

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

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

Award dates: 2/20/04 – 6/30/10

Guyana, Haiti, and Tanzania

**Annual Report
October 1, 2008 – September 30, 2009**

Submitted on November 2, 2009



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

Points of Contact:

Lindsay Dart Lincoln
Program Officer
International Services, American Red Cross
2025 E Street NW, Washington, DC 20006
Tel: (202) 303-5009, Cell: (202) 714-4404
Fax: (202) 303-0237
Email: LincolnLD@usa.redcross.org

D. Kendall RePass
Country Representative/Regional HIV/AIDS Advisor
American Red Cross/Tanzania Delegation
P.O. Box 1133, Dar es Salaam, Tanzania
Cell: +255 767 666 181
Email: RepassK@usa.redcross.org

TABLE OF CONTENTS

- LIST OF ACRONYMS AND ABBREVIATIONS3**
- I. EXECUTIVE SUMMARY.....4**
 - A. INTRODUCTION4**
 - B. EMERGENCY PLAN INDICATORS TABLE: TWC FY09 ANNUAL RESULTS4**
 - C. EMERGENCY PLAN INDICATORS TABLE: TWC LIFE OF AGREEMENT RESULTS5**
 - D. PROGRAM OVERVIEW AND PROGRESS TO DATE.....5**
- II. GUYANA PROGRESS REPORT12**
- III. HAITI PROGRESS REPORT22**
- III. TANZANIA PROGRESS REPORT30**

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 |
| 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

A. INTRODUCTION

The *Scaling Up Together We Can* program is a PEPFAR-funded and USAID-supported 6+ year, \$10+ 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 has already reached more than one million youth through these interpersonal and participative approaches to relaying HIV prevention messages, and many more through general diffusion “edutainment” events and mass media-based outreach. Through the project, we are mobilizing youth and young adults to deliver HIV prevention messages, offering life skills training, and providing education and support to youth to encourage them to reduce or eliminate risky sexual behaviors. The program’s primary recipient, the American Red Cross (ARC), is responsible for providing funding and technical assistance to the program’s implementers--the Guyana, Haitian, and Tanzania Red Cross Societies.

Peer education, community and social mobilization, and capacity building for the three national Red Cross societies (NRCSs) are the primary strategies used to promote positive behavior change among youth. The peer education component of this program is based on the 12-15 hour, 17-22 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 NRCSs in Africa, Central America, and the Caribbean since 1993. The curriculum, which has undergone 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 NRCSs 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 NRCSs’ 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 NRCSs in Guyana, Haiti and Tanzania. Each of these NRCSs 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 FY09 Annual Results
(October 2008 – September 2009)**

| Indicator | Guyana | | | Haiti | | | Tanzania | | | Project Total | | |
|--|----------------|--------------|-----------------|----------------|----------------|-----------------|----------------|---------------|-----------------|----------------|----------------|-----------------|
| | Planned Target | Actual | % of Target Met | Planned Target | Actual | % of Target Met | Planned Target | Actual | % of Target Met | Planned Target | Actual | % of Target Met |
| Prevention/Abstinence and Be Faithful | | | | | | | | | | | | |
| Community Outreach | | | | | | | | | | | | |
| Total number of individuals trained | 12 | 35 | 292% | 64 | 65 | 102% | 100 | 108 | 108% | 176 | 208 | 118% |
| Number of female youth (10-24) reached | 3,200 | 2,944 | 92% | 33,771 | 59,665 | 177% | 23,100 | 24,504 | 106% | 60,071 | 87,114 | 145% |
| Number of male youth (10-24) reached | 3,200 | 2,500 | 78% | 33,771 | 55,075 | 163% | 23,100 | 25,505 | 110% | 60,071 | 83,080 | 138% |
| Total number of youth (10-24) reached | 6,400 | 5,555 | 87% | 67,542 | 114,741 | 170% | 46,200 | 50,009 | 108% | 120,142 | 170,194 | 142% |

C. Emergency Plan Indicators Table: TWC Life of Agreement Results *(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 FY08 + workplan targets for FY09 and FY10 through June 2010)*
(February 2004 - September 2009)

| Indicator | Guyana | | | Haiti | | | Tanzania | | | Project Total | | |
|--|----------------|---------------|-----------------|----------------|----------------|-----------------|----------------|----------------|-----------------|------------------|------------------|-----------------|
| | Planned Target | Actual | % of Target Met | Planned Target | Actual | % of Target Met | Planned Target | Actual | % of Target Met | Planned Target | Actual | % of Target Met |
| Prevention/Abstinence and Be Faithful | | | | | | | | | | | | |
| Community Outreach | | | | | | | | | | | | |
| Total number of individuals trained | 284 | 298 | 105% | 444 | 425 | 96% | 927 | 935 | 101% | 1,655 | 1,658 | 100% |
| Number of female youth (10-24) reached | 44,783 | 41,822 | 93% | 220,071 | 219,409 | 100% | 261,574 | 244,578 | 94% | 526,428 | 505,810 | 96% |
| Number of male youth (10-24) reached | 44,782 | 35,894 | 80% | 220,314 | 215,062 | 98% | 270,605 | 254,610 | 94% | 535,701 | 505,566 | 94% |
| Total number of youth (10-24) reached | 89,565 | 77,716 | 87% | 440,385 | 434,472 | 99% | 532,179 | 499,188 | 94% | 1,062,129 | 1,011,376 | 95% |

D. PROGRAM OVERVIEW AND PROGRESS TO DATE

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 will 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 FY08 and in Tanzania as of mid FY09.

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 Tanzania and Haiti, 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 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 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. In order to maximize the quality of these interventions, participant numbers are limited in size with multiple activities scheduled during each event including small group breakout and skills-building practice.

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 beneficial social and gender norms.

Youth clubs

Existing youth clubs (often school-based) and 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 Federation 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 2006 and Haiti in 2007) 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.

Key Accomplishments

As the Annual Emergency Plan Indicators Table demonstrates, the Together We Can project has exceeded its annual objective of numbers of individuals trained and youth reached, meeting 142% of the youth reached target and 118% of individuals trained. Having reset TWC's life of the project targets in response to the program's extension, the project to date has reached 95% and 100% of life of project youth reached and individuals trained targets, respectively. In order to minimize double counting issues, these figures include a 50% reduction in youth reached by interpersonal community wide events, edutainment and peer to peer outreach in Tanzania and a 40% reduction in peer to peer outreach in Guyana and Haiti. Double counting among TWC's three main outreach interventions is most pronounced in rural areas where high numbers of youth are being reached in school settings. Beneficiaries are split evenly by gender with a slightly greater proportion of females reached in Haiti and Guyana, and males reached in Tanzania.

There were several important project developments during the annual reporting period. First, the project expanded and moved to new areas in both Haiti and Tanzania to fill gaps in youth prevention outreach in high prevalence areas. In Haiti, the program expanded to two new sites and to an expanded area within existing sites. Similarly, in Tanzania, the program formally moved to Shinyanga, leaving one of four sites in Kigoma operational. In one of the four new sites in Shinyanga, the TWC project will comprise the prevention portion of an integrated prevention, care and support program for PLHIV and OVCs.

Second, project tools underwent a thorough adaptation – specifically, the TWC curriculum, Adult Youth curriculum as well as the Take Home Brochure in Tanzania. Following a rigorous evaluation of the feedback provided by critical readers spanning the public and private sectors in and beyond Tanzania, as well as field-testing in both in and out-of-school settings, the TWC curriculum was rolled out in Shinyanga and Kigoma. This process was inspired by that which occurred last year in Haiti where this year, the final Haitian version of the adapted curriculum was mass-produced and rolled out. Testament to a successful process, the adapted Haiti curriculum was selected (along with one other) as a model from which a consortium determining a nationally standardized health curriculum will extract portions for integration into a standardized school curriculum on health.

Third, with follow-up activities underway in all three countries, and now equipped with a follow-up intervention development and content guide, the Together We Can teams are working on improving their relevance and responsiveness to local needs as observed and as interpreted from various data sources including pre/post-test results, monthly reports to PE/FM monthly meetings, and new research.

Fourth, the TWC program developed the tools and determined the sites for free condom distribution in Haiti, and distributed its first condoms. The GRCS also resumed condom distribution. Finally, the project continued to share expertise - including monitoring and evaluation systems and adaptation tools - among NGO partners within and beyond the Movement including the GRCS offering training and programmatic assistance to an ARC chapter and the Curacao Red Cross to develop and support their programs, respectively. The program developed and set in motion concrete plans to increase the likelihood of sustaining project activities as well as project-developed resources, human and otherwise. To support this, a qualitative end of project evaluation will provide a leave-behind that

captures the project's contributions and shares lessons learned. The evaluation will employ focus group discussions and key informant interviews to analyze the project's ability to reach its objectives and the strengths and weaknesses of the project and various project elements

Major Issues/Constraints

The majority of youth reached through TWC sessions were in-school youth. While Haiti exceeded its 15% target with 16% of youth representing out-of-school youth, GRCS fell short of that target with only 10% representation. In addition, despite having the largest proportion of out-of-school youth completing TWC sessions, only 26% of TRCS youth multipliers fell within this category compared to the 50% target. With the support of the technical team from ARC, the project is working on better targeting and retaining OSY through reaching out not just to organizations that set out explicitly to serve OSY but also organizations that reach more mainstream OSY populations such as young mothers through nutrition programs.

