

3.8.2 Source population

The source population of this evaluation study was people who are 18years old and above in Magu District suburb of Kisesa, Bujora and Bukandwe wards. Thus, the researcher drew information from people aged 18 years and above as people of this age can participate in the study with their own consent. Then, the population for research was all members who have borrowed at least once from the SILC. The following was the population profile for this study; according to SILC loan unit, there were 171 borrowers from Kisesa workers and management team of members who made the population for this study. These have been divided into five (5) groups, whereby each group has four (4) leaders. Ingroup saving credit union there were 60 men, female 110, and 1 SILC Community Resource Persons (CRPs) who made the total population for this study to be 171respondents.

3.8.3 Study population

The target population of this evaluation study was171, members of the SILC groups who are the inhabitants of Kisesa, Bujora and Bukandwe at Magu district, who are aged 18 years and above during the period of collecting data.

3.8.4 Study units and sampling unit

PLHIV aged 18 years and above who are SILC members at Kisesa, Bujora and Bukandwe wards in Magu district were the study units of this evaluation study.

3.8.5 Sample size

Then the sample size was estimated by using Survey monkey software calculator in which a total of 171 individuals who are members of SILC and management were

entered into the Survey monkey software calculator at 5% significance level and 95% confidence level. The final estimated sample size was 119 to represent the entire population of PLHIV and CRPs.

3.8.6 Sampling procedures and techniques

The study used a non-probability sampling technique, which involves purposively sampling technique, whereby the wards and key informants such as group leaders and community Resource persons (CRPs) for the study were selected. Purposive sampling technique is one whereby individuals in the population are selected based on their knowledge or authority. This technique is the most common sampling techniques and preferred method of sampling for many qualitative designs (Msabila & Nalaila, 2013).

The respondents for quantitative data were obtained as follows; Individuals in five groups were systematically selected from their respective categories of SILC group, as it was not feasible to include all the study population in the study, a representative sample was used. Thus, participants were systematically selected based on inclusion and exclusion criteria, from registers to get selected member of the SILC group, enabled to obtain 119 individuals living with HIV/AIDS who were in SILC programme by taking their names from database of the programme who were eligible for being distributed with self- administered structured questionnaires among different age categories in that members/household. The systematic sampling was conducted to get the first code participant by the the rotary method to each stratum.

Then, computation continued to get number of sample size from five different strata by using proportional location sample size formula as follow: - Tuinuane has 34members, its sample size was 24, Upendo C has 36 members, its sample size was 25, Tupendane has 35 members, its sample size was 24, Wapendanao has 37 members, its sample size was 26 and Upendo A has 28 members, its sample size was 20. The CRPS helped the availability of respondents through the phone from each stratum. The researcher collected data from three different wards with different characteristics in the groups, and then the researcher found there was significant responses from the five groups. Therefore, for the case of this evaluation study data

was discussed based on the individual's response in the group. For more clarification see appendix 3.

Table 3.1 proportional location sample size

Names of SILC groups	Target population	Sample frequency	Percentage
Tuinuane	34	24	20
Upendo C	36	25	21
Tupendane	35	24	20
Wapendanao	37	26	22
Upendo A	29	20	17
Total	**171**	**119**	**100**

Source: Research data (2019)

3.8.7 Inclusion and exclusion criteria

The criteria for inclusion was PLHIV aged 18and above benefit in SILC programme services that will be ready and able to provide information and exclusion criteria was all members benefitting from SILC and not living with HIV/AIDS below 18 and those who were unwilling to participate in evaluation study even if they have eligibility to join the study.

3.9 Data collection

This study used the structured questionnaire to collect data on the saving and credit, entrepreneurship and food security practices towards SILC members who are living with HIV in Kisesa, Bujora and Bukandwe in Magu District and interview to SILC group leaders. For qualitative technique, in-depthinterview was conducted for five (5) SILC group leaders.

PLHIV have managed to save and received credit, succeeded in establishing entrepreneurship activities, secured adequate food and other basic needs for their household and the successes of SILC programmes in empowering PLHIV and their knowledge and experience in conducting meeting, payment on members contribution, loan, HIV at Kisesa, Bujora and Bukandwe, Magu district.

3.9.1 Development of data collection tools

- **Questionnaire**

Refers to as a tool where a set of questions which respondents fill in answers in written form and the researcher collects the forms with the completed information.

Multiple items questions were distributed to the respondents. The structured questionnaire was prepared for quantitative data collection, to ensure that the tool was to collect data that measure what was supposed to be measured. The questionnaire was piloted and respective collections were done. The questionnaire contained closed and open-ended questions. It was a self-administered structured questionnaire. The method was cost-effective; took less time to reach a a large number of respondents. Basing on the nature of topic HIV/AIDS and a group of respondents to be sensitive, the questionnaire was important since it created a comfortable environment to ensure confidentiality and privacy. The first part of the questionnaire was the background and the second part was focused on microfinance with PLHIV and their standard of life. The questionnaire was translated from English to the Swahili language to make the communication easy to the respondents and distributed to PLHIV who are members of SILC at Kisesa, Bujora and Bukandwe Magu.

- **Interview Guide**

This method was used to acquire information related to micro-finance provided to people living with HIV/AIDs in improving their life standard. The interviewer visited the respondents personally for clarification of questions where necessary. The presence of the researcher enhanced response rate and the quality of data was obtained. Interviews were conducted to the leaders with people living with HIV/AIDs and who are members of SILC groups and community resource persons (CRPs) who represent management. The essence of face to face interview was to ensure confidentiality and clarification by probing where necessary.

This interview guide tool was translated from English to Swahili language to make communication easy to informants and piloted at Kisesa, Buora and Bukandwe wards whereby SILC group leaders and CRPs part of management of SILC were involved in piloting the interview guide and changes took place after piloting followed by actual data that was collected from ground of those three wards.

This study used two different sources of data, such as interviews and a questionnaire, which are referred to as primary sources of data.

3.9.2 Data collection

This evaluation study used mainly primary data, which were collected by the use of structured questionnaires and in-depth interviews. Data collection was conducted by data collectors who were trained and who came from the study area. It was important to use data collectors from the study area because they were aware of customs, cultures and the geography of the study area. Data collectors used motorcycles to reach the field area of data collection. There was regular supervision during data collection especially using mobile phone communication. Additionally, the physical presence of the researcher on the data collection ground enabled her to collect the required data. In case of errors, the principal researcher communicated with data collectors for rectification what was the source of errors or incompleteness of data. Thus, data collectors were able to turn back to the field for completing the data whenever possible.

3.10 Data management and analysis

Data collection was important in the research because it allows for the dissemination of accurate information and the development of meaningful programmes. Data were collected from the field by giving questionnaire members of the SILC programme living With HIV/AIDS.

The collected information from respondents was edited and corrected manually, coded from text to numerous before making any computation, then data entry was done using CSPRO software, by each possible answer was assigned members to ease the determination of the correctness of data during the whole process of data entry and cleaning. Coded responses were cleaned to remove errors to increase the accuracy and consistency of responses.

Lastly, the data for PLHIV were exported to STATA and checked into an error before being analyzed using the STATA Statistical Software Package. Descriptive statistics such as frequency and percentage were determined and the information was presented in form of tables, figures and graphs. Chi-square and t-test were used to observe the relationship and correlation between the two variables.

Qualitative data extracted from group leaders and management were summarized in order to understand the underlying outcome of microfinance intervention on informants. The interviews were paper recorded with agreement from the participants and then translated verbatim into English so that the analyses of the responses to become reflective of the respondent's actual responses and not the interpretation of the researcher or interviewer. First, primary documents' that were uploaded into the Atlas.ti 7 software, then the researcher used software ATLAS.ti 7, to organize index primary data. This software allowed systematically the researcher is conducting a thematic analysis of the qualitative data and locates, code, and mark connecting blocks of transcript text that pertained to the major topical domains of interest. Secondly, data was organized through the initial exploration to identify thematic categories and sub-categories of data. This was done in line with coding, memoing and adding notes to the data. Analysis of data involves grouping of codes to find out remerging patterns and themes. Finally, two team members studied all the quotes and identified which quotes were associated with thematic category under different domains. In the event of a disagreement or confusion, two coders discussed the text in light of the overall interview summary and came to a consensus. Finally, we examined the distribution of themes across each thematic code. The data was used to compare the living standard of PLHIV and loan received from SILC scheme programme. The main result was to generate information on PLHIV use of SILC scheme to improve their living standards through asset, loan, constitution, policy and regulation, training successes of SILC programmes in empowering PLHIV.

3.11 Validity

In order to ensure that the collecting data tool measures what was supposed to be measured, the researcher ensured the questionnaire tool was well understood by respondents. After the questions in the questionnaire piloted and collect data that answered the study objectives.

3.12 Data Reliability

Reliability of data is the extent to which an empirical measurement yields consistent results in repeated trials. In order to ensure data are collected and provided a

consistent result, the self-administered questionnaire was distributed to provide convenience in communication and collection process.

3.13 Ethical consideration

Ethical clearance was obtained from Mzumbe University and permission to conduct this evaluation study. The TAZAMA Project, which operates the research in the three Wards and supports the SILC scheme, has received ethical clearances to implement activities in the cohort area. The ethical clearances have been obtained from the local IRB (the Lake Zone Institutional Review Board) and NatREC (National Ethical Review Committee). Participants had an equal chance of being involved in the study and were asked to voluntarily take part in the study.

Informed consent, verbal, obtained from the respondents and clear explanations of what was done for voluntary participation. The responses obtained remained anonymous. The evaluator ensured that every participant's response was kept confidential throughout the data collection period. Information from the study was not disclosed or shared to anyone unless needed for the improvement of the SILC programme, by TAZAMA project or other HIV/AIDS interventions programming for the public interest

3.14 Evaluation and dissemination plan

Findings of this evaluation will be disseminated to NIMR Mwanza through a meeting, powerpoint presentations and email. Additionally, other stakeholders such as donors, NGO and MoHCDEC who will happen to have interest with the findings will also be considered. The dissemination will be done through their email, posters and other ways suggested by them.

CHAPTER FOUR
PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the evaluation study. The evaluation findings are presented in descriptive statistics. Then inferential statistics are utilised to pursue the strength of association between selected variables. This was done through t-test, chi-square test and correlation analysis so as to determine the extent of the relationship that exists between the selected variables. The results are presented in sequence of the objectives; however the presentation starts with the highlights of the sample and its characteristics relation to theme of objectives of the study which are; to examine PLHIV saving and credit receiving through operational SILC groups, to determine how successful are PLHIV engaged in establishing entrepreneurship activities, to establish the extent to which the PLHIV has been able to secure adequate food to sustain their household nutrition and other basic needs and to examine the success of SILC programme in empowering PLHIV . While reporting results the researcher adapted some descriptive indicators as utilised by Muhagama (2018), “all” for 100%, “nearly all” for 80% or more, “the majority” for more than 50%, “about half ” for around 50%, “fewer than half “ for around 25-45%, “minority” for 10-25% and “few” for the less than 10%(Muhagama, 2018).

