



# Using Participatory Research and Action to Address the HIV-related Vulnerabilities of Adolescent Girls in Tanzania

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# List of Acronyms

<b>COSTECH</b>	Tanzania Commission for Science and Technology
<b>FGD</b>	Focus Group Discussion
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICRW</b>	International Center for Research on Women
<b>KII</b>	Key Informant Interview
<b>LSE</b>	Life Skills Education
<b>MVC</b>	Most Vulnerable Children
<b>MVCC</b>	Most Vulnerable Children Committee
<b>NEYONE</b>	Newala Youth Network
<b>NGO</b>	Non-Governmental Organization
<b>NNN</b>	Newala NGO Network
<b>OVC</b>	Orphans and Vulnerable Children
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PLA</b>	Participatory Learning and Action
<b>STI</b>	Sexually Transmitted Infection
<b>TAMASHA</b>	Taasisi ya Maendeleo Shirikishi Arusha/ Youth Participatory Development Centre, Arusha
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS

**G**lobally, girls and young women are more likely to be HIV positive than their male peers, due in large part to an array of gender inequalities that negatively impact their mental and physical well being.

Protecting girls from this multi-dimensional risk requires first understanding how the girls experience vulnerability in their daily lives and developing solutions that are actionable within the community context. The International Center for Research on Women (ICRW) and Taasisi ya Maendeleo Shirikishi Arusha (TAMASHA), in collaboration with Pact Tanzania, developed a participatory research and action project (*Vitu Newala*) that aimed to both understand and respond to girls' HIV-related vulnerabilities. The project was conducted in Newala, one of the least developed and poorly resourced districts of Tanzania. This report highlights the project's four phases of action: formative research, intervention design, peer education program, and assessment.

The formative research conducted with 82 girls and more than 200 adults in their communities served as the foundation for the design of a Life Skills Education program implemented through peer education. *Vitu Newala* addressed the powerful gender norms and social influences that make girls vulnerable to HIV using participatory methods that engaged young people as researchers, educators, and champions for change. Through community dialogues and feedback sessions, *Vitu Newala* stimulated conversation about girls' rights, their role in society, and how communities can better meet their needs. Moreover, the project has garnered support from girls, boys, parents and influential community members. The participatory nature of *Vitu Newala* provided valuable lessons about the importance of: 1) aligning project priorities with youth priorities, 2) establishing trust and relationships, and 3) providing vulnerable youth with extra support. This type of approach – one that meets girls where they are in their lives– offers a promising model for empowering and protecting those girls who are the most vulnerable to HIV.



*A Peer Educator uses her Vitu Newala bicycle to attend a meeting in Newala.*

Photo: Jennifer McCleary-Sills.

**I**nternational donors, including the U.S. Government's President's Emergency Plan for AIDS Relief (PEPFAR), are increasingly allocating significant resources to help children made vulnerable by the AIDS epidemic. Two million children under the age of 15 are currently living with HIV and 45% of all new infections in 2007 were in the 15-24 age group (UNAIDS, 2008). Evidence indicates that girls are more vulnerable than their male peers on a variety of indicators, such as depression, transactional sex, sexual abuse, HIV infection and early marriage (Fleishmann, 2002; Glynn, 2001). Other studies have found that less than 19 per cent of girls in developing countries have access to comprehensive and correct knowledge about HIV prevention and girls in sub-Saharan Africa are 2-4.5 times more likely to be infected than males of their age, due in part to the fact that girls often have older men as sexual partners (UNICEF, 2008). Despite the compelling evidence that greater effort needs to be made in protecting these adolescent girls, their unique vulnerabilities are not adequately addressed within the extensive programming for orphans and vulnerable children (OVC). In Tanzania, there is an urgent need to develop and evaluate programs targeted to the specific needs and vulnerabilities of older girls as part of larger global investments to support vulnerable children. Data from the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS) and the 2004-05 Demographic and Health Survey (TDHS) reveal that girls are exposed to risky sexual situations well before they reach their 15th birthday, highlighting the need to address reproductive and HIV risks at an early age. In one study conducted with a small sample of 15-19 year old girls in Dar es Salaam with incomplete (attempted) abortion, the participants reported having had an average of 5.6 sexual partners with very infrequent use of condoms or contraceptive methods (Rasch et al., 2004). This study also revealed that sexual debut occurred between 13-16 years of age and that participants had had multiple abortions. A majority of the girls had relationships with men twice their age, and most had multiple concurrent partners who gave them a range of material goods in exchange for sex. Having a partner who provided material gifts also increased a girl's standing and status among her peers; status being closely connected with wearing good clothes or having other material possessions (Silberschmidt, 2003).

While these results are from a small and non-representative sample, similar findings from other studies suggest that the risks and vulnerabilities faced by these participants are quite common among young women in Tanzania. Another study conducted in two wards of Dar es Salaam suggests that adolescent girls face reproductive and HIV risks around age 12, shortly after puberty (Mabala, 2006). This study notes, "Thus, from the age of about 12, girls are subjected to continual propositioning from shopkeepers and market-stall holders, teachers and doctors, bus conductors and passers-by...this is not to say that every individual case of propositioning is unwelcome to the girls".

These and other findings have propelled experts to call for investments in improving the cognitive capacity of 10-14 as well as 15-17 year olds in decision-making and problem-solving skills, providing positive models of gender equality and sexual relationships based on mutual respect, consent, shared responsibility, comprehensive sexual and reproductive information and services, and legal and social support (Dixon-Mueller, 2008).



*Two Youth Researchers prepare a presentation in Newala.*

Photo: Jennifer McCleary-Sills.

