

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

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**End of Project Report  
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*In collaboration with*  
**The Tanzania, Haitian, and Guyana Red Cross Societies  
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## LIST OF ACRONYMS AND ABBREVIATIONS

ABC	<u>A</u> bstinence, <u>B</u> e faithful, and correct and consistent <u>C</u> ondom use
TAYC	Trusted Adult – Youth Communication (formerly referred to as Adult Child Communication or ACC)
ARC	American Red Cross
CC	Community Council (local coordinating body for the project)
CME	Community Mobilization Event (also referred to as edutainment events)
CWE	Community-Wide Event (term to replace Community Mobilization Event)
Federation	International Federation of Red Cross and Red Crescent Societies
FM	Field Manager (interchangeable with Coach)
FUI	Follow-up Intervention
GRCS	Guyana Red Cross Society
HRC	Haitian Red Cross Society
IFRC	International Federation of Red Cross and Red Crescent Societies (Federation)
ITs	Instructor Trainers (interchangeable with Master Trainers or MTs)
NRCS	National Red Cross Society or National Society (NS)
NT	National Trainer
OD	Organizational Development
OSY	Out-of-school youth (high risk youth)
PEs/VCEs	Peer Educators/ Volunteer Community Educators (slightly older near Peer Educators in the case of Tanzania)
PLHIV	People Living with HIV
SO	Strategic Objective
TRCS	Tanzania Red Cross Society
TWC	“Together We Can”
TWC Workshops	PE-led workshops based on the 12-15 hour TWC curriculum
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 wide/ edutainment events)

## I. EXECUTIVE SUMMARY AND OVERVIEW

### A. INTRODUCTION

The *Scaling Up Together We Can* program is a PEPFAR-funded and USAID-supported nearly 7 year, \$10,162,973 million effort to reach more than 1,060,000 youth ages 10 to 24 with curriculum-based and peer-to-peer outreach, and interpersonal community wide events in Guyana, Haiti, and Tanzania. The project reached 1,236,879 youth (or 116% of the life of project target) through these interpersonal and participative approaches, and many more through general diffusion “edutainment” events and mass media-based outreach – all designed to provide education, skills-building opportunities and support to youth to encourage them to reduce or eliminate risky sexual behaviors. The program’s primary recipient, the American Red Cross (ARC), was responsible for providing funding and technical assistance to the program’s implementers--the Guyana, Haitian, and Tanzania Red Cross Societies. By the end of the project period, the project was active in 9 sites in Haiti, 3 Regions in Guyana and 5 sites spanning 2 regions in Tanzania.

Peer education, community and social mobilization, and capacity building for the three national Red Cross societies (NRCSSs) were the primary strategies used to promote positive behavior change among youth. The peer education component of this program was based on the 12 hour, 17 activity *Together We Can* curriculum that has been used by ARC and the International Federation of Red Cross and Red Crescent Societies (Federation) with over 30 NRCSSs in Africa, Central America, and the Caribbean since 1993. The curriculum, which underwent an intensive adaptation in both Haiti and Tanzania, uses dynamic, participatory techniques to improve youth’s knowledge, attitudes, and skills related to HIV and AIDS and unintended pregnancy and parenthood. Prevention messaging emphasizes abstinence (including secondary abstinence), being faithful to one’s partner and reducing multiple partners (particularly overlapping or concurrent multiple partners), and other healthy behaviors including condom use and accessing sexual and reproductive health services.

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, non-government organization (NGO) staff, and other community leaders. In this manner, ARC and its sister NRCSSs in Guyana, Haiti, and Tanzania capitalize on the synergy of working at the individual and community level, assuring a holistic, grassroots response to the HIV pandemic.

Another critical strategy — improving NRCSSs’ ability to manage and expand youth HIV prevention programs — is accomplished through formal trainings, individual coaching, systems development, and the dissemination of best practices. Focus areas include volunteer management, curriculum adaptation, monitoring and evaluation, interpersonal communication and community mobilization techniques, and establishing accurate and agile management information systems.

This report was prepared by ARC in tandem with its sister NRCSSs in Guyana, Haiti and Tanzania. Each of these NRCSSs is run and staffed by citizens of that particular country. 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 FY2010 Annual Results (October 2009 – September 2010)

Indicator	Guyana (Oct09-Jun10)			Haiti (Oct09-Sep10)			Tanzania (Oct09-Jun10)			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
<b>Prevention/Abstinence and Be Faithful</b>												
<b>Community Outreach</b>												
<b>Total number of individuals trained</b>	<b>9</b>	<b>16</b>	<b>178%</b>	<b>20</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>	<b>100%</b>	<b>29</b>	<b>16</b>	<b>55%</b>
Number of female youth (10-24) reached	2,550	3,132	123%	26,566	86,179	324%	17,700	26,054	147%	46,816	115,365	246%
Number of male youth (10-24) reached	2,550	2,362	93%	26,566	79,550	299%	17,700	28,226	159%	46,816	110,138	235%
<b>Total number of youth (10-24) reached</b>	<b>5,100</b>	<b>5,494</b>	<b>108%</b>	<b>53,132</b>	<b>165,730</b>	<b>312%</b>	<b>35,400</b>	<b>54,280</b>	<b>153%</b>	<b>93,632</b>	<b>225,504</b>	<b>241%</b>

## C. Emergency Plan Indicators Table: TWC Life of Agreement Results (February 2004 – September 2010)

(Figures reflect revised targets (as of September 08) to accommodate 16 month project extension. New Life of Agreement targets = original life of project targets reached through FY2008 + workplan targets for FY2009 and FY2010 through June 2010 (and in the case of Haiti through September 2010))

### Summary of TWC Life of Agreement Results

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
<b>Prevention/Abstinence and Be Faithful</b>												
<b>Community Outreach</b>												
<b>Total number of individuals trained</b>	<b>293</b>	<b>314</b>	<b>107%</b>	<b>464</b>	<b>425</b>	<b>92%</b>	<b>927</b>	<b>935</b>	<b>101%</b>	<b>1,684</b>	<b>1,674</b>	<b>99%</b>
Number of female youth (10-24) reached	44,783	44,954	100%	220,071	305,589	139%	261,574	270,633	103%	526,428	621,175	118%
Number of male youth (10-24) reached	44,782	38,256	85%	220,314	294,613	134%	270,605	282,835	105%	535,701	615,704	115%
<b>Total number of youth (10-24) reached</b>	<b>89,565</b>	<b>83,210</b>	<b>93%</b>	<b>440,385</b>	<b>600,201</b>	<b>136%</b>	<b>532,179</b>	<b>553,468</b>	<b>104%</b>	<b>1,062,129</b>	<b>1,236,879</b>	<b>116%</b>

## TWC Life of Agreement Results broken down by year

<b>Youth trained/reached</b>	<b>FY04</b>	<b>FY05</b>	<b>FY06</b>	<b>Fy07</b>	<b>FY08</b>	<b>FY09</b>	<b>FY10***</b>	<b>Total</b>
Youth trained Guyana	93	71	36	46	17	35	16	<b>314</b>
Youth trained Tanzania	11	424	132	155	105	108	0	<b>935</b>
Youth trained Haiti	15	114	83	0	148	65	0	<b>425</b>
<b>Youth trained Total</b>	<b>119</b>	<b>609</b>	<b>251</b>	<b>201</b>	<b>270</b>	<b>208</b>	<b>16</b>	<b>1,674</b>
Youth reached Guyana	14,300	16,936	14,173	16,200	10,663	5,555**	5,494	<b>77,766</b>
Youth reached Tanzania	7,066	89,682*	141,693	124,106	86,632	50,009	54,280	<b>553,468</b>
Youth reached Haiti	5,685	75,595	90,304	119,541	28,606	114,741**	165,730	<b>485,461</b>
<b>Youth reached Total</b>	<b>27,051</b>	<b>182,213</b>	<b>246,170</b>	<b>259,847</b>	<b>125,901</b>	<b>170,305</b>	<b>225,504</b>	<b>1,236,991</b>

*\*50% reduction applied here retroactively and henceforth for edutainment and peer to peer outreach in Tanzania to prevent double-counting*

*\*\* 40% reduction applied to peer to peer outreach in Guyana and Haiti to prevent double-counting*

*\*\*\* First three quarters in the case of GRCS, TRCS and four quarters in the case of HRC*

## **D. PROGRAM OVERVIEW**

### ***Strategic Objectives, Key Approaches, and Activities Overview—ALL COUNTRIES***

In order to achieve its goal of **reducing the incidence of HIV among youth**, the TWC program has three primary strategic objectives (SOs).

#### **Strategic Objective 1**

The first SO is to **strengthen HIV related life skills for 10-24 year old youth**. This is accomplished by setting up viable and well-managed peer education structures through the recruitment and training of Field Managers (FMs) (and master trainers- MTs) who train and supervise Peer Educators (PEs). Youth reached through the Together We Can project benefit from the following outreach strategies:

#### **Curriculum-based interventions via 12-15 hour, 17-22 activity TWC workshops**

These highly participatory workshops are designed to help youth avoid HIV infection by providing them with opportunities to build knowledge and skills so that they are empowered to make informed and healthy choices concerning their sexual behavior. Each workshop is facilitated by a pair of PEs for approximately 20 youth and generally takes one month to complete. The TWC project is making use of enhanced curricula in Haiti as of the end of FY2008 and in Tanzania as of mid FY2009.

#### **Peer-to-peer outreach**

PEs ask each participant in the TWC workshop to share HIV prevention messages with the same ten peers at different intervals as “take-home assignments.” This outreach strategy is referred to as the “multiplier effect” due to the vast networking power of youth used as a vehicle for transmitting key behavior change messages to their siblings, schoolmates, and friends. In this manner, youth attending TWC workshops are not passive learners but are directly involved in HIV prevention in their communities. In Haiti and Tanzania, youth multipliers in TWC workshops deliver four complementary, reinforcing knowledge and self-efficacy building messages and activities to the same 10 peers at four different junctures during the course of the TWC workshop. Peer to peer outreach in Haiti and Tanzania now benefit from TWC brochures featuring successful young role-model actors and a singer to aid in the dissemination of key TWC HIV prevention messages.

#### **Edutainment events**

Edutainment events (also referred to as community-wide events) include concerts, street theater, film viewings, and sports events. They are designed to disseminate vital prevention and solidarity messages to small or large groups of youth ranging from around a dozen to several thousand per event. Interpersonal Community Wide Events are defined as edutainment events or outreach where youth are active participants in the HIV-related education by, for example, asking questions, giving opinions, playing games or activities, practicing a skill, or discussing a topic. As such, there is a 2-way dialogue and youth are interacting directly with TWC representatives or with one another for approximately 3 minutes or more with guidance from TWC representatives. General diffusion Community Wide Events are defined as edutainment or outreach events where messages are diffused in one direction – from Red Cross volunteers and/or staff to youth with no or minimal feedback or response from the youth. In these instances where messages are broadcast in one direction, the youth who are reached do not interact or participate to any significant degree – e.g. they lack interpersonal communication (at least a 3 minute conversation with a PE), the implementation of a participative activity, and/or opportunity for an interactive question and answer period. Interpersonal CWEs, typically consisting of no more than 500 youth attending, are counted as part of the number of individuals reached by PEPFAR according to the community outreach indicator. Events that do not afford a high level of interaction between Peer Educator/Field Manager and youth are counted separately as general diffusion CWEs and are not included in the overall tally of individuals reached.

### **Follow-up interventions (FUIs)**

Follow-up interventions target at least 70% of youth “graduates” of TWC workshops three to six months and nine to 12 months after they have completed their last TWC curriculum-based session. FUIs are intended to provide a “booster effect” to increase the likelihood of long-term message and skills retention. Program staff tailor messages to local needs by analyzing the results of pre- and post-tests administered during TWC workshops, population-level national youth behavioral studies, and the expressed needs of youth beneficiaries.