Only in Tanzania and Guyana did the project exceed targets for numbers of YMs reached with follow-up interventions. However, vis-à-vis the proportional target of 70% of YMs reached with Follow Up Interventions, only 15% were reached in Haiti, 58% in Guyana, and 52% in Tanzania. The low percentage can be attributed to the slow start in reaching youth with the TWC curriculum in the first quarter of FY09 and scheduling challenges. Low numbers reached in the latter half of FY08 in the case of Haiti and the transition to Shinyanga in the case of Tanzania also reduced FUI outreach.

Despite positive results in Tanzania, a three month void between one health delegate who left in December and her replacement who arrived in-country in April put strain on the program, contributing to slight delays in moving to Shinyanga. In Haiti, communication and coordination issues posed challenges to project implementation during a period of expansion. Concerted efforts, including the involvement of USAID Washington and the Mission, and senior leadership of ARC, are assuaging these difficulties.

Finally, 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, the TWC team will continue to use the pre/post tests to look at knowledge, attitude, and skills outcome levels, and the ARC Monitoring and Evaluation advisor will assess the project's tools and offering recommendations by the end of the FY. In addition, an end of project qualitative evaluation will report on the successes, shortfalls, and lessons of the six plus year project.

Planned Activities

In FY10, the program will focus on maintaining quality outreach through May 2010, benefiting from the adapted TWC curricula in Haiti and Tanzania, and trusted-adult youth curriculum and take home brochure in Tanzania. In Haiti, the project will pilot a high risk youth intervention and trusted-adult youth interventions for which funding support will be pursued (in addition to funding for the curriculum-based program). In Guyana, in addition to core programming, the program will shift outreach in Region 1 to youth (of which some will be miners and others commercial sex workers) in higher risk mining communities. In Tanzania, the project will work in one district to integrate the TWC program into the integrated prevention, care and support program. In all sites, the project will

roll out several steps of a sustainability plan to ensure a smooth transition to either non-funded scaled-back activities or to follow-on projects, funded either directly by ARC or through other funding sources.

Budget

Funding requested under the FY09 Workplan totaled \$2,038,972 including ARC (\$869,280) and sub recipient (\$1,169,693) projected expenditures. Actual project expenditures for the year totaled \$1,711,829.43 (ARC - \$778,801.02 and Sub-recipients - \$933,028.41). During FY09, the TWC project received an obligation amount totaling \$2,291,969 (\$892,240 in March 2009, and \$1,399,729 in July 2009).

II GUYANA PROGRESS REPORT

FY09 Annual Results for Guyana

| SO | Key Country Level Workplan FY09 Indicators | OCTOBER 08 – SEPTEMBER 09 | | |
|-----|---|---------------------------|--------|-----------------|
| | | Planned Annual Target | Actual | % of Target Met |
| SO1 | Number of age, gender and culturally appropriate adaptations to TWC curriculum | 2 | 0 | 0 |
| | Number of Field Managers (MT/IT) and Peer Educators trained | 12 | 35 | 292% |
| | Number of youth completing entire TWC curriculum | 1,100 | 1,156 | 105% |
| | Number of youth reached by peer to peer outreach | 3,300 | 2,532 | 77% |
| | Number of youth reached by interpersonal community-wide events | 2,000 | 2,174 | 109% |
| | Total youth reached with community outreach programs | 6,400* | 5,555 | 87% |
| | Number of youth completing entire TWC curriculum reached with 1 or more follow-up interventions | 555 | 669 | 121% |
| | Number of youth reached by general diffusion community-wide events | 3,000 | 2,292 | 76% |
| SO2 | Number of operational partnerships | 15 | 18 | 120% |
| | Number of operational national project task forces | 4 | 3 | 75% |
| | Number of staff trained in organizational development | 10 | 12 | 120% |
| SO3 | Number of adults attending Town Hall meetings | 500 | 619 | 124% |
| | Number of operational community councils | 3 | 5 | 166% |

* Please note that the original target 6,535 has been lowered due to the Follow Up Intervention indicator being consolidated and no longer included in the overall total youth reached indicator. This measure was taken to enable us to aggregate youth reached across program years (for the life of the project) without double counting youth reached in more than one year.

Key Accomplishments

- *Strengthening HIV related life skills for 10-24 year old youth: Strategic Objective 1*

The Guyana Red Cross Society (GRCS) was shy at 86% of reaching its annual objectives for youth reached with community outreach programs, but exceeded goals for youth reached with the TWC curriculum and interpersonal community-wide events. Only just a little over three quarters of the target for peer to peer outreach was reached in large part due to the discount rate applied to compensate for overlap in youth participants reached by youth multipliers in small hinterland communities (and boarding schools). Overall, slightly more than half of youth reached were female (53%) due to females' slightly higher rate of completion of the entire curriculum amongst out-of-school youth and greater school enrollment of females for in-school youth. Compared to a target breakdown by age cohort of 30:50:20 for 10-14, 15-24, and 20-24 age brackets, the actual breakdown was 52:36:12, with a higher number of youth 10-14 year olds due to the greater ease of targeting this typically in-school group. (A high proportion of students

leave school by the age of 16.) Approximately 10% of youth completing the curriculum were out of school, a category that included a group of vocational students from the Agricultural School of Guyana, the Sophia Special School targeting youth without high school completion, and the Dorothy Bailey Youth Center for at risk youth. GRCS exceeded targets for youth reached with follow-up interventions deepening the impact on youth multipliers and helping to reinforce messages. The project was active in all three program sites: Regions 1, 4 and 9, and proceeded to reach out to previously untouched communities in all three regions. PEs in hinterland communities continued to modify the curriculum slightly by separating males and females during condom use and negotiation activities. In response to significant PE drop out resulting from movement to and from the hinterland communities, GRCS leveraged Federation funding to train 20 new PEs, and recruited and trained an additional 28 PEs and 7 NTs with TWC funds.

Supervision continued to be strong with a ratio of 1 FM to 8 active PEs. FMs carried on offering supportive supervision with at least 2 of the 4 TWC sessions supervised with feedback provided afterwards (selected either at random or as a function of the PEs' struggles and type of audience). All FUIs have been supervised thus far. This year, the FMs became more involved in using the pre/post test ACCESS database report analysis to analyze the performance of PEs and to pinpoint areas of strength and weakness to guide FMs' support of PEs.

Club outreach was slowed this reporting period due to the inactivity of Club 25, and scheduling conflicts with the Dorothy Bailey Center. Other club-based outreach was conducted with the Sparkle Youth group which is a group formed by single mothers in the community of Sophia. (Please see feature story.) In addition to ongoing outreach to youth clubs in Sophia and the Dorothy Bailey Center outreach in FY10, GRCS plans to target different sports clubs in Region 1 (e.g. a volleyball club in Mabaruma) and Region 9 where GRCS now sits on club committees. In Region 9, GRCS also intends to target conservation, environmental, culture, hygiene and other health clubs active in schools across the region.

Interpersonal community wide events included outreach at hair dressers, sports grounds (to sports clubs), and the Guyana Prison Service (to prison officers and relatives of prisoners). GRCS also held 3 interpersonal CWEs at schools, sharing STI and HIV information with school youth during their breaks, lunch hour and free periods. These booths were manned by peer educators who shared messages via brochures and games (quizzes). While currently this in-school approach is only in three private schools, GRCS is awaiting the Ministry of Education's approval to host these booths in public schools. General diffusion community wide events (often with interpersonal elements) included GRCS education and awareness booths at Ministry of Health fairs and at recreation/sports halls. To celebrate World AIDS Day, GRCS set up information booths at an HIV/AIDS conference, held a Guyana Red Cross AIDS Day parade, delivered activities and poetry-readings during school assemblies, and launched a Federation-supported stigma and discrimination campaign (called "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).

In the latter part of the year, with the National AIDS Program Secretariat's (NAPS) expanded inventory of condoms, GRCS resumed free male condom distribution. GRCS also started free female condom distribution upon signing a new MOU with UNFPA. Since July when GRCS

began tracking the number of condoms distributed, a total of 9,216 condoms were distributed to various communities including Regions 1 and 9, and different areas in Georgetown. Condoms were distributed from the GRCS offices in the different regions, and records track which communities have received them. Condoms are usually given to the health centers, shops and other establishments in public areas in the communities.

Staff from the Ministry of Health worked with the PEPFAR team on providing detailed information on the PMTCT program in an effort to enhance the PMTCT messages shared during project activities. This information has since been passed on to the peer educators, and subsequently PEs have increased their messaging on PMTCT during TWC sessions and community wide events. Referrals are regularly double checked to keep them current. In hinterland communities where referrals sites are a mere handful, the FMs have a strong working relationship with the nurses and health practitioners. In region 4, FMs seek out sites to ensure information is up-to-date and remain in regular contact with the Ministry of Health who also provides updated information.

Region 9 restarted its newsletter. Income generated from advertising and sales of newsletter are reinvested in the newsletter as well as community service projects identified by PEs and other youth. Articles are written both by staff and peer educators. Editing is also performed by the FM and some of the older Peer Educators. A former Peace Corps volunteer continued to assist in writing the advice column via e-mail from the US. Region 1's newsletter is drafted and set to be published in FY10. Inspired by the TWC newsletter, GRCS published its first newsletter in May of this year.

- *Strengthening each NRCS's capacity to manage and expand youth HIV prevention programs: Strategic Objective 2*

The GRCS collaborated with one national project task force (National Blood Transfusion Service) to ensure a secure and safe blood supply as well as three regional task forces during this reporting period which were the Region 1 Regional AIDS and Region 9 Regional Multisectoral AIDS Committees to discuss the region's upcoming events for World Aids Day 2009, as well as Region 4's Regional Democratic Council Education Committee.