4.2 Sample size and its characteristics

Demographic characteristics of respondents who participated in this study included sex, age, marital status and level of education. The information was collected from 119 respondents which were 69.6% of all 171 PLHIVs in the SILC groups. The number of male respondents was 52 (43.7%) and female 67 (56.3%). The respondents’ age ranged from 18 -70 years (Table 4.1) with a mean age of 43 (45 among males and 40 among females). The distribution of the marital status of the participants was as follows: single (10.1 %), married (80.7%), widows (6.7%), separated/ divorced (2.5%). The finding, therefore, suggests that the majority of SILC members were married. In terms of educational level, 88.2% had achieved primary level education, 8.4% had achieved secondary level education while 3.4%

reported University education and with no schooling was (0%) as shown in Table 4.1.

Table 4.1 Summary of respondents' characteristics

Characteristic	Frequency	Percent (%)
Age group (Years)		
18-28	8	6.7
29-39	31	26.5
40-50	64	53.4
51-61	15	12.6
62-72	1	0.8
Total	**119**	**100**
Sex		
Male	52	43.7
Female	67	56.3
Total	**119**	**100**
Marital status		
Married	96	80.7
Single	12	10.1
Separated/divorce	3	2.5
Widow	8	6.7
Total	**119**	**100**
Married Monogamous	96	80.7
Married Polygamy	0	0
Total	**96**	**80.7**
Education level		
Primary	105	88.2
Secondary	10	8.4
University	4	3.4
No School	0	0
Total	**119**	**100**

Source: Research data (2019)

4.3 Savings and credit among PLHIV through SILC group

The researcher intended to assess the saving and credit received by PLHIV through their operational SILC groups, to understand their ability to save and if they can manage to sustain family basic needs. The average saving for 24 months among the study participants was TZS 298,298/-. among PLHIV, even though it seems to be a little amount as it was divisible twice to get the exact amount in 12 months but this was slightly an improvement according to the real amount earned annually was TZS 149,149/-. Also, saving average according to the ward was as follows: Bukandwe 299,062.5 Tshs,Kisesa was 298,000 Tshs and Bujora was 297,403.8 Tshs within two years of each ward while an average loan taken was Bukandwe 398750 Tshs, Kisesa

was 397333.3 Tshs and Bujora was 396,538.46 Tshs . Therefore, with this average annual saving per individual and by ward, the respondent said it had improved their lives:

> *"....SILC has transformed my life, as you may be aware our health status has been a challenge to the family members since they have isolated and stigmatized us, because of failing to support the family due to long illness. The saving and loan from SILC groups; acts as a self-supporting, indeed it helps our wellbeing psychologically, physically and financially. Now, isolation and stigma have been reduced, our dignity and worthiness to the family have been increased; we thank the TAZAMA project for remembering us…" (2nd interviewee Group Leader face to face interview)*

Table 4.2 Saving average by PLHIV

Variable	Obs	Mean	Min	Max
Saving	119	298,298.3	37,500	675,000

Source: Research data (2019)

Table 4.3 below shows a highly positive correlation between credit and saving. That the more money they receive the larger the savings for their future lives.

Table 4.3 Correlation between credit and saving

Correlation	Credit
Saving	1.00

Source: Research data (2019)

Correlation (r) =1

The study found that in the past two years, 117 respondents (98.3%) took SILC based loans and 2 respondents (1.7%) did not take any loan during the period. According to the information from the quantitative questionnaire, the average loan taken in the two years period was TZS 397,731/-with minimum being TZS 50,000 and maximum TZS 900,000 (Table4.4). One participant in the in-Depth Interview (IDI) said that:-

"….*In our groups, we have a different agreement in loan issues someone may take a loan and return it within a week with an interest of 500TZS. If s/he will stay with money for one month interest will be 10%, while in other groups when you take the money the interest is 10% even if you return the money on the same day. Other groups someone may borrow even TZS 5000/-. As a minimum, while the maximum for others range from TZS 30, 000/- 50,000/- per months this is determined by the amount of savings…. " (Informant 2, IDI*)

Table 4.4 The average loan for PLHIV

Respondents	Mean	Std. Dev.	Min	Max
119	397,731.1	22461.5	50,000	900,000

Source: Research data (2019)

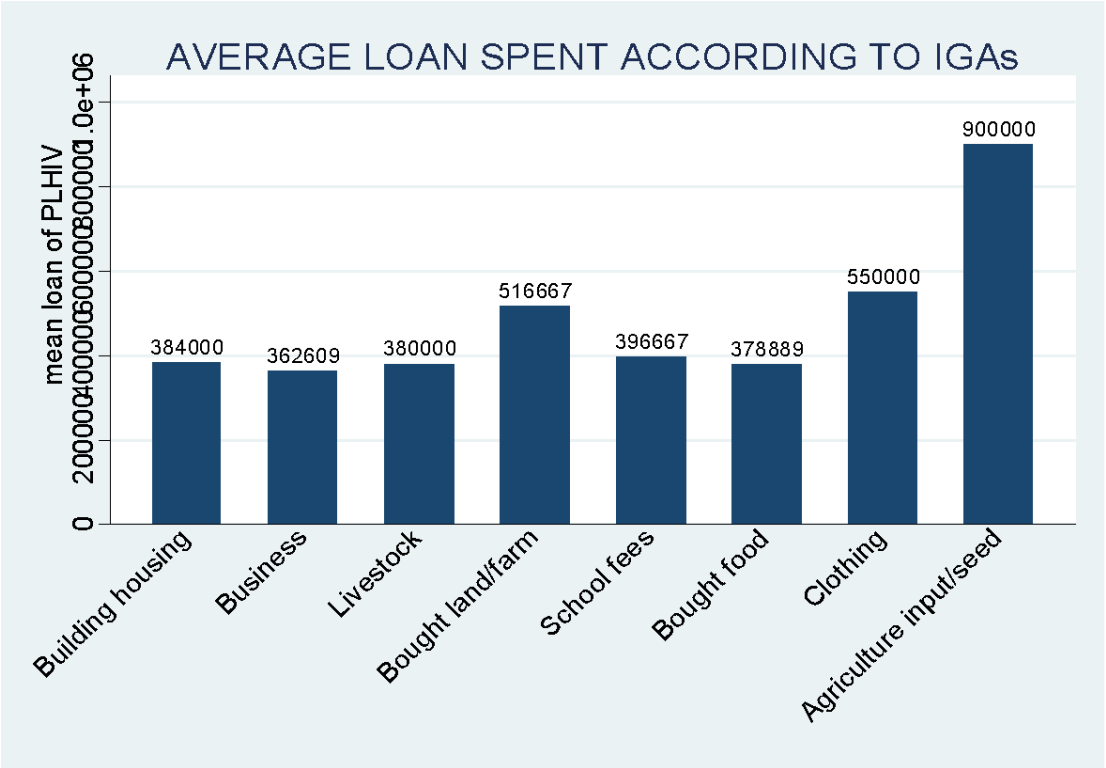
The SILC loans were very easy to get as 116(97.5%) reported so. Only 3 respondents (2.52%) said it was difficult.

Table 4.5 Easiness of obtaining SILC loan

Easiness of obtaining SILC loan	**Frequency**	**Percentage**
Easy	116	97.5
Not easy	3	2.5
Total	119	100

Source: Research data (2019)

Figure 4.1 Relationship between the amount of the loan and what its use



Source: Research data (2019)

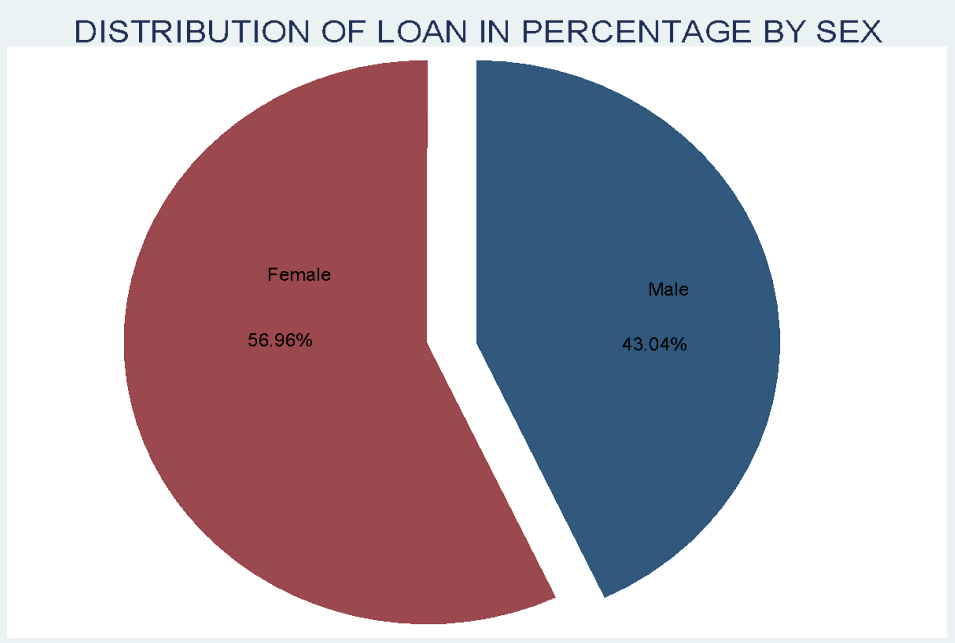
Loans deployment by PLHIV

Table 4.6 shows how the beneficiaries of the SILC loans had varied in the use of the loan: Forty-five respondents (37.8%) said they used the loan to build a house, 23 (19.3%) said they used it to open business and 15 (12.6%) bought livestock and 9 (7.6%), 2(1.7%) loan beneficiaries bought clothes and 1(0.84%) respondents who bought agriculture inputs (seeds). Moreover, male and female %(distribution of loan beneficiaries by sex shows that female (57.0%) were able to take loan more than male (43.0%).

Table 4.6 Loan expenditure

Responses	Frequency	Percentage
Building housing	45	37.8
Business	23	19.3
Livestock	15	12.6
Bought land/Farm	9	7.6
School fees	15	16.6
Bought food	9	7.6
Clothing	2	1.7
Agr. inputs/seeds	1	0.8
Total	**119**	**100**

Source: Research data (2019)



4.4 Life changes to PLHIV after acquiring the SILC loans

Up to 99% of the respondents were of the view that SILC loans had changed their lives for the better after taking loans from SILC groups. One respondent said that there has been no change in his life after taking SILC loan by 0.84%) see Table 4.7.

Table 4.7 Changes in the family status after taking loans

Family status change	Frequency	Percentage
Family status change	118	99.16
No family status change	1	0.84
Total	119	100

Source: Research data (2019)

In one of the in-depth interview carried out, one of the group leaders had the following remarks:

> *"..SILC programme help us on different pieces of training of entrepreneurship such as how to make local batiki (tie and dye), chalk, baobab oil, cake, carpet so we need update of new design of different product and continuation of training on charcoal stove making, fish keeping so we can reach a large number of people, we need to be able to go in nane -nane and saba-saba exhibitions. Through SILC members most of them have an income generation activities, life is no longer the same, we have one step ahead even if is step differ from one individual to another but we have something to proud of as a result of SILC"* ***(****Female* Informant 3 in IDI)

Respondents were asked if it was easy to save after they took a loan from SILC. The results indicated that 118 borrowers (99.22%) opted for a response which reads " I am able to save after taking a loan, whereas only 1 (0.84%) of the total respondents indicated that was not able to save.

