

**SCALING-UP *TOGETHER WE CAN*:
A Proven Peer Education Program and
Community Mobilization Strategy
for Youth HIV Prevention**

(GPO-A-00-04-00005-00)

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Guyana, Haiti and Tanzania

**Annual Report
October 1, 2006 – September 30, 2007**

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In collaboration with
**The Tanzania, Haitian, and Guyana Red Cross Societies
The International Federation of Red Cross and Red Crescent Societies**

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LIST OF ACRONYMS AND ABBREVIATIONS

ARC	American Red Cross
ARVs	Antiretrovirals
CARAN	Caribbean Red Cross AIDS Network
CCMs	Country Coordinating Mechanisms
CC	Community Council (local coordinating body for the project)
CSM	Community and Social Mobilization
Federation	International Federation of Red Cross and Red Crescent Societies
FM	Field Manager
GRCS	Guyana Red Cross Society
HRCS	Haitian Red Cross Society
IFRC	International Federation of Red Cross and Red Crescent Societies
IR	Intermediate Result
ITs	Instructor Trainers
MTs	Master Trainers
NRCS	National Red Cross Society
OD	Organizational Development
PEs	Peer Educators
PLWHA	People Living with HIV/AIDS
SO	Strategic Objective
TRCS	Tanzania Red Cross Society
TWC	“Together We Can”
TWC Workshops	PE led workshops based on the 12 hour TWC curriculum
UNAIDS	Joint United Nations Program on HIV/AIDS
YM	Youth Multiplier (youth participants in PE led TWC workshops)
YP	Youth Participant (youth beneficiaries reached by YMs via TWC take-home assignments [peer to peer outreach] and/or via community mobilization/ edutainment events)

I. EXECUTIVE SUMMARY

A. INTRODUCTION

The Scaling-Up Together We Can (TWC) project (GPO-A-00-04-00005-00) is a 5 year, \$7 million abstinence and be faithful program that will reach 766,000 in and out-of-school youth ages 10-24 with curriculum, peer to peer, edutainment and mass media based HIV prevention messages in Guyana, Haiti and Tanzania. The program's primary recipient, the American Red Cross, is responsible for providing funding and technical assistance to the project's implementers--the Guyana, Haitian and Tanzania Red Cross Societies.

Peer education, community and social mobilization, and capacity building for the three national Red Cross societies are the primary TWC project strategies used to promote positive behavior change among youth. The peer education component of the project is based on the 12 hour, 17 activity *Together We Can* curriculum that has been used by the American Red Cross and the International Federation of Red Cross and Red Crescent Societies in over forty Red Cross Societies in the Caribbean, Central America and Africa since 1993. The curriculum uses dynamic, participatory techniques to improve youth's knowledge, attitudes and skills relating to HIV/AIDS. The prevention messaging emphasizes abstinence (including secondary abstinence), partner reduction, being faithful to one's partner, and other healthy behaviors including condom use for at-risk youth. Abstinence is the key message for all age groups.

In addition to working directly with youth, TWC creates an enabling environment for youth behavior change by actively seeking the participation of parents, teachers, religious leaders, host-country government officials, NGO staff and other community leaders. In this manner, the American Red Cross and its sister Red Cross Societies in Guyana, Haiti and Tanzania capitalize on the synergy of working at the both the individual and community level, assuring a holistic, grassroots response to the HIV pandemic.

Another critical strategy--improving the national Red Cross Societies' ability to manage and expand youth HIV prevention projects--is accomplished through formal trainings, individual coaching, systems strengthening, and the dissemination of best practices. Focus areas include: curriculum adaptation, volunteer management, community mobilization techniques, and establishing accurate and agile management information systems.

This report was prepared by the American Red Cross in tandem with its sister Red Cross Societies in Guyana, Haiti and Tanzania. These National Red Cross Societies are run and staffed by citizens of these three respective countries. They are sovereign, nationally recognized entities with extensive grassroots volunteer bases and possess intimate knowledge and longstanding experience in responding to public health emergencies in their local communities.

**B. Emergency Plan Indicators Table: TWC FY07 Annual Results
(October 2006 – September 2007)**

Indicator	Guyana			Haiti			Tanzania			Project Total		
	Planned Target	Actual	% of Target Met	Planned Target	Actual	% of Target Met	Planned Target	Actual	% of Target Met	Planned Target	Actual	% of Target Met
Prevention/Abstinence and Be Faithful Community Outreach												
<i>Total number of individuals trained</i>	44	46	105%	0	0	-	120	155	129%	164	201	123%
Number of female youth (10-24) reached	7,500	8,549	114%	29,250	59,282	203%	50,000	61,282	123%	86,750	129,113	149%
Number of male youth (10-24) reached	7,500	7,651	102%	29,250	60,259	206%	50,000	62,824	126%	86,750	130,734	151%
<i>Total number of youth (10-24) reached</i>	15,000	16,200	108%	58,500	119,541	204%	100,000	124,106	124%	173,500	259,847	150%

**C. Emergency Plan Indicators Table: TWC Life of Agreement Results
(February 2004 - September 2007)**

Indicator	Guyana			Haiti			Tanzania			Project Total		
	Planned Target	Actual	% of Target Met	Planned Target	Actual	% of Target Met	Planned Target	Actual	% of Target Met	Planned Target	Actual	% of Target Met
Prevention/Abstinence and Be Faithful Community Outreach												
<i>Total number of individuals trained</i>	562	246	44%	1,295	212	16%	1,885	722	38%	3,742	1,180	32%
Number of female youth (10-24) reached	33,000	33,440	101%	125,000	144,583	116%	225,000	178,671	79%	383,000	356,694	93%
Number of male youth (10-24) reached	33,000	28,169	85%	125,000	146,542	117%	225,000	183,876	82%	383,000	358,587	94%
<i>Total number of youth (10-24) reached</i>	66,000	61,609	93%	250,000	291,125	116%	450,000	362,547	81%	766,000	715,281	93%

D. PROGRAM OVERVIEW AND PROGRESS TO DATE

Strategic Objectives, Key Approaches and Activities

In order to achieve its goal of **reducing the incidence of HIV among youth**, the TWC project has three primary strategic objectives:

Strategic Objective 1

The first objective is to **strengthen HIV related life skills for 10-24 year old youth**. This is accomplished through setting up viable and well managed peer education structures through the recruitment and training of field managers (instructor and master trainers) who in turn train and supervise peer educators. Youth reached by the project benefit from the following outreach methods:

Curriculum-based interventions via 12 hour, 17 activity TWC workshops

The highly participatory workshops are designed to help youth avoid HIV infection by providing them with knowledge and skills so they are empowered to make informed and healthy choices concerning their sexual behavior. Each workshop is facilitated by a pair of peer educators for approximately 20 youth and generally takes one month to complete.