Newala District of Mtwara Region is one of the least developed and poorly resourced areas of the country, where girls ages 12-17 experience even greater vulnerability due to the lack of infrastructure, social protection mechanisms, and opportunities for educational or professional advancement. In addition to the risks of pregnancy and childbearing, girls are also at risk of sexual violence, school truancy and school drop out. It is also common in Newala for girls 12-14 years old to become de facto heads of households and, as a result, emancipated from adult authority. This heightens their vulnerability to transactional sex with older men, who often provide the only source of money for the girls' basic needs.

In light of such evidence of the significant HIV-related vulnerabilities faced by girls in Newala, a rural highly dispersed district, the International Center for Research on Women (ICRW) developed a research study to identify and address these vulnerabilities. Funded by Viiv Healthcare's Positive Action program, the project's overarching purpose was to explore and understand the multiple HIV-related vulnerabilities of older girls ages 12-17 in Newala District, with the ultimate goal of designing and qualitatively assessing a pilot intervention model to address the most pressing vulnerabilities. To design and implement this project, ICRW established a partnership with Pact Tanzania and Taasisi ya Maendeleo Shirikishi Arusha (TAMASHA), a Tanzanian NGO committed to building the capacity of adolescents and young people to realize their rights and their rightful place at the center of development in their communities and nation. Using participatory methodologies, ICRW and TAMASHA conducted

formative research on the perspectives of girls and adult stakeholders about the HIV-related vulnerabilities that girls face in Newala. At the core of this participatory research process was our aim to identify the social factors contributing to these vulnerabilities and to develop a culturally appropriate strategy for reducing them in four communities of Newala District.

**The key objectives of this project were:**

1. To explore girls' perspectives of their vulnerabilities in Newala;
2. To develop an intervention to reduce these vulnerabilities;
3. To examine changes in girls' perspectives of their vulnerabilities following an intervention to address them;
4. To examine changes in self and collective efficacy to protect girls in communities following the intervention.

This report provides details on the joint research and action process that occurred from May 2010 to August 2011. (See *Table 1* for a detailed time line of project activities.) It is meant to complement the information found in the companion publication *Vijana Tunaweza Newala: Findings from a Participatory Research and Action Project in Tanzania*.



**T**his participatory research and action project comprised a research component as well as community-based activities that aimed to encourage widespread participation by young people and adults alike. Qualitative data were collected using participatory learning and action (PLA) techniques before the pilot intervention and after it had been ongoing for seven months from a cohort of 82 girls ages 12-17. The PLA exercises were conducted by Youth Researchers, as explained in the Methods section below. PLA techniques are group-based data collection methods that provide participants with a forum to reflect upon their vulnerabilities and to identify solutions to key problems together. PLA activities have been used to harness the voices of marginalized and disenfranchised sub-populations in a variety of socio-cultural contexts (Coupland & Maher, 2005; Busza & Schunter, 2001). Such techniques provide rare opportunities for joint analysis of issues, barriers and solutions by group participants. PLA activities are the cornerstone of TAMASHA's work, and researchers at ICRW have successfully used participatory research methods to explore adolescent aspirations and reproductive health, among other themes (Mathur et al., 2001). In addition to the PLA activities with girls, this study also conducted a series of interviews with girls and boys over the course of the intervention. Additionally, the research team used a series of focus group discussions (FGDs) and interviews with adult community stakeholders to collect qualitative data at baseline to inform the intervention.

### *Ethical Considerations*

This project was approved by the ICRW Institutional Review Board and the Commission for Science and Technology (COSTECH), an ethical review board that approves health and social science research in Tanzania. Our access to the communities was facilitated by the Newala NGO Network (NNN) through District and Ward leaders, who were later included as stakeholders in commu-



*A Youth Researcher and Peer Educator with Vitu Newala participants from their community.*

Photo: Jennifer McCleary-Sills

nity debriefing and planning workshops. To supplement the extensive experience of TAMASHA in conducting PLA sessions, ICRW provided additional training in the principles and practice of human subjects research. Special scenarios were discussed during this training, as mini-case studies, to help

prepare the researchers in case of any adverse events in the field: how to detect these early and manage them effectively while protecting the confidentiality and safety of the adolescent participants. Each of the Youth Researchers also completed a modified training in human subjects research prior to engaging in field work. Informed consent was obtained from parents/guardians before inviting girls to participate in the PLAs and inviting young people to participate in the series of interviews. Informed assent to participate was obtained from each girl prior to beginning each PLA session and from each adolescent respondent before beginning each interview.

## *Research Participants*

This participatory research and action project took place in four wards in Newala: Luchingu, Makote, Mcholi, and Nanguruwe. For the research component, the primary participants were unmarried and married girls between the ages of 12 and 17 who resided in the four communities. For the series of interviews, both girls and boys were invited to participate with their parents' consent. Selection of participants prioritized the most vulnerable young people, particularly those who:

- Have lost one or both of one or both parents to death from any cause
- Are not enrolled in school
- Are currently pregnant, have given birth, or have living children
- Currently act as a head of household
- Live with older caregivers or grandparent(s)
- Are themselves caregivers of chronically ill household members
- Have a disability (i.e. one that does not prevent their active participation in and contribution to research activities)

The secondary research subjects were adult district and community stakeholders familiar with girls' HIV vulnerabilities and/or with knowledge about services already in place to address the vulnerabilities that older girls face. Overall, the research participants included 238 individuals across five groups of important stakeholders (see Table 2 for details on the complete study sample).

1. **12-17 year old girls:** 82 young women from the selected wards of Newala participated in the baseline and endline PLA sessions.
2. **Male and female adolescents:** In each community, two boys and two girls were recruited to be interviewed over the course of the intervention's implementation. These youth were recruited by adult TAMASHA researchers using the registration lists of the Most Vulnerable Children Committee (MVCC) and with the consent of their parents or caregivers.

