



Tanzania Socio-economic, Health, and Environmental Development (TASHED) Project Report

Enhancing HIV/AIDS Medication Uptake in Dodoma Through Human-Centered Design Approach: May 2022 to July 2022

1.0 Introduction

Dodoma, situated in Tanzania, grapples with a significant challenge concerning HIV/AIDS medication uptake, with uptake rates at a concerning low percentage. Despite being one of the areas identified as having a high prevalence rate and being at considerable risk for HIV transmission, Dodoma continues to struggle with ensuring consistent adherence to medication regimens among individuals living with HIV/AIDS. This low uptake not only poses a threat to the health and well-being of affected individuals but also hampers efforts to curb the spread of the virus within the community.

In response to this pressing issue, a collaborative initiative was undertaken by TASHED in collaboration with Dodoma Regional Hospital and various community stakeholders to explore innovative strategies aimed at improving HIV/AIDS medication uptake in the region. This initiative sought to address the root causes behind the low uptake rates through a Human-Centered Design (HCD) approach, which places the needs and experiences of the community at the forefront of intervention development.

This comprehensive report documents the objectives, methodology, findings, and recommendations derived from the initiative, shedding light on the complexities of HIV/AIDS medication uptake in Dodoma and outlining potential pathways for improvement. Through a combination of community interviews, collaborative solution development, and pre-testing of interventions, the project sought to not only identify viable solutions but also lay the groundwork for sustainable interventions that could positively impact medication adherence and health outcomes in the region.

2.0 Objectives

1. Identify the key barriers to HIV/AIDS medication uptake in Dodoma region.
2. Assess the effectiveness and feasibility of proposed solutions in improving medication adherence during the Pre-Test phase.
3. Formulate actionable recommendations based on insights gathered to enhance HIV/AIDS medication uptake in Dodoma.

3.0 Methodology:

The project methodology comprised two primary phases, conducted within the 8-week timeline:

I. Interviews

In-depth interviews were conducted with a diverse range of stakeholders, including in-school and out-of-school youths, health service providers, households from urban and rural areas, religious leaders, and community leaders. A semi-structured questionnaire was utilized to explore perceptions, barriers, and suggestions for improving HIV/AIDS medication uptake. The interviews were designed to delve into various aspects such as awareness levels, stigma, access to healthcare services, barriers to HIV dosage uptake and the role of community support.

Interview participants.

- 18 in-school students from Dodoma Secondary School
- 2 school representatives
- 17 households from urban areas
- 14 households from rural areas
- 7 religious' leaders
- 6 CTC service providers
- 12 PLHIV

The interviews provided a comprehensive understanding of the perceptions, barriers, and suggestions related to HIV/AIDS medication uptake in Dodoma. Participants shared their experiences and perspectives, highlighting both individual and systemic challenges faced by the community. The discussions were rich in detail, allowing for a rich understanding of the socio-cultural, economic, and healthcare-related factors influencing medication adherence.

❖ Challenges Identified

- **Limited Healthcare Access:** Participants from rural areas highlighted challenges related to accessing healthcare services, including long distances to healthcare facilities and inadequate transportation options.
- **Stigma and Discrimination:** Stigma surrounding HIV/AIDS was identified as a significant barrier to medication uptake, particularly among certain religious communities. Fear of discrimination and social exclusion deterred individuals from seeking treatment and adhering to medication regimens.
- **Knowledge Gaps:** While some participants demonstrated a good level of awareness about HIV/AIDS, gaps in knowledge were observed, particularly in rural areas. Misconceptions and lack of accurate information contributed to challenges in medication adherence.
- **Community Support:** Despite the presence of supportive community networks, participants highlighted the need for enhanced support and counseling services to promote medication adherence and address stigma.
- **Unfriendly Language from Service Providers:** Several participants reported experiencing unfriendly or judgmental language from healthcare providers, which negatively impacted their willingness to seek treatment and adhere to medication regimens. Such attitudes contributed to feelings of stigma and discrimination among individuals living with HIV/AIDS.

- A notable challenge observed, especially among participants from Maktopora ward, was the low uptake of HIV/AIDS treatment among individuals who were HIV positive. 2 participants confessed being HIV positive however, they revealed that they had never been on treatment.