Peer-to-peer outreach

Peer Educators ask each participant in TWC workshops to share HIV prevention messages with 10 of their peers as 'take-home assignments'. This outreach strategy is referred to as the 'multiplier effect' due to the vast networking power of using youth as a vehicle for transmitting key behavior change messages to their siblings, neighbors, schoolmates and friends. In this manner, youth attending TWC workshops are not passive learners, but are directly implicated in HIV prevention in their communities.

Edutainment events

Edutainment events (also referred to as community mobilization events) include concerts, street theater, film viewings, and sports events. They are designed to disseminate vital prevention and solidarity messages to larger groups of youth ranging from several dozen to several thousand per event.

Follow-up interventions

Follow-up interventions are a new project outreach method introduced in 2007. They specifically target youth 'graduates' of TWC workshops 3-6 months and 9-12 months after they have completed their last TWC curriculum-based session. Follow-up interventions are intended to provide a 'booster effect' to increase the likelihood of long term message retention. Project staff tailors messages based on results of pre and post tests administered during TWC workshops, population level and national youth behavioral studies, and the expressed needs of youth beneficiaries. In order to maximize the quality of these interventions, participant numbers are limited to fewer than 500 with multiple activities scheduled during each event including small group breakout sessions.

Youth clubs

Existing youth clubs, often school based, are targeted for specific interventions such as role plays and film viewings. Since many of the club members have already benefited from TWC workshops, this method allows for continued post-curriculum follow-up and message reinforcement.

Mass Media

The project primarily uses radio shows and PSAs to share TWC messages with the majority of youth living in target areas. With primary emphasis placed on interpersonal communication (curriculum based interventions and peer-to-peer outreach), less than 1% of project funds are spent on mass media programming and diffusion. In Tanzania, the project receives donated air time, lowering costs even further.

Strategic Objective 2

Strategic objective 2 focuses on **strengthening each National Red Cross Society's capacity to manage and expand youth HIV prevention projects**. This is accomplished internally through organizational development trainings offered by American Red Cross staff and other NGO partners. Training topics include volunteer supervision, project planning, finance and compliance, monitoring and evaluation and curriculum adaptation. Externally, capacity is built by encouraging partnership building with other NGOs and national youth HIV prevention taskforces. These partnerships allow the National Red Cross Societies to learn from and leverage each partner's expertise in the domain of HIV prevention, care and treatment. Common goals, strategies and messages are established and duplication of efforts is reduced, leading to a more efficient and rational use of project resources. Lastly, in attempts to identify and disseminate best practices, exchange workshops are held between Red Cross branches within the same country and between Red Cross Societies and Red Cross Movement partners at the regional level.

Strategic Objective 3

TWC's third strategic objective is to **enhance the community environment for the adoption of safer sexual practices**. Community is defined here as adult stakeholders who influence directly or indirectly the environment in which youth make safe or unsafe sexual decisions. These adult stakeholders include parents and teachers as well as religious and secular community leaders from the public, non-governmental, informal and private sectors. The TWC project informs, seeks permission to operate, and solicits direct involvement of adult community members in the fight against HIV/AIDS and in the safer reproductive lives of youth through the organization of **town hall meetings**. These meetings are held in schools, churches and town centers. TWC National Red Cross Society staff invite core groups of adults attending town hall meetings who are already members of existing **community councils** (such as parent teacher associations and local AIDS taskforces) to become involved in day to day project implementation. Examples of direct community council engagement include help in planning TWC workshops in schools, consensus building on appropriate messaging for younger youth ages 10-14, in-kind contributions to project activities, promoting TWC sessions via letters to parents, and offering feedback after observing project activities.

Key Accomplishments

As the Annual Emergency Plan Indicators Table demonstrates, the Together We Can project has exceeded its twelve month objective of youth reached by over 150%. TWC also surpassed its training objectives with 201 new field managers and peer educators joining the project. Over the life of the award, over 715,000 youth have benefited from TWC outreach interventions representing 93% of TWC's five year life of project target goal. As TWC is 72% through the life of the project, this figure demonstrates that the project has significantly surpassed its performance goal in numbers of youth reached and is on track to achieve its five year target one full year ahead of schedule. In order to minimize double counting issues, these figures include a 50% reduction in youth reached by edutainment and peer-to-peer outreach in Tanzania. Double counting among TWC's three main outreach interventions is most pronounced in rural areas where high numbers of youth are being reached. Currently these factors most apply to the Tanzania portion of the program.

Over the life of the award, the program has trained only 32% of anticipated peer educators and field managers, representing less than half of the number expected at this juncture in the project. These lower numbers of individuals trained reflect a deliberate strategy since mid 2004 to achieve high retention rates for volunteers and field staff. The project believes that more experienced staff and volunteers will deliver better programming and therefore increase the likelihood of positive behavioral impact with youth beneficiaries. Project annual workplans such as the one for FY07 incorporate this strategy of quality over quantity in numbers of individuals trained to implement TWC's peer education system. In essence, 'failure' to meet numbers of individuals trained represents one of the successes of TWC which is high staff and peer educator retention rates as well as high productivity rates among current peer educators in terms of numbers of beneficiaries reached per PE.

The vast majority of youth reached through TWC sessions in Guyana and Haiti were in-school youth. Beneficiaries are split evenly by gender. Tanzania has the largest proportion and number of out-of-school youth completing TWC sessions with approximately 40% of their youth multipliers in this category.

In response to MEASURE Evaluation's recommendations from their 2006 process evaluation of TWC, the project began implementing follow-up interventions for youth completing the TWC curriculum. During FY07, project staff and volunteers in Haiti and Tanzania reached over 5,000 TWC 'graduates' through these new follow-up interventions. As part of TWC project's goal to engage the wider community in which we work, 2,819 adult stakeholders including local government leaders, parents and teachers attended TWC town hall meetings in Guyana, Haiti and Tanzania.

There were several important project developments during the FY07 reporting period. First, the pre/post-test database software was finalized and began to be used in all three National Societies. The database allows project managers and coordinators to analyze pre and post-test results by individual questions and composite indicators as well as break results down by such criteria as gender, in or out-of-school status, project site, education level and peer educator experience. Peer educators administer pre and post-tests to youth beneficiaries during the first and last

sessions of TWC workshops in order to measure changes in knowledge, attitudes and skills acquisition. In March, the TWC project manager provided personalized training in the use of the database to each National Society coordinator. Initial results are impressive (*see Monitoring and Evaluation section in each country's Progress Report*). Prior to the development of the database, the project was only able to report on gains in average test scores.