The TWC team ramped up efforts to strengthen organizational development and build partnerships and networks to encourage sustainability. The GRCS has maintained or strengthened (in the case of UNFPA) 18 partnerships over the year with various NGOs and government ministries. Partners include: the Ministry of Education, Ministry of Health, Region 9 Regional AIDS Committee, St. Ignatius Secondary School, UNAIDS, South Central People's Development Association, UNFPA, Dorothy Bailey Youth Center, Health Sector Development Unit, and Peace Corps. The project has one Peace Corps volunteer who assists the program in Region 1. Another had supported the Peer Educators at the Dorothy Bailey Youth Center, but finished her term mid-year. One TWC FM continued to serve as a member of the Global Fund Country Coordinating Mechanism and the GRCS was part of the successful application for Global Fund resources which should lead to funding allocations in the next few months to support elements of its Federation-sponsored Global Alliance strategy, which includes TWC and youth prevention.

Regionally, the GRCS is an active partner in the Red Cross movement participating in the regional Federation-supported Health Network and Caribbean Youth Forum, representing the region in international conferences, having TWC Peer Educators participate and bring back lessons from a regional youth camp, and even helping to train up fellow societies as happened with a TWC training in Curacao and TWC program development support with the Miami chapter of the American Red Cross. GRCS has leveraged its membership with the Red Cross movement and as a focus Society of the Federation's Global Alliance strategy – a strategy designed to expand and scale up prevention and care efforts - to secure Federation support for TWC trainings, and for organizational development strengthening efforts ranging from branch management training to strategic planning set to begin early in FY10.

Twelve staff members were involved in various organizational trainings that included: first aid instructor trainings; PAHO and MOH-sponsored training of trainers on adolescent health and adolescent pregnancy-prevention; Federation-run National and Regional Instructor trainings in Antigua and Jamaica; an HIV in Emergencies training in Jamaica; Creating Behavior Change in Communities; Peace Corps- coordinated Behavior Change Communication; adolescent health; and sexual and reproductive health commodity tracking.

The project coordinator attended the PEPFAR HIV Implementers meeting in Namibia in June where she collected and brought back emerging research in areas such as positive prevention and the creation of youth friendly spaces. This has prompted an FM in Moruca working with the Peace Corps Volunteer to access funds to create such a space in Region 1. She also made connections with Guyanese civil society and government organizations which has led to strengthened ties most notably with the head of the National AIDS Program (NAPS).

- *Enhancing the community environment for the adoption of safer sexual practices: Strategic Objective 3*

GRCS exceeded its targets for adults reached through town hall meetings and the number of operational community councils. 619 adult stakeholders (124% of target) attended GRCS TWC town hall meetings and five community councils were active. New community councils were formed in Region 1 and 4 - one with local community group Sophia's Mothers Group just outside Georgetown made up of single mothers' in the community and the other in the community of Waramuri in Region 1 made up of the village council. Three more were active in Regions 1 and 9 – the Santa Rosa village council in Region 1, and the CC in Aishalton and Shulinab – all three of which were formed over a year ago. Partnering with GRCS' water and sanitation project meetings in Regions 1 and 9 proved an excellent inroad to reaching community adults with an interest in adolescent health promotion.

Major Issues/Constraints

Only 10% of the 20% target of OSY were reached due to the difficulties targeting and then retaining OSY for the length of the curriculum. However, the project did reach out to in-school youth in more vulnerable communities particularly in Region 4. (See feature story.) The team

will continue to focus on OSY, with support from fellow three-country project partners. Region 1 will try to capture OSY by offering Certificates of Completion and gauge whether this incentive will entice the OSY to complete all the activities. Further, the project will make a more concerted effort to reach out to the parents of Peer Educators trained to reach out to out-of-school youth in the hopes that their involvement can provide additional support and encouragement. Parental involvement occurs more regularly in the hinterland communities where Peer Educators are in the care of Field Managers for days at a time during sessions in remote communities.

Peer to peer outreach rates are on average two peers reached by youth multipliers compared to the five peer target. This figure includes an approximately 40% discount rate (applied by PEs by hand by assessing the overlap in each set of rosters due to double-counting that results from the small populations of communities and abundance of boarding schools in the hinterlands of Regions 1 and 9. Another constraint is that the YMs ‘forget’ to bring back the YP forms, even with constant follow-up by PEs and/or FMs.

The percent of youth who completed the TWC curriculum who were reached with follow-up interventions was only 58% marking an improvement from semi-annual results but still short of the 70% target. That said, GRCS did achieve its numerical target at 121%. Challenges in scheduling these interventions, mobility of youth in the community such that upon reaching a community PEs would find that the youth who completed the TWC sessions were no longer there, and expense in conducting FUIs in hinterland communities account for the shortfall. Despite efforts in the latter half of the year to piggy-back on GRCS’ health and disaster-related outreach to make the trip cost-effective in hinterland communities, the project was still unable to catch up to meet targets. That said, Follow Up Interventions have been rolled out across all regions and some PEs have taken to adding in additional activities – repeating popular Activity Kit activities such as the HIV risk game – in an effort to energize youth. FUIs are a welcome addition when made possible as the demand is high and GRCS was previously unable to meet communities’ requests to return for additional youth outreach. Analysis of preliminary pre/post test results presented in table 2 below suggest positive retention of basic facts and non-discriminatory attitudes, and skills to a lesser extent.

While the GRCS conducted an extensive review of the curriculum and offered multiple recommendations for adapting the curriculum, the Federation is deferring final adaptation decisions until after a consultation that takes into account a thorough TWC evaluation – including extensive review of the program in Guyana and adaptations made in Haiti – which is due for completion in January 2010.

Peer Educator retention is highly variable by region with scheduling challenges and high turnover in the hinterland communities due to migration. This accounted for the bulk of the 60% inactive and drop out rate (inactive defined as conducting no outreach over the past three months and drop out defined as inactive for 8 months) and led to the training of 28 new PEs to maintain a team of at least 55.

Difficulties in Mabaruma working with Catholic Church leadership are still present but tensions around block 4 have lessened a bit. As a result of difficulties, the FM has been coordinating sessions in the riverain communities (surrounding villages only accessible by river).

Planned Activities

The project will continue to focus on quality implementation and will transition in some areas to sustainability where project funds are absent; and to a next phase in other areas where funding has been secured for continued HIV prevention implementation. In addition to PE refreshers, trainings to support the larger OD efforts will be ramped up, including attempts to secure a BCC training, and culminating in a lessons learned workshop in April with participation of ten or more Peer Educators from each branch. With the ability to generate pre and post test results for TWC and follow up interventions, project staff and field managers will work to better apply data analysis to programming and supervision. FUIs will continue to be supported through increased FM coordination efforts and observations to ensure quality implementation.

GRCS will increase its focus on reaching higher risk and underserved youth. Efforts will continue to reach out to more mainstream high risk youth such as youth involved in sports clubs like the Georgetown Cricket Club, and new groups such as young mothers will be targeted. The project will expand within Region 1 to reach youth in new sites around remote mining communities. With seed funds from the American Red Cross, the GRCS will roll out interventions from January on, side by side with the TWC-supported youth outreach, to target other high risk groups including young commercial sex workers and miners. Meanwhile, the project will continue to focus on sustainability plans and reach out to local donors, principally the USAID Mission, for continued support beyond June 2010 to carry on programming in Regions 4 and 9, and beyond June 2011 to continue support of the ARC seed fund-initiated interventions in Region 1.

As part of sustainability efforts, through a capacity building and organizational development project supported by the Federation, each branch will build up a functioning governing committee by June 2010 which will oversee all aspects of branch development and programming. Project staff will work closely with branch leaders and committee members to advance their support (through branch fundraising and volunteer management) of continued outreach and to maintain the monitoring and evaluation components of the project in the event that funding for Coaches cannot be sustained. In certain areas with strong community councils, a series of close-out discussions will focus on how the councils can continue to support the program activities beyond June 2010. Outreach to partners will include efforts to secure in-kind support for TWC outreach in the form of transportation and food and lodging to reduce the costs of outreach. In more remote hinterland regions, program staff will reach out to recipient organizations of the recently awarded CDC-funded 'Hinterland Initiative' to garner support for TWC outreach in the form of financing the training of Peer Educators (PEs) from partner organizations so as to continue outreach beyond the life of the award.

PE and staff trainings that include First Aid and social and behavior change communication training will continue to build skills and commitment to health outreach, and provide the opportunity to develop capacities in integrated programming through participation in the Federation's HIV prevention, care, treatment, and support toolkit for community-based volunteers. PE refresher trainings will also focus on monitoring and evaluation tools to encourage PEs who volunteer beyond June 2010 to maintain reporting and evaluation standards

in the likely absence of or reduction in the level of support provided by Coaches. A project audit will also enhance the Guyana Red Cross Society's organizational development efforts.

Monitoring and Evaluation

Table 1: Guyana Red Cross Pre/Post-Test Results for TWC Sessions (October 2008 – September 2009)

| <i>Question/Indicator</i> | <i>Pre-test</i> | <i>Post-test</i> | <i>% Increase</i> |
|--|-----------------|------------------|-------------------|
| Knowledge | | | |
| Comprehensive correct knowledge. UNAIDS. (female) | 26% | 52% | 100% |
| Comprehensive correct knowledge. UNAIDS. (male) | 18% | 44% | 144% |
| Attitudes | | | |
| HIV+ female teacher allowed to teach in school (female) | 59% | 75% | 27% |
| HIV+ female teacher allowed to teach in school (male) | 47% | 71% | 51% |
| Accepting attitudes towards people living with HIV. UNAIDS. (female) | 20% | 30% | 50% |
| Accepting attitudes towards people living with HIV. UNAIDS. (male) | 19% | 28% | 47% |
| Skills | | | |
| Ability to negotiate abstinence (female) | 61% | 67% | 10% |
| Ability to negotiate abstinence (male) | 51% | 62% | 22% |
| Ability to negotiate condom use (female) | 85% | 88% | 4% |
| Ability to negotiate condom use (male) | 78% | 88% | 13% |

Table 1 above shows results for 415 pre-tests and 431 post-tests (228 pre and 242 post for females, and 187 pre and 189 post for males) administered by peer educators to youth beneficiaries during the first and last days of TWC workshops during the period between November 2008 and September 2009. The table shows gains in accepting attitudes but with notably low starting points. Gains in perceived ability to negotiate abstinence among males were relatively significant compared to past years. Gains in perceived ability to negotiate condom use among females were small but positive.