Table 4.8 Loan saving capacity after joining SILC by PLHIV

Easiness of obtaining SILC loan	Frequency	Percentage
Easy	118	99.2
Not easy	1	0.84
Total	119	

Source: Research data (2019)

4.5 Establishment of entrepreneurship activities

The 100% of those who took loan, 67 (56.3%) participants managed to start agriculture activities that included crops growing like maize, beans, cotton, groundnuts together with vegetable gardening and other bought livestock like:-cows, pigs, goats 33 respondents(27.7%); 2 respondents(1.7%), managed to start a small industry for making shoes and kaki envelops. Seven said they were processing post-harvest such as sunflower oil and groundnuts batter and Ten (8.4%) were doing transportation (motorcycle) as income-generating activities.

Table 4.9 shows the income-generating activities of PLHIV before joining SILC

Table 4.9 Income generating activities of PLHIV before being SILC members

Responses	Frequency	Percent
Agriculture	67	56.3
Livestock	33	27.7
Industry	2	1.7
Post-harvest process and services	7	5.9
Transport	10	8.4
Total	**119**	**100**

Source: Research data (2019)

In fact, most of the respondents about (95.0%), have started their income-generating activities which have been run for 24 months and only (5%) of participants have managed to run their income-generating activities for 36 months.

Table 4.10 Duration of PLHIV and member of SILC in their Income Generation Activities

IGAs Duration	Frequency	Percentage
Between 1 to 2 years	113	95.0
Between 3 to 5 years	6	5.0
Total	**119**	**100**

Source: Research data (2019)

Table 4.11 shows income generation for PLHIV after they received a loan from SILC, whereby 24.37% of PLHIV managed to start tailoring business, 21.01% indicatesd to have a shop, 20.17 % indicate to have crop processing activities, 32.78% and motorcycles business include 16.85%. This shows how far the SILC project helps PLHIV to manage their life.

Table 4.11 Business operated by PLHIVafter reserved SILC loan

Business operated	No. of respondent	Percentage
I have a shop	25	21.0
I have a restaurant	4	3.4
I have local brew Bar	1	0.8
I have Bar	1	0.8
I have motorcycle/Bajaji	20	16.9
Tailor	29	24.4
Crop processing	39	32.8
Total	**119**	**100**

Source: Research data. (2019)

SILC programme has succeeded to impart knowledge and skills on how to manage money, on saving, loan and repayments, PLHIV acquired the skills and transform it to action hence income generation activities result to profit by 100%. This implies that PLHIV has managed to make a profit and start income-generating activities.

Table 4.12 Profit expenditures by PLHIV

Profit Expenditure	No. of Respondent	Percentage
Use in daily expenses	56	47.06
Save it	32	26.89
Reinvest it all in my business	8	6.72
Reinvest part of it in my business	20	16.81
Others specify	3	2.52
Total	**119**	**100**

Source: Research data (2019)

4.6 Food availability among PLHIV SILC group members

Prior to joining the SILC group, up to 88(74%) of the SILC members were not able to get daily meals. After joining SILC groups, 95(79.8%) SILC members said they were now okay with food at their household representing an increase of 5%. Living standard and food intake have increased implying that people are capable of managing their life. Only a small percentage of PLHIV (20.17%) cannot have daily food intake after joining SILC, this indicates that SILC has a positive magnitude towards lives improvement for PLHIV. On the other hand, through face to face interview one informant said that;

> *"34 years old female said that SILC programme is a good thing, I personally before joining the programme my life was very difficult; I couldn't manage three meals per day, but after joining I was able to eat three meals and other basic needs, I bought sofa set, tailoring machine and gardening"(Informant 1 IDI).*

Table 4.13 Daily food intake for PLHIV before being SILC member

Responses	No. of responses	Percentage
Food intake	31	26
No food intake	88	74
Total	**119**	**100**

Source: Research data (2019)

Table 4.14 Daily food intake for PLHIV after being SILC member

Responses	No. of respondents	Percentage
Food intake	95	79.83
No food intake	24	20.17
Total	**119**	**100**

Source: Research data (2019)

PLHIV 106 (91.6%) did not manage to have food stock before joining SILC programme. Only 10 (8.4%) managed to have food stock for the whole year. This indicates that most of them were at a critical point of food insufficiency before joining at SILC.

Table 4.15 Food stock before SILC

Responses	No. of responses	Percentage
Food Stock	10	8.40
No Food Stock	109	91.60
Total	**119**	**100**

Source: Research data (2019)

After joining the SILC programme availability of food stock was not a problem to the PLHIV. This is justified by the result which shows that 103 PLHIV (86.6%) declared that they had food stock while 16 PLHIV (13.4%) had no food stock. The increase of food stock was due to increased harvest following used of modern farming tools like Ox-plough. Majority of PLHIV said they could not keep a stock of food due to different reason such as drought, lack of money to take care of their farm.

"Mmm! It's my pleasure to be a member of SILC programme despite my health status, I felt to have relatives because every time when I am in challenges; my friends are there for me financially, encouraging me, when I need some amount of money I can get from the group, joining SILC group helped me to have ability to have food stock at least, maize, beans, rice the situation is different from the time before SILC"(Informant 4 IDI)

Table 4.16 Food stock after SILC loan

Responses	No. of respondents	Percent
Yes	103	86.55
No	16	13.45
Total	**119**	**100**

Source: Research data (2019)

Table 4.16 shows that, prior to joining SILC scheme, PLHIV food intake was insufficient as 48.8% of the PLHIV were taking one meal per day, 43.7% two meals and only 7.6% managed three meals per day. This result indicates incapability for PLHIV to afford three meals per day.

Table 4.17 Meals intake per day for PLHIV before joining SILC scheme

Responses	No. of responses	Percent
1 meal	58	48.74
2 meals	52	43.70
3 meals	9	7.56
Total	**119**	**100**

Source: Research data (2019)

On the table below it shows that there is a great improvement on meals intake for PLHIV as people who used to take one meal per day they can be able to take more once per day and those who used to take twice and three times per day are managing to take three and more times per day. With this evidence, it shows great improvement of meal intake as PLHIV after joining SILC. Under this circumstance, living standard of PLHIV at SILC has improved after joining the SILC group

Table 4.18 Meals intake for PLHIV

Responses	No. of responses	Percent
Twice	78	65.55
Thrice	34	28.57
More than Thrice	7	5.88
Total	**119**	**100**

Source: Research data (2009)

4.7 Success of SILC programme in empowering PLHIV in improving their Living standard

In this part, the living standard will consider an individual who has managed to use and have a type of cooking fuel, sanitation, availability of clean and safe water, access to electricity, type of house floor and ownership of assets.

The living standard refers to a type of cooking fuel, sanitation, availability of clean and safe water. Others are access to electricity, type of house floor and ownership of assets (UNDP, 2015).

4.7.1 Transport assets:

PLHIV were asked to point out a number of transport assets they own. The results showed that 47.06% of the sampled household-owned bicycles before the SILC loan and after loan, 76.47% reported to own bicycles. Before, SILC loan motorcycle ownership was only reported by 9.2% of the PLHIV and the rest (90.8%) did not report ownership of the motorcycle. However, following joining the SILC groups and receiving the loan the ownership of motorcycle increased from 9.2% to 42.2%. With this result, the SILC programme has helped PLHIV to own transportation, which they use as a source of income for improvement of their life.

4.7.2 Drilled well water used by a household of PLHIV for basic needs and gardening

With the reverence of the type of source of water by a household of PLHIV: the results demonstrated that PLHIV owned drilled water well by (71.43%). Borrowers of SILC loan who had drilled well water at their homes helped them in gardening and poultry. Therefore, they managed to get vegetables for families; also they sold other vegetables and poultry products to increase their income. This shows that PLHIV with drilled well water were able to improve their income and health.

4.7.3 Kitchen facilities

As for the kitchen facilities owned by PLHIV before and after loan, the study revealed that there was no much difference in this particular variable. The use of modern charcoal cooker was 34.3% before SILC and 44.9% after joining SILC.

4.7.4 Plough Farm tool

Farm tools were grouped into a tractor, plough, hand hoe, machetes, axes sickles and bush knives. In fact, before loan (1.7%) household-owned plough compared to after loan (9.2%). Loan availability provided an opportunity for many PLHIV to own more advanced farm equipment compared to before loan. This has helped PLHIV to increase food production and accelerated income generation in terms of selling crops, post-harvest processed product. This indicates that the life of PLHIV has been assured with the availability of food in their households.

Results showed statistically significant difference at equipment owned by PLHIV before the loan and after loan from SILC groups. This indicated that there was an improvement in the living standard of PLHIV as they used up this equipment to increase production that accelerates the availability of more foods in their households for sustaining lives.

Hypothesis of Ox-plough by farm equipment owned by PLHIV:

i. $H_{0:}$ There is no significant difference in Ox-plough farm equipment owned by PLHIV before the loan and after loan from SILC groups.
ii. $H_{1:}$ There is a significant difference in Ox-plough farm equipment owned by PLHIV before the loan and after loan from SILC groups.

The result showed a statistically significant difference at P of $0.0095<0.05$ in Ox-plough farm equipment owned by PLHIV before the loan and after loan from SILC groups. This indicated that if the evaluation study repeated a hundred times in the same population it is likely to have the results will be true that number of Ox-plough before owned by PLHIV and after will be 95% sure that there is an increment of a number of ox-plough users after SILC loan.

Table 4.19 T test of means of numbers ox plough before and after SILC

Responses	Obs	Mean	95% Conf. Interval	
			Low	High
No of ox-plough before	119	.0168067	-.0066272	.0402406
No of ox--plough after	119	.1092437	.0433282	.1752054

Source: Research data (2019)

Pr (|T| > |t|) = 0.0095

4.7.5 Housing nature

Respondents were asked to indicate the type of materials used for the construction of their house(s). Materials used were classified as a type of walls, floors, and roof, quality depending on the materials used to construct walls, roof and floor**.** The results indicate that 98 of PLHIV have a house with an aluminium sheet while 68 PLHIV has a cement floor, this justified that they owned good quality house compared to kind of material used to finish up their houses. The results in **Tables 4.22 and 4.23** show that there was an association between the roofing material and kind floor, therefore, there is statistical significance difference in a type of wall materials used among the household of PLHIV at ($p<0.005$). On the other hand, about (56.3%) borrowers had cemented their houses, on the type of roof; borrowers (82.5%) used aluminium sheets as roofing materials of their houses. The results show a significant difference at $p<0.005$ between the materials used for roofing and floors among households of PLHIV SILC members respectively. Therefore, having a good quality of house shows there is an improvement in the living standard of PLHIV at Kisesa, Bukandwe and Bujora.

Table 4.20 Nature of housing building material, roof, wall and floor

	No. responses	Percentage
Type of roof		
Thatch, thatch mud	21	17.65
Aluminium sheets	98	82.35
Type of walls		
Mud+ wood +thatch	47	36.13
Wood +mud+ cement	23	22.69
Bricks (heated bricks)	33	27.73
Bricks (non-heated bricks)	16	13.45
Type of floor		
Mud floor	51	42.9
Cemented and Tiles floor	68	57.1

Source: Research data (2019)

Results in **Table 4.23** at P value <0.05 showed a statistically significant difference between types of roof and nature of floor material. This indicates that as PLHIV the nature or type of roof was used to determine the material to be used to make the floor of the house that was being built.

