

SOUTHERN NEW HAMPSHIRE UNIVERSITY

AND

OPEN UNIVERSITY OF TANZANIA.

SCHOOL OF COMMUNITY ECONOMIC DEVELOPMENT

MASTER OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT (2007)

STRENGTHENING THE CAPACITY OF A YOUTH ORGANIZATION TO

ADDRESS PROBLEMS IN ADOLESCENT REPRODUCTIVE HEALTH

THE CASE OF SAVE YOUR GENERATION TANZANIA (SAGETA)

MIBURANI WARD, TEMEKE MUNICIPALITY

LOWASSA, REGINA EDWARD (MRS)

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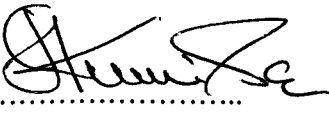
**A PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE MASTER OF SCIENCE IN COMMUNITY
ECONOMIC DEVELOPMENT.**

LOWASSA REGINA EDWARD (MRS)

JUNE 2007

SUPERVISOR'S CERTIFICATION

I **Joseph Kiangi Mwerinde** certify that I have thoroughly read this project report and found it to be in a form acceptable for review.

Signed.....

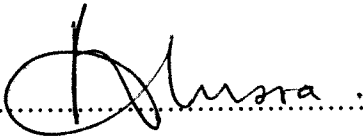
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DECLARATION

I, **Lowassa Regina, Edward**, do hereby declare to the SENATE of the Southern New Hampshire University and Open University of Dar es salaam that this Project is the result of my own original work, and it has not been submitted for a similar degree award in any other University.

Signature..........

Date:05/10/07.....

DEDICATION

This project report document is dedicated to my lovely children; Fredrick, Pamella, Adda, Robert and Richard. Their tireless support throughout the tough periods of my undertaking of this pursuit is immeasurable. Their tolerance at times of immense stress is one thing I never could have done without. In a way, I feel I have inspired my children never to despair.

To my husband, who although never made a move to undo my decision to go back to school at this time, his non-verbal indicators signaled to the affirmative. I make an apology for the times when I abdicated my responsibilities as a mother and wife. Thank you my family for being there for me at the time when I truly needed you most.

To my children my loving husband, my grand daughter Kiringa, and my grandson Kenneth with all my love.

ABSTRACT

This project report is about the formulation or development of a project, which includes implementation, monitoring evaluation and sustainability. It addressed needs and problems affecting adolescents. The project outcome would lead to the reduction of early, unwanted and unplanned adolescent pregnancies and reproductive health problems in adolescents in the target area of Miburani Ward, Temeke Municipal Council. The project aimed also at supporting the efforts of SAGETA in creating favourable environment for the young people to fulfill their goals. The thrust of the project was on the uphill battle adolescents have to fight in order to stay healthy, socially acceptable and economically empowered. The project points out attempts made by local and international organizations as well as government ministries to analyze adolescent issues. It also analyses the approach used in designing and evaluating this same project.

The major outcomes were;

It has been found; first, SAGETA has the potential to scale up activities to reach the youth but has limited capacity. Second meaningful engagement of adolescents will likely minimize their time and energy waste; thirdly, improved capacity of SAGETA will likely ensure less reproductive health problems and improved organizational performance.

ACKNOWLEDGEMENTS

I am deeply indebted to all those who in one-way or the other contributed to the study and completion of this report.

My sincere gratitude goes to my colleagues, fellow 2006/2007 CED students for their unwavering support during sessions, and discussions out of sessions. Please be honoured for your words of encouragement and support, I am bewildered.

My highest regards are due to my instructors cum facilitators led by the Director of the Programme, Mr. Michel Adjibodou for their guidance, assistance and unwavering tolerance during my whole period of study, particularly with my project and especially in the final stages. They always lent me their listening ear. God bless you for you were always very resourceful keep up the good job. My supervisor Mr Joseph Kiangi Mwerinde, I particularly thank you for that extra effort you put in the final stages of this report.

This project had support from a number of very significant people; specifically, I would like to thank SAGETA management and staff for accepting me as their advisor and incorporating me into their day-to-day activities. Your openness and willingness to share ideas especially during community interviews and group discussion is appreciated. I am grateful too, to the young people working with SAGETA especially those who participated in the study, for their experience, opinions and time.

Last but not least, this course would have been there but I would not have been able to attend if not for the financial support I received from my family, it was very valuable and timely. To my husband and children, I owe you a great deal.

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ABBREVIATIONS/ACRONYMS

AIDS	Acquired immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
CBO	Community Based Organization
CED	Community Economic Development
CEDPA	Centre for Development and Population Activities
CSPD	Child Survival Programme
FGD	Focus Group Discussion
FINCA	Finance and Credit Association
HIV	Human-Immuno Virus
ICMPP	International Council on Management Population Programme
IEC	Information Education and Communication
IPPF	International Parenthood Population Fund
KIVUKO	A life skills Training curriculum by Action Aid
NGO	Non Governmental organization
PASADA	A Mission organization
PLWA	People Living With AIDS
RH	Reproductive Health
SACCOS	Small Credit Organization Society
SAGETA	Save Your Generation Tanzania
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TA	Technical Assistance
TAYOA	Tanzania Youth Organization
TEDAONE	Temeke District AIDS Organization Network

TGNP	Tanzania Gender Networking Programme
TRCHS	Tanzania Reproductive and Child Health Survey
TUMAINI	A Trust fund
UMATI	Uzazi na Malezi bora Tanzania.
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nation Children Education Fund
VCT	Voluntary Counseling and Testing.
WHO	World Health Organization
YUNA	Youth of the United Nations

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EXECUTIVE SUMMARY

The Project report consists of institutional capacity building efforts for “Save Your Generation Tanzania (SAGETA)” involving community needs assessment; project planning, implementation, monitoring, evaluation and sustainability. The target community is Miburani Ward in Temeke Municipal Council in which SAGETA as a community Based organization is working or operating. The main problems in this target community are poverty, early, unplanned and unwanted adolescent pregnancies and their related consequences. These are the problems that are remotely or unsuccessfully tackled by SAGETA.

The target community’s current state of affairs is that the community has little wage earning opportunities for young people. It is one of the poorest and the sixth most populous community in the Temeke Municipal council. It has no suitable recreational facilities for young people where they could come together and spend their time and energy fruitfully while at the same time avoiding all sorts of temptations, a place where they could be guided and provided with correct sexual and reproductive health (RH) information and livelihood skills. It is a community where sometimes girls are forced to exchange sex for money or any other valued resources leading to unwanted and unprotected sexual activities and their consequences. There is a great need for improvement of the conditions in the community. There is need to improve the socioeconomic conditions of the people by increasing job opportunities, giving soft loans to youth groups, providing livelihood skills, equipping young people with correct sexual and reproductive health information and education and establishing recreational centers to keep young people fully occupied. These and many others will create the desired conditions in the community.

The most important goals are: first increasing SAGETA's performance capacity in providing sexual and reproductive health education, second, increasing SAGETA's confidence to solicit funds for the organization, third to help SAGETA staff to join up hands with community members in assisting youths to improve their socio-economic conditions.

In order to address the above stated goals, the project had the following objectives:

- To disseminate results and findings of the survey done under this project to SAGETA members and their stakeholders
- To develop five year strategic plan which identifies strategies to address SAGETA's skill gaps
- To build mechanisms for administrative and organizational sustainability
- To address obstacles by providing short-term training to SAGETA staff.

Most of the objectives above have been accomplished as follows.

Seven SAGETA staff members have undergone training courses at Bagamoyo college of Arts. The director has attended a management course at ESAMI in Arusha. Three SAGETA staff members are undertaking on the job training as they are participating in the development of the strategic plan. Three planned meetings to disseminate the results and findings of the survey to SAGETA and other stakeholders were held.

In conclusion, SAGETA is increasingly communicating more confidently to its stakeholders.

As a result of the above, the project recommends the following:

- SAGETA to scale up its activities in order to reach others target communities surrounding Miburani ward
- Further capacity strengthening of SAGETA is highly recommended
- Adolescent sexual and reproductive health programmes must also focus on integrating parents and adults who have significant influence and decision-making power over adolescents.

- It is strongly recommended that youth oriented services are administered by well trained non judgmental professionals who can easily communicate with young people.

CHAPTER I: COMMUNITY NEEDS ASSESSMENT

A needs assessment is an important community development tool. It identifies unmet needs, systematically analyses them, and increases public involvement in decision making. The concept connotes a process by which an assessment of the current situation in the community is undertaken. As a process, community needs assessment builds group cohesion and a sense of belonging since an opportunity is provided for individuals to express their opinions.

As a student, the author was required to offer technical assistance to a Community Based Organization (CBO) in a field of her choice in line with the Community Economic Development (CED) programme she was pursuing. The CBO selected is Save your Generation Tanzania (SAGETA) located in Temeke Municipal, Miburani ward. The selection was influenced by two factors, geographical proximity and their efforts to address young people's reproductive health problems, an area of interest to the author.

It was therefore important that a community needs assessment be conducted to get a deeper understanding of the CBO and ascertain problems that exist in both the CBO and the community. Community needs assessment was seen as one way of establishing the magnitude and type of gaps that exist within SAGETA.

This chapter thus identifies the needs of the CBO and the community.

1.1 Community Profile

SAGETA serves the community of Miburani ward and its surroundings.

Miburani Ward is the 6th populous of the 24 Wards in Temeke Municipal Council. It has a total population of 41,176 whereas 20,761 are males and 20,415 females. The population for Temeke Municipal is 771,500 (389,245 males and 382,255 females).

(Tanzania Population Census 2002) The surrounding population is made up of low-income earners with few middle level business people amongst them. With majority of the population in Miburani relying on petty income generating activities, most young people are without reliable income prompting most girls “to go out and fend for themselves”. Economic activities in Temeke include, 40 large industries and 158 small ones which provides employment to some while others depend on other activities such as fishing and small scale entrepreneurship.

The indigenous people of Temeke particularly Miburani Ward are the Zaramo and Ndengereko. Predominant culture in Temeke is the initiation rites for boys (jando) and for girls (Unyago), for both sexes it is a passage to adulthood. Other traditions include “mafiga matatu” where it is not out of the ordinary to find a woman married or unmarried having more than one sexual partner. Such traditions and culture are said to encourage promiscuity among boys and girls and women of all ages. Such situations contribute to early and unwanted pregnancies and related consequences such as child mothers, morbidity, HIV/AIDS infections and school dropouts.

However, SAGETA has continued to educate and inform the public on health hazards caused by risk behaviours.

Education levels have been linked with poverty eradication; most Temeke youths are either school dropouts at early age or primary school leavers. High numbers of children have no skills that provide capabilities to pursue decent livelihoods. At 16.21 percent, Miburani ward ranks second in Child labour after Tandika ward 27.27 percent.

SAGETA seems to have put in a lot of efforts to develop assertiveness to young girls in the community. One of SAGETA’s strategies was to create awareness in the

community through the use of significant people in the community called “*fundi*” who are effective in influencing change. Community members pay attention to the “*fundi*’s” advice and directives.

Men and women relate well in this community. Fathers have significant roles in their families. Despite the good relations among family members, communication was noted to be easy between young people themselves than between young people and their parents or adults.

Young people in Miburani, Temeke Municipal like many other similar communities in Dar es Salaam, lack recreational facilities which make them come together and share ideas or get occupied. Most such places target adults while young people are left to “do” their things unnoticed. Young people need activities that address their needs and problems and consequently preventing them from temptations. They moreover need guidance to prevent them from speculations.

1.2 Community needs assessment (CNA)

A study to verify the intensity of the problems was determined and specific areas that needed improvement were enumerated. Magnitude of gaps specific to the organization and benchmarks to be used for project monitoring and evaluation were established. SAGETA staffs were the key respondents. SAGETA staff joined the organization at different stages; everyone has had some training and attained a certain level of education, without the study it would not have been possible to understand the type of training attended, type of qualifications attained and even areas of specialization. It was important also to understand the needs and views of those who are on the receiving end or community members including young people (men and women).

1.2.1 Research Methodology

The study aimed to explore SAGETA and the community around it.

As in most surveys the study followed succeeding steps which included;-

- Establish the goals of the project - What you want to learn
- Determine the sample - Whom you will interview
- Choose interviewing methodology - How you will interview/solicit information
- Create questionnaires - What you will ask
- Pre-test the questionnaire, if practical - Test the questions
- Conduct interviews and enter data - Ask the questions
- Analyze the data - Produce the reports

1.2.2 The study questions

The study was designed to answer questions such as; what is a community's understanding of SAGETA and its activities? What role has the community played in SAGETA's activities? What would be the skills that currently exist within SAGETA in type and number? What other extra skills do SAGETA need? Is it for all SAGETA employees? What are the views of SAGETA's target community including young people? What are the modalities that are used by SAGETA to attract funding?

1.2.3 Study objectives

- 1) To determine community understanding of SAGETA's functions or activities,
- 2) To determine the current training and skills that SAGETA staff have,
- 3) To identify skill gaps or training needs of SAGETA staff,

- 4) To explore future plans of SAGETA pertaining to adolescent health interventions,
- 5) To examine modalities used by SAGETA to attract funding,
- 6) To determine the readiness of SAGETA to learn about adolescent health issues; and
- 7) To identify community needs on adolescent health,

1.2.4 Research design

A cross-sectional study design was used in Temeke Municipal. The survey involved out of school young people, community members and SAGETA personnel as key informants. Before deciding which study method to use, a detailed examination of different study designs was done and the researcher opted for a cross-sectional study design due to time and financial limitations. In this research design, subjects are assessed at a single time in their lives. A cross-sectional design is fast and can cover a large number of people at lesser effort. It is more time saving and cost effective than most research designs. In this design, the researcher need not worry about people dropping out during the course of the study. In cross sectional design there is only one period for data collection therefore, cost of maintaining contacts with the subjects over a long period of time is minimized. Being aware of time constraint and cost element, the researcher took care of the research design, sampling, and data collection so that the survey results were not affected. The researcher depended on personal funds for the project which had to be accomplished in the duration of the course.

A cross-sectional research design was used because of its advantages, first it describes things as they are or it reveals the status quo of the situation. Secondly, it

reveals dissatisfaction in case people are unhappy with the representation of interviewees, and thirdly it is relatively easy to conduct. On the other hand, although cross sectional study is efficient at identifying association, it is also difficult to decide between cause and effect. Moreover, cross sectional designs have limitations in the sense that if things change rapidly, the survey information will possibly become outdated and some scholars challenge the design as being a weak shortcut to the study of change, King (2001).