Table 2: Guyana Red Cross Pre/Post-Test Results for FUI Sessions (June 2009 – September 2009)

| Pre/Post test results for FUIs | | | |
|--|-----------------|------------------|-------------------|
| Question/Indicator | Pre-test | Post-test | % Increase |
| Knowledge | | | |
| Comprehensive correct knowledge. UNAIDS. (female) | 38% | 46% | 21% |
| Comprehensive correct knowledge. UNAIDS. (male) | 31% | 46% | 48% |
| Attitudes | | | |
| HIV+ female teacher allowed to teach in school (female) | 63% | 70% | 11% |
| HIV+ female teacher allowed to teach in school (male) | 66% | 73% | 11% |
| Accepting attitudes towards people living with HIV. UNAIDS. (female) | 27% | 33% | 22% |
| Accepting attitudes towards people living with HIV. UNAIDS. (male) | 28% | 29% | 4% |
| Skills | | | |
| Ability to negotiate abstinence (female) | 46% | 53% | 15% |
| Ability to negotiate abstinence (male) | 52% | 48% | -8% |
| Ability to negotiate condom use (female) | 83% | 84% | 1% |
| Ability to negotiate condom use (male) | 91% | 87% | -4% |

Table 2 above shows results for 274 pre-tests and 280 post-tests (175 pre and 171 post for females, and 99 pre and 109 post for males) administered by peer educators to youth beneficiaries immediately before and directly after Follow Up Interventions between June and September 2009. The table shows higher pre-test scores compared to TWC curriculum pre-tests which suggests some retention of what was learnt during the TWC sessions. However, the extent of this retention is low given that FUI pre-test scores are lower than TWC post-test scores. This underscores the importance of and need for FUIs. The decline in males' ability to negotiate abstinence and condom use from FUI pre to FUI post test is cause for concern and will be further investigated so as to ensure that the content of FUIs provides the intended booster effect particularly around self-efficacy and skills.

Program Management

No change in key personnel occurred during this reporting period.

Budget

Guyana Red Cross project expenditures from October 2008 through September 2009 total \$176,515.30. This amount does not include American Red Cross headquarters expenses.

Story from Field: Bringing a Sparkle to PEs and FMs alike

In July 2009, the Guyana Red Cross peer educators ventured into the very low income and vulnerable community of Sophia to introduce the “Together We Can” program to youth from the ‘*Sparkle Youth Group*’. Little did they know that their work would be so rewarding.

Previously a squatting area made up mostly of little shacks and noted for thieves, the Sophia community was legitimized by the building of a housing development and government attempts to make available basic services. However, stigma surrounds Sophia and persons, who are not originally from this community but have recently moved to the area, are usually reluctant to disclose their residence for fear of being labeled.

Sophia was one of four communities supported by OFDA and ARC in piloting a ‘Readiness to Respond’ disaster preparedness program, selected as a vulnerable community after consultations with stakeholders and input from the Civil Defense Commission. One of the program activities consisted of implementing a participative Vulnerability and Capacity Assessment (VCA) – designed to foster community development while forming the foundation of community disaster risk reduction activities. It was through this process that residents became more familiar with Red Cross programs. At the same time, the VCA indicated the need for HIV education among the youth in the community.

The GRCS responded with Together We Can program outreach to 19 young members of the ‘*Sparkle Youth Group*,’ a group comprising the 90 children of single parent women (who are also sensitized) from the ‘*Mother’s Action Group on Social Issues*’.



Field Manager Rushelle and Peer Educator Mandessa
Ralph support girls working on Assertiveness

In the words of a peer educator: “The experience was memorable; the participants were very easy to work with and were very cooperative, not every group you would get that response. What makes it so interesting is that the participants were very bold (they participated without hesitation in all of the activities) and they were knowledgeable and amusing with their feedback. Because of that the sessions went well.”

Similarly, the FM monitoring the sessions described the group of YMs as “a breath of fresh air” - they were outspoken and forthcoming (in terms of speaking and presenting), knowledgeable and very cooperative throughout the sessions. Due to their ages (mostly below 15 years), the peer educators did not expect the level of maturity apparent among these youth, which was especially evident in the ‘Letter to Aunt Maggie’ activity. The youth took the letters from Aunt Maggie to heart working in teams and individually to offer their advice to youth that they could clearly identify with.

Here's an actual response from one youth in the session:

Letter to Aunt Maggie

Dear Aunt Maggie,

I am worried. My uncle has been living in New York, and now he's come back home. He stays in his house. Now he is skinny and ill, and is very sad. I am worried the he might have "the killer disease". But he hugged me, and I wash his clothes for him. I love my uncle, but I don't want to die. I am afraid of being near him-what should I do?

-A Worried Martin

Response from Group 2

Dear Martin,

There is no need for you to be afraid of dying because of the way your uncle has been looking since he came back from New York..... you should take him to the nearest health centre for him to be tested so as to be sure about his illness and you shouldn't be afraid of doing things for him. Even if he has the disease you should support him by giving him fresh fruits everyday and make sure that he gets a balanced diet everyday. Also you should know that doing things for him will not make you die or even get ill, so there is no need for you to be afraid of your uncle.

Yours truly,
Aunt Maggie

Another YM (male) shared: "It was fun and I learnt a lot of helpful information. I have learnt about HIV/AIDS and how to protect myself from STIs.... I have become more confident in saying no to sex. With the information that I have received, I was able to educate my cousins about the things I learnt from the program and I also encouraged them not to have sex without condoms."

III. HAITI PROGRESS REPORT

| SO | Key Country Level Workplan FY09 Indicators | OCTOBER 08 – SEPTEMBER 09 | | |
|-----|--|---------------------------|----------------|-----------------|
| | | OVERALL | | |
| | | Planned Target | Actual | % of Target Met |
| SO1 | Number of age, gender and culturally appropriate adaptations to TWC curriculum | 0 | 0 | N/A |
| | Number of Field Managers (MT/IT) and Peer Educators trained | 64 | 65 | 100% |
| | Number of youth completing entire TWC curriculum | 10,400 | 14,452 | 139% |
| | Number of youth reached by peer to peer outreach | 52,000 | 92,167 | 177% |
| | Number of youth reached by interpersonal community-wide events | 5,142 | 8,122 | 158% |
| | Total youth reached with community outreach programs | 67,542 | 114,741 | 170% |
| | Number of youth completing entire TWC curriculum reached with 1 or more follow-up interventions* | 5,565 | 2,085 | 37% |
| | Number of youth reached by general diffusion community-wide events | 22,857 | 19,891 | 87% |
| | Number of youth reached by mass media programs | 0 | 0 | N/A |
| SO2 | Number of operational partnerships | 8 | 12 | 150% |
| | Number of operational national project task forces | 2 | 1 | 50% |
| | Number of staff trained in organizational development | 24 | 24 | 100% |
| SO3 | Number of adults attending Town Hall meetings | 1,932 | 1,494 | 77% |
| | Number of operational community councils | 16 | 27 | 169% |

* Please note that the Follow Up Intervention indicators have been consolidated into one. They were previously separated according to whether the youth completed the TWC curriculum this or last fiscal year. Youth reached through FUIs are no longer included in the overall total youth reached indicator.

Key Accomplishments

- *Strengthening HIV related life skills for 10-24 year old youth: Strategic Objective 1*

Peer educators (PEs) and field managers (FMs) exceeded total youth reached targets (170%), reaching 114,741 youth through curriculum-based, peer to peer and community wide events. The Scaling Up Together We Can project reached 139% of its semi-annual target objective in terms of youth multipliers (YMs) completing the entire TWC curriculum, 177% of the target for youth reached through peer to peer outreach, and 158% of the target for youth reached through interpersonal Community Wide Events (CWEs). The peer to peer figure reflects a 40% discount rate applied (for the first time) due to the overlap in social networks and potential double reaching of peers by YMs who this year strived to reach over ten peers each. Slightly over half of youth reached were female (52%) and 16% were out-of-school youth, exceeding the target (15%) for at risk youth. The proportion of youth reached per age cohort with regards to the work plan goal of 30:50:20 was 31% for youth ages 10 – 14, 41% for youth ages 15 – 19, and 29% for youth ages 20 – 24. The project was active in nine sites: Cité Soleil, Petit Goave, Pétiion Ville, Anse-à-Pitres, Cap Haitien, Fort Liberté, and Ouanaminthe, and the two new sites Anse à Veau and Port-de-Paix.