The TRCS, with technical assistance from the American Red Cross, produced its first referral manual in March 2007. The manual is a comprehensive listing of youth friendly reproductive health services including VCT, STI treatment, sexual violence, drug use and vocational training. It is the first reference material of its kind in the Kigoma region of Tanzania.

The TWC project held its 2nd Best Practices Exchange Workshop in Haiti from March 5-15 (*see story from the field in Haiti Progress Report section*). In addition to the Guyana, Haitian and Tanzania Red Cross, representatives from the Netherlands Red Cross, Jamaican Red Cross and Kenyan Red Cross also attended. The Netherlands Red Cross is implementing a TWC program both in Haiti and the Dominican Republic and the Kenya Red Cross implements a youth peer education project similar to TWC. The two representatives from Jamaica were members of the TWC faculty—a CARAN/IFRC sponsored committee responsible for overseeing the TWC curriculum for all Red Cross National Societies in the Caribbean.

The Exchange Workshop mixed national society presentations and discussions with activity observations of Haitian Red Cross TWC sessions, field manager and peer educator planning meetings as well as a town hall meeting with school administrators and teachers. ARC disseminated the latest youth peer education best practices from FHI's YouthNet program as well as from WHO and UNAIDS. The most meaningful best practices, however, came directly from the Red Cross National Societies implementing TWC. Using peer review and peer learning, each Red Cross society presented on the strongest features and new developments in their programming both to solicit feedback for further improvements as well as to transfer promising processes and methods to other country programs. The Tanzania Red Cross presented on its work with follow-up interventions, referral systems, gender specific activities targeting female youth and supervision systems. The Haitian Red Cross featured its work on curriculum adaptation and BCC materials development and the Guyana Red Cross presented on income generation and job skills development for peer educators as well as HIV prevention outreach to adult community members.

One of the successes of TWC is its impact and capacity building that extends well beyond the three core countries. The curriculum adaptation process being led by the Haitian Red Cross with technical support both from Haitian consultants and the American Red Cross will now, thanks to interest generated at the Exchange Workshop, involve as critical reviewers members of the TRCS, GRCS, Netherlands Red Cross and TWC Faculty based in Jamaica. In this manner the new version of the curriculum can be more easily integrated and further adapted in each of these Red Cross Societies and throughout the Caribbean and Africa. The American Red Cross is developing tools and documentation of the adaptation process itself to facilitate replication well beyond the current scope of the program. In the same manner, monitoring and evaluation tools such as the pre/post-test database are being shared with the IFRC for use in other countries implementing TWC under different funding mechanisms.

Major Issues/Constraints

During the latter half of the fiscal year, the Guyana and Haitian Red Cross were both able to increase their percentages of youth multipliers from at-risk groups such as out-of-school youth, orphans, restavec (marginalized Haitian domestic servants) and young men and women in uniform. Seven percent of youth multipliers came from one or more of these at-risk groups in Haiti and 16% in Guyana. Both Red Cross Societies fell slightly below target in reaching youth in this category and will continue to receive technical support from the American Red Cross in helping them increase these numbers further in FY08.

Both the Haiti and Tanzania country programs made significant gains in the number of active community councils during the latter part of FY07. The Guyana Red Cross, however, continues to have difficulties in this area of longer-term community involvement with the TWC program due to difficulties in following-up with adult stakeholders in remote villages.

While the pace of curriculum adaptation in Haiti has increased since the American Red Cross engaged a DC-based consultant to provide additional technical support to the process, existing modifications to the curriculum have yet to undergo field testing. One roadblock has been the need to translate changes from English to Creole and back to English again in order to accommodate the various native languages of staff and reviewers directly implicated in the adaptation. While translation was originally one of the tasks to be performed by the Haiti-based consultant, the American Red Cross has worked with the HRC to delegate this role to a professional translator in order to accelerate the speed in which the curriculum is adapted.

While the Haitian Red Cross exceeded follow-up intervention targets, the Tanzania Red Cross only met 38% of its goal for TWC 'graduates' attending these new interventions. This is due in large part to a gap in technical support that occurred while the project was seeking to fill its Tanzania-based Project Coordinator position. In both Haiti and Tanzania, the content of follow-up interventions relies on a mix of knowledge and skills based activities taken from the original TWC curriculum. Because results from TWC pre and post tests have only recently become available through the use of the pre/post test database software, the content of follow-up interventions has yet to incorporate activities specifically determined by identified gaps in knowledge and self-efficacy. In Tanzania, follow-up interventions need to incorporate small group breakout sessions so each individual participant can practice skill building activities.

Planned Activities

During the first quarter of FY08, the Tanzania Red Cross will make further modifications of its referral system which will include classroom and display materials combined with updated versions of its referral manual broken down by districts. The Haitian and Guyana Red Cross will further improve upon their own referral systems inspired by the Tanzanian model. The Haitian Red Cross will field test modifications to its curriculum and finalize the revised curriculum by January 2008. At the same time, the TRCS will engage its own curriculum adaptation consultant to further modify the curriculum to Tanzanian cultural contexts. The latter process should be more streamlined as the TRCS will be using the Haitian version of the curriculum which already has improved sequencing, self-esteem building activities and updated materials that widely apply

to countries with generalized epidemics. As part of the curriculum revision process, peer-to-peer outreach will be greatly enhanced through the addition and modification of four knowledge-based and self-efficacy building take-home assignments designed to build upon and reinforce one another, benefiting the same 10 peers. All three country programs will increase their documentation and analysis of programmatic trends and develop and revise project activities such as follow-up interventions accordingly. This analysis will include better documentation of strengths and weakness observed in coaching visits, field manager/peer educator meetings and a more systematic use of pre/post-test database results. Lastly, TWC will continue to improve on its adult outreach by making improvements in the content of town hall meetings to better address adult-child communication as well as key gender and social norms.

Budget

Funding requested under the FY07 Workplan totaled \$1,796,180 including ARC and sub recipient projected expenditures. Actual project expenditures for the year were \$1,865,811. During FY07, the TWC project received an obligation amount totaling \$618,590.