3. **Parents/guardians/caregivers:** During the recruitment of girls in the baseline data collection, their parents, guardians, and/or caregivers were invited to participate in an FGD to talk about the vulnerabilities that girls in the community face. A total of 80 parents participated in sex-disaggregated groups across the four wards.
4. **Community leaders:** In each community, TAMASHA recruited political and traditional leaders and MVCC members to participate in FGDs. Using convenience sampling based on recommendations from Pact Tanzania and NNN, a total of 40 such leaders were selected and subsequently participated in discussions about the health and safety of girls in their communities.
5. **Adult stakeholders:** In addition to the leaders mentioned above, TAMASHA recruited other influential adults for key informant interviews (KIIs) using convenience sampling. These included stakeholders at the ward and district level, such as the District Social Welfare Officer, Community Development Officer, Village Executive Officers, traditional initiators, and Health Officers. A total of 28 KIIs were conducted with these stakeholders.

**A**s part of the first phase of the project, ICRW designed a formative research protocol to document and explore the multiple HIV-related vulnerabilities of adolescent girls in Newala.

The protocol entailed training Youth Researchers in utilizing participatory methodology, including an extensive feedback and group analysis process, as described below.

### *Training of Researchers*

In July 2010, nine young women 20-24 years old from the targeted communities were selected as Youth Researchers and trained in research ethics and PLA methods by ICRW and TAMASHA. This week-long training provided them with the knowledge and skills required to conduct the approved PLA

#### **BOX 1: Examples of PLA Exercises Used with Girls**

- Drawing of dreams and aspirations
- Discussion of obstacles to these dreams
- Voting on statements about gender roles and behaviors in the community
- Free listing and ranking of perceived HIV-related risks
- Mapping of the dangerous areas in the community
- Identifying and prioritizing solutions for reducing these risks

protocol. In this training, the TAMASHA facilitators led the Youth Researchers through each of the participatory activities. Adjustments were made to the PLA based on the Youth Researchers' feedback. At the end of the training week, the Youth Researchers conducted a pilot PLA session with girls from the community near the training center. The research team made final revisions to the protocol based on their observations of this pilot. Under the supervision of TAMASHA, Youth Researchers conducted PLA sessions with girls 12-14 and 15-17 years of age in the four wards between July and August 2010.

The PLA sessions lasted about nine hours and were conducted over two days with each age group in each community. The PLA sessions entailed a variety of exercises designed to elicit girls' perceptions about the vulnerabilities they face on a daily basis, and the environmental and normative influences that shape these vulnerabilities. The exercises also centered on identifying potential solutions to the highest ranked vulnerabilities, and determining which community actors could realistically serve as agents of change for creating a safer and more nurturing environment for adolescent girls. Some examples of the types of activities used in the PLA are shown in Box 1, above. Outputs included dream drawings, risk maps pinpointing the site and source of their risk, voting sheets of knowledge and attitudes towards reproductive health, HIV, sexual violence and gender norms. A detailed PLA Facilitator's Guide is available upon request.

## Conducting the Formative Research

The formative research was conducted in the four communities over the course of four weeks during the months of July and August 2010. Prior to launching the research in each community, Youth Researchers raised awareness about their research to identify potential participants. The research team began each week by meeting with community leaders to secure permission to conduct the research and use a venue centrally located within the ward for the PLA sessions. Using lists of most vulnerable children provided by NNN, the team then approached a random selection of parents/caregivers of girls in the target age group to obtain consent to invite their daughters to participate. This process of consultation also allowed the team to identify participants for the FGDs with parents/caregivers as well as community leaders and other stakeholders for the KIIs. Once an adequate sample was recruited for each of the two PLA groups (12-14 year olds and 15-17 year olds), the dates and times for each session were confirmed. Each of the PLA sessions was facilitated by a pair of trained Youth Researchers, under the supervision of a female TAMASHA facilitator trained in counseling. FGDs and KIIs with adult stakeholders were led by the same TAMASHA facilitators at times convenient for the participants.



*A Youth Researcher conducting a pilot PLA session.*

Photo: Jennifer McCleary-Sills

the supervision of a female TAMASHA facilitator trained in counseling. FGDs and KIIs with adult stakeholders were led by the same TAMASHA facilitators at times convenient for the participants.

A total of 82 girls across the four communities participated in the PLA sessions in the four communities, with an average of 20 girls per community. Table 3 shows the demographic profile of this sample. By design, half of the participants (41) were 12-14 years old and the other half were 15-17 years old. Most (72%) were enrolled in school at the time of the research. Eight girls (10%) had children but only one (1%) was married.

More than 150 adults from Newala District and the four participating wards also participated in this formative research, either through FGDs or KIIs. These parents, community leaders, and service provid-

ers were asked to share their views about girls' vulnerabilities and the role the community could play in safeguarding girls' health and wellbeing. Table 2 provides detail on each participant group and the data collection and recording methods used for each. Details on the findings of this formative research can be found in the companion publication *Vijana Tunaweza Newala: Findings from a Participatory Research and Action Project in Tanzania*.

## **Feedback Workshops**

At the completion of the formative research in each of the four wards, the TAMASHA facilitators led a half-day feedback workshop with the Youth Researchers to discuss and synthesize the findings from the PLA activities, FGDs and KIIs. Based on this synthesis, each ward team provided a brief summary to community stakeholders. When the research had been conducted in all four wards, the research team then held a two-day participatory feedback workshop to compare findings across the wards. The findings from this research indicated that young people, and girls in particular, face a complex web of vulnerabilities that jeopardize their health and well-being, including many derived from poor social protection for young people and societally-sanctioned negative behaviors of adults. In this workshop, the Youth Researchers synthesized the key findings from the research, combining the rankings and weighting exercises across the four wards and re-grouping apparent vulnerabilities and their root causes based on the intervention approach most likely to address them. They also identified and ranked the key solutions they agreed to put forward for the project's intervention component, which centered on various forms of life skills education and empowerment as well as community-based activism. The notes from both sets of feedback workshops were recorded on flip charts and electronically by TAMASHA, then shared with ICRW and Pact.