During this reporting period, the project expanded into two new geographic areas. Inspired by DHS results and following a PEPFAR partners mapping exercise which revealed a lack of HIV prevention interventions in the North West and Nippes departments, and with support from the USAID Mission, the Haitian Red Cross (HRC) rolled out the TWC program in Port-de-Paix and Anse-a-Veau with the launch, recruitment and training in the first half of the year, and outreach beginning towards the start of the second part of the year. In the case of Port-de-Paix, Tele Haiti covered the launch of project activities. 58 PEs and 7 FMs were trained of which 20 PEs were retained for Port-de-Paix and 24 were retained for Anse-a-Veau, and 2 FMs for each site, and increasing the total of field managers to 18 and the number of peer educators to 138 within the project. Expansion has also occurred within the five original TWC project sites outside Port au Prince. While PE retention improved over the year, exit interviews were introduced to help gauge and respond to causes of drop out. The project started with 122 PEs at the start of the year and ended with 138 PEs. The project lost 28 PEs throughout 8 of the 9 branches – 2 of whom were promoted as FMs.

The program focused on improving quality by reinforcing existing administrative, financial and managerial capacities of TWC staff, training up and supporting Peer Educators in the more thorough and time-consuming adapted TWC curriculum and Follow Up Events, and utilizing finalized materials (upgraded TWC curriculum and IEC pamphlets). These materials have helped reinforce messages and the in-depth TWC curriculum has yielded very positive results as illustrated in the positive pre/post test gains across the board illustrated in table 3 below. The curriculum also began to attract national recognition as a model HIV-prevention and reproductive health curriculum. The “Program Haïtien d’Appui à la Réforme de l’Education” (PHARE) invited TWC staff to participate in a workshop to develop an age appropriate and standardized 18 module life skills education curriculum for first to ninth grade youth. The Red Cross TWC curriculum was among two retained by the working group to be potentially adopted for the prevention of HIV and AIDS and STIs. The project’s Information Education Communication pamphlet featuring singer Belo now features his female counterpart (role-model and youth actress Jessica Geneus). Over 120,000 brochures were distributed this period through community wide events and curriculum-based outreach. Each branch is also fully equipped with high-quality, laminated, erasable referral posters to which each branch adds information on local reproductive and sexual health services. FMs and PEs, as well as YMs through take home assignments, are encouraged to visit referral sites on a regular basis, to ensure that information on various services is current.

Interpersonal community wide events included one-to-one dialogue, video showings and discussions, delivering brochures and discussing messages, and partnerships with organizations to pair outreach with testing and other services. Outreach to commemorate World AIDS Day included: street outreach, information booths, drama skits, games, messaging and DJs in town squares, as well as outreach at churches. With Haiti selected as the host of the world-wide Candlelight AIDS Memorial, the project reached out to religious groups to try to reach church and voodoo youth groups. PEs and FMs held Town Hall meetings with church leaders in the run up to the event to sensitize them on HIV/AIDS and then commit to reserving 10-15 minutes before the end of mass for PEs to address congregations with key messages. PEs then worked in pairs conducting outreach during religious services disseminating key messages and passing out red ribbons. While targets for interpersonal community wide events were exceeded (158%), the project fell slightly short (87%) of general diffusion community wide events. These general

diffusion events included activities during local Patron Saint's Day festivals and sporting events, reaching nearly 20,000 youth as indicated in the annual results table above.

TWC follow-up interventions (FUIs) are now better structured with the support of a FUI guide, and the quality of these interventions increased considerably during the last two quarters of the fiscal year. This guide ensures the standard delivery of key messages and skills-building activities. To support the interventions, FUI cards and certificates of completion are issued in advance. FUIs predominately reached youth aged 15-19.

Following condom outlet site selection which included selecting one or two sites in each area which in most cases included the branch office, 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. This process was met with positive community acceptance and uptake of services, and there was strong collaboration with the MOH. Distribution will continue to be supervised frequently to avoid an overlap on the distribution sites with other partners. Over 41,000 free condoms were distributed this year through branches and other condom outlets in all 9 sites.

- *Strengthening each NRCS's capacity to manage and expand youth HIV prevention programs: Strategic Objective 2*

The TWC project youth coordinator participated in a regional trainers training run by the Federation's TWC regional faculty. In January, the ARC Compliance Officer conducted a presentation and training for the HRC and ARC project coordinators along with the HRC project accountant on the project agreement terms, the A-122 cost principles, and USAID regulations (and business ethics). Field Managers and staff participated in a leadership development and teamwork building training facilitated by an external trainer. The session incorporated both theory and practice where field managers were placed in teams and had to resolve problem-sets and work through scenarios and exercises. Field managers reported greatly benefiting (for personal growth and project success) from the session and subsequently rolled out elements during PE refresher trainings.

In addition to elaborating a FUI guide, introducing youth multiplier certificates distributed during FUIs, and increasing supervision of branch planning, the coordination staff provided extra support to field managers during peer educator refresher trainings to reinforce the branches and help ensure quality FUIs. The coordination team also placed emphasis on the essential financial requirements of HRC because some field managers had difficulties in mastering the preparation of the financial reports. Field Managers undertook practical exercises and demonstrated a concerted effort to improve administrative and financial skills which should reduce misunderstandings with the project administration and potential delays in programming and improve project compliance on internal as well as donor requirements. To correct an overall weakness in quality control, the coordination team made it mandatory that all FMs perform at least one youth multiplier session every month to reinforce the field manager's capacity as a trainer. FMs were also involved in cross-observations where FMs would join the central coordination team to observe and offer feedback to the FMs there.

The Haitian Red Cross continues its longstanding partnerships with FOSREF, VDH, PLAN, the Ministry of Health, and IDEJEN, with the Scouts d’Haiti, PSI, MSH, FHI, POZ, Shine, Hospital Fort Liberté, and the “Association des Jeunes Femmes Haïtiennes (AJFH). The strategic partnership with IDEJEN designed to expand the program’s reach with out-of-school youth consists of 4 out-of-school youth PEs from the program in Cite Soleil. Petit Goave developed a new partnership with PHARE to hold TWC sessions for the youth in-school groups financed by this program, and in the future to reach out to the PHARE-coordinated parent groups throughout the region.

- *Enhancing the community environment for the adoption of safer sexual practices: Strategic Objective 3*

Twenty-seven community councils were active during the reporting period. Each community council worked closely with project FMs to plan TWC sessions and assisted in informing parents and adults about TWC interventions in their schools. While monthly targets were exceeded towards the end of the period after activities were reenergized, the project achieved only 77% of town hall meeting target for adults reached. These figures do not include community adults reached during the launch in the two new sites. For example, in Port-de-Paix, over 100 people attended the ceremony at a university auditorium hearing messages and viewing the transmission game, and thousands more were able to view it over local TV stations and hear it over several radio stations. The Haitian diaspora in Florida heard it as well.

The project received several visitors ranging from USAID Washington representatives to senior leadership of the American Red Cross (ARC). In March, CTO Emily Osinoff, Sarah Sandison, and Debbie Kaliel from USAID Washington as well as Wenser Estime, Activity Manager from the USAID Mission, conducted a series of meetings and site visits to view a FUI in one of the original sites and PE training in a new site into which the project is expanding. The visit helped create a neutral forum for the team to explore some of the internal weaknesses and program shortcomings. Further, the USAID visitors offered recommendations for problem-solving, and their visit added momentum to internal efforts to come up with solutions. The project also received visits from the ARC Senior Vice-President of International Services and a U.S. Congressional staff delegation. In addition, the ARC Senior HIV/AIDS Advisor visited the project to get a sense of issues surrounding PE retention and outreach to higher risk or out-of-school youth and later returned to work with HRC to jointly determine strategic next steps beyond June 2010. The ARC compliance officer visited to ensure that staff members understood the basic rules and regulations and project agreement documents, and to verify the implementation of standard operating procedures.

Major Issues/Constraints

The program suffered from some internal communication and coordination issues between ARC and HRC teams which continue to be addressed. And the expansion into new sites without a corresponding enhancement of the existing management structure added to the strain.

The percentage of youth who completed the TWC curriculum who were reached with follow-up interventions was only 15% (while 37% of the numerical target was reached as shown in the table) compared to the 70% target. This can be attributed to a late start in focusing on FUIs and scheduling difficulties particularly during summer months when it's typical for youth to leave cities where they attend school for their homes of origin.

Due to the inactivity of networks, there was only one operational national project task forces– the Behavior Change Communication cluster which met to discuss the upcoming candlelight memorial. In addition, project staff participated in a Ministry of Health's meeting around carnival activities.

While the security situation over the reporting period seemed to have drastically improved, natural disasters earlier in the year proved disruptive. Hurricanes Gustav, Hanna and Ike caused delays in planning and programming of activities at the start of FY09. The populations in the rural areas were deprived of basic services, and transportation to certain sites was not available. Many schools postponed their opening (usually in early October), limiting the workshop sessions for the YMs. Other activities such as town hall meetings were also cancelled.

Monitoring and Evaluation:

Table 3: Haitian Red Cross Pre/Post-Test Results (October 2008 – July 2009)

| <i>Question/Indicator</i> | <i>Pre-test</i> | <i>Post-test</i> | <i>% Increase</i> |
|--|-----------------|------------------|-------------------|
| Knowledge | | | |
| Comprehensive correct knowledge. UNAIDS. (female) | 23% | 57% | 148% |
| Comprehensive correct knowledge. UNAIDS. (male) | 25% | 57% | 128% |
| Attitudes | | | |
| HIV+ female teacher allowed to teach in school (female) | 45% | 73% | 62% |
| HIV+ female teacher allowed to teach in school (male) | 51% | 73% | 43% |
| Accepting attitudes towards people living with HIV. UNAIDS. (female) | 9% | 25% | 178% |
| Accepting attitudes towards people living with HIV. UNAIDS. (male) | 11% | 27% | 145% |
| Skills | | | |
| Ability to negotiate abstinence (female) | 56% | 70% | 25% |
| Ability to negotiate abstinence (male) | 42% | 62% | 48% |
| Ability to negotiate condom use (female) | 79% | 87% | 10% |
| Ability to negotiate condom use (male) | 82% | 88% | 7% |

Table 3 above shows results for 3,432 pre-tests and 3,196 post-tests (1,875 pre and 1,719 post for females, and 1,557 pre and 1,477 post for males) administered by PEs to YMs during the first and last days of TWC workshops between October 2008 and July 2009. The table shows consistent gains for all indicators examined with particularly pronounced results for comprehensive correct knowledge and strong results for attitudes. Only with skills acquisition (or self efficacy) around condom negotiation were results equal or less than 10%. However, this is attributable to both females and males scoring well on pre-tests reducing the potential for large increases. Pre post tests were also collected for Follow Up Interventions but the sample was too small (less than 100) to draw conclusions from the data.

