

SOUTHERN NEW HAMPSHIRE UNIVERSITY

AND

THE OPEN UNIVERSITY OF TANZANIA

MASTER OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT (2007)

EMPLOYING YOUTH CAMPS TO ADDRESS HIV/AIDS ISSUES

A CASE STUDY OF MIKUMI YOUTH CARE

MZIMUNI WARD, KINONDONI MUNICIPALITY

DAR ES SALAAM

KATULE, ROBINSON OBASI

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**SUBMITTED IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE
M.S. IN COMMUNITY ECONOMIC DEVELOPMENT”**

KATULE, ROBINSON OBASI

Abstract

Mzimuni ward is one of the twenty seven wards that constitute Kinondoni Municipality in Dar Es Salaam. It covers an area of 1.25 square kilometers with the population of 25,283 people 12,710 being males and 12,573 females. Mzimuni community is facing high spread of HIV/AIDS among Youth. In order to solve this problem, Mzimuni community decided to implement a project that will target Youth. There are thirty five Youth Camps found in Mzimuni ward alone. It is by conducting training targeting these Youth Camps that many Youth will receive HIV/AIDS informations

The goal of the project was to have all Mzimuni ward Youth imparted with HIV/AIDS prevention knowledge, while the specific objective was to train thirty five Youth Camps there by reaching over four hundred Youth. This project targeted thirty five Youth Camps found in Mzimuni ward. The aim was to provide health education about HIV/AIDS that will assist Youth change their sexual behaviour to prevent high spread of HIV / AIDS. Ten training sessions were conducted involving Youth from all thirty five Youth Camps.

The project received full participation from Mzimuni community as well as Youth themselves. Training Youth is important as it bridges knowledge gaps and misconceptions about HIV/AIDS. The study recommends on the government and other NGO and CBO dealing with HIV/AIDS to target Youth in their respective interventions in order to reduce the spread of HIV/AIDS infections among Youth. Youth Camps is one of the unexplored avenues for disseminating HIV/AIDS informations to youth

Executive Summary

This project focuses on creating HIV/AIDS awareness among Youth through the use of Youth Camps. The Youth in Africa and Tanzania in particular, are at the centre stage of HIV/AIDS prevention now than ever before. This is due to the fact that they account for 60% of new infections. The target community of the project is both out of school and in school Youth living in Mzimuni Ward, Kinondoni Municipality, Dar Es Salaam region.

The spread of the HIV/AIDS infections among Youth of Mzimuni Ward is still a big problem, which needs to be solved, Youth is one of the most vulnerable group in HIV/AIDS infections. The problem of HIV/AIDS is aggravated by the lack of employment and inadequate HIV/AIDS education to majority of Youth which forces them to indulge in risk behaviors such as prostitution and drug abuse. Another reason is wide spread practice among youth of having multiple partners behavior. All this is evidenced by the number of sexually transmitted infections (STIs) cases recorded at Magomeni Health Centre in 2005 i.e.1666 cases, which was the highest in the Kinondoni Municipality.

The goal of the project is, therefore, to have all Youth in Mzimuni ward imparted with the knowledge of HIV/AIDS prevention this will be carried out by effectively utilizing Youth Camps to create awareness on HIV/AIDS preventions among Youth.

In achieving this goal, the project has been able to conduct training to thirty five Youth Camps thereby reaching over four hundred Youths. Also the project has distributed over twenty five thousands HIV/AIDS brochures during training.

An urgent intervention in the form of training is needed in order to increase HIV/AIDS awareness among Youth and eventually change their risk sexual behaviour.

This project was implemented in line with the National Aids Policy whose one of its objective is to ensure that concerted and deliberate efforts targeting Youth are put in place. Youth all over Tanzania must receive correct information about HIV/AIDs and its prevention programme so as to substantially reduce the HIV/AIDS infection rate.

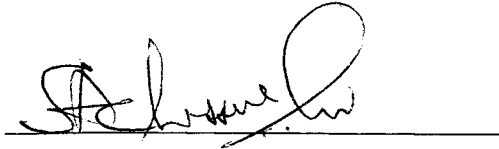
The project recommends that in order to reduce HIV/AIDS infections among Youth, all HIV/AIDS strategies should target Youth who by their biological disposition are sexually active. In order to reach a large number of Youth one should effectively make use of Youth Camps which are available in most of areas in both urban and rural areas.

The project concludes by revealing the importance of HIV/AIDs training among Youth. 92.2% of Youth surveyed agreed that HIV/AIDs training targeting Youth is absolutely important.

The study further suggest that one of the most effective ways to disseminate information to many Youth is through the use of music concert which is a crowd puller. The projects achieved its dual objectives by conducting ten training sessions and also distributing twenty five thousands IEC brochures to Youth.

Supervisor Certification

I, Dr S.C. Waane, Certify that I have read this project assignment and accepted it as scholarly work. I therefore recommend it to be awarded as masters of Science in Community Economic Development

A handwritten signature in black ink, appearing to read 'S.C. Waane', is written over a horizontal line.

Dr Waane

Date 13.10.2007

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Declaration

I, Katule, Robinson Obasi I hereby declare that this project paper is my own original work, except where acknowledgement has been done. The paper has not been submitted for any degree in any other University before.

Signature R. Katule

Date 10.10.2007

Dedication

This work is dedicated to my wife Joyce Wamboi and our daughters Magreth Waithera, Tummenye Linda and Angel Esther Tumpilikisye for their tolerance during my absence throughout the course period.

Acknowledgment

Project work like this one is the result of contribution from many individuals. I am indebted to a score of people however, at this juncture I would like to acknowledge the following;

First and foremost is Southern New Hampshire University (SNHU) and the Open University of Tanzania (OUT) for enrolling me to pursue Masters of Science in Community Economic Development (Msc CED) in the third cohort

Secondly, my current employer Population Services International (PSI) for Occasionally providing me with study leaves during the entire time of study (2 yrs).

Thirdly, my special thanks goes to my supervisor Dr Waane of the Open University of Tanzania for devoting much of his time, sometimes during week ends to peruse through the project draft up to the final documents

Fourthly, SNHU faculty members Mr. F Mutasa and M. Adjibodou for their stringent supervision to ensure that the project is in line with the CED guidelines. Their invaluable comments have made this project appear the way it is now.

Last but not least, my deepest appreciation goes to Mikumi Youth Care (MYC) the host CBO which implemented the projects. Just to mention a few Mr. K Mbogume and Meja

Lastly, to my family my wife Joyce Wamboi, Daughters Magreth Waithera, Tummenye Linda, Angel Esther Tumpilikisye for their patience during the entire time of study.

List of Acronyms

AFNET	The Anti-Female Genital Mutilation Network
AIDS	Acquired Immuno deficiency Syndrome
CED	Community Economic Development
CBO	Community Based Organization
EDORWT	The Economic Development Organization for Rural Women in Tanzania
FBO	Faith based Organization
FLAT	Family Life Action Trust
HARP	Holistic HIV/AIDS-Related Program
HIV	Human Immunodeficiency Virus
MYC	Mikumi Youth Care
NGO	Non Governmental Organization
STI	Sexually Transmitted Infections
SPSS	Scientific Package for Social Sciences
TACAIDS	Tanzania Commission for AIDS
TAYO	Tanzania Anglican Youth Organization
TWC	Together We Can project
UN	United Nations
UNFPA	United Nations Fund for Population
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children and Education Fund
WEO	Ward Executive Officer
WHO	World Health Organization
YAGS	Youth Advisory Groups

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CHAPTER ONE

COMMUNITY NEEDS ASSESMENT

The purpose of this chapter is to show how this project responded to a community's real need. It answers some of the questions like; what was the real problem and how was it addressed in the community. It further elaborates how community and other stakeholders in the project area have recognized as a need and accepted it.

1.1 Community Profile

1.1.1 Location

The project area is located at Mzimuni ward, Kinondoni district in Dar Es Salaam region. Mzimuni Ward is one of twenty seven Wards that constitute Kinondoni Municipality in Dar Es Salaam region. It covers an area of 1.25 square kilometers with the population of 25,283 people 12,710 being males and 12,573 females. The Ward has 6,024 households with a household size of 4.2 people (Census 2002). The Ward lies about four kilometers West of Dar Es Salaam. There are four streets that constitute the Ward namely, Idrissa, Mwinyimkuu, Mtambani and Makumbusho. Mzimuni Ward is bordered by Magomeni and Ndugumbi Wards to the North, Kigogo Ward to the South, Ilala district to the East and Makurumla Ward to the West.

1.1.2 Social economic and administration of the area

The ward is administered by Ward Executive Officer (WEO) who is assisted by four Street Executive Officers for Mwinyimkuu, Idrissa, Mtambani and Makumbusho. All five leaders are employees of Kinondoni Municipal Council.

Main occupations of the people living in the area are; petty businesses, employment in various sectors of Government and private; self-employment.

The Ward is inhabited by a mixture of different ethnic groups from all over Tanzania and it is one of the busiest suburbs of Dar Es Salaam City both during the day and night.

According to statistics from the Ward Executive Office, it is estimated that 60% of its residents are Muslims, Christians and other faiths account for about 40%. In total there are five Mosques and three Churches in the Ward. In addition, within a radius of less than a kilometer, there are more than twenty bars and pubs and one three star hotel.

There are thirty five Youth Camps in Mzimuni (appendix IV). The motives behind their formation are diverse including political and faith affiliations and social gathering i.e. playing football or other sports and so is the composition of each camp. In the context of this project, a Youth is defined as young person both female and male between 15 and 34 years of age. A Youth camp, therefore, is a non-profit association of people with at least two thirds of its members being young people

1.1.3 Housing status

The ward is predominated by medium cost housing on high-density plots with few large buildings like that of Travertine Hotel, NMB Bank etc.

1.1.4 Education and Health facilities

There is only one primary school called Mikumi and no health institution within the ward, however, Mzimuni residents receive health services from the neighboring Magomeni Health Centre.

1.2.0 Needs Assessment

For the first time CED student visited Mzimuni ward in October 2005. During the visit, he met with Ward Executive Officer (WEO) who later arranged for focus group discussion with ward leaders. The reasons behind was to identify major challenges or problems facing them that they thought needed to be solved. The ward leaders included WEO, four Street Executive officers and their respective Street Chair persons. One of the issues, mentioned by the ward leaders was, spread of HIV/AIDS among Youth in Mzimuni Ward. We also reviewed internet, books and reports about HIV/AIDS among Youth.

Group interview was conducted in order to get the general feeling of the community on the problem. Various groups like Youths Camps were involved. Thereafter, a structured discussion was done with leaders of Mzimuni ward leaders in order to analyze the situation. The group went through defining the problem and what they thought were the prevailing problems that community would like to solve.

Furthermore, a public meeting was organized which was attended by a handful of Mzimuni ward residents. During this public meeting, residents listed, prioritized, suggested and agreed to the solutions of various social economic problems that the community of Mzimuni was facing. The results showed that, the first problem in the community was spread of HIV/AIDS among Youth, as many Youth are dying of this deadly disease. They suggested that Youth should be imparted with correct information and knowledge about HIV/AIDS through the use of Youth Camps which are found in large number in Mzimuni ward.

1.3.0 Research Methodology

1.3.1 Research Objective

The purpose was to collect information directly from the people about their ideas and feeling regarding the expected project of using Youth Camps to conduct HIV/AIDS training in Mzimuni ward. On the other hand, the researcher wanted to confirm the needs and priorities that were identified by the Mzimuni community in the needs assessment. The ideas, facts and feeling obtained during the survey will be useful in designing the project itself.

1.3.2 Research Design

1.3.2.1 Type of Survey

A cross sectional survey design was used to collect information on HIV/AIDS prevention education among Youth in Mzimuni ward. This design was considered favorable because of the limited time for collecting data and it will disclose people's feelings, perception and attitudes about their sexual behaviour.

