

SOUTHERN NEW HAMPSHIRE UNIVERSITY

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MASTER OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT (2007)

IMPACT ASSESSMENT OF HIV/AIDS EDUCATION

A CASE STUDY OF COMMUNITY YOUTH EDUCATORS ORGANIZATION

MBURAHATI WARD KINONDONI MUNICIPALITY

DAR ES SALAAM

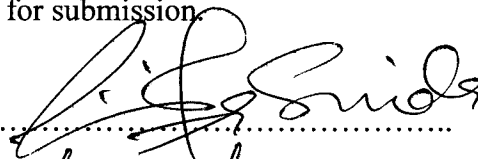
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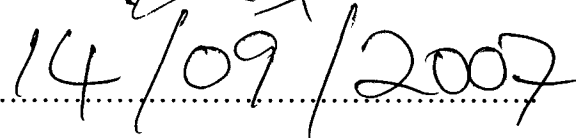
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A PROJECT SUBMITTED IN PARTIAL FULLFILLMENT OF THE
REQUIREMENTS FOR
THE MASTER OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT
IN
THE SOUTHERN NEW HAMSHIRE UNIVERSITY AT THE OPEN
UNIVERSITY OF TANZANIA 2007

Supervisor certification

I Dr Sinda H. Sinda, certify that I have read this project report and found it to be in an acceptable form for submission.

Signature 

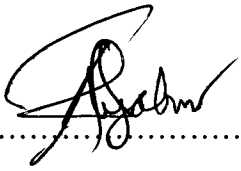
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Declaration

I Mugabiro, Aron Tryphon declare that the content of this report is the result of my own study and findings. To the best of my knowledge, the content of this project report it has neither ever been presented to the Southern New Hampshire University (USA) or the Open University of Tanzania nor to any other institution of higher learning for the award of Master of Science degree in Community Economic Development.

Signature  Date 14/10/2007

Dedication

The project is dedicated to my beloved daughter Lucia

Abstract

The HIV/AIDS epidemic is the most pressing social and health issue facing Tanzania. HIV has spread to all regions of mainland Tanzania, and at a slower rate in Zanzibar. More than 2 million adult Tanzanians are living with HIV/AIDS. Studies show that at least one out of nine adults in Tanzania is HIV positive. As establishment of CBOs in Tanzania is gaining pace, the need to build capacity becomes more evident. This project examined the HIV/AIDS awareness campaign in Mburahati ward conducted by Community Youth Educators Organization. The community based organization is conducting training to groups of youth who are at risk of contracting the disease due to lack of awareness on HIV/AIDS and unsafe sex practice. The Community Based Organization (CBO) has been perceived as appropriate desire of bringing about rapid changes in the community. This organization has been implementing different programs in the community on HIV/AIDS preventive education.

An impact assessment was conducted on the impact of the HIV/AIDS education provided by the CBO. It was observed that the majority of the youth know about HIV/AIDS and the findings show that the CBO is fairly conducting its activities as 47.8% of the respondents know it and acknowledge the activities conducted by it. The study also revealed that combinations of methods were useful in bringing about HIV/AIDS education to youth in the ward through other stakeholders who provide HIV/AIDS education. Basing on this study, I urge the government to consider the weaker economic situation of women, which has greatly influenced the HIV/AIDS epidemic and extend awareness and preventive education at the grass root level. This should be done by use of AIDS committees at street level in collaboration with the community based organization. With this project in Mburahati ward, we expect to reduce the spread of the disease among the youth groups.

Executive Summary

The Community Youth Educators Organization (CYEO) is a community-based organization dealing with creation of awareness on HIV/AIDS to the Mburahati ward community in Kinondoni municipality. The project started in 2002 with the main objective of reducing the spread of HIV/AIDS among youth through awareness creation using cultural shows, seminars, house-to-house visits and collaboration with other stakeholders in education. The impact of HIV/AIDS pandemic on our society is catastrophic. Over 70 percent of those infected is the Youth group ranging from 20 –39 years of age thus accounting for the biggest number of HIV infected group. Women are in a special vulnerable position in regard to contracting HIV/AIDS. This is because social and economic pressures are forcing women to engage in high-risk behaviours. Lack of education and awareness on HIV/AIDS and low knowledge on sex education are the major causes of the problems.

Major part of Mburahati ward is squatter areas and densely populated. Most of the residences are low-income earners. It was the first ward in 2003 for having more cases of Sexual Transmitted Diseases (STD) infections. A total of 657 people were infected (report from Kinondoni municipal 2003) and in the same year the Kinondoni Municipal had a total of 13,036 HIV/AIDS cases. According to the report from the ward executive office statistics showed that from 2002 to 2005 a total of 143 people died due to HIV/AIDS. Male being fifty one (51), female seventy (70), and children twenty two (22). The report from ANGAZA voluntary counseling showed that one hundred and twenty four (124) people are living with the HIV/AIDS. Fifty three (53) being male and sixty two (62) female with nine (9) children. The ward has fifty two (52) widows, thirty one (31) widowers and one hundred and ninety eight (198) orphans. The project is aiming at assisting youth aged from 15 to 30 years. The

total population of Mburahati ward is 21,608 people, male being 10,882 and Female 10,726.(2002, Census report). Majority of the inhabitants of the ward are low-income earners dealing with small business. Most women are food vendors while most youth are petty traders. The area is occupied mostly with the coastal region tribes (Zaramo, Ndengereko,), which are characterized with traditional dances (Ngoma) played over night, drinking local brew. The social structure, which is relevant to the situation, is the period when girls become matured at the age of 12 -15. They are taught about marriage and sex; hence they usually start practicing sexual intercourse even before marriage. The family size ranges from 4 to 10 people. Due to the mixture of people there is no traditional means of addressing the problem apart from the ways used by CYEO and other stakeholders.

My goal in this project was to assess the impact of HIV/AIDS education in the ward specifically provided by the Community Youth Educators Organization with the specific objective to:

- 1) Assess and analyze the level of HIV/AIDS knowledge among youth in Mburahati ward from Community Youth Educators Organization.
- 2) Assess the contribution of different stakeholders in providing HIV/AIDS education to the youth in Mburahati ward.
- 3) To suggest effective methodology for behavioural change communication among the youth in the ward.

The research findings shows that

The recall of CYEO activities was relatively moderate among the respondents; about 47.8% were able to recall the activities.

Among the teaching ways applied by CYEO in the ward, the discussion method was leading with 38.9%, followed by cultural shows 27.8%, Seminar 15.6% and drama was the last with 2.2%.

The HIV/AIDS knowledge was 87%, and at least majority could mention at least one mode of transmission, and frequent mentioned modes of transmission were sexual intercourse. The contribution of HIV/AIDS education from other stakeholder was revealed to have a greater impact for effective behaviour change communication campaign, as 29% were received from stakeholder dealing with prevention campaign, 15% from behaviour change communication campaign, 16% were from counseling centre and the rest which is 40% did not specifically recall in which activities but they know HIV/AIDS.

With this project we expect to change behaviours of the youth in Mburahati ward through the education/training which will be conducted so as to reduce the spread of HIV/AIDS.

The following are recommended to the Government:

- 1) Education and awareness should be extended to all areas within the ward by creating AIDS committees at street level/grassroots level to be responsible with planning activities pertaining to the disease.
- 2) Peer education strategies should be promoted as the youth are free and can talk about sex. Single sex groups are easier to organize and plan their activities to prevent HIV/AIDS spread.
- 3) More support from the Government should be rendered to CBOs to increase learning material that is Information Education Communication materials (IEC) for youth as most of CBOs have no ability to produce the materials.

- 4) The Government should check on the weaker economic situation of women, which has greatly contributed to the spread of the HIV/AIDS epidemic. Programs should be initiated to reduce level of vulnerability for girls and women should be encouraged to initiate small businesses to increase their economic status since they are forced to trade sex for income because of poverty.
- 5) This kind of project should be conducted in different areas of Tanzania to reduce the spread of HIV/AIDS spreads among youth as the situation seems to be the similar in many areas.

Acknowledgement

I would like to take this opportunity to thank the Southern New Hampshire University and the Open University of Tanzania for availing me an opportunity to pursue the Master of Science degree in Community Economic Development.

I specifically thank Dr. Sinda H. Sinda for his guidance, which made this project report such an enriching and interesting experience to the Community Youth Educators Organization.

My thanks also go to all Open University of Tanzania staff in the Program of Community Economic Development for the effort and care they made to facilitate my project report to meet the set standard. Particularly, I thank Michel Adjibdou and Mr. Mutasa, Felician for their persistent encouragement to complete the project report in time.

Moreover, my sincere thanks should go to Mr. Charles Jabu, the Executive Chairman of the Community Youth Educators Organization who tirelessly worked with me during my research survey in Mburahati ward with his Community Based Organization.

Lastly, I thank my family for their support, encouragement and tolerance for the time that I was attending school and working hard to complete my master program.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS - Acquired Immune Deficiency Syndrome

HIV - Human Immunodeficiency Virus

CYEO – Community Youth Educators Organization

CBO – Community Based Organization

BCC - Behaviour Change Communication

DACC – District Aids Control Coordinator

PSI – Population Services International

FHI – Family Health International

TACAIDS – Tanzania Commission for AIDS

NACP – National Aids Control Program

IEC – Information Education Communication

NGO – Non Governmental Organization

STD – Sexual Transmitted Diseases

AMREF – African Medical and Research Foundation

PASADA – Pastoral Activities and Services for HIV/AIDS People Dar es Salaam

Archdiocese

CEDPA – Centre for Development and Population Activities

CED – Community Economic Development

PLHAs – People Living with HIV and AIDS

TAP – Tanzania AIDS Project

UNDP – United Nation Development Program

CIA – Central Intelligence Agency

SCVP – Special Cancer Virus Program

OPV – Oral Polio Vaccine

SIV -- Simian Immunodeficiency Virus

ACDP – AIDS Community Development Project

TOCHA – Tanzania Orphan and Children with HIV/AIDS

MBADECO – Mburahati Barafu Development Community

CHAPTER ONE

COMMUNITY NEEDS ASSESSMENT

The Community Needs Assessment is a litmus test for the real needs of the community. This chapter highlights the community profile and the real needs of the Mburahati community recognized by the community leaders, influential people and the CBO members (Community Youth Educators Organization members).

