



Van Hall Larenstein, University of Applied Science

Assessing peer educators Competencies in Mitigating AIDS impacts

The case of MVIWATA Monduli

A Research project Submitted to Larenstein University of Applied Sciences in Partial Fulfilment of the Requirements for the Degree of Master in Management of Development, Specialization in Rural Development and HIV/AIDS

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DEDICATION

To my beloved parents Mr. J M Massay- Sulumo and Mrs. Immaculato Massay- Sulumo, who laid the foundation for my education; their efforts, love, encouragement and prayers throughout my life, are highly appreciated.

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Abbreviations

FAO	Food and agriculture of the United Nations
FGM	Female genital mutilation
GDP	Gross Domestic Product
HIV/AIDS	Human Immuno Deficiency
MVIWATA Monduli	Mtandao wa Vikundi vya Wakulima wa Wilaya ya Monduli
NGOs	Non-Governmental Organizations
NSGRP	National Strategy for Growth and Reduction of Poverty
PLWHA	People Living With HIV/AIDS
TACAIDS	Tanzania commission for AIDS
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
UNAIDS	United Nations HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

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Abstract

HIV/AIDS it has devastating impact to the economy of the nation. It is also weakening the economy of small scale farmers and efforts of development organizations. Government and non-governmental organization are responding by mainstreaming HIV/AIDS in different ways or approaches.

Tanzania (national) prevalence rate among the sexually active populations (between 15 and 49 years of age) reported to be 5.7 %. More women (6.6 %) were infected than men (4.6%) (THMIS, 2008). Monduli district where research was conducted 1,481 people are HIV infected, and an infection rate of about 5.5% (AllAfrica.com 2010). The main factors shaping the HIV/AIDS epidemic is poverty and transactional sex with increasing numbers of transactional sex workers, men's irresponsible sexual behaviour due to cultural patterns of virility, social, economic and gender inequalities including violence against women, local cultural practices for example FGM and wife inheritance.

Research problem is; MVIWATA Monduli needs to assess what current competencies are of peer educators in mitigating impact and what competencies need to be built.

The objective of the research is to contribute and enhancing capacity of MVIWATA Monduli to mitigate impact of AIDS among its members (small-scale farmers) by assessing the possibility to include peer educators in AIDS impact mitigation through looking at their competencies.

This study sought to identify current competences and competencies need to be developed to peer educators in order to mitigate impact of AIDS. This come up with knowing what are current and lacking competences also knowing constraints, weak and strong point in current peer education.

Semi-structured questionnaire were used to interview twenty peer educators who are "community member who seems by others as a focal point for information and assistance." Checklist questions were used for focus group discussions and two key informants for discussion and interview. Data collected manually analysed and compared with the available literature, and used to draw conclusions and recommendation of this research.

This research revealed that peer educators are lacking some importance competences i.e. knowledge, attitude and skills to mitigate impact of the AIDS. It also revealed that peer educators can be trained and used to implement AIDS impacts mitigation interventions, because they have some competences to implement some interventions used to mitigate impacts of HIV/AIDS. Peer educator have right attitude towards HIV/AIDS because are already willing to work with PLWHA and rising awareness on HIV/AIDS in the farming communities.

CHAPTER ONE INTRODUCTION

1.1 Introduction

This research was done as part of the professional Master in Management of Development specialization of Rural Development and HIV/AIDS held at Van Hall Larenstein, University of Applied Science, part of Wageningen University and Research Centre. The study was carried out among the peer educators of a farmer organization (MVIWATA Monduli) which coordinates farmers' networks, where the researcher is working as program officer. This chapter gives background information of Tanzania, situation of the HIV/AIDS in country, and background information of MVIWATA Monduli.

1.2 Tanzania: location and economy

Tanzania (United Republic of Tanzania) is located in Eastern part of Africa, it borders, Uganda and Kenya in northern part and in south, it shares borders with Zambia, Mozambique and Malawi. It also borders Burundi, Ruanda and Lake Tanganyika in the west, and Indian Ocean in the East. According to (CIA, 2010) the estimated population of Tanzania in 2010 is 41,892,895.

The United Republic of Tanzania is among the least developed countries (LDCs) in the world. The country's main economic activity is agriculture, it employs about 80% of the total population and contributes 26.6% of the Gross Domestic Product 2010 (CIA, 2010). Smallholder farming dominates agricultural production, and a large proportion is for subsistence. Since poverty is predominantly a rural phenomenon, and agriculture is a major economic activity for rural population, it follows that success in poverty reduction depends critically on performance of the agriculture sector for Tanzania.