1.3.2.2 Internal and External validity of the survey

In order to ensure that valid data were collected the following were taken into consideration.

External validity:

- a) Training of interviewers, interviewers underwent training to ensure that he/she was acquainted with the requisite knowledge.
- b) Pilot testing was carried out in order to ensure the usability of the instruments, It was administered to 10 people.
- c) Confidentiality of the respondents both for interviews and self administered questionnaire were observed.

Internal validity:

Internal validity was also observed through the choice of representative, sample which took into consideration confidence level, sampling error and stratification.

1.3.3. Psychometrics Characteristics

1.3.3.1 Reliability

Intra observer type of reliability was used in order to measure` reproducibility or stability of the data. Intra observer type of the reliability was used where by stability of the responses were measured over time in the same individual respondents. Respondent's responses were monitored in various ways. For example, two related questions could be asked at either the same time or in another time to the same respondent. This helped to check whether there is stable response from the respondents.

1.3.3.2 Validity

Content method was used in assessing the validity of the survey instrument. This method of validity reviews the instrument and data to check how good an item or series of items appears. This was done through giving the instrument to another person for review. Other students who were doing research in related topics were asked to go through the questionnaires and provide comments which were eventually discussed and included.

1.3.3.3 Administration

The survey was administered by three people led by the surveyor who was a (CED student). Other members of the team who were hired include one Community Development Officer and another one who was self employed but has proven past experience in data collection. The two survey administrators were able to speak clearly and understandably, all were famous among the Youth Camps in the ward.

Survey team members specifically administered individual interviews while the leader of the survey (CED student) used to administer questionnaire sent to district officials.

1.3.3.4 Quality Assurance Methods

In order to get quality data, formal monitoring interview was carried out by attending ten different interviews conducted by interviewers haphazardly. Work plan or schedule was given to enable interviewers keep track of their progress. Another helpful tool was the manual which explained what, where, why, when and how they were to do their work

1.3.4 Relevant Literatures

Almost two thirds (65%) of the Tanzanian population is under age 24 and almost 20 % of the population is age 15-24 (NBS 2005). These young women and men are the future of Tanzania, and thus, their health and well being must be the priority for the growth and prosperity of the country. 4 percent of women age 15-24 and 3 percent of men age 15-24 are HIV-positive. (TACAIDS 2004). Youth account for over 60% of the new HIV infections. (NACP 2002).

There are several reasons for these problems, but one thing is clear effective programs that include HIV services that are supported by the communities and the government play an important role in helping young people enter adult hood safely. There are several surveys done worldwide and in Tanzania to mitigate the spread of HIV/AIDs particularly among Youth. These Camps are designed to be an interactive way for Youth to learn about HIV/AIDs, prevention, relationships and sexuality in a fun, creative and ultimately sustainable manner. For instance in Tanzania through the Global Service Corps year around conduct day camp for three weeks to educate large student community about

various topics pertaining to HIV/AIDs including healthy lifestyles choices, life skills decision making, gender roles etc

United Nations Population Fund (UNFPA), is also assisting a number of projects executed by United Nations Educational, Scientific and Cultural organization (UNESCO) designed to promote AIDS awareness and prevention in various out of school and in school education activities.

1.3.5 Sample

The statistical method was used to determine the sample size. Simple random and purposive sampling was used. Simple random sampling was used in order to have a good or equal chance for everybody in the community to participate in the survey. This method was selected because the nature of the survey required participation of all stakeholders to express their feeling and opinions freely. A total of 45 people including Ward leaders were included.

1.3.6 Survey Instruments

Several methods of data collection were used in order to get reliable and valid data,

a) Interview

This method was used to collect information from Ward leaders and government officials. It was helpful because data was collected on the spot. The surveyor got the feelings and opinions of respondents directly without any interference. It was a suitable method because there was no need for the respondents to write and read anywhere. Thus respondents were in a position to understand and interpret those questions accordingly.

The following data was obtained directly from the leaders members interviewed: effects of the spread of HIV/AIDS in Mzimuni ward i.e. why high spread, which group is vulnerable, what can be done to reverse the trend.

b) Self-Administered Questionnaires

This was used to district officials such as Health Officers, Community Development Officers, WEO, Local Government leaders i.e. Street leaders. Questionnaires were designed to allow the respondents to fill in freely. The questions were closed and open ended, that means in some questions respondents were required to provide short answers of yes or no.

The following data and information were collected from the respondents: the district plan on health sector, their role in the fight against HIV/AIDS and generally their opinions and recommendation about ways of curbing the spread of HIV/AIDS.

c) Review of secondary data

Review of secondary data related to the intended study was conducted, which mainly focused on the records of what has been done in HIV/AIDS since it was declared a national disaster by the government. During the secondary data review, a checklist was used as guideline for collection of required data.

The data and information obtained during the secondary data review include: study area, population and health statistics. Ward Health Committee strategies in the fight against HIV/AIDS epidemic.

d) Observation:

This instrument was used by CED student when collecting information from Mzimuni residents through interview. It is through observation CED student was finding out what other NGO's or CBO's if any have done anything about HIV/AIDS targeting Youth

Camps. Data obtained during the survey through observation include: number of Youth Camps found in Mzimuni ward, Types and activities conducted by the Youth Camps.

1.3.7 Data Analysis

1.3.7.1 Quantitative Analysis

Statistical Package for Social Sciences (SPSS) software version 12.0 was the main tool used during the data analysis. The SPSS was used to summarize data collected in different phenomena during the survey for the purpose of interpretation and presentation of the results. During the analysis, various areas of the survey questions were analyzed in order to get information required. SPSS was used to summarize data through frequency tables prepared for various variables. For example, a surveyor wanted to know whether leaders and Mzimuni residents perceive HIV/AIDS a threat and needed immediate attention.

Table 1: Needs Assessment

Category	Frequency	Percentage	Valid Percentage	Cumulative Percent
HIV/AIDS	18	40	40	40
Unemployment	12	26.6	26.7	66.7
Drug abuse	6	13.3	13.3	80
Water	3	6.6	6.7	86.7
Garbage collection	2	4.4	4.4	91.1
Malaria	2	4.4	4.4	95.5
Cholera	2	4.4	4.4	99.7
			100.0	100.0
Total	45			

Source: SPSS

1.3.8 Research Findings

1.3.8.1 Respondents characteristics

The major respondents of the survey were Mzimuni community, community leaders and district officials in charge of the project areas. A total of 51 people were involved in the interview including 2 district officials, 9 community leaders and 34 members of community. 60% of the respondents were females and 40 % males, 40% of respondents were above 31-46 years old , followed by 60% who were Youth between 15 -30 years,

The survey further revealed that, most of the respondents had primary education (50%), and handful with secondary education (20%), Adult education accounted for (10%) and non-formal education (13%), Tertiary education 7% especially district officials and Ward executive Secretary.

54.9 % of respondents were male whilst 43.1% were females out of which 54.9% were aged between 17 -25 years, 31.4% aged between 26-34yrs and 11.7% were above 35 yrs

Table 2: Gender of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	28	54.9	56.0	56.0
female	22	43.1	44.0	100.0
Total	50	98.0	100.0	
Missing System	1	2.0		
Total	51	100.0		

Source: Survey data 2006

Table 3: Age of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	17.25	28	54.9	56.0	56.0
	26.34	16	31.4	32.0	88.0
	35.43	4	7.8	8.0	96.0
	53.above	2	3.9	4.0	100.0
	Total	50	98.0	100.0	
Missing	System	1	2.0		
Total		51	100.0		

Source: Survey data 2006

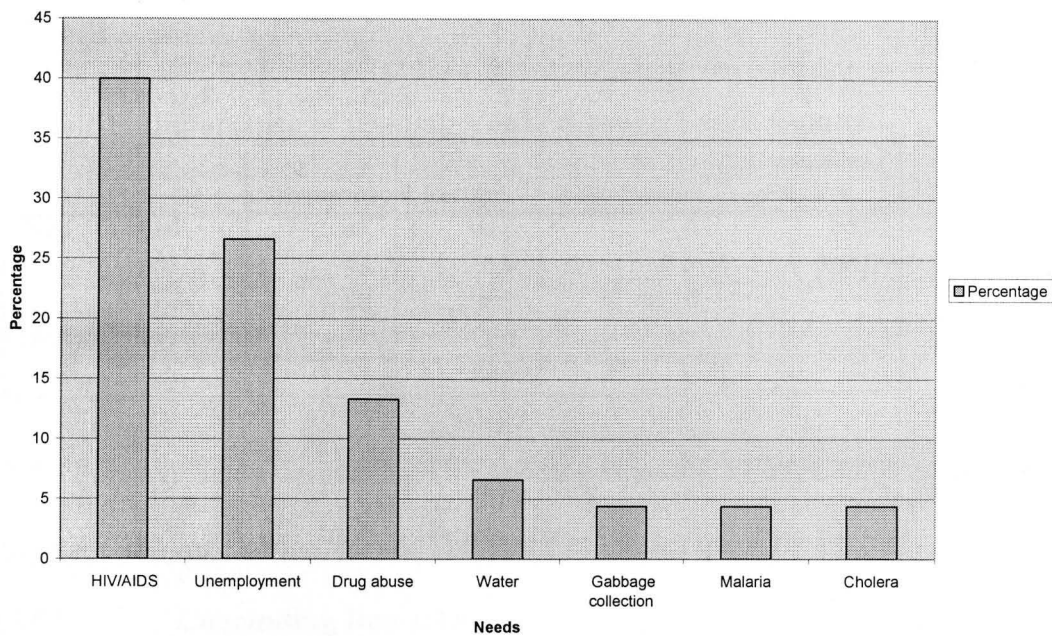
Age of respondents: Most of the respondents were between 17-34 years accounting for 86.3 % whereas above 34 yrs 11.7%

1.3.8.2 Problem that need to be solved

1.3.8.2.1 HIV/AIDS

The survey revealed that, the problem that needed to be solved is HIV/AIDS accounting for over 40% followed by unemployment 26.6% and drug abuse 13.3%. During focus group discussion it was further disclosed that the most affected group of the population is Youth. So an urgent intervention was needed to reduce the spread of the pandemic.

Fig 1: Needs Assessment



Source: *Survey Results*

(i) Perception whether the spread of HIV/AIDs among Youth is a problem or not.

78.4% of respondents indicated that the spread of HIV/AIDs among Youth in Mzimuni ward is one of the problems facing them, where as 11.8% said they don't know that AIDS kills and 7.8% said No that is AIDS has no cure and kills.

Table No 4: Whether AIDs is a problem in Mzimuni ward or

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	2.0	2.0	2.0
yes	40	78.4	78.4	80.4
no	4	7.8	7.8	88.2
I don't know	6	11.8	11.8	100.0
Total	51	100.0	100.0	

Source: *Survey data 2006*

(ii) Providing HIV/AIDS training to Youth in order to mitigate the spread of HIV/AIDS infections

Table 5: Importance of training Youth through Youth Camps

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	47	92.2	94.0	94.0
	no	3	5.9	6.0	100.0
	Total	50	98.0	100.0	
Missing	System	1	2.0		
Total		51	100.0		

92.2% of respondents agreed that HIV training targeting Youth Camps is absolutely important and only 5.9% said No. This justifies the design of the project

1.3.9 Concluding Remarks

In general the survey results indicate that Mzimuni community is aware of the spread of HIV/AIDS problem and they are ready to participate in the implementation of the project. HIV/AIDS spread among Youth should be fought by all people from all sectors as It is a life threatening pandemic.