1.1 Community Profile

Mburahati is one of the 27 wards within Kinondoni municipality in Dar as Salaam city. Most of the area in this ward is squatter area and densely populated. A majority of the residents are low-income earners. A major problem facing this ward is the spread of HIV/AIDS among youth. It was the fourth ward in Kinondoni municipality in 2003 for having more cases of sexually transmitted diseases infections. A total of 657 people were infected, male being 231 and female 426. It was the first ward for the HIV/AIDS episodes in Kinondoni district with 135 cases. (Kinondoni municipal report 2003).The area is occupied mostly with the coastal region tribes (Zaramo and Ndengereko,) who are characterized with traditional dances conducted over night and dominated with drinking of local brew. The social culture, which is relevant to the situation, is the period when girls become matured at the age of 12 -15. At this time they are taught about marriage and sex as result they usually start practicing sexual intercourse even before marriage. The family size of households ranges from 4 to 10 people. Due to the mixture of people there is no traditional means of addressing the problem apart from the ways used by the

organization and other stakeholders. The community is comprised of many tribes but no tribalism trait is available and the power structure is patrimonial.

Before the start of the project HIV/AIDS awareness was very low as the number of infections was high. Majorities of the youth were practicing unsafe sex, condom use was low and multiple sexual partner practice was common. The youth were not interested in taking proactive measures such as using condom and pills and awareness on HIV/AIDS modes of transmission was also low. This information was derived from the sampled youth and married couples interviewed during this research.

1.2 Reasons for conducting a community needs assessment

There are a number of reasons which guided the researcher to conduct a need assessment study:

- 1) To learn more about what Mburahati community needs are
- 2) To assess if the need addressed by Community Youth Educators Organization is in line with the community need.
- 3) To make sure any actions taken by the researcher are in line with needs expressed by the community.
- 4) To get more group and community support for the proposed intervention.
That's because if people have stated a need for a particular course of action, they are more likely to support it.

Finally the results of a Community Needs Assessment can provide valuable information about what services are needed in the community; how the Mburahati community view

present services; what their recommendations are for improvements; and, identifying any new needs that the community may need to address.

1.3 The Research Methodology used

The instrument used was in person interview, face to face interviews, and questionnaires. Both instruments have been used in order to get information on written responses and ask for more explanation on the respondents reactions. The oral interview selected produces better results than the written questionnaire. The interviews help find in-depth information of the respondent.

1.3.1 Contents

The questionnaires have ten questions. The first five questions describe the type of organization that provide HIV/AIDS education to Mburahati youth and the other five describe the type of education provided to youth and other source of HIV/AIDS education to Mburahati youth.

1.3.2 Survey Design

A cross sectional survey design was used to collect information on the impact of HIV/AIDS education among youth in Mburahati ward. This design was considered favorable because of the limited time for collecting data. According to Babbie (1990) and Bailey (1978) this method is suitable for a descriptive study as well as for the determination of relationship between and among variables used in the study.

1.3.3 Type of Survey

This is a descriptive type of survey design which is trying to gather information on the impact of the project implemented by the Community Youth Educators Organization on HIV/AIDS awareness/education in Mburahati ward and come out with the findings basing on the existing phenomena.

1.3.4 Limits on Internal and External Validity

(a) External Validity

The time for survey was so short that we were forced to take a small sample.

The survey started by offering 10 questionnaires and conducting interviews for pilot testing to the target audience and these questionnaires were reviewed after being filled and then finalized questionnaires were used to collect information.

The information obtained from the pilot survey, the actual survey and the interview was similar which proves the validity of the information collected. Another guarantee is that the information gathered was from the responses of different individuals with different characters and who are not coming from one cohort. This means that the results of the survey apply to the target youth community of Mburahati ward.

(b) Internal Validity

The survey used random sampling to make sure any youth had an equal chance of participating in the survey. This helped to reduce biases from the researcher.

Response rate was 97% out of 90 respondents.

1.3.5 Sampling

The population of study consisted of youth groups in Mburahati ward. The Ward has a total of 18 camps with an average of 25 youth per camp. (Total of 450 youth)

The probability sampling method using a simple random sampling technique was used to find a sample size of 90 youth from the 18 youth groups which have an average of 25 youths.

1.3.6 Data Analysis Techniques

The collected data was verified and coded prior to analysis. Through the use of SPSS, this study has made use of both qualitative and quantitative methods and tools of analysis to analyze data. The analysis of data involved descriptive statistics through frequencies distribution, tables and charts as well as narrative analysis to summarize what had been collected for use in the study. Other tools were also used such as mean, median and mode.

1.3.7 The Community Need Assessment Findings

A total of 90 respondents were successfully interviewed during the survey. Of these respondents, 46.7 percent were male while 51 percent were female. With this skewed gender distribution, it was necessary to weigh the data appropriately in the course of analysis of the key behavioural and attitudinal indicators. In this section, we examine socio-demographic characteristics of the respondents, including age and gender of respondents.

Table No.1: Age of Respondent

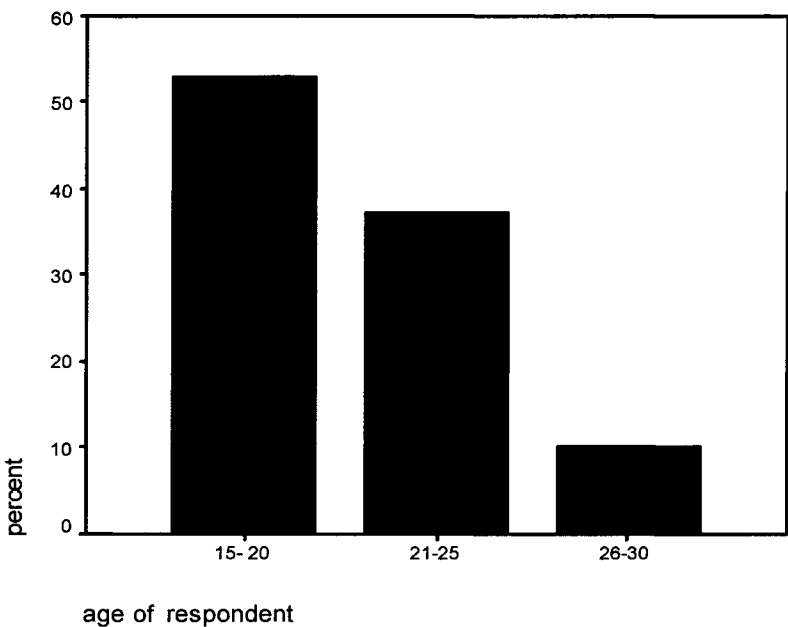
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	15- 20	47	52.2	52.8	52.8
	21-25	33	36.7	37.1	89.9
	26-30	9	10.0	10.1	100.0
	Total	89	98.9	100.0	
Missing	System	1	1.1		
Total		90	100.0		

Source: Field Survey, 2006.

Age: In Overall, less than half of the respondents were in their adolescent years (aged 15-20 years). There is no significant gender difference in the age distribution: the mean age was 19.4 years for male respondents and 19.3 years for their female peers.

Age distribution of the respondents is also summarized in form of bar chart in Fig 3.

Figure 1: Age of Respondent



Source: Field Survey, 2006

Table No.2: Gender of Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	2.2	2.2	2.2
Male	42	46.7	46.7	48.9
Female	46	51.1	51.1	100.0
Total	90	100.0	100.0	

Source: Field Survey, 2006 (N = 90).

The findings show that 51.1% of the respondents were female and 46.7% were male. (See table 1.1 above). The findings from other studies have shown those female human beings are the most at risk due to social economic reasons. This study managed to get views of the most risk prone gender group.

(a) Exposure to Community Youth Educators Organization (CYEO)

The research measured exposure to the CYEO through respondents' recall of the key teaching methods used by the Community Based Organization. The data show that recall of CYEO activities is relatively moderate among the respondents: about 47.8% of the respondents were able to recall the activities of at least of the method used. (Discussion, drama, cultural shows and seminars) Table1.2. shows the proportion of the respondents that were exposed to the various CYEO activities and those who did not know CYEO and its activities in Mburahati ward.

Table No.3: Knowing Community Youth Educators Organization (CYEO)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9	10.0	10.0	10.0
Know	43	47.8	47.8	57.8
Don't know	38	42.2	42.2	100.0
Total	90	100.0	100.0	

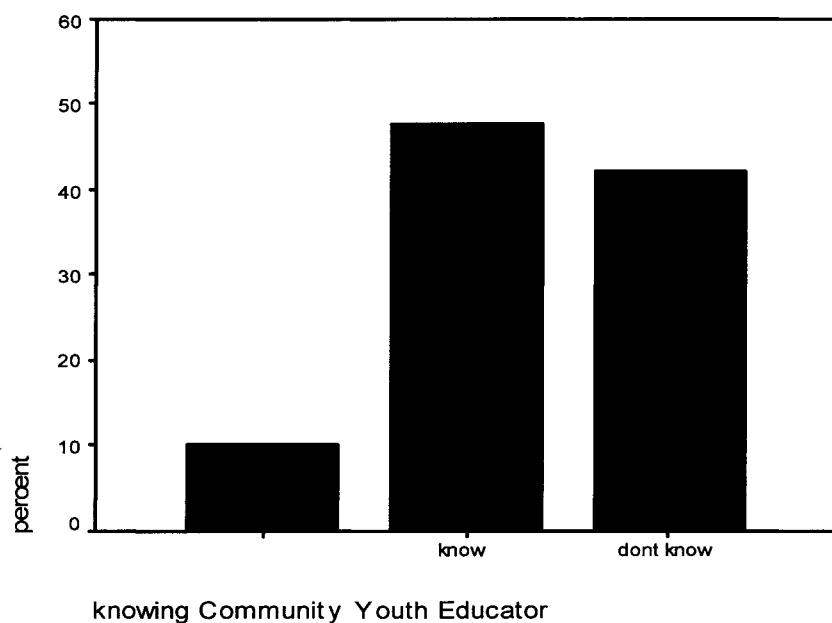
Source: Field Survey, 2006 (N= 90)

The data in table 1.2 shows that 47.8% of respondents knew of the CYEO and where it is located while 42% they did not know of CYEO and its activities but had got information of HIV/AIDS from other sources that is ISHI campaign, PSI Tanzania, PASADA, AMREF, TOCHA, Mburahati Roman Catholic Church, TV, Radio, Newspaper and leaflets.

These respondents were youth ranging from 15- 20 years and accounted for 53% while the group of age between 21-25 years accounted for 43%.

The findings are also shown in bar chart in Fig 2.