The interview phase provided a platform for meaningful dialogue and engagement with the community, allowing for the exchange of valuable insights and perspectives. Participants expressed appreciation for the opportunity to voice their concerns and contribute to the development of solutions aimed at improving HIV/AIDS medication uptake.

4.0 Pre-Test Phase: Implementing Community Suggestions

Prior to initiating the Pre-Test phase, the project team, in collaboration with Dodoma Regional Hospital and independent medical experts, developed a range of toolkits based on the community suggestions gathered during the interview phase. These toolkits aimed to address identified challenges and provide practical solutions to enhance HIV/AIDS medication uptake in Dodoma. Among these innovative tools were Family Cards, Confidence Kits, and the Powabank.

Family Cards	Family Cards were designed to facilitate open communication and support within families. These cards provided prompts for discussions on sensitive topics such as HIV/AIDS and medication adherence, fostering a supportive family environment conducive to better health outcomes.
Powabank	Powabank was developed as a portable medication organizer, designed to address challenges related to medication management. With separate compartments for each day of the week, Powabank provided a convenient solution for organizing and storing medications, particularly for individuals with complex medication regimens.
Self Confidence Kits	Confidence Kits were developed specifically for in-school youths to boost confidence and resilience. These kits contained engaging materials such as stories and activities designed to empower students and equip them with essential life skills.
Family Wheel	The Family Wheel was a comprehensive tool designed to address stress and promote positive interactions, especially between service providers and customers. Recognizing the importance of addressing stress among healthcare workers, the Family Wheel included actionable strategies to mitigate stress and improve interactions with clients.

5.0 Implementation and Feedback

The toolkits were implemented within the community, with participants given the opportunity to interact with and provide feedback on the tools. The project team ensured that the toolkits were easily accessible and user-friendly, with clear instructions provided for their use.

I. Family Cards

Participants found the Family Cards to be a valuable resource for initiating conversations within families. The prompts provided on the cards helped facilitate discussions on important topics, leading to increased awareness and understanding among family members.

II. Powabank

Participants found Powabank to be a practical solution for medication management, especially for individuals with multiple medications or complex dosing schedules. Its portable design and compartmentalization received positive feedback, with participants noting that it improved their adherence to prescribed regimens.

III. Self Confidence Kits



Figure 1: A photo taken during prototype testing, self confidence toolkit at Dodoma Secondary School

Feedback on the Confidence Kits was generally positive, with students expressing appreciation for the engaging content and



interactive nature of the materials. The kits were perceived as effective in boosting confidence and promoting positive attitudes among youths.

IV. Family Wheel

The Family Wheel received particularly positive feedback, especially from service providers who acknowledged the importance of addressing stress in their work environment. The actionable strategies provided on the Family Wheel were found to be practical and effective in managing stress and improving interactions with clients. School representatives also found the family wheel to be effective and thought it can work not only for medical service providers but also in any place/institution where there is interactions between service providers and clients/customers regardless of nature of services being provided.



Figure 2 Family Wheel testing during a pre - test at Makole Health center in Dodoma

6.0 Conclusion and gap

The Pre-Test phase marked a significant milestone in the project's journey to address the challenges of HIV/AIDS medication uptake in Dodoma through community-driven solutions. However, it is essential to acknowledge the existing gap between the intervention's implementation and its widespread adoption. While the tools showed promise in the Pre-Test phase, the impact could have been significantly greater if the intervention reached a larger audience. Unfortunately, the project faced constraints, primarily due to limited funding, which prevented further scaling and outreach efforts.

Furthermore, the lack of follow-up mechanisms poses a challenge in assessing the long-term effectiveness of the tools. Without ongoing monitoring and evaluation, it remains uncertain how well the tools are being utilized and whether they have successfully addressed the identified challenges. As a result, the intervention is characterized by inherent gaps in understanding its full impact and sustainability.

Moving forward, addressing these gaps will be crucial in ensuring the success and sustainability of the intervention. Continued efforts are needed to secure additional funding and resources to scale up the intervention and reach a broader audience within the community. Additionally, establishing robust monitoring and evaluation mechanisms will enable ongoing assessment of the tools' effectiveness and inform necessary adjustments to optimize their impact.

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