### **Trusted Adult Youth Communication**

Promoting parent or trusted adult-youth communication aims to strengthen parents/adults’ ability to communicate with their children about sensitive topics such as sexual health and HIV. Field Managers – representing the generation between the parent/trusted adult and child – are trained to deliver a three day curriculum - the first day targeting 10-20 parent/trusted adults, the second 10-20 youth, and the third day brings youth and parents/trusted adults together for a set of five joint activities. Curriculum content addresses the following topics: raising awareness among adults about the sexual risks youth face; encouraging general effective mentoring practices; improving adult-youth communication; and promoting social and gender norms that increase communication around and the reduction of risky sexual behaviors.

### **Youth clubs**

Existing youth clubs (often school-based) and, in rarer cases, those that the program has spawned are targeted for specific interventions such as interactive educational exercises 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 program primarily uses radio shows and public service announcements to share TWC messages with the majority of youth living in target areas. With primary emphasis placed on interpersonal communication (curriculum-based interventions, peer-to-peer outreach, and FUIs), less than 1% of program funds are spent on mass media programming and diffusion. In Tanzania, the program receives donated air time lowering costs even further. Currently, the Tanzania, Haitian and Guyana Red Cross Societies focus on referring their youth beneficiaries to the US Centers for Disease Control and Prevention or USAID partner sponsored mass media programming and generally avoid developing and implementing mass media programs of their own.

## **Strategic Objective 2**

The second SO - capacity building - focuses on **strengthening each NRCS’s capacity to manage and expand youth HIV prevention programs**. This is accomplished internally through organizational development (OD) trainings offered by ARC, the IFRC and other NGO partners. Training topics include volunteer supervision, program planning, finance and compliance, monitoring and evaluation, curriculum adaptation, and content development. Externally, capacity is built by encouraging partnership building with other NGOs and national youth HIV prevention taskforces. These partnerships allow the NRCSs 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 effort is reduced, leading to a more efficient and rational use of program resources. Lastly, to identify and disseminate best practices, exchange workshops (in Tanzania in FY2006 and Haiti in FY2007) are held between Red Cross branches within the same country and between Red Cross societies and International Red Cross and Red Crescent Movement (Movement) partners at the regional and cross-regional levels.

## **Strategic Objective 3**

TWC’s third SO is to **enhance the community environment for the adoption of safer sexual practices**. Community is defined as adult stakeholders who directly or indirectly influence 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, faith-based, and private sectors. The TWC program informs, seeks permission to operate, and solicits direct involvement of adult community members in the fight against HIV and AIDS and in fostering the safer reproductive lives of youth by organizing **town hall meetings**. These meetings are held in schools, churches, and town centers. TWC NRCS staff invites core groups of adults, who are already members of existing **community councils** (CCs), such as parent teacher associations and local AIDS taskforces, to become involved in day-to-day program implementation. Examples of direct CC engagement include assistance with planning TWC workshops in schools, consensus building on appropriate messaging for younger youth ages 10-14, in-kind contributions to program activities, promoting TWC sessions via letters to parents, and offering feedback after observing program activities.

## **E. KEY ACCOMPLISHMENTS AND CHALLENGES**

### ***Key Accomplishments***

As the Emergency Plan Indicators Table demonstrates (in section C above), the Together We Can project exceeded its life of project objective of numbers of youth reached, achieving 116% of targets. In all project years except FY2006, the project exceeded annual objectives of numbers of youth reached. Beneficiaries over the life of the project were split more or less evenly by gender with a slightly greater proportion of females reached in Haiti and Guyana, and males reached in Tanzania. While the project reached annual objectives for youth trained in all years except FY2010 (due to the Haiti earthquake), it fell just short of reaching life of project individuals trained targets, achieving 99% of targets. Individuals trained targets were revised down from original targets set in the proposal due to a decision mid-FY2004 to allow for tighter supervision ratios to ensure a focus on quality of Peer Educator and Field Manager outreach versus quantity of trained staff and volunteers. In order to minimize double counting issues, these figures comprised a 50% reduction in youth reached by interpersonal community wide events, edutainment and peer to peer outreach in Tanzania from FY2006 on, and a 40% reduction in peer to peer outreach in Guyana and Haiti as of FY2009. Double counting among TWC's three main outreach interventions was most pronounced in rural areas where high numbers of youth were being reached in school settings.

The TWC life of project targets were revised upwards in FY2009 in response to a 16 month extension granted to the program from February 2009 to June 2010. Due to the earthquake, the project was extended again to December 2010 for Haiti operations but targets remained the same. Project activities ceased in Tanzania and Guyana as of the end of May 2010 to allow for close out by the end of June 2010 and in Haiti as of the end of August 2010 to allow for close out by the end of September 2010.

In line with two project extensions, the project experienced an expansion geographically and in scope in Haiti and relocation to a higher sero-prevalence region in Tanzania. The expansion in Haiti afforded outreach in two new underserved sites (as determined by DHS data and mapping of NGO partner outreach) in FY2009 and condom distribution across all sites. In FY2009, the project in Tanzania closed down in three of four sites in Kigoma, and moved to the higher sero-prevalence region of Shinyanga, selecting four target districts on the basis risk factors such as proximity of proposed sites to major cross-roads and mines, number of truck stops, and commercial sex activity. The activities accompanying expansion and relocation included: identification of office space; a comprehensive community entry process including community mapping and consultative meetings with key stakeholders, local leaders, and branch staff and leadership; community outreach; identification, orientation, and training of new TWC staff and volunteers.

### Project's geographic coverage

	2004	2005	2006	2009
Guyana	Region 4 Region 9	Region 1		
Haiti	Pétion Ville	Cité Soleil Cap Haitien	Fort Liberté Ounaminthe Petit Goave Anse-à-Pitres	Anse-a-Veau Port-de-Paix
Tanzania	Kigoma Urban Kigoma Rural Kasulu	Kibondo		<i>Shinyanga region:</i> Bukombe Kahama Shinyanga Urban Kishapu  <i>N.B. Project activities closed out in Kigoma Rural, Kibondo, and Kasulu</i>

There were several project innovations over the course of seven years including the development and/or upgrading of various project tools. To improve the impact of outreach on youth, the project: adapted the TWC curriculum in Haiti and Tanzania; enhanced the multiplier effect in all project sites with a series of four take home assignments designed to reinforce one another targeting the same peers; increased retention of TWC messages and skills through instituting a follow up intervention to occur 3-6 months after completion of the TWC curriculum; developed IEC materials using female and male role models in Haiti and Tanzania to reinforce messages around risk and prevention of HIV; improved communication between youth and trusted adults with the roll out of a curriculum-based program in Tanzania; and enhanced referrals to Youth Multipliers and other beneficiaries through the development of a manual and poster in Tanzania, poster in Haiti, and a take home assignment entailing a visit to a local service across all project sites.

The Monitoring and Evaluation plan and system underwent numerous improvements in order to ensure the collection, transmission, and analysis of data informed programming. Specific improvements varied from updating, simplifying, and streamlining monitoring forms and the monthly report template, to the fine-tuning of an excel database to capture output data and the development of an ACCESS database to measure changes in knowledge, attitude and self efficacy outcomes from exposure to the TWC curriculum and Follow Up Interventions. Mid-year through the project, upon realizing that USAID would not be conducting an evaluation at the behavioral outcomes-level as had been indicated at the project proposal development phase, ARC tried to secure internal funding for such an evaluation. ARC attempts were unsuccessful but USAID's continued funding beyond February 2009 allowed for a qualitative end of project evaluation by an independent consultant that took place in Guyana and Tanzania in 2010. The Haiti portion of the evaluation slated to start January 12, 2010 was thwarted by the earthquake. The project also benefited from USAID's Measure (Monitoring and Evaluation to Assess and Use Results) Evaluation which took place in FY2006 and whose findings led to an increased emphasis on high risk groups, continued focus on curriculum adaptations, and the development of Follow Up Interventions.

As part of capacity building, project staff and volunteers received training to support the roll out of project tools and systems as well as related topics to build technical competence not only around HIV prevention but also project management overall. Two internal exchange workshops provided valuable cross-learning opportunities, and project staff and volunteers benefited from participation in international conferences such as the International AIDS conference, IFRC events, and USAID meetings (HIV Implementers meeting and End of Project meeting). National Society (NS) staff not directly associated with the project also benefited from trainings in areas such as financial management and compliance, as well as leadership and branch management. In addition, National Societies benefited from organizational development efforts such as the development of financial, human resources and procurement manuals in

Tanzania, and independent project audits in all three project sites, even in the case of the GRCS when annual spending did not exceed the \$300,000 threshold mandating an audit as per USAID rules and regulations.

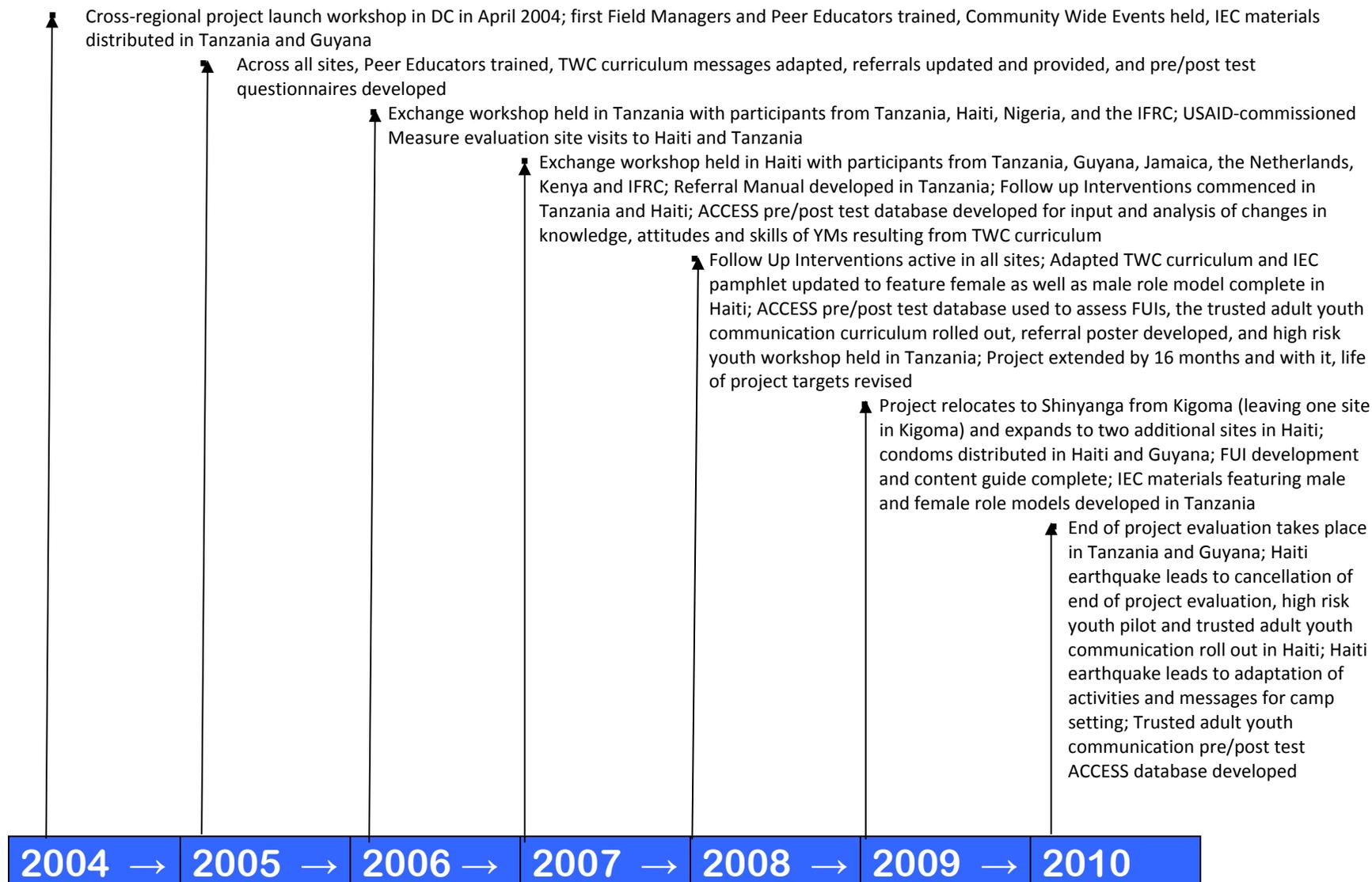
The project continued to forge partnerships ranging in intensity from loose cooperation and coordination to formal strategic partnerships, the latter which occurred most notably around reaching high risk groups in Haiti and Guyana, and the Trusted Adult Youth Communication curriculum and developing and disseminating Information Education Communication materials (and the development of a brochure) in Tanzania.