1.3 Study area

The study conducted in Monduli district which is one of the six districts of Arusha Region in Tanzania. It is located in the north-eastern part of the country. It borders to the north by Kenya, to the east by Kilimanjaro Region and Arumeru District, to the south by Manyara Region and to the west by Karatu and Ngorongoro Districts. According to the Tanzania National Census (2002), the population of the Monduli District is 185,237. The Monduli District is administratively divided into 14 wards: Engarenaibor, Engaruka, Engutoto, Esilalei, Gelai Lumbwa, Gelai Meirugoi, Kitumbeine, Lolkisale, Makuyuni, Matale, Moita, Monduli Juu, Monduli Mjini, and Mto wa Mbu.

The different physical features found in the area include mountains, the rift valley, lake Natron and forests especially near Manyara National Park. The area is semi-arid and has sparse vegetation due to low rainfall. Rainfall is scarce causing the agricultural activities to depend on irrigation in some areas like Mto wa Mbu and Selela.

1.3.1 Social and economic activities in Monduli district

Economic activities in Monduli district include crop and livestock production, The Maasai tribe is dominant and specialise mainly in livestock production. There are also other tribes like Nyaturu and Wairaqi. They produce fruits (bananas, pineapple, and avocado peer), vegetables (cabbages and tomatoes) as well as cereal crops. Crop production thrives in the area around the rift valley (Mto wa Mbu) where the soils are fertile, with irrigation supplementing rainfall. Women do most of the cropping activities in Monduli and men are dominant in livestock production.

There are different business activities conducted by residents in the area of study, these are trading (retail, wholesale) and handcrafts. Tourism is another economic activity in areas like Mto wa Mbu. It is due to the fact that, the area is situated close to a tourist attraction sites, e.g. Ngorongoro conservation area, Lake Manyara, Lake Natron, Engaruka. These economic activities have faced their own problem such droughts, poor marketing structures and insufficient input. These economic activities have been also affected by the HIV/AIDS epidemic.

1.4 HIV/AIDS situation in Tanzania

According to the information from the THMIS (2008), the national prevalence rate among the sexually active population (between 15 and 49 years of age) was reported to be 5.7 %. The data shows more women (6.6 %) were infected than men (4.6%). The main factors shaping the epidemic's prevalence are poverty, transactional sex, cultural patterns and gender inequality.

According to the district records, Monduli district has an infection rate of about 5.5%. People living with HIV/AIDS (PLWHAs) are 1,363 adults and 118 children aged below 14 years. "The number has shot up from 246 PLWHAs recorded in 2009 to over 1,480 as of now," said Dr Njile, adding that out of the total number some 643 adults and 50 children have already been placed under special treatment care services. (AllAfrica.com, 2010).

If household members are affected by HIV/AIDS, there are repetitive periods of illnesses which implying that labour is diverted from normal work to take care of the sick. When death occurs families have to bear funeral expenses. There is also disruption of intergenerational transfer of agricultural knowledge and skills. This translates into less land under cultivation, less labour-intensive crop production, less crop variety and less livestock production. This results in loss of savings, assets and property in the affected households due to increased medical and health expenses, funeral expenses, and decreased income. (Bollinger L., 1999) This effect has resulted in the reduced agricultural productivity, increased food and nutrition insecurity and loss of livelihoods for the HIV/AIDS affected households.

Another effect of HIV/AIDS is increasing number of orphans. There is an increase of number of children in sub-Saharan countries who are affected by HIV/AIDS. Among 34 million orphan children in Africa, 11 million became orphans because of AIDS. From 1990 to 2010, the number of orphans in sub-Saharan Africa who have lost both parents has tripled because of AIDS. (UNAIDS/UNICEF/USAID, 2002)

1.5 HIV/AIDS situation in Monduli

Monduli district is a place where MVIWATA Monduli has operations. The total of 1,481 people are HIV infected, with the district records showing an infection rate of about 5.5%, according to figures from local health officials. People living with HIV/AIDS (PLWHA) are 1,363 adults and 118 children are aged below 14 years. "The number has shot up from 246 of PLWHA recorded in 2009 to over 1,480 as of now," said Dr Njile adding that out of the total number some 643 adults and 50 children have already been placed under special treatment care services. (AllAfrica.com, 2010).