Hypothesis:

i. $H_{0:}$ There is no association between the type of floor and roof

Table 4.21: Relationship between the type of floor and roof materials used to build houses for the PLHIV

Type of the floor	Type of roof		Total
	Thatches, thatch mud	Aluminium sheets	
Mud floor	20	31	51
Cemented and Tiles floor	1	67	68
Total	**21**	**98**	**119**

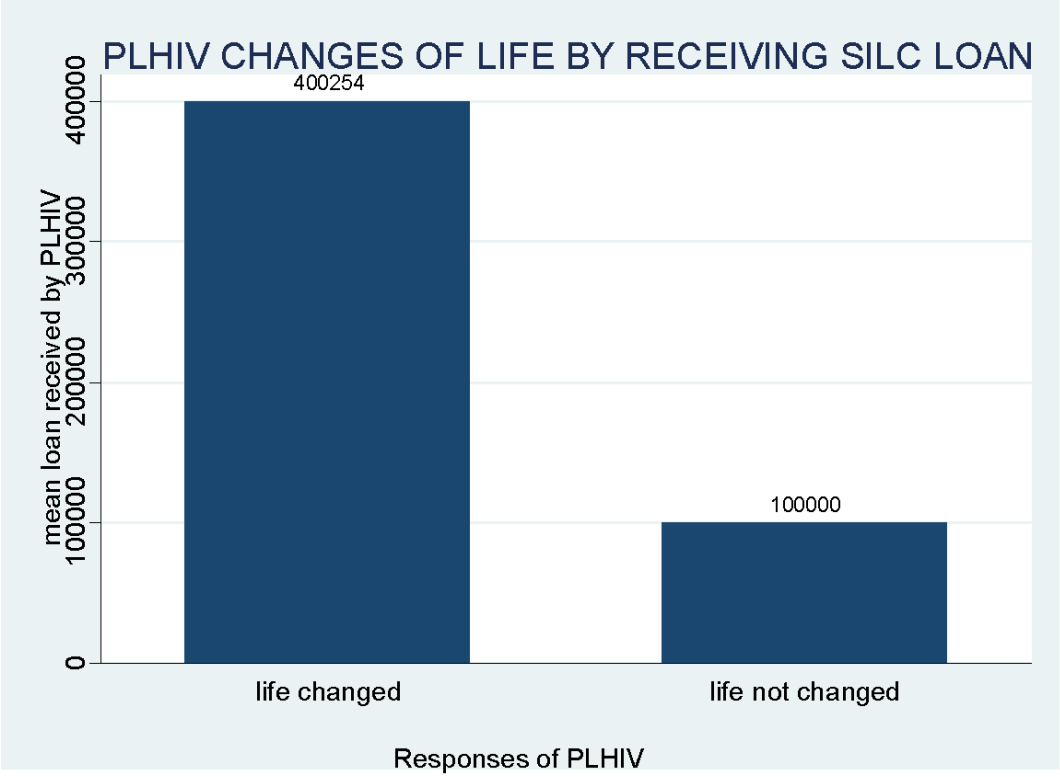
Source: Research data (2019)

Pearson chi 2 (1) = 28.57 Pr = 0.000

Figure 4 shows the amount of loan taken by PLHIV, those who took a large amount of loan TSH. 400254 /= said their life had changed and their living standard has

improved while those who took a small amount of loan TSH. 100,000/= their life did not change.

Figure 4.2 PLHIV changes of life by receiving SILC loan



Source: Research data (2019)

Most of PLHIV who are SILC members have experienced positive significance change in their income generation activities after they received a loan from SILC groups. The implication is that most of PLHIV are in circulation of lending from their groups and repaying their contribution in terms of a little amount of interest, their capital has increased through income generation activities. This can be proven by the above graph, which shows PLHIV agreed that their life has changed, and an increased amount of loan. Although lack of money, drought, unreliable market, inflation, poor economic performance, absence of working equipment/tools for agriculture, tailoring machine, cake maker, shoes machine, kaki envelop/bags has been a challenge that contribute in their setback to grow more in terms of production, quality and amount of money and number of customer to be reached and use of loan different purpose from what was intended before they took that money.

CHAPTER FIVE
DISCUSSION OF THE FINDINGS

5.1 Introduction

This chapter discusses the findings of the study in relation to the existing literature and the objectives of the evaluation study. The main findings discussed in this chapter cover the following objectives and the outcome; to see if PLHIV has been able to secure adequate food to sustain their household nutrition and other basic needs, the success of SILC programme in empowering PLHIV and finally the living standard of these individuals.

5.2 Demographic characteristics

The study was conducted in Magu District in three wards: Kisesa, Bukandwe and Bujora. Respondents of the study were PLHIV, both males and females with an age range of 18 to70 years and mean age of 43 years. The evidence from results found most PLHIV at least they have primary level education. For that reason, education can be a means of the upgrading of an individual's ability to choose the best alternative presented in any situation they face.

> *"Adjustment ability to a changing situation and environment; Education provides knowledge and skills to the population, as well as shaping the personality, is more than an economic investment: it is an essential input upon which life, development and the survival of man depend. We all know that it is the responsibility of everyone in a country to educate; whether we are parents, adults, children, or teachers, in the public or private sector, education is the responsibility of everyone"*(Fazilah *et al.*, 2011).

Therefore, with knowledge and skills received from SILC programme on saving and loan, financial management help them to implement their income generation activities in an easy way prior to what they have been taught.

5.3 Ability to Save and receive credit by PLHIV according to SILC group schedule

The study found that many PLHIVs were able to save and receive loan according to the group schedule or circle. Beneficiaries revealed to be benefitted from microcredit saving and credit for economic wellbeing improvement in all basic needs.

These results correlate with basis evidence of study information conducted in Latin America, which showed that financial protection to a vulnerable group such as PLHIV; mitigate the impact of AIDS-related illness, death on individual and families. Financial supports enable the poorest and affected with HIV households to better manage the economic challenges of AIDS-related illness, death, and basic needs such as nutrition support, which enhance school attendances. This financial support strategy helps household members to avoid being at risk to acquire new HIV infection, adherence to their treatment and reduce the household poverty (UNAIDS, 2010). These show that a large number of female in SILC scheme were active in taking a loan, therefore, they are in a position to start their income generation activities and afford their all basic needs of a family. Thus, the presented findings reveal that many PLHIV who participated in the study had a good knowledge on loan, that's why they were able to start their income generation activities and received profit, which uplift them in different needs and affords them. This finding has been supported by a study conducted in Haiti, which revealed that women living with HIV/AIDS have knowledge about benefits of loan, whereby 66 women living with HIV managed to receive a loan. The study revealed that living condition for PLHIV who are loan beneficiary from GHESKIO as measured by their perceived capacity to feed, clothe and house themselves, 33(50%) of 66 women living with HIV through their beneficiaries groups, reported their annual income to be increased over 6,000(120€) gourdes (Longuet *et al.*, 2009).

Linnemayr *et al.* (2012) conducted a study in Soroti Uganda for PLHIV under SEEP microfinance and found that beneficiaries manage to improve their weekly income and saving also was increased. Even the average loans received by members were able to more than double their weekly profit between baseline and 9-month follow-up interview.

5.4 Establishment of entrepreneurship activities

The researcher found that there is a positive change towards entrepreneurship income generation activities, PLHIV enjoy the benefit of SILC loan and they were able to support themselves and their households through the profits they got from the income generation activities. As a matter of fact loss of breadwinner tends to reduce the economic capability of the household. Therefore, financial support has an impact to the living standard of PLHIV as findings indicated that 56.3% PLHIV managed to start agriculture activities which include crops like maize, beans, cotton, groundnuts together with vegetable gardening. This practice seems to have great diversity from one respondent to another. Also, it was found that in two years 95% of PLHIV reported they best managed to start up some income generation activities and others 5% have three years in their income generation activities. This evaluation study findings are in line with the study conducted in Zimbabwe found that effects of microcredit on entrepreneurs among PLHIV households after accessed microcredit loan they had more source of income, had security in their income and saving compared to those who didn't have access of microcredit (Wagner *et al.,* 2012).

In line with this study, also in Cote d'Ivoire PLHIV after adhered to drugs, they were capable to join microcredit activities and therefore managed to improve in economic self-sufficiency and support their psychosocial health. Moreover, PLHIV recovers their physical strength and ability to work, with that reason microcredit can be an important resource for the economic support of an individual income, asset and households well-being (Wagner *et al*., 2012).

Therefore, with these results from different studies indicate the positive outcome of the loan in the life of PLHIV after managing to reestablish income generation activities through entrepreneurship for their livelihoods especially in financial resource constraints. In addition with SILC programme researcher found positive success of scheme objective in imparting knowledge and skills on how to manage money, on saving, loan and repayment hence members who are respondents acquired the skills and transform it to action hence income generation activities for PLHIV result to profit by 100% of all respondents. So, this implies that PLHIV has managed to acquire knowledge as a result of the profit they made and start income generation

activities. This shows how far SILC project helps PLHIV to improve their life, quality and standard.

5.5 Food security

Food security scales which capture numerous dimensions of food, eating occasion of PLHIV before and after joined SILC, were assessed to see if an individual has managed to increase their meal intake before joined SILC whether they were able to take one, two or three meals and tried to compare the meal intake of PLHIV after joined SILC. The truism was PLHIV managed to increase meals intake to two, three and more than thrice daily meal intake after being a SILC member. This is considered as an increment of food security to their households of PLHIV. Also, through including the adequacy of food stock specifically was a measure of food security of PLHIV, changes in eating patterns in response to food shortages and the availability of resource based on the three pillars of food security measurement scales, availability, accessibility and utilisation in terms of meal intake and food stock. Therefore, a large number of responses of PLHIV 74% were not able to get daily food before SILC and after joins SILC there was a great improvement in which 80% of PLHIV had managed to take daily food, this is about an increment of 5.88% daily food intake after being SILC member. The only a few percent of PLHIV, only 20% cannot have daily food intake after joined SILC, this indicates that SILC has positive magnitude towards lives improvement for PLHIV and entail that PLHIV is capable of increasing the living standard and food intake.

This has also been confirmed, through in-depth interview, most of the informants proved that their ability to manage three meals intake was obvious. On the other hand, majority of the PLHIV, before joining the SILC programme they didn't manage to have food stock, where few PLHIV managed to have food stock for the whole year. After PLHIV joined SILC programme availability of food stock results showed that there was increased in percentage of PLHIV who have the ability to store food, few PLHIV were not able to store food due to different reasons such as drought and lack of money, all these factors lead to failing to take care of their farms. This has been justified by the following results of food intake, some of PLHIV were

taking one meal per day, and others two meals and few were managed to take three meals per day. The result indicates incapability for PLHIV to afford three meals per day. These findings resemble those found by one study conducted in India; the study was on Food Security in Households of People Living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). Family members with HIV/AIDS were significantly associated with a lower likelihood of food security. The major coping strategies to deal with food insecurity in the acute phase HIV infection included borrowing money (56.1%), followed by spousal support, loans from microfinance institutions, banks, or money lenders, borrowing food, or selling agricultural products. (Dasgupta, Bhattacherjee, & Das, 2016).Another study conducted in Kakamega Kenya on contribution of microfinance in enhancing food access and coping strategy in aids-affected households and result found that 50% AIDS-affected households before joining microfinance were spending their income on food irrespective of loan status and found statically significance difference on food spending between the household with and without microfinance loan, the study concludes that affected households with microfinance had easy access to food, ate the required number of meals and adopted less severe coping strategies. Hence, microfinance services came as a package of money, training and advisory on business and health-related issues, which improve both household income and enhanced food access and enabled adoption of less severe coping strategies in AIDS-affected households in Kakamega Count (Ngala *et al*., 2017).