II. GUYANA PROGRESS REPORT

FY07 Results for Guyana

SO	Key Country Level Workplan FY07 Indicators	October 06 - September 07		
		Planned Target	Actual	% of Target Met
SO1	Number of age, gender and culturally appropriate adaptations to TWC curriculum	1	1	100%
	Number of Field Managers (MT/IT) and Peer Educators trained	44	46	105%
	Number of youth completing entire TWC curriculum	1,500	1,834	122%
	Number of youth reached by peer to peer outreach	9,000	3,613	40%
	Number of youth reached by community mobilization events	4,500	10,753	239%
	Total youth reached with community outreach programs	15,000	16,200	108%
	Number of youth completing entire TWC curriculum reached through follow-up interventions	0	0	-
SO2	Number of youth reached by mass media programs	0	0	-
	Number of operational partnerships	8	17	213%
	Number of operational national project task forces	6	5	83%
SO3	Number of staff trained in organizational development	8	6	75%
	Number of adults attending Town Hall meetings	800	744	93%
	Number of operational community councils	9	2	22%

Key Accomplishments

The Guyana Red Cross exceeded its objectives for youth reached with 16,200 beneficiaries benefiting from TWC workshops, peer-to-peer outreach and community mobilization events. Slightly more than half of youth reached were female and 84% of youth completing the curriculum were in-school. Sixteen percent of youth fell in the out-of-school category including men in uniform and youth reached through religious institutions. Youth reached were evenly distributed among the three age cohorts 10-14, 15-19 and 20-24. Project staff recruited and trained forty-six peer educators and instructor trainers and held five refresher trainings for existing peer educators in Regions 1 and 9. In order to better reflect local community gender sensitivities, field managers working in hinterland communities modified the curriculum slightly by separating males and females during condom use and negotiation activities. The GRC also added a reproductive health and STI component to the curriculum. The project was active in all three program sites: Regions 1, 4 and 9.

The GRC collaborated with five task forces during this reporting period including the Guyana HIV/AIDS Reduction Program (GHARP), the National AIDS Committee and Emergency Plan working groups. GRC field managers formed a new operational partnership with Wings of Hope in Region 9, cooperating on cervical cancer awareness building. Existing partnerships with Regional AIDS Committees, the Ministries of Education, Health, and Amerindian Affairs as well as the CDC and the US Peace Corps remain strong. Peace Corps Volunteers continue to provide extensive support to the GRC in Regions 9 and 4. Guyana Red Cross peer educators are assisting CDC's MARCH radio serial drama by playing recordings of the radio show to beneficiaries in remote areas of Guyana unable to benefit from live radio broadcasts. These same partners provided several trainings to eight GRC staff including behavior change communication workshops facilitated by CDC/MARCH and GHARP and a training on working

with orphans and vulnerable children run by the US Peace Corps. Field managers from Regions 1, 4 and 9 as well as the GRC TWC project coordinator benefited from attending ARC's Haiti Exchange Workshop (*see page 9 and story from the field in Haiti Progress Report section*).

Close to 750 adult stakeholders attended GRC TWC town hall meetings and two community councils actively participated in TWC programming. One community council, comprised of village elders, assisted the project in identifying local community at-risk youth groups and in introducing the TWC project to surrounding hinterland communities in Region 1. Through the Rupununi Chamber of Commerce and Industry, local businesses have provided prizes, t-shirts and other support, helping the GRC reduce costs for community mobilization events.

Major Issues/Constraints

With only 40% of its target met, the Guyana Red Cross continues to struggle to meet its peer-to-peer outreach objectives. The problem is to a large degree systemic due to the remoteness of many project sites in the Guyana hinterland where youth reached are unable to interact with youth outside of their isolated boarding schools. This limits the effectiveness of the peer-to-peer multiplier effect. Even in urban areas schools sometimes only give the peer educators two days to complete TWC workshops which greatly reduces the feasibility of incorporating take-home assignments. In order to increase numbers of youth reached through peer-to-peer outreach in urban areas, the GRC will augment the number of educational materials for youth multipliers to hand out to their peers in hopes of increasing interest in this activity. Recognizing the challenge of implementing this community outreach strategy in Guyana, the numbers of youth reached by peer-to-peer outreach has been reduced to 5,000 for FY08.

The low number of active community councils during this reporting period is explained in part to project staff's inability to follow-up with adult stakeholders in remote hinterland communities.

Planned Activities

The target number of youth reached through community outreach for FY08 has dropped from 15,000 to 9,500. This revised goal takes into account the difficulties mentioned above in reaching youth through peer-to-peer outreach combined with the clarification that only youth reached through small-scale community mobilization activities can be counted as beneficiaries reached. The Guyana Red Cross will begin to pilot follow-up interventions beginning in 2008.

Monitoring and Evaluation

Table 1: Guyana Red Cross Pre/Post-Test Results

<i>Question/Indicator</i>	<i>Pre-test</i>	<i>Post-test</i>	<i>% Increase</i>
Knowledge			
Comprehensive correct knowledge (female)	16%	39%	144%
Comprehensive correct knowledge (male)	14%	34%	143%
Attitudes			
HIV+ female teacher allowed to teach in school (female)	53%	62%	17%
HIV+ female teacher allowed to teach in school (male)	45%	60%	33%
Skills			
Ability to negotiate abstinence (female)	73%	80%	10%
Ability to negotiate abstinence (male)	NA	NA	-
Ability to negotiate condom use (female)	78%	88%	13%
Ability to negotiate condom use (male)	86%	89%	3%

Data based on 342 pre and 316 post-tests administered between October 2006 and August 2007

Guyana Red Cross peer educators administered 342 pre and 316 post tests to youth beneficiaries attending TWC Workshops during the reporting period. The greatest gains occurred in knowledge with comprehensive correct knowledge for both genders showing an increase of over 140%. Accepting attitudes towards HIV positive individuals also improved, though they remain at relatively low levels of 60% for HIV+ female teachers being allowed to continue teaching and for buying fresh food from a HIV+ shopkeeper. While TWC Workshops did improve stated abilities to negotiate abstinence and condom use, the percentage increases ranged from 3% to 13% due largely to the already high pre-test results. Due to an error in the use of an older version of the pre/post-test ACCESS database, no results are available for young males' ability to negotiate abstinence. This data will be available in the next semi-annual report for FY08.

Program Management

No changes in key personnel occurred during this reporting period. ARC Regional Field Representative David Hintch relocated to Guyana in July 2007. This change is due in part to the closing of ARC's office in the Dominican Republic. Mr. Hintch's level of effort on TWC has been lowered from 50% to 35%.

Budget

Guyana Red Cross project expenditures from October 2006 through September 2007 total \$142,602, representing a burn rate of 75% compared to the FY07 planned budget total. This amount and burn rate does not include American Red Cross field and headquarters expenses.

Story from the Field

Getting Out the News on HIV Prevention

Although the TWC project boasts an active cadre of youth peer educators in region 9, the geographic remoteness of villages coupled with poor road infrastructure limit the reach of these volunteer educators. In early FY07 the peer educators in the region met to discuss and brainstorm on innovative ideas to better reach a broader number of youth in the region with the project's key HIV prevention messages and information. After careful consideration the peer educators decided to develop a youth friendly newsletter that would address the unique culture and customs of the region while at the same time being an information tool that could 'travel' and overcome the demographics barriers that challenge the project's reach.