The project relied heavily on outreach to and sensitization of the community and adults through town hall meetings and community wide events to warm the community to the program and program messages. Likewise, it depended greatly on engaging adults and gatekeepers in pre-existing and new community councils to facilitate access to youth populations.

### ***Key Challenges***

Two factors out of the project's control proved challenging: security in the case of Haiti and natural disasters in the case of Haiti (floods in FY2004, hurricane in FY2008, and earthquake in FY2010) and Guyana (floods in Region 4 in FY2005 and in Region 9 in FY2006). While in all three countries the project had a high staff retention rate, the project struggled to retain Peer Educators. The project also had difficulties in reaching high risk groups. Cultural resistance, particularly among religious entities, to discussion of and distribution of condoms presented various challenges throughout the life of the project. In Guyana, the remote and sparsely populated nature of the hinterland communities where many of the youth targeted were in boarding schools restricted the multiplier effect of Youth Multipliers reaching out to peers. In Tanzania, the far-flung nature of many targeted communities presented logistical challenges. In Haiti, the project struggled to ensure a strong and cooperative relationship between ARC and HRC National Society project staff. While the project benefited from various partnerships, the lack of consistent national taskforces in which to participate limited the project's ability to coordinate with other organizations. Finally, as consistently as the project exceeded objectives for youth reached, it fell short in reaching objectives for outreach to adults to create an enabling environment.

## F. TIME LINE OF KEY EVENTS OVER LIFE OF PROJECT



## II. PROJECT IMPLEMENTATION SUMMARY

### Key Country Level Workplan Indicator Results by Strategic Objective and by Year for the Project in Guyana

SO	Key Country Level Workplan Indicators	FY04		FY05		FY06		FY07		FY08		FY09		FY10	
		Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met								
SO 1	Number of youth completing entire TWC curriculum	300	>100%	947	90%	1,407	94%	1,834	122%	1,762	117%	1,156	105%	929	103%
	Number of youth reached by peer to peer outreach	n/a	n/a	5,582	59%	6,474	58%	3,613	40%	4,631	92%	2,225	77%	2,864	106%
	Number of youth reached by interpersonal community wide events*	14,000	1512%	10,407	385%	6,292	265%	10,753	239%	4,270	142%	2,174	109%	1,701	113%
	<b>Total youth reached with community outreach programs</b>	<b>14,300</b>	<b>1544%</b>	<b>16,936</b>	<b>128%</b>	<b>14,173</b>	<b>94%</b>	<b>16,200</b>	<b>108%</b>	<b>10,663</b>	<b>112%</b>	<b>5,555</b>	<b>87%</b>	<b>5,494</b>	<b>108%</b>
	Number of youth completing entire TWC curriculum reached through follow-up interventions	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	419	84%	669	121%	701	111%
	Number of youth reached by general diffusion community wide events	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3,350	112%	2,292	76%	3,429	229%
	Number of youth reached by mass media programs	50,000	>100%	50,000	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SO2	Number of operational partnerships	6	100%	18	450%	23	121%	17	213%	19	127%	18	120%	17	113%
	Number of operational national project task forces	3	100%	3	100%	4	100%	5	83%	2	40%	3	75%	3	100%
	Number of staff trained in organizational development	1	>100%	6	100%	8	160%	6	75%	10	90%	12	120%	7	140%
SO3	Number of adults attending Town Hall meetings	500	100%	352	391%	656	66%	744	93%	794	99%	619	124%	802	214%
	Number of operational community councils	n/1	n/a	3	150%	3	38%	2	22%	3	60%	5	167%	4	133%

\* Through FY 2007, community wide events figures comprised the total of both interpersonal and general diffusion community wide edutainment events

- FY2004 = 7 months
- FY2010 = 9 months

Key Country Level Workplan Indicator Results by Strategic Objective and by Year for the Project in Haiti

SO	Key Country Level Workplan Indicators	FY04		FY05		FY06		FY07		FY08		FY09		FY10	
		Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met
S01	Number of youth completing entire TWC curriculum	n/a	n/a	5,962	132%	6,304	108%	9,210	157%	2,813	47%	14,452	139%	12,467	249%
	Number of youth reached by peer to peer outreach	n/a	n/a	47,733	151%	52,021	127%	69,779	170%	24,238	81%	92,167	177%	104,088.6	297%
	Number of youth reached by interpersonal community wide events*	5,685	129%	21,900	242%	31,979	273%	40,552	347%	1,555	78%	8,122	158%	49,174	374%
	<b>Total youth reached with community outreach programs</b>	<b>5,685</b>	<b>129%</b>	<b>75,595</b>	<b>167%</b>	<b>90,304</b>	<b>154%</b>	<b>119,541</b>	<b>204%</b>	<b>28,606</b>	<b>75%</b>	<b>114,741</b>	<b>170%</b>	<b>165,730</b>	<b>312%</b>
	Number of youth completing entire TWC curriculum reached through follow-up interventions	n/a	n/a	n/a	n/a	n/a	n/a	3,354	115%	2,986	75%	2,085	37%	9,632	174%
	Number of youth reached by general diffusion community wide events	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	23,614	472%	19,891	87%	25,134	195%
	Number of youth reached by mass media programs	n/a	n/a	640,000	100%	1,000	0.20%	19,606	>100%	n/a	n/a	n/a	n/a	7,840	>100%
S02	Number of operational partnerships	n/a	n/a	12	150%	6	67%	11	110%	3	30%	12	150%	13	163%
	Number of operational national project task forces	n/a	n/a	2	100%	2	67%	1	50%	2	100%	1	50%	0	0%
	Number of staff trained in organizational development	n/a	n/a	9	113%	25	139%	19	90%	2	9%	24	100%	9	43%
S03	Number of adults attending Town Hall meetings	n/a	n/a	37	67%	256	13%	1,175	96%	891	59%	1,494	77%	1,244	86%
	Number of operational community councils	n/a	n/a	0	-	0	-	13	81%	13	130%	27	169%	19	119%

\* Through FY 2007, community wide events figures comprised the total of both interpersonal and general diffusion community wide edutainment events

- FY2004 = 7 months

Key Country Level Workplan Indicator Results by Strategic Objective and by Year for the Project in Tanzania

SO	Key Country Level Workplan Indicators	FY04		FY05		FY06		FY07		FY08		FY09		FY10	
		Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met	Actual	% of Target Met
SO1	Number of youth completing entire TWC curriculum	n/a	n/a	9,415	94%	14,290	143%	15,519	155%	12,959	108%	7,883	109%	8,036	149%
	Number of youth reached by peer to peer outreach	n/a	n/a	101,720	145%	82,701	118%	80,467	115%	68,475	86%	40,011	111%	43,066	160%
	Number of youth reached by interpersonal community wide events*	7,066	-	65,880	329%	44,702	224%	28,121	141%	5,198	173%	2,115	71%	3,178	106%
	<b>Total youth reached with community outreach programs</b>	<b>7,066</b>	<b>-</b>	<b>177,015**</b>	<b>177%</b>	<b>141,693</b>	<b>142%</b>	<b>124,106</b>	<b>124%</b>	<b>86,632</b>	<b>91%</b>	<b>50,009</b>	<b>108%</b>	<b>54,280</b>	<b>153%</b>
	Number of youth completing entire TWC curriculum reached through follow-up interventions	n/a	n/a	n/a	n/a	n/a	n/a	1,921	38%	5,997	120%	4,064	81%	4,595	122%
	Number of youth reached by general diffusion Community Wide Events*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	20,577	206%	7,935	159%	13,089	262%
	Number of youth reached through Adult- youth Communication training	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	30	13%	260	325%
	Number of youth reached by mass media programs	671,644	-	300,000	100%	362,813	130%	250,000	100%	250,00	100%	0	0%	507,940	68%
SO2	Number of operational partnerships	11	183%	24	86%	20	77%	17	131%	11	110%	28	70%	10	33%
	Number of operational national project task forces	1	100%	2	200%	3	75%	2	50%	4	100%	1	5%	0	0%
	Number of staff trained in organizational development	1	100%	17	213%	23	92%	19	95%	46	230%	13	43%	18	60%
SO3	Number of adults attending Town Hall meetings	172	108%	7,332	101%	1,583	220%	900	125%	581	81%	226	40%	1,411	261%
	Number of operational community councils	2	67%	9	113%	24	67%	24	100%	12	67%	5	19%	13	48%
	Number of adults reached through Adult -Youth Communication training	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	30	13%	266	333%

\* Through FY 2007, community wide events figures comprised the total of both interpersonal and general diffusion community wide edutainment events

\*\* 50% reduction applied here retroactively and henceforth. So revised total of 89,682 = 177,015 - 0.5( 7,066 (2004) + 101,720 + 65,680)

- FY2004 = 7 months
- FY2010 = 9 months

## **A. STRENGTHENING HIV RELATED LIFE SKILLS FOR 10-24 YEAR OLD YOUTH**

### ***Key Accomplishments***

The project in Haiti and Tanzania exceeded **life of project targets for youth reached** (at 136% and 104% respectively) and fell just shy of attaining targets (at 93%) in Guyana as shown in the Emergency Plan Indicators table on page 5. By the end of FY2007, just 72% though the life of the project, the project had realized 93% of its original 5 year targets. This can be attributed in part to careful workplanning and strong project management. In terms of gender parity of youth reached, the project experienced a slight bias towards females in Haiti and Guyana (average of 57% and 53%, respectively) and towards males in Tanzania (average of 52%). The breakdown in age cohort of youth reached varied by site with a greater proportion of 10-14 year olds reached in Tanzania and a particularly small proportion of 20-24 year olds in Guyana. Meanwhile, the project consistently struggled to reach the target percentage of youth reached representing out-of-school youth.

**Life of project targets for youth trained** targets were exceeded in Tanzania and Guyana, and fell just short in Haiti (92%) and subsequently overall (99%) due primarily to the earthquake hindering training efforts in FY2010. These targets were reduced overall in the second year of the project to ensure quality outreach by allowing a tight supervision ratio of at least one Project Coordinator to 10 Field Managers, one Field Manager to 10 Peer Educators, one Peer Educator to 10 Youth Multipliers, and one Youth Multiplier to 10 Youth Participants. The strong supervision system particularly of the paid staff Field Managers overseeing the volunteer Peer Educator level was considered crucial to project success in terms of affecting the knowledge, attitudes and self-efficacy of Youth Multipliers which in turn was intended to affect behavior. The supervision system entailed at least monthly observations of Peer Educators followed by a one-on-one debrief session as well as collective PE/FM monthly meetings. Other strategies for ensuring quality included particularly close supervision of the more difficult sessions to facilitate (particularly when delivered by newer Peer Educators) as well as pairing a more experienced PE with a less experienced one.

Participation in the TWC curriculum, according to prepost test ACCESS database reports, resulted in **significant gains in knowledge and attitudes, and modest positive increases in stated abilities to negotiate abstinence and condom use.** [*See further discussion on page 25 under section IIIA. Monitoring and Evaluation.*]

Throughout the life of the project, the focus on in-depth and therefore curriculum-based and interpersonal communication-based outreach took prominence over outreach through general diffusion community wide events and mass media. A considerable amount of time and financial resources were invested in upgrading curricula and materials to deepen the impact of our interventions in the hopes of advancing further along the behavior change continuum.