1.2.5 Sampling techniques

Non-probability sampling was applied because the sample size was large approaching the population size of the SAGETA group. The surveyor also required views from heterogeneous group members of the community in order to find out how much they know about the CBO activities. The intent of the survey was to have the Secretary, the Director and the Treasurer of SAGETA participating. As long as these three key informants participate in the organized meeting and taking into consideration limited time and scarce resources, then whoever attended the meeting formed part of the survey sample. People were available with the purpose of conducting youth and development activities (the meeting with other community members). This individual sampling method was convenient under the current circumstances. Community members of Temeke district have participated in a number of surveys prior to this one without seeing the outcome, subjecting them to same styles and methods would have been more disastrous to the survey and consequently affecting or biasing the survey results. The accidental sampling method was the one applied to determine the sample since it was the one that was more applicable. The sample size consisted of 30 community members/leaders and young

people, (12 boys, 8 girls) and 10 adults (4 community leaders and 6 community members). This was an accidental sample that is the one you get because people or subjects are available, respondents were available for the meeting. The sample in this survey was valid since almost the entire targeted population was interviewed.

This method had an obvious advantage of convenience but it may well have biases, however, the attendance of key informants, the directors, treasurer and secretary general who were responsible for the day to day running of the activities of SAGETA reduced the biasness. Biases were also reduced by efficacy in the process of conducting the survey rather than by increasing the sample size.

The other potential bias was the non-response bias which would have affected the survey results but in this survey, such a bias was reduced to the minimum due to care taken in the process and the method used in determining the sample size. The survey was conducted to address very specific needs; the method applied may not have satisfied scientific rigor, but the survey is still valid.

1.2.6 Data collection process.

The needs assessment determined that the capacity strengthening of SAGETA on several skills was a priority. Needs and problems in the community were identified as a result of community needs processes which involved search of existing literature on the project from Temeke Municipal Council offices and NGOs, CBOs and FBOs as well as other agents operating in Temeke Municipal Council. The assessment also involved capturing of first hand data/ information using various research tools. This entire process revealed the conditions prevailing in the target community which is Miburani ward as shown under sections 1.2.8.1- 1.2.8.9. Results from the process formed the basis for formulating the project. Selection of data/information collection

tools was based on SWOT criteria of tools i.e. Strength, Weakness, Opportunity and Threats. A list of information collection tools and reasons that guided their selection or choice is provided under section 1.2.6.1.1

The aim of the survey conducted was to get SAGETA's opinion direct from the staff members themselves about their future plans as well as the opinion of community members in order to determine the following;-

- Desired skills,
- Content of the skills required,
- Number of individuals per skill,
- Preference of mode of skill provision, and
- Involvement of the CED practitioner

To address research questions and achieve the study objectives, the researcher made preparations for data collection. The preparations included getting research clearance from relevant authorities (District, ward and community). After attaining clearance, the researcher involved SAGETA and the community leaders to lay out a plan for data collection. Data collection took a period of three days. As part of the preparations for data collection, the CBO invited all community leaders and some members from the project catchment area and a sample of young people aged 10-24 years to attend a meeting.

1.2.6.1 Research tools used in data collection

There were two categories of data collected in this study. They are first, primary data, which was generated from interviews with community leaders as respondents, questionnaires for SAGETA personnel, focus group discussions for the young people in the community and from observations. The second type was secondary data, which

was gathered through review of documents. All the questionnaires, interview guides and FDG schedules were translated and conducted in Kiswahili. Clarifying questions were used to elicit crucial responses from respondents where first responses were not clear or satisfactory.

1.2.6.1.1 Primary data collection techniques

Three different techniques were used in primary data collection. The techniques were; in-person or structured and unstructured Interviews, questionnaires and focus group discussion. All the questionnaires, interview guides and FDG schedules were translated and conducted in Kiswahili. Questions were logically arranged from simple to complex whereas care was taken to avoid biases, assumptions and time consumption. Clarifying questions were used to elicit crucial responses from respondents where first responses were not clear or satisfactory.

Since questionnaires were self-administered, necessary attention was given to education background and experience of the interviewers and respondents. The researcher had to monitor the administration of questionnaires and interviews so as to provide guidance where necessary.

(i) Structured and Unstructured Interviews

This technique was used to collect first hand information from 14 community members and leaders. They included, six School Teachers. Other community leaders interviewed were two Ward Executive Officers (Azimio and Tandika Wards), three Hamlets / Street Chairpersons, one Ward Health Officer, one Ward Development Officer, and one Assistant Ward Development Officer. Among the teachers interviewed were one Secondary School Headmaster, two Primary School Head teachers and three guidance and counseling Teachers.

The interview schedules contained several specific questions on levels and type of training, type of available skills, and levels of understanding in specific reproductive health (RH) areas. Occasionally the questions were followed by probes for clarification or additional information, an added advantage to this method. All questions were open ended and the response rate was high. Responses of the questions depended very much on the type of question asked. Descriptive questions used by the researcher produced lengthy responses which provided in-depth information about the project. With this method it was easy to collect individual or personal views and probing was made simpler because this is a face to face approach. Table 1 below is sample response rates for community leaders. Sample questions appear as appendix 2

Table 1: Response rate for Community leaders

Title of Respondent		
	Frequency	Percent
Ward Executive Officer	2	14.3
Mwenyekiti Mtaa	3	21.4
Ward Community Dev Officer	2	14.3
Ward Health Officer	1	7.1
Teacher	6	42.9
Total	14	100.0

Source: CNA results

(ii) Self administered questionnaires

The questionnaires were administered to 13 SAGETA staff members. The respondents included eight SAGETA leaders, namely the Executive Director, Executive Secretary, Treasurer, Head of Department, Chairperson, Secretary, Treasurer, and a Member of SAGETA Board. At SAGETA, information was also collected from five Artists. Because of the proximity of the project site the questionnaires used by the surveyor were not mailed but self administered by the CBO staff in an organized meeting.

This technique was used to enumerate specific SAGETA attributes. Open ended questions were used to solicit opinions, reactions and observations regarding SAGETA day to day activities. This method provides time for the respondents to re-collect their responses carefully without the interference from the researcher. The questionnaires were given to respondents a day before filling in the questionnaires for their comprehension and familiarization.

Descriptive questions used by the researcher produced lengthy responses which provided in-depth information about the project.

Responses to the questions depended very much on the type of question asked.

Respondents felt at ease while filling in the questionnaires and were confident with the exercise. Typically, more complex information was obtained in the process. The response rate was high as questionnaires were filled in by the respondents in one sitting. Sample questions appear as appendix 1. The response rate was more than 90 percent. Table 2 below is sample response rates for SAGETA staff.

Table 2: Response rate for SAGETA Staff

Title of Respondent		
	Frequency	Percent
Executives	2	15.4
Finance	1	7.7
Training	10	76.9
Total	13	100.0

Source: CNA results

(iii) Focus group discussion

To compliment the questionnaires and interviews, focus group discussions (FDGs) were conducted to young people.

The researcher conducted FGDs with the assistance from one CBO staff. The tool was used with enough sensitivity to include as many people in the discussion as possible. Flexibility was exercised during focus group discussions to generate in-depth information from respondents.

The Focus Group discussions involved two groups, namely eight female youth aged 14 to 21 years and ten male youths aged 16 to 24 years. Female and male discussants were drawn from different parts of SAGETA's catchment areas namely Sandali, Chamazi, Miburani and Azimio, and thus represented a cross section of young people in the communities. Sample questions appear as appendix 3

This technique drew experiences and views from young people on SAGETA's activities. It was a useful method because it facilitated easy communication among group members. It is also cost effective and time saving since you meet a group of individuals at a time.

1.2.6.1.2 Secondary data collection

During the study supplementary information was obtained from records available at the CBO office and other literature from NGOs and FBOs . The scrutiny of these records provided additional information to enrich the findings. Sources of this data were a small number of meeting reports, annual reports and plans, the constitution and the CBO's profile. Additional secondary data from institutions and individuals within and outside the country from the Internet web sites was reviewed, analysed and formed part of the literature review. Organizations with long term experiences on capacity building in the Dar es salaam were also consulted. Their experiences revealed that many unclear CBOs and NGOs identity undermines their stability and legitimacy. Most of them lack articulation of vision and sense of purpose, in this way they are easily manipulated and their visions distorted by overpowering institutions or individuals. A number of CBOs have been unable to manage challenges because most are managed by an individual or a few donors thus limiting CBOs vision to personal interests.

1.2.6.2 Confidence, validity and reliability of tools.

The test–reset reliability was used to assess the instruments in the survey. Instruments were tested prior to actual administration. The pre-testing results helped improve the clarity and logic of the questions. In principle the pre-testing predicted achievements of intended results. Familiarization of the tools was done a day before the interviews. Since the choice made for the research design was Cross-sectional research design; where subjects are assessed at a single time, the alternate-form was the appropriate reliable instrument for the author' project. The author therefore used

different worded items or response sets to obtain the same information about a specific topic.

Capacity Building is a specific topic of interest. SAGETA has 14 staff members surrounded by a community of about 300 members. No control group was used because everyone in SAGETA was in need of a certain skill and wanted to participate. The eligible people were only those who were SAGETA members, a well established group whose skills if improved will benefit a large number of young people and other community members in their health and development activities.

1.2.7 Data analysis.

Analyzing data from any survey means tallying and averaging responses, looking at the relationships and comparing them. The processed information thus helps to draw conclusions. There are a number of survey data analysis techniques that are used depending on the number of people surveyed, the method used, whether the surveyor is looking for relationships or associations, group comparisons, frequency of surveys conducted, or whether the data is recorded as numbers, percentages, or scores and averages. Descriptive techniques were used in this survey to analyze the findings.

Compiled qualitative information from the field was captured using computer software the SPSS. Quantifiable variables were determined for every item in the questionnaires, interview schedules and focus group discussions. Variables such as age of respondent, title, sex, date joined SAGETA, type and number of courses attended, number and type of development partners supporting the CBO were each given a value label. A data entry screen or template was developed and every variable was given a value label, for example the variable sex; male=1 and female=2. That is male is given a value of one and female a value of 2. In the case of title of

community leaders participating in the study, ward executive officer=1, village/street chairperson =2, ward community development officer=3, ward health officer=4 and teacher =5. This simplified identification of variables during tabulation.

Tabulation of data was by frequency tables and cross tabulation with percent points using bivariate and univariate tables. In this way it was possible to compare, single, double and multiple variables in the analysis of the study findings.

It was possible to determine for example percentage of males or females with a specific training need; such as a 46 percent of total of those with primary education need training in Sexually transmitted infections (STIs) while 54 percent do not know about adolescent pregnancies. For example the magnitude of the problem of limited capacity by SAGETA staff to provide Adolescent sexual and reproductive health (ASRH) specifically in the area of adolescent pregnancy was determined by the frequencies and cross tabulations computed. Sample frequency tables are presented as Tables 3-7 below.

Frequency Tables: Community Leaders

Table 3

Sex		Frequency	Percent	Cumulative Percent
Valid	Male	8	57.1	57.1
	Female	6	42.9	100.0
	Total	14	100.0	

Table 4

	Title	Frequency	Percent	Cumulative Percent
Valid	Ward Executive Officer	2	14.3	14.3
	Mwenyekiti Mtaa	3	21.4	35.7
	Ward Community Dev Officer	2	14.3	50.0
	Ward Health Officer	1	7.1	57.1
	Teacher	6	42.9	100.0
	Total	14	100.0	

Frequency Table: SA GETA Staff**Table 5**

	Title	Frequency	Percent	Cumulative Percent
Valid	Executives	2	15.4	15.4
	Finance	1	7.7	23.1
	Training	10	76.9	100.0
	Total	13	100.0	

Table 6

Year joined SAGETA		Frequency	Percent	Cumulative Percent
Valid	1998	7	53.8	53.8
	1999	1	7.7	61.5
	2001	1	7.7	69.2
	2003	1	7.7	76.9
	2005	3	23.1	100.0
	Total	13	100.0	

Table 7

Education level		Frequency	Percent	Cumulative Percent
Valid	Primary	9	69.2	69.2
	Secondary	3	23.1	92.3
	Diploma	1	7.7	100.0
	Total	13	100.0	

1.2.8 Findings

This study was conducted involving the CBO, Save Your Generation Tanzania, (SAGETA) located in Miburani ward, Temeke municipal. The survey was designed with a purpose of achieving the objectives as stated earlier in chapter 1 sub section 1.2.3. It was intended to reveal strengths, shortcomings and challenges of this particular CBO that can be used or addressed to improve SAGETA's performance. The collected information would enable SAGETA understand its position with

regards to the community while in turn SAGETA would be made to become aware of the contributions that the community can make towards its sustainable development. The researcher is presenting the findings as they respond to the study objectives.

1.2.8.1 Perceptions of young people on their Health Situation

One of the issues explored during the survey was how communities conceptualize the health situation of young people especially that of adolescent's health. Most of the community leaders observed that young peoples' health including adolescents means the wellbeing of the youth physically and mentally. Some noted it as the absence of diseases among young people. On the other hand, the young female observed that it meant the initiative for young people to protect themselves from HIV/AIDS infection, substance abuse, sexually transmitted infections and early pregnancies. Young male discussants noted that it was the physical, psychological, spiritual and environmental well being of young people.

When requested to comment on open discussions as to whether young people talk openly about sexually transmitted infections, HIV/AIDS and early pregnancies; most community leaders acknowledged that they do. When probed why, some said they have been stimulated by peer educators to do so; whereas others observed that by being open they get an opportunity to learn from others. Young female discussants noted that only few female discussants talk openly about sexually transmitted infections, HIV/AIDS and early pregnancies. On probing why some of the female discussants were reserved to talk openly about these issues, it was learnt that this was because they do not want people to start pointing fingers at them that they are already involved in such activities. However, they noted that boys talk openly about sexually transmitted infections, HIV/AIDS and early pregnancies. During discussions with

young men to explore if they talked openly about sexually transmitted infections, HIV/AIDS and early pregnancies; most of them admitted that they do talk. It was however cautioned that most of their talks were about being involved in sexual activities rather than prevention of sexually transmitted infections, HIV/AIDS and early pregnancies.

1.2.8.2 Community understanding of functions of existing CBOs

To establish their understanding of SAGETA, community members were asked questions that demonstrated their knowledge of Community Based Organizations (CBOs) in general first and then those that were more focused to SAGETA; the results showed that they do not have a common understanding. Some community leaders observed that these are associations established to assist the stimulation and coordination of development activities in the communities. Some noted that these were organizations established to sensitize and educate people on the prevention and control of HIV infections. It was also noted that these were organizations that work with young people to educate them on their health including HIV prevention.

Female discussants noted that CBOs are associations established by women for women; and they work in diverse fields ranging from provision of soft credits, dissemination of HIV/AIDS education, to taking care of orphans. Male discussants said CBOs are associations of people involved in sensitization of communities on education, environmental issues, entrepreneurship and HIV/AIDS.