The first issue of the newsletter, the '*Rupununi Hot Vibes*' was put to press in December 2006. The response from the community was overwhelmingly positive. The first 100 issues sold quickly and extra copies were sent to the most isolated villages. After reading the newsletter some parents approached the Guyana Red Cross (GRC) and asked how their children could become members of the TWC youth group. Even adults were enjoying the newsletter and stores asked for extra copies to provide to their customers. The first newsletter covered information on HIV, teen news, talent and an advice column.

All newsletters are developed and written exclusively by project youth from the region and each edition focuses on the sexual and reproductive health challenges that youth commonly face in Guyana. The GRC region 9 project field managers provide assistance in overall editing and supervision and a U.S. Peace Corps volunteer helps write the advice columns that focus on teen issues such as pregnancy and peer pressure.

Thanks to computer editing and layout training provided by GRC partner Wings of Hope (shown here) combined with additional support by a U.S. Peace Corps volunteer, Guyana Red Cross youth volunteers are able to produce a monthly newsletter featuring advice on HIV/AIDS prevention. Cost recovery is assured through the placement of advertisements from local businesses.



Originally the youth intended to put out the newsletter every two months. However, due to the overall positive response and encouragement from the community, the project youth now produce a monthly issue. From the second issue moving forward GRC youth volunteers were able to source private businesses to advertise in the newsletter, and secure other sponsorship. The project sells each newsletter at an affordable cost and with this money, together with revenue brought in from business advertisements, the project is able to cover the newsletter production costs and provide free copies to libraries, youth organizations, and send to remote villages in the region. In FY08 the GRC will conduct a more formal review of the success of the newsletter and transfer the lessons learned to other remote regions of the TWC program as well as to other GRC programs.

III. HAITI PROGRESS REPORT

FY07 Annual Results for Haiti

SO	Key Country Level Workplan FY07 Indicators	October 06 - September 07		
		Planned Target	Actual	% of Target Met
SO1	Number of age, gender and culturally appropriate adaptations to TWC curriculum	1	1	100%
	Number of Field Managers (MT/IT) and Peer Educators trained	0	0	-
	Number of youth completing entire TWC curriculum	5,850	9,210	157%
	Number of youth reached by peer to peer outreach	40,950	69,779	170%
	Number of youth reached by community mobilization events	11,700	40,552	347%
	Total youth reached with community outreach programs	58,500	119,541	204%
	Number of youth completing entire TWC curriculum reached through follow-up interventions	2,925	3,354	115%
	Number of youth reached by mass media programs	0	19,606	-
SO2	Number of operational partnerships	10	11	110%
	Number of operational national project task forces	2	1	50%
	Number of staff trained in organizational development	21	19	90%
SO3	Number of adults attending Town Hall meetings	1,220	1,175	96%
	Number of operational community councils	16	13	81%

Key Accomplishments

During this reporting period, the Haiti-based adaptation consultant, working in consultation with the HRC project coordinator, staff and volunteers and ARC DC-based consultant, established a new logic model and completed modifications to the entire TWC curriculum. Modifications include revised sequencing of activities, information on ARVs, increased focus on reproductive health, the addition of a self-esteem building activity and increased attention to trans-generational and transactional sex.

While 13 peer educators dropped out of the TWC program during the reporting period through August, no new field managers or peer educators were trained because the existing number of peer educators was sufficient to continue to exceed project objectives. An additional 50 peer educators left the program to move abroad or attend university in September. The HRC will replace many of these peer educators in FY08.

The Haitian Red Cross has surpassed its annual goal of youth reached by 204%, reaching close to 120,000 youth through curriculum-based, peer-to-peer and community mobilization outreach methods. Half of youth reached were female with 45% between the ages of 15-19 and approximately 27% falling in the 10-14 and 20-24 age brackets. Ninety-three percent of beneficiaries were in-school youth. Seven percent were out-of-school/at-risk youth such as street children and orphans. All 7 project sites were active during the reporting period. These sites are Petionville, Cité Soleil, Petite Goâve, Anse-à-Pitres, Ouanamithe, Forte Liberté and Cap Haitian.

Peer educators in all project sites have begun implementing follow-up interventions and as of September exceeded their target by reaching over 3,350 TWC workshop ‘graduates’. Initial

formats for these events include ‘movie nights’ where educational films and ensuing discussions focus on HIV prevention message reinforcement. An additional 19,606 Haitian youth benefited from TWC HIV prevention messages broadcast in Petite Goâve as part of HRC’s World AIDS Day activities and through a radio call-in show based on critical HIV related decision making skills in Fort Liberté.

The Haitian Red Cross continued its longstanding partnerships with FOSREF, VDH, PLAN and the Ministry of Health. The HRC also formed several new partnerships with the Scouts d’Haiti, FHI and POZ. Typically these operational partnerships involved joint planning and implementation of community based activities including edutainment events. HRC and ARC project coordinators also participated in BCC cluster and Emergency Plan partner meetings.

Nineteen HRCS staff received training during the reporting period, most through several field manager refresher trainings on monitoring and evaluation, supervision, planning and reporting, follow-up interventions and engaging community councils. Additional project staff including HRC’s project coordinator increased their organizational development skills through preparing for and participating in TWC’s second Best Practices Exchange Workshop (*see story from the field below and page 9*).

With 1,175 adults attending HRC organized town hall meetings, the Haiti project team has significantly increased its capacity to inform and solicit the involvement of community leaders, school officials, teachers and members of local NGOs. Project staff made significant strides in improving longer-term community involvement with 13 community councils active in six out of seven project sites. One reason behind this significant improvement is a refresher training in June provided by ARC to HRC field managers on community council involvement. Each community council, typically composed of school administrations and community leaders, has worked closely with project field managers to plan TWC sessions and to assist in informing parents and adults about TWC interventions in their schools.

As a testament to the strength of the TWC Haiti program, ARC and HRC project coordinators provided a 6 day training on the management and implementation methods of the TWC/Haiti project to the Netherlands Red Cross and their local staff. The Netherlands Red Cross has begun to implement a complementary TWC program in three new regions of Haiti. The Haitian Red Cross together with the American Red Cross has assisted the Netherlands Red Cross in the initial set up of this youth peer education project and intends to maintain a strong, ongoing collaborative and technical assistance role.

Major Issues/Constraints

The HRC fell just short of its 10% goal for the percentage of youth multipliers who are out-of-school and/or at-risk youth such as orphans and restavec. The curriculum adaptation process, due to be finalized by September, was slowed down by translation related difficulties as well as some availability issues on the part of the Haiti-based adaptation consultant. Currently, the content of follow-up interventions is not informed by pre/post test results or population-based surveys such as the 2005-2006 DHS.