Planned Activities:

To deal with the increased workload and subsequent strain on the project management structure, the project has decided to reinforce the program management structure early in FY10 with the addition of three new regional coordinators to support field operations. Based out in the field, three assistant coordinators will be responsible for supporting a zone comprised of several project branches. This will significantly increase the coordination's presence in the field thereby increasing technical support to and supervision of field managers according to their specific needs.

The program will continue to concentrate on quality implementation of the TWC curriculum and Follow Up Interventions as well as explore innovative interpersonal community wide event strategies that might be more suitable to high risk youth. The project will focus on the first Follow Up Intervention: In order to maximize the number of youth completing the TWC curriculum that participate in the first Follow Up Interventions 3-6 months following completion of the program, the project in Haiti will no longer strive to reach youth with a second follow up 9-12 months after completion of the initial TWC workshop.

Targeting high risk youth has been a priority for the Together We Can project since the start of the project in Haiti. In early FY10, the Haitian Red Cross plans to hire a consultant to develop and pilot an efficient and effective strategy for reaching high risk youth. Considering that the Red Cross PEPFAR grant for TWC comes to an end in less than a year (June 2010), Cite Soleil has been determined to be the best site to pilot the high risk youth intervention due to proximity to the TWC coordination staff, the significant FM/ PE experience acquired by the branch over the years working with high risk youth, as well as a well-established trust between the community and the Red Cross.

The Red Cross plans to pilot Trusted Adult Youth communication in Cap Haitian, Fort Liberte and Cite Soleil. These branches have been chosen based on their strength in reaching youth through the TWC curriculum over the years. An example of cross-learning between country project partners, HRC will capitalize on materials developed for parent/ child by the Tanzanian Red Cross with the support of ARC.

First aid training will be provided for Field Managers and Peer Educators, and Field Managers will also have the opportunity to obtain six months worth of computer skills training as well as support for transitioning from the project at the end of June 2010. A project audit scheduled to

take place - for years where the HRC spent over \$300,000 in one fiscal year on the TWC project – will contribute to organizational systems strengthening.

Finally, the program will concurrently roll out extensive sustainability plans while continuing to pursue further funding for ongoing HIV prevention efforts. As the program comes to a close, efforts will continue 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. Simultaneously, the program will continue to familiarize other HRC programs' participants with the TWC program, as well as support programs - such as the youth blood donation program where volunteers have been trained as PEs - to continue peer outreach internally. Expanded outreach by program staff and HRC leadership aims to increase awareness of the program and its tools and materials among government official, mayors, community members, parents, teachers, and youth, culminating in close out meetings that spur commitments to ongoing (and ongoing support for) outreach. At the national level, driven by accolades for the adapted TWC curriculum, program staff and HRC leadership will persist in advocating for use of the TWC curriculum in a national health curriculum, while continuing to share the curriculum and associated tools with public and private-sector partners.

Program Management:

At the end of the first quarter of FY09, the ARC project assistant resigned from the TWC coordination. A new assistant was recruited in June 2009. *(This position was not a key personnel position per the project's cooperative agreement.)*

Budget

Estimated sub-recipient (Haitian Red Cross) project expenditures from October 2008 through June 2009 totaled \$377,011.17. This amount does not include American Red Cross field and headquarters expenses.

Story from the Field. Taking it to the streets to stop AIDS.

In keeping with the World AIDS Day theme of “Keep your promise, stop AIDS,” the Cite Soleil branch held a town center celebration diffusing key Together We Can messages and raising awareness about HIV and AIDS and the Red Cross. Theatrical skits and participative activities such as “The Transmission Game” were also methods of conveying messages about HIV and AIDS. The event targeted both in-school youth and non-traditional youth. Community leaders, school directors, and even our donor USAID came out to support the event. The ex-mayor of Cite Soleil also helped animate the event, offered free internet minutes from his business as an incentive for youth participants, and used the occasion to encourage all youth to adopt responsible behavior towards sex. The event lasting from 10AM to 4PM also attracted media coverage including Radio Boukman, which has a strong presence in Cite Soleil, and both Channel 11 and Haitian National Television (HNT).



Peer Educators and Facilitators lead the edutainment in a World AIDS Day event in the Town Hall of the volatile community of Cite Soleil. Photo: Courtesy of HRC.

On the other side of town in another shanty town in Jalousie, another group of PEs and FMs were raising awareness through approaching young merchants, dwellers, and bystanders in the neighborhood hanging out in and out of their homes and stores, and striking up conversations around HIV messages with the help of the new TWC brochure featuring famous singer Belo and actress Jessica Geneus. As the PEs and FMs discussed how HIV is transmitted, it was clear that the basic facts had eluded some individuals up until this point; some youth were not aware of the non-sexual means of contracting HIV, that pregnant woman could infect their child with the virus, and that condoms help prevent the sexual transmission of HIV. Through the street outreach and distribution of the brochure, PEs made contact with youth from all walks of life to raise awareness not only around HIV but also the Haitian Red Cross.

Following the event, youth approached the Field Managers and Peer Educators to ask questions and to relay their decision to use a condom, and some in-school-youth committed to practicing abstinence in order to increase their focus on completing school. While the TWC team couldn't satisfy all requests such as those for condoms, and regretted not having prizes to give out as incentives for participation, participants seemed to gain a great deal and the event was very well-received by the community.



Interpersonal door to door and street outreach in a low-income area of Port au Prince, Jalousie, Haiti. (Photo Credit: Courtesy of HRC)

III. TANZANIA PROGRESS REPORT

FY09 Annual Results for Tanzania

| SO | Key Country Level Work plan FY09 Indicators | OCTOBER 08 – SEPTEMBER 09 | | |
|-----|---|---------------------------|--------|-----------------|
| | | Planned Annual Target | Actual | % of Target Met |
| SO1 | Number of age, gender and culturally appropriate adaptations to TWC curriculum | 1 | >1 | 100% |
| | Number of Field Managers (MT/IT) and Peer Educators trained | 100 | 108 | 108% |
| | Number of youth completing entire TWC curriculum | 7,200 | 7,883 | 109% |
| | Number of youth reached by peer to peer outreach | 36,000 | 40,011 | 111% |
| | Number of youth reached by interpersonal community-wide events | 3,000 | 2,115 | 71% |
| | Total youth reached with community outreach programs | 46,200* | 50,009 | 108% |
| | Number of youth completing entire TWC curriculum reached with 1 or more follow-up interventions | 5,040 | 4,064 | 81% |
| | Number of youth reached by general diffusion community-wide events | 5,000 | 7,935 | 159% |
| | Number of youth reached through Adult-Youth Communication | 240 | 30 | 13% |
| | Number of youth reached by mass media programs | 1,000,000 | 0 | 0% |
| SO2 | Number of operational partnerships | 40 | 28 | 70% |
| | Number of operational national project task forces | 20 | 1 | 5% |
| | Number of staff trained in organizational development | 30 | 13 | 43% |
| SO3 | Number of adults attending Town Hall meetings | 570 | 226 | 40% |
| | Number of operational community councils | 27 | 5 | 19% |
| | Number of adults reached through Adult-Youth Communication | 240 | 30 | 13% |

* Please note that the original target 46,550 has been lowered due to the Follow Up Intervention indicator being consolidated and no longer included in the overall total youth reached indicator. This measure was taken to enable us to aggregate youth reached across program years (for the life of the project) without double counting youth reached in more than one year.

Key Accomplishments

- *Strengthening HIV related life skills for 10-24 year old youth: Strategic Objective 1*

The TWC Tanzania project reached a total of 50,009 youth, representing 108% achievement of the annual project target for youth reached with community outreach programs. The project successfully reached 109% of targets for youth completing the TWC curriculum and 111% targets for peer to peer outreach, but fell just shy at 71% of reaching youth through interpersonal community wide events. In order to avoid double counting beneficiaries resulting from overlap in extremely rural and contained intervention sites, these figures reflect a 50% reduction in youth reached through peer-to-peer outreach and interpersonal community wide events. The breakdown of youth reached by gender was approximately equal with a slightly greater percentage of males (51%). The proportion of youth in school versus out-of-school was 74% to 26% compared to the 50% target. The proportion of youth reached in 10-14, 15-20, 20-24 age

brackets vis-à-vis 40:40:20 goal was 49:36:15 with a greater percentage of 10-14 year olds which also accounts for the greater proportion of in-school-youth. At 81%, the project also exceeded the goal for the number of youth multipliers reached with FUIs, but only reached 51% of youth completing the TWC curriculum with Follow up Interventions compared to the 70% proportional target. As seen in the table above, the number of YMs from the last fiscal year who were then reached with FUIs this fiscal year was removed from the calculation of total youth reached to avoid double counting when aggregating youth reached across program years.