Majority of the population in Monduli district mostly live in rural areas, farming provides a livelihood for most of population. Impact of AIDS in Monduli community is mostly on labour, income and assets. Death and illness have resulted in loss of labour after fallen in to AIDS. Loss of labour leads to a decline in livestock production and changing system of livestock keeping i.e. from labour intensive to less labour intensive system. Not only has HIV and AIDS resulted in the decline of livestock production, there is also a decline in crop production and changes in farming system from labour intensive to less labour intensive for example

weeding and pruning have been reduced (MVIWATA Monduli 2008). Effect of yield declining is mainly on food insecurity in farming communities.

1.6 Background information of MVIWATA Monduli

MVIWATA Monduli (*Mtandao wa Vikundi vya Wakulima wa Wilaya ya Monduli*), is a network of Farmer Groups in Monduli District. This is a registered voluntary, non-profit, non-partisan and non-governmental organization formed in 2001. It aims at bringing the services of MVIWATA (National Network of Farmer Groups in Tanzania) closer to farmers of Monduli, in order to serve better the farmers at lower levels.

Vision and Mission

The **Vision** of “MVIWATA in Monduli is a strong network of farmer groups that unites and capacitates small scale farmers in Monduli and Longido Districts”.

The organization **mission** is to mobilize, build and strengthen a network of farmer groups in order to enhance communication, participation and representation through programs and activities that improve the livelihood of small-scale farmers.

Objectives

The general **objective** is to improve livelihood of farmers through strengthened networks of farmer groups.

The following are **specific objectives**

- Organizational and Institutional Capacity of MVIWAMO Strengthened
- Enhance ability of farmers to lobby and advocate their issues
- Enhance enterprising knowledge and skills of farmers towards environmental protection, natural resources management and market oriented production
- Enhance gender equality and HIV/AIDS prevention among small holder farming communities (MVIWATA Monduli, 2007)

MVIWATA Monduli main activity is capacity building of farmers, and farmer groups towards improvement of productivity for small-scale farmers and livestock keepers. One of the organization's objectives is to enhance gender equality and HIV/AIDS prevention among small-scale farming communities. The organization's effort cannot be realized if HIV/AIDS issue is not addressed among the target groups. HIV/AIDS epidemic remains the most serious challenge and a major threat to the organization, lives and livelihoods of rural farmers, mostly youth and women, who are the main agricultural producers (UNDP, 2004).

1.7 MVIWATA Monduli responses to the HIV/AIDS epidemic

MVIWATA Monduli has been responding to HIV/AIDS epidemic in various ways:

- By creating awareness on HIV/AIDS in farming communities
- By training farmers' groups on basic knowledge i.e. transmission, prevention and effects or impacts of AIDS to individuals and farmers' groups, and information on HIV/AIDS.
- By mobilizing different people living with HIV/AIDS to formulate groups to execute income-generating activities including farming activities.
- Supporting home based care initiatives through peer educators
- Mobilization and encouraging farmers group for HIV test

MVIWATA Monduli train and uses peer educators to implement all the above-mentioned activities.

Many MVIWATA members are aware of HIV/AIDS in almost all MVIWATA Monduli local networks. Most of the PLWHAs have declared their statuses and formed groups such as the Mshikamano Group in Makuyuni ward. (MVIWATA Monduli, 2008). MVIWATA Monduli's core

business is improving livelihoods in the farming communities by improving farming practices to advance or to increase production. It also insists on value addition to farmer's products which enhances marketability of farm products and increase income. Upon realising the impacts of the epidemic, MVIWATA Monduli initiated a peer education programme to make HIV and AIDS information readily available to farmers.

1.7.1 Peer education strategy used by MVIWATA Monduli

Peer educators are volunteers who work in their own community. They are neither paid, nor are they employees of MVIWATA Monduli. The age range of these peer educators is between 20 and 32 years. Due to the lack of staff to address HIV/AIDS issues in community, and regarding the scale of the HIV/AIDS epidemic and its impact, using peer educators to address the HIV/AIDS epidemic was seen as an effective strategy to upscale MVIWATA Monduli's responses. MVIWATA Monduli started implementing the HIV/AIDS activities by peer education strategy in 2004. Peer educators are selected from their community by the local network leaders and the peer educators' steering committee. The selection procedure is supported and supervised by MVIWATA Monduli. Training is organized for the peer educators by hiring experts from ANGAZA organization dealing with HIV voluntary counselling, testing and consultancy services, and HIV/AIDS experts from the Monduli district hospital. Training is based on HIV/AIDS general knowledge i.e. mode of transmission, prevention and effects of AIDS and awareness creation to the communities.