This formative research process was unlike any other educational or work activity the Youth Researchers had participated in before; it took several days for most of the Youth Researchers to feel comfortable speaking spontaneously or presenting prepared materials in front of the group. As such, parts of the training required more repetition, clarification, and practice than originally anticipated by ICRW and TAMASHA. This challenge highlights the importance of having flexibility in the training and pilot agenda to allow for additional practice opportunities and preparation as needed to ensure that Youth Researchers are adequately prepared to carry out the PLA with minimal guidance. It also underscores the importance of understanding the educational background and styles of Youth Researchers in order to be able to bridge the gap between traditional didactic teaching approaches and participatory learning and research approaches. Despite their early reticence and discomfort, all the Youth Researchers ultimately mastered the facilitation of the PLA activities, as well as the data recording and synthesis methods required for their work.

The intervention design process that began during the feedback workshops was a process of validation of the research results, design of the program model and intervention strategies, and the development of a training curriculum, as described in the section below.

### Stakeholders Validation Workshop

The validation of the research results was conducted in three stages. First, ICRW, TAMASHA and Pact met in Dar es Salaam to review the draft report of the findings and to outline a peer education intervention strategy and time line centered on life skills education (LSE) for youth. Second, the partners traveled to Newala to discuss the proposed strategy with the Youth



Community stakeholders participate in the validation workshop.

Photo: Jennifer McCleary-Sills

Researchers and to prepare and practice the presentation of the findings from the research and the analysis. Finally, the full team convened a workshop with community and district stakeholders. During this workshop, the Youth Researchers presented the findings and recommendations for intervention, and sought feedback from leaders and respected adults in their communities. A total of 15 stakeholders participated, representing the District Council, ward-level leadership, public health nurses, parents, and educators. These stakeholders suggested adding another component to the project aimed at engaging parents and other adults in the community.

Importantly, this workshop also provided a venue for discussions about district and ward-level budgets and prompted verbal commitments by district, ward, and village officials to include line items for a youth center in the current budget planning. Several of the Village Executive Officers present also committed to providing a space for the youth to meet on a regular basis. As a result of these meetings and the validation of the research findings, the intervention was designed as presented below. Another important outcome of the stakeholder validation was the decision by the Youth Researchers to name the project they helped to design “*Vijana Tunaweza Newala*,” (or “*Vitu Newala*”) which translates as “Newala Youth Can”.

## Program Design Workshop

Using the intervention strategy that emerged from the stakeholder validation workshop, the partners drafted an outline of the program design drawing on LSE curricula previously developed by TAMASHA and Pact. In November 2010, TAMASHA and Pact held a week-long program design workshop to set the content and order of the LSE sessions based on the priority areas of vulnerability identified through the formative research and feedback

### Box 2: Key Topics of LSE Curriculum

- Self awareness
- Sex and sexuality
- HIV awareness and prevention
- Family Planning
- Sexual violence
- Coping with trauma
- Communication skills
- Relationships
- Goal setting
- Decision making
- Entrepreneurship
- Leadership skills

process. As shown in Box 2, the key topics cover sexual and reproductive health education, empowerment, self-awareness, and an array of other social and interpersonal issues. A full outline of the LSE is available upon request.

## Curriculum Development

In order to ensure that the LSE curriculum was tailored to the particular needs of the adolescents that would teach and learn from them, the final step in the intervention design process was to involve young people in the creation of content. This ensured that the curriculum contains scientifically accurate information, but it also respectful of and relevant to the local context and culture. As such, the specific case studies and scenarios used in the *Vitu Newala* LSE curriculum were developed by the Youth Researchers during a two-week workshop in December 2010. The LSE Peer Facilitator's Guide (in Swahili) developed through this process is available upon request.

The successful design of the intervention is due to the close collaboration of the project partners with the Youth Researchers and District and community leaders. The iterative development of the intervention drew on the formative research, the feedback workshops, and the validation workshop and took place over several months. While it would have been a more time-efficient for ICRW, TAMASHA and Pact to develop an intervention based on the formative research, this participatory process stimulated a shared sense of ownership and a high degree of interest among all the stakeholders involved. The design process also benefited greatly from the prior experience of the project partners, who offered examples of existing Life Skills Education curricula designed on nearly all of the topics presented through *Vitu Newala*.



The aim of the intervention was to empower young people to be informed advocates for themselves and to reduce their HIV-related vulnerabilities through safer decision making and communication. The success of the project thus depended on reaching young people with the critically important information in the LSE curriculum. Thus, it was important to identify a cadre of young people from the selected communities to serve as Peer Educators and to mobilize and reach out to other youth in their community.

### *Selection and Training of Peer Educators*

The formative research process highlighted the importance of the inclusion of boys as participants and leaders of the intervention, in part because of their role in perpetuating harmful gender norms in their peer group. As such, ICRW and TAMASHA agreed that Peer Educators should be young people of both sexes. The *Vitu Newala* Peer Educators were nominated through a process that TAMASHA has developed and refined in other communities in Tanzania and throughout Africa. The Youth Researchers worked with the Village Executive Officer to call the village youth together for a meeting in December 2010, where they explained the *Vitu Newala* project and outlined the roles and responsibilities of Peer Educators. They then asked for nominations for two boys and two girls (ages 16-20) from each ward. Using participatory methods learned in their research training, the Youth Researchers led the voting process. The interns then spoke with the nominated young people to ensure that they were willing to participate in the training and perform the duties of a Peer Educator. Verbal parental consent was obtained for each of the nominated young people.