Tanzania has one of the highest HIV/AIDS prevalence rates in the world with an estimated 8.1% among adult aged 15-49, Among the 2.2 million people living with HIV/AIDS (PLWHA), 70.5% are 25-49 years old; 15% are 15-24 years, and 60% of new infections occur among Youth aged 15-24 years.(www.twinningagainstaids.org/tanzania.html)

CHAPTER TWO

PROBLEM IDENTIFICATION

The objective of this chapter is to define specific problem that needs an intervention. In this case as identified in the Community needs assessment is the high spread of HIV/AIDs among Youth in Mzimuni ward. During the needs assessment, community's big concern was to reduce the spread of HIV/AIDS among Youth by providing them with correct informations. In this chapter also major stakeholders involved and participated in this project are identified and their major roles.

2.1 Problem Statement

According to the findings of the Community Needs Assessment, The spread of HIV/AIDs infections among Youth is the problem that needed immediate intervention. 78.4 % of the respondents agree that spread of HIV/AIDs infections is the problem that is affecting Mzimuni community. Therefore, HIV/AIDS is a threat to the survival and development of our nation. The high prevalence rate of HIV/AIDS in this ward has serious implications to households, and for national social and economic development. Concerted and unprecedented initiatives have to be put in place in order to contain the spread of HIV/AIDS. HIV infection is preventable, as over 80% of HIV infections are through sexual intercourse. Therefore, prevention of HIV/AIDS sexual transmission is the key to the control of HIV/AIDs epidemic.

One of the most vulnerable groups in HIV infection is the Youth. Youth aged between 15 – 24 years contributed to 15% of the total HIV cases. Young people are much more vulnerable to HIV/AIDS than older people are because their social, emotional and psychological development is incomplete, they tend to experiment with risky behaviors, often with little awareness of their danger. In fact, risky sexual behavior often is part of a

larger pattern of adolescent behavior, including alcohol and drug use, delinquency, and challenging authority (Ensminger 1987)

Nevertheless, most young people have only limited knowledge about HIV/AIDS—largely because societies make it difficult for them to obtain information. Frequently, social policies reflect intolerance and discrimination against Youth, as when they limit access to health information and care (Hoffman et al 1996). Because adolescents are in a period of transition, in which they are no longer children but not yet adults, public health responses to their needs are often conflicting and confused (Mann J et al 1996). At the same time, social norms and expectations, along with peer opinion, powerfully affect young people's behavior, often in ways that increase their health risks.

The risks of HIV/AIDS may be particularly hard for young people to grasp. Because HIV has a long incubation period, a person's risky behavior does not have immediate apparent consequences. Moreover, many young people are unaware of what constitutes risky sexual behavior (Underwood C, 2000).

Even if they appreciate the risks for HIV/AIDS in general, many adolescents believe that they are invulnerable themselves. For example, in Tanzania only 26% of male students interviewed felt that they were at "high risk" for HIV/AIDS, even though 48% felt that their friends were at high risk (Maswanya et al 1999).

Preventing HIV/AIDS among Youth is central to the goal set at the 2001 United Nations General Assembly Special Session on AIDS (UNAIDS 2001) of reducing HIV prevalence by 25% in the hardest-hit countries by 2005. Efforts must reach a wider range of Youth,

including children approaching puberty, adolescents, and young adults, and must address a variety of factors for developing and sustaining healthy behavior

It is increasingly clear that Youth must be at the center of AIDS prevention strategies, especially in hard hit countries where the epidemic is more severe. Addressing Youth helps to ensure that they remain HIV-free. Some of the key strategies of changing behavior are through (i) education and communication e.g. entertaining while educating (ii) developing programs for Youth with special needs. Youth in Mzimuni Ward are no exception. Therefore, in order to implement the one of the key aspects of HIV/AIDS, a project targeting Youth was devised.

2.2 Target Community

The beneficiaries of this project are Mzimuni Youth and other Youth from neighborhood wards of Kigogo, Magomeni and Ndugumbi. Since HIV/AIDS is a sensitive and topical issue, under the guidance of Ward Executive Officer (WEO), full Youth participation in the project implementation is anticipated. There are thirty five known Youth Camps in Mzimuni ward

2.3 Stakeholders

Different stakeholders involved in this project are as follows:

- a) Mzimuni communities: They are the first stakeholders of this project. Their role is to ensure that HIV/AIDS training is taking place through Youth Camps. They will also participate in monitoring, evaluation and management of the project. This will result into smooth implementation of the project, sustainability and improving health and economic well being of the community.
- b) Local Government leaders: These includes Ward Executive Officer (WEO), Street leaders are very important stakeholders as they are the ones who link the

community and other stakeholders. Their major role is to mobilize and organize the project activities as well as leading the whole process of the project.

- c) Community Development Office: This office is responsible for mobilizing Youth through Youth Camps to engage themselves into productive works, they also participate in planning, monitoring and evaluation of the on going activities.
- d) The Health office: provides technical support to the community. This includes training especially in health related issues during the project implementation.
- e) CED Student: His role as a student was to support the group in management and administration, design of the project, implementation, monitoring and evaluation of work done.

2.4 Project Goal

The major goal of this project was to have all Youth from different Youth Camps in Mzimuni ward imparted with HIV/AIDS prevention knowledge in order to reduce the spread of HIV/AIDS

This is a dream that communities in Mzimuni community are expecting to achieve after the end of the project. This will improve social status of Mzimuni community. It is expected that the goal of the project is likely to be achieved because of the current status of implementation.

This will be a new project to the host CBO though the CBO has been managing other related project like Home Based Care project. Therefore the project fits well with the mission of the organization.

2.5 Project objectives

The project needs to meet the following major objectives in order to have all Youth from several Youth Camps trained on HIV/AIDS prevention education;

- a) To train thirty five Youth Camps about the HIV prevention services by the end of November 2006.
- b) To distribute HIV - IEC Informational, educational and communication materials November 2006. E.g. Uthubutu , Ukweli kuhusu kondomu, Ukimwi ni huu etc

2.6 Host organization

Mikumi Youth Care (MYC) based at Magomeni Mikumi in, Kinondoni Municipality, Dar Es Salaam region is the organization that is managing this project.

It was registered in 2002 with the prime objective of promoting behavioural change against HIV/AIDS and drug abuse among Youth and harnessing Youth labour power to engage in productive works. MYC has twenty five active members out of which six members are trained peer educators. Since its inception, MYC has been providing interpersonal HIV/AIDS education to Magomeni residents through various means e.g. drama. The MYC owns a theatre group that is used in edu entertainment

TACAIDS is funding the first phase of this project, it is therefore expected to fully participate in this project.

CHAPTER THREE

LITERATURE REVIEW

The objective of this chapter was to review various literature on HIV/AIDS and Youth and gather information on similar work done by others, use the information gained from others work and improve the implementation of the intended project.

This chapter is divided into three main sections, the first being theoretical literature highlighting what other different authors have written on the same activity followed by Empirical literature reviews which shows how other related projects in various areas in Tanzania were implemented and the lessons learnt from those projects. Lastly, the chapter reviews regional and national policies designed to provide framework to this project.

3.1 The Theoretical literature

3.1.1 What is HIV/AIDS?

HIV is a virus that causes AIDS, a health condition in which a person is affected by a series of diseases because of poor immunity. HIV infects and weakens people, making them very ill and unable to fight off other infections. HIV by itself is not an illness and does not instantly lead to AIDS. An HIV infected person can lead a healthy life for several years before S/he develops AIDS. AIDS develops between 2 to 10 years after infection with HIV, as the final stage. A person with AIDS eventually dies from diseases caused by the infections associated with HIV

3.1.2 How do you become infected with HIV?

You can become infected if the blood, semen, or vaginal fluid of someone who has HIV enters your body. The main things that people do that put them at risk of getting HIV are:

- a) Having sex with a person who has HIV without using a condom correctly every time you have sex.

- b) Using needles for intravenous drug use that are contaminated with HIV.
- c) Body piercing or tattooing or being cut with needles, razors, or other sharp objects that have not been sterilized and are contaminated with HIV.

In addition, children can be infected in the womb, during childbirth, or during breastfeeding if their mothers have HIV

Young people are the 'window of hope' in changing the course of the HIV/AIDS pandemic. Preventing HIV infections among them is vital. Of the 40 million people living with HIV/AIDS worldwide, one third are aged 15-24 years and roughly half were infected during their Youth.(UNAIDS. 2004)

This makes it imperative that young people be at the center of prevention actions, both in focus and in involvement, to ultimately halt the pandemic.

As many behavioral lifestyles are formed during the early adolescent years, and as acquisition of HIV in young people is predominantly through sexual activities, this period in life provides the opportune time to positively influence behaviors, choices and lifestyles that will hopefully last into adulthood. Young people are our future and preventing HIV infections among them now represents sound investment for the future.

The HIV/AIDS epidemic has already claimed more than 25 million lives and another 39.5 million people are currently estimated to be living with HIV/AIDS worldwide (UNAIDS 2004) HIV/AIDS cases have been reported in all regions of the world, but most people living with HIV/AIDS (95%) reside in low and middle income countries, where most new HIV infections and AIDS related deaths occur.(UNICEF 2004)

The nations of sub-Saharan Africa have been hardest hit, followed by the Caribbean. HIV is the leading cause of death worldwide (among those aged 15–59). It is considered a threat to the economic well being, social, and political stability of many nations.

3.1.3 Current Global Snapshot

- a) There are an estimated 39.5 million people living with HIV/AIDS worldwide, 2.6 million more than in 2004 and twice the number in 1995. The number of people living with HIV/AIDS has increased in every region.
- b) During 2006, an estimated 4.3 million people became newly infected with HIV, including 530,000 children.
- c) 2.9 million people died of AIDS related illnesses in 2006, and deaths have been rising.
- d) Worldwide, most people living with HIV are unaware that they are infected. (UNICEF. 2003)

3.1.4 Impact in African Region

Sub-Saharan Africa. Sub-Saharan Africa has been hardest hit and is home to almost two-thirds (62.5%) of people living with HIV/AIDS, or 24.7 million people, but has only about 11% of the world's population. The region is also home to most (91%) of the 2.3 million children living with HIV/AIDS globally. Almost all nations in this region have generalized an HIV/AIDS epidemic that is, their national HIV prevalence rate is greater than 1%. In general, more than 10% of adults are estimated to be HIV positive. South Africa has an estimated 5.5 million people living with HIV/AIDS, one of the highest rates in the world, and almost one in five South African adults are HIV positive. Swaziland has

the highest prevalence rate in the world (33%). There is evidence that the epidemic may be slowing or stabilizing in eastern African countries i.e. Uganda.(UNICEF 2003)

3.1.5 Impact on Women & Youth

Today, women represent almost half (48%) of all adults living with HIV/AIDS, and the number of women living with the disease has increased globally and in all regions over time(UNAIDS. 2004) In sub-Saharan Africa, women represent more than half (59%) of all adults living with HIV/AIDS Gender inequalities in social and economic status and in access to prevention and care services increase women's vulnerability to HIV. Sexual violence may also increase women's risk and women, especially young women, are biologically more susceptible to HIV infection than men. The epidemic has multiple effects on women including: added responsibilities of caring for sick family members; loss of property if they become widowed and/or infected and even, violence when their HIV status is discovered.

- Teens and young adults, particularly girls and young women, continue to be at the center of the epidemic. Young people aged 15–24 account for about 40% of new HIV infections among those 15 and over (UNAIDS. 2004) Among young people in sub-Saharan Africa, on average, three young women are infected for every young man. A similar pattern is seen in the Caribbean where young women are more than twice as likely to be infected with HIV compared to young men in some countries.

3.1.6 HIV/AIDS situation in Tanzania

In Tanzania the first three AIDS cases were clinically diagnosed and reported in 1983 in Kagera region. The first three cases were however, followed by rapid spread of the pandemic such that by 1986 all regions of Tanzania mainland had reported AIDS cases. In 2003, Tanzania mainland was estimated to have about 1,820,000 people living with HIV

(840,000 females and 960,000 males) (NACP, 2004). A total of 176,102 AIDS cases have been reported from 21 regions since 1983.