Peer educators are among the members of the MVIWATA Monduli, they own MVIWATA membership card, which allow them to participate in all MVIWATA Monduli activities. They are under peer educator's steering committee made up of nine representatives from different local networks. MVIWATA Monduli has 60 peer educators in total, 12 peer educators from each local network, i.e. MVIWAMAKI, UJWANO, MVIWABU, MVIWAEKE, and MVIWAKO. Peer educators usually spend two days/week for the peer education activities.

Peer educators they have regular meetings in their local networks which is once in three months. In these meeting they submit reports for compilation and discuss how far they are working in their villages, by identifying challenges and achievements. Peer educators normally use different ways of working that is individual meetings, group meetings and field work trainings to deliver peer education services.

Roles of peer educators

Roles of peer educators are based on MVIWATA Monduli HIV/AIDS responses strategies or ways and i.e.

- To educate individuals and farmers' groups on HIV/AIDS basic information and knowledge.
- Mobilizing different people living with HIV/AIDS to formulate groups to execute income-generating activities including farming activities.
- Awareness creation to individual farmers and groups.
- Mobilizing and encouraging farmers group for HIV test and PLWHA home based care supporting.

Other activities they normally do are provision of guideline for care and treatment, provide emotional support to the affected households through advising with an understanding, empathetic, and encouraging manner. Peer educators also implement some income generating activities, by providing information, knowledge and skills to the communities they are living with.

1.8 Problem Statement

MVIWATA Monduli core activity is capacity building towards improvement of productivity for small-scale farmers and livestock keepers. One of organization's objective is to enhance gender equality and HIV prevention and AIDS impact mitigation among small scale farming communities. The organization by consulting HIV/AIDS experts has been involved in the mainstreaming HIV/AIDS in farming communities, for example addressing impact of AIDS and provision of options that can be used to mitigate AIDS impacts by having labour saving technology i.e. building water storage facilities and encouraging less using firewood stove in order to save labour. This is due to the fact that HIV/AIDS epidemic remains the most serious challenge and a major threat to the organization, lives and livelihood of rural famers, especially youth and women, who are the major agricultural producers.

Due to staff shortage to address HIV/AIDS issues in the community, using peer educators to address the impact of the epidemic could be an effective strategy to upscale MVIWATA Monduli's responses to HIV/AIDS. Therefore, MVIWATA Monduli needs to assess what current competencies peer educators have, how useful they are for mitigating HIV/AIDS impacts.

1.9 Objective

The objective of the research is to contribute and enhancing capacity of MVIWATA Monduli to mitigate impact of AIDS among its members (small-scale farmers) by assessing the possibility to include peer educators in AIDS impact mitigation through looking at their competencies.

1.10 Research Question

Main Research Questions

What are current competences and what competencies need to be developed of peer educators to mitigate impact of AIDS?

Sub-Questions

- What are the current competencies of MVIWATA Monduli peer educators have and which are useful for mitigating AIDS impact?
- What competencies are lacking?
- What are strong and weak points in current peer education strategy?
- What are the constraints that hinder peer educators?

1.11 Definition of concepts

Introduction

These are key words or concepts that used in this study, they gives general picture and idea of the some important concept used in this study.

Impact of AIDS: Is the negative effect experienced due to illness or death related to HIV and AIDS.

Mitigating the impacts of AIDS: Is providing an evolving answer to lessen the negative impacts of AIDS on affected individual and households or community (Muller, 2005)

Direct AIDS work: Is the interventions directly focused on HIV prevention and AIDS care.

Indirect AIDS work: Is the development work interventions with HIV/AIDS mainstreaming in it (Holden 2004).

HIV/AIDS mainstreaming: is a process that enables development actors to address the causes and effects of HIV/AIDS in an effective and sustained manner, both through their usual work and within their workplace (UNAIDS, 2002).