Figure 2: Knowing Community Youth Educators Organization



Source: Field Survey, 2006

(b) Exposure to CYEO Teaching Methods in the Ward

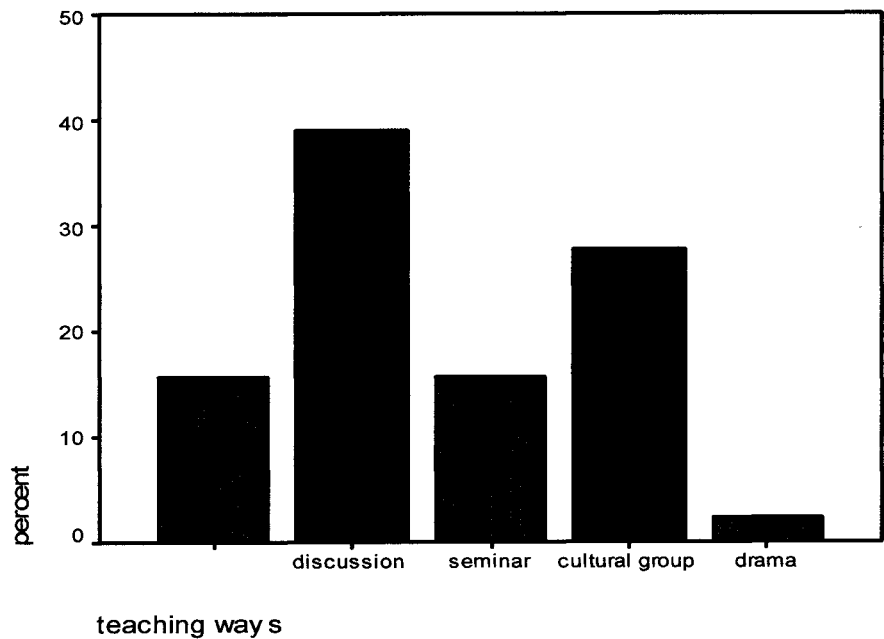
Among the teaching ways which were applied by the CBO in the ward is the discussion group which is leading with 38.9%, followed by cultural shows 27.8%, seminars 15.6% and drama 2.2%. This implies that discussion conducted among youth group was well preferred and disseminated a lot of knowledge to youth groups in Mburahati ward (Table No.4)

Table No.4: Teaching Methods

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	14	15.6	15.6	15.6
discussion	35	38.9	38.9	54.4
seminar	14	15.6	15.6	70.0
Cultural group	25	27.8	27.8	97.8
Drama	2	2.2	2.2	100.0
Total	90	100.0	100.0	

Source: Field Survey, 2006 (N = 90)

Figure 3: Teaching methods



Source; Field Survey, 2006

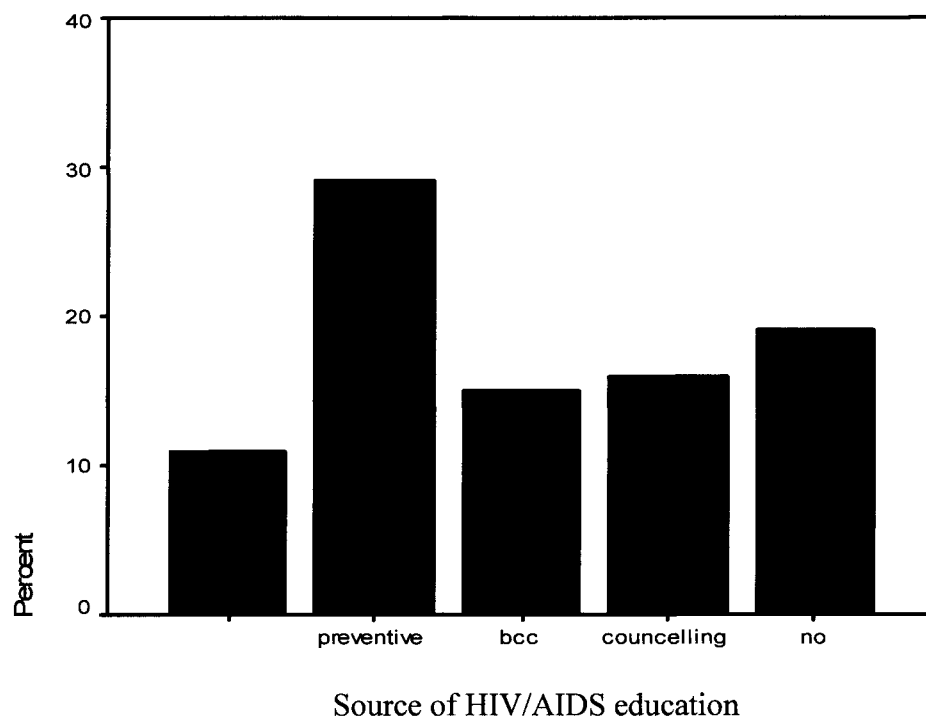
(c) Knowledge about HIV/AIDS

Almost all the respondents 87% had heard about HIV/AIDS (Surveyed data 2006). The large majority could mention at least one correct mode of transmission of the infection. The most frequently mentioned modes of transmission were sexual intercourse and sharing of sharp objects like needles or razors. In contrast, very few of the respondents spontaneously mentioned mother-to-child transmission. Knowledge about the modes of HIV transmission was slightly better among men than among women.

The most frequently mentioned methods of prevention included abstaining from sex, the use of condom and mutual faithfulness. Comparatively fewer respondents mentioned avoiding injection or not sharing sharp objects. Among the youth interviewed all respondents knew how HIV is transmitted. This shows the combination of methods from other stakeholders has greater impact for effective behaviour change communication campaign.

Figure 1.2 below shows that 29% of the respondent's education was from stakeholder dealing with prevention, 15% from behaviour change communication partners, 16% from the counselling centers.

Figure 4: Education from other sources



Source: Field Survey, 2006

About half of the respondents articulated the three ABC prevention methods. As expected, knowledge about the three ABC methods was a function of education:

(d) Perceived Risk for HIV/AIDS

It was revealed that 45% of the respondents knew that youth groups are in danger of getting HIV/AIDS as opposed to 30% of prostitution, 15% of poor people and 10% of marriage couples.

However, 4% of the respondents did not remember where they got information but they knew that there is HIV/AIDS.

The results obtained are in line with the research objective of assessing impact of HIV/AIDS education to youth groups in Mburahati ward.

CHAPTER TWO

PROBLEM IDENTIFICATION

This chapter highlights the specific area for change by directing the solution to the HIV/AIDS problem in Mburahati ward. It explains the problem identified and the way to solve it, with the major focus to incorporate the community, stakeholders and the CBO initiatives i.e. goal and objectives set by the Community Youth Educators Organization to solve HIV/AIDS problem in Mburahati ward.

2.1 Problem statement

HIV/AIDS is one of the major problems in Tanzania. The Aids pandemic in Tanzania is also one of the most severe in Sub Sahara Africa. HIV/AIDS is the second, out of the three major killer diseases in Tanzania. Others are malaria and tuberculosis (Katuli, 2002). HIV/AIDS has become a disease of young people, with young adults aged 15-24 accounting for half of the 5 million new cases of HIV infection worldwide each year (UNFPA, 2003). Yet young people often lack the information, skill and services they need to protect themselves from HIV infection. Providing these is crucial to turning back the epidemic.

As pointed out earlier, the present knowledge on the spread of HIV/AIDS is very high as reported by many researchers (Tumbo-Masabo, 1996, Global AIDS epidemic, 2004 and Weiss, 1993). But the gaps remain in understanding of HIV/AIDS prevention, especially with respect to male, female and adolescent girls. This study is significant assessing the impact of the Community Youth Educator Organization awareness and prevention education campaign to youth groups in Mburahati ward in Dar es Salaam.

The HIV/AIDS is recognized as a broad problem through the lack of knowledge and awareness among the youth in Mburahati ward.

The target community of this study is the youth group ranging from 20 – 39 years of age which accounts for the biggest number of HIV infected group. Women are in especially vulnerable position in regard to contracting HIV/AIDS. It was the first ward in 2003 for having more cases of sexual transmitted diseases infections. A total of 657 people were infected (Kinondoni municipal report 2003) and in the same year the Kinondoni Municipal had a total of 13,036 HIV/AIDS cases. According to the report from the Ward Executive Office statistics showed that from 2002 to 2005 a total of 143 people had died due to HIV/AIDS. Among those fifty one (51) were male, Seventy (70) were female, and twenty two (22) were children. The ward had 52 widows, 31 widowers and 198 orphans

Report shows that 124 people in Mburahati are living with HIV/AIDS and 53 are male, 62 female (Kinondoni municipal, 2004).

The Study area which is Mburahati ward in Kinondoni district was leading in HIV/AIDS.

The contribution of this survey is not only academic but also interventional it helps work closely with the Community Based Organization in the struggle against the disease by using skills and experiences acquired to strengthen the long term goal of the intervention programme.

2.2 Target community

The target community of this project is the youth group ranging from 15-39 year of age in Mburahati ward Dar es Salaam. The peer educators create this group with awareness on HIV/AIDS through the house-to-house visits, seminars and camps education. Since the group likes much entertainment, cultural group is also used to create awareness as most of them are doing unsafe sex and their knowledge is very low.

2.3 Stakeholders

Within the ward we have major stakeholders and CBOs which compliment CYEO effort in creating awareness about the HIV/AIDS and reducing its spread among youth groups. These include, the TOCHA+ dealing with orphan and children with HIV/AIDS. Though they do not concentrate much on the preventive education to the community, Mburahati Community Based Information and Counseling Centre conducts community counselling and testing of HIV/AIDS to the Mburahati community. All organizations are associated with the TACAIDS (Tanzania Commission for AIDS). The similarity is that all deal with the HIV/AIDS disease. But the difference is the type of services provided, care for orphans, counseling and testing and preventive education. Other stakeholders are ISHI campaign, Family Health International, and Population Service International. They are dealing with preventive education to youth at a national level. The education includes HIV/AIDS education through the media, seminars, youth events, film shows and condom distribution by PSI. The Mburahati community is also a stakeholder.

Table No.5: Stakeholders analysis

Stakeholder	Participation	Evaluation	Impact of participation	Rate	Plan
Mburahati Community Based Information and Counseling Centre	They conduct Voluntary counseling and testing for HIV/AIDS for the Mburahati residence.	Participation Medium Very few people are going to test for HIV/AIDS due to low knowledge.	It will increase the number of people reached or getting knowledge hence reduction of spread in the long run.	Positive impact	-To collaborate with them while educating the community and support with education materials from TACAIDS.
TOCHA + (Tanzania Orphan and Children with HIV/AIDS)	They are taking care of children living with HIV/AIDS. Through the center established they help in educating the orphans on prevention to reduce spread of HIV among them.	Participation Low	They don't concentrate more on the prevention education but care and treatment on infected children.	Positive	-To collaborate with them to educate the infected children on how to prevent themselves to reduce spread by producing training manual.
MBADECO (Mburahati Barafu Development Community)	Education on HIV/AIDS is conducted while doing or conducting their development activities.	Participation Low	It Increase the number of people educated at a slow rate.	Positive impact	-To collaborate with them by providing education materials/ training manual.