In January 2011, the Youth Researchers, with TAMASHA staff, trained the 16 nominated adolescents in the LSE curriculum and participatory methods for peer education. In addition to the core information in the LSE guide (Box 2), the training dedicated a significant amount of time to fostering the capacity of the young people to serve as agents of change and community mobilizers. The training, which took place over the course of 12 days, was provided by a co-ed team of TAMASHA trainers. Over the course of the training, sessions were provided to age and gender-segregated groups when appropriate to ensure the comfort of all participants.

The research team recognizes that empowered and educated youth still require an enabling environment if they are to effectuate changes in the social vulnerabilities they face. Based on this tenet and the stakeholder validation process, two additional components were integrated into the intervention. First, as an integral part of the LSE training, the teams of Peer Educators in each community developed plans to sensitize and mobilize their communities around the HIV-related vulnerabilities faced by young peo-

ple. Second, through a similar selection process as the Peer Educators, two adults from each community (one woman, one man) were nominated by youth in their communities were invited to serve as *Vitu Newala* Guardians. These eight men and women were also trained in January 2011 as allies and advocates for the youth in their communities. The role of the Guardians is to assist in the implementation of project activities and to garner wider support from community leaders and other adults for the sustainability of *Vitu Newala* as an established community-based organization.

## *Peer Education Activities*

The *Vitu Newala* LSE curriculum described above provided a set of core activities and informational sessions that the Peer Educators implemented over the course of the subsequent 6 months of project implementation. However, they were also encouraged to design their own activities to implement as *Vitu Newala* Peer Educators. These activities focused on community mobilization, such as dramatic and musical performances, educational sessions at community centers and schools, themed games and contests, etc. The goal of the activities was to engage young people and adults in order to promote an enabling environment for improved intergenerational communication. Such activities fostered more open dialogue about the key issues raised during the formative research and help the community identify mechanisms for providing better protection for adolescents, and girls in particular.



*A Peer Educator leads an educational session with youth in his community.*  
Photo: Annagrace Rwehumbiza

Participants in the project activities were young people between the ages of 12-17 who live in the target communities. The peer educators worked in teams (the 2 boys and 2 girls in each community constituted a team). In the six months of implementation, the *Vitu Newala* peer educator teams held 60 peer education sessions, reaching more than 1,600 young people in their communities with information about HIV, self awareness, puberty, love and sex, goal setting, and friendship formation. In addition to these interactive educational sessions, the Peer Educators began to offer other activities in the community to raise awareness and attract a larger audience. These included dramas, soccer matches, and “circus” dance groups, which blend traditional dance with the hip-hop style that is popular among youth in Newala.

## Monitoring and Follow-up

TAMASHA conducted monthly visits to *Vitu Newala* to monitor the implementation of peer education sessions and community mobilization activities, provide refresher training to peer educators, and help troubleshoot any challenges identified. To maximize their ability to effectively implement their activities, peer educators were supported by several mentors within their communities and from the project partners. The following mentors served to ensure that the peer educators had the necessary support to launch activities in their communities and to help sustain activities after the close of the ICRW project.

The project's Youth Researchers participated in the LSE Peer Education

training and received additional training in counseling from a team of counselors from TAMASHA. With this enhanced capacity, the Youth Researchers were able to serve as a corps of trained Peer Mentors to the Peer Educators over the course of the project and beyond.

The community adults nominated as Guardians also participated in the introductory and planning sessions of the LSE training for Peer Educators in order to orient them to the purpose and content of the project. They also received counseling training from TAMASHA to ensure that those who are supporting the Peer Educators have the required skills to respond appropriately to conflict, emotional issues, and any other problems that may arise.

The NNN Community Workers provided the third layer of support to Peer Educators in their implementation of project activities, as they are members of the selected communities with prior training in monitoring and implementation of activities. Through their constant presence in the communities, the NNN team was able to keep ICRW and TAMASHA informed of project activities in the interim periods between research team visits to the sites.



*Girls participate in an endline PLA session.*

Photo: Annagrace Rwehumbiza

Most importantly, NNN and TAMASHA worked to usher *Vitu Newala* through the process of registering their group as Community-Based NGO dedicated to youth issues. This was a critical step in helping to ensure the sustainability of activities after the end of the present funding, as it facilitates the process of having the CBO included in district and ward-level planning budgets. While the peer education component of *Vitu Newala* was successful in training a cadre of young people and reaching a large audience in each of the four communities, there were several important challenges in the process. The most difficult step for most of the Peer Educators was organizing and conducting their first session independent of TAMASHA. In one community, nearly three months passed before a *Vitu Newala* activity took place. In the others, however, the activities were launched immediately but with varying degrees of attendance and success. It is important to prepare Peer Educators for low turnout, negative reactions, and even stage fright. Having teams of four in each community, supported by Youth Researchers and Guardians also helped to relieve the pressure of performance on any single Peer Educator. Instead, they worked as a team to plan events and take turns presenting information. It was also essential that more Peer Educators than were strictly needed received the full training, as retention of these young people in an unpaid and intensive position proved difficult. Some of those who left did so to commit time to paying jobs, while others were unwilling to travel from one end of their ward to another to perform their duties as Peer Educators. Of the 16 originally trained, 10 were still active after 7 months. This attrition highlights the importance of training as large a group as is feasible and planning for subsequent rounds of training after the program has gained a reputation.

The extent to which the full curriculum was implemented also varied across the four communities. In those *Vitu Newala* groups that elected to offer sessions at a regularly scheduled time, the Peer Educators could easily work their way through the curriculum over the course of many months. However, in communities where sessions were offered in a variety of settings and to new groups of participants each time, it was more likely that the same topics were covered in multiple sessions. Given this variation, it was important that the LSE curriculum be structured in a way that allows for participants to join at any time- understanding the information in one session does not necessarily require attendance at a previous session. The structure of the curriculum also allowed for Peer Educators to master a given topic and present that multiple times, which further builds their confidence, credibility, and comfort in a leadership role.