The predominant mode of HIV transmission is through heterosexual contact, which account for over 90% of new AIDS cases in Tanzania followed in magnitude by prenatal transmission where by the mother passes the HIV virus to the child during pregnancy or at the time of birth or through breast feeding (NACP, 2004)

The future direction of this pandemic depends in large part on the level of knowledge of how the virus is spread and consequent changes in sexual behaviour. Abstaining from sex, being faithful to one uninfected partner and using condoms are important ways of prevention.

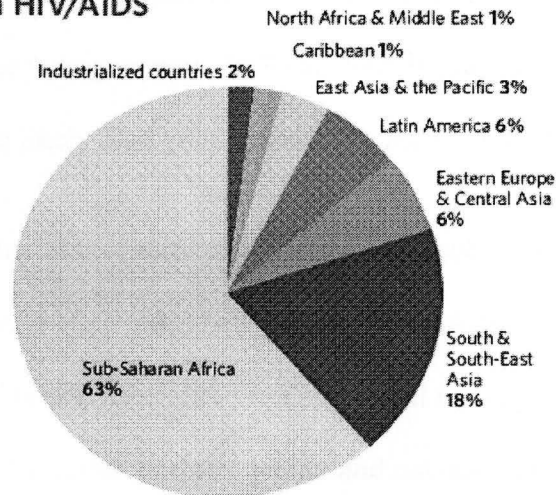
Almost two thirds (65%) of the Tanzania population is under age 24 and almost 20 percent of the population is age 15-24. These young women and men are the future of Tanzania, thuds their health and well being must be a priority for the growth and prosperity of the country. 4 percent of women age 15-24 and 3 percent of men age 15-24 are HIV-positive. Youth account for over 60% of the new HIV infections in Tanzania. 96% percent of women age 15-24 and 97 percent of men 15-24 are HIV negative (THIS 2003-4)

3.1.7 Youth and HIV/AIDS Fact Sheet

Research from around the world shows an alarming degree of misinformation and lack of knowledge about HIV/AIDS among young people, especially young women. The majority lack access to effective prevention programmes, while many cannot access condoms. Of the 15-24 year old young people living with HIV, 63 per cent live sub-Saharan Africa and 21 per cent live in Asia-Pacific. (www.unfpa.org)

In Eastern Europe and Central Asia, more than 80 per cent of those living with HIV are under the age of 30

**Young people (15-24 years)
living with HIV/AIDS
by region,
end-2003**



Source: UNICEF/UNAIDS 2004

3.1.8 Why Focus on Young People?

The answer lies in the numbers. Of about 1.2 billion young people worldwide, 11.8 million are currently estimated to be living with HIV/AIDS. Every year it is estimated that over 2.6 million young people, contract the virus through the sexual route or through injecting drug use.(UNICEF 2004)

In countries with high HIV prevalence rates e.g. South Africa and Botswana, young people and especially young women are at particular risk of contracting the virus as soon as they become sexually active. In recent years over half of all new HIV infections - approximately 7,000 every day are among Youth aged 15 to 24 years the same age group that also has the highest rates (111 million episodes in this group every year) of sexually transmitted infections (STIs).

Young people are not only disproportionately affected by HIV/AIDS, they are also particularly vulnerable to HIV infection because they lack access to sexual and reproductive health information, education, and services. Gender inequalities and practices like early marriage, sexual violence and the search by older men for younger 'HIV-free' partners, create added risks for young women. In Swaziland for instance, young women are now two to six times more likely than young men to be infected with HIV.

Social and cultural identities and roles (particularly around masculinity) assigned to and expected of boys and young men often place both themselves and their partners at increased risk of HIV. These include the right to initiate sexual activity early, engage in premarital sex and have multiple sexual partners within and outside of marriage in order to prove sexual experience, prowess and dominance, especially amongst peers.

(www.unfpa.org)

3.1.9 Young women face the highest risks

The higher biological vulnerability of females to infection accounts, in part, for the growing number of young women infected with HIV. Socio cultural norms that reinforce gender inequalities, such as patterns of sexual networking and age mixing, are also important factors that leave girls and young women more vulnerable to HIV than their male peers. One third of all women living with HIV are between the ages of 15 and 24. Worldwide, young women (15-24 years) are 1.6 times as likely as young men to be HIV positive

Many young women are reported to have experienced coerced and unprotected sex from an early age. Forced sex and consequent abrasions facilitate entry of the virus. Abstinence

before marriage may not be a successful prevention strategy for girls who marry early if their older husbands already carry the virus. Marriage can actually increase the risk of HIV for young girls: In various African countries, married girls between the ages of 15 and 19 have higher HIV infection levels than non-married sexually active females of the same age. (www.unfpa.org)

Studies in sub-Saharan Africa i.e. Senegal on age differences between girls (15 to 19) and their sexual partners show a gap of six or more years, which limits their power to resist unsafe sexual practices.

In high-prevalence countries of sub-Saharan Africa e.g. South Africa and Namibia, the main mode of HIV transmission is heterosexual intercourse. This region contains almost two thirds of all young people living with HIV approximately 6.2 million young people, 76 per cent of whom are female. Where heterosexual intercourse is the primary mode of HIV transmission, young women face significantly higher risks than men:

- a) In sub-Saharan Africa and the Caribbean, young women are 3 times and 2.4 times, respectively more likely than men to be HIV positive.
- b) In Trinidad and Tobago, the number of women between 15 and 19 years old with HIV is 5 times higher than among adolescent males. (www.unfpa.org)

In Eastern Europe and Central Asia, and parts of Latin America, where injecting drug use along and high risk sex are the main transmission routes, different risk patterns emerge.

3.1.10 Prevention services are limited to the Youth

The following preventive services need to be made available to the Youth

- a) Education about the risks of HIV

- b) Voluntary counseling and testing
- c) Access to condoms
- d) Treatment for sexually transmitted infections
- e) Strategies to prevent mother-to child transmission of HIV
- f) Harm reduction programmes for injecting drug users

In many regions of the world, the Youth lack access to prevention education programmes:

- a) In Eastern Europe and Central Asia, only 3 per cent of out-of-school Youth and 40 per cent of in-school Youth have access to prevention education.
- b) In Latin America and the Caribbean, only 4 per cent of those out-of-school and 38 per cent of those in-school, have such access.
- c) In sub-Saharan Africa, only 8 per cent of out-of-school Youth (and only slightly more in-school Youth) have access to prevention education.
- d) Furthermore, one global study (UNICEF 2004) showed that 44 out of 107 countries failed to include AIDS in their school curricula.

Large numbers of young people do not know how to protect themselves from HIV:

- a) Surveys in sub-Saharan Africa found that only 21 per cent of young women and 30 per cent of young men (15 to 24) had HIV/AIDS prevention knowledge needed to protect themselves. In South-Eastern Asia, only 13 per cent of young women had this basic level of knowledge.
- b) In the Commonwealth of Independent States (CIS), only 7 per cent of young men and women were equipped with comprehensive and correct knowledge about HIV and AIDS. (www.unfpa.org)

3.2 The Empirical Literature

In Tanzania many organizations NGOs, Government Agencies, Diplomatic Missions and Faith Based Organization (FBO's) all are striving to ensure that the Youth are instilled with the requisite knowledge on how to protect themselves against HIV/AIDS. In the subsequent paragraphs some works so far carried out by some of the organizations mentioned above will be expounded. Around the world, the HIV/AIDS epidemic is spreading most relentlessly among young people and in Tanzania, fully 60% of new infections occur among the Youth through sexual transmission.

USAID, through the President's Emergency Plan for AIDS Relief, has been in the forefront by funding a program which target Youth by providing comprehensive prevention messages involving the A, B, Cs (abstinence, be faithful, and to older Youth especially those out of school correct and consistent use of condoms). Messages also explain where Youth can seek support, counseling and guidance about HIV and AIDS. Five Tanzanian organizations that received USAID money will use them to promote the confidence and decision making skills of out of school Youth, establishing Youth clubs and parenting networks in local factories, encouraging sporting competitions among Youth in secondary schools and providing voluntary counseling and testing services for HIV/AIDS infected and affected people. (<http://tanzania.usaid.gov/article>)

3.2.1 Together We Can (TWC) project

In partnership with the national Red Cross Societies of Tanzania, the American Red Cross is successfully implementing the "Together We Can" (TWC) project. TWC engages in education and community mobilization programs for Youth ages 10-24 in Tanzania to help prevent the spread of HIV/AIDS. To date, TWC has reached many Youth in Kigoma

region through curriculum based interventions, peer to peer outreach and community mobilization events. In addition, nearly more Youth have been reached through public service announcements (PSAs) and health shows played on local radio stations. TWC focuses on strengthening HIV-related life skills for young people ages 10-24. TWC programs involve a highly participatory 12-hour, 17-activity curriculum.

In Tanzania, TWC reached nearly 178,000 Youths last year through TWC curriculum sessions, peer-to-peer outreach and community mobilization events. With the assistance of a PSA regularly airing on a popular radio station, Tanzania Red Cross staff members in the Kigoma region are sharing HIV messages and educational programming. Air time, generously donated by the station, has been ideal in reducing program costs while reaching a widespread part of the Tanzanian Youth population. These messages successfully reach as many as 300,000 Youth listeners every Monday.

(<http://www.redcross.org>)

3.2.2 Youth/Adolescents HIV/AIDS Action Days

On the other hand Comprehensive Community Based Rehabilitation Tanzania (CCBRT), in collaboration with the Dar Es Salaam City Council, developed a Holistic HIV/AIDS-Related Program (HARP) with a large prevention and several care components. The overall aim is to improve the quality of life of people in Tanzania through dealing with the various aspects of HIV/AIDS. One of many program components was Youth/Adolescents HIV/AIDS Action Days. This Program began by systematically providing innovative and cost effective HIV Education to 64 primary schools in Dar Es Salaam. The Program is now diversifying towards providing HIV/AIDS education to Youth and adolescents, both in and out of school, as well as to their teachers and parents. (www.ccbirt.or.tz)

3.2.3 ISHI Youth Advisory Groups (YAGS)

ISHI Youth Advisory Groups (YAGS), is active in mainland Tanzania's 21 regions have played a great role in raising Youth awareness about HIV and AIDS. Between October 2005 and September 2006, YAGS reached over 980,000 Tanzanian Youth. ISHI has grown from a one day soccer extravaganza into a nationwide Youth focused and driven mass media and peer counseling campaign, ISHI seeks to increase HIV prevention behavior among Tanzania's Youth. ISHI is the sole national Tanzanian Youth network for HIV prevention. (<http://tanzania.usaid.gov>)

3.2.4 AFNET Project

The Anti-Female Genital Mutilation Network is focusing on a three pronged approach of reaching Youth, parents, and religious leaders to address the HIV/AIDS and reproductive health needs of Youth. AFNET's project, based in Kilosa district, will work with in and out of school Youth to promote self confidence and better decision making skills related to sexual behavior. To complement these messages for Youth, their parents will be given HIV/AIDS and reproductive health knowledge and skills to enable them to communicate openly with their children. A third component will increase religious leaders' involvement in HIV/AIDS and reproductive health projects for Youth.

3.2.5 Economic Development Organization For Rural Women in Tanzania project

Another Youth project is run by The Economic Development Organization for Rural Women in Tanzania (EDORWTA)' s project is targeting Youth aged 10-24 in 14 rural wards in Morogoro region and is developing confident, healthy, well-informed Youth who can adopt positive behaviors and skills. The project is establishing 48 Youth clubs and 14 parental networks within two sugar manufacturing factories of Mtibwa and Kilombero,

plantations and their surrounding villages. EDOR WTA is building capacity in Youth clubs, parental networks, and 48 primary schools to instill behavior change communication strategies for HIV/AIDS prevention among Youth. The capacity of 20 health institutions will be strengthened in order to improve the quality of Youth-friendly services i.e. Voluntary Counseling and Testing (VCT), Sexually Transmitted diseases (STI's) etc.