Planned Activities

The Haitian Red Cross will focus its efforts during the next four months on collecting feedback from critical reviewers, field testing and finalizing the new Haitian version of the TWC curriculum. Staff and volunteers will continue to improve upon follow-up intervention methodologies in order to better target reinforcing messages. The American Red Cross will assist the HRC in developing these messages based on pre/post-test results, behavioral information from the 2005-2006 DHS and on the expressed needs of youth who have completed TWC workshops. TWC Haiti project coordinators will double the percentage of out-of-school and high risk youth reached through community outreach. They will also improve upon their referral system based on the TRCS model presented at the Exchange Workshop.

HRC field managers will recruit and train up to 50 new peer educators. The overall number of youth reached during FY08 has been reduced from 58,500 to 38,000. This revised goal takes into account the clarification that only youth reached through small-scale community mobilization activities can be counted as individuals reached. It also factors in a small percentage reduction that will begin to be applied to youth reached by peer-to-peer outreach to account for the potential double-counting of beneficiaries.

Monitoring and Evaluation

Table 2: Haitian Red Cross Pre/Post-Test Results

<i>Question/Indicator</i>	<i>Pre-test</i>	<i>Post-test</i>	<i>% Increase</i>
Knowledge			
Comprehensive correct knowledge (female)	13%	43%	231%
Comprehensive correct knowledge (male)	17%	46%	171%
Attitudes			
HIV+ female teacher allowed to teach in school (female)	51%	77%	51%
HIV+ female teacher allowed to teach in school (male)	57%	77%	35%
Skills			
Ability to negotiate abstinence (female)	53%	69%	30%
Ability to negotiate abstinence (male)	44%	51%	16%
Ability to negotiate condom use (female)	71%	81%	14%
Ability to negotiate condom use (male)	71%	83%	17%

Data based on 2,790 pre and 2,577 post-tests administered between October 2006 and July 2007

Table 2 above shows results for 2,790 pre and 2,577 post-tests administered by peer educators to youth beneficiaries during the first and last days of TWC workshops during October 2006 through July 2007. The table shows consistent gains for all indicators examined with

particularly pronounced results for comprehensive correct knowledge where increases are 231% for females and 171% for males. Project staff feels that skills acquisition (or self efficacy) in terms of stated ability to negotiate abstinence and condom use with partners should have post-test scores of 80% or higher, suggesting the need for increased emphasis on abstinence negotiation skills in TWC workshops as well as follow-up interventions. Examining the pre/post-test results by peer educator experience shows what appears to be a positive linear relationship between experience and increases in comprehensive correct knowledge, accepting attitudes towards individuals living with HIV, and stated ability to negotiate abstinence. For example, youth multipliers taught by peer educators with 0-12, 13-24, and 25-36 months of experience demonstrate gains in comprehensive correct knowledge of 150%, 180% and 358% respectively. This may explain the fact that the HRC, with the longest serving volunteers out of the three project countries, also has the best pre/post-test results as compared to Guyana and Tanzania.

Program Management

No changes in key personnel occurred during this reporting period. ARC Regional Field Representative David Hintch relocated to Guyana in July 2007. This change is due in part to the closing of ARC's office in the Dominican Republic. Mr. Hintch's level of effort on TWC has been lowered from 50% to 35%.

Budget

Haitian Red Cross project expenditures from October 2006 through September 2007 total \$358,577 representing a burn rate of 69% compared to the FY07 planned budget total. This amount and burn rate does not include American Red Cross field and headquarters expenses.

Story from the Field

Promoting HIV Prevention while Strengthening Partnerships: Red Cross Societies meet in Haiti for a Cross-Country Exchange

The Haitian Red Cross hosted seven Red Cross Societies from around the world March 5-15, 2007 for a workshop designed to increase the impact of *Together We Can*, an HIV prevention peer education program. The workshop took place as the Guyana, Tanzania and Haitian Red Cross societies enter their fourth of a five-year project, funded by the President's Emergency Plan for Aids Relief. In partnership with the American Red Cross, which provides capacity-building and technical support, the three societies have already reached 715,000 youth with HIV prevention approaches and achieved 30 percent gains in HIV prevention knowledge, attitudes, and skills through the *Together We Can* curriculum.

Behind these successes, however, lie the complexities and the challenges of daily programming – all of which the ten day workshop set out to address. Using recognized HIV Peer Education best practices as a framework, the Red Cross Societies discussed ways to increase the program's impact on the more than 20,000 youth that *Together We Can* reaches every month.

Beyond the participation of the three target country societies, Tanzania, Haiti and Guyana, the workshop also benefited from the rich perspective of representatives from the Netherlands Red

Cross (operating in neighboring Dominican Republic as well as in Haiti), Kenya Red Cross Society and the Jamaica Red Cross, all of whom are working with either *Together We Can* or some other form of peer-delivered HIV prevention program.



Peer educators facilitate a 'body-mapping' exercise.



"I am most proud that I can now attend school since I was too ill last year, and it is difficult to attend school when living on the street," proclaimed a young school girl participating in a Together We Can self-esteem activity.

The workshop saw several partnerships built and strengthened. Indeed, the Jamaica Red Cross and American Red Cross renewed a partnership dating back to a collaboration in the early 1990s that led to the initial roll-out of the *Together We Can* curriculum.

Although societies operate in unique geographic and socio-cultural settings ranging from the sparsely populated Amerindian areas of the Guyanese hinterland, to the conservative Muslim and Christian populations of rural western Tanzania, to the inner-city extreme poverty and volatility of Haiti's Cite Soleil –their common challenges and successes were as prevalent as their differences.

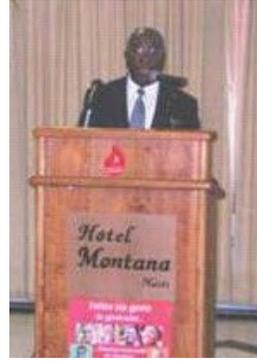
Participants explored new strategies for increasing youth participation in supervision systems already validated by independent evaluators; improving participation of and outreach to people living with HIV and AIDS; and strengthening youth-adult communication and cooperation. The discussion enabled participants to sharpen existing tools such as referral systems that promote access to and use of reproductive health services.

Societies also adopted and developed new tools as fellow societies presented initiatives, such as a curriculum adaptation process in Haiti, life-skills approaches in Guyana, and 'follow-up activities' in Tanzania whereby peer educators reach out to beneficiaries with awareness and skills-building activities after the completion of the seventeen activity *Together We Can* curriculum. Further, by attending peer education sessions and related meetings, participants observed different applications of the program, and picked up modifications to enhance their own existing activities.