Another study conducted in on ultra-poor household discovered that microfinance grants significantly benefits to copy with famine season. The household of PLHIV members of MF who consumed between two to three meals a day and those that consumed between one to two meals a day saw their food security improve due to MF membership during the seasonal famine (Ngala *et al*., 2017). Another study conducted in rural Eastern Province, Zambia, on food security whereby PLHIV supported by cash transfers to purchase income-generating assets, access to a savings account, and life-skills training, the study found that Chuma na Uchizi program had a significant, positive effect on food security (Masa & et.al, 2018).

5.6 Success of SILC programme in empowering PLHIV in improving their Living standard

The success of the SILC programme at Kisesa, Bukandwe and Bujora which are located in the remote rural Northern Magu. The study focuses on selected aspects; these include Institutions targeting the PLHIV, achievements, and outcome on saving and credit, income generation activities, food security, education cost, housing condition, and empowerment which are implied by level of consumption of services by the PLHIV and SILC scheme borrowers. It also focuses on the description of whether there is any improvement in living standard for those who take loans.

Since HIV/AIDS is associated with financial challenges that reduce household competence to earn income and the ability to purchase basic necessities, and push affected households deeper into poverty (Bateganya *et al.,* 2015). Therefore, this result implies PLHIV participating in loans to confirm high rates of repayment and significant increases in throwaway income, as well as profits and savings. Hence, they have improved their income generation, ability to own asset and improved standard of living.

Generally, owning transportation asset, nature of the material used to build a house, cooker nature, toilets used, kitchen facilities and farm implements. Results showed statistically significant difference at P-value of 0.0095< 0.05 in Ox-plough farm equipment owned by PLHIV before the loan and after loan from SILC groups. This indicated that there was an improvement in the living standard of PLHIV as they used up this equipment to increase productions that accelerate the availability of more foods in their households for sustaining lives.

Most of PLHIV who are SILC members have experienced positive significance change in their income generation activities after they received a loan from SILC groups. The implication is that most of PLHIV are in circulation of lending from their groups and repay their contribution in terms of a little amount of interest, their capital has increased through income generation activities.

CHAPTER SIX
SUMMARY, CONCLUSION AND IMPLICATIONS

6.1 Introduction

This chapter presents the summary, conclusion and policy implication of the study together with programmatic implications and use of the findings for the strategic planning are presented. As the study was conducted at the community level, the most vulnerable group, it was expected to have some limitations, which are as well discussed in this chapter hence providing the room for further evaluation research studies on the same project.

6.2 Summary

The aim of this study evaluation was to evaluate the outcome of SILC scheme programme on the living standard of PLHIV at Kisesa, Bujora and Bukandwe wards. SILC enabled PLHIV to save and access loan for their income-generating activities (IGAs) and for individual consumption to cover household basic needs.

The study focused mainly on SILC participants who are involved in income-generating activities in four objectives such as saving and credit, establishment of entrepreneurship, adequate food security to sustain their household nutrition and basic and the success of SILC programme practices to saving internal lending community members towards improving life standard in Kisesa, Bujora and Bukandwe in Magu District.

Structured questionnaire and in-depth interview were used to get the data from 119 respondents who were PLHIV member of SILC and the data were checked for errors before analyzed by using STATA software package. Moreover, qualitative data were clustered into group's leaders and management then summarized in order to understand the underlying outcome of microfinance intervention on informants; whereas, Chi-square and t-test were used to observe the relationship and correlation between two quantitative variables.

Qualitative data were clustered into group leaders and management and summarized in order to understand the underlying outcome of microfinance intervention on informants.

With regard to the first objective of examining PLHIV saving and credit receiving through operational SILC groups, at Kisesa, Bujora and Bukandwe wards in Magu District

Results explain that there is a highly positive correlation between credits and saving, this implies that loans taken by PLHIV were directly proportional to the amount of money deposited. Despite that, the project has reached its maturity, majority of PLHIV engaged in establishing entrepreneurship activities.

After joining SILC groups, 95(79.8%) PLHIV were having adequate food at their household representing an increase of food security to sustain their household nutrition and other basic needs and finally, the SILC programme succeeded in empowering PLHIV and their living standard has been improved. Funding based on the type of roof and cement used in the house of PLHIV was tested statistically. The result showed a statistically significant difference, this was justified by the results whereby 56.3% of PLHIV had cemented their houses and 82. 5% PLHIV used aluminium sheets as roofing materials of their houses, at the p-value of 0.000 and a confidence level of 0.05.

Also, results showed statistically that there is a significant difference at a p-value of 0.0095 at 0.05 confidence level on Ox-plough farm equipment owned by PLHIV before the loan and after loan from SILC groups. As they owned and used of these modernized houses and modern farm equipment to increase production that accelerates the availability of more foods in their households for sustaining lives, this indicated that there was an improvement in the living standard of PLHIV.

6.2.1 Conclusion

Saving groups led to financial social empowerment of individual, household and communities creating a platform for integral human development on which community-based problem-solving approach flourish. SILC enabled household of

PLHIV to direct benefit through returns from their IGAs which enable them to cover for basic needs of their household. SILC programme has the potential to move a member from stigma, food insecurity economic problem, poverty at a point when IGAs grow big. For these results, it can be concluded that members of SILC have succeeded to establish income generation activities by the loan provided by their groups which leads to improvement of the standard of living of PLHIV.

These changes, particularly evaluated by this study were found positive gain by PLHIVs because majorities were able to save and receive loan according to the group schedule or circle. The Tanzania HIV policy does not state how to establish microfinance for helping PLHIV.

Moreover, PLHIV managed to have different categories such as tailoring, agriculture, Livestock and transportation. However, the scheme should look for alternative ways of allocating enough funds, to each group of PLHIV for provision of loan, training to entrepreneurs living with HIV/AIDS so they can perform their business effectiveness and efficiently. Furthermore, the evaluation study found that PLHIV has managed to have adequate food to sustain their household nutrition and other basic needs, through their income-generating activities such as gardening and agriculture. Through agriculture products and other activities, they manage to increase the number of meals intake and having food stock. This implies SILC scheme loan has assured economic stability to PLHIV by making them afford their basic need especially food. For that reason, these study objectives, drawn the general conclusion on the success of the programme on empowering PLHIV; is that SILC loan has led to the improvement of social-economic for PLHIV. This implies PLHIV use the loan for income generation activities, which had inspired the improvement of their living standard on one way or another. Therefore, the policy and regulation for microfinance have to be re-formulated to favour PLHIV and removal of collaterals.

Together with programme efforts, still PLHIV needs more training on credit, saving and entrepreneurship activities initiation to empower and enable them for feature flourishment and reliance for their household economic development, but also as they lack this facilitation they felt as excluded from the formal banking sectors.

With the impact drawn up from this evaluation study on the establishment of microfinance to PLHIV, since then seen to have overwhelming importance to the life of these people. The microfinance should be initiated to all PLHIV and scaling it up over Tanzania to support these people in all aspect of social and economic matters for the benefit of their families and being independent.

6.3 Policy Implications

Findings of this evaluation study provide more insights to the government and other stakeholders dealing with the advocacy of microfinance to PLHIV and all most vulnerable groups in Kisesa, Bukandwe and Bujora wards; these practices by SILC with TAZAMA project effort pave the clear picture of changes taking place to PLHIV in their living standard. These changes, mainly evaluated by this study were PLHIV saving and credit receiving through operational SILC groups, successfully engaged in establishing entrepreneurship activities by PLHIV, adequate food security to sustain their household nutrition and other basic needs by PLHIV and success of SILC programme in empowering PLHIV towards loan intervention to their living standard.

Therefore, the study has the following policy implications;

Firstly, this study has policy implication to business skills beyond expanding income-generating activities (IGAs) of SILC members must be linked to other business management training expertise to support their growth orientation and management of loan and its utilization to give the easiest way to pay back their credit.

Moreover, the sustainability of SILC programme methodology in its current format is sustainable and must be consolidated with the inclusion of a comprehensive community development programme that focused on nutrition skills capacity building conservations forming one package for sustainable development. However, advocacy of policy and law should be improved and practised. Therefore law reform will help to ensure policies and legislation will enforce and protect marginalized populations.

Therefore, financial support must stay tuned into PLHIV voices and the pulse of local communities in terms of gender, power and vulnerable empowerment. Supporting PLHIV empowerment effectively requires a commitment to advance Microfinance regulation holistically, to adapt to changing realities, to engage strategic partnerships with NGOs, but also to keep learning as through navigating toward community change socially, financially and attitude on PLHIV support. By doing so it will open the opportunity to scale up all over the country to help PLHIV, also partner, donors may become interested on supporting them. Moreover, it is high time for policymakers to amend the microfinance regulation to suit the vulnerable one who is our relatives and all people must understand to be HIV positive is not because someone has multiple partners, sexual workers, any person can acquire accidentally and became a victim.

6.4 Programmatic Implication and use of findings for strategic planning

The end result of this evaluation study will confer government with useful information to be used during the preparation of the different programme, strategic plans and formulation of proper policies that suit for the microfinance and loan provision.~~Moreover, the ministry of health (MoHCDEC) and other stakeholders in planning, resource allocation and decision-making. Reorientation of microfinance institute financial and formed Bank linkage links more value-adding between SILC members and formal microfinance must explore to link with large pool capital.~~

6.4.1 Recommendations

The link should encourage for the mutual group and if possible be implemented where new groups are few, to avoid people join SILC for more purpose of accessing greater fund. In order for a group to be linked should be able to have an individual business plan where the additional funding is sought to fill the gap identified from the existing programme. Furthermore, the researcher, therefore, encourages other NGOs working with Government under MoHCDEC with PLHIV to consider providing with such loans rather than giving them food, seeds for gardening with no follow-up. Therefore, let TAZAMA be an example of implementations of the microfinance scheme on PLHIV. Also, donors have an important role to play in

strengthening coordination between microfinance institutions and AIDS service organizations such as dispensaries, health centres, hospitals, and strengthening the capacity of microfinance institutions by adding more funds and provided specialized personnel who will monitor the groups for better improvement of financial management by PLHIV. Since the amount provided by the scheme as a loan to start different income generation activities for PLHIV sometimes de-motivate the beneficiary from starting IGAs. So, the researcher recommends disbursing the definite amount of credit in line with the IGAS proposal plan of an individual.

Therefore, PLHIV should also be encouraged to have customs of savings. Relating to this, NGOs, government or donors may need to facilitate opening deposit facilities to put the system of saving into practice. Most of NGOs which deal with PLHIV issues come from health and social development fields where experience with microcredit development and management is limited, it's better to have expertise from formal back to help the process and sustainability of scheme and activeness of members who will help PLHIV to manage credit according to their environment.

6.5 Limitations

This evaluation study has some restriction which is presented as follow, firstly; due to budget and time constraints only three wards were selected for their household members to participate in the study therefore,the results are used to be generalized for the entire residence of Magu District and not actual findings from every member of the SILC scheme because the scheme has other people who are not affected by HIV.

These constraints were addressed as follows: firstly; the budget and time constraints were addressed through calculating statistically representative sample making the findings valid to be generalized to the whole community of Magu District. Further PLHIV from the rural reported a perceived lack of savings opportunities and access to credit from the formal bank because they lack collateral.