Competency: Competence is the capability of a person or an organization to reach specific achievements. At the individual level competence is an integrated performance oriented capabilities, which consist of clusters of knowledge structures and also cognitive, interactive, effective and where necessary psychomotor capabilities, and attitudes and values, which are conditional to out tasks, solving problems and more generally, effective functioning in a certain profession, organization or role (Muller, 2005)

Capacity building: is capability in developing human and institutional skills or societal knowledge within a community or organization needed, to facilitate scheme for the effective implementation of the project

Skills: are learned capacity to carry out pre-determined results and ability that a person has to do something well. Skill is acquired by learning and practicing.

Knowledge: Are facts, information, understanding and ability to do something about a subject a person has in his or her mind.

Attitudes: are stable systems of beliefs concerning some object and resulting in an evaluation of that object. In surveys it is always assumed that superficial attitudes are a good guide to deeply held values or actual behaviour (Abercrombie et al, 2004).

Household: Is composed of family members who live together, pool their resources and often share meals

Livelihood: According to Chambers *et al*, (1991) livelihood comprises people their capability and their means of living, includes food, income and assets that determine the living gained by the individual or household.

Peer education: is a strategy, tool, or communication channel used by people who share similar ages, backgrounds, and interests, to communicate messages.

Peer educator: Is a community member who seems by others as a focal point for information and assistance.

1.12 Conceptual Framework

The conceptual framework gives a picture of the researcher's thoughts in linking concepts related to the research, used in the analysis is shown in Figure 1.

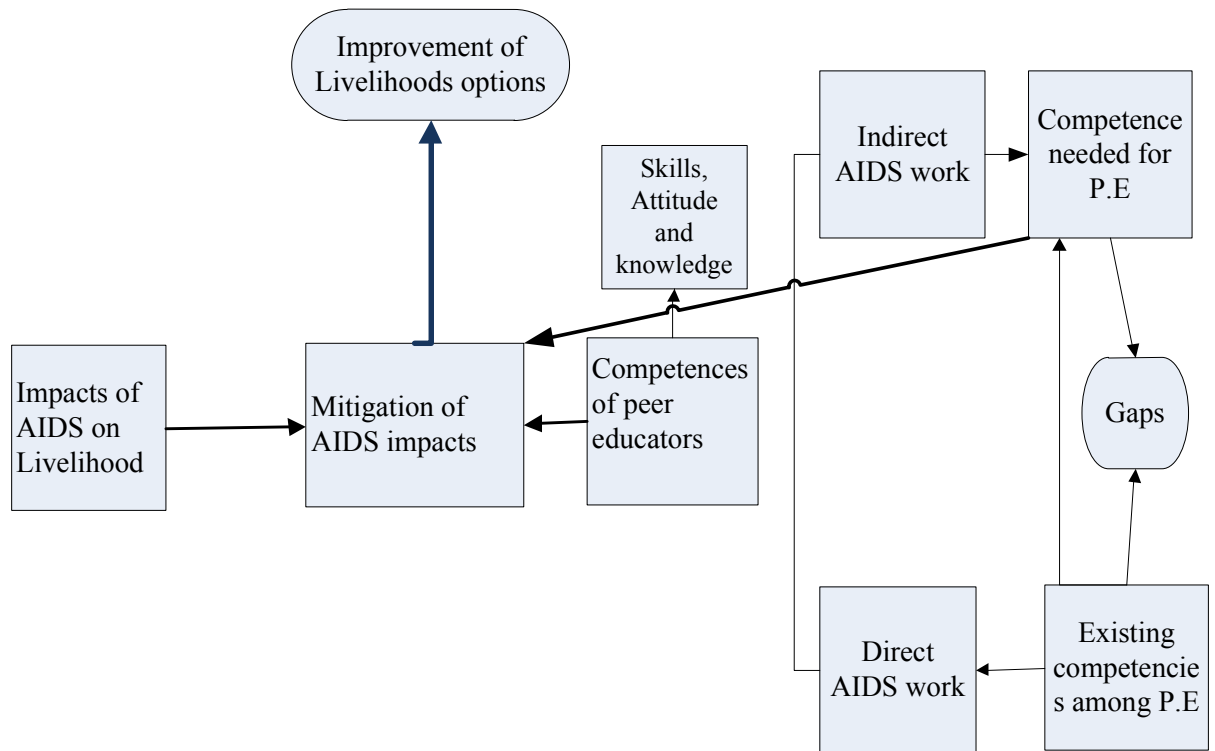


Figure 1.1 Conceptual framework

Impacts of AIDS can be on livelihoods of farming community, there is a need for mitigating the impacts of AIDS in order to improve livelihood options in farming community. There are competences required by peer educators to mitigate AIDS impacts. These competences are skills, knowledge and attitudes that are used in mitigation of AIDS impacts as summarised in chapter two Table 2.2. Some peer educators use direct AIDS work approach to respond to the impact of the AIDS, although some of the competences they have can be used to mitigate AIDS impacts. There are gaps that can be bridged by training peer educators in appropriate indirect AIDS work approaches and by improving their competences to mitigate impact of the AIDS.