In FY2008, the **Together We Can curriculum** in Haiti was adapted and successfully field-tested among in-school and higher risk youth. A similar adaptation process occurred in FY2009 in Tanzania. Both adaptations resulted in more comprehensive and slightly longer curricula with an increased focus on building skills such as: negotiating abstinence and condom use, managing risky situations, and communicating assertively. The new curriculum also included activities that address risk factors such as transactional sex, cross-generational sex, multiple concurrent partnerships, and gender inequity, and protective factors such as self-esteem, and assertive communication and refusal skills. Revisions also included a more robust set of take home activities consisting of youth multipliers reaching out to the same ten peers on four separate occasions with distinct activities. Following the earthquake in January, 2010, the project further revised the curriculum and messages for the camp setting; the project conducted Focus Group Discussions to shape messages designed to better resonate with youth in post-earthquake

conditions, and field-tested the adapted and abbreviated TWC curriculum in the camp setting. Meanwhile the TWC curriculum in Guyana, while not subject to a systematic adaptation process, underwent certain changes in FY2008 to content (such as eliminating an activity considered cumbersome) as well as to delivery (such as separating female and male YMs during particularly sensitive activities).

In addition to using **IEC materials** from other organizations, IEC materials were developed in all project sites to be distributed during community wide events and for Youth Multipliers to distribute to Youth Participants as part of a discussion on risk behavior within one of the four take home assignments. In FY2008, the HRC developed a brochure featuring popular singer and role-model “Belo.” The brochure addresses personal risk perception linked to the most common sexual relationships Haitian youth encounter including transactional sex and trans-generational sex - all expressed in local contexts and terms. Since typical sexual relationships vary by gender, one side of the brochure addresses boys and the other girls. The brochure was successfully pre-tested in both urban and rural Haiti with both in and out-of-school. In FY2009, the inclusion of role-model and youth actress Jessica Geneus upgraded the brochure. In FY2010, approximately 273,000 Belo/Jessica pamphlets were distributed, a particularly high figure due to outreach in camps in earthquake afflicted sites. In Tanzania in FY2009, the TWC project team updated their Take-Home Brochure holding focus group discussions to ensure appropriate messaging and forging a partnership with Femina Hip (a multimedia platform and civil society initiative working with youth, communities and strategic partners across Tanzania) to feature two of their nationally renowned youth role models – Idi and Rebecca, co-hosts of the weekly nationally broadcast thirty minute “FEMA TV” talk show for and by young people in Tanzania. In FY2010, TRCS distributed over 14,700 of these brochures. Also in partnership with Femina Hip, the monthly distribution of an average of 2,000 Fema and Si Mchezo magazines in Shinyanga and Kigoma continued during the various TWC project activities reaching thousands of youth in and out-of-school with the materials. In Guyana, to use FY2010 as an example, Peer Educators distributed 2,015 TWC brochures.

In FY2009, the project in collaboration with the MOH began the direct **distribution of free condoms** in Haiti during events and from branches and other condom outlet sites. FMs were trained in and equipped with a tracking system to ensure responsible distribution of high quality condoms and to monitor stocks, avoiding storage of unused material for long periods of time. In Haiti, the project distributed over 41,000 free condoms in FY2009 and in FY2010, 550,000 free condoms – an elevated number due to outreach in numerous camps in the three earthquake afflicted project sites (as well as other sites including Croix Despres in Port au Prince where the HRC office was destroyed and where TWC Peer Educators conducted outreach in the earthquake’s immediate aftermath). In Guyana, while condoms were often made available during outreach and at Red Cross branches, the GRCS focused on helping transport condoms out to health centers and shops particularly in the remote hinterland regions where condoms were otherwise unavailable or limited. In FY2009, GRCS distributed approximately 9,200 free female and male condoms and in FY2010, approximately 84,553 free female and male condoms.

Recognizing the importance of linking youth with the various health services in their communities, the TWC team in Tanzania developed **referral** booklets in FY2007 presenting services by district. The booklets were the first of its kind in Kigoma featuring a comprehensive list of youth friendly reproductive health and sexual health services including VCT, STI treatment, sexual violence, drug use and vocational training. That same year, the project in Haiti developed posters with a dry-erase function permitting each project site to input, update and prominently display key local referral information, and TRCS followed suit in FY2010.

In FY2008, the TRCS developed a curriculum designed to improve communication between youth and trusted adults (be they parents, guardians, or other mentors) resulting in FY2009 in a critically reviewed and field-tested (in partnership with FHI through USAID funding outside this grant) **Daraja (meaning bridge in kiswahili) Trusted Adult Youth Communication (TAYC)** curriculum rolled out in Kigoma

Urban in FY2009 and in Shinyanga in FY2010. Key topics of the training included: barriers of communication about reproductive issues between youth and adults; importance of adult child communication for reducing risk of HIV/AIDS, STIs and early pregnancy among youth; communication skills; adolescence and self esteem; HIV/AIDS, STIs and pregnancy; and how to avoid risky environments and situations. FY2010 saw the development of a training of facilitators manual and the completion of an ACCESS pre/post test database to monitor changes in knowledge, attitudes, and self-efficacy around HIV/AIDS and communication with youth (or trusted adults).

While less prominent in Guyana and Haiti, **youth clubs** in Tanzania (typically secondary school clubs such as choir, theater/drumming and football clubs) provided additional avenues for reaching youth with the TWC curriculum and mobilizing youth for community wide events. In addition, participants from youth clubs provided songs in FY2008 and again in FY2010 that were used together with TWC messaging on the radio.

**Interpersonal community wide events** varied from video screenings and radio broadcasts followed by question and answer sessions and fun games, to street outreach whereby Peer Educators would reach out to peers in the marketplace and at local hangout spots and, with the help of brochures as a conversation starter, engage in dialogue around risk and ways to reduce or eliminate it. The project both piggybacked on events organized by other organizations and hosted them alone.

Since their inception in FY2007, in large part inspired by Measure Evaluation recommendations to provide an opportunity for longer-term message retention and increased depth of outreach, **follow up interventions** continually improved in content and fluidity. In Tanzania in FY2008, the project put into practice a second FUI at between six and nine months following completion of the curriculum-based sessions. In FY2009, a more comprehensive FUI protocol was developed which also provided a guide for shaping FUI content through analysis of TWC and FUI pre/post test database results.

The **changes in pre/post test results for FUIs** mirrored those of the curriculum-based TWC sessions in showing significant gains at the knowledge and attitude change levels, but smaller gains when it came to self-efficacy. *[See further discussion on page 27 under section IIIA. Monitoring and Evaluation.]*

**General diffusion community wide events** took on various forms. The project exceeded targets nearly all years (as see in the workplan indicator results tables on pages 13-15, and organized or participated in town square concerts, public performances (with performers often integrating TWC messages into their music), sports tournaments, fashion shows and the like as a way of disseminating messages. General diffusion CWEs often entailed setting up information booths, displaying HIV/AIDS messages, or delivering speeches, and having peers reach out to peers (with brochures) during commemorative events such as World AIDS Day, Candlelight memorial, World Red Cross Day (WRCD), Patrons Saint's days and Carnival.

Diffusion of messages through **mass media**, in particular radio, took on decreasing prominence throughout the life of the project in order to focus time and resources on the quality of interpersonal communication-based outreach. That said, the program harnessed the radio to varying degrees throughout the project. The TRCS provided educational radio programming via donated airtime to over half a million 10-24 year olds on Radio Kigoma in FY2004 and another 300,000 in FY2005. The partnership with Radio Kigoma continued throughout the project and in FY2006, the TRCS forged a partnership with Radio Kwizera to reach northern portions of Kigoma, particularly youth in refugee camps. Together, TRCS reached 360,000 youth in FY2006, and 250,000 in FY2007 and FY2008. In FY2010, TRCS reached over 55,000 youth through messaging and music (from a youth club partner) on Radio Kigoma and for the first time broadcast HIV/AIDS messages nationally through Radio Free Africa (daily listenership of 450,000 adults and youth). The GRCS reached 50,000 youth in Region 4 with public

service announcements in FY2004 and FY2005 but the cost of radio time coupled with the availability of CDC's MARCH radio serial drama led to the decision to cease the PSAs and instead play recordings of the MARCH radio serial drama during interpersonal community wide events, particularly in the hinterland regions which the radio serial drama didn't reach. In Haiti in FY2005, timed with the carnival period associated with elevated sexual risk behavior, HRC peer educators and staff recorded a radio spot stressing peer pressure resistance and HIV prevention seven times per day over three days of carnival on two Port au Prince radio stations reaching over 600,000 area youth. In addition, a live television show covered TWC Carnival interventions and messages, and the radio spot was also played from a float during the parade. In FY2006, the team in Haiti fell short of mass media targets reaching only 1,000 youth, and in FY2007, the project reached nearly 20,000 youth in the North East with a radio call-in show based on critical HIV related decision making skills. In FY2010, radio call-in shows conducted in three rural sites reached an estimated nearly 8,000 youth. [N.B. Unless otherwise specified, the numbers of youth reached were estimated based on the total population of youth ages 10-24 living within the radio station's coverage area.]

### ***Challenges***

While the project exceeded aggregate goals most of the time as shown in tables on pages 13-15, the project struggled to **reach 70% of youth completing the TWC curriculum with follow up interventions** (FUI target). This was largely due to challenges tracking down Youth Multipliers after at least three months had elapsed since the TWC curriculum-based workshop. An attempt to provide a certificate of completion only upon participating in the FUI did little to help lure back YMs in Guyana and Haiti. The transitory nature of youth in the hinterland of Guyana throughout the life of the project and of youth in Haiti following the earthquake in FY2010 (as well as school closings post January earthquake until as late as May in many areas) also hindered FUI efforts. That said, while the project fell short of targets in FY2009 (15% in Haiti and 51% in Tanzania compared to 70% target), the project did exceed targets in FY2010 reaching 75% youth multipliers with FUIs in Guyana and 77% in Haiti, but only 57% in Tanzania.

The curriculum adaptation process in Haiti - which had begun with a workshop on targeting the 10-14 year old cohort and the engagement of a local consultant in FY2005 - was long and drawn out in part due to translation and linguistic challenges that caused delays to its completion. Meanwhile, the GRCS' ability to make changes to the **TWC curriculum** was restricted by involvement in and commitment to a Caribbean-wide Red Cross effort to be systematic in making uniform changes to the curriculum based on an evaluation which would not occur until FY2010. As a result, the curriculum had several shortcomings such as lacking content geared towards more sexually active and mature audiences as well as information on sexual reproductive health.

In Guyana, full academic timetables and competing priorities made **scheduling TWC sessions** a challenge as did spotty school attendance. Migration within Guyana also led to difficulties retaining Youth Multipliers for all four blocks. The GRCS' ability to reach youth participants through youth multipliers reaching out to 10 peers on four separate occasions was limited due to the rural and sparsely populated nature of the hinterland communities where the project operated, as well as the fact that in many particularly remote areas the TWC curriculum had to be delivered in a condensed period of 2-3 days (due to Peer Educators having traveled a day to reach a site where they would sleep over until completing outreach). Outreach to outlying sites was also time and resource-intensive in Tanzania where the logistical challenges demanded that the project secure an additional vehicle.

Migration and mobility often resulting from the lack of employment opportunities also contributed to challenges in **retaining Peer Educators**. One attempt to mitigate this in Guyana was to provide vocational skills training such as computer classes, leather crafting (with HIV messages) and the

development of a newsletter - the latter two income generating. PE retention was particularly low at the start of the project in Tanzania with rates of 7% in FY2005 and 18% in FY2006 but improvements in mapping, program planning, communication and coordination saw these figures increase dramatically over 50%. In Guyana and Haiti, retention varied from 16% to over 50%. An ARC-facilitated project-wide conference call brought project staff together to explore possible solutions resulting in efforts to increase retention revolving around improvements in monthly stipends, incentives, job aids such as uniforms and bicycles, incentives such as training opportunities within and beyond HIV/AIDS, and PE recognition.