ISHI CAMPAIGN	They have national campaign on HIV/AIDS to youth.	Participation High	Increase the number of youth reached through their intervention (Education on HIV/AIDS prevention) through drama, cultural and advertisement.	Positive Impacts	-To collaborate more with ISHI and conduct more intervention with youth in Mburahati ward.
PSI – Population Services International.	Distribute condoms and create Awareness on HIV through cultural shows and educate through the mobile video van.	Participation High	Increase accessibility and availability of protective gear to the community. Also education on HIV prevention through film shows increase awareness	Positive Impacts	-Requesting them to come to Mburahati ward for more film show education -Request them to utilize our cultural group for education and awareness creation but on other hand increase CBO income.
TACAIDS	Provide us with IEC material for education.	Participation Medium	Help our CBO to fulfill the needs of IEC materials. They hired our cultural group for education and awareness in different events.	Positive Impacts	-To increase the collaboration and acquire more educational material -Request for our group to participate in more occasion organized by Tacacids for education and increase CBO income.

Mburahati residents	They respond in meeting and cultural performance. The door to door visits also have a good response from the community.	Participation High depending on method/technique used to create awareness. Cultural –high participation than meetings and home visits.	After education usually people understand, ask questions.	Positive	-To utilize the ward leader meeting and use any opportunity to educate the community. -Development of participatory training manual to improve teaching and work performance of CBO leaders
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2.4 Project goals

The goal of the project was to reduce HIV/AIDS spread among the youth in Mburahati ward.

2.5 Project objectives

The objectives of the project were:

- 1) To reduce the spread of HIV/AIDS among the youth in Mburahati ward through education using seminars, cultural shows, meeting, and house-to-house visits;
- 2) To organize awareness/education campaign with stakeholders to educate the youth; and
- 3) To organize meetings with the ward leader for more sensitization on the prevention of the disease.

2.6 Host organization

The Community Youth Educators Organization is the host organization in facilitating the performing of the project to assess the impact of HIV/AIDS education within Mburahati ward. The CYEO is based in Mburahati and the office is located in Mburahati National House, with registration number 00NGO/0933 and was officially registered in 2004. It has 20 members which include Chairperson, Secretary General, Treasury, Advisory board and members. The project started officially in 2003, with a time bound of 5 years, with the major activity of creating awareness about HIV/AIDS prevention to youth group range from 15-30 years within Mburahati ward. My role in this CBO as a Community Economic Development student was to assess the impact of HIV/AIDS education conducted by the CBO in Mburahati ward. Other responsibilities include capacity building of CBO members and activities including monitoring of the daily operation activities, financial documentations and facilitation and conduction of trainer of trainer course from stakeholders.

CHAPTER THREE

LITERATURE REVIEW

This chapter highlights the texts that review the critical points of the current knowledge of HIV/AIDS and has been categorized in three parts i.e. theoretical, empirical and policy on HIV/AIDS. The theoretical part explain the theories associated with the HIV/AIDS while the empirical part highlight the work done by others on impact assessment with the HIV/AIDS projects in different areas. The last part explains the policy reviews which govern such type of problem as far as the CBO project is concerned.

3.1 Theoretical Literature Review

3.1.1 What is HIV/AIDS

"AIDS is caused by infection with a virus called human immunodeficiency virus (HIV). This virus is passed from one person to another through blood-to-blood or sexual contact." As an independent AIDS organization founded in 1986, AVERT has taken a keen interest in the ongoing debate about what causes the condition. In investigating the consensus position, we have followed and carefully considered the arguments of the dissident minority who claim that HIV is harmless or even that it might not exist. This topic is vitally relevant to how our organization works to prevent people developing AIDS and to help those who are suffering.

3.1.2 How Could HIV Have Crossed Species

It has been known for a long time that certain viruses can pass between species. The very fact that a chimpanzee obtained SIV from two other species of ape shows just how easily this crossover can occur. As animals ourselves, we are just as susceptible. When a viral transfer between animals and humans takes place, it is known as zoonosis.

Below are some of the most common theories about how this 'zoonosis' took place, and how SIV became HIV in humans.

(a) The Hunter Theory

The most commonly accepted theory is that of the 'hunter'. In this scenario, SIVchimpanzee was transferred to humans as a result of chimpanzees being killed and eaten or their blood getting into cuts or wounds on the hunter. Normally the hunter's body would have fought off SIV, but on a few occasions it adapted itself within its new human host and become HIV-1. The fact that there were several different early strains of HIV, each with a slightly different genetic make-up (the most common of which was HIV-1 group M), would support this theory: every time it passed from a chimpanzee to a man, it would have developed in a slightly different way within his body, and thus produced a slightly different strain.

An article published in *The Lancet* in 2004 also shows how retroviral transfer from primates to hunters is still occurring even today. In a sample of 1099 individuals in Cameroon, they discovered ten (10%) were infected with SFV (Simian Foamy Virus), an illness which, like SIV, was previously thought only to infect primates.

All these infections were believed to have been acquired through the butchering and consumption of monkey and ape meat. Discoveries such as this have led to calls for an outright ban on bush meat hunting to prevent simian viruses being passed to humans.

(b) The Oral Polio Vaccine (OPV) Theory

Could production of the oral polio vaccine have contributed to the spread of HIV?

Some other rather controversial theories have contended that HIV was transferred introgenically (i.e. via medical experiments). One particularly well-publicized idea is that polio vaccines played a role in the transfer.

In his book, *The River*, the journalist Edward Hooper suggested that HIV could be traced to the testing of an oral polio vaccine called Chat, given to about a million people in the Belgian Congo, Ruanda and Urundi in the late 1950s. To be reproduced, live polio vaccine needs to be cultivated in living tissue, and Hooper's belief is that Chat was grown in kidney cells taken from local chimps infected with SIVchimpanzee. This, he claims, would have resulted in the contamination of the vaccine with chimpanzee SIV, and a large number of people subsequently becoming infected with HIV-1.

However, in February 2000 the Wistar Institute in Philadelphia (one of the original places that developed the Chat vaccine) announced that it had discovered in its stores a phial of polio vaccine that had been used as part of the program. The vaccine was subsequently analysed and in April 2001 it was announced that no trace had been found of either HIV or chimpanzee SIV. A second analysis confirmed that only macaque monkey kidney cells, which cannot be infected with SIV or HIV, were used to make Chat. While this is

just one phial of many, most have taken its existence to mean that the OPV vaccine theory is not possible. The fact that the OPV theory accounts for just one (group M) of several different groups of HIV also suggests that transfer must have happened in other ways too.

The final element that suggests that the OPV theory is not credible as the sole method of transmission is the argument that HIV existed in humans before the vaccine trials were ever carried out. More about when HIV came into being can be found below.

(c) The Contaminated Needle Theory

This is an extension of the original 'hunter' theory. In the 1950s, the use of disposable plastic syringes became commonplace around the world as a cheap, sterile way to administer medicines. However, to African healthcare professionals working on inoculation and other medical programmes, the huge quantities of syringes needed would have been very costly.

It is therefore likely that one single syringe would have been used to inject multiple patients without any sterilization in between. This would rapidly have transferred any viral particles (within a hunter's blood for example) from one person to another, creating huge potential for the virus to mutate and replicate in each new individual it entered, even if the SIV within the original person infected had not yet converted to HIV.

(d) The Colonialism Theory

The colonialism or 'Heart of Darkness' theory is one of the more recent theories to have entered into the debate. It is again based on the basic 'hunter' premise, but more thoroughly explains how this original infection could have led to an epidemic. It was first proposed in 2000 by Jim Moore, an American specialist in primate behaviour, who published his findings in the journal *AIDS Research and Human Retroviruses*.

During the late 19th and early 20th century, much of Africa was ruled by colonial forces. In areas such as French Equatorial Africa and the Belgian Congo, colonial rule was particularly harsh and many Africans were forced into labour camps where sanitation was poor, food was scarce and physical demands were extreme. These factors alone would have been sufficient to create poor health in anyone, so SIV could easily have infiltrated the labour force and taken advantage of their weakened immune systems to become HIV.

A stray and perhaps sick chimpanzee with SIV would have made a welcome extra source of food for the workers. Moore also believes that many of the labourers would have been inoculated with unsterile needles against diseases such as smallpox (to keep them alive and working), and that many of the camps actively employed prostitutes to keep the workers happy, creating numerous possibilities for onward transmission. A large number of labourers would have died before they even developed the first symptoms of AIDS and those that did get sick would not have stood out as any different in an already disease-ridden population. Even if they had been identified, all evidence (including medical records) that the camps existed was destroyed to cover up the fact that a staggering 50% of the local populations were wiped out there. One final factor Moore uses to support his

theory is the fact that the labour camps were set up around the time that HIV was first believed to have passed into humans - the early part of the 20th century.

(e) The Conspiracy Theory

Some say that HIV is a result of a 'conspiracy theory' or that it is 'man-made'. A recent survey carried out in the US for example, identified a significant number of African Americans who believe HIV was manufactured as part of a biological warfare programme, designed to wipe out large numbers of black and homosexual people.

Many say this was done under the auspices of the US federal 'Special Cancer Virus Program' (SCVP), possibly with the help of the CIA. Some even believe that the virus was spread (either deliberately or inadvertently) to thousands of people all over the world through the smallpox inoculation programme, or to gay men through Hepatitis B vaccine trials. While none of these theories can be definitively disproved, the evidence they are based on is tenuous at best, and often ignores the clear link between SIV and HIV, or the fact that the virus has been identified in people as far back as 1959. They also fail to take into consideration the lack of genetic-engineering technology available to 'create' the virus at the time that AIDS first appeared.

3.1.3 Historical Background

The HIV/AIDS epidemic is one of the world's most serious development crises. An estimated three million people died of AIDS in 2003 and more than five million acquired the Human Immunodeficiency Virus (HIV) bringing to 40 million the number of people living with the virus around the world (UNDP, 2003). Adding to an already heavy disease

burden in poor countries, the HIV/AIDS epidemic is deepening and spreading poverty, worsening gender inequalities, reversing human development, and eroding the capacity of governments to provide essential services. By reducing labour productivity, the spread of HIV/AIDS is also hampering pro poor growth in many countries.

HIV/AIDS is a national, indeed a global disaster that calls for concerted and unprecedented initiatives at national and global levels to contain it. It is seriously threatening the survival and development of our nation. Since the first cases were reported in Tanzania in 1983, over two million Tanzanians have been infected with HIV, and thousands have died of AIDS. The impact of the HIV/AIDS pandemic on our society is catastrophic. Over 70 percent of those infected are aged between 20 – 49 years, and the infection rate is higher among the younger in this group. This is the most productive age group upon which families and the nation depend for sustenance, production, and development, the very future of the families and the nation. HIV/AIDS is preventable, transmission of infection is preventable through changes in individual behaviour, and hence education and information on HIV/AIDS, behavioural change communication as well as prevention strategies are necessary for people and communities to have the necessary awareness and courage to bring about changes in behaviour at the community and individual levels (Mkapa, B. HIV/AIDS report by TACAIDS, 2001).