6.6 Areas for further evaluation

This evaluation study has evaluated Outcome Evaluation of Microcredit Scheme Saving Internal Lending Community Intervention to people Living with Human

Immunodeficiency Virus, to see if PLHIV have managed to save and receive credit, success of PLHIV in establishing entrepreneurship activities, if they managed to secure adequate food and other basic needs for their household, the successes of SILC programme in empowering PLHIV and finally the living standard of people Kisesa, Bujora And Bukanwe Magu District.

The scope that left aside some other important aspects Microcredit Scheme Saving Internal Lending Community Intervention to people living with Human Immune Deficiency Virus. Therefore, the researcher recommends the following areas for further evaluation. Although lack of money, drought, unreliable market, inflation, poor economic performance, absence of working equipment/tools for agriculture, tailoring machine, cake maker, shoe machine, kaki envelop/bags has been a challenge that contribute in their setback to grow more in terms of production, quality and amount of money and number of customer to be reached and use of loan different purpose from what was intended before they took that money; and they believe that if the amount of loan will be increased more and being provided with working equipment /tools they can be in position to do better.

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APPENDICES

Appendix 1: Participant's Questionnaire

Dear participant, I am Lucy C. Iriya a student at Mzumbe University I am conducting an evaluation study on**"Outcome Evaluation Of Microcredit Scheme Saving Internal Lending Community Intervention Topeople Living With Human Immunodeficiency Virus in Kisesa Magu District".** I kindly ask for your cooperation to make this study successful. I assure you that the information provides will be treated with strict confidentiality and will only be used for academic purpose. On other hand the result of this evaluation will be used to make some changes and improvement for the future and when scaling up the programme to other part.

PARTA:I SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE SILC MEMBER

For each statement, indicate your response by circle the appropriate box

Code	Question	Answer
1.	Location ward and Village	Village …….. ward …….
2.	**Circle** the **sex of group member**	Male …….. …….. 1 Female ...……. ……..2
3.	Age	
4.	Marital status?	Single ……. ……..… ……....1 →6 Married…….....2 Widow/widower …….. 3 → Divorced/Separated ……..…….4→6
5.	Are you monogamous or polygmousi?	Married Monogamous……..…1 Married Polygamous ….……....2
6.	Do you know how to read and write	Yes……...……..1 No…….……2
7.	Level of the education	Primary ……..… 1 Secondary…….. 2 College/University…… 3 Other (Specify)……..…..4
8.	Name of your group	
9.	Position at group member/leader/mgt	Member……..……..1 Leader……....2 Other (Specify)……..3
10.	How many people in your household depending on you?	.....
11.	How many people have income in the household?	…….

PART II

SECTION A: HOUSEHOLD SAVING AND CREDIT SILC

For each statement, indicate your response by circle the appropriate box

1.	For the past 24 months have you ever took the loan?	Yes……..…..1 No……..…2
2.	If, **YES** how many time did you took loan?	……..
3.	In total how much did you took the loan?	**……..**
4.	Did you receive loan on time?	Not on time……..……..… 1 It takes long time……... 2 On time…….……..3 Don't know……4
5.	How long it took to get the loan?	Less than one month… …… 1 Between 1 to 2 months …….....2 Between 3 to 6 months ..……..…...3 More than 6 months.…..……...…...…...4
6.	How long have you been borrowing from SILC?	For the past 1 - 3 years…….....1 For the past 4 - 6 years …….……...2 More than 7 years ago…. …….....3
7.	Is it easier to get Loan that provided by SILC?	Easy ……..…… 1 Not easy ……..……..… 2 Don't know …….……..3
8.	What did you do with the loan? (**Circle all use that you made with loan**)	Building housing …….....1 Business …….....2 Livestock.…….…3 Bought Land/Farm ……..……..…4 School Fees …..……..……...5 Bought Food …….…….....6 Medical Expenses …….……..……7 Clothing …….……...……8 Agri Input/Seed..…….…….…….9 Other (Specify)……10

9.	For how long did you start income generation activities?	Between 1 to 2 years……..……1 Between 3 to 5 years ……...…..2 More than 5 years…….……...…..3 Don't know……..…….…….……..4
10.	How much income can you generate per month from SILC"s loan?	Below Tsh.50,0000……..….1 Between Tsh.51,000-100000…….……2 Between Tsh.101,000-200,000…….….3 Between Tsh. 201,000-500,000…….4 Above Tsh.500,000…….……..…….5
11.	It is easier to save after taking such loan?	Easy ……..…….…… 1 Not easy ……..…..… 2 Don't know ……..……..3
12.	Is it easier to renew the loan from SILC Programme?	Easy ……..…… 1 Not easy ……..…..… 2 I don't like to borrow..……...……3 Don't know ……..……..4
13.	Why you didn't renew the loan?	No need……..……1 Interest is high …….……..... 2 Condition are aggressive …….…….3 Fear not to be able to pay back the loan……4
14.	Do you have loan from other institute?	Yes……..……..1 No…….……..……2
15.	If **YES,**whichInstitute?	Bank ……...…….….1 MFI……....2 Relative/Family……..…3 ROSCA/Mchezo……....4 Farmer Association……...…..…...5 Local Government……..…...6 Other (Specify)……...……7 NO……..…… …8→**17**
16.	How much loan do you have?	……
17.	Are you ready finish loan repayment?	Yes ……...…….1 →**17** NO….. ……..2 Other (Specify)…….…..3

18.	Did you manage to pay your repayment on-time?	On time……..……. ……..…1 Not on time ……..….2 It took several months to pay back……3
19.	It is easier to maintain pay your loan balance by your collateral assets?	Easy.. ……..….. 1 Not easy ……... …..**.....**2 No collateral payment ……..……...3 Don't know……....4
20.	What can you say about your ability to pay children school need (uniform, exercise book, shoes, books, before SILC loan?	I was able to pay……....1 I was not able to pay ……2 Other (Specif…….3
21.	What can you say about your ability to pay children school need (uniform, exercise book, shoes, books, after SILC loan?	Yes…….....1 No change……..2 Very little…..…….…..…3 Don't know ……..…4
22.	Did you get training on saving and credit from **SILC**?	Yes…..……...….1 No…….....**2** Don't know..……..……..….3
23.	Did you get technical assistance from SILC?	Yes…..……...1 No……...**2** Don't know..……..……..….3
24.	Did you receive supervision outside the group?	Yes…..……..…….1 No……..…...2 Don't know..……..…….……3
25.	Has your status changed in your family after you have started to receive credit?	Yes…..……..….1 No……..…...2 Don't know..……..…….3

PART II

SECTION B: What type of asset present in the household before and after being SILC member?

	Type of asset	**Before SILC in numeral number asset**	**After SILC numeral number asset**
Transportation	1Motorcar 2. Motorbike 3. Bicycle 4. Bajaji	1…… 2…….. 3……. 4…….	5…… 6…….. 7……. 8…….
Kitchen facilities	Local stone stove 2. Charcoal cooker 3.Modern charcoal cooker 4. Electric cooker 5. Refrigerator 6. Kerosene stove	1…….. 2…….. 3…….. 4…….. 5…….. 6…….	7…….. 8…….. 9…….. 10…….. 11…….. 12…….
Farm implements	1. Tractor 2. Ox-plough 3. Hand hoe 4. Machetes 5. Bush knives 6. Sickles 7. Axes	1…….. 2…….. 3…….. 4…….. 5…….. 6……. 7……. 8…….	7…….. 8…….. 9…….. 10…….. 11…….. 12……. 13…… 14…….
House assets	1.Tables 2. Chairs 3. Sofa sets 4. Hard ropes	1…… 2…… 3…… 4……..	5…… 6…… 7…… 8……..
News media	Radio…1 TV…….2	1…… 2……	3…… 4……

PART II

SECTION C: Circle the appropriate response on nature of Housing

Type of the wall	Mud+ wood+thatch …….....1 Wood +mud+ cement. …….2 Bricks (heated bricks)…..……..……3 Bricks (non-heated bricks) ……...4 Stones cement bricks. …….....5
Type of the floor	Mud floor..……1 Cemented floor …….....2 Tiles floor ……...3
Type of roof	Thatch, thatch mud ……1 Aluminum sheets. ……2
Type of toilets	None…..……..……1 Pit hole Latrine..……..……2 Modern pitLatrine…….……3 Flush Toilet..……4 Bush. ……..……..……...5
Water type	Drilled well…….……...…….1 Rivers /Lake……2 Well with pump/Tape……...3 Portable (installed) (MWAUWASA).……..4
Type of Energy	Electricity ……..….1 Generator..…….....2 Solar……..……3 Kandle/ Paraffin ……4 Stuffed f.....…….5 Lantern /rechargeable light..…….……..6 Other (Specify)……7
Does the food cooked in the house, separate building or at the corridor?	Separate building…….……1 Within the house...……...2 Outside the door (corridor)……..…….3 Others (Specify)……4
How many rooms does your house have?	Number of rooms…….

SEHEMU III:

ENTREPRENEURSHIP ACTIVITIES OPERATED

For each question, circle appropriate answer

1.	What kind of business do you have?	Agricul……... 1 Livestock…… .2 Industry…….……3 Post harvest processing and services……..4 Transport. …….……5 Other (specify)…….……6
2.	If you have business, which kind of business?	I have shop……....1 I have restaurant……..…2 I have local brew Bar……..…..3 I have Bar……..……4 I have motorcycle/Bajaji……...…5 I have hience (daladala)……..…..6 Tailor……7 Crop processing…….……8 Transportation..…….....9 Other (specify)…….……..….10
3.	Does your business make profits?	Profit ……..….1 Non profit…….……..…..2 Don't know.……...……3
4.	What do you do with business profits?	Use in daily expenses……1 Save it..……..2 Reinvest it all in my business…...….3 Reinvest part of it in my business.....4 Others specify……..…….5
5.	Do you face any challenge in your business?	Yes……...1 No…...……...…2
6.	Which challenges?	……
7.	What can be done to solve the challenge you're facing?	Given more Entrepreneurial training ……..1 Increasing the amount of loan given……..…2
8.	Apart from this business, what is/are your other sources of income?	None……..…….. 1 Salary……..…..... 2 Business, please specify …….…….3 Others, please specify ……..…4

PART IV: HOUSEHOLD FOOD SECURITY

Circle appropriate answer and filling the blanks

	Question	**Before SILC**	**After SILC**
1.	Do you eat everyday	Yes……...1 No…….2	Yes……...3 No…….4
2.	Have you ever experienced food insecurity?	Yes……...1 No…….2	Yes……...3 No…….4
3.	why?	……..	…….
4.	Have you ever lack money to buy food?	Yes……...1 No…….2	Yes……...3 No…….4
5.	Do you ever taken a meal below three times a day for lacking money?	Yes……...1 No…….2	Yes……...3 No…….4
6.	Do you have food stock?	Yes……...1 No…….2	Yes……...3 No…….4
7.	From now does stored food enough for the whole year?	Yes……...1 No…….2	Yes……...3 No…….4
	Read the sentences and choose the correct answer by circle		
1.	How many times do you take your meal per day?	1 meal…….……..…1 2 meals……... 2 3 meals… ……..… ….3 →13 More than 3 meals……..…..... 4→13	
2.	Does meal intake increased?	Twice…….……1 Thrice…….…….…….2 than thrice..……..……3	
3.	If food would run out before we got money to buy more, how you dealt with food shortage over last 12 months	Borrowing from friends, neighbors, relatives……..……...1 Reduce expenditures on health……..2 Reduce expenditures on education ……3 Adults skip meals once a day ……...….4 Selling assets (e.g. cycle, motorcycle, bull, farm equipment……...5 Others (Please specify…….6	

PART VI: NOTES

Thank you for your participation in this study. If you have any comments concerning this questionnaire, or would like to make suggestions regarding the research, please write your input on the space provided below:

……

……

……

……

……

Appendix 2: Interview Guides

A: Interview guide for leaders of groups

1. For how long you have been a leader and which group are you leading?

Ask:

- Who are you in this group?
- If you're leader, for how long you have been in the group?