**A**ssessment of the project's efforts in reaching and promoting positive change for adolescents in the four wards included multiple interviews with girls and boys, a series of endline PLA sessions and feedback workshops, and an evaluation workshop with the *Vitu Newala* team and District and ward leaders.

### *Youth Interviews*

These interviews provided a qualitative assessment of the reach and effect of *Vitu Newala* in the lives of adolescents from the four wards. The intent of the interviews was to help ICRW understand how various domains of young people's lives were affected as a result of the intervention but also to provide information on the process and quality of implementation. Thus, we were able to assess how young people viewed the activities, and explore what they liked and did not like about the intervention. Such data were used to inform the scale up of *Vitu Newala* by TAMASHA after the close of the current project.

Based on the formative research and the intervention design process, we developed a conceptual matrix to help unpack changes we might expect to see as a result of the *Vitu Newala* activities. The matrix, which can be found in Table 4, represents the universe of intended results we might expect to see across all the participants. All the changes were unlikely to emerge in each individual, especially given the short period of implementation. The research team followed 16 adolescents over the course of 7 months- two girls and two boys from each ward. TAMASHA researchers conducted the first interviews prior to the launch of *Vitu Newala* activities and attempted to conduct the subsequent interviews every two months but they were not always successful in locating the respondents for the follow-up interviews. The interviews that were conducted were done in a quiet, private setting and the responses recorded through manual note taking with selective transcription.

### *Endline PLA*

In the seventh month of the intervention implementation (July 2011), the girls who had participated in the formative research were invited to participate in a second round of PLA sessions. All 82 participants agreed to take part in the endline research, which took place over two weeks in August 2011. The content and structure of these sessions mirrored the formative research phase, with the same TAMASHA facilitators and Youth Researchers carrying out the work in each ward. During the PLA sessions, participants were asked to reflect on changes in their responses and in their communities.

### *Evaluation Workshop*

The final step in this participatory research and action process was a two-day evaluation workshop held in August 2011. ICRW, TAMASHA and NNN hosted this event with the Youth Researchers, Peer

Educators, and Guardians of *Vitu Newala*. In addition to this project team, 15 representatives of the District government, non-governmental organizations, and ward-level leadership participated in the workshop. These local leaders represented the District Offices of Community Development, Secondary Education, Primary Education, and Community Development (Youth), as well as the Newala Youth Network (NEYONE), and Ward Executive Officers. During this workshop, representatives of *Vitu Newala* presented synthesized findings from the project, including the endline research. The Youth Researchers shared their summary of the positive changes documented since the beginning of the research and action process in the form of an original song and a drama, while the Peer Educators highlighted their achievements since joining *Vitu Newala* through an interactive group presentation. These presentations intended to elicit input and responses from the stakeholders present about the project and to stimulate a dialogue about how the community can support *Vitu Newala* moving forward. TAMASHA and *Vitu Newala* facilitated the discussion, providing another opportunity for the youth to showcase their leadership and presentation skills developed over the course of the project.

While this workshop celebrated the progress made and the changes witnessed in the social environment over the course of the project, the second day of the workshop was dedicated to discussing the adolescents' vulnerabilities, particularly the sexual vulnerabilities of girls. Community members and *Vitu Newala* youth worked together in small groups to discuss five key issues:

1. The formal establishment of youth centers
2. Coordination and outreach of peer education activities
3. Strategies for improving girls' safety
4. Greater involvement and sense of responsibility by parents/guardians
5. Improvement of the social environment to support youth.

The strategies and solutions identified during these sessions were then formalized into action plans at the ward level that were shared and agreed upon with the District officials present.

The project's qualitative assessment suggests that some important changes have occurred at the personal, interpersonal, and community levels. *Vitu Newala* was limited in its reach and the number of issues that it could address in the seven-month pilot period. As a result, very little direct action took place to address risks in the schools or to work more intensively with parents and caregivers. Also, given the small number of young people and adults directly involved in *Vitu Newala*, the pilot activities did not necessarily reach all of the most vulnerable young people in the participating communities. These are all important issues that will be addressed in the next phase of *Vitu Newala* activities, supported by TAMASHA. Details on the findings of the qualitative assessment can be found in the companion publication.

**T**his participatory research and action project boasts a number of important achievements, the most important of which is the empowerment and mobilization of a group of dedicated and passionate advocates on behalf of youth. While most of these advocates are young people who received training or participated in project activities, *Vitu Newala* supporters represent a large cross section of society, including government officials, NGOs, parents, health providers, and traditional leaders.

### *Project Achievements*

Among the core achievements of the project are the development of a culturally appropriate research methodology to investigate the vulnerabilities of adolescent girls in Newala. This protocol, coupled with the participatory methods used to analyze the data and design a programmatic response to the problems identified were cornerstones of the *Vitu Newala* project. Key achievements from the research and project development phase (May 2010-January 2011) include:

- 1 PLA guide developed and revised
- 9 Youth Researchers trained
- 1 Life Skills Education Manual developed (available upon request)
- 16 Peer Educators trained
- 8 Guardians trained and active

*Vitu Newala* Peer Educators raised awareness about their project and about critically important issues through events in schools and other community venues. These included:

- 60 Peer Education sessions at youth centers and schools
- 1,686 participants in Peer Education Sessions

Among the male interviewees who had participated in *Vitu Newala* sessions in their communities, most reported changes in their own way of thinking about their sexual relationships and risk. Several of the young men interviewed, inspired by what they learned in the LSE sessions, recruited friends and classmates to attend subsequent sessions. These interview and PLA participants all reported more frequent communication about previously taboo issues such as puberty, menstruation, pregnancy, sex, and STIs. Participants in interviews, the endline PLA, and the evaluation workshop revealed significant changes at the community level as well. Chief among these were new by-laws in three of the four wards reducing the number and timing of initiation ceremonies and the hours of the adult video parlors, both cited in the formative research as venues that present great risk to girls' safety. In addition to these

accomplishments, *Vitu Newala* has garnered support from influential members of local and District government and has stimulated dialogue about youth rights and their role in society. This momentum will help to propel *Vitu Newala* into the next phase of establishment and expansion, and will ensure the sustainability of the activities begun under Positive Action funding.