CHAPTER TWO LITERATURE REVIEW

2.1 Introduction

In this chapter literature is reviewed on the following topics: Competences in AIDS impacts mitigation, Impact of AIDS, gender in farming communities, rural development organizations responses to HIV/AIDS, impact of AIDS in small-scale farming communities, use of peer education as strategy and how peer education is used by development organizations to mitigate impact of the AIDS in different communities.

2.2 Gender and HIV/AIDS

In Africa, most of the farm work is done by women, depending on the traditions and customs of a particular community, for example, in the Maasai community, women do most of domestic work such as manure collection, milking and selling milk while men dominate in cattle production. The control and access to resources is in the hands of man, for example selling of the assets is under the husband's control and he is the owner of these resources (Wangui, 2003). When women are affected by HIV/AIDS, there is reduction in household agricultural labour input by 50% as many agricultural tasks traditionally are done by women (Muller, 2005). HIV/AIDS epidemic worsens gender disparities, for example if the husband dies, surviving widows are faced with economic hardships, labour shortage and social destitution. There is a likelihood of the widow losing properties or failing to manage the farm enterprises. As WHO (2003), states that "*Both women and men living with HIV/AIDS experience discrimination and stigma. However, there are gender differences in the way stigma affects women and men*", due differences in roles and responsibilities, access to resources and decision-making power.

Fewer women participate in the communities work for example in groups' leadership. Women normally stay at home taking care of children and working on farm. In the Maasai culture, for women it is difficult to approach men and give advice. This situation creates a cultural barrier between men and women. The important thing to note is that most of the women are closer to the PLWHAs and are taking care of PLWHA, which will help to mitigate impact of AIDS if they will be fully involved. By having right attitude both in gender and HIV/AIDS is important in AIDS impact mitigation, which will give room for equal participation in activities that require everybody participation.

2.3 Impact of AIDS in small-scale farming communities

AIDS causes severe economic and labour constraints in rural households and farming communities, which dramatically alter agricultural activities, worsening food insecurity, and gradually weakening and reducing livelihood options in rural areas (ECA, 2006). The impacts of AIDS also lead to lack of labour due to less time allocation in livelihood activities such as marketing, gardening, food processing and other small income generating activities that previously contributed to the family budget (Muller, 2005).

The effect of long illness and death among different age groups has insightful implications on the agricultural sector especially the small-scale farming communities, causing depletion of rural household labour and income, weakening community structures and diminishing livelihood options (FAO, 2003). Labour in agricultural production is very important, most of the work needs physical work, and intensive work.

Lack of income to sustain livelihood in small-scale farming communities is one of the AIDS impacts. According to Muller (2005), "*introduction of labour saving technology is often combined with micro-credit schemes to get off the ground*". Income generating activities is encouraged as the solution of the lack of income for the affected household. People are

trained on income generating activities in small business but micro-credit schemes are not made available. There are difficulties for small-scale farmers to start business due to the fact that they have limited business skills and insufficient capital. For those affected and infected with HIV and AIDS they face stigma and discrimination which is detrimental to their business initiatives.

Due to the impacts of the AIDS on labour and income in rural households, agricultural sector is badly affected as Ellis (2000) reveals that "*subsistence agriculture has been affected by AIDS as evidenced by decline in crop yields, increase in diseases and pests, and decline in the variety of crops grown*". In surveyed areas, the result of the yields has shown decline by half, after the household head has got sick. This is a reflection of how the shortage of labour affects farming activities. This situation shows how the agriculture sector is badly affected by AIDS, especially subsistence agriculture in rural areas. This situation calls for more interventions and different strategies to mitigate impacts of AIDS.