- Name of group your leading?

2. **What is your main role in the group?**

Ask:

- Are group meeting conducted as required?
- Does group asset distributed equal to all members?
- Does group members receive loan?
- Does group has constitution?
- Does the group receive training from SILC?If YES, for how long?

3. **What services provided by SILC?**

Ask:

- Does the group receive training on leadership and election?
- Did you receive training on how to develop policy and regulation on social funds, saving and credit?
- Did you receive training on development of SILC Constitution?
- Did you receive training on writing Record-Keeping and Managing a Meeting
- Did you receive training on Memory-Based Record-Keeping?
- Managing a Meeting, Meeting Procedures and, Loan and Repayment Meetings?

4. What are the major challenge members faces in the union?
5. Have the SILC scheme bring changes to PHIV over last few years?

Ask:

- Did you receive financial changes?
- Did you receive financial changes?
- Did you manage to initiate community fund for orphanage?

- Do you have helping fung as a group(disesed,funeral and medical expenses?

B: Interview guide to SILC management

- What was the interest of TAZAMA project to implement the SILC programme at Kisesa ward?

Ask:

- Does SILC initiative goal met?
- Did the project succeed to provide a greater level of economic safety?
- Which service are providing by SILC?
- How did you provide your services?
- Did you ensure SILC group members save and receive credit through operational SILC
- Does microfinance improve life standard of SILC members?
- What solution would you propose to improve the programme to scale up if was to be carried out somewhere else?
- What are challenges does project face on services provision and implementation of SILC programme?
- Do you have plan to get fund from donors outside the country to develop groups/members?
- Did you receive entrepreneurships training?
- Do you have production activities?
- How much did you succeed in production?

Kiambatisho 3: Dodoso la mshiriki

Ndugu mshiriki, naitwa Lucy C. Iriya ni mwanafunzi katika chuo kikuu cha Mzumbe. Nafanya utafiti juu ya "**Tathimini ya mafanikioya Vikundi na wanavikundi wa SILC, Wilaya ya Magu.**

Ninaomba ushirikiano wako ili kuweza kukamilisha utafiti huu. Taarifa utakazotoa zitakuwa siri na zitatumiwa kwa madhumuni ya kitaaluma tu. Matokeo ya utafiti yataonyesha mafanikio ya SILC na wanavikundi wa SILC na pia maeneo ambayo yanahitaji marekebisho ili kuwa na mafanikio zaidi siku za mbele.

SEHEMU YA 1: TAARIFA ZA KIDEMOGRAFIA ZA MWANACHAMA WA SILC

Kwa kila swali, zungushia geresho kwenye jibu sahihi

Na.	**Swali**	**Jibu**
1.	Mahali unapoishi kata na kijiji	Kijiji……..Kata……
2.	Zungushia jinsia ya mwanakikundi?	Mwanaume…….....1 Mwanamke ...…….....2
3.	Una umri wa miaka mingapi?	
4.	Hali yako ya ndoa kwa sasa ikoje?	Sijaoa/sijaolewa ……. ……. ……..1 →6 Nimeoa/nimeolewa…….....2 Mjane/mgane ……..…….. 3 →6 Mtalaka/tumetengana ……..….4 →6
5.	Upo kwenye ndoa ya mke mmoja au zaidi?	Ndoa ya mke mmoja ……..1 Ndoa ya wake wengi……. ……2
6.	Unajua kusoma na kuandika kiswahili au Kiingereza au lugha nyingine yeyote?	Ndiyo ……... 1 Hapana …… 2 →7
7.	Una kiwango gani cha elimu?	Shule msingi……...1 Sekondari ……..2 Chuo …… 3 Nyingine (taja)
8.	Jina la kikundi chako	
9.	Nafasi yako katika kikundi	Mwanachama……...1 Kiongozi…….……..2 Nafasi nyingine (taja)……..…..3
10.	Una watu wangapi	.....

	wanaokutegemea katika kaya?	
11.	Kuna watu wangapi wanaoingizakipato katika kaya?	……

SEHEMU II

A: UWEKAJI NA UKOPAJI WA KAYA KUTOKA SILC

Kwa kila swali, zungushia geresho kwenye jibu sahihi na kujaza sehemu zilizo wazi

1.	Katika kipindi cha miezi 24 iliopita, je umewahi kuchukua mkopo ?	Ndiyo……..1 Hapana……2
2.	Kama **NDIYO** umechukua mara ngapi?	
3.	Je kwa ujumla (awamu zote) ulichukua kiasi gani cha mkopo?	**……..**
4.	Je ulipata mkopo wako kwa wakati?	Kwa wakati..……..1 si kwa wakati…… ....2 Ilichukua muda mrefu……..……...3 sijui ……...…….4
5.	Ilikuchukua muda gani kupata huo mkopo?	Chini ya mwezi mmoja …..…… 1 Mwezi 1 hadi 2 ……..**.....**2 miezi 3 hadi 6 ……..……...3 Zaidi ya miezi 6 ……..……...4
6.	Ni kwa muda gani Umekua ukikopa SILC?	Mwaka 1 - 3 iliyopita……**...**1 Miaka 4 -6 iliyopita …….……..2 Zaidi ya miaka 7 iliyopita…….....3
7.	Ni rahisi kupata mkopo unaotolewa na SILC?	Rahisi …… 1 Si rahisi ……..…… 2 Sijui ……..……..3
8.	Ulifanyia nini mkopo uliochukua? (**Zungushia matumizi yote uliyotumia kwa mkopo**)	Kujengea Nyumba…….....1 biashara…….....2 Ufugaji.……3 Manunuzi ya aridhi……4 Malipo ya ada…..……..……5

		Manunuzi ya chakula……..……...6 Gharama za matibabu…..…….....7 Manunuzi ya mavazi…….……8 Vifaa vya kilimo/mbegu..……..9 Nyingine (taja).……..…..10
9.	Lini ulianza shughuli zako za kukuingizia kipato baada ya kupata mkopo?	Mwaka 1 hadi 2 ……1 Miaka 3 hadi 5 ……..2 Zaidi ya miaka 5 …….……..3 Sijui …….……4
10.	Ni kiasi gani unachoingiza kwa mwezi baada ya kuchukua mkopo toka SILC	Chini sh.50,0000…….….1 Kati ya sh.51,000-100000……2 Kati ya sh.101,000-200,000…….3 Kati ya sh.201,000-500,000…….4 Zaidi ya sh. 500,000…….……5
11.	Ni rahisi kuweka akiba baada ya kupata mkopo?	Rahisi …….…… 1 Si rahisi …….. ..2 Sijui …….……..3
12.	Ni rahisi kurejea kukopa tena kutoka SILC?	Rahisi ……..... ..1 Si rahisi …….….. ..2 Sipendi kukopa tena……..……3 Sijui……..…..……...4
13.	Kwanini hukuhitaji kukopa tena kutoka SILC?	Sikuwa na uhitaji…….……...1 Riba ni kubwa…….……...2 Masharti ni magumu ……..……...3 Hofu ya kushindwa kuresha mkopo ……...4
14.	Je una mkopo kutoka tasisi nyingine?	Ndiyo……..1 Hapana……2
15.	Kama NDIYO, ni Taasisi gani?	Benki …...…….……...…..1 Tasisi ya fedha……2 Ndugu/familia…...……..……...3 ROSCA/Tasisi ya Michezo..…….....4 Vyama vya wakulim..……...…….....5 Serikali za mitaa…….……...….6 Nyingine (taja)……..….7 HAPANA …… …8 → 17
16.	Ni kiasi gani cha mkopo?	……

17.	Tayari umemaliza kurejesha Mkopo huo?	Ndiyo ……1 →**17** Hapana ……...2 Nyingine (taja)……...……3
18.	Je unaweza/uliweza kulipa marejesho kwa wakati?	Ndiyo kwa wakati …… …...…1 Si kwa wakati……2 Ilichukua mieazi kurejesha…..……... 3
19.	Ni rahisi kuendelea kulipa bakio la mkopo kwa uthabiti kutumia thamani zako?	Rahisi …….. 1 Si rahisi ……..... ……...2 Hakuna malipo kwa kutumia thamani……...3 Sijui ……4
20.	Unasemaje juu ya uwezo wako wa kutimizia mahitaji ya shule ya watoto (sareza shule,madaftari,viatu,vitabu) kabla ya mkopo kutoka SILC?	Nilikuwa na uwezo……...1 Sikuwa na uwezo…….2 Nyingine (taja) …….3
21.	Unasemaje juu ya uwezo wako wa kutimizia mahitaji ya shule ya watoto(sare za shule,madaftari,viatu,vitabu) baada ya kupata mkopo kutoka SILC?	Kuna mabadiliko…….....1 Hakuna mabadiliko ……..……2 Mabadiliko kidogo sana…….....3 Sijui..……..……4
22.	Je, mlipata mafunzo ya namna ya kuweka akiba na kukopa fedha kutoka SILC?	Ndiyo ……1 Hapana ……...……2 Sijui ……..…….3
23.	Je mnapata msaada wowote wa kitalaamu kutoka SILC?	Ndiyo ……..….….1 Hapana ……..…..2 Sijui ……..……3
24.	Je manafanyiwa usimamizi kutoka nje ya kikundi?	Ndiyo ……1 Hapana ……...2 Sijui ……..……..…..….3
25.	Je maisha yako yamebadilika kifamilia baada ya kupata mkopo?	Ndiyo ……1 Hapana ……..…..2 Sijui ……..…..…….....3

SEHEMU II

B: Ni aina gani ya vitu ulivyokuwa navyo kabla na baada ya kuingia SILC

	Mali	**Kabla ya SILC Andika idadi**	**Wakati wa SILC Andika idadi**
Usafiri	1Gari 2. Pikipiki 3. Baiskeli 4. Bajaji	1…… 2…….. 3……. 4…….	5…… 6…….. 7…… 8…….
Vifaa vya jikoni	1. Jiko la kuni 2.Jiko la mkaa 3.Jiko la mkaa la kisasa 4.Jiko la umeme 5. Friji 6. Jiko la mafuta ya taa	1…….. 2…….. 3…….. 4…….. 5…….. 6…….	7…….. 8…….. 9…….. 10…….. 11…….. 12…….
Vifaa vya shambani	1. Trekta 2.Jembe la kukotwa na wanyama 4. Jembe la mkono 5. Panga 6.Visu vikubwa (jambia) 7.Siko (mundu) 8. Shoka	1…….. 2…….. 3…….. 4…….. 5…….. 6……. 7…… . 8…… .	7…….. 8…….. 9…….. 10…….. 11…….. 12……. 13…… 14…….
Thamani za nyumba	1.Meza 2. Kiti cha mezani 3.Makochi 4. Kamba ngumu	1…… 2…… 3…… 4……..	5…… 6…… 7…… 8……..
Vyombo vya habari	Redio…….1 TV…….2	1…… 2……	3…… 4……

SEHEMU II

C: Zungushia geresho husika kwenye vielelezo vya nyumba

Aina ya ukuta	Matope+ Mbao+Majani…….....1 Mbao+matope+simenti. …….2 Matofali ya kuchoma. ……3 Matofali ya tope ya bila kuchoma……...4 Matofali ya mawe…….....5
Aina ya sakafu	Sakafu ya tope……..……..1 Sakafu ya sementi…….....2 Sakafu ya tailizi…….3
Aina ya dari	Majani, Majani na udongo……..……1 Bati za aluminiam……..…….2
Aina ya choo	Hakuna choo ……..…….…..1 Choo cha shimo……..……2 Choo cha shimo cha kisasa……...…3 Choo cha kuflushi…….……..…4 Porini……..…….…5
Aina ya vyanzo vya maji	Kisima cha kuchimba……...…….1 Mtoni/Ziwani…….2 Kisima cha kupampu/bomba……...3 Maji ya bomba (MWAUWASA)……..4
Aina ya chanzo cha nishati	Umeme ……..……1 Jenereta..…….……..2 Sola…….……3 Mshumaa/Kibatari……..…….4 Kijinga cha moto……5 Chemli/Taa za kuchaji……..……..6 Nyingine (taja)…….…...7
Je upishi wa vyakula hufanyika ndani ya nyumba, jingo tofauti, au nje ya mlango?	Jengo tofauti…….……..….1 Ndani ya nyumba…….……...2 Nje ya mlango (koridoni)…….3 Nyingine (taja)…….……4
Nyumba hii inavyumba vingapi vya kulala?	Idadi ya Vyumba …….