The workshop ended in a closing ceremony in Port-au-Prince. Workshop participants were joined by about 100 stakeholders, including peer educators and the Prime Minister of Haiti. On center stage stood some of the youth participants who benefited, delivered, and managed the program, 14 of whom received awards as recognition of their outstanding outreach efforts.



Students participate in a skills-building exercise.



Prime Minister Jacques-Edouard Alexis renewed his government's commitment to the fight against HIV and saluted "the significant work of peer educators in HIV prevention."

Participants left Haiti energized and mobilized to continue their work towards stopping the spread of HIV—equipped with a replenished tool box of best programming practices. Although operating at a distance from one another, they had been brought closer through the common bond of working together to promote prevention, reaffirming that *Together We Can* goes a long way towards halting the spread of HIV and AIDS.

IV. TANZANIA PROGRESS REPORT

FY07 Annual Results for Tanzania

SO	Key Country Level Workplan FY07 Indicators	October 06 - September 07		
		Planned Target	Actual	% of Target Met
SO1	Number of age, gender and culturally appropriate adaptations to TWC curriculum	1	1	100%
	Number of Field Managers (MT/IT) and Peer Educators trained	120	155	129%
	Number of youth completing entire TWC curriculum	10,000	15,519	155%
	Number of youth reached by peer to peer outreach	70,000	80,467	115%
	Number of youth reached by community mobilization events	20,000	28,121	141%
	Total youth reached with community outreach programs	100,000	124,106	124%
	Number of youth completing entire TWC curriculum reached through follow-up interventions	5,000	1,921	38%
	Number of youth reached by mass media programs	250,000	250,000	100%
SO2	Number of operational partnerships	13	17	131%
	Number of operational national project task forces	4	2	50%
	Number of staff trained in organizational development	20	19	95%
SO3	Number of adults attending Town Hall meetings	720	900	125%
	Number of operational community councils	24	24	100%

Key Accomplishments

The Tanzania Red Cross Society trained 155 peer educators and field managers and held refresher trainings for all existing peer educators and field managers over the course of the reporting period. Field managers and peer educators organized a comprehensive mix of outreach activities in all four project districts—Kigoma Urban, Kigoma Rural, Kasulu and Kibondo—including TWC workshops, peer-to-peer outreach and community mobilization events. With 124,106 youth reached, TWC Tanzania surpassed its 12 month target by 124%. Half of these youth were female with a 60%/40% mix of in-school and out-of-school youth. Close to half of the youth reached were between the ages of 15-19. Thirty percent of youth fell into the 10-14 age bracket and 20% into the 20-24 age bracket. In order to avoid double counting beneficiaries, these figures reflect a 50% reduction in youth reached through peer-to-peer outreach and community mobilization events. Currently these reductions are only applied to the Tanzania portion of the three country project due to its extremely rural intervention sites which tend to increase the potential for double counting.

In order to promote long term retention of TWC messages, the TRCS reached 1,921 TWC workshop ‘graduates’ with follow-up interventions 3 to 12 months after these youth completed the curriculum. An additional 250,000 Tanzanian youth benefited from 15 minute TRCS organized public service emissions aired on Radio Kigoma and Radio Kwizera.

TRCS project coordinators continued their participation on the Coordination Committee for Youth Programs (CCYP) and attended USAID Prevention Partner meetings. Project staff also maintained active partnerships with seventeen different organizations. The TRCS and Ministry of Health carried out joint community mobilization events for World AIDS Day together with

PSI, KIVEDEA and SHDEPHA+. The TWC project held planning and coordination meetings with TACARE. The TRCS also received support from UNICEF which provided TWC with sports materials for youth beneficiaries and from the IRC which provided internet access for TWC field managers enabling them to better communicate with their project coordinators.

Nineteen staff received organizational development training through four American Red Cross led finance and compliance trainings. In November, both the TRCS national and regional project coordinators attended a behavior change communication training facilitated by FHI.

With emphasis placed on entry into new communities, TRCS field managers held town hall meetings for 900 government, village and religious leaders. Twenty-four community councils including Tanzanian government district councils and village development committees collaborated with TWC on activity planning and implementation.

The TRCS, with technical assistance from the American Red Cross, produced its first referral manual in March 2007. The manual is a comprehensive listing of youth friendly reproductive health services including VCT, STI treatment, sexual violence, drug use and vocational training. It is the first reference material of its kind in the Kigoma region of Tanzania. The TRCS presented this referral system along with its supervision system, follow-up intervention methods and female targeted programming approaches to six other Red Cross National Societies at the Haiti Exchange Workshop in March (*see story from the field in Haiti Progress Report section as well as page 9*).

Major Issues/Constraints

As the Tanzanian Red Cross expands to ever more remote districts in the Kigoma region, attendance at some field manager-peer educator planning meetings has suffered due to transportation issues. Some field managers are having difficulties in reaching peer educators in order to conduct observation and coaching visits. Since these problems persist despite the addition of a fourth project vehicle, ARC intends to provide an increased level of technical support to the TRCS in its site selection and peer educator placement process to ensure that logistical factors are improved. Budgetary issues surrounding transportation to project sites also needs to be given closer scrutiny in FY08.

With only 38% of the TRCS's target met, far fewer TWC 'graduates' benefited from follow-up interventions than hoped for. Furthermore, the structure for follow-up interventions does not yet take advantage of small-group breakdown sessions to ensure that each participant is able to practice skills-based activities. The content is also not informed by pre/post test results or similarly relevant data. The reason behind the shortfall and content issues is the lack of technical support provided by the American Red Cross on this critical new intervention due to a 3 month gap in coverage pending the arrival of ARC's new Technical Officer/TWC Project Coordinator.

Planned Activities

Targets for youth reached over the next 12 months have declined slightly to 95,000. This adjustment takes into account the fact that the project will no longer count youth reached in

large-scale public gatherings under the Emergency Plan individuals reached indicator. Project staff will continue to improve upon the new referral system, developing additional support materials and updating the referral manual. The TRCS is expected to engage a short term local adaptation consultant to assist them in further adaptation of the TWC curriculum to better reflect unique Tanzanian cultural contexts. A fully revised Tanzania curriculum will be finalized by September 2008. Project staff will continue to improve upon the format and messaging of follow-up interventions, making sure the content is informed by pre/post-test results, population level surveys and on the expressed needs of youth who have completed TWC workshops. ARC will also work the TRCS to improve the format of town hall interventions for adult stakeholders assuring greater focus on social and gender norms as well as adult-child communication.