The project struggled to **reach high risk or out of school youth** in large part due to difficulties retaining Youth Multipliers from this category over the course of all four TWC sessions. Through mapping exercises, high risk or out of school youth were identified as: residing in a particularly poor or violence-ridden area; participating in centers for orphans and vulnerable children or street children; or attending vocational programs catering to youth who often lacked more than a fifth grade school level. The category also included: marginalized domestic servants (“restaveks”) in the case of Haiti; young police and military officers in Guyana; and blind and handicapped youth, young artisanal miners and night fishermen in Tanzania. Vis-à-vis targets from FY2006 on to ensure that 10-15% in Guyana and Haiti and 50% in Tanzania of all youth reached constituted high risk youth, the project only managed to reach between 4-16% in Haiti, 10-16% in Guyana, and 25-50% in Tanzania. An ARC-facilitated conference call brought project staff together to explore possible solutions. In addition to improving mapping efforts, the team in Haiti and Guyana sought a solution in partnering with vocational schools serving high risk youth (IDEJEN in Cite Soleil in Haiti in FY2008 and Bina Hill in Region 9, Guyana in FY2009) whereby the project recruited their beneficiaries as Peer Educators to reach out to their peers within their centers and beyond. However, the training proved to demand a higher level of academic exposure and as such few Peer Educators actually qualified as Peer Educators. In Tanzania, a two day training in FY2009 set out to equip Field Managers who in turn equipped Volunteer Community Educators with improved skills for reaching out-of-school youth (OSY) as well as district-specific plans, strategies and targets. The team increased the emphasis on reaching high risk youth with interpersonal community wide events as opposed to the longer TWC curriculum.

## **B. STRENGTHENING EACH NRCS’S CAPACITY TO MANAGE AND EXPAND YOUTH HIV PREVENTION PROGRAMS: STRATEGIC OBJECTIVE 2**

### *Key Accomplishments*

The project sought to **build the capacity of National Societies** not only to improve the quality and efficiency with which they executed the TWC project but also to improve their ability to implement HIV/AIDS programs in general over the life of the project and in the future, as well as their ability to function and program effectively in general. As such, the project invested in training and learning opportunities for project and non-project staff as well as systems development and other organizational development efforts. Specific training in technical capacity building and project management in areas listed in the first and second column of the table below were crucial to the project’s success by building the skills and competencies of National Society staff to implement the project and use the project’s growing toolkit. Meanwhile, training for non-project staff and other organizational development efforts listed in the third column of the table below contributed to the overall operational effectiveness of National Societies. In addition, the project spurred the development of several new branches. In FY2008 alone, the relocation of the TWC project to Shinyanga led to the creation of 6 new branches, and the project was instrumental in helping TRCS set up a governance structure and build the branches’ capacity around community health education, volunteer management, income generating activities, and sustaining the project beyond the close out date – the latter through transferring project tools and training branch personnel in use of project materials, tools and systems.

Project-Supported Capacity-building and Organizational Development Activities

Project management capacity building trainings for National Society and local ARC project staff	Technical capacity building training for National Society and local ARC project staff	Capacity building trainings for non-project staff and other organizational development efforts
<ul style="list-style-type: none"> <li>- project start up</li> <li>- project design</li> <li>- teamwork</li> <li>- budget development</li> <li>- IT skills: use of ACCESS and excel database, and QuickBooks accounting software</li> <li>- project sustainability</li> <li>- supervision</li> <li>- volunteer management</li> <li>- financial management</li> <li>- grant compliance</li> <li>- leadership development</li> <li>- M&amp;E systems development</li> <li>- end of project evaluation methodology</li> </ul>	<ul style="list-style-type: none"> <li>- Behavior Change Communication</li> <li>- Social mobilization</li> <li>- Peer Education methodologies</li> <li>- Curriculum Adaptation</li> <li>- Reaching high risk youth</li> <li>- Epi Info software use</li> <li>- Gender mainstreaming</li> <li>- Adolescent health and pregnancy prevention</li> <li>- HIV in emergencies</li> <li>- First Aid Instructor Training</li> <li>- Psycho-social support self-care techniques (post earthquake)</li> </ul>	<ul style="list-style-type: none"> <li>- Finance and compliance workshop (TRCS)</li> <li>- New branch development and branch capacity assessments</li> <li>- Vulnerability Capacity Assessments (of the community)</li> <li>- Branch Management Training</li> <li>- development of manuals in Finance, Procurement and Human Resources</li> <li>- Resource mobilization and proposal writing</li> <li>- Audits: TRCS (FYs 2005-2010), HRC (FYs 2007 &amp; 2009-10), and GRCS (FYs 2004-2010)</li> </ul>

Project staff and volunteers also benefited from **participation in conferences, cross-learning events, and other learning opportunities**. In terms of international conferences, the HRC project coordinator presented a poster on Peer Education outreach in the volatile Cite Soleil community during the International AIDS conference in FY2006 which was subsequently televised both on Canadian and Haitian television. His local ARC project manager counterpart from Haiti participated in the same conference two years later in Mexico. The HRC Project Coordinator also presented on the TWC curriculum adaptation process during the HIV Implementing Partners meeting in Uganda in FY2007, and the GRCS project coordinator participated in the same meeting two years later in Namibia. Project staff from Guyana (Field Manager), Haiti (Regional Coordinator), and Tanzania (Field Manager) also participated in USAID’s close out end of project meeting in South Africa in FY2010 where they presented on life skills development, M&E systems, and curriculum-based programming, respectively.

Project staff also benefited from **IFRC-funded and organized training and learning opportunities** such as: several trainings of TWC trainers and a TWC M&E Toolkit workshop in the Caribbean; an adaptation workshop and training on the IFRC’s community Prevention, Treatment, Care and Support toolkit in Tanzania and the Caribbean; participation in strategic planning, Health Network, and Regional Youth Forum meetings in the Caribbean; and participation in the IFRC’s General Assembly meeting in Geneva. It should also be noted that in addition to capacity building, the IFRC’s funding of complementary HIV prevention outreach efforts in Haiti and Guyana also contributed to the project’s goals. This included most notably the development and roll out of billboard-based condom-promoting (“Faces”- “Nobody has the truth written on their face. Protect yourself. Use a condom.”) and anti-stigma (“0%” consisting of images in the form of a zero like soccer balls that illustrate types of contact that have a 0% chance of transmission of HIV) mass media campaigns. In addition, the selection of HRC and GRCS as focus National Societies of an IFRC-coordinated Global Alliance strategy – a strategy designed to expand and scale up prevention and care efforts – helped secure further IFRC support for complementary HIV/AIDS and capacity building activities. Close collaboration with the IFRC has helped the project advance its goals while in turn ensuring that the project’s best practices and tools are disseminated within the Movement for use by other Red Cross partners. This project has also made active efforts to share resources with partners beyond the Movement such as the curriculum and the pre/post test ACCESS database.

The project also supported non-USAID funded (cross-) trainings and learning opportunities. Trainings included AIDS competencies, addressing stigma and discrimination, and VCCT training. Learning opportunities included the participation of: a GRCS Field Manager in an ARC National Youth Institute where she presented on life skills development; and a GRCS Peer Educator in a World Bank World AIDS Day event where he presented on the TWC project in a hinterland region of Guyana (*see story from the field in section IV. Success Stories*). The project also supported cross-training opportunities such as: the training by two GRCS Field Managers of an American Red Cross chapter in Miami in the TWC curriculum; and training in program management by project staff to other local HRC program staff involved in a Netherlands Red Cross- supported program using the TWC curriculum in other sites within Haiti. Last but certainly not least, the project's exchange workshops provided an opportunity for project and non-project Red Cross staff and volunteers to share best practices.

In FY2006, the project in Tanzania hosted the first **Best Practices Exchange Workshop** in Kigoma bringing together Haitian, Tanzanian, and Nigerian Red Cross youth peer education project managers and a representative of the IFRC. The ten day workshop covered a mix of presentations and direct observation of activities covering the following themes: best practices in youth peer education, curriculum adaptation, working with 10-14 year olds, Peer Educator incentives, supervision processes, M&E, community and project planning mapping, and working with adult stakeholders. Some of the most useful aspects of the exchange workshop were in building a sense of community among project staff in different regions and comparing technical strengths and weakness through a rigorous peer review process. The Haiti project team benefited in particular from observing the Tanzania Red Cross Society's more established PE supervision and adult stakeholder methodologies.

In FY2007, the TWC project held its second Best Practices Exchange Workshop in Haiti (*see story from the field in section IV. Success Stories*) bringing together project staff from the Guyana, Haitian and Tanzania Red Cross as well as representatives from the Netherlands, Jamaican and Kenya Red Cross Societies. The 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 which prompted the sharing of tools and approaches, and motivated improvements through fomenting a sense of friendly competition. 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.

Finally, the project benefited from the technical input provided by the project's USAID Contracting Technical Officer throughout the life of the project as well as by her colleagues following two **USAID visits** to project sites in Tanzania in FY2008 and a visit to Haiti in FY2009.

The project's **partnerships** with local, regional and national governmental and non-governmental entities yielded an array of benefits. The project forged partnerships to: enhance the community's acceptance of the project and project messages; ensure that TWC outreach complemented as opposed to competed with or contradicted that of other organizations; secure access to beneficiaries; provide cost-savings; enhance the project's outreach through cooperation around specific community wide events or other outreach; and coordinate outreach geographically to enhance coverage. For example, at the national level in Tanzania, a

partnership with Femina HIP consisted of the project showcasing two of the organization's youth role models on TWC IEC materials and in turn distributing Femina HIP's youth-targeted magazines to project beneficiaries in Kigoma and Shinyanga. In Guyana, a partnership with Remote Area Medical (RAM - an organization that provides medical treatment and supplies in remote underserved areas) consisted of: information sharing whereby the TWC project would relay specific medical concerns/needs of remote communities to RAM to help them prioritize and prepare for visits; joint trips to the remote communities whereby the project would engage youth in TWC sessions and sensitize adults to HIV and related health issues while RAM performed medical procedures; and RAM helping transport goods such as condoms to Red Cross branches in the hinterland. In Haiti, as mentioned under strategic objective 1, the partnership with IDEJEN consisted of reaching IDEJEN's high risk youth with the TWC curriculum, involving IDEJEN youth in the curriculum adaptation process by field-testing the curriculum with the group to ensure its relevance with higher risk and lower literacy groups, and recruiting IDEJEN youth to become Peer Educators themselves to then reach out to their IDEJEN peers as well as high risk youth beyond IDEJEN.

Involvement in **national taskforces** facilitated partnership efforts and coordination. To the extent that they were active, project teams participated in national taskforces, specifically: the National Blood Transfusion Service and Guyana HIV/AIDS Reduction Program (GHARP) meetings in Guyana; the FHI/Youthnet Coordinating Committee for Youth Programs (CCYP), USAID-coordinated AB-Y partners and Prevention partners meetings, and Men Engage Tanzania (MET) in Tanzania; and the National AIDS Commission, Emergency Plan Working Group and BCC Cluster in Haiti. In Guyana and Tanzania, the project was active in regional AIDS taskforces and committees and together with local authorities, this engagement facilitated access to youth in government-affiliated and non-governmental community settings. Further, in expanding to two new sites in Haiti and four new sites in Tanzania in FY2009, the project's rigorous community entry process relied heavily on close cooperation with the regional and local representatives of government agencies as well as local NGOs, CBOs and FBOs to facilitate engagement of key stakeholders and identification of potential volunteers – both critical to a rapid project start up.

### ***Challenges***

As displayed in the Key Country Level Workplan Indicator Results tables on pages 13-15, the project was inconsistent in reaching capacity building, partnership and national taskforce targets, particularly in Haiti and Tanzania. This could be attributed in part to the project's prioritization of delivering on youth trained and reached targets while ensuring quality of both. Limitations in the capacity of National Societies in areas such as financial management hampered the project's implementation by, for example, delaying the transfer of funds to project sites. The project's involvement and gains from participation in national taskforces was limited by the inconsistent nature of many of them. Finally, the strategic value of partnerships was not always readily apparent nor its full potential realized.