When asked to name the CBOs working in their communities, the Community Leaders identified 23 CBOs namely, SAGETA, Poverty Fighter, RPPWA, HUCHAFO, NAZARETH, ROHO, TUFARIJIANE, SACOS, SHIMAKU, Disabled Group. Other groups identified were UMATI, VUKA, PASADA, CSPD,

TSPHAIDS, Kituo cha Kulea Yatima, FINCA, Temeke Youth, TEDAONE, TEYDEN, Tumaini Trust Fund, Keju Group, and Path.

1.2.8.3 Community understanding of SAGETA functions

Most of the community leaders confirmed they knew SAGETA and observed that SAGETA was doing positive activities in the communities. They said the group is good and were full of life and the members are solidly behind the objectives of its establishment. Among the activities SAGETA was at the time doing were dissemination of sexual and reproductive health to in school and out of school youth. This included sessions with adolescent mothers, mostly school dropouts; and guardians of adolescents. Despite these achievements, Community Leaders noted that SAGETA faced problems which include lack of knowledge in some areas as stipulated in Table 8 below, funds and shortage of equipment to facilitate smooth implementation of its planned activities. Most Community Leaders acknowledge their participation in a number of SAGETA activities that included SARA girl child initiatives, identification of vulnerable children, presentation of papers and training of young people on life skills.

When asked what SAGETA is currently doing in the communities, female discussants named the activities such as running an orphanage, organizing street children, coordinating and sponsoring football for girls, fine and graphic arts, and tailoring. The discussants admit that they have been involved in SAGETA activities on different occasions. Some could recall going to attend a SAGETA sponsored seminar in Bagamoyo and the SARA girl child initiatives. Male discussants could name three activities coordinated and organized by SAGETA, namely theatre

arts, video shows, and dissemination of education on sexually transmitted infections, HIV/AIDS and early pregnancies.

Table 8: Community Leaders' perceptions about capacity of SAGETA to fill knowledge gaps

Title	STI	HIV/AIDS	Early preg.
WEO	7%	7%	0%
WCDO	7%	0%	7%
WHO	7%	7%	7%
Teacher	29%	36%	36%
Str. Chair	14%	21%	21%
Total	64%	71%	71%

Source: survey results

1.2.8.4 Current training and skills of SAGETA staff

The survey results showed that the staff at SAGETA has diverse types of skills to enable them disseminate information and education on sexually transmitted infections, HIV/AIDS and early pregnancies. SAGETA staff was reported to have attended short and long term courses and were found to possess one or more skills in fields related to the activities conducted by SAGETA as detailed in Table 9 below. The training received included nursing, facilitation, peer education, participatory theatre, theatre arts and life skills. Respondents were also asked to name the institutions that provided them with skills to disseminate information and education on sexually transmitted infections, HIV/AIDS and early pregnancies. Skills to disseminate information and education on sexually transmitted infections were received from UNICEF, SAGETA, TAYOA, Life Skills Association, PASADA, Ishi

programme, and UMATI. These skills were also said to have been received from Lugalo Medical Centre, Youth Alive Club, Kikwede, Health Department-Temeke District Council, Tanzania Youth Coalition, Youth of the United Nations and the Tanzania Scouts Association. Skills to disseminate information and education on HIV/AIDS were mentioned to have been received from UNICEF, SAGETA, TAYOA, Life Skills Association, PASADA, Health Department-Temeke District Council, Student Partnership Worldwide, Youth Alive Club and LISA. The skills to disseminate information and education on early pregnancies were said to have been received from SAGETA, UMATI, LISA, Health Department-Temeke Municipal Council, TGNP, UNICEF, Human Care Foundation and Youth Alive.

Table 9: Current skills available at SAGETA

S/N	Name of SAGETA staff	Type of skills currently with SAGETA staff				
		HIV/AIDS counseling and care	ARH education	KIVUKO (life skill and peer education)	Facilitation	other
1.	Furaha Dimitries	•	•	•	•	-
2.	Angelika Mwanchali	•	•	•	-	-
3.	Silvanus Mkwama	•	•	•	•	-
4.	Paschal Mgassa	•	•	•	-	Arts
5.	Issa Makwali	•	-	•	-	Arts
6.	Shella Zanda	-	-	-	-	Arts
7.	Kondo Ramadhani	•	-	-	-	Arts
8.	Alex ngingo	-	-	•	•	-
9.	Shabani Vengi	•	-	-	-	-
10.	Mariki Kondo	-	-	•	-	Arts
11.	Janeth Anthony	•	-	-	-	Arts
12.	Karim Hamad	-	•	-	-	Music & Arts
13.	Moza Ally	-	-	-	-	Arts

Source: survey results.

Key:

- Skill attained
- skill do not have

1.2.8.5 Training needs for SAGETA staff

During interviews with SAGETA staff, respondents were asked to name any other training need that would enable them disseminate information and education on sexually transmitted infections, HIV/AIDS and early pregnancies. Findings are as shown in Table 10 below. Other needs for more skills were in the areas of performing arts/theatre; participatory theatre, advocacy skills, fine arts, arts leadership and basic skills in improvising training materials and resource mobilization.

Table 10: SAGETA staff training needs by theme

title	STI	HIV/AIDS	Early Preg.
Executives	8%	15%	15%
Finance	8%	8%	8%
Training	46%	62%	62%
total	62%	85%	85%

Source: research findings

1.2.8.6 Future plans of SAGETA pertaining to Adolescent Health interventions

SAGETA senior staff pointed out enhancement of the dissemination of information and education on sexually transmitted infections, HIV/AIDS, early pregnancies and vocational skills as a focus and vision in the future plans of the institution. Besides, SAGETA wants to embark on a number of issues. These included advocacy on basic rights of children and adolescents, advocacy for review of the youth policy, training

of staff on counseling and guidance skills, mobilization of resources and training of staff on peer education. It was also found that SAGETA has specific plans such as: Establishment of a Youth Centre that will focus on provision of accurate RH information, peer counseling, treatment and referrals for STIs. Improve HIV/AIDS and early pregnancy prevention education especially for young people aged 11 to 14 years. All future plans to be stipulated in SAGETA's strategic plan.

1.2.8.7 Modalities used by SAGETA to attract funding

SAGETA senior staff were then asked to explain the modalities they use to solicit funds. It was noted that SAGETA writes proposals and sends them to different donors. So its main sources of funds are donors willing to contribute, income generating activities, and contributions from SAGETA members. The donors include internal and external ones, and the current ones are the Foundation for Civil Societies and the African Community Organization.

1.2.8.8 Readiness of SAGETA to learn

SAGETA staffs were then asked to discuss their readiness to learn, they indicated that they were willing to learn more about reproductive health for the adolescents and additional skills to involve and get more support from the community.

1.2.8.9 Community needs for Adolescent Health

Most of the Community Leaders observed that young people in their areas needed more inputs to protect themselves from sexually transmitted infections, HIV/AIDS and early pregnancies. The required inputs were identified by the Community Leaders to include health education, entrepreneurship, life skills, counseling services and prevention of sexually transmitted infections and HIV/AIDS. It was noted that all

these services can be provided by SAGETA in the communities provided it is adequately empowered financially and in terms of human resources and skills. During discussion with young people on their health needs, they expressed a need to learn more about sexually transmitted infections and suggested the use of video shows and outreaches to facilitate reaching more people. It was also noted that, education on condom use and distribution of condoms are required in the communities to prevent sexually transmitted infections. On HIV/AIDS, the female discussants said that despite the massive efforts to provide education on HIV/AIDS to communities; young people still indulge in risky sexual activities. They observed that some practice oral sex and found it to be good. Such people need extra efforts to be educated on these risk behaviours. During discussions on early pregnancies, young women could recall some of the consequences of early pregnancies, namely death of the unborn child, death of the young mother during delivery, death of the unborn child and mother; and economic burden to the mother after delivery. Young women narrated cases of unsafe abortions in communities. They said that girls resort to unsafe abortions on advice from their peers. They observed the need to disseminate more information on consequences of early pregnancies. When asked if SAGETA could implement the interventions they suggested, that SAGETA can only do this if assisted financially.

Male discussants said that sexually transmitted infections are serious infections that need immediate attention. Some observed that they have seen a video show where Ahmed Kipozi narrated that there are about 20 types of sexually transmitted infections. They wondered if they could get more information on the other sexually transmitted infections. During discussions on HIV/AIDS, male discussants observed

that a number of activities to educate communities have been conducted; but more effort should be geared at changing the sexual behaviour of young people and the general public. When discussing early pregnancies, young men noted consequences of early pregnancies to include death of unborn child, death of young mother or both. They observed that young people need to be educated on consequences of early pregnancies. When asked if SAGETA could implement interventions, they said that SAGETA has some of the necessary skills but needs financial resources, space for offices and more open space to facilitate rehearsals of artists.

Many problems on adolescent health and development were presented in the CNA findings. However in the next chapter the author discusses the real problem faced by SAGETA that was addressed by the project.

CHAPTER II: PROBLEM IDENTIFICATION

SAGETA, the primary target in this project started with few founder members who attended an international conference on AIDS in Arusha in 1998. PASADA supported their participation to the meeting and their first entry into Temeke Municipality, Miburani ward to initiate dialogue with the young people in the area. According to WHO Young people are those aged 10-24 and combines adolescents and youths. Youths in WHO terms are those individuals aged 15-24 years whereas adolescents are those aged 10-19 years. (National Adolescent Health and Development Strategy 2004-2005). In this text all three terms are used interchangeably to underscore the needs and problems of adolescents as they transcend from childhood to adulthood. Most schools of thought term this period a “*second decade*”.

The young people of Temeke both men and women are SAGETA’s primary target while parents, guardians and key people in the community form the secondary target. SAGETA efforts have been to build assertiveness to young girls and boys to be able to address their own problems. Empowered young people have been able to understand the reality of their environment, reflect on the factors shaping that environment and the steps to effect changes to improve the situation. In spite of all these efforts health problems in adolescents remained unchanged and SAGETA has remained stagnant with slim chances to expand and cover larger target audiences. Community needs assessment revealed a number of setbacks to SAGETA to provide effective, efficient and sustainable services to its clientele in Miburani ward and Temeke Municipal.

Organizational capacity is like personal competence, and one of the best ways to improve an organization is to assess itself, so as to identify gaps for improvement. Capacity strengthening to any organization is inevitable. Reasons given include; accumulation of knowledge and skills, acquiring new skills and knowledge, and as a reminder of what one might have forgotten. Other areas are broadening the scope of understanding issues that are pertinent at the time and adapt or cope with differing situations such as globalization and its ever improving technology and changing environment.

2.1 Problem Statement.

In the Community Needs Assessment (CNA) findings SAGETA is shown to have limitations in providing effective, efficient and sustainable services to its clientele in Miburani ward and Temeke Municipal. SAGETA has some knowledge and skills limitations to chart out organizational priorities and advocate for support. SAGETA lacks strong foundation and institutional capacity as an organization to design and manage programmes which are sustainable. SAGETA relies on volunteerism; moreover SAGETA operates in a community which is economically poor.

Other factors that contribute to SAGETA's limitations are the level of education of some of SAGETA group members. Most of them are primary school leavers with the exception of the Director who is now undergoing a degree course at the Open University of Dar es Salaam, the Treasurer and the Secretary General who have secondary education. The leaders have never attended a management training course, most of the time use inexpertly acquired experience in organizational management and development.

With these limitations SAGETA has not adequately addressed adolescent's health concerns. Adolescents' lack of access to correct sexual and reproductive health (SRH) information, early puberty, lack of assertiveness by young people especially girls, substance abuse, alcoholism and lack of economic ventures were given as some of the causes of health problems faced by young people in Miburani Ward, Temeke Municipal. The resulting consequences being increased school dropouts, STI/HIV infections, morbidity, number of orphans and vulnerable children, stillbirths, child mothers and even deaths to young mothers. What's more is the unforeseen burden to the community.

SAGETA wanted to reach various other target groups both young and adults with sexual and reproductive health information and services through life skills and livelihood skills but the challenge remains on how best to reach the majority of young people in Temeke and even those who influence their lives such as parents, extended family, political and community leaders.

2.2 Ascertain/ establish the problem

Capacity in this context included resources, knowledge and processes employed by the organization to achieve its goals. The project was to be formulated to address the organization's current situation, strengths, weakness, potentials and challenges that impede progress as established in the CNA. A process supposed to enable SAGETA address its future plans, scale up its activities and reach more young people in different localities with SRH education; especially girls. The purpose was to improve the organization's potential to perform as reflected in its resources and management. Performance is influenced by both internal and external environmental factors.

Capacity development has thus the following features; it is ongoing and it aims to increase the ability of an organization to carry out its functions and achieve its objectives. It also includes creating the ability to deal with the issues of today and remain relevant in the future.

Experience has shown that organizations often develop their capacities in unplanned, spontaneous ways in response to external opportunities and threats or individual initiatives. In such cases, capacity building does not meet the needs of an organization as was the case with SAGETA. Building individual's capacity entails deeper and initial search or reflection of one's professional knowledge and networks to identify new and different ideas.

For over a year, the author reviewed literature, analyzed various SAGETA records, interacted with SAGETA personnel, shared experiences and exchanged views on issues related to SRH and development. The author was eager to come up with a capacity strengthening model so that SAGETA sustains itself and helps the young people's reproductive health needs retrospectively. The model in question consists of three pivotal capacities that are believed to add up to the organization's effective functioning.

- Personal/individual capacities
- Community and Young people's capacity
- Organizational capacity.

The three (3) tie model determines the means and ends of an organization. The ends of importance in capacity strengthening are growth, efficiency and effectiveness in the organization. The means would be the individuals in SAGETA, and the learning they would do to support the organization to address adolescent health issues.

“Adolescents are generally thought to be healthy. By second decade of life, they have survived the disease of early childhood and the health problems associated with ageing, are still many years away. Death seems so far removed as to be almost unthinkable.” (WHO, 2001).

However, while some young people remain healthy and become productive adults, a large number face severe health and development challenges.

The magnitude of the adolescent health problems can be understood in terms of the size of the adolescent cohort, adolescent birth rates and adverse effects of adolescent sexual behaviour. Globally, there are over 1 billion young people, 85% of them living in developing countries. (Auer,1999). In Tanzania about those aged 10-24 constitutes 31.5 percent of the total population of nearly 37 million (TRCHS, 1999). Millions of young men and women aged 10-19 lose their lives mostly through illnesses and injuries that are either preventable or treatable. Millions more suffer chronic ill health and disablement that may well endure a lifetime. (National Adolescent Health and Development Strategy 2004-2005).

Globally 15 million adolescents give birth each year and a large proportion of these pregnancies are unwanted. In the least developed world one in six births is to a young woman aged 15-19. About 25% of girls aged 15-19 are currently married or cohabiting. A number of factors have contributed to the increase in young people's health problems, one of them being puberty at age 8-13 for girls and 9-14 for boys. This situation predisposes them to early sexual debuts and its outcomes. Nearly 15% girls and 24% boys have had sexual intercourse by the age 15. Besides, use of modern contraceptives is still low, for example; among sexually active adolescents,

18% of never married girls aged 15-19 and 15% of boys same age ever used modern contraceptives. (UNFPA/IPPF Tanzania evaluation report, 2003).