3.1.4 Knowledge/Awareness of AIDS

The Health Survey result (1991, 1992, and 1996) indicates that over 99 percent of Tanzania mainlander's age 15 – 49 have heard of AIDS. Awareness of AIDS is widespread, with around 96 percent of respondents in all age groups, regions, residence, and education groups having heard of HIV/AIDS.

Overall, the level of awareness about AIDS for both women and men has increased slightly between the year 1999 and 2003. The results show that knowledge of HIV prevention methods is also widespread. More than 4 in 5 respondents (87 percent of women and 88 percent of men) indicates that the chance of getting the limiting sex to one partner who is not infected and who has no other partner can reduce AIDS virus partners. Sixty eight percent of women and seventy five percent of men say that people can reduce their chances of getting the AIDS virus by using condom every time they have sex.

Knowledge of both of these means of avoiding HIV transmission is also high, with 63 percent of women and 69 percent of men citing both as ways of reducing the risk of getting the AIDS virus. As expected, the proportion of both women and men who know that abstaining from sex reduces the chances of getting the AIDS virus is high 87 percent among women and men. For each of these knowledge indicators, men are more informed than women (HIV Indicator Survey, 2003-04).

(a) HIV Prevalence by Age and Sex

Results from Tanzania HIV Indicator Survey 2003/4 indicate that seven out of a hundred Tanzanians of age 15 – 49 are infected with HIV. Women are more likely to be infected

than men, with 8 percent infected with HIV, compared with only 6 percent of men. Women are also more likely to be infected at younger ages as compared to men.

Except for ages 15 – 19 where prevalence for both women and men is around two percent, prevalence is higher among women compared to men for ages from 20 – 39. Prevalence is higher among men than women at age's 40- 49. Prevalence for both men and women increases with age until it reaches a peak, which was attained among women at age 30 – 34 and at age 40-44 among men (HIV Indicator Survey, 2003-04).

(b) HIV Prevalence by Residence

In both genders, prevalence of HIV infection is higher among urban residents than those in rural areas with 11 percent of urban residents infected with HIV, compared to 5 percent of rural residents. Regions with high prevalence include Mbeya with about fourteen infected persons out of one hundred, followed by Iringa and Dar es Salaam. Regions with low HIV prevalence are Manyara and Kigoma with two infected persons out of a hundred (HIV Indicator Survey, 2003 –04).

(c) HIV Prevalence among Youth 15 – 24 years

Overall prevalence of HIV for the youth 15 – 24 years is 4 percent. Prevalence among women aged 15-24 years is 4 percent and for men aged 15-24 years is 3 percent. Youth in urban residence for both women and men were likely to be infected than those in rural residences. Formerly married women in this age group have high prevalence of 18 percent, compared to formerly married men (5 percent).

Male youths currently in union were more likely to be HIV positive (5 percent) compared to female youth in the same category (4 percent). Two percent of youth reporting to have never had sex are HIV positive. This may be associated to other means of HIV transmission especially mother to child HIV transmission.

3.1.5 Women and Young People are Especially Vulnerable

HIV infection levels tend to be higher among women than men. The proportion of adults living with HIV/AIDS who are women is approximately 58 percent. Young women are especially vulnerable for biological, cultural and social reasons. In general, many Tanzanians with HIV/AIDS female and male first become infected during adolescence (Tanzania and HIV/AIDS).

3.1.6 Education Program/Strategies

It has been determined that education programs have impact on the people's behaviour although they face a daunting challenge. A large number of forces compel youth to engage in sexual activity, including unprotected sexual activity (e.g. changing hormones, emotional and physical needs and desire, desire to be an adult and to take risks, ambivalence about becoming pregnant or producing a pregnancy, peer pressures and norms promoting sexual risk taking.

It is known that significant underlying factors, such as many manifestations of poverty and family and community disorganization, are related to sexual risk taking behavior, as is detachment from parents or school and lack of belief in the future (Kirby, 2001). Thus, it may not be reasonable to expect that relatively short educational programs can

overcome all these other factors and have a very dramatic impact upon sexual risk taking behaviour.

It was cited by (Kirby, 2001) that most kinds of educational instruction are evaluated by assessing the impact of instruction upon knowledge and not upon behaviour outside of school. For example, history or civics classes are not evaluated by measuring their impact on voting, law breaking, or better citizenry. In contrast, when researchers evaluate the impact of sex or HIV instruction upon sexual or contraceptive behaviour, they use dramatically more challenging criteria, changing sexual or contraceptive behaviour. So there is a need to use these more demanding criteria to track any impact in these programs.

There are more than 60 studies that have used experimental or quasi – experimental design with sample size of at least 100 to examine the behavioural impact of school and community education programs that specifically focus on the reduction of sexual risk taking behaviour among adolescents 18 years old or younger (Kirby, 2001).

For statistical reasons, it was difficult, if not impossible, for most of these studies to measure the impact programs upon actual rates of HIV or other STD infections. However, it was possible to measure the impact upon behaviour that are logically related to HIV and STD infections rates, age of initiation of intercourse, frequency of sexual activity, number of sexual partners, condom use and contraceptive use.

3.2 Empirical Literature Review

Tanzania NGO cluster peer education assessment report 1998, (Hooks et al, 1998). In anticipation of preparation of a five-year development assistance program for HIV prevention in Tanzania (TAP - Tanzania AIDS Project), USAID requested that the effectiveness of a cluster peer education program (5) be assessed. Using a participatory assessment methodology involving focus groups discussions, interviews, and observation, the assessment shed light on several questions. It includes the assessment results, impact, costs, effectiveness and feasibility.

In the baseline assessment of sexual attitude and behaviour among youth in Tanzania Stella, B et al.(2004) examined the attitudes and behaviours concerning HIV/AIDS of Tanzanian youth aged between 15 to 24 years in five regions, described sexual attitudes, identified the socio-demographic and additional correlates of sexual behaviours, examined exposure to behavioural change communication campaigns that targeted youth and analysed the relationship between exposure to these campaigns and sexual behaviours and attitudes.

Kinsman (2001) conducted an evaluation of a comprehensive school based AIDS education programmes in rural Masaka in Uganda. He concluded that large scale comprehensive school based AIDS education programme in sub Saharan Africa may be more completely implemented if they are fully incorporated into national curricula and examined as part of life skills education. This would require teachers to be trained in participatory teaching methods while still at training colleges.

Sohail (2002) on quasi experimental study to assess the impact of four adolescent's sexual health intervention in sub Saharan Africa (Cameroon, Botswana, South Africa and Guinea 1994- 1998)

The interventions targeting adolescents can be effective in changing attitudes and sexual behaviour if they include multiple channels of communication to reach a substantial proportion of young adults. Because few evaluations have shown an impact on behaviours, rigorous assessment of interventions that targeting adolescents are still needed.

Journal by Routledge (2003) Assessment of peer education HIV/AIDS prevention program at work place (Botswana). They assess the impact and outcome of the peer education and concluded to have a measurable positive impact in the key area of improving knowledge, attitudes and practices related to risky sexual behaviour which in turn, should reduce the incidence of transmission of HIV/AIDS and other STDs over a long term.

In South Africa (JAIDS, 2005) the overall knowledge of the cause of HIV/AIDS, modes of transmission and importance of ART adherence was good in the study population. Further research is warranted to assess the extent to which this knowledge and attendant attitude predict adherence levels. The low rate of sero status disclosure to sexual partners calls for multidimensional interventions to reduce HIV related stigma.

Edmund Rutta et al. (2005) explain the participatory assessment of Burundian and Rwandan refugee's perception of the quality of health services in refugee camps in Ngara. Findings show that while refugees in Ngara were generally satisfied with the quality of health care the assessment has relevance both in the context of Ngara and beyond.

The Community Development Projects (ACDP) was a 5 years study (1989-1994) that evaluate the impact of a community level HIV prevention intervention in Dallas, Texas, Denver, Colorado, Long beach, California, New York and Seattle Washington. The goal of the intervention was to promote consistent condom and bleach use among injection drug users, female injection drug users, and female commercial sex workers at risk youth and non gay identified men who have sex with men. The intervention was based on the stage of change model which recognizes that behaviour change is a process and takes time.

Green et al. (2002) considered Uganda to be one of the worlds earliest and best success stories in overcoming HIV. Uganda has experienced substantial declines in prevalence, and evidently incidence, during at least the past decade, especially among the younger age cohorts. The decline is attributed to a number of factors including high level of political support, decentralized planning and implementation for behavioural change communication (BCC). Interventions addressed women and youth, stigma and discrimination, involvement of religious leaders and faith based organizations, effective voluntary counseling and testing and effective management of sexually transmitted infections were also considered

R. Cameron et al. (1998) Summarizes the observations and a lesson learned regarding the application of Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), prevention and reproductive health evaluation methodologies in the context of adolescent and young adult populations and discusses the use of peer network evaluation to understand the dynamics of peer promotion. To examine the interpersonal communication process of peer education, this study tested a new approach using multiple semi structured interviews and network analysis to collect data on 106 peer educators and 526 of their contacts. These evaluation activities were conducted at three sites in Ghana in both periurban and rural locations in both in-school and out-of-school settings. By evaluating the social networks of peer educators it was possible to gain a better understanding of the process of peer education in terms of (a) defining the composition of peer contacts, (b) identifying the social norms that play a critical role in youth decision making, and (c) observing the range of messages and services transmitted during peer education.

Namibia's school Based HIV/AIDS Programmes impact assessment (2000) has revealed that a few years of planned, purposeful actions against HIV/AIDS spread and escalation have granted significant insights into possible effective responses. HIV/AIDS reduction, though a world wide problem, is every nation's responsibility. The school based HIV/AIDS programmes are part of Namibia's broad national agenda on AIDS education and prevention.

Many people welcome these programmes and are eager to associate with them. These programmes utility and effectiveness are thus certain and laudable across the surveyed educational regions. The greatest need is to consolidate and regularize their delivery, and as a matter of urgency, expand them as soon as possible to more schools and youth.

<http://www.unicef.org> (2001) this study provides the Ministry of Education and the Government of Mozambique with information, for strategic planning and advocacy purposes. Determine the impact of the epidemic on the education sector at the national level and also determine the medium- and longer-term effects on the education system's ability to meet its stated strategic objectives over the next ten years.