3.2.6 Youth Life Skill Project

Another project is Youth Life Skill Project run by Family Life Action Trust aiming to promote understanding of HIV/AIDS prevention and life skills. The project is targeting in-school Youth, aged 14-24, from ten secondary schools in Kinondoni Municipality. The project will also train peer educators in life skills and HIV/AIDS knowledge. These educators will sensitize and teach their peers through awareness sessions, sports competitions, and Youth road walking shows. An integral element of the project is the planned Youth-Adult Partnership training to guide Youth, parents, teachers, and local leaders on Youths' role in HIV/AIDS prevention projects. The training will instill the value of Youth-adult partnerships and demonstrate the best means to fully incorporate young people's contributions throughout the entire design and implementation of the project.

3.2.7 Youth Wake Up Initiatives

Tanzania 4H is part of the worldwide 4H organization and its Youth Wake-Up initiative will use a multi disciplinary team to train Youth and adult leaders on HIV/AIDS prevention and skills. 4H stands for Head (clear thinking), Heart (greater loyalty), Hands (larger service) and Health (better living), with its motto learning by doing and earning by

learning. The project utilizes 48 established 4H clubs in Morogoro, Tanga, Arusha, Kilimanjaro and Ruvuma and will build reproductive health and HIV capacity, skills, and knowledge among Youth and adult club advisors. The trained HIV/AIDS educators educate Youth in the 4H clubs and the area schools. To complement the project's education programs, Tanzania 4H also adapts relevant HIV/AIDS materials to distribute to local leaders, 4H clubs, and area schools.

3.2.8 USAWA Project

USAWA Group's connoting a Swahili word meaning equal newest project will target Youth living and working in the tea and timber estates in Mufindi and Njombe districts. Through peer education, community events, and the distribution of educational materials, the project will enhance the knowledge and skills of in and out of school Youth on their sexual and reproductive health, partner reduction, and abstinence.

(<http://daressalaam.usembassy.gov>)

3.2.9 Tanzania Anglican Youth Organization project

One of the vibrant Faith Based Organizations is Tanzania Anglican Youth organization (TAYO) which aims at ensuring that its HIV programme seeks to promote behavioral change among the Youth in Tanzania by creating awareness on HIV/AIDS pandemic, through training peer educators and raise in awareness among Youth of HIV/AIDS nationwide through the Anglican Church of Tanzania. It organises regional and national Youth events to promote HIV awareness. Importantly also is undertaking regional training workshops to train Youth peer educators for their respective regions.

In the preceded pages we have just reviewed some of the projects undertaken by various

organizations in Tanzania to create awareness among the Youth. It is also pertinent to review some of research finding pertaining to the Youth and HIV in Tanzania

A research by Mwakagile D. et al (1998) conducted in Dar Es Salaam, to investigate sex specific sexual behaviour in Youths visiting a Youth clinic for sexual and reproductive health found that Many Youths in Dar Es Salaam engage in sexual behaviours that put them at risk of unwanted pregnancies and STIs including HIV infection. Female Youths were more likely to contract HIV infection than males. In African urban areas Youth oriented clinics can have a pivotal role in HIV/STI prevention and control.

Peter Assenga (1999) in his study to assess the issues of knowledge, attitude and behaviour towards HIV/AIDS prevention among the Youth, taking secondary school students of Rombo district in Kilimanjaro Region as a case study. The study examined carefully the degree of knowledge the Youth had about HIV/AIDS infection and how this knowledge influenced their attitude and behaviour towards the epidemic. Focus Group Discussions were used in data collection. The questions for discussions aimed to probe what the students knew about HIV/AIDS, their attitudes about it, whether possession or non possession of knowledge affected them in any way, whether they felt it was really a problem and finally what did they do to avoid it.

The findings showed that almost all of them had adequate knowledge about the epidemic and its transmission. In spite of this fact there was a lot to be done regarding their behaviour since they were exposed to the infection. Many respondents felt that more effective programmes could be developed if they could contribute to the design of prevention programmes. They thought that there was need for more openness in matters of sex, especially on the part of parents. Besides parents, programmes on sex could be

included in school curriculum from primary schools. They also felt they needed sexual knowledge very early in their lives before they even engage into sexual activities. This would prepare them to make well-informed choices and decisions especially when they begin having sexual relationships. (<http://sys.connectit.ie>)

Another baseline survey to determine prevalence of sexually transmitted infections (STI) and other reproductive tract infections (RTI) and their association with HIV as well as socio demographic and behavioural characteristics in a newly recruited cohort of female bar workers in Mbeya Region, revealed that female bar workers in Mbeya are at high risk of contracting STI and HIV infection. Targeted STI/HIV prevention interventions for these women and their sexual partners needed to be reinforced. Methods could be sought to improve their search for healthcare and to provide easily accessible and affordable STI care services. G.Riedner et al, (2000)

Gregson et al (2004) reports the decline in HIV prevalence in eastern Zimbabwe between 1998 and 2003 was associated with sexual behavior change in four distinct socioeconomic strata. HIV prevalence fell most steeply at young ages by 23 and 49%, respectively, among men aged 17 to 29 years and women aged 15 to 24 years-and in more educated groups. Sexually experienced men and women reported reductions in casual sex of 49 and 22%, respectively, whereas recent cohorts reported delayed sexual debut. Selective AIDS-induced mortality contributed to the decline in HIV prevalence.

Hallet T.B et al researched on whether observed changes in HIV prevalence in countries with generalised HIV epidemics are associated with changes in sexual risk behaviour. The results were recent downturns in prevalence observed in urban Kenya, Zimbabwe, and urban Haiti, like Uganda before them, could only be replicated in the model through

reductions in risk associated with changes in behaviour. In contrast, prevalence trends in urban Cote d'Ivoire, Malawi, urban Ethiopia, and Rwanda showed no signs of changed sexual behaviour.

Barongo, LR et al (1991) conducted a cross-sectional population survey in Mwanza to determine the prevalence of HIV-1 infection and to identify the most important risk factors for infection. His study confirms that HIV-1 infection in this region in East Africa is more common in women than in men. The results are consistent with the spread of HIV-1 infection along the main roads. There is no evidence that lack of circumcision is a risk factor in this population.

Ng'wesheni et al (2000) in his research about the changes in male sexual behaviour response to the AIDS epidemic concluded the following in response to the AIDS epidemic, changes in male sexual behaviour are taking place in urban areas in Africa. The predominant change among these men, who are predominantly married and aged over 25 years, are a reduction of the number of sexual partners, although condom use remains low.

In Namibia, research shows most Youth don't understand the terms "Abstinence" or "Faithfulness" for HIV Prevention. Terms used to describe some HIV prevention strategies such as "abstinence" or "faithfulness"-are not understood by a large majority of young adults in Namibia, a country where current HIV/AIDS prevalence is approximately 22 percent. The study of 100 Greater Windhoek Youth, ages 15 to 25, revealed that common HIV/AIDS prevention terms are frequently misunderstood. Most young people believe that "abstinence" means "to be absent" and "faithfulness" means faith in a religious sense, not being faithful to one sexual partner.

Although young people are especially vulnerable to HIV, they have enormous potential for changing the course of the epidemic: In Uganda, for example, a dynamic Youth movement against AIDS launched a campaign to delay sexual initiation, reduce the number of partners and increase condom use. Between 1990 and 2000, HIV prevalence among pregnant teenagers (15–19 years) in Kampala fell from 22 per cent to 7 per cent. (Cohen 2003)

3.3 The Policy Review

The impact of HIV/AIDS transcends far beyond the national border, it is global problems, and all countries in the world have to seriously embark on the fight against this pandemic. At global level United Nations relentlessly has been convening special AIDS seating in order to come out with policies that will be implemented by individual member countries (www.unaids.org)

3.3.1 International Organization Policies

There are many policies that have been put in place by Multilateral Organizations such as UNAIDS and UNFPA, In this review some of those policies will be reviewed

3.3.1.1 UNFPA

Invests in programmes to meet young people's needs for health care, education, economic opportunity and life skills. The Fund works to ensure that adolescents and young people receive accurate information, non-judgmental counseling and comprehensive and affordable services to prevent unwanted pregnancy and sexually transmitted infections, including HIV. In this work, UNFPA seeks to engage young people as active participants in programmes that affect them.

The importance of preventing HIV infections among young people to turn the tide of the pandemic has been a consistent message in all HIV/AIDS related commitments to date, particularly in the 5 year review of the International Conference on Population and Development (ICPD) Programme of Action (ICPD+5) and the recent global commitment made at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). UNGASS declared a global declaration of commitment by world leaders signed in 2001 by 189 member countries (www.ungasshiv.org)

The reality of the situation is that if we do not quickly deliver far more comprehensive prevention programmes and ensure universal access to treatment, care and support for people living with HIV or AIDS we will fail to meet the Millennium Development Goal on HIV/AIDS e.g. The first set of targets, assessed in 2003, focus on establishing frameworks for national policy to enable and stimulate effective action against the epidemic. The next set of targets, to be met by 2005 and 2010, focus on the rapid expansion of HIV prevention, care and impact alleviation programmes

The ICPD+5 (1999), endorsed by UNGASS (2001), calls on all Governments to ensure: “HIV infection rates in persons 15 to 24 years of age should be reduced by 25 percent in the most-affected countries by 2005, and by 25 percent globally by 2010” and “By 2005, at least 90 percent, and by 2010 at least 95 percent of young men and women aged 15 to 24 years have access to information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.”

United Nations Population Fund (UNFPA) is striving to build on and expand programmes that promote healthy adolescent development and ensure among sexually active young

people, safer and responsible sexual behaviour. By doing this, UNFPA will help ensure young people are dually protected against STI/HIV infections and unwanted pregnancies

UNFPA Guiding principles are;

- a) Adopt a culturally sensitive approach that builds on positive values: Value systems and beliefs are established based on traditional, religious and societal determinants usually introduced by parents, guardians and community elders and shape a young person's attitudes and behaviour. Programmes that fail to understand the socio-cultural concerns and fears of both young people and significant gatekeepers encounter resistance. To be effective in positively influencing and changing behaviour patterns, parents and other gatekeepers need to be involved and their attitudes and concerns addressed.
- b) The need for a holistic and life cycle approach to preventing HIV in young people: Young people need accurate and appropriate information, skills and know how on all aspects of sexual and reproductive health, gender relationships and their sexual development so as to be empowered to make the right choices for themselves. UNFPA should ensure that HIV prevention is an integral part of its broader holistic approach to addressing sexual and reproductive health and rights among young people including those that support responsible and healthy lifestyles, prevent STIs, teenage pregnancy and promote gender equity and equality.
- c) Involve young people and their organizations for effective programmes that are appropriate, relevant and meaningful to them: Experience shows that HIV/AIDS programmes that respect young people's rights to participate and involve them, while being sensitive to their cultures and circumstances are more likely to succeed. The

active and meaningful participation of young people – including those who are HIV positive - in the planning, development, decision making, implementation and evaluation of preventive activities that aim to address their needs and that shape their lives should underpin all UNFPA actions

3.3.2 What Can UNFPA Do to Prevent the Next Young Person From Becoming HIV Infected?

UNFPA's actions to prevent HIV infection in young people should build on and expand programmes that promote healthy adolescent development and seek to ensure safer and responsible sexual lifestyles.

The three broad actions outlined below work in a complimentary and reinforcing manner, each providing a means or foundation for the other to be more effective.

1. Create a supportive and enabling environment for programming for HIV prevention
 - a) An important role for UNFPA is to support the (1) collection of gender-specific health and demographic data on young people (10 to 24 years) (e.g. as part of demographic health surveys) and (2) design, implementation and analyses of qualitative sexual behaviour studies. The results of which can be used to provide evidence-based information needed to:
 - sensitize policy makers, communities and significant gate-keepers on issues related to sexual health, HIV and young people;
 - ensure national policies recognize and appropriately address the epidemic among young people;
 - develop situation specific preventive and behavioural change messages;

- advocate for up-scaling of successful sexual and reproductive health and rights programmes for young people.