In addition to the health risks of early pregnancy and other risks associated with premature and unprotected sexual activity, young people face the added risk of acquiring sexually transmitted infections (STIs) including HIV/AIDS. HIV prevalence in Tanzania among those aged 10-24 is 7.6% where as 60% of new HIV infections are in this group. With gender disparity widening, young women are between four and six times more likely to be HIV infected than boys. This has partly to do with biology and mostly with gender discrimination, poverty and young women's lack of power to say no to unprotected or unwanted sexual relations. (UNFPA/IPPF Tanzania evaluation report, 2003).

In Temeke communities, Girls are forced to exchange sex for income or other valuable resources leading to unwanted and unprotected sexual activities and its consequences due to the absence of wage earning opportunities and cultural demands. Obviously, most mortalities and disabilities in adulthood have roots in adolescence. HIV infections for example lead to death later in the lifetime but it is often contracted in adolescence. It is during adolescence, that personal identities are recognized. But for most of adolescents this perception is far fetched, many live in poverty and with little access to information and resources. Investing in adolescents however, reduces their deaths now and in future as adults, because it is during adolescence that behaviours which often last a lifetime are formed. Consequences of early childhood pregnancies and HIV/AIDS pandemic are sufficient reason to look at the needs of adolescents. Using this opportunity now improves productivity, returns on investments, and averts future health costs. Central to all is that the underlying

cause of young people's health and development problems are closely connected and the solutions to these problems are also interrelated.

Observations of an inverse correlation between socio-economic status and risk of poor health are not new, extending way back to the 12th century. In 1790 John Peter Frank wrote "the people's misery, mother of disease". Undoubtedly a full understanding of the breadth and magnitude of the effect of socio- economic status on the health of individuals, families and community support the fundamental role of social economic factors as determinants of health. All this require certain skills to comprehend.

Today there are more adolescents than at any time in history – a vibrant generation who will play a crucial role in the next period of human development. As they progress to adulthood, these young people represent an enormous energy and potential for change. As Dr. Tomris Executive Director, Family and Community Health WHO: Geneva, would say "It is all about helping them through the extraordinary challenging time of adolescence. It is about sharing what we know works to help them grow in confidence and to increase their chance of living a long and healthy life."

With untapped skills and unspent talents, young people do not know what to do; instead they end up indulging in risk causing behaviors such as unprotected sex, drug abuse and alcoholism. As they mature, they develop intimate relationships and their sexual contacts become sporadic, unplanned, violent, spontaneous and sometimes coercive and most of the times unprotected. For most young people, adolescence is a period of hope and optimism when they grow in confidence to adulthood. But it is also a time when unsuspected dangers and confusing messages dash their hopes.

Young people face challenges both at personal and collective levels that go beyond those faced by their parents and grandparents. This may be due to the fact that tradition that governed how people grew up and behaved begun to change. It is the time that young people are given support and guidance.

Community needs assessment revealed a number of setbacks for SAGETA to effectively address young people's real needs and problems. SAGETA had no baseline study to establish gaps or benchmarks for the organization to measure up to. The demand for social services was high but response from SAGETA to meet the community's desire was not well focused. SAGETA's vision and mission statements are there but are not translated into workable and focused strategies and activities. SAGETA seems to have worked with communities especially the young people but they are limited in documenting what they do. It is important that successful stories are documented and shared between stakeholders. Most management team members are both board members and functional staff at the same time, the factor that can easily jeopardize the functioning of the organization. "You cannot be an accountant and an authorizing officer at the same time in the same business."

As a result, SAGETA is trapped in a web of interrelated problems that it cannot scale up educational or vocational training to the young people in Miburani ward in Temeke Municipal.

Even though SAGETA has put in efforts for the past five years to provide IEC on SRH to young people and support vulnerable groups, the revelations above indicated that without technical support and guidance, SAGETA will not be technically equipped with the necessary skills to effectively move towards achieving set goals and objectives.

Adolescent health and development has been a sensitive issue in a number of cultures. Nonetheless, the Ministry of Health and The President's Office Planning and Privatization, have jointly developed an Adolescent Health and development strategy to guide the public and private sectors including CBOs and adolescents themselves in implementing interventions that improve the well being of adolescents and young people of Tanzania. Attempts to address problems of young people have been made by a number of NGOs and CBOs in Temeke Municipal, such as UMATI, PASADA, Mtoni Youth Centre, Chang'ombe Youth, Human Care Foundation, SAGETA itself. But problems remain on the increase; a big number of young people in Temeke municipal are unable to make informed decisions that affect their lives. It is obvious that Adolescent's concerns affecting their lives and livelihoods are not adequately addressed. Strengthened capacity, complementarity and collaboration among CBOs and NGOs working in Temeke are necessary if desired outcomes are to be attained. Galaskieswics and Bielefeld (1998) tells us that isolated organizations are the ones most likely to struggle and fail. An organization can have a vital mission, good leadership and sufficient resources, but unless it is known in the community, its impact will be limited.

In Temeke district where many NGOs are working with and for adolescents, is evidence enough that the adolescents' plight is a significant issue that needs significant inputs. If nothing is done a number of single Mother-children and uncared for children will increase, school dropouts will rise and failure to secure gainful employment resulting in continuation of poverty will never end.

The backbone and success of the project is the fact that young people need services, thus if effectively accessed with meaningful activities, they will be able to prevent

themselves from risk behaviours such as hooliganism, prostitution, drug abuse and alcoholism. Capacity enhancement is therefore to be instituted to SAGETA personnel so that in the process it may trickle down to the youngsters.

2.3 Stakeholders Analysis

A number of individuals, groups and organizations were expected to have a stake in the project. It was important that a suitable analysis be done so as to determine their inputs towards the viability of the project. Their contribution varied from the level of the community through to the national level. Some key stakeholders that were given top priority in the analytical exercise of the project because of their significant influence include:

- Young people in and out of school in Temeke municipal,
- Community members recipients of services from and providing support to SAGETA,
- Local and central government personnel at the ward, division, municipal, regional and national levels,
- SAGETA, the project collaborator
- Youth groups participating in sports and recreational interventions,
- Health centers in Miburani ward,
- PASADA and ACTION AID, SAGETA's collaborating agencies.
- Parents and guardians (women and men),
- Religious leaders of all denominations
- Investors/Business community in Temeke Municipal, and
- Ministry of Labour, Youth Development and Ministry of Health and Social Welfare

No major threats were anticipated from stakeholders, above and beyond mere speculations. Analysis of stakeholders was conducted to determine the manner in which they might affect or be affected by the intervention. Stakeholders could hinder or positively support the project. Understanding their potential benefit or cost, in an intended intervention was necessary so as to reduce conflict of interest while maintaining high-level stakeholders' satisfaction. Capacity of stakeholders who would participate in the project was determined while at the same time information that could be used to create solutions that are appropriate for the project were collected. Analysis of stakeholders provided opportunity for potential objections to be taken care of upfront. In this way less effort was required to get stakeholders agreeing and becoming part of the project. Table 11 below shows the analysis in three main areas.

Table 11: Stakeholders' analysis.

Name of stakeholder group/organization	Potential benefits/costs	Their opinion of the project and its goals	Their opinion of the project design
Primary stakeholders			
Young people	Benefits: Awareness, know their reproductive health rights, vocational skills, capacity building, recreation, sports, positive changes in behaviour, opportunities for economic growth. Costs: Time, energy and commitment.	Eager to participate and felt goals were meaningful and appropriate to their social and economic development.	Happy that they were part of the process for their own good. Grateful that it was responsive to their problems and needs.
Parents and guardians	Benefits: Feel relieved that their young boys and girls will be preoccupied. Skills to communicate with young people, awareness on problem/issues facing the young. Costs: contributions in time, energy and other resources.	Feel it will be beneficial to the young people as well as adults.	New but shows promising benefits for the young as well as adults.

Secondary stakeholders	
Women groups in business	<div>Unlikely to benefit directly but links for small formal business opportunities. Possibility of losing clients to this new venture</div> <div>Very supportive</div> <div>Very supportive</div>
Private Investors	<div>Willing to support, resources could be available but need further dialogue and advocacy, saw as an opportunity to invest, past experiences of support to the CBO.</div> <div>Cost. Worried for returns</div> <div>Supportive of the project goals and objectives</div> <div>Supportive of project design</div>
The counselors	<div>Do not benefit directly except through local councils, well positioned to support the project through the government bureaucracy.</div> <div>Supportive of the idea and agreed it will help the young ones</div> <div>Supportive of the project design, glad that it was very involving.</div>

Hospital Management teams	It is one of their priority areas addressing young people's needs and problems, think it will reduce time for health risk behaviours	Supportive because end result is reduction of not only adolescence pregnancies but health problems in general.	Supportive because they were part to the project implementation.
Council management teams	It is one of their priority areas addressing young peoples needs and problems	Supportive because ultimate end is healthy young Tanzanians empowered economically	Supportive' because it is the young people's idea
PASADA	As collaborating NGO had new ideas to share	Glad with the goal, were willing to provide technical assistance	Agreed to the design and said it was very involving.
UMATI	Does more than SAGETA, collaborates closely ready to share experiences	Glad that they were involved	Happy, they also empowered their youth economically.
Ministry of Health	Very supportive, ready to share documents and expertise, It is one of the Ministry's priority areas.	Agreed that it was an area to work on	Acceptable that it was participatory in nature and the outcomes are desirable

Ministry of Labour Youth Development	Ready to provide expertise in the area of livelihood skills. Know SAGETA and its functions.	Agreed to the goals as target the relevant audience	Acceptable that it was participatory in nature and the economic outcomes are desirable to the youth.
Families in the community	Increased income per household, the young ones will have life objectives; street youths are put in more productive way. Unprotected sexual encounters minimized, empowered to talk sexuality with the young people	Supportive of the initiative	Appreciated that they were being involved

Source: Community needs assessment findings

To attain the desired outcomes, information in Table 11 above provided a foundation for determining roles and responsibilities of all the stakeholders from the project planning period. The central Government's role remained that of providing policy framework and strategies that guided implementation. Religious leaders' moral obligation to build confidence and morality to the young generation was recognized and enhanced. Policy clarifications and sustained advocacy for support to the project at all stages was and will continue to be done by the local government and community leaders.

2.4 Project goal: To improve provision of sexual and reproductive health education to young people by strengthening the knowledge and skills of SAGETA staff.

2.5 Project objectives

The project set objectives to address the goal

- To establish magnitude of knowledge and skill gaps in SAGETA through CAN by Dec 2006
- To provide technical support in soliciting funds
- To provide equipment to SAGETA.
- To build the capacity of SAGETA staff by December 2007.
- To establish a data base on adolescent's health and economic challenges in Temeke Municipal by July 2006
- To create awareness on adolescence pregnancy, STIs and HIV/AIDS among Miburani community by June 2007.
- To identify training needs of SAGETA staff by August 2006

- To identify Miburani community needs on adolescent Health interventions by august 2006.
- To explore future plans of SAGETA pertaining to Adolescent health interventions by August 2006
- To develop a 5 year strategic plan for SAGETA
- To promote positive attitudes and behaviour change by 10 percent the current figures among adolescent, parents and the community by 2010.
- To increase number of adolescents utilizing adolescent friendly reproductive health services by 2010
- To cultivate innovative livelihood skills development initiatives that'll enable young people in Temeke realize their potential by 2010

2.6 The host organization

The host organization for the project is SAGETA. SAGETA was identified by the author during the first CED module which required all students to be attached to a Community Based organization (CBO) of their choice. The author chose SAGETA for its geographical location; vision and mission (see attached letter of introduction to the chairperson appendix 4) together with the CBO officers, project activities to be carried out by the author were established. The author's keen interest in this project developed from exposure to the first CED module. The CED aims and principles helped to formulate strategies that enhance capacity of individuals and organization to address issues and problems such as those that are faced by SAGETA. Past experience of the author of working with the community was an added advantage.

2.6.1 Profile of Save Your Generation Tanzania (SAGETA)

Tanzania, like many other African countries is experiencing rapidly increasing number of CBOs. Most of them operate under very limited capacity to sustain what are sometimes very useful activities they pursue.

A number of CBOs are operating under very strenuous conditions, no funds; limited management capabilities and abilities to source out for funds and in most cases lack the capacity to scale up or effectively impart what they have done. Save Your Generation Tanzania (SAGETA) is a registered Community Based Organization involved in adolescent health and other related activities. This organization is located in Temeke Municipal Council, Miburani Ward, in Dar es Salaam region.

SAGETA was established in 1999 and is registered under Cap 375 as a non-profit, non – religious Community Based Organization. It works for and with youths and children aged 7 – 25 years. The organization is run by 14 permanent founder members (13 men 1 woman) but also many more co-opted members support them. In addition, the organization has about 30 young people who volunteer and participate in awareness creation through several cultural and community theatre activities.

It was the International Conference on HIV/AIDS held in Arusha in 1998 which prompted or awakened founder members’ conscience to reflect on what was happening with the young people of Temeke Municipal Council. The occasion inspired the founders to start addressing the risk-behaviours of young people in Temeke with respect to HIV/AIDS and unplanned adolescent pregnancies.

SAGETA was founded as a consortium of individuals who were ready to offer voluntary services. There was neither a project plan nor a reliable source of funds. It

was and is still dependent on voluntary contributions from founder members, individuals who were not founder members and development partners who had sympathy with the group of founders.