SEHEMU III: SHUGHULI ZA UJASIRIA MALI UNAZOZIFANYA

Kwa kila swali, zungushia geresho kwenye jibu sahihi

9.	Ni shughuli gani nayoifanya?	Kilimo ……..….. 1 Ufugaji……..……. .2 Viwanda……3 Huduma ya usindikaji wa mazao…..4 Usafirishaj…….……5 Nyingine (taja)…….……6
10.	Kama ni Biashara, ni ya aina gani?	Nina duka……..1 Ninga mgahawa…….2 Nina klabu cha Pombe……..3 Nina bar……...……..4 Nina bodaboda/bajaji……..…..5 Nina gari hience (daladala).....6 Ninashona nguo……7 Huduma ya usindikaji wa mazao…..8 Usafirishaji..……..9 Nyingine (taja)…….……...10
11.	Je unapata faida kwenye biashara yako?	Napata faida ……1 Hakuna faida……..…..2 Sijui …….……3
12.	Faida unayoipata unafanyia nini?	Matumizi yangu ya kila siku…….1 Kuweka akiba ...……..……... 2 Nairudisha kwenyebiashara……...3 Narudishakiasi kwenye biashara …..4 Nyingine (Taja)...…….……5
13.	Je unapata changamoto yeyote kwenye biashara yako?	Ndiyo…….1 Hapana...……2
14.	Changamoto gani?	……
15.	Nini kifanyike kutatua changamoto hiyo?	Kupewa mafunzo ya ujasiria mali …1 Kuongezewa kiwango cha mkopo….2
16.	Tofauti na biashara nini chanzo chako kingine cha mapato?	Hakuna chanzo kingine. …….. 1 Mshahara…….. 2 KilimoNyingine, tafadhali taja…..…3

SEHEMU IV: UHAKIKA WA CHAKULA KATIKA KAYA

Zungushia geresho lajibu sahihi na kujaza sehemu zilizoachwa wazi.

		Kabla ya SILC	**Baada ya SILC**
8.	**Unapata chakula kila siku?**	Ndiyo…….1 Hapana …..2	Ndiyo…3 Hapana ….4
9.	Umeshawahi kupata upungufu wa chakula katika kaya yako?	Ndiyo……1 Hapana ….2	Ndiyo…..3 Hapana ….4
10.	Kama ndio, kwanini?	……..	…….
11.	Je umewahi kukosa fedha ya kununulia chakula?	Ndiyo…….1 Hapana …..2	Ndiyo…3 Hapana ….4
12.	Je umewahi kula chini ya milo mitatu kwa siku kwa sababu ya kukosa fedha?	Ndiyo…....1 Hapana ….2	Ndiyo……3 Hapana ….4
13.	Je unakiba ya chakula?	Ndiyo…….1 Hapana …..2	Ndiyo……3 Hapana ….4
14.	Je akiba yako ya chakula inakutosheleza kwa mwaka mzima kuanzia sasa?	Ndiyo…….1 Hapana ….2	Ndiyo……3 Hapana ….4
	Soma sentensi na uchague jibu sahihi kwa kuzungushia geresho linalofaa.		
1.	Unakula milo mingapi kwa siku?	Mlo 1……..……1 Milo 2…….. 2 Milo 3……. ……..…… 3 Zaidi ya milo 3…….. 4 **kama jibu ni geresho3 au4 nenda swali la 13**	
2.	Je milo yako ya chakula imeongezeka?	Mara 2……..……1 Mara 3……..…….2 Zaidi ya mara 3…….……3	
3.	Ukiishiwa chakula kabla ya kupata fedha unafanini kupata chakula kwa kipindi cha zaidi ya miezi 12 iliyopita?	Kuazima kutoka kwa rafiki, jirani au ndugu……..……..….1 Kupunguza matumizi ya gharama za matibabu…….…….2 Kupunguza matumizi ya gharama ya elimu …….....…3 Kuuza thamani (mfano baiskeli,shamba,pikipiki……..4 Nyingine taja…….…….…….5	

SEHEMU VI: NUKUU

Nashukuru kwa ushilikiano wako katika utafiti huu. Je una swali au maoni yoyote kuhusu utafiti huu?

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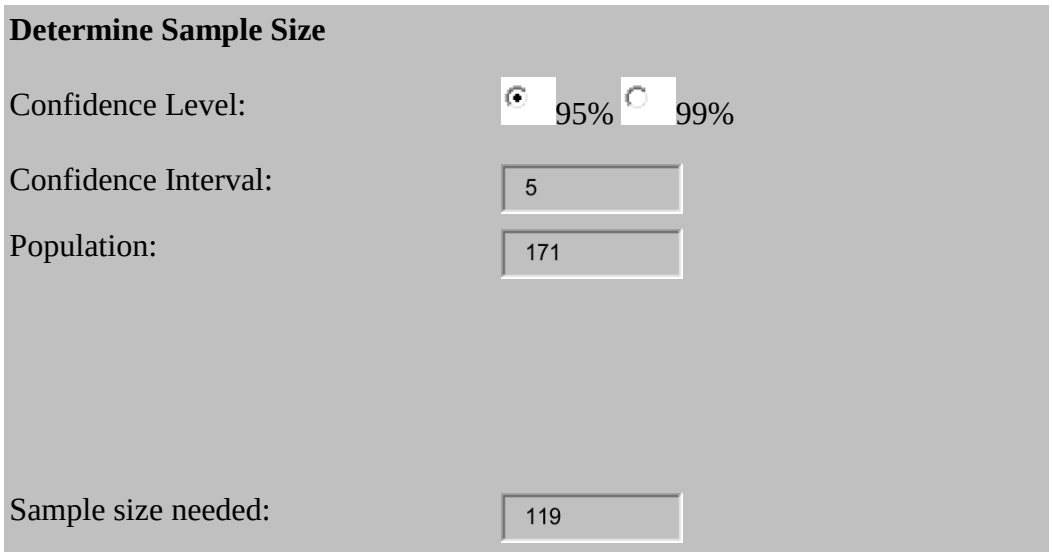
Kiambatanisho 2: Muongozo wa mahojiano

A: muongozo kwa kiongozi wa kikundi	
6. **Ni kwa muda gani umekuwa kiongozi wa kikundi na unaongoza kikundi gani?**	
Uliza:	
● Yeye ni nani katika kikundi?	
● Kama ni kiongozi una muda gani katika kikundi	
● Jina la kikundi anachokiongoza	
7. **Ni nini kazi yako katika kikundi?**	
Uliza:	
● Mikutano ya kikundi inafanyika inavyotakiwa	
● Je mali za kikundi zinagawanywa kwa usawa kwa wanakikundi wote?	
● Je wanakikundi wanapata mkopo?	
● Je kikundi kina katiba?	
● Je kikundi kilipata mafuzo kutoka SILC? Kama **ndiyo**ni kwa muda gani?	
● Mafundisho haya yamewasaidia nini?	
8. **Je ni huduma gani zitolewazo na SILC?**	
Uliza:	
● Je kikundi kilipata mafunzo ya uongozi na uchaguzi?	
● Je mlifundishwa namna ya kutengeneza sera na kanuni za mfuko wa jamii, kuhifadhi na kukopa fedha?	
● Mlifundishwa kutengeza katiba ya kikundi cha SILC	
● Mlifundishwa namna kutunza kumbukumbu na	

kusimamia na kuendesha mikutano	
● Je mnazo rejea(vitabu) vya utuzaji wa kumbukumbu?	
● Je mnafanya mikutano ya urejeshaji wa mikopo?	
9. **Je ni changamoto zipi zinazowakabili katika kikundi?**	
10. **Je kuna mabadiliko (faida) yoyote mlizopata kutoka SILC kwa miaka michache iliyopita?**	
● Mabadiliko gani mmepata kiuchumi	
● Mabadiliko gani mmepata thamani(aseti)	
● Mmeweza kuanzisha mfuko wa kusaidia yatima	
● Mna mfuko wa kusaidiana kama kikundi (ugonjwa, mazishi, matibabu	
B: muongozo kwa uongozi wa SILC	
● Nini makusudi ya mradi wa TAZAMA kuanzisha na kutekeleza mradi wa SILC katika kata ya Kisesa.	
Uliza:	
● Makusudi ya uanzishwaji ya SILC yamefikiwa	
● Je mradi ulifanikiwa kuboresha uwezo wa kaya kupata chakula cha kutosha?	
● Je mradi ulifanikiwa kutoa uhakika wa kiuchumi kwa wanachama wa SILC?	
● Nihuduma gani zitolewazo na SILC kwa wanakikundi?	
● Ni kwa namna gani mnatoa huduma zenu?	
● Je mnahuhakika wanachama wa SILC wanaweka akiba na kukopa kwa kufuata taratibu za SILC?	
● Je taasisi yenu ya fedha imeweza kuboresha maisha ya wanachama?	
● Je ni njia zipi mnaushauri za kutatua changamoto kama mradi ungeanzishwa sehemu nyingine?	
● Je changamoto gani mnapitia wakati wa kutoa	

huduma na wakati wa kutekeleza mradi wa SILC?	
● Mna mpango wa kutafuta fedha kutoka nje kuendeleza vikundi/wanavikundi?	
● Mmewahi kupata mafunzo ya ujasiriamali?	
● Mna shughuli za uzalishaji?	
● Mmefanikiwa kiasi gani kwenye uzalishaji?	

Appendix 4: Determine Sample Size by using Survey Monkey Calculator



Proportional location sample size formula

ni=(n/N).sample size=(n/N)*Ni

SILC Group	Calculations	Sample size
TUINUANE=34	= (34/171)*119	**24**
UPENDO C=36	(36/171)*119	**25**
TUPENDANE=35	= (35/171) *119	**24**
WAPENDANAO=37	= (37/171)*119	**26**
UPENDO A=28	= (28/171)*119	**20**
Overall sample size	= 24+25+24+26+20=119	**119**