- b) Recognizing that in many parts of the world the provision of sexual and reproductive health education and services for young people is still viewed with skepticism, concern and fear, UNFPA should support advocacy and awareness creation activities that promote dialogue and partnerships between young people, parents, community and religious leaders, and policy makers that can result in Youth-friendly, gender-responsive policies and programmes which build on positive social norms and encourage open and frank discussion of young people's concerns and needs.

2. Strengthen HIV/AIDS and sexual and reproductive health education programmes for young people both in and out-of-school

- a) Integrating HIV/AIDS into population/family-life/ sexual health education is important to ensure young people's long-term preparedness providing a foundation for responsible choices about their reproductive health and their lives. UNFPA should continue to assist HIV/AIDS education programmes through support for development of: 1) policies and programmes that strengthen the capacity of relevant segments within the education sector to provide dynamic HIV/AIDS prevention activities; 2) HIV/ AIDS content, which challenges young people to think and personalize options and to make informed choices, into mainstream educational curricula, extra curricula activities and non-formal vocational programmes; and 3) pre- and in-service teachers training packages on HIV/AIDS and life skills education.
- b) School-based and out of school life skills education should promote positive attitudes and skills including self-esteem, negotiation, coping, and critical thinking, decision-

making, communication and assertiveness skills. Additional support should be provided to strengthen parent education programmes that include parent-child communication skills. Particularly for out-of-school Youth and Youth in especially difficult circumstances, support should be provided for initiatives that serve to empower young people (e.g. girls and boys empowerment initiatives) and that link reproductive health and HIV prevention with other specialized and social services, livelihood opportunities, skills building and vocational training.

- c) To complement HIV/AIDS education programmes, UNFPA should support multi-level and multi-media communication efforts that encourage positive and healthy lifestyles, good social norms and safer sexual options. The development, production and dissemination of behaviour change communication (BCC) materials and messages should be mindful of the heterogeneity of young people; sensitive to age, culture and gender factors; and as much as possible, should be based on audience segmentation and audience research to allow messages to be more relevantly tailored to specific attitudes, practices and needs. The process should allow for young people to actively participate, and explore innovative entertaining and popular ways of reaching young people with information and educational messages such as radio, television, drama, folk theatre and other traditional media, comic strips and Youth magazines, videos, interactive computer games, internet, telephone hotlines/help lines, music and dynamic talk shows.
- d) Positive role models including celebrities and peers are extremely useful in developing self-esteem. They can inspire, encourage and motivate young people to see the future with more confidence, to develop their own aspirations to the same heights as their role models, and to make the right decisions and choices in relation to sexual activity

and lifestyle. UNFPA should expand its support to peer education programmes for in school and out-of-school Youth where young people serve as role models and the carriers of positive and culturally relevant messages.

3. Incorporate HIV prevention strategies into "Youth-friendly" sexual and reproductive health services

a) Awareness creation and preventive education need to be complemented with institutional services especially for young people who are already sexually active, are in difficult circumstances, or who are susceptible to engaging in substance abuse (particularly drug injecting). To this end, UNFPA should advocate and support the introduction and/ or expansion of Youth-friendly sexual and reproductive health services including those that integrate:

1. Sexual and reproductive health and HIV/AIDS information, education and counseling;
2. The diagnosis and management of STIs;
3. Confidential and voluntary HIV counseling, testing and support and
4. Access to male and female condoms including information and education to ensure proper and consistent use. Efforts should be made to ensure access by young people through a range of service delivery settings including multi-purpose Youth centers, Youth corners, public and private health clinics, hotlines/ help lines, outreach/mobile services and school based clinics.

- b) Where resources are limited, UNFPA should prioritize its support to preventing HIV infections amongst young people most vulnerable while advocating with partners for additional resources to address young people in general. This may include support for HIV prevention initiatives in settings such as the work place for young migrant Youth workers, the street for street children and in Camps for refugee or internally displaced Youth.
- c) UNFPA should collaborate with other relevant partners and UN agencies to ensure effective linkages and referrals exist for specialized services that address specific needs such as harm reduction programmes for drug addiction (UNDCP) and access to treatment and support programmes for HIV positive young people (WHO, UNICEF).
- d) In support to this, UNFPA will need to assist governments to train programme managers and service providers from a broad spectrum of Youth and Youth serving organizations and related sectors particularly health, education and Youth. Training will need to ensure knowledge and skills to effectively integrate HIV prevention activities in on-going sexual and reproductive health programmes for young people. In addition, capacity building activities will need to address and clarify service provider's and educator's values and attitudes which many times serve as barriers to access of services and information by young people.
- e) Many international and national organizations, UN system agencies, foundations and donors are actively providing assistance to governments and NGOs to address the HIV/AIDS epidemic among young people. UNFPA together with its UN partners would benefit most if it collaborates with Youth and their organizations to respond to the needs of young people. (www.unfpa.org)

3.3.2 National Policies

Tanzania has demonstrated growing political commitment to fight HIV/AIDS, giving the issue high priority for resource mobilization and setting up new structures to integrate HIV/AIDS strategies with other development sectors. In December 2000, the Government created the Tanzania Commission on AIDS, to be managed out of the Prime Minister's Office, to allow leaders at the highest levels of government to mobilize an accelerated, multi sectoral and multi-faceted response to the epidemic. The Commission guides national policy, acts as a clearinghouse for AIDS activities, and helps mobilize additional funds to fight the epidemic on a national level. organizations (NGOs),

The National Policy on HIV/AIDs underscores the importance of prevention among the Youth both in schools and out of schools, it states that the education sector is among the sectors that have been seriously affected by HIV/AIDS epidemic. School; children, adolescences and young adults are particularly vulnerable to HIV/infection. The policy directs the Ministry responsible for education and other public and private institutions of higher learning in collaboration with TACAIDS and NGO's to develop appropriate intervention strategies to accelerate AIDS information in schools, The policy further directs the Ministries responsible for Youth development affairs in collaboration with Local Government Councils, NGO's and Faith Groups to develop participatory HIV/AIDs, sexual and reproductive health education programmes for the out of school Youth, The Youth should be given correct information including prevention strategies and promotion of correct and consistent use of condoms abstinence and fidelity and voluntary counseling and testing. Having being empowered with information the Youth should be encouraged and supported in developing their own strategies

CHAPTER FOUR

PROJECT IMPLEMENTATION

This chapter provides a summary of what has been done in terms of intended project objectives. It reports what was accomplished and what was not and the reasons.

Both original plan and the actual implementation of the project is being discussed, this includes major tasks and activities undertaken, resources needed and used as well as responsible personnel in each activity planned.

4.1 Project Products & Outputs

The expected product and output of this project was a completed project proposal which aimed at sourcing the funds for the purpose of conducting training to thirty five Youth Camps and distribution of HIV/AIDs brochures to Youth.

From its commencement, the project aimed at accomplishing the following activities:

- 1) Preparation and submission of Youth Camp training proposal to the donors in order to raise funds for the intended project.
- 2) Conducting training to thirty five Youth Camps about HIV/AIDs in order to reduce the spread of HIV/AIDs among Youth.
- 3) To distribute HIV/AIDs related materials to Youth Camps

Thus the major expected output at the end of this project is to have all Mzimuni ward Youths acquired HIV/AIDs preventive knowledge i.e. know what HIV/AIDs is and how to avoid further infections etc.

4.2.0 Project planning

The Implementation of the project was based on the different planned activities according to activities implementation chart.

Activities planned for implementation include;

- a) Conduct various preparation meetings for the project,
- b) Completion of the project proposal .
- c) During the Needs Assessment, communities and their leaders indicated that one of the problems that needed an urgent solution was spread of HIV/AIDs which is affecting its Youth ; So it was deliberated on the meeting that training Youth about HIV/AIDS was indispensable. In order to reach many Youth, all Youth Camps should be identified and receive training. A CED student was asked to assist a committee formed to write a proposal for soliciting fund. as well as the whole process of securing funds from the donors. TACAIDS showed interest in the project
- d) It was also learnt that the host Community Based Organization (CBO) known as Mikumi Youth Care (MYC) has no bank account,
- e) Another activity was to open an account at National Micro finance Bank (NMB) or Dar Es Salaam Community Bank (DCB)
- f) Training of resource persons (peer educators) from Mikumi Youth Care was crucial in order to ensure sustainability of the intended outputs of the project.
- g) Conducting HIV/AIDS training after receiving funds and distribution of brochures were other activities intended to meet the objectives of the project.

Project implementation in this regard was expected to involve different people with different skills such as communities including Youth, their leaders, Health officers, CED student and other people who were considered to have required skills to achieve the goals and objectives of the project.

4.3.0 Project Implementation

The project implementation process started as planned as per implementation schedule prepared.

4.3.1 Project Implementation Report

4.3.1.1 Identification of all Youth Camps based in Mzimuni Ward.

Thirty five Youth Camps were identified by the assistance of ward leaders and Youth

4.3.1.2 Conduct preparations meetings with communities and leaders

Several preparation meetings were conducted during the initial stage of the project; it was the time where needs assessment was done. A CED student formally requested in writing an introductory letter to Mikumi Youth Care requesting to be attached to the CBO.

Two public meetings were conducted both were attended by many people. In both meetings introduction of CED student as well as needs assessment was carried out

4.3.1.3 Project Proposal Writing and Submission

A project proposal was prepared and submitted to several donors including Tanzania Commission for HIV/AIDS (TACAIDS). After some discussion between the community and other local officials, the donor accepted the proposal and later funds equivalent to Tshs. 2,000,000.00 were approved and disbursed for project implementation.

4.3.1.4 Opening CBO bank account

One of the requirements for receiving money from donors was having an active bank account with three different signatories. Three members from Mikumi Youth Care were selected to be signatories and given the mandate to open a group bank account.

4.3.1.5 Training of resource persons (peer educators) from Mikumi Youth Care

Capacity building through training was done to peer educators. Training manual and guidelines were provided by TACAIDS, the objective was to ensure that all resource persons are abreast with HIV/AIDS prevention knowledge.

The training was designed to impart the peer educators and other members with various skills and knowledge, which will be helpful for the project sustainability. The training contents include; simple book keeping and accounting designed for CBO Treasurer and Accountant, Also the team of trainers from Health department were available to make review with peer educators.

During training two to three Youth Camps gathered in one location ready for training..

Training normally took place during the afternoons and occasionally during evenings

HIV/AIDS awareness creation among Youth was through the use of;

1. Drama- a Mikumi Youth Care Theatre group performed in order to both provide education as well as entertainment to Youth through role play, drama ,songs and traditional dancing.
2. Peer education- Groups of Youth were taught by their peer, this encouraged interactive learning
3. Group discussion/training basing on age to encourage interactive discussion
4. Distribution of HIV/AIDS brochures

Generally, Youth camp training;

- a) Encouraged Youth who are not sexually active to delay sexual initiation and encourage those who are sexually active to use condoms and practice periodic abstinence.

- b) Promote abstinence.
- c) Increase knowledge of family planning methods among the 14-24 age group.
- d) Equip young people with skills to negotiate for safer sex.
- e) Equip young people with skills to distinguish between healthy and abusive or exploitative relationships.
- f) Encourage Youth to be goal oriented.
- g) Increase young people's knowledge of sexual and reproductive health in order to promote safer sex and improve their skill in using condoms.
- h) Empower Youth by providing them with facts about their own bodies and how to take care of themselves, and equipping them with life skills such as decision making, goal setting, and self esteem building.
- i) Encourage Youth to seek Youth-friendly services such as counseling, information, and treatment, and motivate them to promote healthy sexual behavior among their peers.