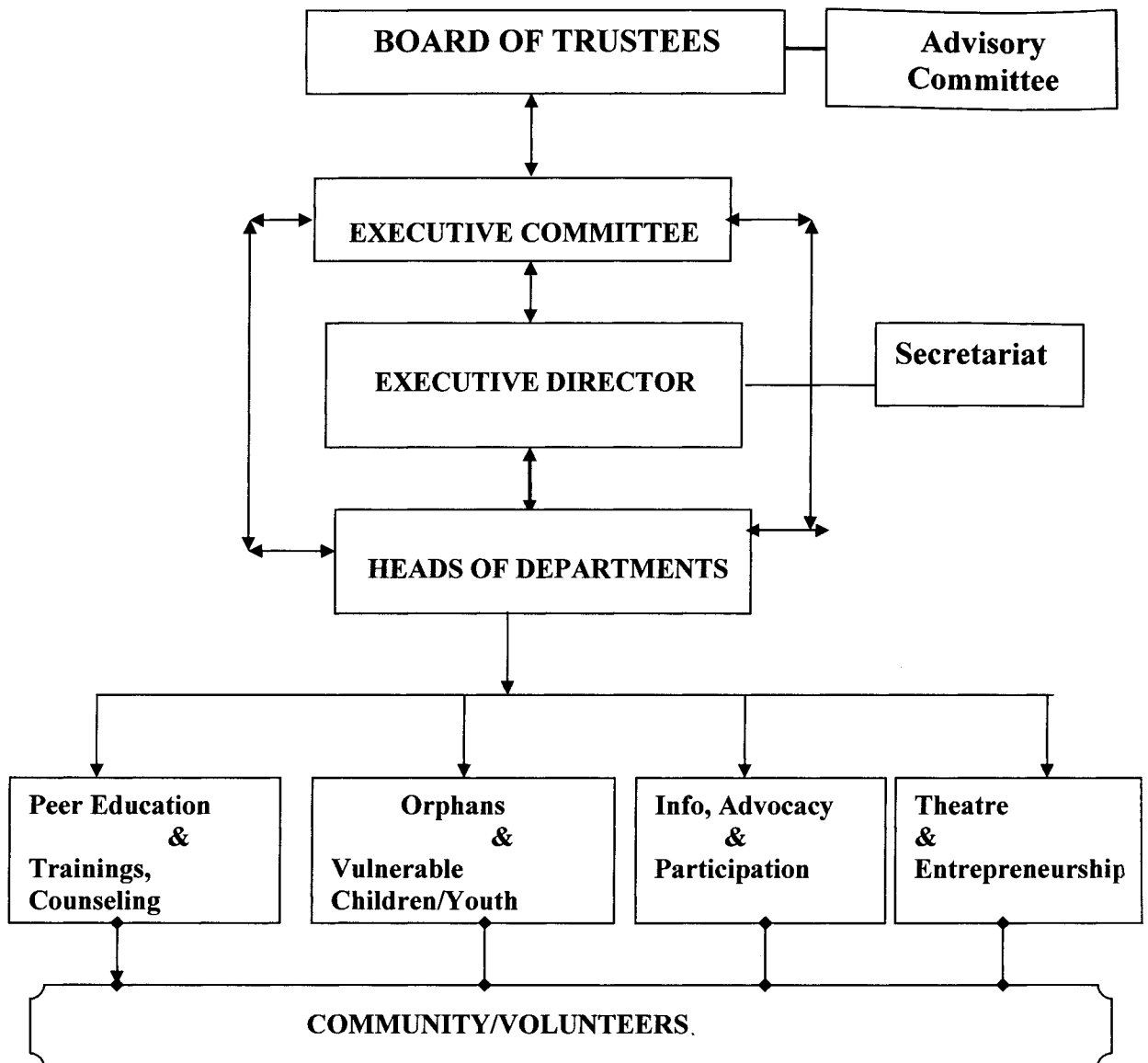
Since its inception in 1999, SAGETA has depended on donations from well wishers and earnings from performances by volunteering individuals through theatre arts.

SAGETA has also had limitations in conducting Sexual and Reproductive Health (SRH) training especially for in school adolescents due to lack of resources.

Occasionally SAGETA has attempted to access funds from various supporting sources but it has not been very successful. In cases where SAGETA has succeeded, the amount was very small to sustain the nature of activities that SAGETA wanted to accomplish. Strengthening the capacity of SAGETA was one way to improve the potential of the CBO to perform, increase its ability to productively and successfully apply available skills and resources and in turn accomplish goals and satisfy stakeholders' expectations.

Figure 1 below shows the organizational structure of SAGETA as presented by SAGETA management.

Figure 1: ORGANIZATIONAL STRUCTURE OF SAGETA.



Source: (SAGETA office) survey results

KEY:

BOARDY OF TRUSTEES: Chairperson, Executive Secretary, Treasurer and other Trustees. **EXECUTIVE COMMITTEE:** Executive Director, Heads of Departments, Secretary and Accountant.

ADVISORY COMMITTEE: Proposed External Program Experts, Patron and Matron.

Note: Board of Trustees includes in addition other members who are the Director, Heads of Departments, Secretary and Accountant.

One of SAGETA's main functions is to promote young people's awareness for safer sexual behaviours. It also provides information and education on sexual and reproductive health (SRH) including HIV/AIDS. In addition, SAGETA as an organization is an educational/recreational and vocational skills training centre. It is a place where young people exchange ideas and life's perspectives, as well as a meeting place for young people most of them coming from poor neighborhood of Miburani Ward. SAGETA teams carry out different activities such as sewing, youth – parent educational talks, cultural dances, music lessons and theatre art performances in addition to the SRH information and education. Young people in Miburani ward and Temeke Municipal Council are kept somewhat occupied and informed through their participation in SAGETA activities. They use this opportunity to improve their sexual and reproductive health knowledge and vocation skills. During all the five years of SAGETA's operation in Temeke Municipal Council, it has changed the life of more than fifteen thousand young people. Income earned as a result of skills acquired by young people when participating in SAGETA activities, such as community theatre, performing skills, sewing, singing and peer education in SRH including HIV/AIDS have enabled them to initiate income generating activities such as puncture repairs, operating kiosks, etc. all this aim at fighting poverty. SAGETA believes that young people's ideas are their strongest resource.

SAGETA works in collaboration with several organizations and institutions doing similar or related activities in Temeke Municipal Council. They include; TUMAINI Trust Fund, which provide Information Education and communications on health issues to the youth, YUNA, a youth organization under United Nations working on HIV/AIDS for young people, TEDAONE or Temeke District AIDS Organization Network coordinates all NGOs conducting HIV/AIDS activities. TEDAONE also collects MKUKUTA opinions from youths in Temeke. Others include, PASADA, a mission organization and founder member of SAGETA. PASADA was the first to support training of trainers for members of SAGETA and sponsored them to the International AIDS meeting in Arusha. PASADA still works together with SAGETA in providing and promoting health education in schools. Action Aid was also one of the pioneers of SAGETA; it provided SAGETA with a training manual for adolescent health known as “**KIVUKO**” Furthermore SAGETA serves as the Secretary General and Coordinator of all NGOs and HIV/AIDS activities in Temeke Municipality.

2.6.2 SAGETA’s Vision and Mission

SAGETA’s vision is to finally have a society where youth and children especially those who are most vulnerable are free from HIV/AIDS, drugs abuse and extreme poverty. SAGETA’s Mission is to create a favourable, friendly, accessible and sustainable environment in which most vulnerable children and youth access basic needs and rights such as quality education, correct information, quality health services, food and other basic needs through existing supporting mechanisms in order to attain/fulfill their expected goals in life.

2.6.3 SAGETA's Objectives and Strategies

SAGETA has a number of objectives

- To alleviate extreme poverty among youths and especially the most vulnerable groups such as teenage mothers, drug users and families that take care of the most vulnerable children.
- To empower youths with entrepreneurial and other relevant skills.
- To reduce young people's vulnerability to HIV/AIDS and drug abuse.
- To create awareness on adolescent sexual and reproductive health (SRH).
- To promote voluntary spirit among the youths in development work.
- To identify and support vulnerable children and youths in and out of school.
- To increase involvement and participation of children and youths in development activities,
- To sensitize the community on gender equality and equity.

SAGETA uses the following strategies to address the stated objectives: -

- Peer education for in and out of school youths on SRH and life skills,
- Counseling for young people,
- Education/entertainment to raise youth's awareness on HIV/AIDS.
- Advocacy, and
- Vocational and skill training.

CHAPTER III: LITERATURE REVIEW

Literature on adolescence both in the demographic and individual contexts abounds. In both contexts authors, parents and governments discussed adolescence and mainly health problems that adolescents face at the policy, empirical and theoretical level. The present chapter attempts to explore adolescence and its associated determinants, how various people and organizations have treated these and how those studies interventions and policy statements helped to solve some of the problems associated with adolescence problems specifically how capacity building has a direct impact in improved adolescent health and development.

Building the capacity of NGOs to carry out Reproductive health education programmes increased the participation of youth leaders to educate other young adults about reproductive health as well as gender and empowerment issues. Egypt, UNFPA, support programme capacity building activities to introduce reproductive and sexual health messages has facilitated young people to take responsible decisions regarding their sexual health behaviours.

Relevant literature provided examples that building the capacity of peer educators on the linked response to HIV and AIDS increased the participation of young people in discussing HIV/AIDS, Reproductive Health, Sexually Transmitted Infections and condom use for dual protection. Chawakua project in Tanzania by International Council on Management Population Programme, (ICMPP) (2005).

Building the capacity of nurses and community leaders on Reproductive Health, HIV and AIDS issues increased people living with HIV/AIDS (PLWHA) awareness on those issues, Voluntary counseling and Testing (VCT) and reduced STIs, HIV and AIDS stigma. St Lucia Nursing Home, Tanzania ICMPP.

Theoretical literature

This project couched in CED practice and tradition and informed with similar work successfully carried out by others, links reproductive health for young people with livelihood skills. It is motivated by both the overlap of the young people's concerns in adolescent lives and the potential for added value that is when addressing young people's needs in either reproductive health or livelihoods. Camayd-Frexas (2003) emphasizes project's authenticity involving the community to empower them economically. This project is not a traditional community based project. Burkey, refers in his article "People First": A guide to self-reliant participatory rural development was applied which emphasizes on projects looking at people as talented resources who know what they want instead of designing a project without their full involvement. Perry (2003) in his article Real Community Economic Development argues that projects should bear characteristics of CED not just projects which do not look at community empowerment. Other writers and experts translate livelihood skills interventions as income earning opportunities for the young people. Prioritizing and addressing adolescent needs can sometimes be complex due to the fact that various aspects of young people's lives are intricately connected which may benefit from simultaneous attention. Although there were setbacks in the limited human and technical resources which could have been reduced by outsourcing instead of having permanent staff members, a country study by Simel Esim et al, in three projects in Kenya on youth reproductive health and livelihood needs explicitly shows that, improvement in economic status had a positive impact on the reproductive health options and choices of young people. These programs were developed in response to the community and young people's needs. The author

further states that the community-based initiatives demand for linked interventions. Also suggests that if the constraints facing these efforts can be effectively addressed, the interventions could be more viable. He adds on to say that, communities are recognizing that reproductive health and livelihood concerns for young people are interrelated and must be addressed simultaneously.

A similar approach has been shown to be successful in Caraga Region in Philippines, Bhutan Youth Centre (BYC) a place rich in culture and history. It was learned that there were increasing incidences of premarital sex, teenage pregnancies and STI/HIV AIDS. By integrating counseling services, personality development and leadership and livelihood training, mentoring, recreational activities for both in and out of school aged 10-24 young people were able to develop their potential through what they gained in this center.

Adolescents face great health risks as a result of the multi-faceted nature of their adolescence. De Jong observes that the biological psychological and social components are the determining factors that cause adolescence to be problematic to both the adolescent himself/herself and the parents or adults in general. Biologists, for example, stress that the hormonal or physical changes of puberty defines the nature of adolescence. This theory is recapitulative (as its very name theory of recapitulation suggests) because it bases human growth on human evolution and treats the two as resembling each other. The theory is certainly Darwinian and many scientists today would dispute the view that the problems of adolescents are inherent or innate.

Almost similar to Hall's recapitulation theory (built upon Darwin's evolutionary theory) is Freud's psychoanalytic theory that the hormonal changes in puberty upset

the psychic balance that had been achieved during prior psychosexual stage. It was believed that because hormonal changes or puberty are responsible for increases in sexual feelings, psychosexual conflicts which were buried in the unconscious were now revived. However, as time continued, theorists of this school turned their attention away from the analysis of drives and focused on the skills and capabilities individuals developed in order to resolve inner conflicts and establish normal relationships with other people.

In Colombia Simel Esim et al (2001), the philosophy of addressing poverty and violence using a social and human development approach has promoted better lives for the young people. One very valuable lesson learnt is that this project is an excellent example whereby increased referral and diversified health and livelihood skills coverage for the young people has enabled other institution to shift from the focus of adolescents as a “problem” to adolescents as active managers of their own development. Moreover, youth oriented services need to be administered by well trained, nonjudgmental individuals who can communicate with and reach out young people. Furthermore, parental discomfort and community norms regarding sexuality and other reproductive matters can be added constraints if not well addressed.

Studies such as the ones mentioned and many more show evidence that such linked interventions when undertaken are most dedicated to serving the young people’s needs. Cowan (2002) it is being learnt that initiating preventive interventions when teenagers are still sexually naïve, before patterns of risky sexual behaviour are firmly established is likely to be more effective than trying to change established behavior in older adults. Interventions started in early adolescence will therefore have greatest chance of minimizing the risk from early sexual intercourse. Other lessons from

Eight Countries (WHO/FCH/CAH/02.13) and success stories from the Philippines with similar initiatives formed the basis for the formulation of the project.

Empirical literature

Globally, there are about 1.2 billion adolescents while there are 1.5 billion young people, 85% living in the developing world, over 200 million young people, or 18 percent of all youth live on less than one dollar a day. Despite the fact that more youths are receiving education, youth unemployment is on the increase, one third of 333 million new sexually transmitted disease cases occur in young people less than 25 years, $\frac{1}{2}$ of 7000 new HIV cases are those aged 10 -24 years, World Youth Report (2005).

Every year 1.7 million young men and women aged 10-19 lose their lives mostly through illness and injuries that are either preventable or treatable, 70,600 adolescent women die every year from child related problems and child birth in Africa. Millions more suffer chronic ill health and disablement that may well endure a lifetime.

In Tanzania one out of four girls aged 15-19 has ever been pregnant and one out of five has given birth. About 25 percent of girls aged 5-19 are currently married or cohabiting. Puberty is at age 8-13 for girls and 9-15 for boys predisposing them to early sexual debuts and its outcomes, 15 percent girls and 24 percent boys have had sexual intercourse by age 15. Besides use of modern contraceptives among sexually active adolescents is till low, 18 percent of ever married girls aged 15-19 and 16 percent boys same age ever used modern contraceptives. UNFPA/IPPF Tanzania evaluation report, (2003).

HIV prevalence in Tanzania among those aged 10-24 is 7.6% whereas 60% of new HIV infections are in this group. With gender disparity widening, young women are

between four and six times more likely to be HIV infected than boys. This has partly to do with biology and mostly with gender discrimination and poverty.

UNFPA/IPPF, Tanzania evaluation report and UNFPA news (2003). Same report (2003) also provides up to date data on the magnitude of the adolescents' problem. Likewise, WHO documents such as *Growing in confidence* and programming for adolescent health and development have similar information.

A look at some specific studies interventions and programmes will throw some light on what others have done about adolescent pregnancies in particular; and how successful or otherwise they have been.

Bledscoe et al (1993) have shown that child bearing in Sub-Saharan Africa is increasing, and this increase in child bearing is among women who do not appear to be married. As if to answer these two authors, Bonguarts and Cohen (1998) attempt to provide reasons for this, they cite factors such as decision making in sexual activity and contraceptive use, gender differences and consequences of sexuality.

Esim et al (2001) suggest some solutions to the problem by exploring links between adolescent reproductive and sexual health with development of educational and economic options. Specifically, Esim et al suggest the following. Firstly, there is need for linked programs to fulfill the demand from grass roots level. Secondly, it must be understood that there is no single programme that stands out as a "model".