3.3 Policy Review

The Tanzania HIV/AIDS policy, which the government has promulgated, enables each sector to have a definite plan for the prevention and control of HIV/AIDS. The plans to be implemented according to the guidelines are;

- 1) The Tanzania Government recognizes that all members of the community have individual and collective responsibility to actively participate in prevention and control of HIV/AIDS pandemic.
- 2) Strong political and government commitment and leadership at all levels are necessary for sustained and effective intervention against HIV/AIDS.
- 3) HIV/AIDS is preventable; hence education and information on HIV/AIDS, behaviour change communication, prevention strategies are necessary for people and communities to have the necessary awareness and courage to bring about change at community and individual level.
- 4) The community has the right to information on how to protect its members from further transmission and spread of HIV/AIDS.
- 5) People living with HIV/AIDS are entitled to all basic needs and civil, legal and human rights without any discrimination based on gender differences.
- 6) HIV/AIDS information and education targeting the behaviour and attitudes of employees and employers like shall be part of HIV/AIDS intervention in work places.
- 7) The youth should be given correct information including prevention strategies and promotion of correct consistent use of condoms, voluntary counselling and testing. Girls should also be encouraged to avoid unwanted pregnancies.

- 8) The community is the key in curbing the HIV/AIDS epidemic. The community should be fully informed about HIV/AIDS and the real life challenges in its prevention and care.
- 9) Community programmers shall address the issue of multiple sex partnership and issues of gender and reproductive rights in relation to the spread and transmission of HIV/AIDS.
- 10) HIV/AIDS is community based, on social, cultural and economic problem.

3.3.1 The Overall Goal of HIV/AIDS Policy

The overall goal of HIV/AIDS policy is to provide for framework for leadership and coordination of the multisectorial response to HIV/AIDS epidemic. This includes formulation, appropriate interventions which will be effective in preventing the transmission of HIV/AIDS and other sexually transmitted infections, protecting and supporting vulnerable groups and mitigating the social and economic impact of HIV/AIDS. It also provides for the framework for strengthening the capacity of institutions, communities and individuals in all sectors to arrest the spread of the epidemic.

Being a social, cultural and economic problem, preventing and controlling of HIV/AIDS epidemic will very much depend on effective community based prevention, care and support interventions. The local Government Councils will be the focal points for involving and coordinating public and private sectors, NGOs and faith based groups in planning and implementing of HIV/AIDS interventions, particularly community based interventions.

3.3.2 Prevention of HIV Sexual Transmission

3.3.2.1 Out of School Children

The ministries responsible for youth development affairs, in collaboration with local government councils, NGOs and CBOs shall develop participatory HIV/AIDS, sexual and reproductive health education programmes for the out of school youth. This group should be given correct information including prevention strategies and promotion of correct and consistent use of condom, abstinence and fidelity and voluntary counselling and testing. Girls should also be encouraged to avoid unwanted pregnancies. Having been empowered with information, the youth should be encouraged and supported in developing their own strategies.

3.3.2.2 Community Involvement

The community is the key in curbing the HIV/AIDS epidemic. The community should be fully informed about HIV/AIDS and the real life challenges in its prevention and care. The communities shall be encouraged and supported to develop appropriate approaches to reduce the HIV infection and care for the PLHAs and orphans in the localities. TACAIDS will encourage all sectors, local government councils, faith groups, NGOs and CBOs to mobilize communities to plan and implement their community.

CHAPTER FOUR

IMPLEMENTATION

Implementation is the carrying out, execution, or practice of a plan, a method, or any design for doing something. As such, implementation is the action that must follow any preliminary thinking in order for something to actually happen. This chapter highlights the implementation of the impact assessment of HIV/AIDS awareness campaign conducted by CYEO. It encompasses the product and output with the project budget, implementation plan and actual implementation by the CBO staff pattern.

4.1 Product and output

By the end of second year the Community Youth Educators Organization project will be able to create awareness to the majority of the youth group population in Mburahati ward on HIV/AIDS as an output through the participatory training using discussion, seminar, and cultural activities on HIV/AIDS. This in turn will reduce HIV/AIDS transmission against youth groups in the ward and behaviour change on sexual matters. Through CYEO intervention we expect also to produce more trainers through the training process continuing which will also help to disseminate the information to other disadvantaged groups who are at risk of contracting HIV/AIDS. These trainings will be able to generate others as products to train other youth groups.

4.2 Project planning

The project planning was based on the time frame allocated for the submission of project proposal from September 2005 to January 2006. Table No.3 below shows planned activities of the researcher and accomplishment as per deadline.

Table No.6: Project Planning

Activity	Time frame	Responsible person	Resource
Survey for eligible CBO to work with	3 rd & 4 th week Sept	CED student	Transport
Visiting CBO and introduction	4 th week Oct	CED student	Transport
Holding meeting with CBO leader	5 th week Oct	CED student/executive secretary	CBO leaders
Familiarization with CBO	5 th week Oct	Student/Coordinator Social Service CYEO	Peer educators and community.
Field visit	Nov 1 st week	Peer educator	Transport
Holding focus discussion meeting with CBO member and ward team	2 nd week Nov	CBO member/ward team/student	Venue
Develop term of reference for technical assistance	2 nd week Nov	Executive Secretary	Venue/Time
Visiting Kinondoni Municipality for data	4 th week Nov	DACC	Transport
Visiting TACAIDS for data	4 th week Nov	CED Student	Transport
Visiting NACP	5 th week Nov	CED Student	Transport
Regular technical advisor to improve CBO performance	1 st to 3 rd week Dec	CED Student	CBO leaders
Submit project proposal design	1 st week January 2007	Instructor	Proposal

Table No.7: Project Implementation Plan

Activities	Project month												Resource	Person responsible
	1	2	3	4	5	6	7	8	9	10	11	12		
Develop questionnaire	X												Stationery	CED student
Design data and information		x												CED student
Conduct research			X	x									Researcher/questionnaires/community	CED student
Analyzing data					x	x							Data	CED student
Hold feedback						x							Research finding	CED student / CBO staff
Share with peer educator							x						Findings	CED student /CBO member
Implementation of recommendation								x					Findings	CED student
Conducting training									X	x	x	x	Training manual/Community	Peer educator
Monitoring	X	x	X	x	x	x	x	x	X	x	x	x	Training activities	CED student /CBO staff
Evaluation												x	Project result	Project coordinator
Final report												x	Findings	(CED student)
Consult project supervisor	X	x	X	x	x	x	x	x	X	x	x	x	Materials	Supervisor/s tudent

4.4 Input indicators:

- Peer educators
- 4 training hours a day (From 3:00 p.m to 06:00 p.m)
- The training manual to be used by peer educators
- Mburahati youth groups
- Allowances for peer educators

4.5 Output indicators

- Number of youth reached within the months
- Utilization of training manual by peer educators
- Gender of youth reached.
- Behavioural change among youth groups
- Number of IEC material distributed

4.6 Impact indicator

It will reduce HIV/AIDS spread among youth group in Mburahati.

4.7 Staffing Pattern

The staff plan of the CBO was developed when the project started. It includes 4 leaders namely The Executive Chairman, Executive Secretary, Coordinator for Education Social Services, Training and the Treasury.

Supervisory Roles includes:

Executive Chairman is the key person for all CBO activities and overseeing the project performance as a whole. Executive Secretary is the overall in charge of all CBO activities. The Coordinator for Education Social Services and Training supervise the training activity conducted by the peer educators and Treasury is the supervisor of the CBO funds according to the planned activities.

Training needs of the staff has been planned for capacity building in the general performance of the CBO activities. This is basing on the position of the leader of the CBO. The needs were developed basing on the qualifications and post held.

The Coordinator need training on HIV/AIDS and management, Treasury needs training on financial and the Executive Secretary needs training on managements.

The job descriptions are attached on the appendix page.

4.8 Project Budget

The project budget was developed basing on the plan and time allocated to meet the required deadline. Table No. 5 below shows the planned budget of the project which was Tshs 462,000/ funded by Population Services International. The budget includes all items from initial stage to data processing and analysis.

Table No.8: Project Budget

Activity	Required input						Source
	Description	Qty	Unit	Unit cost	Total	Duration	
Plan meeting with the CBO members, ward team and stakeholder on the assignment to be done.	Members	10	1	250	2,500	1 day meeting.	PSI
	Venue	1	1room	30,000	30,000		
Develop Questionnaires and checklist	Typing paper	3	Ream	7,000	21,000	3 weeks	PSI
	Ball pen	5	Pcs	200	1,000		
	Note books	2	Pcs	750	1,500		
	Staple pin	200	Box	1,000	1,000		
	USB	1	Pc	20,000	20,000		
Pilot testing of questionnaire	Fuel	10	Ltrs	1150	11,500	2 days	PSI
	Researcher Allowance	3		3,000	18,000		
Data collection	Fuel	30	Ltrs	1150	34,500	10 days	PSI
	Researcher	10		3,000	300,000		
Data processing and analysis	Typing	200	Pages	500	10,000	1 month	PSI
	Photocopy	200	Pages	30	6,000		
	Binding	200	Pages		5,000		
TOTAL					462,000		PSI

4.9 Project Implementation

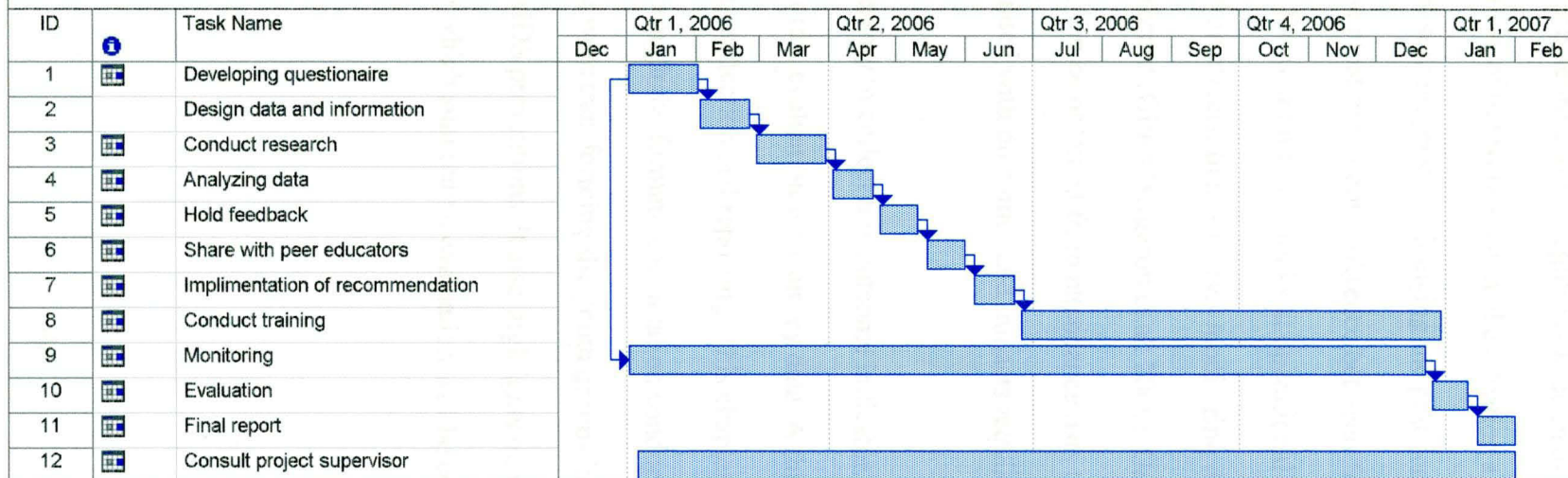
The implementation of the study was following the plan developed that is from January to December 2006. Each activity follows the time frame specified by the plan. It included the developing of the questionnaire for data collection and analysis, followed by implementation of the recommendations from the findings. The research was conducted for two months with six researchers.