## **C. ENHANCING THE COMMUNITY ENVIRONMENT FOR THE ADOPTION OF SAFER SEXUAL PRACTICES: STRATEGIC OBJECTIVE 3**

### ***Key Accomplishments***

The project engaged adults in the community primarily through: open community sensitization events; town hall meetings that targeted specific groups of adults such as school principals, health providers or parent teacher associations; and community councils typically set up for another function (like government entities) but willing to lend support to the project. The demand for these sessions and hunger for education around HIV prevention was great among adults. Town hall meetings and community sensitization events were crucial to garnering support from adults and gatekeepers (to potential youth

beneficiaries) for TWC outreach to ensue among community youth, and for calibrating expectations around what the program did and did not set out to achieve. These activities as well as community wide events were also essential in promoting non-discrimination among adults towards PLHIV and open dialogue around sexual and reproductive health. Community support was not always forthcoming and at times, the project had to expend a great deal of energy working with the community around anti-stigma messaging and to relieve fears around education on basic facts around contraception as well as the inclusion of condom demonstrations and skills practice, and later free condom distribution. Active community councils, while limited in number, were instrumental in guiding outreach efforts, and providing insight into prevailing parental concerns and community issues pertaining to youth and HIV and reproductive health.

In Tanzania, the project also reached adults through the Trusted Adult Youth Communication curriculum where parents, guardians or mentors had the opportunity to explore issues facing youth they supported, as well as their own values, increase their knowledge around sexual and reproductive health, and practice communicating with their youth. Finally, the project carried out a series of close out meetings at the end of the TWC project in order to reflect on the partnership with the community that had ensued, to reinforce the project's messages (and tools), and to present follow-on activities where relevant – all in the hopes of cementing the project's legacy in having an impact on the prevention of HIV and unintended pregnancy and the reduction of stigma and discrimination.

### ***Key Challenges***

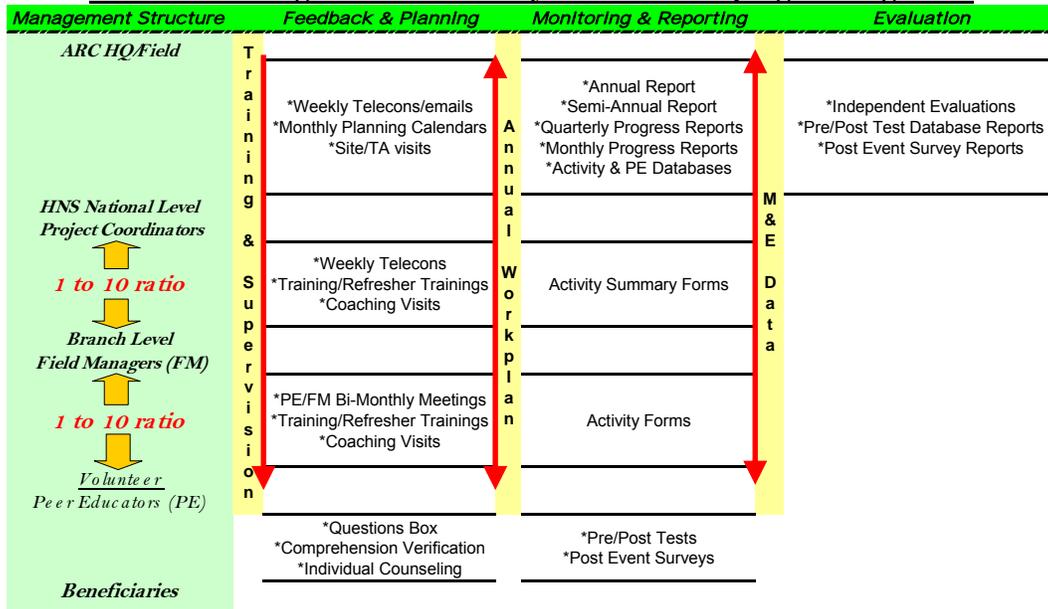
As demonstrated in the Key Country Level Workplan Indicator Results tables on pages 13-15, despite the importance of engaging adults, the project consistently fell short of targets due to the greater relative emphasis placed on youth outreach. In the aftermath of the Haiti earthquake, the project struggled to reach adults through town hall meetings but was active in engaging camp committees to plan and execute outreach in the camps. Instilling a sense of ownership of the project on the part of Community Council members demanded a lot of energy. The project had difficulties keeping Community Councils not solely specific to the project engaged due to the project's dependence on others in scheduling of these meetings. In Tanzania, the payment of "sitting fees" prevented the project from convening Community Council meetings solely for the purposes of discussing TWC, and in Guyana, keeping Community Councils involved in supporting TWC activities proved challenging in remote areas with limited communications.

## **III. OTHER ISSUES**

### **A. MONITORING AND EVALUATION**

As depicted in the monitoring and reporting column (third row) in the diagram below, for **monitoring output level indicators**, the TWC project relied on a TWC M&E system with information on the numbers of beneficiaries reached reported by Peer Educators flowing up through their direct supervisors (instructor trainers, master trainers and/or Field Managers) - and on to national program coordinators. Depending on literacy levels, youth multipliers reported on the number of their peers with whom they shared HIV prevention messages as part of their take-home assignments. This management information system was paper based up to the Field Manager level and both paper and electronic from the Field Manager level up. All country program coordinators entered data on a per activity basis in an Excel database and were able to generate summary data reports that could be viewed by time periods, geographic areas and various indicator categories using Excel's pivot table function. In addition, country program coordinators compiled monthly reports sent to ARC headquarters the 15<sup>th</sup> of the following month.

## TWC Monitoring and Evaluation System for TWC program in general



To ensure quality outreach and as part of supportive supervision, the project used a Peer Educator observation form for Field Managers to fill out during at least monthly observations of each Peer Educator delivering the TWC curriculum. The form and subsequent feedback captured an assessment of the Peer Educators' preparation, accuracy, delivery, facilitation and message reinforcement.

Despite continued improvement efforts, the monitoring and evaluation system had its shortcomings. Some youth multipliers were reluctant to fill out the pre/post test forms for a third and fourth time during the Follow Up Intervention. Low literacy levels, particularly among high risk and out of school youth, made the pre/post tests difficult and time-intensive to administer. Certain project staff found the number of forms cumbersome. The data from Peer Educator exit interviews was limited as project staff found it difficult to track down Peer Educators, many of whom didn't formally leave the program but were temporarily preoccupied and might or might not rejoin. Project staff and volunteers found it difficult to get people to fill in post-event surveys. And National Society project staff did not all feel equipped to manipulate the pre/post test database sufficiently to make optimal use of it.

In FY2007, the TWC project developed an ACCESS pre/post test database system allowing 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, lead educator, age cohort and Peer Educator experience. Peer Educators administered the 19 question pre and post-tests to youth beneficiaries during the first and last sessions of TWC workshops (during one month per quarter) in order to measure **changes in knowledge, attitudes and skills acquisition**. Prior to the development of the database, the project was only able to report on gains in average test scores. In addition to boosting the confidence of Peer Educators, analysis of pre/post test result changes was instructive for Peer Educator supervision, shaping trainings and the curriculum adaptations. In Tanzania, the project invited a Peer Educator to each quarterly management meeting which afforded the team the Peer Educator's perspective to interpreting pre/post test (as well as output) results.

As demonstrated in the table of TWC Pre/Post – Test ACCESS Database Results below, the greatest improvements among youth benefiting from TWC workshops were knowledge-based, while increases in accepting attitudes were significant, and stated ability to negotiate condom use and abstinence were

positive on the whole, albeit marginally so. The increases in pre/post test scores were relatively low for males around the ability to negotiate abstinence and vice-versa for females around the ability to negotiate condom use. In Guyana, females scored higher on both pre and post tests on most all questions and indicators with the exception of self-efficacy around negotiating condom use. A reverse trend was seen in Haiti and Tanzania with the exception of lower pre and post test scores around the ability to negotiate abstinence.

### **TWC Pre/Post-Test Database Results by National Society**

<b>Question/Indicator</b>	<b>Pre-test</b>	<b>Post-test</b>	<b>% Increase</b>	<b>Pre-test</b>	<b>Post-test</b>	<b>% Increase</b>	<b>Pre-test</b>	<b>Post-test</b>	<b>% Increase</b>
	<b>Guyana</b>			<b>Haiti</b>			<b>Tanzania</b>		
<b>Knowledge</b>									
Comprehensive correct knowledge. UNAIDS. (female)	27%	50%	85%	19%	53%	179%	32%	61%	91%
Comprehensive correct knowledge. UNAIDS. (male)	25%	46%	84%	21%	56%	167%	32%	58%	81%
<b>Attitudes</b>									
Accepting attitudes towards people living with HIV. UNAIDS. (female)	20%	38%	90%	10%	30%	200%	39%	64%	64%
Accepting attitudes towards people living with HIV. UNAIDS. (male)	16%	31%	94%	12%	32%	167%	39%	61%	56%
<b>Skills</b>									
Ability to negotiate abstinence (female)	64%	70%	9%	56%	69%	23%	57%	72%	26%
Ability to negotiate abstinence (male)	48%	56%	17%	49%	61%	24%	52%	59%	13%
Ability to negotiate condom use (female)	80%	86%	7%	77%	85%	10%	80%	91%	14%
Ability to negotiate condom use (male)	78%	89%	14%	80%	87%	9%	83%	91%	10%

Data based on:

- 594 pre and 576 post tests (female) and 474 pre and 442 post-test (male) administered between October 2007 and May 2010 in Guyana;
- 9,753 pre and 8,902 post tests (female) and 7,718 pre and 6,936 post-test (male) administered between March 2005 and July 31, 2010 in Haiti; and
- 1,218 pre and 1,193 post tests (female) and 1,265 pre and 1,209 post-test (male) administered between May 2009 and April 2010 in Tanzania

In Guyana, the highest pre and post test scores were experienced by the 15-19 year old age cohort followed by the older group (20-24) and lastly the youngest (10-14). In Haiti and Tanzania, knowledge, attitude and skills pre and post test scores increased by age cohort. All project sites experienced a general trend of increased scores both the higher the level of schooling of participants and the greater the Peer Educator experience. And the project in Guyana and Haiti experienced a general trajectory of increased knowledge and attitude post-test results over the life of the project.

Regarding Follow Up Interventions, a lower percentage FUI pre-test score compared to post-test TWC session score in Guyana and Haiti suggested losses in retaining messages and skills over time, underscoring the importance of and need for FUIs. However, the low and negative pre/post test % increases in female's and male's (respectively) ability to negotiate condom use was cause for concern, highlighting the need to ensure FUI content provided the intended booster effect around self-efficacy and skills-building. FUI results for Tanzania, while lacking in rigor due to the small sample size, showed the confounding results of lower pre-test scores than those of TWC sessions.

## FUI Pre/Post-Test Database Results by National Society

Question/Indicator	Pre-test	Post-test	% Increase	Pre-test	Post-test	% Increase	Pre-test	Post-test	% Increase
	Guyana			Haiti			Tanzania		
<b>Knowledge</b>									
Comprehensive correct knowledge. UNAIDS. (female)	45%	55%	22%	53%	66%	25%	14%	51%	264%
Comprehensive correct knowledge. UNAIDS. (male)	36%	54%	50%	58%	70%	21%	15%	54%	260%
<b>Attitudes</b>									
Accepting attitudes towards people living with HIV. UNAIDS. (female)	30%	38%	27%	26%	36%	38%	27%	59%	119%
Accepting attitudes towards people living with HIV. UNAIDS. (male)	25%	34%	36%	29%	34%	17%	36%	62%	72%
<b>Skills</b>									
Ability to negotiate abstinence (female)	63%	68%	8%	64%	73%	14%	42%	58%	38%
Ability to negotiate abstinence (male)	50%	56%	12%	59%	64%	8%	60%	71%	18%
Ability to negotiate condom use (female)	89%	89%	0%	87%	90%	3%	77%	87%	13%
Ability to negotiate condom use (male)	89%	88%	-1%	90%	92%	2%	83%	98%	18%

Data based on:

- 386 pre and 353 post tests (female) and 307 pre and 285 post-test (male) administered between June 2009 and May 2010 in Guyana;
- 600 pre and 546 post tests (female) and 583 pre and 525 post-test (male) administered between January 2009 and January 2010 in Haiti; and
- 139 pre and 162 post tests (female) and 139 pre and 155 post-test (male) administered between June 2009 and September 2009

At the close of the project, **exit interviews** were conducted with staff and volunteers. Results in Haiti pointed to an overwhelmingly positive experience for the Peer Educators, Field Managers and Regional Coordinators. Team members felt the work was important for themselves and youth, and a sense of pride to be identified with the Red Cross Movement. Recommendations for improvements included that: Peer Educator incentives be higher and be issued in a timely manner (preferably prior to sessions); YM certificates be issued on time upon completion of the TWC program; YMs and other beneficiaries be provided a snack during sessions of considerable length; and that there be greater contact (through field visits or increased communication) between central coordination staff and the field, and more support in terms of meetings and trainings. Results in Tanzania from exit interviews with Field Managers revealed satisfaction with the project's approach, affiliation with the Red Cross, and support provided to staff in terms of trainings and supervision. Recommendations included a more timely provision of funds and materials and further training opportunities.