Thirdly, organizations linking reproductive and sexual health with livelihood are among the most dedicated organizations in their commitment in serving youth needs.

Economically, healthy adolescents ensure improved productivity, returns on investments and averts future health costs of families and communities. Ministry of Health, *Adolescent Reproductive Health Handout*, (2005). Most young people are

without hope for a future; both boys and girls seek refuge in unprotected sex and other health risky behaviors.

One need to note that time has come for interventions to go beyond the widely used “peer education” and “youth centers” approaches. The interventions in order to be effective need to take a holistic framework with programmes being linked and services being provided simultaneously. For example, RH, VCT, HIV/AIDS and STI services need to be linked. At the same time other determinants of adolescent pregnancies such as gender inequality and socio-cultural beliefs and practices need to be addressed at the same time and of course not forgetting poverty alleviation.

Policy Review

Policy makers all over the world are concerned about adolescents and their problems. They understand that this generation is crucial for the future of their countries. They see that if adolescent problems are not addressed, it can ruin individual’s lives, and undermine communities and national development. They also understand that the current support to adolescents is inadequate, judgmental and unsympathetic. They are of the view that, programs aimed at helping adolescents to acquire vital knowledge and skills must therefore be relevant to their lives and their understanding today, as well as being designed to protect them for tomorrow, and that adolescents should live in an environment that they can interact successfully. The framework for programming of adolescents in Africa and Adolescent Health and Development strategy for Tanzania both support this. Ministry of Health, Adolescent Health and Development Strategy 2004 is explicit on what needs to be done for the young people and role for every stakeholder.

The national policy on HIV/AIDs (2001), The National Reproductive and Child Health Policy Guidelines (2005) has distinctively put HIV/AIDs to be a national pandemic especially to the age group 15-24 years. It requires collaborative efforts to overcome.

Still on policy it would help to examine briefly another document – the National Adolescent Health and Development Strategy 2004 – 2008 published by the Tanzania Ministry of Health.

This strategy unequivocally states “Adolescent pregnancies are currently a major sexual and reproductive health concern in Tanzania”. The strategy then proceeds to enumerate the negative demographic social-economic and social-cultural consequences.

The problem is further highlighted by the 1999 TRCHS noting that most women become mothers before they reach the age of 20, and that about 20% of women (between ages 15 – 19) are mothers and another 5% are pregnant. The problem, according to the strategy, is compounded by the fact that contraceptive use in Tanzania is low and it is lowest (6%) among young women (adolescents!) age 15-19 years (TRCHS, 1999)

The strategy explains as a way through promoting the provision of a package of adolescent health and development services as subscribed by WHO/AFRO and adapted by member countries. The package includes three key areas and these are:-

- Education and information on adolescent development sexual and reproductive rights and livelihoods skills
- Health and lifestyles which will include general health and referral services including family planning and maternal health services.

- Recreation services and income generating/employment including employment placement and credit schemes for income generation.

The strategy rightly recognizes the need for decentralization of adolescent reproductive health interventions and outlines, accordingly, the roles of district and community levels. An implementation framework for the National Adolescent Health has also been provided to cover the period 2004 – 2008. Although the strategy outlines quite clearly the priority areas and the objectives and implementation framework for each area there is still the need to investigate the root cause of teenage pregnancies in the country.

Moreover, these policies and Guidelines are recognizing the problem and encouraging collaboration among partners in addressing the problems of adolescents. It is a multi-sectoral battle.

CHAPTER IV: IMPLEMENTATION

Interventions for capacity building in this project were directed to three key areas; management consultation, training and/ or technical assistance (TA). Consultation typically focused on process issues such as personnel in board and management teams and building an implementable strategic plan. Training involved small group trainings in specific skill areas that improved their ability to run the organization's activities. Technical assistance on the other hand was a more hands on, site based process on which active support to the organization/project and problem solving techniques were provided. In addition, tactics for improved awareness to community members for increased support were also set. Personnel assigned to develop the strategic plan gained writing and strategic thinking skills. It is believed that a capacity built organization ought to be; self critical, self reflective and attributing any challenge to its own lack of strategic coherence or management competence or focused vision rather than on factors beyond its control, takes time to learn from its successes and failures and takes time to develop its staff and encourage them develop inner resourcefulness and creativeness.

Thus the logical framework presented as table 12 was developed to address the capacity strengthening goal of the project. Objectives to achieve the goal are narrated in the framework together with means of verification. The project is placed within SAGETA and its implementation relied more on human and material resources from and by SAGETA.

4.1 Products and outputs

To bridge the gap of needs by the community and performance of SAGETA, the author in consultations with the CBO, agreed to develop a plan of activities as

extrapolated in the logical framework table 12. A number of activities had to be rescheduled and reorganized to accommodate unforeseen limitations such as time, resources (human and material) and skills. The chapter on monitoring provides details on the reorganization and re-planning of activities. This section of the report will therefore provide information for activities in the log-frame with their implementation status.

Seven SAGETA staff attended training courses in the area of Arts and Community Theatre at the Bagamoyo College of Arts. There was urgent need for some individuals to attend the course and with funds available the opportunity was seized. The Director attended a management course at ESAMI in Arusha and is now undergoing a Degree course with the Open University of Dar es salaam. Three members of SAGETA are currently on the job training as they participate in the process of the development of the strategic plan. Technical assistance (TA) was provided continuously throughout the project period and so much has improved as indicated in the evaluation report. Write-ups to request for funds have been finalized and a computer set has been procured and presented to SAGETA. Tasks for this project if successfully accomplished will to a great extent improve the performance of SAGETA.

On accomplishment of all the activities stipulated in the logical framework, SAGETA will have gained the skill to; scale up its activities, address sexual and reproductive health issues confidently, and approach relevant stakeholders with more authority and renewed confidence. SAGETA can also use systematic and logical thinking in prioritizing the activities in order to improve performance of the organization and quality of life of the young people in Temeke.

4.2 Project planning

Implementation of the project began with a community need assessment or baseline survey followed by sharing of the results with various stakeholders. Community reproductive health needs, including those of the young people, currently existing SAGETA skills, and other skill gaps identified during the baseline study were formulated into activities to respond to the project objectives. A sustainability plan was developed separately to provide details for short and long term plans for institutional and financial sustainability of SAGETA. It was necessary that the community participation component was made explicit, varied and reliable funding sources and formats built-into the strategic plan and feasible income generating activities given a clear focus. Finally the two plans; that is the strategic plan and the sustainability plan would be connected together in the implementation plan of the project. Actual implementation of the project utilized SAGETA staff and occasionally invited facilitators from the local government and from collaborating organizations.

Table 12 Logical Framework

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assumptions
Goal: Improve provision of sexual and reproductive health education to the young people of Temeke by strengthening knowledge and skills of SAGETA staff.	Number of young people with knowledge and skills in sexual Reproductive health.	<ul style="list-style-type: none"> - Routine SAGETA reports - Surveys - exit interviews 	<ul style="list-style-type: none"> - The Tanzania government will continue to promote sexual and reproductive health services for young people in and out of schools. - Local councils including Temeke Municipal council continue to provide the necessary policy support.
Objectives/outputs			
<ul style="list-style-type: none"> • To build the capacity of SAGETA staff by December 2007 	<ul style="list-style-type: none"> - Proportion of SAGETA staff trained by type of skill - number of training sessions conducted by SAGETA staff by subject - proportion of young people attending IEC sessions 	<ul style="list-style-type: none"> - training reports - IEC session reports -quarterly SAGETA reports 	<ul style="list-style-type: none"> - The strategic plan will appeal to stakeholders and attract funding.
<ul style="list-style-type: none"> • To determine the readiness for SAGETA to learn about Adolescent's health issues by August 2006.(CNA) 	<ul style="list-style-type: none"> -Proportion of SAGETA staff expressing need to learn - Proportion of SAGETA staff requesting for training by topic 	<ul style="list-style-type: none"> - training requests formally submitted by SAGETA staff - Community reports at village and ward level. 	There are training institutions and facilitators for the skills needed by SAGETA staff
<ul style="list-style-type: none"> • To establish a data base on adolescent's health and economic challenges in Temeke Municipal by July 2006. (CNA) 	<ul style="list-style-type: none"> - Data base on adolescent health challenges in Temeke Municipal available - Data base on economic challenges facing adolescents 	<ul style="list-style-type: none"> - survey reports - local government routine reports - community survey reports 	Availability and reliability of routine and survey reports at the local council offices.

	in Temeke Municipal available		
<ul style="list-style-type: none"> To create awareness on adolescence pregnancy, STIs and HIV/AIDS among Miburani community by June 2007 	<ul style="list-style-type: none"> - % of adolescents (men & women) with knowledge in STIs, pregnancy prevention or HIV/AIDS. - Proportion of community members with information on pregnancy prevention, STIs or HIV/AIDS 	<ul style="list-style-type: none"> - Action plan - Surveys and assessment reports 	Communities awareness will convince them participate in the prevention efforts
<ul style="list-style-type: none"> To identify training needs of SAGETA staff by August 2006 (CNA) 	<ul style="list-style-type: none"> - Proportion of SAGETA staff indicating lack of type and number of skills <p>Indirect indicators:</p> <ul style="list-style-type: none"> - Proportion of recipient/community members indicating need for type of skill - Proportion of SAGETA staff who indicate limitations in providing a required skill 	<ul style="list-style-type: none"> - SAGETA survey reports - Community survey reports 	<ul style="list-style-type: none"> -SAGETA staffs are open, realistic and aware of their realistic skill and knowledge gaps. - Community members cooperate and verify skill needs for SAGETA staff.
<ul style="list-style-type: none"> To identify Miburani community needs on adolescent Health interventions by august 2006. (CNA) 	<ul style="list-style-type: none"> -Proportion of recipient/community members indicating need for type of skill 	<ul style="list-style-type: none"> - survey reports - Action plans 	Miburani community cooperate and provide the required information
<ul style="list-style-type: none"> To explore future plans of SAGETA pertaining to Adolescent health interventions by August 	<ul style="list-style-type: none"> - Number and Type of activities in SAGETA's action plan 	<ul style="list-style-type: none"> survey reports - Action plans 	-

2006 (CNA)	-		
<ul style="list-style-type: none"> To develop a 5 year strategic plan for SAGETA 	- a strategic plan available	Strategic plan	-
<ul style="list-style-type: none"> To promote positive attitudes and behaviour change by 10 percent the current figures among adolescent, parents and the community by 2010. 	<ul style="list-style-type: none"> - Number of young people empowered economically as a result of participating in economic development activities - parenting knowledge and skills. of parents, guardians, and significant others on adolescent strengthened - Proportion of young people participating in developed recreational facilities for the young people 	<ul style="list-style-type: none"> - Survey reports - Recreational facilities put in place by SAGETA - community leaders reports 	<ul style="list-style-type: none"> -Young people are eager to start seize economic development opportunities - Young people are willing to utilize available recreational facilities. - The recreational facilities are well structured to accommodate the needs of the young people.
<ul style="list-style-type: none"> To increase number of adolescents utilizing adolescent friendly reproductive health services by 2010 	<ul style="list-style-type: none"> -Increasing number of community members seeking services -Number of recipient community members attending SAGETA facilitated sessions 	<ul style="list-style-type: none"> - exit interviews - survey reports - IEC session reports 	Adolescents and community members cooperate and attend information and education sessions.
<ul style="list-style-type: none"> To cultivate innovative livelihood skills development initiatives that'll enable young people in Temeke 	<ul style="list-style-type: none"> - Number of livelihood skills development initiatives established 	<ul style="list-style-type: none"> - Attendance registers indicating young people's involvement 	Facilities to establish the livelihood initiatives are available for SAGETA to be creative.

realize their potential by 2010	<ul style="list-style-type: none"> - Number of young people in Temeke participating in the initiatives - Number of communities in Temeke supporting the initiatives. 	- contents of the livelihood skills development initiatives	
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4.3 Project implementation report.

The project setup used a holistic approach that builds a foundation for the future. The approach did not only meet current requirements, but also put in place a foundation that SAGETA will be able to capitalize in future for improved health, economic and social well being of adolescents.

The main focus of the project was the host organization which is SAGETA.

Strengthening of capacity had to start with its staff. Retrospectively, young people, their parents and guardians to be involved in the project. The CED practitioner was convinced that a strong organization taps capacities of its staff and the surrounding community and shares its ideas with others. With SAGETA's enhanced capacity, participation of community members including young people was to increase. Their acquired skills will be incorporated into the organization's plans and strategies; structures, management systems and operating procedures. SAGETA acquired development in skills in an unplanned and spontaneous way in response to external opportunities or individual initiatives. As such capacity development in this organization did not meet the needs for a sustainable organization.

Participatory nature of the project took on board community leaders, young people both men and women and the organization's personnel. The advantage of the participatory approach is that people responsible for the organization's management and their stakeholders who have knowledge and interest in the organization gain an in depth understanding and apply the findings to setting new directions in a more practical way.

Most activities in the implementation chart have been implemented. Nearly all activities have been accomplished, the gaps within SAGETA are known because they

have been disseminated to key stakeholders. A computer has been procured for SAGETA for recording and documenting best practices. Development of the five year SAGETA strategic plan and sustainability plan are in progress. A facilitator is working with SAGETA staff to build up the documents which are expected to be finalized by July this year (2007). The facilitator's source of data for the development of the two documents were from SAGETA own reports including the findings in community needs assessment to this project and policy documents from relevant Ministries. Two meetings have been conducted. The first was to discuss and agree on contents and framework for the strategic plan and the second one, actual writing of the first draft. The third meeting will take place in July 2007 to finalize the document. Once the five year strategic plan is concluded, it is expected to add strength to SAGETA. The strategies and activities in the document will give direction and purpose for SAGETA. Future plans for sustainability of the organization are provided for in the strategic plan, SAGETA's focus and vision would therefore be clearer whereas the functions at every level of implementation would be stipulated. Roles and responsibilities would be streamlined.

4.4 Staffing pattern

The project is positioned within SAGETA the host organization. The project objectives complement SAGETA's purpose thus same staffs in SAGETA were the implementers of this project. The supervisory role remained that of the Director and the secretary with advisory support obtained from the CED practitioner. Services of the CED practitioner will continue even after the project ends.

4.5 Budget

There are activities still in the final stages; implemented activities are not as in

the original plan. There has been reorganization and re-planning, the budget was thus estimated to be 68 million Tanzanian shillings only. Of the total estimated, 6 million has already been used for the accomplished activities. SAGETA is expected to put in a lot of work to source out funding from Donors, the municipal council does not seem to have funding for all NGOs and CBOs in Temeke area.

4.6 Project implementation chart

Findings from the CNA study have been very instrumental in the development of the project implementation chart, table 13 below. Each stated objective has a set of activities to address the gaps that were identified in the baseline study and SWOT analysis of SAGETA.

Table 13: Project implementation chart.