The phase one of actual implementation of the project was following the recommendations developed from data analysis. Implementation started by introducing the monitoring form to monitor the implementation of the daily activities of the organization on monthly basis. This was followed by capacity building of the CBO leaders that is training of the leaders on how they can enhance project performance through monitoring form, how the peer educators can effectively conduct training using training manual and effectively utilization of convenient time to have maximum attendance during training.

The second phase of the implementation is on progress to review the monitoring tools which we developed. In the first review the performance of the CBO seemed to continue well as number of training conducted and performance of peer educators is increasing as allowances are given basing on the number of training conducted.

The resources used during the implementation period were able to accomplish the CBO objectives within the specified time frame as per implementation plan mentioned in the above section.

Figure 5: Project Gantt Chart



Project: Project1
Date: Wed 9/12/07

Task		Rolled Up Task		External Tasks	
Progress		Rolled Up Milestone		Project Summary	
Milestone		Rolled Up Progress			
Summary		Split			

CHAPTER FIVE

MONITORING, EVALUATION AND SUSTAINABILITY

Monitoring can be defined as the regular collection of information to assess progress in the implementation of the work plan; and evaluation as the periodic collection of information to assess progress in changing the practices and well being of target populations. The most important difference between “monitoring” and “evaluation” is in their respective focus: monitoring looks at operational implementation, while evaluation looks at population effects. In most cases monitoring data are obtained by compiling routine project record (Gilles Bergeron et al: 2006). Outputs, such as the number of persons trained, can be obtained from attendance lists to a training session. On the other hand data associated with outcomes and impacts require beneficiary or population-level measurements.

A survey is necessary to collect this outcome indicator. Most often, monitoring uses data from project records; evaluation uses survey data. A third key difference is in the frequency of data collection and reporting. This chapter highlight the impact assessment of the projects through the formative evaluation conducted with members of the CBO and how this training were transforming the youth groups in the ward toward behaviour change in HIV/AIDS preventions. It also highlights on the sustainability of the project and the period in which summative evaluation will be conducted.

5.1 Monitoring

Monitoring of project activities was done to assess whether the project activities were conducted as planned and also to assess if the available human resources and other non-human resources were used efficiently during project implementation. Monitoring provides manager with information needed to analyze current situation, identify problems and find solutions, discover trends and patterns, keep project activities on schedule, measure progress towards objectives and formulate/revise future goals and objectives and finally make decisions about human, financial, and material resources.

Monitoring is a continuous process; the first level of monitoring is done by project staff. Supervisors are responsible for monitoring the staff and tasks under them, and the researcher is responsible for monitoring all aspects of the project. The second level of monitoring is done by the donor. Through field visits and routine reports from the supervisors, the donor monitors progress and measures performance.

Monitoring was done through, field visits, review of service delivery and commodity records, management information system (CEDPA, pp 57-59). Information which was planned to be collected includes; the use of time, people, money, and other material resources, results, staff supervision, budget/expenditure , commodities and service delivery and training needs. In order to ensure timely delivery of services there was a need to establish a management information system which was designed to collect information on project activities, to plan, monitor, and evaluate the operations and performance of the project. Monitoring of project activities was done monthly where the team members would meet and discuss on the progress of the project.

5.1.1 Capacity Building

Initially the CBO was lacking monitoring system; activities were conducted on business as usual. Hence my role was also to do capacity building on this aspect by developing the project monitoring system through the monitoring form as a tool for monitoring the project on monthly basis.

5.1.3 Monitoring questions

The researcher wanted to answer the following monitoring questions:

- Are the planned meetings conducted as planned and at the right time? Are the set of resources (CBO members, funds, youth groups) brought together to accomplish project activities? ,Are the set of activities (trainings, cultural shows, seminars, home to home visits) by which resources are used in pursuit of expected results?, Which resources have you acquired that you didn't have before? (Funds, equipments and materials), is there any need of retraining and on which aspect?
- The scores for each of the responses were:
 - 1. = poor
 - 2. = medium
 - 3. = good
 - 4. = very good

5.1.4 Research Methodology

The researcher used different methods to conduct monitoring exercise. The methods used were focus group discussion, observation, review of participant's record books, attendance register and quarterly reports.

(i) Focus group discussion

Focus group discussion was done using the checklist prepared by the researcher before the interview. The discussion was conducted with members and leaders of the organization aimed at understanding the progress of the activities aimed at achieving the goal of reducing HIV/AIDS spread among youth groups.

(ii) Observation

The technical advisor applied participatory observation by attending group activities to see how actively all members participated and observe decision making process, for example participation of group members in training and practice. Observation method was used for the purpose of getting direct information about behavior of individual and youth groups. Also it enabled the researcher to understand the strength and weakness of the HIV/AIDS education offered.

(iii) Review of education/training record books and quarterly report

Record review was useful for determining the understanding of trainees, content and usefulness of the material offered during training and trainee's ability to understand the contents. Attendance register helps monitoring team to monitor number of participant's attending each training session, while Quarterly reports assist all stakeholders and donors to understand what decision to be made in order to achieve the desired goal.

5.1.5 Reasons for choosing focus group discussion, observation and record review

The researcher and monitoring team used different tools in monitoring project activities.

For triangulation purpose it was important to use more than one tool which ensures reliability of the information collected. Direct observation facilitated the monitoring team to understand how the activities such as trainings were conducted. Record review and quarterly reports assisted in reviewing the project regularly, to compare approved work plans with actual performance, and to take corrective action as required. Focus group discussion facilitated the monitoring team to have a clear picture of the group perception on how the activities were implemented.

5.1.6 Monitoring plan

Monitoring is conducted each month basing on monitoring tool/form developed which includes the following.

- 1) The number of training sessions conducted by peer educators;
- 2) The number of awareness meetings conducted;
- 3) The gender of the youth reached per month;
- 4) The type of knowledge provided to the youth camps in Mburahati ward; and
- 5) The amount of allowances given to peer educators with the number of session provided.

This is conducted to track the progress of the project by analyzing the situation and finding solution.

5.1.7 The Actual Monitoring

The actual monitoring is carried out through review of services delivered and commodity records from the form filled. The following have been conducted:

It started with the trainers/CBO members at the grassroots level when organizing any event (training, cultural/drama show, seminar/discussion)

The event forms are filled by the CBO member and the basic information are collected:

- 1) The number and gender of youth group reached
- 2) Number of training conducted and the location
- 3) The number of Information Education materials distributed

Also field observation is conducted by donor as part of monitoring and the following are observed:

- 1) Actual counting of youth and material distributed
- 2) Number of training conducted by the CBO member
- 3) Performance of the trainer, cultural group and the interaction during discussion

5.1.8 Data analysis

Data were directly analyzed using Excel and SPSS program and data are presented using percentages and frequencies.

5.1.9 Monitoring results

Monitoring of project activities was done on monthly basis involving all team members.

Results of the monitoring showed that about 75% of all the planned activities were timely done. The training was efficient because the number of youth groups reached were increasing. About 86% of the respondent said that resources were efficiently utilized; facilitators were available when asked to participate in the training; training materials were sufficient and inputs were available.

Eighty five percent of the respondents acknowledge that project activities were assessed and documented as planned. All purchased items were recorded in the ledger books and when issued it was well documented. The supervision of other staffs was done by the Coordinator for Social Service and other CBO leaders. Respondents feel that the CYEO management needs some assistance in ensuring the success of the organization.

5.1.10 Management Information System

The form explain the activities conducted on daily basis which when combined to produce monthly report, it provide a spreadsheet of all activities which also shows the performance of the trainer, the actual amount of allowance needed per month, information education materials distributed to the youth camps, the gender of youth reached, type of knowledge provided and the number of training conducted.

5.2 Evaluation (Formative and Summative)

Evaluation was done to assess the achievement of immediate objectives, output and activities. Team comprised of a researcher, CBO members and Mburahati community. The evaluation process was done through interviews, review of progress report, existing group records. The researcher formulated an evaluation plan which consisted of both formative and summative evaluation. The purpose of the evaluation was to evaluate the successful accomplishment of project objectives.

The two types of evaluation used in this study were the formative and summative evaluation. Formative evaluation assesses the impact of HIV/AIDS awareness campaign in Mburahati ward.

5.2.1 The Performance Indicators of Success:

- 1) The highest score (Higher percentage result) means that the project is doing fine while low score means that the project is performing fairly: and
- 2) Community without HIV/AIDS is productive while affected community is likely to be poor.

5.2.2 Formative Evaluation

This was conducted to assess the impact of HIV/AIDS education provided by the CBO to Mburahati ward youth groups. The aim was to enhance the projects performance and make it sustainable.

It was conducted six month after the impact assessment of the project to assess the effectiveness of the ongoing awareness campaign project activities and provide information that could be used to improve the project performance. Formative evaluation is a valuable tool that informs project managers the status of the project and provides the basis for a future summative evaluation of the project. During the formative evaluation the important aspects which were assessed by evaluators were;

- 1) How the project were being implemented and whether it was operating as intended, and
- 2) Progress made toward reaching the project goal.

The evaluation process included an observation of projects activities, trainers and trainee attitudes and behaviour, and whether key benchmarks were met.

Evaluation questions were as follows:

- 1) To what extent does the project implementation plan being followed as documented in the work plan?
- 2) To what extent does the participating youth group receive the intended training?
- 3) To what extent do the trained youth groups change their behaviour?
- 4) Are the resources being appropriately directed to fulfill the goals of the project?