### **External Evaluation**

The USAID- funded Measure Evaluation consisting of interviews and observations during field visits to Haiti in May 2006 and July 2006 provided instructive recommendations that the project carefully considered and acted upon. The evaluation lauded the formal supervision and monitoring system, the thoroughness with which the curriculum was followed through completion, and efforts to build capacity. Recommendations for improvements included continuing to adapt the curriculum, increasing the building of facilitation skills for PEs and developing an intervention to increase the retention of TWC messages and skills among Youth Multipliers.

A two-year long effort to secure funding in-house for an impact evaluation (at the behavioral outcomes level) of the TWC project concluded with an unsuccessful outcome largely due to cost. However, in FY2009, the project managed to execute **an end of project qualitative evaluation** to report on the successes, shortfalls, and lessons of the six plus year project. In FY2010, an external consultant along with local researchers in Guyana and Tanzania reviewed the mechanics of the program and its effect on

creating a community environment conducive to youth behavior change, as well as its efforts to strengthen the NSs' capacity to manage and expand their HIV-prevention project for youth. The evaluation investigated youth behavior change outcomes in addition to: 1) how well the project responded to local needs by assessing its geographic and beneficiary targeting, as well as asking about social and cultural influences on risky behaviors; 2) how well activities were implemented for each of the beneficiary groups identified in the original project plans; and 3) the implementation of capacity building efforts for the National Societies to perform their management duties. As there was no baseline information, researchers on the ground asked evaluation participants if they experienced any increases in knowledge or changes in attitudes or behavior as a result of this project. Evaluators conducted Focus Group Discussions (12 in Guyana, 15 in Tanzania) and key informant interviews (50 in Guyana and 72 in Tanzania) and input and analyzed data using Atlas Ti software.

The evaluators' positive assessment of overall program management included a sense that management was dynamic and committed to making improvements: staff drew out lessons from monitoring data on a quarterly basis and constantly assessed and reassessed whether or not the target populations were being reached, to what degree and how females and high risk youth could be better pursued etc. In addition, the project was found to: use appropriate tools; to reach youth in remote areas; and deliver interventions that changed behaviors. Recommendations for improving project management included: clearer geographic targeting and site selection criteria; giving greater consideration to the situational environment through more deliberately responding to local values; putting in place a more formal recognition structure for both youth and adult volunteers; and engaging the community in a more participative mapping and project planning process at the project's outset.

The evaluators found several positive practices in the project's youth life skills building interventions including: strong interpersonal communication-based interventions with a heavy emphasis on risk, referrals, the engagement of popular local personalities, FIUs, and positive knowledge, attitude and self-efficacy results; thorough training of Field Managers and Peer Educators guided by a clear training strategy; and strong oversight with a clear delineation of monitoring and supervision responsibilities and constant evaluation of program implementation. Recommendations included: renaming take home assignments 'spreading the word'; greater involvement of adult volunteers; stronger engagement of service providers in the referral process (and use of referral forms that are signed upon receipt of services and returned to the NS staff for tracking); more deliberate involvement of adult and youth multiplier beneficiaries in shaping, publicizing and participating in CWEs; clearer guidelines for certain non-curriculum-based interventions; developing a clear targeting strategy for each intervention; and limiting time and resources spent on mass media.

Regarding capacity building, the evaluators found that the ARC technical support, guidance and mentoring added value as did the project's exchange workshops in helping NSs refine their programs. Evaluators recommended: a more participative approach with NSs at the project's outset in determining ARC and NS roles and responsibilities and developing capacity building priorities and plans; increased emphasis and training on M&E to ensure more timely analysis and use of results; further training of branch management to better support the project; and more detailed guidelines around strategic partnership development and maintenance.

Regarding the project's creation of an enabling environment, evaluators found that the project was strategic in its engagement of governmental entities and held informative and appreciated stakeholder meetings that earned support and entrée into communities. Evaluators recommended better defined approaches, providing incentives to adults to attend town hall meetings, and engaging adults not just to support curriculum-based interventions but also other youth-focused interventions.

## **B. PROGRAM MANAGEMENT**

The project experienced very little staff turnover over the life of the project, particularly at the National Society level. In Tanzania, the TRCS Project Coordinator's level of effort reduced to 50% in FY2009 due to a promotion to Deputy Director of Health Services. In addition, the Regional Project Officer turned over due to the pursuit of graduate studies, and a Coach was promoted to Senior Coach. On the ARC side, there were three Health Delegates with turn over on two occasions in FY2007 and FY2009 both times with a few months gap which put temporary strain on the project.

HRC staff remained consistent until a decision was made in FY2009 to increase supervision and support to the expanded number of field sites by recruiting Regional Coordinators. Three Regional Coordinators were recruited in the fall of FY2010 which significantly increased the coordination's presence in the field thereby increasing technical support to and supervision of Field Managers according to their specific needs. These Coordinators were crucial to keeping operations going in the aftermath of the earthquake of January 2010 which led to the resignations of the HRC Project Coordinator and Logistician as well as the loss of the ARC Program Coordinator (to a new job), Data Entry Associate (who incidentally was a former Peer Educator to a new job) and Program Assistant (presumed deceased in the earthquake). The project brought in a consultant in March to communicate, support and coordinate with the field, and in May hired an ARC HIV Program Manager and Data Entry Associate. At the start of the project, a regional Health Delegate based in the Dominican Republic (DR) provided support to the project in Haiti at a level of effort of less than 50% until July 2007 when he relocated Guyana after which a Haiti-based Head of Programs and Health Delegate provided support at approximately 25-30% FTE level of effort each.

GRCS did not experience any turnover of project staff over the life of the project. The project benefited from a relationship with the Peace Corps from FY2004 through FY2009 with between 1-4 volunteers involved in the project at any one time. On the ARC side, the Regional Health Delegate provided support to the project in Guyana at a level of effort of less than 50% from the DR (until July 2007) and briefly from Guyana (until December 2007) after which the DC-based Program Officer provided increased support.

Finally, central management of the project from ARC headquarters experienced one change over in January 2008 when the Senior HIV/AIDS Initiative Manager relocated to Tanzania (where he continued technical oversight of the program at a reduced level of effort through June 2010) and was replaced at headquarters by the TWC curriculum adaptation consultant turned Program Officer.

## **C. SUSTAINABILITY AND TRANSITION**

Over the life of the project, the project put in place the mechanisms and processes to increase the likelihood of the continuation of the project, in its entirety or in part, following the end of the award. Sustainability plans primarily aimed to meet the continued need for positively affecting youth's knowledge, attitudes, and skills related to HIV and reproductive health, including the access and use of local health services. In doing so, plans focused on increasing the visibility and subsequently the demand for the TWC program; strengthening the capacities of Red Cross branches' systems (including around resource mobilization), staff, and volunteers; and maintaining and marketing project activities and tools to potential partners for their adoption and to potential donors for funding to ensure continuation. To increase visibility and demand, the project continued to reach out to community leaders and stakeholders through town hall meetings, and community councils. To address the maintenance of project activities, the project reached out to prospective donors; marketed project materials, staff and volunteers to partner organizations who had the potential to continue to capitalize on resources resulting from the project; and sought out focal persons from Red Cross branches to commit to supporting continued outreach.

The close out of three sites in Kigoma fifteen months prior to the end of the project afforded an opportunity to learn from sustainability efforts put in place there which led to the refinement of sustainability plans for other sites. The team in Tanzania transmitted these lessons through an ARC-facilitated project-wide conference call and shared their plans with counterparts in Haiti and Guyana. In the last six months of the project, coordinators engaged in a series of close out meetings with leaders and representatives of key stakeholder groups, including Red Cross branch level leadership, community council members, local government officials and partner CBOs. These close out meetings sought to secure community buy-in to make use of trained volunteers and then link local communities with interested volunteers making sure that both parties were equipped with the project's technical and administrative tools to support outreach.

At the ARC headquarters level, the end-of-project evaluation together with other project records, protocols and curricula were shared widely with partners within and beyond the Red Cross Movement. Inside the Movement, in their coordinating and information-disseminating role, the IFRC has and will continue to provide a multiplier effect for the lessons learned from the TWC program to partner Societies. Within the American Red Cross, lessons and tools from the project will be applied to HIV prevention programs throughout the world as well as continued efforts in the three project sites.

In Tanzania, while fundraising efforts were unsuccessful for the continuation of the TWC project in its entirety, TWC activities continued through an ARC Integrated HIV Prevention and Care project in one of the sites in Shinyanga. The Integrated HIV Prevention and Care project absorbed certain TWC staff and volunteers to support outreach to PLHIV and orphans and vulnerable children as well as to continue community wide events. In other sites, focal points from most Red Cross branches were selected to provide support to volunteers and periodic reports. In addition, the project forged connections between volunteer educators and Government officials to make use of volunteer educators in their own community wide initiatives (as had successfully occurred in Kigoma Urban).

In Guyana, ARC secured internal funding for continued support of GRCS TWC outreach in a new area of Region 1 that comprises mining communities. TWC outreach will be part of a larger program targeting high risk groups there, namely miners and sex workers. Meanwhile, the GRCS has been able to secure IFRC funds for continued activities, albeit limited, in most other project sites.

In Haiti, efforts continued to encourage the adoption and use of tools developed from the TWC program by other Haitian Red Cross (HRC) programs through knowledge-sharing and trainings for branch leaders on systems such as volunteer management and monitoring and evaluation. ARC and HRC are still determining the future of TWC but together are working on drawing lessons from the project in rolling out interventions, supported by USAID, for higher risk youth and adult groups in project sites.

#### IV. SUCCESS STORIES

##### A. FY2007 Promoting HIV Prevention while Strengthening Partnerships: Red Cross Societies meet in Haiti for a Cross-Country Exchange. Haiti

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

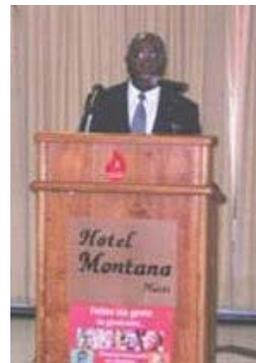
and AIDS; and strengthening youth-adult communication and cooperation. The discussion enabled participants to sharpen existing tools such as referral systems that promote access to and use of reproductive health services.

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 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.

**B. FY2008 From deep in the Guyanese hinterland to downtown D.C., the TWC team from Region 9 takes World AIDS Day to new frontiers**

In the span of a few days and a few thousand miles, Guyanese Red Cross Society (GRCS) youth and volunteers from the Lethem Branch shared songs and poems, facilitated discussions and arts and craft activities, addressed an international audience, hosted a concert, and launched a Red Cross-affiliated billboard heralding HIV prevention messages.

Close to home in Lethem's Wadapa (Wapishana for 'the place where people meet') or community center, GRCS hosted a community concert where over 300 attendees were challenged by performers whether they had the courage to: stop violence and abuse; stop the spread of HIV and other STIs; get tested; stop discrimination; to resist peer pressure; and learn the facts. A peer educator sang a song she composed about a 15 year old girl becoming infected with HIV to a silent and awe-struck audience. After the song, the audience observed 20 seconds of silence in remembrance of those persons who died due to the infection. Throughout the ceremony, 14 lit candles served as a reminder of the estimated number of new HIV infections around the world per minute. This statistic when first announced brought a complete hush to the crowd. The concert also showcased the various ethnic groups of Guyana during which models spoke briefly about HIV in the homeland of their ancestors, and featured involvement from community members spanning teachers, soldiers, and police in addition to Red Cross volunteers and supporters.