## *Lessons Learned*

The implementing partners for this project have a wealth of experience in participatory research and action with young people across the globe. However, this project presented multiple opportunities for us to learn unique lessons from the young people who made this work possible. Some of the key lessons gleaned from this experience are highlighted below.

**1. Align Project Priorities with Youth Priorities:** The a priori research questions and objectives of this project focused entirely on adolescent girls' vulnerability to becoming infected with HIV. The formative research process quickly revealed that HIV prevention was not an immediate concern for the PLA participants and the adults in their communities. Rather, the focus was on preventing unintended and early pregnancy, and protecting girls from sexual violence. To ensure that the intervention developed by the project responded to the expressed priorities and most pressing concerns of girls in Newala, ICRW and TAMASHA shifted the emphasis of the research questions and activities from HIV only to also include pregnancy and other sexual vulnerabilities. Given the close link between vulnerability to pregnancy and vulnerability to HIV, this allowed us to maintain the original purpose of the project while respecting the communities' priority issues and fully utilizing the participatory process.

**2. Relationships Matter:** Also critical to the success of the project was the establishment of relationships that created a trusting and honest environment. By design, *Vitu Newala* targeted vulnerable young people to participate in and benefit from all facets of the project. This meant that on top of living in an underserved area of the country, these youth were in tenuous financial situations, hadn't completed secondary school, were not living with nuclear families, or were already parents. The same TAMASHA facilitators accompanied the youth throughout the entire project process, building a friendly and supportive rapport. As many of the youth had not previously had positive relationships with adults, the trust they felt in the TAMASHA team provided them with a sense of safety in which they could explore their own empowerment. This hard won rapport required sustained and frequent contact as well as mutual respect and was fundamental sustaining the enthusiastic participation of youth in *Vitu Newala*.

**3. Vulnerable Youth Need Extra Support:** With so limited a support structure in place, the project needed to provide intensive support and encouragement to keep the youth engaged in the early stages. This meant providing multiple opportunities for refresher training and practice to build their sense of self-efficacy, as well as a higher degree of flexibility in scheduling sessions to allow for attendance by



those who have responsibilities at home and/or migrate for work during the harvest. It was also important that *Vitu Newala* remain a welcoming atmosphere for members who became pregnant, got married, or experienced losses and changes of status within their families. While a handful of the young people originally trained did not remain active, the vast majority were actively engaged throughout the entire process and are empowered to continue with *Vitu Newala* in the future. The project also provided support to each ward team with materials to aid in carrying out *Vitu Newala* activities. These included bicycles for easier transport to remote areas, t-shirts for group identification and advertising of *Vitu Newala*, back packs to hold training materials, and soccer balls to provide recreational activities apart from the educational sessions and to generate greater interest in *Vitu Newala*.

### Next Steps

While the funding ICRW received from Positive Action has come to a close, *Vitu Newala*, has taken steps to ensure the project activities can be sustained and expanded to other wards in Newala. Through the validation workshop, commitments were sought from District and local officials to provide a dedicated space for a Youth Center in each of the four wards. These commitments were made during the project evaluation workshop, in which action plans for securing the land and/or building space required were drafted by youth and adults in each ward. These plans will be shared with the relevant officials in the immediate future. The culmination of this project's achievements will occur just after the close of the project funding, when *Vitu Newala* will be formally incorporated and registered as a community-based NGO. In addition to these efforts, TAMASHA has committed to providing ongoing training to *Vitu Newala* as part of its national network of youth, and is securing funding for follow-on support to strengthen and scale-up the intervention model designed through this project. As *Vitu Newala* expands, its goal is to achieve independent sustainability and to reach the most vulnerable youth in Newala, many of whom were out of reach for this pilot intervention. The foundation laid by this participatory research and action project will help to propel *Vitu Newala* into the next phase of establishment and expansion, and will ensure the sustainability of the activities begun under Positive Action funding.



*A Peer Educator holds a baby boy while his mother, a Youth Researcher presents at a feedback workshop.*

Photo: Jennifer McCleary-Sills

TABLE 1: Time Line of Project Activities		
ACTIVITY	DATE(S)	DESCRIPTION
<b>PARTNERSHIP DEVELOPMENT</b>		
1. Research Partner	September 2009	Release RFA for in-country research partner; extend deadline; select finalist organization (TAMASHA).
2. Implementation Partner	September 2009	Ongoing discussions with Pact; collaboration for project design.
3. Field Visit	October 2009	Visit by ICRW Project Director to Tanzania; meetings with research partner and implementation partner.
<b>RESEARCH INSTRUMENT DEVELOPMENT</b>		
1. Research protocol	September-December 2009	Development of research protocol; submission to ICRW IRB; revision of protocol.
2. Revision of instruments	December 2009- March 2010	Revision of research instruments per ICRW IRB recommendations; revision of instruments in collaboration with partners.
3. Translation	March 2010	TAMASHA translation of research instruments and protocol.
<b>ETHICAL REVIEW AND APPROVAL</b>		
1. ICRW IRB	January 2010	Receipt of approval for research protocol by ICRW's IRB.
2. COSTECH	March 2010	Submission of application to COSTECH for review and approval.
3. COSTECH	June 2010	Receipt of approval for research protocol by COSTECH.
<b>FORMATIVE RESEARCH</b>		
1. Identification of Youth Researchers	June 2010	NNN contacts and screens potential Youth Researchers
2. Training of Youth Researchers	July 2010	Train Youth Researchers, conduct pilot PLA, and revise PLA protocol
3. Field formative research	July-August 2010	Field formative research in 4 wards of Newala
4. Analysis and synthesis	August 2010	Youth Researchers and TAMASHA analyze and synthesize formative research;
5. Review of findings	September 2010	ICRW, Pact, TAMASHA review and discuss findings to begin development of intervention model