The project exceeded annual targets for FMs and VCEs trained reaching 108% of targets. To add to the ranks of 11 VCEs in Kigoma Urban, the project recruited and trained a total of 108 VCEs for the Shinyanga region. The VCEs selection process included both oral and written components and was conducted in collaboration with local community leaders and TRCS Branch Management Committees in all the target districts. And in response to recent evidence that supports greater effectiveness among slightly older peer facilitators, TWC stayed away from a strictly defined peer education system and mobilized volunteer community based educators aged 17 or above. VCEs range in age from 18-40 years old.

The TWC project successfully transitioned from one region to another in March 2009, closing out the majority of TWC activities in Kigoma and transferring the expertise, successes and lessons learned to the more densely populated and higher sero-prevalence Shinyanga. TWC Tanzania project activities now cover four project sites of Bukombe, Shinyanga Urban, Kishapu, and Kahama in Shinyanga region as well Kigoma Urban of Kigoma region. The selection of project target districts in Shinyanga region was based on rigorous criteria including consideration of 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 the move into Shinyanga included: the transfer of goods and some staff to Shinyanga; identification of office space in Shinyanga township; a comprehensive community entry process including community mapping and consultative meetings with key stakeholders, local leaders, and TRCS branch staff and leadership; community outreach; identification, orientation, and training of new TWC staff; and recruitment and training of coaches and Volunteer Community Educators (VCEs).

In November 2008, a short term local adaptation consultant led the TWC curriculum adaptation core group in responding to critical reviewers' feedback to develop the final pre-field testing draft. In addition to critical readers' comments, the document also took into consideration adaptations made to the TWC curriculum in Haiti, Peer Education standards released by the Ministry of Health, data from the new Tanzania Health and Malaria Indicator Survey, and qualitative information about multiple concurrent partnerships in the "One Love" study. In February, the core group met in Shinyanga to field-test the curriculum with in and out-of-school youth. Following the two week field-test, the team convened to analyze results consisting of a compilation of observations, pre/post tests, and guided discussions with a select group of participants following each block. The outcome was the revised TWC curriculum currently in use by the project. The adapted and updated curriculum version now features increased focus on building skills such as: negotiating abstinence and condom use, managing risky situations, and communicating assertively. The new curriculum also includes 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. With the completion of the adaptation process, coaches were trained to roll out the adapted content shortly after the midyear point.

To improve outreach to high risk youth, the ARC Health Delegate facilitated a two-day training in August for all the Coaches on reaching and working with high risk as well as out-of-school youth. The training equipped Coaches with basic skills for reaching out-of-school youth (OSY) and high risk youth, and knowledge in facilitating sessions with high risk and OSY. Key outputs of the training included district-specific plans, strategies and set targets for identifying and reaching OSY and high risk youth designed to increase the impact on and proportion of OSY reached by the TWC project. District teams also identified specific groups to target - OVCs, artisanal miners, and other OSY drawn from groups such as football or drama clubs, and in the case of Kigoma young night fishermen. As part of a larger effort to enhance VCEs' competencies around facilitating discussions and activities on more sensitive issues, and supporting individuals with individual problems, the trained TWC coaches rolled out the training on reaching high risk and out-of-school to VCEs through district level workshops. TWC messages delivered during the sessions with high risk and out-of-school youth in Kigoma Urban, including night market goers and drug and alcohol users, focused on reproductive Health, and HIV and AIDS prevention messages including proper condom use.

The TWC project team updated their Take-Home Brochure holding focus group discussions to ensure appropriate messaging and forging a partnership with Femina Hip to feature two of their nationally renowned youth role models – Idi and Rebbeca, co-hosts of the weekly nationally broadcast thirty minute FEMA TV talk show for and by young people in Tanzania. 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.

Recognizing the importance of linking youth with the various health services in their communities, the TWC team continues to refer youth through referral posters and in the case of Kigoma also with the help of the project's local referral booklets presenting services by district. TWC is in the process of producing larger posters for each district, with a dry-erase function so that each project site can input and prominently display key local referral information.

With the successful completion of the adaptation process (critical review and field-testing) of the Daraja Adult Child Communication curriculum through a partnership with FHI (with ARC as a sub-grantee), the TWC project rolled out the new tools in Kigoma Urban district reaching a total of 30 youth and 30 adults during this fiscal year. Key topics of the entire 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; communicating assertively; HIV/AIDS, STIs and pregnancy; and how to avoid risky environments and situations.

The TWC project participated in World Aids Day (WAD) events between 24th November and 1st December 2008 throughout Kigoma with the dissemination of HIV/AIDS messages, activity demonstrations, town hall meetings, and the distribution of leaflets and magazines featuring messaging on prevention options. Kigoma was featured this year as the regional lead for World

AIDS Day commemorations with dignitaries in attendance that included the Vice President of Tanzania honorable Dr. Ali Mohamed Shein as the guest of honor, accompanied by Minister of Health and Social Welfare honorable David Mwakyusa. During the event themed “Lead and Facilitate to Fight Against AIDS,” TWC project FMs and VCEs delivered the key messages with an emphasis on abstinence among youth, and performed condom demonstrations. Other interpersonal community-wide events included one-on-one interpersonal communication-based dialogue in the community and, during community events, screening of short films and distribution of IEC materials followed by discussion with small groups of participants.

For the general diffusion community-wide events, the project commemorated the World Red Cross Day (WRCD) in Shinyanga in May 2009 with diverse activities including various sports and games, and display of HIV and AIDS key messages by TWC. Build up activities a week before the WRCD included clean-up exercises targeting hospitals, health centers, sensitization of TRCS members on existing branches and dissemination of information on the TRCS movement.

- *Strengthening each NRCS’s capacity to manage and expand youth HIV prevention programs: Strategic Objective 2*

TWC Tanzania project staff and volunteers maintained active partnerships with eight NGOs, CBOs and local development organizations (excluding target District, Municipal and Community Councils). In order to foster new and active partnerships and focus on increasing the quality of select partnerships, the TWC project convened the debut Shinyanga Development Stakeholders Forum in August that brought on board leading NGOs, CBOs and representatives from the Government’s Ministry of Health in Shinyanga. The forum provided an opportunity for TRCS to improve ownership as well as visibility of its projects (including TWC) implemented within Shinyanga region. The stakeholder session also enabled participating agencies to explore potential strategic partnerships and/or mutually beneficial collaboration opportunities in implementing projects in Shinyanga. Facilitated by TRCS headquarter and regional staff, attendees included PSI Tanzania, World Vision Tanzania, TWESA, EGPAF and FADHILA group. Government officials attending were Regional Medical Officer (RMO), Regional Administrative Secretary (RAS), and Regional HIV/AIDS, Social Welfare and Home Based Care Coordinators. The meeting underscored local HIV/AIDS needs and concerns, greater demand than supply of HIV/AIDS services, particularly HBC programs and resources; and the need for better coordination especially of HBC related interventions in Shinyanga. A key outcome of the meeting was the commitment by the RMO that his office would in the future coordinate such forums on an as-needed basis and the call for development agencies to work closely, pointing out that multi-sectoral approach to addressing HIV was critical for Shinyanga.

The TWC Tanzania project continued to benefit from strong relationships with the Regional and Local Ministry of Health, Ministry of Education and Ministry of Youth, Labor and Sports. Due to TRCS’s long standing work in the Kigoma region, and close collaboration with the various government offices, excellent partnerships have been established with all of these offices. Likewise, TRCS works closely with the various NGOs in the region. TRCS project coordinators continued their participation in the Coordination Committee for Youth Programs (CCYP) Task Force and USAID prevention partner meetings but the ABY partners’ task force discontinued.

The TRCS and Ministry of Health once again carried out joint community wide events for World AIDS Day together with PSI, KIVEDEA and SHDEPHA+.

In Kigoma, TWC data collection forms were updated and field-tested in two districts. Also, the TWC program manager offered a leadership training for twelve branch leaders where roles and responsibilities were reviewed and leadership developed. In addition, the project's support of a fundraiser in Kasulu led to the development of a youth hall at that branch.

In Shinyanga, the TWC project has considerably expanded TRCS' presence in Shinyanga, generating new TRCS members, and helping to institute branches. In addition, a training in branch self-sustainability including income generation opportunities that was started in a couple of branches led to the planning of a fundraising party where stakeholders would be invited to participate and make pledges. Branch meetings were also held to track progress on officially instituting a TRCS branch and increasing current members' commitment to attract further members to meet the minimum 30 individuals required to officially open a TRCS branch. Members currently support projects by mobilizing volunteers and supporting small projects either in kind or through cash donations. TRCS headquarter staff also visited the project region to observe and support TWC project activities as well as other TRCS implemented projects in the region (blood donor, home based care and OVC programs), to promote harmonization and integration of project activities in the wider Shinyanga region, and to emphasize closer involvement of TRCS governance members at the various target district branch levels in the planning and implementation of project activities.

The TWC project developed a detailed procurement plan that has so far improved timeliness of the procurement of project supplies and equipment. Additional organizational development activities included the development, printing, and distribution of organizational manuals for finance, procurement, and human resources, and subsequent training of TRCS personnel, as well as co-funding an organization-wide audit for FY09.

Among TWC staff, the program manager participated in a week-long Federation-supported workshop to review and adapt the Community Prevention, Treatment, Care and Support Toolkit for Tanzania.