Objective: To build the capacity of SAGETA staff by December 2007					
Activities	Time schedule	Resources required	outputs	Responsible person	status
Train all 14 SAGETA staff	June 2007	Funds, venue and time	14 trained staff	CED practitioner and SAGETA director	7 SAGETA staff trained in community theatre Arts. in Bagamoyo college of Arts and The Director is at the Open University of Dar es salaam
On job training for 3 SAGETA staff	June 2007	Time, facilitator	3 SAGETA staff trained on job	CED practitioner and SAGETA director	3 SAGETA staff trained in strategic planning
Providing technical assistance in techniques to	From Sept 2006 to Dec	Time, expertise	Management team more confident	Technical expert/ CED practitioner	CED practitioner provided TA in techniques

get funds	2007				to solicit funds
Procuring equipment such as computers and theatre arts equipment	Sept 2006-Dec 2007	Funds, time	Computers and theatre arts equipment	CED practitioner	One computer set procured
Objective: To determine the readiness for SAGETA to learn about Adolescent's health issues by August 2006.					
Conduct CNA	June 2006-Nov 2006	Funds, venue and expertise	SWOT analysis report	CED practitioner, SAGETA staff	CNA conducted and report available
Dissemination of CNA results to stakeholders	Dec 2006	Funds, venue and transport	SAGETA staff, stakeholders aware of SAGETA's readiness to learn	CED practitioner, SAGETA staff	Dissemination done to SAGETA and key stakeholders.
Objective: To establish a data base on adolescences health and economic challenges in Temeke Municipal by July 2006.					
Conduct a survey on the situation analysis in Temeke Municipal	June 2006	Funds, time, expertise, transport and stationery	Report on adolescent health and economic challenges	Facilitator, CED practitioner, SAGETA staff	Not done. Large sum of money required. Sourcing has been difficult. Secondary data taken as alternative
Disseminate information on Adolescent economic and health challenges	Sept 2006	Funds, time, facilitator, stationery	Stakeholders aware of health and economic challenges facing adolescents.	CED practitioner, SAGETA staff, local government	Data on adolescent problems/ issues still scant in Temeke municipal
Objective: To create awareness on adolescence pregnancy, STIs and HIV/AIDS among Miburani community by June 2007					
Conduct sensitization	Jan 2007	Funds, time, venue	Community members	CED practitioner,	One meeting conducted.

seminars to community leaders /members of Miburani ward			and leaders aware of adolescence pregnancy, STIs and HIV/AIDS	SAGETA staff	About 150 adults reached
Conduct small group discussions with young male and females of the whole of Miburani ward	Feb 2007	Funds, time, venue	Young men and women aware of adolescence pregnancy, STIs and HIV/AIDS	CED practitioner, SAGETA staff	One meeting conducted. About 50 young men and women reached
Objective: To identify training needs of SAGETA staff by August 2006					
Conduct CNA	June 2006- Nov 2006	Funds, venue and expertise	SAGETA training needs in CNA report	CED practitioner, SAGETA staff	CNA conducted and report available
Dissemination of CNA results to stakeholders	Dec 2006	Funds, venue and transport	SAGETA staff, aware of their training requirements	CED practitioner, SAGETA staff	Dissemination done to SAGETA and key stakeholders.
Objective: To identify Miburani community needs on adolescent Health interventions by August 2006.					
Conduct CNA	June 2006- Nov 2006	Funds, venue and expertise	Community needs on adolescent interventions in CNA report	CED practitioner, SAGETA staff	CNA conducted and report available
Dissemination of CNA results to stakeholders	Dec 2006	Funds, venue and transport	SAGETA staff, stakeholders aware of community needs	CED practitioner, SAGETA staff	Dissemination done to SAGETA and key stakeholders.
Objective: To explore future plans of SAGETA pertaining to Adolescent health interventions by August 2006					
Conduct CNA	June 2006- Nov 2006	Funds, venue and expertise	SAGETA future plans in CNA report	CED practitioner, SAGETA staff	CNA conducted and report available
Dissemination	Dec 2006	Funds, venue	SAGETA	CED	Dissemination

n of CNA results to stakeholders		and transport	future plan put in perspective	practitioner, SAGETA staff	n done to SAGETA and key stakeholders.
Objective: To Develop a 5 year strategic plan for SAGETA					
In collaboration with stakeholders conduct 3 meetings to develop a strategic plan	July 2007	Reference materials, funds, transport and time	Finalized 5 year strategic plan with sustainability plans in it	CED practitioner, local government, SAGETA staff and facilitator	2 meetings conducted, strategic plan in progress
Disseminate strategic plan to stakeholders in Temeke and beyond	Sept 2007	Time, funds	Shared vision and direction for SAGETA activities	local government and SAGETA staff	Awaiting finalization of the strategic plan
Objective: To promote positive attitudes and behaviour change by 10 percent the current figures among adolescent, parents and the community by 2010.					
Establish economic ventures that will attract young men and women	June 2008	Time, funds, expertise and raw materials	SACCOS, income generating activities scaled up, small scale businesses established.	SAGETA staff, stakeholders	Not yet
Develop recreational facilities for young people	Sept 2008	Time, funds, expertise, young people, parents	Recreational facilities developed.	SAGETA staff, stakeholders	Not yet
Establish parent clubs and coalitions	Sept-Dec 2008	Funds, time and young people	Parent clubs and coalitions developed	SAGETA staff, stakeholders	Not yet
Objective: To increase number of adolescents utilizing adolescent friendly reproductive health services by 2010					
Conduct awareness seminars to young men	Sept –Dec 2008	Funds, time and young people	Young people aware of friendly SRH	SAGETA staff and community leaders	Not yet

and women			services		
Advocate for introduction of adolescent friendly reproductive health services	Sept –Dec 2008	Funds, time and transport	adolescent friendly reproductive health services introduced in health facilities	local government and SAGETA staff	Not yet
Objective: To cultivate innovative livelihood skills development initiatives that'll enable young people in Temeke realize their potential by 2010					
Conduct trainings in livelihood skills to young people in Temeke	Sept – Dec 2008	Funds, time	livelihood skills development initiatives	local government and SAGETA staff	Not yet
Advocate for introduction of livelihood skills interventions to young people	Sept – Dec 2008	Funds, time	Community and other stakeholders including the young people realize their potential	local government and SAGETA staff	Not yet

CHAPTER V: MONITORING, EVALUATION AND SUSTAINABILITY.

Both monitoring and evaluation are essential to any project, but they serve different functions and operate in different ways.

Monitoring is part of project implementation; it focuses on outputs – processes and products. Monitoring tells the project managers whether activities are taking place as planned or whether there are significant deviations. In short, regular and accurate monitoring tracks project activities as they take place to determine whether they are being carried out as specified in the work plan.

Impact evaluation”, also referred as “evaluation” or “assessment” determines whether the original project objectives were met. It also measures the extent to which the project objectives and outcomes have been achieved and objectively assesses the relevance, performance and success or effectiveness of on going and completed project.

Sustainability is referred to the continuity of the project independent of external resources. It can be financial, human or administrative sustainability.

5.1 MONITORING

Monitoring is planned to be routine so that project managers know immediately if activities are not carried out properly. Typical monitoring techniques include but not limited to, site visits to service delivery points, and regular reporting on community activities during monitoring meetings. Monitoring reports are submitted regularly on set schedules (monthly, quarterly etc).

The basic purpose of monitoring is to permit rapid changes if needed to make the project more effective. Thus, project managers get feedback quickly so that they can

react while there is still time to make improvements. When monitoring reveals unexpected problems or opportunities, a flexible and rapid response is necessary.

5.1.1 Methodology used

Methodology used to collect data included monthly meetings with groups such as community members/leaders, local government officials and young people and dialogue with SAGETA staff. Participatory approaches were used in monitoring meetings and dialogues to empower stakeholders and inculcate sense of ownership of the project. Other methods used included observation and listening techniques.

5.1.1.1 Information gathering tools used

Type of tool	How conducted	Reason(s) for selection of tool	Summary of findings
Observation	<ul style="list-style-type: none"> - Watching how meetings were conducted - Scrutinize proposal write-ups - Scrutinize the organizational chart of SAGETA 	<ul style="list-style-type: none"> -Used to establish type of activities and services that were carried out. - Method simple, minimal cost and easy to explore nonverbal signs of communication 	Method enabled researcher to note misgivings, shortfalls not easily identified by other methods, and develop in depth understanding of people's attitudes and motivations.
Listening	To follow-up discussions in monitoring meetings particularly when disagreements arose.	<ul style="list-style-type: none"> - Facilitated the researcher to weigh what was said, listen between lines, tones and voices to draw conclusive results - It is a powerful means of communication and influence just like talking. 	- Method was well done. An indication that the researcher received and understood the message that was discussed. Poor listening leads to mistakes and waste of time.

5.1.1.2 Who was to do the monitoring?

- SAGETA themselves in collaboration with the CED advisor
- CED advisor with the youth, community and SAGETA staff.

- The community and young people.

Further details are shown in the Performance Monitoring plan table 14.

5.1.2 Developing monitoring questions

Questions were developed, “What we wanted to know was;”

- Are the planned activities on schedule?
- Are there resources for implementation of activities?
- How is the gender distribution in SAGETA management team?
- The constitution of the board of Directors
- Are there any problems associated with implementation of planned activities?

5.1.3 Monitoring data analysis

- Analysis of monitoring data was done during the first quarter of 2007 tracking down implementation of activities.
- The performance monitoring matrix has been designed so that monitoring and data analysis is done continuously.
- Results will be shared among stakeholders that are the community including young people and local government officials.

5.1.4 Monitored results

Following the monitoring that was performed, the results are summarised as follows;

- **Planned activities**

Activities were not accomplished as planned in the logical framework. Deviations had to be made due to circumstances that prevailed at the time. For example compilation of data from local government offices of Temeke for the development of the 5 year strategic plan took longer than expected. This and similar situations necessitated the rescheduling, reorganizing and even adding some new short term

activities. Indicators and tools used to collect data are as indicated in the performance monitoring plan table 14. Status of implemented activities are as were shown earlier in the implementation chart in Chapter IV table13

- **Costs for the project**

It was not easy to show exact costs for this project only an estimation of 68 million Tsh because actual costs will be provided in the 5 year strategic plan once it is completed. The strategic plan is in progress and is expected to be accomplished by July 2007. Indications from SAGETA management are that, with improved skills to approach supporting partners and a strategic plan at hand SAGETA will do better in soliciting both financial and human support to scale up activities. Table 14 below shows a monitoring of performance indicators, data collection and data analysis for all activities stipulated in the logical framework.

- **SAGETA's organizational structure**

The current organizational structure places the executive Director under the executive committee while the constituency of the board of trustees and executive board include the director, treasurer and heads of departments of SAGETA. Considering the fact that boards ought to have unbiased sources of information about management, problems can be created when board members are not diversified. The recommendation is to recruit members who are good governors, familiar with CBO's management issues, people who ask critical questions as well as those who cheer. Such a diversified board is expected to keep the CBO rooted in the community it serves as well as the community it raises funds. The recommended version is as presented in appendix 6.

Table 14: Performance Monitoring Plan

Performance Indicators	Data Source	Data Collection			Data Analysis	
		Approach or Method of Data collection	Frequency	Person Responsible	Frequency	Person Responsible
Objectives/outputs To build the capacity of SAGETA staff by December 2007.						
Indicators Proportion of SAGETA staff trained by type of skill	Training reports	Training reports will be prepared by facilitators every after a training but also if training is by a different institution, attendees will have to write after training report.	Every after every training as stipulated in the strategic plan	SAGETA director		SAGETA director and staff
Number of training sessions conducted by SAGETA staff by subject	SAGETA reports	Time schedules developed during for training sessions to be conducted	Quarterly	SAGETA Director and Training facilitators	Quarterly	SAGETA Director and Training officer
Proportion of young people attending IEC sessions	IEC session reports Session registers	Young people to register in every session they attend	Quarterly	SAGETA Director		SAGETA Director
Objective/output: To determine the readiness for SAGETA to learn about Adolescent health issues by						

August 2006. (CNA)						
Indicators						
-Proportion of SAGETA staff expressing need to learn	SAGETA requests	Training requests formally submitted by SAGETA staff	Annually	SAGETA Director	Annually	SAGETA Director
- Proportion of SAGETA staff requesting for training by topic	Community reports at village and ward level	Data collected during community /ward meetings Village/ward documentation	Quarterly	Ward/village leaders	Quarterly	Ward/village leaders
Objective/output To establish a data base on adolescents health and economic challenges in Temeke Municipal by July 2006. (CNA)						
- Data base on adolescent health challenges in Temeke Municipal available Data base on economic challenges facing adolescents in Temeke Municipal available	-Survey reports -Local government routine reports - Community survey reports	Survey conducted at the beginning of the project to establish benchmarks for the project	In the beginning of the project	CED advisor SAGETA staff	In the beginning of the project	CED advisor SAGETA staff

Objective/output						
To create awareness on adolescence pregnancy, STIs and HIV/AIDS among Miburani community by June 2007.						
indicators						
- % of adolescents (men & women) with knowledge in STIs, pregnancy prevention or HIV/AIDS.	Action plan	Action plans that indicate occurrence of awareness creation activities	Quarterly	SAGETA Director	Quarterly	
- Proportion of community members with information on pregnancy prevention, STIs or HIV/AIDS	Surveys and assessment reports	Surveys conducted routinely to indicate proportion of community members including adolescents with knowledge in any of the SRH areas.	Midterm evaluation report in DEC 2007	SAGETA Director and external evaluator	Midterm evaluation report in DEC 2007	SAGETA Director and external evaluator
Objectives/output						
To identify training needs of SAGETA staff by August 2006 (CNA)						

Indicators - Proportion of SAGETA staff indicating lack of type and number of skills - Proportion of recipient/ community members indicating need for type of skill - Proportion of SAGETA staff who indicate limitations in providing a required skill	- SAGETA survey reports -Community survey reports	Internal surveys done by SAGETA management Rapid community assessments to determine knowledge gaps	As required by SAGETA	SAGETA management	Immediate after every survey	SAGETA management
Objective/output To explore future plans of SAGETA pertaining to Adolescent health interventions by August 2006 (CNA)						
- Number and type of activities in SAGETA's action plan	Action plans	Future plans to show on the annual and quarterly plans	Annually and quarterly	CED advisor and SAGETA staff	Annually and quarterly	CED advisor and SAGETA staff
Objective/output Develop a 5 year strategic plan for SAGETA						
	SAGETA	Documented 5 year strategic plan is	Once in	CED advisor,	Once	CED

a strategic plan available	offices	developed as a capacity building tool to SAGETA staff	every 5 years	Facilitator and SAGETA staff	in every 5 years	advisor, Facilitator and SAGETA staff
Objective/output To promote positive attitudes and behaviour change by 10 percent the current figures among adolescent, parents and the community by 2010.						
- Number of young people empowered economically as a result of participating in economic development activities	Survey reports	Local government annual reports to collect information on young people with economic activities	Annually	Temeke municipal officials	Annua lly	Temeke municipal officials
- Parenting knowledge and skills. of parents, guardians, and significant others on adolescent strengthened	-community leaders reports -Survey reports	Parents reported communicating with adolescents on SRH issues	annually	SAGETA management	annual ly	SAGETA manageme nt
- Proportion of young people participating in developed recreational facilities for the young people	-Reports on recreational facilities put in place	SAGETA to compile all recreational facilities put in place for the young people	annually	SAGETA management	annual ly	SAGETA manageme nt
Objective/output						

To increase number of adolescents utilizing adolescent friendly reproductive health services by 2010						
-Increasing number of community members seeking services by age groups	-Exit interviews -service statistics reports	Exit interviews at point of service delivery and service statistic reports to give percent increase in number of those using SRH services	annually	SAGETA management	annual ly	SAGETA manageme nt
-Number of recipient community members attending SAGETA facilitated sessions	“	“	“	“	“	“
Objective/output To cultivate innovative livelihood skills development initiatives that'll enable young people in Temeke realize their potential by 2010						

-Number of livelihood skills development initiatives established -Number of young people in Temeke participating in the initiatives -Number of communities in Temeke supporting the initiatives.	-Attendance registers indicating young people's involvement - contents of the livelihood skills development initiatives -Attendance reports	Records of those attending livelihood skills development will track trends of young people participating in such initiatives	Data compiled annually	SAGETA director and staff	Data compiled annually	SAGETA director and staff
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5.2 EVALUATION

Evaluation is the systematic application of scientific procedures to assess the conceptualization, design, implementation, impact, and cost effectiveness of social interventions. The purpose of an evaluation is to measure the process and the impact of a project against the objectives established in the strategic design in order to contribute to decision-making.