ACTIVITY	DATE(S)	DESCRIPTION
<b>INTERVENTION DESIGN</b>		
1. Program design workshop	October 2010	ICRW, Pact, NNN, and TAMASHA host workshop with community stakeholder to design project's intervention model
2. Curriculum Development	November-January 2010	Pact and TAMASHA develop peer education curriculum; TAMASHA and Youth Researchers develop case studies for Peer Facilitation Manual
<b>INTERVENTION IMPLEMENTATION &amp; ASSESSMENT</b>		
1. Selection of peer educators	December 2010	Community-based nomination and selection of Peer Educators
2. Training of peer educators	January 2011	Two-week residential training of peer educators
3. Launch peer education activities	February 2011	Team launches program model in Newala
4. Intervention assessment	February, April, June 2011	TAMASHA conducts bi-monthly monitoring using case study methodology
5. Endline assessment	July 2011	TAMASHA and Youth Researchers conduct endline PLA to assess project
<b>PROJECT SYNTHESIS</b>		
1. Feedback workshop	August 2011	TAMASHA and Youth Researchers hold workshop to discuss and synthesize findings from PLA and community events
2. Project Close-out workshop	August 2011	ICRW, TAMASHA, Youth Researchers, Peer Educators and NNN host closing workshop to share project results with community officials and other stakeholders

# Table 2

**Table 2: Research Sample and Methods**

Population Group	Methods	Number Recruited per Community	Total Number for Study (1 community in each ward x 4 wards)	Method of Recording Discussion/ Interview	Timeline
12-17 year old girls	PLA activities Questionnaire collecting basic demographic data	2 groups per community; each group consisting of ~ 20 girls each segregated by age (12-14 year old girls and 15-17 year old girls)	8 groups (82 girls)	Hand written notes Transcription forms Risk prioritization and risk maps (recorded and photographed)	Formative (July 2010) Endline (August 2011)
12-17 year old adolescents	Multiple interviews over the course of the intervention	4 participants (2 girls and 2 boys) per community	16 adolescents (8 girls, 8 boys)	Hand written notes and selective transcription	February, April, June 2011
Parents and caregivers	Focus Group Discussions (FGDs)	2 FGDs per community (one for male caregivers and another for female caregivers)	8 groups (80 individuals; 40 fathers, 40 mothers)	Note taking with selective quotes	Formative (July 2010)
Community leaders including MVCC members and religious leaders	FGDs	1 FGD per community	4 groups (40 individuals)	Note taking with selective quotes	Formative (July 2010)
Adult stakeholders in positions of authority (see list above)	Key Informant Interviews (KIIs)	KIIs with not more than 5 service providers per community	20 KIIs	Note-taking with selective quotes	Formative (July 2010)
<b>TOTAL</b>			238 individuals		

Table 3: Demographic Profile of Research Participants (N=82)

VARIABLE	(N)	%
<b>AGE</b>		
12	16	19.5
13	9	11.0
14	16	19.5
15	18	21.9
16	8	9.8
17	15	18.3
<b>IN SCHOOL</b>		
Yes	59	72.0
No	23	28.0
<b>MARITAL STATUS</b>		
Single	81	98.8
Married	1	1.2
<b>PARITY</b>		
None	74	90.2
One	8	9.8
<b>NUMBER IN HH</b>		
3 or fewer	18	21.9
4-6 ppl	48	58.5
7-9 ppl	13	15.9
10+ ppl	3	3.7
<b>PRIMARY EARNER IN HH</b>		
Mother	33	40.2
Father	24	29.3
Both Parents	4	4.9
Grandparents	13	15.9
Other relative	7	8.5
Lover	1	1.2
<b>SOURCE OF INCOME</b>		
Farming	73	89.0
Government Employee	2	2.4
Hawker	3	3.7
Skilled Labor	4	4.9

# Table 4

**Table 4: Conceptual Matrix of Domains Affected by Project**

Domain	Level at which effect was reported (results differed from case to case)					
	Self	Intimate partner	Family/ household	Peers	Service providers	Community
<b>Communication</b>	Feels able to express self	Is comfortable talking to partner about feelings	Feels more able to communicate effectively with parents/ guardian/ caregiver	Feels able to express self in front of peers; feels opinion is respected by peers	Feels more able to communicate effectively with providers and NGO staff	Feels able to talk to adults in the community and advocate for adolescent issues
<b>Health and HIV</b>	Has correct information about HIV prevention			Sought as a source of information about HIV prevention by peers	Seeks testing or treatment for poor health earlier than before; Knows what to expect from health care provider	
<b>Education</b>	Enrolled in school, may use savings/ income to go back to school if he/she had previously dropped out		Uses savings/ income to fund siblings' education  Parent values the information provided through the intervention and encourages adolescent to engage w/ the intervention;			
<b>Reproductive health</b>		Knows how to negotiate safer sex  Knows where condoms are available for free  Knows how to use them correctly		Seen as source of information about reproductive health and services		

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