- *Enhancing the community environment for the adoption of safer sexual practices: Strategic Objective 3*

The project only reached 47% of the target for town hall meetings, reaching 265 adults through a total of eighteen meetings held in the various target districts involving stakeholders that included representatives of government, NGOs, FBOs, community leaders, religious leaders and teachers. The town hall meetings were of great value in ensuring that adults in the TWC communities – particularly parents - support the TWC program and enabling community members to provide input on appropriate messaging and to contribute to the implementation of the TWC program in their communities. Not counted in the annual results table above were adults reached during community entry meetings in Shinyanga which entailed not just an overview of the functioning of the TWC program and TRCS but also basic facts about HIV/AIDS.

Building on the Kigoma experience working with community councils (mainly existing local government groups that commit to support TWC activities), the project was actively involved with five community councils. A unique all-day community council meeting consisted of the Kigoma District Council meeting on HIV/AIDS conducted in July 2009. The meeting gathered over 30 NGOs, CBOs and FBOs representatives to discuss activities, achievements, and future plans. The TWC project received appreciation for its outreach and the meeting chair, the District Executive Director (DED), encouraged government officials in attendance to utilize the trained TWC VCEs in their HIV Prevention efforts, appreciating their (VCEs) skills, knowledge and commitment. Private sector organizations included Population Services International, Service, Health and Development for People living Positive with HIV/AIDS (SHDEPHA+), Kigoma AIDS Control Network (KACON), Kigoma Vijana Development Association (KIVIDEA), NDELA, Kigoma Kasulu Non Governmental Organization Network (KIKANGONET), Youth Centre, and Upendo Blood Donor Group. The United Nations World Food Program also participated as well as over 40 government participants including Ward Executive Officers (WEO), medical officers from government hospitals, and district council officers.

Efforts within the Red Cross to ensure a smooth project close out process in three Kigoma sites included: regular participation in Branch Management Committee meetings where coaches relayed updates on close out; a report from TRCS branch leaders on their needs and efforts around sustainability; and a training of branch leaders by the TWC program manager in management and leadership skills and income generating techniques. Coupled with efforts to reach out to the community including government AIDS commissioners and fellow NGOs, some TWC VCEs have continued to conduct TWC sessions and CWEs in coordination with government village offices, and impart knowledge to their peers informally through one-to-one dialogue, songs, and group outreach among friends, and at *Vijiweni* (hang out spots where you find youth idling such as in markets, many of whom use drugs) and/or formally as part of clubs and in schools and during public gatherings. Outside the Red Cross, certain VCEs have started volunteering in HIV/AIDS programming with other organizations. In addition, the added value of the project to the Red Cross branch and capacity is evident in the branch leadership built by the project through leadership trainings, Red Cross structures built with rent from TWC funds, and some job aids such as pedagogical materials and bicycles. Some of the TRCS Branch Management Committee members, especially Chair persons, still oversee certain TWC related activities – including in the three districts where the project closed out - and report on VCE outreach and branch development activities during scheduled regional meetings such as the one held in July 2009. During that meeting, the Kigoma Urban TWC District Coach offered a progress report which elicited a commitment by TRCS branch members to facilitate linking of TWC VCEs to the government's social welfare and youth departments so as they (VCEs) can get more support and be better utilized in community wide development initiatives.

With TWC's base shifted to Shinyanga, the project continues to supervise from afar the Kigoma Urban branch with regular phone and email contact, and the coaches' participation in refresher trainings and quarterly management meetings.

Major Issues/Constraints

Follow Up Intervention targets have not met their goal in terms of 70% of YMs reached, and vary in their length and rigor as the project has yet to follow a standardized FUI protocol. Only 26% of youth reached constituted out-of-school youth (compared to the 50% target) due in part to the challenges that Coaches and VCEs face in working with non-traditional youth that are considered more difficult. The revised curriculum, having been well-received by the out-of-school audience with which it was field-tested, now has content that better resonates with out-of-school audiences. The older age criteria set for the recruitment of community, as opposed to peer, educators should translate to educators with greater maturity and hence greater ability to work with higher risk groups. Likewise, the recent high risk youth workshop has empowered coaches with skills for enhancing outreach efforts to high risk youth.

The project confronted challenges in coordinating the move to Shinyanga due to limited local TRCS capacity there, adding to the complexity of and complications associated with the transition. Furthermore, the final stage of the curriculum adaptation process consisted of nearly a month devoted to field-testing and making final changes, which further pushed the time-table back. The non-renewal of the former health delegate's contract and her subsequent departure put temporary strain on the project at a time when the project was both in the midst of a transition to a new district and curriculum adaptation process. This contributed to the two month delay in moving over to Shinyanga.

Planned Activities

The implementation of mainstream TWC curriculum activities – YM workshops, interpersonal community wide events and the follow up interventions with YMs will continue, with close technical support by the TRCS Health Manager (Project Coordinator) and with technical support of the ARC health delegate. The delegate will also work with the TWC team on further improvements through institutionalizing a standardized format and messaging of follow-up interventions, and making them more responsive to data generated from various sources from the pre/post database and monthly reports to observations during site monitoring visits, and VCE/Coach monthly meetings. The numbers of youth reached by FUIs will also be increased. Similarly, through the implementation of their work plans, VCEs will reach greater numbers of out of school and high risk youth.

The project will step up the roll out of the now complete Daraja Adult Child communication curriculum in Shinyanga target sites. A pre/post test database to gauge changes in knowledge, attitudes and skills of adults/parents and youth/their children will be finalized and go into effect. Referral posters will be printed and distributed in all sites for use by VCEs and coaches during outreach. And the Take Home brochure developed in partnership with Femina Hip, currently in print, will be distributed and used during TWC peer-to-peer and related outreach to convey the program's key messages about sexual risk-taking and HIV prevention.

Applying lessons learned from the close out process in Kigoma that ensured continued aspects of the program, albeit to a limited degree, the project in the current active sites will continue to build relations with partners in the community (PTAs, schools, community councils, churches), village, district, and regional governance structures (as well as the Ministries of Health and Education regarding promotion of the adapted curriculum), and private sector representatives to increase

visibility, resources, and ultimately support for project activities. Work around sustainability will also include exploring and utilizing opportunities where specific TWC activities, in part or whole, could be continued as part of other TRCS on-going projects, including the ARC-supported Integrated HIV/AIDS care and support project. To ensure institutional memory, the project will also assemble TWC-specific protocols and training materials as well as TRCS organizational manuals for finance, procurement and human resources to constitute one of the project's leave behinds.

Monitoring and Evaluation

Table 4: Tanzanian Red Cross Society Pre Post Test Results (October 2008 – September 2009)

| <i>Question/Indicator</i> | <i>Pre-test</i> | <i>Post-test</i> | <i>% Increase</i> |
|--|-----------------|------------------|-------------------|
| Knowledge | | | |
| Comprehensive correct knowledge. UNAIDS. (female) | 17% | 52% | 206% |
| Comprehensive correct knowledge. UNAIDS. (male) | 18% | 53% | 194% |
| Attitudes | | | |
| HIV+ female teacher allowed to teach in school (female) | 63% | 85% | 35% |
| HIV+ female teacher allowed to teach in school (male) | 64% | 85% | 33% |
| Accepting attitudes towards people living with HIV. UNAIDS. (female) | 32% | 57% | 78% |
| Accepting attitudes towards people living with HIV. UNAIDS. (male) | 30% | 54% | 80% |
| Skills | | | |
| Ability to negotiate abstinence (female) | 44% | 60% | 36% |
| Ability to negotiate abstinence (male) | 59% | 73% | 24% |
| Ability to negotiate condom use (female) | 76% | 87% | 14% |
| Ability to negotiate condom use (male) | 82% | 94% | 15% |

Table 4 above shows results for 501 pre-tests and 540 post-tests (243 pre and 261 post for females, and 258 pre and 279 post for males) administered by peer educators to youth to youth beneficiaries during the first and last days of TWC workshops during the period during the period between May and September 2009. though to a lesser degree in the skills based indicators due in part to already high pre test scores for ability to negotiate condom use..

Program Management

A change in key personnel occurred during this reporting period. ARC Health Delegate for Tanzania, Erin Smith, left the program in December 2008 and her replacement, Bernad Ochieng, arrived in Tanzania in April 2009.

The TWC accountant shifted to another TRCS program. A new accountant was quickly recruited and underwent an orientation covering sub agreement and amendments, project financial management as well as asset management.

Effective July 2009, Dr. Justin Lugoi, the TRCS Project Coordinator took on a new position and role as the TRCS Health Manager, assisting the TRCS Director of Health Services in the management of the TRCS's health portfolio. In this new position, Dr. Lugoi is to be based in TRCS headquarter offices in Dar es Salaam. His level of effort on the TWC project was reduced from 100% to 50%. However, in order maintain an appropriate level of managerial oversight of TWC, Dr. Lugoi will both continue to reside within the project region (Shinyanga) through October 2009, and plan and conduct regular project support visits from November 2009 until the envisaged project closure in June 2010.

TRCS also promoted one of TWC's current Coaches to the position of Senior Coach to provide technical support to the project as a whole and another to Regional Project Officer to replace the former officer who left to pursue graduate studies. They support administration and implementation of the TWC project, effectively compensating for Dr. Lugoi's reduced level of effort on the project. Both are based in the Shinyanga Regional Offices and work closely with the ARC Health Delegate

Budget

Estimated sub-recipient (Tanzania Red Cross Society) project expenditures from October 2008 through September 2009 totaled \$379,501.94. This amount does not include American Red Cross field and headquarters expenses.

Stories from Field:

Living and influencing TWC *positively!*

'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 ARV 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 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



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

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, 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.

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 2005. *“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.

Valentina forms part of the one hundred plus team of committed volunteers who enable American Red Cross to reach the last mile in delivering health services to targeted communities.