The project generated the following;

4.4 Output indicators:

- a) 432 Youth emanating from thirty five Youth Camps were trained
- b) 25,000 pcs of various and different IEC materials were distributed

4.5 Inputs

The following inputs were needed to accomplish the objectives of the project

- a) 80 hrs of training sessions , 4 hrs per session
- b) 25,000 pcs of IEC brochures

4.6 Staffing pattern

The project had the following staff; Project Coordinator, Treasurer, Peer educators and CED Consultant- (appendix iii)

4.7 Budget

The project budget was developed basing on the plan and time allocated to meet the required deadline. The budget includes all items from initial stage to data processing and analysis

Table No.6: Project Budget

Activity	Required input						Source
	Description	Qty	Unit	Unit cost	Total	Durati on	
Plan meeting with the CBO members, ward team and stakeholder .	Members	10	1	300	3,000	1 day meetin g.	CED student
	Venue	1	1 room	40,000	40,000		
Develop Questionnaires and checklist	Typing paper	3	Ream	8,000	24,000	2 weeks	CED Student
	Ball pen	5	Pcs	300	1,000		
	Note books	2	Pcs	1000	2,000		
	Staple pin	2	Box	1,000	1,000		
Pilot testing of questionnaire	Fuel	10	Ltrs	1150	11,500	3 days	CED Student
	Researcher Allowance	3		3,000	8,000		
Data collection	Fuel	30	Ltrs	1150	34,500	1 4 days	CED student
	Researcher	10		4,000	400,000		
Data processing and analysis	Typing	500	Pages	500	25,000	3 weeks	CED student
	Photocopy	200	Pages	30	6,000		
	Binding	200	Pages		10,000		
TOTAL					566,000		

CHAPTER FIVE

MONITORING, EVALUATION AND SUSTAINABILITY

This chapter explains how data and informations were collected and analyzed, It further explains how project progresses were measured during different periods of project implementation. It explains problems, changes and importantly lessons learnt and expedient plan for next steps to reach their intended project objectives.

5.1.0 Monitoring

The purpose of this monitoring was to keep track of the project activities done on monthly bases. It was participatory where both Youth and outsiders participated. The first line of monitoring was done by CBO members and another line of monitoring was done by donors through field visits and monthly progress reports by the CBO.

During field visits donors observed whether the community was involved in different stages of project life cycle i.e. implementation. Moreover, they were also monitoring the finances.

The monitoring of the project was based on the monitoring and evaluation frame work developed (Table 7) as well as work plan (Appendix 5). Monitoring and evaluation framework contained both qualitative and quantitative verifiable indicators and means of verification. Day to day data collection was done accordingly and the information was analyzed based on the requirement. For example, monitoring tool was developed based on work plan and two main project objectives as follows:

Indicators used for the first objective; *to train thirty five Youth Camps about the HIV prevention services by the end of November 2006.*

- a) Number of training session conducted
- b) Number of Youth participated into training sessions

- c) The contents/topics of the training covered
- d) Participant's perception about the training
- e) The gender of Youth attending the training session

Indicators used for the second objective of ; *to distribute HIV - IEC Informational, educational and communication materials March- Oct-06. E.g. Uthubutu, Ukweli kuhusu kondomu, Ukimwi ni huu etc* were:

- a) Number of brochures distributed
- b) Topics covered by the brochures
- c) Number of Youth that received the brochures

5.1.1 Research Methodology

The research methodology used in monitoring was through review of reports /records filled by peer educators, training reports on number of training, number of Youth attended, gender of Youth , inventory of materials distributed and interview . The second method used was observation/field visit.

The objective of the research during monitoring was to collect data that was used to assess the progress of the project and take appropriate measures if necessary. The following methods of data collection were used for monitoring:

a) Interview

The method was used to collect data at individual level especially all leaders and communities who attended the training and public meetings. The method was good as the data collector was able to get feelings and ideas of the respondents directly as there was no need for respondents to write.

The method also was used to training facilitators to get their opinion on how the training went. A monitoring checklist was used during the interview. During the interview

respondents were asked to respond to questions prepared specifically in order to get their understanding on the progress of the project. Such as what actually the respondent knows about the project and what he or she knows about the progress of the project so far. It was also a time to gather opinion of the respondents on the progress and ask them to recommend possible ways to improve the on going activities for the sake of achieving the intended objectives of the project.

b) Review of secondary data

The method was used in order to know what host CBO has done and recorded. Review of training reports was done in order to gather data.. Data collected was mainly reports on the progress of the project including challenges and recommendations for improvement. Data was then recorded in the note books for analysis.

c) Observation

Observation method was used to check physically the current situation of the project. It was easy for the data collector to visit different proposed areas for the project implementation to check what was going on as planned. Because monitoring was done in a participatory way, this method was also used as lesson to the communities especially project leaders. Members in a monitoring team were able to see, discuss and recommend actions to be taken where necessary. It was easy for the project leaders to reach consensus during the discussions, as every body was aware of what was going on for that particular time.

The monitoring team represented by members of the CBO, CED student. Observation involved visiting different sites intended for project implementation. During the visit, documentation was carried out according to what had been planned and expected at that particular time. After the visit, members took at least one hour to wrap up and summarize.

The summary was documented by CED student. Later on monitoring report was prepared after compilation of other data obtained through other means used.

5.1.2 Data analysis and findings

Data was collected based on the monitoring and evaluation framework prepared. Data and information on activities done as compared to what was planned was recorded in the notebooks. However, later, CED student used computer to keep all the data and information gained during the monitoring process.

During the data analysis, CED student mostly used to compare different responses and information gathered in different sources like interview and secondary data. The data was used to check whether the intended activities were going on well as planned or not. It was also used to check any challenges encountered and what action should be taken to overcome those challenges. For qualitative data word processing of the data was applied. A progress report was prepared based on the data gathered and conclusion reached. Monitoring team members then shared it and when approved, it was kept in the appropriate file.

The summary of the monitoring findings are outlined in the table 7 on the next page

Table 7

MONITORING AND EVALUATION PLAN

<i>Objectives</i>	<i>Activities</i>	<i>Indicators</i>	<i>Data Source</i>	<i>Methods/Tools</i>	<i>Person Responsible</i>	<i>Time frame</i>
To train thirty five Youth Camps about HIV/AIDS prevention services by the end of November 2006	<ul style="list-style-type: none"> • Preparations of training venue • Preparation of training roaster Each session 3 to 5 Youth Camps participate • Training of peer educators • Preparation of training materials 	<p>Number of training session conducted</p> <p>Number of Youth participated into training sessions</p> <p>The contents/topics of the training covered</p> <p>Participant's perception about the training</p> <p>The gender of Youth attending the training session</p>	<ul style="list-style-type: none"> • Training report • CBO files • Training roaster 	<ul style="list-style-type: none"> • Reviewing of documents • Observations • Semi structured interview 	<ul style="list-style-type: none"> • CED students • Selected CBO member 	March – November 2006

Distribute HIV - IEC Informational, educational and communication materials March- Oct-06. E.g. Ukweli kuhusu Ukimwi	<ul style="list-style-type: none"> • Sourcing of IEC materials from different stakeholders • Distributing to Youth in their respective Youth Camps 	<ul style="list-style-type: none"> • Number of brochures distributed • Topics covered by the brochures • Number of Youth that received the brochures 	<ul style="list-style-type: none"> • CBO files • Training reports 	<ul style="list-style-type: none"> • Reviewing project reports • Semi structured interview 	CED students Selected CBO leader/member	March- – November 2006
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Table: 8**MONITORING AND EVALUATION REPORT**

<i>Objectives</i>	<i>Activities</i>	<i>Indicators</i>	<i>Monitoring and Evaluation Results</i>
<ul style="list-style-type: none"> • Train thirty five Youth Camps about HIV/AIDS prevention services by the end of November 2006 	<ul style="list-style-type: none"> • Preparations of training venue • Preparation of training roaster Each session 3 to 5 Youth Camps participate • Training of peer educators • Preparation of training materials, teaching aids etc 	<ul style="list-style-type: none"> • Number of training session conducted • Number of Youth participated into training sessions • The contents/topics of the training covered • Participant's perception about the training • The gender of Youth attending the training session 	<ul style="list-style-type: none"> • Ten training sessions conducted involving thirty five Youth Camps. • All thirty five Youth Camps attended training • 450 Youth received trained • Both Male (318) and female(132) Youth participated in the trainings

<i>Objectives</i>	<i>Activities</i>	<i>Indicators</i>	<i>Monitoring and Evaluation Results</i>
Distribute HIV - IEC Informational, educational and communication materials March- Oct-06. E.g. Ukweli kuhusu Ukimwi	<ul style="list-style-type: none"> • Sourcing of IEC materials from different stakeholders • Distributing to Youth in their respective Youth Camps 	<ul style="list-style-type: none"> • Number of brochures distributed • Topics covered by the brochures • Number of Youth that received the brochures 	<ul style="list-style-type: none"> • HIV/AIDs brochures were collected from different stakeholders and distributed to Youth during training. • Topics covered included Voluntary Counseling & Testing (VCT), Life skills, Sexually Transmitted diseases (STD's),drugs • 25,000 pcs of brochures distributed

5.2 Evaluation

The evaluation of the project was carried out in order to assess the extent to which goal and objectives of the projects have been achieved. Performance indicators outlined in the monitoring and evaluation framework were used as check list during the evaluation of the project. The project was expected to end in November 2006. By January, the project was completed as expected. Therefore, this evaluation was meant to assess the extent to which the project objectives were achieved by the end of estimated project period. The evaluation was important in order to come out with recommendations and the way forward for the future of the project. Before evaluation we took into consideration the following three key evaluation questions: (i) did the project achieve its objectives?,(ii)what can be learnt on what was implemented and what was not implemented? (iii) What are the plans for evaluation findings for continuous learning?

5.2.1 Research Methodology

The objective of the research during evaluation was to collect data that would be used to assess the extent to which the intended goal and objectives of the project were achieved.

Participatory evaluation was carried out , whereby different stakeholders who participated in the project implementation were involved.

The following methods of data collection were used:

a) Review of Project Records

All documents related to project were reviewed. These included training reports, communication between the organization and the donor and other stakeholders involved in the project implementation. CED student was a key player in facilitating the evaluation process.

b) Focus Group Discussion

This method was used to collect data from different groups who were involved in the project implementation. The Focus group discussion involved 15 people. This kind of method allows stakeholders to share their feelings and opinions about the project., it is therefore encourages interactive and open discussion and learning from each other the way the project implementation was done and participation of each parties.

c) Participant - Observation

Some of the CBO members and Youth from Youth Camps participated in observation of activities already done during the implementation of the project. This method was suitable during the evaluation because CBO members were able to see physically what had already been completed and what was not. It was also easy for the participants to recommend and give their opinion immediately on how to go about in order to complete intended project. Furthermore, the facilitator of the process (CED student) used observation guideline that would simplify analysis of the observation.

5.2.2 Data Analysis and Findings

After review of all collected data analysis was carried out. The following were the answers provided basing on the evaluation questions. For Summary findings refer to monitoring and evaluation results in table 8.

In responding to the evaluation question of whether the project objectives were achieved, respondents agreed that most of the activities planned to be done were done to a satisfactory level. Most Youth underscored the importance of training any went further by suggesting that training to Youth should at least take place every month.

On discussing on what was implemented and not, respondents pointed that the project received, full participation from most of Youth Camps. When Youth Camps received invitation letters from Ward Executive Officer's office (WEO) to attend training they responded positively. From the initial stages of the project Youth Camps were involved in the planning till the implementation stage.

Some members of the community and leaders who were involved in the evaluation process confirmed that there was participation and cooperation among the community members. It was suggested that Evaluation findings will be used in the next phase of implementation.