*Performers sing during the "Have the courage" concert (left) and during the launching ceremony for the Faces Campaign (right)*

In collaboration with community partners, the GRCS Lethem Branch launched the Faces campaign at Lethem's airstrip during a ceremony chaired by leaders from GRCS and the Multisectoral AIDS Committee. The Faces campaign, effectively implemented by the Red Cross in other parts of Latin America and the Caribbean, advertises the fact that: "Nobody has the truth written on their face. Protect yourself. Use a condom." This IFRC-sponsored campaign targets sexually active at-risk youth and adults. The brief program also featured peer educators performing a song and reciting a poem, four local HIV awareness champions delivering empowering messages, and the awarding of two young regional poetry competition winners with discmans (compliments of an authorized Digicel phone dealer).

A little outside Lethem, in the small neighboring community of Hiowa, peer educators facilitated an HIV awareness discussion at a community gathering at the request of the community health worker (CHW) who translated the entire presentation into the local Macushi dialect. Following a very interactive discussion around HIV and AIDS, transmission, prevention, treatment, testing and myths, villagers requested that the GRCS return to conduct a condom demonstration and to show a video on HIV.

Meanwhile, a TWC trainer (also a Peace Corps volunteer) facilitated HIV sensitization sessions in the villages of Nappi and Parishara where youths were given prizes for participation and correct answers during a quiz on HIV.

South of Nappi, 6 youths and TWC Trainers (including another Peace Corps volunteer) cycled the long bumpy miles from Shulinab to Sand Creek to work with community youth on creating posters and poems. By the end of the session, youth displayed posters depicting transmission while sporting and passing out head bands with slogans like "think about the future" as they walked around Sand Creek trying to get people to fall in with the walk. The posters were presented to the audience, and some health workers delivered a few short speeches.

Further afield, over 2500 miles away in Washington DC, the World Bank selected and sponsored peer educator Noel Prudencio to participate in discussions commemorating World AIDS Day. Alongside a youth leader from Mexico, Noel shared his experience in HIV/AIDS peer education and the benefits and problems related to youth participation in prevention. He also conducted outreach through TWC's condom demonstration and HIV true or false quiz to a group of over 30 school students (aged 14-16), community members and World Bank staff. Noel continues to keep in touch with World Bank staff and his counterpart from Mexico, whose use of radio has inspired him to explore similar programming in Guyana.



*Noel Prudencio addresses a group of youth, community members and staff at the World Bank*



*The Faces campaign billboard stands in Lethem's principal intersection*

Noel, who was awarded best performer and most active volunteer in Region 9, was selected for this opportunity to honor his commitment and strong performance. Opportunities like these serve as an incentive to Peer Educators, and as in the case of Noel, have an energizing effect that extends beyond the person selected. Noel is clearly headed other places too. When asked by the head (Secretary General) of the Guyana Red Cross where he sees himself in ten years, he replied "in your position."

### C. FY2009 Living and influencing TWC *positively!* Tanzania

*'My sero-positive status is my motivation and license to educate communities and speak to youth to guard against HIV infection'*, intones Collether Mwandawa, a Volunteer Community Educator with the Together We Can (TWC) project who is living positively with HIV/AIDS. The TWC project aims to reach more than 523,000 youth ages 10 to 24 between 2004 and 2010 with curriculum-based and peer-to-peer outreach, and interpersonal community wide events to strengthen HIV-related life skills. Funded under the US President's Emergency Plan For Aids Relief (PEPFAR), the project is implemented through a partnership between the American Red Cross (ARC) and Tanzania Red Cross Society (TRCS) in Tanzania's Kigoma and Shinyanga regions.

Only 39 years old, Collether has faced a life-time of challenges. Married at a young age and soon blessed with a daughter, her marriage life turned awry when her police officer husband lost his job and subsequently left their rural home to seek alternative means of livelihood. He never returned.

With her tailoring business fast waning and barely able to support the needs of her young family, Collether moved in search of economic opportunity and eventually established a food vending shop. She also made a decision to re-marry. But Collether's second husband left their new home barely before the marriage could settle and soon she began ailing consistently. A younger sister had encouraged her to get tested when her ailments appeared more frequent, and in 2008, Collether learnt of her positive HIV status. According to Collether, life turned bleak overnight. For her, being HIV+ was synonymous with being issued a death warrant. Incessant worries of what would become of her daughter's education and upkeep, how family and friends would treat her and how her food vending business would fare if clients learnt of her HIV+ status consumed her daily thoughts. She was equally wary of going to a health center having heard conflicting stories about side effects of Anti Retroviral (ARV) treatment.



*Volunteer community health educator Collether conducting an energizer helps youth develop the knowledge and skills that she lacked in her younger years to avoid HIV. Photo: ARC*

But with encouragement from the very few friends in whom she could confide, Collether soon approached a health centre and, given her level of infection, was put on ARV therapy. The ARVs quickly gave her a new lease of life: she grew stronger and the bouts of sickness grew fewer and farther apart. The death of one close friend from HIV-related complications and the illness of a business associate spurred Collether to begin speaking publicly about her HIV status and how she was coping. Since then, there has been no turning back for Collether who is always more than eager to talk to any willing listener or group on HIV and AIDS. The relocation of the TWC project into Shinyanga early this year provided Collether yet another avenue to speak out on HIV/AIDS, following her successful application and consideration as one out of the 100 plus TWC project Volunteer Community Educators (VCE).

When she's not at her roadside food shop or speaking out on HIV/AIDS, Collether spends time with her 17-year old daughter who is currently pursuing secondary level education. *"My daughter is very important to me. She adds meaning to my life and I am keen that she gets a good education and life skills to navigate and make healthy life decisions just like the rest of the youth I work with. With the skills and new knowledge I have from engaging with TWC, I am better placed to guide her to make good decisions for herself"*.

With the support of committed individuals like Collether, the TWC project has already reached thousands of youth through interpersonal and participative approaches to relaying HIV prevention messages, and many more through “edutainment” events and mass media-based outreach. Using curriculum-based interventions, peer-to-peer outreach, community mobilization and “edutainment” events, the TWC program has ensured that targeted youth achieve gains in comprehensive correct knowledge about AIDS, accepting attitudes towards those living with HIV and potentially life-saving skills.

### Going the last mile in a quest for education...



When Valentina speaks, her sincerity and heart-felt words command the floor, mesmerizing audiences, adults and youth alike. For the last four years, Valentina Mishita has served the Together We Can (TWC) project as a Peer Educator involved in its curriculum-based interventions, peer-to-peer outreach, community mobilization and “edutainment” events in the Kigoma region of Tanzania. These efforts enhance target communities’ climate for the adoption of safer sexual practices and strengthen HIV-related life skills among targeted youth. The TWC project, funded by the US President Emergency Plan for Aids Relief (PEPFAR) through US Agency for International Development (USAID), is implemented through a partnership of the American Red Cross (ARC) and

Tanzania Red Cross Society (TRCS) and targets Tanzania’s two regions of Kigoma and Shinyanga.

Born of peasant farmers in a rural village in Kigoma Region, 25-year old Valentina had great responsibility thrust into her hands at a tender age with the passing on of both of her parents in the 90s which saw her and all her siblings all drop out of school. With no strong extended family networks to turn to, Valentina had to quickly fit into the role of fending for her then 10 and 12 year old brother, Baraka and sister, Margaret. Involved in menial jobs like weeding, part time household chores for the few well-to-do community members, and enlisting for road repair works, Valentina was barely able to pull together a meager 30 cents for the family’s daily upkeep. She pushed on as best as she could and with her concomitant involvement in youth leadership activities at her local church, including offering her services as a choir leader and general active presence in community development work within her Kibondo district, Valentina was identified and supported by Tanganyika Christian Refugees for Services (TCRS) to pursue a short course on *Gender and Conflict Resolution*. Returning invigorated and more confident given her added knowledge and skills, Valentina set out to educate communities on issues of gender, human rights, and reproductive health utilizing forums such as local Chiefs’ barazas, village development meetings as well as religious gatherings. The minimal allowance she earned for the community education tasks supplemented her small income from menial work and she gradually found reprieve in fending for herself and siblings.



*Valentina facilitates interactive Together We Can curriculum activities with eager Mwataga primary school youth in Shinyanga, Tanzania. Photo: ARC*

Her relentless efforts and penchant for community work were to play a key role in her choice as a Peer Educator with the arrival of the TWC project in Kigoma in FY2005. *“Through TWC I have gained skills and experiences that have been valuable in guiding my life. I have also found it personally fulfilling whenever I pass on such skills to the youth I work with”*. Having trained hundreds of youth single handedly on the TWC curriculum, her efforts have not gone unnoticed among ARC and TRCS colleagues, evidenced by her selection as the key youth facilitator for the Adult-Youth Communication Initiative, commonly referred to as Daraja - a three day, 24 hour program designed by TRCS and ARC

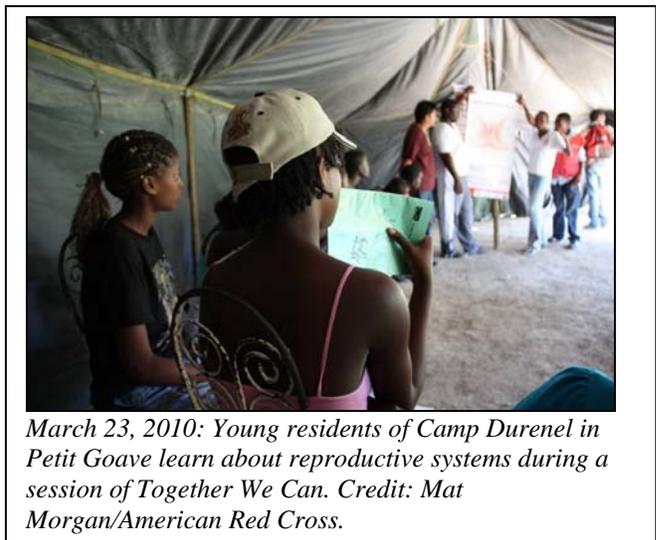
that promotes positive mentoring skills and effective communication between youth and influential adults in their lives while also creating a supportive environment for targeted young people to make healthy decisions regarding their sexual and lifestyle choices. Her other recent role as a key member of the ARC and TRCS team that successfully undertook a review of the TWC curriculum during an adaptation process as well as her ongoing participation as a representative of volunteers to TWC project quarterly management meetings point to her dynamism and commitment to the cause of changing lives of youth in her community.

Along with this dedication to educating others, Valentina has worked hard to secure education for herself. Through volunteer stipends and a roadside food selling business, she has managed to save enough money to send her and her brother to secondary school. *“I dream of completing higher levels of education so as to be of greater service to my community. The life of youth in my community has changed so much; both boys and girls now think critically and assess their sexual behavior, with the sweet reward of more disease free and fulfilled lives. Thanks to efforts by organizations like ARC and TRCS, and the TWC Tanzania project”*, she says reflectively, while looking out into the distant horizon, as we close our discussion about her involvement with the TWC project, no doubt off to inspire more lives.

#### **D. FY2010 After an Earthquake, Together We Can. Haiti**

While it was easy to see the remnants of buildings and bodies on January 13, it was not immediately apparent just how vulnerable the earthquake had made its survivors.

Hundreds of thousands of people moved to makeshift camps, looking to find basics like shelter while coping with personal injury and loss. In these crowded settings, despite a high incidence rate and a lack of general understanding about its prevention, HIV/AIDS was the last thing on most people’s minds. In a tent in Petit Goave, Together We Can HIV Program Regional Coordinator Jackson Camilien Victor explains: “It took some time just for the camps to get established, to have shelter and water. To count how many girls and boys were here, and see if their parents were alive.” Meanwhile, even peer educators were mainly focused on first aid for survivors.



By February, these educators were working overtime to make up for lost time. Classes were twice as frequent. New volunteers from the camp were enthusiastically helping to spread health messaging. “A lot of people coming from other areas had not received HIV education,” says Jackson. “Some had received information but have not changed their behavior as a result. And there was no information about condoms, just abstinence.” As the educators begin to pack up, and students hang around to speak about the class, his pride is clear. “This is important. We are making a real difference here.”