5.2.3 Research Methodology

The evaluation plan was prepared before the implementation of the project activities. It was extremely important to plan for the evaluation aspect of a project from the outset (what kinds of questions to be asked, how data will be collected, etc.), so that the project can be implemented and the necessary data can be collected as stipulated in the work plan. In addition, development of a timeline for the evaluation was done before the startup of the project to ensure timely data collection and smooth running of the project.

In selecting the method for collecting data for formative evaluation it was necessary to consider the strengths and weaknesses of each method. The evaluators used a multiple sources of data collection method in order to answer each evaluation question. The use of different instruments enabled the evaluators to test the consistency of findings, called triangulation, which makes a more compelling case of evaluation findings.

The evaluators administered face to face interview to 10 selected trainers, while self administered questionnaire were distributed to 20 youth group. Trainees were asked about their attendance at the training sessions, how they rated particular aspects of the training, if technical assistance and resources needed was available to them, and CBO leaders and project staff were asked if activities were conducted as agreed in the work plan and if the resources are used properly.

To address the issue of potential bias inherent in this approach, a document review and several observations of the training sessions were also conducted. For example, evaluators collected a sample of training manuals and trainer field record books to assess how well

training was imparted to the youth groups. Observation during training session were used to determine whether trained youth were comfortable and participating in asking questions and to compare the knowledge and skills acquired during the training and their traditional knowledge.

5.2.4 Study Design

The formative evaluation focused on implementation rather than outcomes, evaluators focused on the trained youth rather than having a comparison or control group. The formative evaluation was used as a tool to monitor the development of the project after assessing the impact of HIV/AIDS awareness while project continues. The method used to collect information, were interviews, observations of the training sessions and review of training manuals.

5.2.5 Sampling Approach

The most important factors considered on whether to study the entire project population or sample of the population during formative evaluation were; the size of the project, the number of participants, cost, and time. The project covered a small number of youth hence it was possible to involve 10 trainers and twenty participating youth group in the evaluation and key informants who participated were purposively selected.

5.2.6 Analysis Plan

Findings of the formative evaluation were discussed during the planning meeting conducted after every three months. Evaluators prepared a formal report for project staff and other stakeholders, which combined survey analysis using frequencies and percentages, qualitative data from training session’s observations, and information gathered from the document review.

Training session’s observers assessed whether trainers followed program standards related to HIV/AIDS awareness and recorded trainee’s engagement in order to compare between behaviour changes and traditional behaviour of the youth within the ward.

Table No. 9: Formative Analysis Plan

Evaluation question	Indicators	Data sources	Who collect data	Sampling approach	Analysis
1. To what extent does the project implementation plan being followed as documented in the work plan?	Number of activities conducted and accomplished. Number of resources available Number of trainers and trainees available	Trainees and CBO leaders surveys Document review Training session observations Attendance register	Project coordinator Project technical advisor Supervisors	Random and Purposive sampling	Descriptive statistics Training observation

2. To what extent does the participating youth group receive the intended training?	<p>Number of training sessions</p> <p>Content of the training material</p> <p>Change in knowledge and behaviour</p>	<p>Trainees , project staff and CBO leaders surveys</p> <p>Document review</p> <p>Training session observations</p> <p>Attendance register</p>	<p>Project coordinator</p> <p>Project technical adviser</p> <p>Supervisors</p>	<p>Random and purposive sampling</p>	<p>Descriptive statistics</p> <p>Observation of training session</p>
3. To what extent do the trained youth groups change their behaviour?	<p>Change in knowledge and behaviour</p> <p>Number of trained youth practicing what they have been trained</p>	<p>Trainees , project staff and CBO leaders surveys</p> <p>Document review</p> <p>Field visit Observations</p>	<p>Project coordinator</p> <p>Project technical adviser</p> <p>Supervisors</p>	<p>Random and Purposive sampling</p>	<p>Descriptive statistics</p> <p>Training session, field visit</p>
4. Are the resources being appropriately directed to fulfill the goals of the project?	<p>Number of available resources</p> <p>Number of participants benefit from available materials</p>	<p>Trainees , project staff and CBO leaders surveys</p> <p>Document review</p> <p>Observations</p>	<p>Project coordinator</p> <p>Project technical adviser</p> <p>Supervisors</p>	<p>Random and Purposive sampling</p>	<p>Descriptive statistics</p> <p>Training session observation</p>

5.2.7 Implementation timeline

Training session observations were held in March, June, September 2006, and January, April and June 2007 to observe changes over the course of the training period. A review of documents was done throughout the year (e.g., attendance register, record books of IEC materials and training manuals). Interview to trained youth and key informants was done in June 2007. Interim findings were presented to project staff, donors and other stakeholders to ensure project staff had adequate time to make adjustments to the project before continuing with other activities. The evaluation has identified findings related to these issues, but they are based primarily on the perceptions of key informants and to a limited extent the responses to certain survey questions.

5.2.8 Formative evaluation findings

This section of the report presents the findings from the research described above. The findings are generalized when they represent a clear majority of the views of relevant informants and are supported, or at least not contradicted, by any available alternative lines of evidence.

Formative evaluation Questions:

Question 1: To what extent does the project implementation plan being followed as documented in the work plan?

Finding: Ninety eight percent of the trained youth, CBO leaders and selected interviewed project staff indicated that the project activities are being implemented as planned. However, they requested that the number of training sessions to be increased in order to make trained youth change their behaviour and become competent in imparting knowledge to other youth community in the ward.

Question 2: To what extent does the participating youth group receive the intended training?

Findings: Eighty percent of the trained youth showed that the training received is of great importance to them as most of the issues concerning HIV/AIDS were partially known to them. Results from observation of the training sessions and manuals were impressive because they were prepared in a simple way to allow easy understanding of trainees. Realizing the fact that most participants had low literacy level most of the training was done using demonstration, posters and cultural shows.

Question 3: To what extent do the trained youth groups change their behaviour?

Findings: All the trained youth in the ward shows a positive change on their behaviour and practice improved. However this were observed through the discussion conducted in their camps by the evaluator. About 86% of the interviewed youth shows sign of behaviour change.

Question 4: Are the resources being appropriately directed to fulfill the goals of the project?

Findings: Observation results showed that resources are used efficiently. Trainers and trainees received all the resources required in the training. Review of attendance books, and IEC materials distributed to youth indicate the date and type of materials which have been given to them. The resources were used for the purpose of fulfilling the goal of increase HIV/AIDS awareness to youth in the ward.

Discussion of the formative evaluation

From the above results it can be concluded that the project is on track and activities are timely done. Resources are used efficiently and participating youth group are impressed with the imparted knowledge on HIV/AIDS awareness. Trained youth have started practicing safe sex and changing behaviour.

5.2.9 Summative Evaluation

Since the project is continuing summative evaluation is expected to be conducted to evaluate the impact of training on life/working performance of the community as community without HIV/AIDS is active and productive while affected community are likely to be poor. This will be conducted at the end of the project in December 2007.

5.3 Sustainability

Project sustainability is the capacity of a project to continue functioning, supported by its own sources, even when external sources of funding have ended. Community members

through knowledge and skills acquired are able to carry on even after the researcher finished its activities.

5.3.1 Sustainability Elements

- 1) **Financial** the project is operating by the fund donated by donor and supported by corporate sectors such as Kinondoni Municipality, PSI and TACAIDS.
- 2) **Politically** the project is supported 100% by the government and is one of the priority areas to reduce HIV/AIDS infections among its people. Hence support is from the lower level of leadership (street Chairman) up to higher level of leadership.
- 3) **Socially** the project is supported and accepted by all categories of people within the Mburahati community and the stake holders who are also working on HIV/AIDS in awareness, counselling and treatment.

5.3.2. Sustainability Plan

Sustainability plans for the project are:

- 1) Continued hiring of the cultural group will enable CBO income and sustainable payment of allowances to peer educators
- 2) Use of training manual to make the project sustainable as any person can use the manual to train the youth. Before peer educator were supposed to use their own effort to find materials for training.
- 3) To initiate another income generating activity by May 2007 so as to increase the CBO income.

- 4) To write proposal for the next funding of the project to the existing donor.
- 5) Continue to solicit support from the corporate sector such as TACAIDS, PSI, FHI and AMREF.

Institutional/Programmatic sustainability plans for the project are

- 1) To provide HIV/AIDS training to peer educators
- 2) Developing the institutional evaluation systems
- 3) Monthly performance review and
- 4) Flexibility in activities conducted and adaptation to internal and external environments.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

This chapter in concluding the result obtained from the assessment conducted to assess the impact of CYEO awareness campaign and offers recommendation for the enhancement of effective project and sustainability in future. It also highlights the benefit associated with reduction in HIV/AIDS spread against youth in Mburahati ward.

6.1 Results

The Community Youth Educators Organization is fairly conducting well its intervention despite the fact that effort is needed to increase HIV/AIDS education to the youth camps in Mburahati ward. The survey recommended having a measurable positive impact in the key area of improving knowledge, attitudes and practices related to risky sexual behaviour which in turn, should reduce the incidence of transmission of HIV/AIDS and other STDs over the long term.

The survey results coincide with the results obtained from other areas like Ngara, by Rutta et al and Journal by Routledge that measurable positive impact as far as HIV/AIDS education is concerned by the Community Youth Educators Organization.

6.2 Recommendations

Results obtained imply that a combination of strategies is useful to bring about HIV/AIDS awareness/education in the community. The following are recommended:

- 1) The CYEO should collaborate with other organization for reaching more youth.
- 2) Increasing the number of training to youth groups so that they can remember easily the education given.
- 3) More effort/strategy is needed to reach female youth since they are mostly susceptible to infection than male youth.
- 4) The facilitators should be well trained and competent enough for effective behavioural change communication.
- 5) A proper incentive system needs to be instituted to increase the number of training sessions.
- 6) Intervention targeted to adolescents can be effective in changing attitudes and sexual behaviour if they include multiple channels of communication.
- 7) Education and awareness should be extended to all areas within the ward by creating AIDS committees at street level/grassroots level to be responsible with planning activities to prevent the disease.
- 8) Promote peer education strategies as youth are free and can talk about sex. Single sex groups are easier to organize and plan their activities to prevent the spread of HIV/AIDS spread, though mixed group are important and can talk free.
- 9) More support from the Government to CBO to increase learning material that is Information Education Communication materials (IEC) for youth as most CBOs have no ability to produce the materials.

- 10) The Government should look on the weaker economic situation of women, which has greatly influenced the HIV/AIDS epidemic. Programs should be initiated to reduce the level of vulnerability for girls and women should be encouraged since they are forced to trade sex for income because of poverty.
- 11) This kind of project should be carried out in different areas of Tanzania to reduce the spread of HIV/AIDS among youth as the situation seems to be the similar in many areas.

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