Evaluation begins along with the preliminary analysis that provides background information and baseline data. It takes further shape in the strategic design phase, where specific, measurable (SMART); objectives are established. Evaluation issues also arise in the pretest, development, and implementation stages, where evaluators determine whether the process described in the design document is actually taking place and whether the audience understands the outputs. Eventually at the close of the project or at some milestone in the ongoing project, evaluation assesses the impact on the intended beneficiaries or the entire population, measuring and analysing changes specified by the original objective.

Ultimately, evaluation findings are disseminated both within a project and externally, provide the basis for decision making to correct deficiencies, build on project successes, and plan for continuity. There are three types of evaluations, Formative, Summative and Impact evaluation.

5.2.1 Formative evaluation

As the term suggests, it is sometimes called process evaluation with the objective of identifying improvements to the project in the process of implementation. Monitoring also focuses on processes and identifies deviations, due to the limitations of time the researcher concentrated with the monitoring part of the project. Thus no formative

evaluation was conducted. In this project monitoring was conducted to determine whether the process as described in the design (logical framework) was actually taking place.

5.2.2 Summative evaluation

It is the kind of evaluation that measures the extent to which the project objectives and outcomes have been achieved. Summative evaluation will establish progress that has been made toward achieving the project goal. Since this project is not yet completed, a rapid assessment was made to appraise the impact of the activities so far implemented by the organization for the project. The methodology and tools used are as follows;

5.2.2.1 Methodology used to evaluate

A questionnaire was developed by the author and administered to SAGETA staff to get their opinion of the impact of implemented activities to-date. Sample of questionnaire is attached as appendix 5. The questionnaires were complimented by informal discussions with SAGETA management team and observations were made. Response rate was satisfactory, 12 out of 13 questionnaires sent were completed. This is nearly 92 percent.

5.2.2.2 Evaluation data analysis

SPSS data analysis computer software was used for data analysis after recording and compilation. Qualitative information collected from observation complemented that obtained from the questionnaires.

5.2.2.3 Evaluation results

Most SAGETA officials were pleased with the support provided by the CED advisor. They learnt and benefited in the following areas.

- Gained confidence in leadership within and out of SAGETA
- Acknowledged having a long term plan which provides focus and direction for the organization.
- Knowledge to develop a strategic plan
- Improved understanding of the English language
- Having a plan that clearly defines the roles and responsibilities of each member in the organization.
- Importance of team work and a well structured organizational structure.
- Theatre arts skills and knowledge
- Ability to communicate with people of all ages
- Need to establish SACCOS for the benefit of SAGETA as an organization and staff.
- Build capacity of some employees through training
- SAGETA's management team now has 3 females instead of only one.
- Availability of a computer set for documentation and other uses

It is gratifying to note that there are some things which SAGETA as an organization has gained. Concluding results will be shared with SAGETA at a date to be determined by SAGETA.

5.2.3 Evaluation plan

Time schedule	activity
May 2007	rapid assessment
December 2007	mid term evaluation
June 2008	final/impact evaluation

5.2.4 Impact evaluation is usually completed after implementation is finished, but, when feasible, some rapid impact evaluation can be undertaken while the programme is underway. For SAGETA it is planned for December 2007.

Focus of evaluation in this project is based in the following key areas:

- Demonstrates use of effective team strategies
- Uses effective facilitation skills
- Approaches relevant stakeholder with authority to commit or request the needed resources
- Uses formative and summative information in planning and re-planning
- Uses a systematic approach to planning
- Monitors timeline and responsibilities
- Provides opportunities for development
- Secures funding and establishes financial management procedures
- Makes follow-ups on number and type of services provided

5.3 SUSTAINABILITY

Sustainability of a project is described as the percentage of project initiated activities and services that is still delivered and maintained past the termination of external support. Sustainability can be Financial, Technical and Managerial.

Results of the baseline survey revealed discrepancies between the desired and the existing situation within SAGETA. To reach the desired situation and sustain it, SAGETA will utilise the capacity that has been instituted so that the project can benefit from material, financial and technical support from the community. Presently the community's definition of its own developmental processes has changed positively. SAGETA will in addition have enough confidence to devise and apply

different strategies for resource mobilization and utilization. They will strengthen the credibility of the organization for stronger and lasting linkages. This is seen as a continuation of the local action stimulated by the project and the generation of successor services and initiatives as a result of built in capacity to sustain the project.

5.3.1 Sustainability plan

Having a five year strategic plan would make it possible for SAGETA to be guided, revisit its past, plan for the future and more so, attract funding through dissemination of the strategic plan to funding agencies.

The strategic plan has techniques and approaches to initiate fundraising, strengthen current income generation activities, enhance community participation and contribution and set up for a fee for service or cross subsidies between projects and even to obtain support from key stakeholders in Temeke and elsewhere.

SAGETA's staff is now technically competent and confident to even provide technical assistance to other organizations raise funds and hold advocacy sessions that are effective. They have even gained stronger community and local government support as well as participation to the project. Technical funding proposals are being developed to be presented to donors for future revenue.

Since Temeke Municipal government does not provide financial support to SAGETA; the strategic plan is seen as giving focus and bearing as to how SAGETA can utilize the technical skills and confidence acquired to sustain itself, it will surely succeed. Detailed plans for sustainability are provided in SAGETA's 5 year strategic plan which is in its final stages.

CHAPTER VI: CONCLUSIONS AND RECOMMENDATIONS

Like many CBOs and NGOs, demands for community services increase, and new needs arise. SAGETA is continually challenged to devise ways to increase and strengthen its capacity. Capacity was seen as a tool to bring together resources, expertise and will for SAGETA to uproot health problems that are embedded in Miburani Community. SAGETA's role is to educate and inspire community members from diverse backgrounds, understand their connections and establish a balance among the social, economic and health pieces of the respective communities.

6.1 Conclusions

SAGETA has shown to possess a number of skills that has enabled them to educate and create awareness on issues related to reproductive health including adolescent pregnancies. However, without disregard to the efforts being made by SAGETA, empowerment in financial and human resource skills is the overriding dilemma or problem facing SAGETA as observed by both the community and young people. Needless to say reviewed literature and scholarly articles reveal the fact that improved capacity results into sustained development.

6.2 Results

The concept of youths to help other youths is the idea being encouraged. Strengthening the capacity of SAGETA will in the process, produce responsible citizens. In effect, once the capacity of the SAGETA staff is strengthened, it will be able to deliver competent services to benefit the young people of Miburani ward and Temeke municipality especially the girls. With improved capacity, SAGETA can contribute to the well being of the young peoples' sexual and reproductive health. Scaling up its activities will reach bigger numbers of young people in Temeke

Municipal who are keen to use the existing health services. Once the project is successfully completed we would expect the following outcomes;

- Community more able to determine their needs and identify range of solutions
- SAGETA is and will be communicating more confidently with recipients and development partners
- SAGETA is more able to secure funding for its projects
- Increased number of young people engaged in Income generating activities
- More young people seeking for reproductive health services
- More young people communicating with parents about RH, and
- SAGETA covering larger catchment areas

Due to a number of factors discussed in the Implementation and Monitoring chapters, not all the results /outputs predetermined in the planning stage log frame have been achieved to-date. Therefore not all objectives were accomplished; findings of the rapid evaluation conducted are indicators for the realization of the mentioned outcomes on completion of the remaining activities.

6.3 Recommendations

As the implementation of this project progresses, the author is lead to recommend the following;

- Since changes in behaviour, attitude and awareness towards safer sex have been observed in young men of Miburani as a result of SAGETA's activities; it is recommended that SAGETA scales up the project to reach out to young people in other areas.

- Community mobilization and participation should be encouraged because they have a potential for creating legitimacy and supportive environment for meeting the multiple needs of young people.
- Learning from SAGETA, it is recommended that, despite their size all organizations need to establish and maintain operational capacity development to allow them carry out their duties effectively.
- It is being recommended that adolescent reproductive health programmes must focus not only on the target age group, but also on parents and adults who have significant influence and decision making power over adolescents.
- While external agents may provide support in terms of contributions or otherwise, it is recommended that SAGETA and other similar organizations should learn to establish and maintain financing mechanisms that are sustainable.
- It is recommended that SAGETA should plan to utilize the acquired skills to improve the organization's performance.
- It is recommended that making effective use of partnerships with better equipped organizations, youth oriented services can be managed and directed by well trained nonjudgmental professionals who can communicate with and reach out to young people.
- Ambitious as the project was, accomplishment of all objectives will take SAGETA to a performing level higher than where it is to date. It is therefore recommended that the CED advisor continue the present support to enable SAGETA reach its vision and mission.

Bibliography

Article retrieved from database on line. *Stakeholders' analysis*. (Toolbox).

Retrieved 28/11/2005.

Assortment of documents provided by SAGETA

Boxes and Arrows: *Understanding organizational stakeholders for Design*

Success. Retrieved 28/11/2005 (<http://www.boxesandarrows.com>)

Camayd-Frexas Y. 2003: *Yes! It is CED*

Catiho, J. 2004: *Improving Health and creating livelihood options for indigenous girls in Guatemala*. Population Council, Regional office for Latin America and the Caribbean,

CEDPA, 1994: *Project design for program managers, the CEDPA Training Manual* series, volume II.

Chigunta, Francis, et.al; 2003: *Being "Real" about Youth entrepreneurship in Eastern and Southern Africa. Implications for Adults, institutions and sector structure*. Internal Lab our Office. Geneva.

Christensen, A.J, Dornink R, Ehlers S.L, Schultz S.K 1999: *Social environment and longevity in schizophrenia*. Psychosom Med

Cowan, F.M. 2002: in *Sexually Transmitted Infections in Adolescents*

Fink, A. and J. Kasecoff; 1985: *How to conduct surveys; A step by step*. Sage Publications, Newbury Park, London.

Filipovitch, A.J.1996: *The Design of Experiments: Co relational & Observational Design* Retrieved 11 March 2005

Giervald, J. de Jong; *Adolescent Behaviour, Demographic*. Netherlands Interdisciplinary Demographic Institute (NIDI) The Hague. Netherlands.

Green, T. L. 1993: *The handbook for focus group research*. New York, Macmillan.

(www.globalforumhealth.org/forum/forcum)

Investing in youth; a donor Guide

King, P. Mary; June 2001: *Graduate Research in Nursing*, <http://www.graduateresearch.com/>

Making it work, linking Youth Reproductive Health and Livelihoods.

(www.icrw.org/dors/ making it works)

Management Sciences for Health, 2005: *Managers Who Lead. A Handbook for improving health services*. Cambridge. Massachusetts.

Mikkelsen. B. 1995: *Methods for Development work and Research. A guide for Practitioners*. Sage Publication, New Delhi/Thousand Oaks/London.

Miles, M.B. and A. M. Huberman; 1994: *Qualitative data analysis*, 2e, NewburyPark, CA: Sage.

Ministry of Health, 2005; *Reproductive and Child Health National Policy Guidelines*.

Ministry of health, *The National HIV / AIDS policy 2001*

Mrisho Fatma, Dr; *Key elements of reproductive health programme at national and district level; essential components, managerial considerations, structural requirements, resource needs, monitoring evaluation and quality checking.*

Reproductive health/publication. (www.who.int/reproductivehealth/ publication)

R. Lowassa; 2005: *Annotated Bibliography of Twenty References on Adolescent Health and Development; the African Region. Mimeo Dar es Salaam.*

Reaching Special Target Groups; *Linked services for Young people and Vulnerable Group; RH for PLWHA* ([www.icomp.org .mg](http://www.icomp.org.mg))

Reproductive Health Outlook. *Adolescent Reproductive Health*. Retrieved 11/11/2005. (www.rho.org)

Seale, C. 1999: *The quality of qualitative research*. Thousand Oaks, CA: Sage.

Simel, Esim et al. 2001: *International Center for Research on Women* (ICRW).

Stanley, and Jay Gajanayake; 1993: *Community Empowerment: A Participatory Training Manual on Community Project Development*. Northern Illinois University, Dekalb, Illinois USA.

The community's toolbox: *the idea, methods and tools for participatory assessment, monitoring and evaluation in community forestry*. (Handout provided in class)

Touching Young lives; *a success Story of Bhutan Youth Centre (BYC)* (www.unescobkk.org)

Trochim William M. The Research Methods Knowledge Base, 2nd edition, internet webpage, at URL: <http://trochim.human.cornel.edu/>

Understanding CED, A CED training guide for Peace corps volunteers, module

Unclassified instructors lecture notes. ICD 503

United Republic of Tanzania; 2005: *National Adolescent Health and Development Strategy 2004 – 2008*

United Republic of Tanzania, 2000: *National Population Policy*

UNFPA/IPPF evaluation; 2003: Tanzania country report March.

Various lecture notes for ICD **782: Information, Management Analysis and Presentation**

Vaughn, S., Schumm, J. S., & Sinagub, J. 1996: *Focus group interviews in education and psychology*. Thousand Oaks, CA: Sage.

WHO, 2001: *improving adolescent health and development*.

World Aids Campaign 2004: *Women Girls HIV and AIDS Strategic overviews and Background Note*.