5.3 Project Sustainability

Due to the imminent danger posed by HIV/AIDS epidemic to the Youth , the project is likely to continue. Most NGO dealing with HIV/AIDS today are targeting Youth in their intervention so this is a clear signal that the project will be sustainable

5.3.1 Sustainability.

In order to ensure long term programmatic support, the Mikumi Youth Care has developed its mission i.e. To be become a leading CBO in Kinondoni Municipality in the provision of HIV/AIDS health education and its vision is; to have all Youth residing in Mzimuni ward trained about HIV/AIDS. Moreover, as a starting point five members of Mikumi Youth Care have undergone HIV/AIDS training hence have graduated as peer educators.

5.3.2 Sustainability Elements

The project is in line with the National AIDS policy which identifies Youth as one of the most vulnerable groups. Also the project is in line with the Kinondoni Municipal Comprehensive Health Plan.

5.3.4 Financial sustainability

The Mikumi Youth Care plans to conduct community outreaches by charging a token fee as gate collection which will be used to pay allowances to peer educators. The pilot exercise has been carried out and has shown some success.

TACAIDS is still interested in the project and has promised to provide more funds after the end of this project. and other donors like Tmarc are interested too

Socially the project is receiving relentless support from the government at different levels i.e. Health department etc

5.3.5 Sustainability Plan

The sustainability plans for the project are:

- a) Continue using Mikumi Youth Care Theatre Group to generate income.
- b) Write proposal for the next funding of the project to TACAIDS.
- c) Continue to ask support from other NGOs like PSI, FHI and AMREF.

5.3.6 Institutional/Programmatic sustainability plans for the project are

- a) To provide HIV/AIDS training to Youth Camps
- b) Monthly performance review

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

This chapter reviews the results of the work done. It reports objectives that were fully achieved or partially achieved or not achieved at all. It also describes the outcomes that are expected after the successful completed.

The chapter also provides experience gained during the project implementation. It recommends to others attempting similar project on strategies and best practices. Next steps for smooth implementation of this project are also explained.

6.1 Results

The results of this project which has lasted for a year and three months has been successful. The project has been able to reach over 400 Youth through training of thirty five Youth Camps on one hand and CED student has been able to work with the host CBO pro bono hence acquiring first hand project implementation experience.

As a CED student, he was responsible to offer technical assistance to the project which he participated from the initial stages of the project by conducting needs assessments to the implementation, monitoring and evaluation and continue to render his technical advises in different stages of project.

Due to lack of fund for training Youth camp, he was involved in writing the project proposal to solicit funds to interested donors. After the proposal submission to TACAIDS the donor released the funds for implementation

The goal of the project i.e. to have all Youth from Mzimuni award, imparted with HIV/AIDS prevention knowledge is substantially achieved, all thirty five Youth Camps

attended the training ,which means that the project achieved its target by hundred percent and over four hundred Youth received training.

In summary, the first objective of training Youth through using thirty five Youth Camps was achieved as well as the second objective of distributing IEC materials. 25,000 pcs of IEC materials were distributed to over 400 Youth.

6.2 Recommendations

Based on the survey results, the following are the recommendations;

- 1) The government and NGOs dealing with HIV/AIDS in Tanzania should explore and make use of Youth Camps, should they want to disseminate HIV/AIDS information and other relevant informations to Youth.
- 2) As revealed by the survey, one of the effective methods for disseminating HIV/AIDs messages to Youth is through the use of music concerts. Normally music concerts are crowd puller, it is therefore recommended that they be used when one is targeting a large number of Youths.
- 3) Most Youth associate themselves with any Youth camp be it for social motives like greetings or political affiliation motives etc. Therefore creating HIV awareness campaign through Youth Camps is one of the best strategies one can reach as many Youth as possible.

BIBLIOGRAPHY

Arlene F., & Kosecoff, J. (1985), *How to conduct survey: a step-by-step guide*. Sage Publications inc. United States of America

Barongo LR, Borgdorff MW, Mosha FF, Nicoll A, Grosskurth H, Senkoro KP, Newell JN, Chagalucha J, Klokke AH, Killewo JZ, (1991). The epidemiology of HIV-1 infection in urban areas, roadside settlements and rural villages in Mwanza Region, Tanzania.

CEDPA, Training Manual Project Design for Program Managers, Washington, D.C

Center for Development and Population Activities; (1994), *Project Design for Program Managers*, Washington, DC

Closing the Gap: Access to HIV Prevention. Global HIV Prevention Working Group. May 2003. Available at www.gatesfoundation.org. Cited in UNAIDS. 2004. *At the Crossroads: Accelerating Youth Access to HIV/AIDS Interventions*.

Cohen, A. 2003. *Beyond Slogans: Lessons of Uganda's experience of ABC and HIV/AIDS*. New York: Alan Guttmacher Institute. Also see UNICEF, UNAIDS, WHO. 2002. *Young People and HIV/AIDS: Opportunity in Crisis*. New York: UNICEF.

Department of Economic and Social Affairs. Statistics Division. Progress towards the Millennium Development Goals, 1990-2005. Available at: <http://unstats.un.org/mi/goals>

Ensminger, M. Adolescent sexual behavior as it relates to other transition behavior in Youth. In: Hofferth, S. and Hayes, C. *Risking The Future*. Vol. 2. Washington, D.C., National Research Council, 1987. p. 36-55.

Glynn et al. 2001. Why do young women have a much higher prevalence of HIV than young men? A study in Kisumu, Kenya and Ndola, Zambia. *AIDS* , 15 (Suppl. 4):S51–60. Cited in UNAIDS. 2004. *Report on the Global AIDS Epidemic 2004: 4 th Global Report* (UNAIDS/04.16E). Geneva, Switzerland: UNAIDS.

Gregson S, Garnett GP, Nyamukapa CA, Hallett TB, Lewis JJ, Mason PR, Chandiwana SK, Anderson RM. Department of Infectious Disease Epidemiology, Imperial College London, UK. Sajgregson@aol.com

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Hoffman, N. and Futterman, D. Youth and HIV/AIDS. In: Mann, J. and Tarantola, D., eds. *AIDS in the World II: Global Dimensions, Social Roots, and Responses*. New York, Oxford University Press, 1996. p. 237-251.

Mann, J. and Tarantola, D., eds. *AIDS in the World II: Global Dimensions, Social Roots, and Responses*. New York, Oxford University Press, 1996. 616 p.

[Http:// medicalcenter.osu.edu](http://medicalcenter.osu.edu)

http://daressalaam.usembassy.gov/pr_04212006.html

<http://hivaidsclearinghouse.unesco.org>

<http://sys.connectit.ie/download.aspx>

<http://tanzania.usaid.gov/article.php>

http://www.ccbtr.or.tz/hiv_aids/aids.htm

<http://www.jhuccp.org/pressroom>

<http://www.kff.org>

<http://www.redcross.org/article/>

<http://www.unfpa.org>

<http://www.usaid.gov>

Joint United Nations Programme on HIV/AIDS (UNAIDS). The global strategy framework on HIV/AIDS. Geneva, UNAIDS, Jun. 2001. 22 p. (Available:

<http://www.unaids.org/publications/documents/care/general/JC637-GlobalFramew-E.pdf>,

Accessed Sep. 19, 2001)

Lopez V. 2002. HIV/AIDS and young people. A review of the state of the epidemic and its impact on world Youth (unpublished report). Geneva, UNAIDS. Cited in UNAIDS. 2004. Report on the Global AIDS Epidemic 2004: 4 th Global Report (UNAIDS/04.16E). Geneva, Switzerland: UNAIDS.

Luke N, Kurz, K. 2002. *Cross-generational and transactional sexual relations in sub-Saharan Africa*. Washington, AIDSmart. Available at: www.icrw.org/docs/crossgenssex
Cited in Cited in UNAIDS. 2004. *Report on the Global AIDS Epidemic 2004: 4 th Global Report* (UNAIDS/04.16E). Geneva, Switzerland: UNAIDS.

Maswanya, E., Moji, K., Horiguchi, I., Nagata, K., Aoyagi, K., Honda, S., and TAKEMOTO, T. Knowledge, risk perception of AIDS and reported sexual behaviour

among students in secondary schools and colleges in Tanzania. Health Education Research 14(2): 185-196. Apr. 1999.

Mwakagile D, E Mmari, C Makwaya, J Mbwana, G Biberfeld, F Mhalu and E Sandström (1998) Sexual behaviour among Youths at high risk for HIV-1 infection in Dar es Salaam, Tanzania

National Bureau of Statistics (NBS) Tanzania and ORC Macro. 2005. Tanzania Demographic and Health Survey 2004-05. Dar Es Salaam, Tanzania: National Bureau of Statistics and ORC Macro

Ng'weshemi JZ, Boerma JT, Pool R, Barongo L, Senkoro K, Maswe M, Isingo R, Schapink D, Nnko S, Borgdorff MW. Tanzania-Netherlands Project to Support AIDS Control in Mwanza Region (TANESA), Mwanza, Tanzania.

Riedner, M Rusizoka, O Hoffmann, F Nichombe, E Lyamuya, D Mmbando, L Maboko, P Hay, J Todd, R Hayes, M Hoelscher and H Grosskurth(2000), Baseline survey of sexually transmitted infections in a cohort of female bar workers in Mbeya Region, Tanzania Tanzania Commission for AIDS(TACAIDS) , National Bureau of Statistics (NBS) , and ORC Macro. Tanzania Indicator Survey 2003-04. Calverton, Maryland , USA: TACAIDS, NBS, and ORC Macro

UNAIDS. 2004. At the Crossroads: Accelerating Youth Access to HIV/AIDS Interventions.

UNAIDS. 2004. *Report on the Global AIDS Epidemic 2004: 4 th Global Report*

(UNAIDS/04.16E). Geneva, Switzerland: UNAIDS.

UNAIDS. 2004. *Report on the Global AIDS Epidemic 2004: 4 th Global Report*

(UNAIDS/04.16E). Geneva, Switzerland: UNAIDS.

UNAIDS. 2004. *Report on the Global AIDS Epidemic 2004: 4 th Global Report*

(UNAIDS/04.16E). Geneva, Switzerland: UNAIDS.

Underwood, C. Impact of the HEART campaign: Findings from the Youth surveys in Zambia, 1999 & 2000. [Draft]. Baltimore, Johns Hopkins University Center for Communication Programs, Aug. 2001. 24 p.

UNICEF CEE/CIS and Baltics Regional Office. 22 February 2004. "HIV/AIDS in Europe and Central Asia". Press release.

UNAIDS. 2004. *Report on the Global AIDS Epidemic 2004: 4 th Global Report* (UNAIDS/04.16E). Geneva, Switzerland: UNAIDS.

UNICEF,UNAIDS,USAID. July 2004. *Children on the Brink 2004: A joint report of new orphan estimates and a framework for action*. New York: USAID.

UNICEF. 2003. *The Epidemiology of HIV at the start of the 21 st Century: Reviewing the evidence*. Geneva: UNICEF. Cited in UNAIDS. 2004. *Report on the Global AIDS Epidemic 2004: 4 th Global Report* (UNAIDS/04.16E). Geneva, Switzerland: UNAIDS.

United Republic of Tanzania (1995) National Policy on HIV/AIDS/STD, prepared by the Ministry of Health.. www.who.int/hiv/topics/condom/promotion

United Republic of Tanzania (1995) National Policy on HIV/AIDS/STD, prepared by the Ministry of Health.

United Republic of Tanzania (2001) National Policy on HIV/AIDS, prepared by the Prime Ministers Office.

United Republic of Tanzania (2001) National Policy on HIV/AIDS, prepared by the Prime Ministers Office.

www.cdc.gov

www.ncbi.nlm.nih.gov

www.schoolsand health.org

www.stopaids.org

www.twinningagainstaids.org/tanzania.html

www.unaids.org

www.who.int/hiv/topics/condom/promotion