Monitoring and Evaluation

Table 3: Tanzania Red Cross Pre/Post-Test Results

<i>Question/Indicator</i>	<i>Pre-test</i>	<i>Post-test</i>	<i>% Increase</i>
Knowledge			
Comprehensive correct knowledge (female)	10%	20%	100%
Comprehensive correct knowledge (male)	23%	40%	74%
Attitudes			
HIV+ female teacher allowed to teach in school (female)	58%	70%	21%
HIV+ female teacher allowed to teach in school (male)	66%	86%	30%
Skills			
Ability to negotiate abstinence (female)	39%	57%	46%
Ability to negotiate abstinence (male)	34%	25%	-26%
Ability to negotiate condom use (female)	66%	79%	20%
Ability to negotiate condom use (male)	78%	81%	4%

Data based on 345 pre and 267 post-tests administered between February 2006 and July 2007

Tanzania Red Cross peer educators administered pre and post-tests to youth beneficiaries in TWC workshops throughout FY06 and FY07. A portion of these tests (345 pre and 267 post-tests) were entered into the new ACCESS database for analysis. The bulk of the tests entered were actually administered during the FY06 time period and as such, the results do not represent programming enhancements that occurred during this reporting period. The greatest improvements among youth benefiting from TWC workshops are knowledge-based. In terms of skills and self-efficacy building, female TWC ‘graduates’ demonstrate a 46% increase in their stated ability to negotiate abstinence and a 20% increase in their stated ability to negotiate condom use. TWC workshops in Tanzania do not seem to be having a similar impact on male youth and in the case of abstinence negotiation appear to be having a negative impact. This stands in contrast to a strong 74% increase in the number of male youth reporting accepting

attitudes towards abstinence—a result that shows that TWC workshops are having a beneficial result in this area. ARC will assist the TRCS in further analyzing this problem area for male beneficiaries. One factor to consider is that the abstinence negotiation question for males differs significantly from that for females and may be confounding perceptions relating to external peer pressure with individual self-efficacy. The Swahili translation of this particular test question also needs to be re-examined. Based on further analysis, project staff will conduct refresher trainings and modify activities to ensure a renewed emphasis on addressing male gender norms and self-efficacy relating to abstinence in all programming from TWC Workshops to follow-up interventions.

Field managers also administered several post-event surveys after community mobilization events. Of the youth sampled, 91% cited abstinence, 81% cited being faithful and 85% cited correct use of condoms as means of preventing HIV infection.

Program Management

In April, American Red Cross's Technical Officer Meghan DiCarlo completed her two year assignment, relocating to ARC headquarters in Washington, DC to work on ARC's larger health portfolio. Her replacement, Erin Smith, arrived in Tanzania in July 2007.

Budget

Tanzania Red Cross project expenditures from October 2006 through September 2007 total \$464,486 representing a burn rate of 106% compared to the FY07 planned budget total. This amount and burn rate does not include American Red Cross field and headquarters expenses.

Story from the Field

Prime Minister of Tanzania Hails “Together We Can” Program

The Tanzania Red Cross Society held its General Assembly Meeting on Dec. 13-15, 2006. General Assembly meetings are held every 5 years and provide an opportunity for the national society to hold elections, reflect on previous achievements and focus on new initiatives.

This year, the Prime Minister of Tanzania, the Honorable Edward Lowassa, was the guest of honor. In his speech to the TRCS General Assembly, the Prime Minister thanked the TRCS for all of its work in disaster management and preparedness in the country. He said the TRCS worked closely with the Tanzanian government in mitigating the effects of several disasters in Tanzania, including famine, floods, earthquakes, and drought. He also thanked the TRCS for the great work they have done caring for refugees in western Tanzania for over a decade and acknowledged the many health programs that the TRCS has contributed to the country's development, including MCH programs, blood donation, HIV/AIDS programs and the Measles campaign.

For most of his speech, the Prime Minister spoke generally about TRCS's programs. However near the end of his speech the Prime Minister chose to focus on one of TRCS's programs in particular, the "Together We Can" Program, stating:



Prime Minister of Tanzania, Edward Lowassa, praises Tanzania Red Cross and its TWC program

*“The government recognizes the importance of the Red Cross in our communities. If we work together, we can accomplish many things in the development of the community. We have many areas where we can do this work. For example, the area of educating our youth about the issue of AIDS. For example, the Together We Can Program that can educate more than 750,000 youth in the three countries of Guyana, Haiti and Tanzania about the transmission of HIV. A program like this is very important for the development of our nation as it can expand its network and reach even more youth in the country. Let’s use [these programs] because **‘Together We Can’**”.*

Tanzanian Youth Share How TWC has Influenced their Lives at Follow-up Interventions

At a recent TWC follow-up intervention before over 100 of his peers, 18 year-old Nicodemus stated, “The Together We Can curriculum taught me that it is important to know your HIV status”. He went on to explain that after completing the Tanzania Red Cross’s initial weeklong peer education led workshop he attended a joint MOH-Red Cross counseling and testing intervention concluding, “at that event, I had myself tested.”

The follow-up event targeted youth who had previously participated in TWC workshops, giving them the opportunity to learn more about HIV prevention and self esteem building, thereby increasing the likelihood of longer-term message retention. Through the use of role plays, games, and stories with question and answer sessions, Tanzania Red Cross peer educators encouraged both girls and boys to appreciate their rights as individuals. “Since TWC came to our area, girls have been standing up for themselves more,” 13 year old Denis stated. When asked how the TWC curriculum had affected another participant, 14 year old Anna told her peers, “I know now that I have a right to say no to a boy if he asks me to have sex”.



Pictured above are Tanzanian youth from rural Kasulu District who shared with their peers how TWC has affected their lives during a TWC follow-up intervention.



As part of a self-efficacy building role-play during a TWC follow-up intervention, a boy attempts to ply a young girl with alcohol and sexual advances. Her response was simply to walk away from the situation.

Together We Can has been actively providing education in the form of workshops, radio shows peer-to-peer outreach and edutainment events to the youth of Kigoma since 2004. More than 360,000 youth have been reached with safe sex, abstinence and HIV prevention messaging to date through an innovative system of peer education which involves “take-home messaging” to encourage youth to talk to their friends, family, and community members about issues surrounding sexuality, abstinence, and making informed, healthy life decisions. Community involvement helps to foster a healthier environment that supports youth in making healthy life choices. Follow-up interventions, a recent addition to TWC Tanzania’s outreach portfolio, are organized monthly for youth ‘graduates’ of TWC curriculum-based workshops to help them maintain self-esteem, to revisit and practice what they have learned and to give them a supportive forum for talking about issues surrounding adolescence including but not limited to HIV prevention.