2.4 Rural Development Organizations responses to HIV/AIDS

Communities working with development organization are affected by HIV/AIDS that is why organizations respond to the impact of AIDS. Different approaches are used to mainstream HIV and AIDS in the communities. Mainstreaming of HIV AIDS is the approach promoted for indirect AIDS work. The following are principles behind HIV and AIDS mainstreaming (UNAIDS, 2002);

- There is no standard approach or universal recipe to mainstreaming HIV/AIDS.
- Mainstreaming HIV and AIDS is a relevant approach in all stages of the epidemic, also in low prevalence countries.
- Following the principle of Greater Involvement of PLWHAs (GIPA), a participative approach to mainstreaming based on human rights implies involving (PLWHA)s.
- Mainstreaming HIV and AIDS should be done in an integrated way throughout the management cycle and not be limited to punctual efforts.
- A gender sensitive approach should be used when mainstreaming HIV and AIDS.
- Building relationships, coordination, network and advocacy is always crucial for development work.

Mainstreaming usually does not change a core business of the organization, by definition HIV and AIDS mainstreaming "*is process that enables development actors to address the causes and effects of HIV/AIDS in an effective and sustained manner, both through their usual work*" (UNAIDS 2002). AIDS mainstreaming is more effective when done in collaboration i.e. using comparative advantage, whereby organizations are collaborating in facilitating activities that are under their core business.

HIV/AIDS has impacts at different levels i.e. impacts on individuals, household, community and organizations. This situation leads to different responses from organizations and people at different levels. However, they work and only consider HIV/AIDS as a medical and behavioural change issue, this is not enough but what is needed is to address "the broader factors which contribute to the development of social and economic environments (Barnett *et al*, 2006. p 78).

It is important for organizations to start activities for HIV/AIDS mainstreaming, for example capacity building of the people who are mainly working with communities. HIV/AIDS mainstreaming into livelihoods can support prevention of new infection as well as improve resilience to the impact of AIDS (Gillespie, 2006).

2.5 Responses on the impact of AIDS

Household level:

· Labour based responses

After AIDS impacts most of the households experience shortage of labour. They use different responses such as, taking out children from the school for domestic work and farm work. Conservation agriculture is another response which aims to minimum soil tillage, and crop rotation which normally helps to reduce labour demand. In small scale farming communities it is expensive and not easy to switch to labour saving technology due to its initial cost, for example purchasing input i.e. herbicides and fertilizer (ECA, 2006).

· Income based responses

Most of the household tend to start selling their products so as to get medications and basic needs for the affected individual. Not only selling products but also asset selling, and taking out children from school to do some work and business for generating income.

Community level:

In communities there are the many responses on the impact of HIV and AIDS such as caring orphans where by other family members are taking care of the children of the died relative. Another response is labour sharing i.e. to help affected household on some activities that are failing to do, such as cultivation and weeding.

According to ECA (2006, p 1) "*communities, churches, rural development institutions and development NGOs are implementing a variety of interventions to mitigate the impacts of AIDS on households*". Most of their interventions are to mitigate the impact of AIDS on smallholder farmers and marginalized community.

2.6 Peer education as strategy for HIV/AIDS

According to World Bank (2001), "*Peer education has been a component of HIV/AIDS prevention efforts for the last decade*". Peers are often more comfortable discussing such matters as HIV/AIDS and sex with peer educators and social workers than "foreigners". Peer educators enables individuals to discuss sexual issues with less shame. Thus peer education can be more effective in mainstreaming HIV/AIDS if trained. This helps to improve their competences in AIDS impacts mitigation.

Setting of peer educators

There are different settings applied in peer education. Setting can be formal or informal, formal setting is where peer educators are delivery their services in organised classes or lecture rooms. Informal setting is where by peer educators are delivering their services without organizing venue or place for the meeting such as during field work, or individual discussion. Selection of the settings depends on the particular group or organization approaches in its activities. Settings are chosen by organizations and communities in order to suit their approach as they mitigate impact of AIDS (Turner G, *et al*, 1999).

Different peer education methods incorporated in service delivery include tutoring, one-to-one dialogue and counselling. Such activities could be whole class training in schools or group conversation in youth centres. Other methods include very informal teaching in unstructured settings. The methods adopted depend to some extent on the proposed outcomes of the project, whether it be behavioural change, information, skills development or community development to mitigate impact of AIDS. These methods also seem to be selected because they fit well with the context or culture of the target group. Some projects include a variety of methods, while others keep to one method (Turner G. *et al*, 1999).

2.7 Experiences in Peer education

Peer education is known worldwide and it is widely used as strategies to address the HIV/AIDS epidemic. The strategy is often used to achieve changes in, attitudes, knowledge beliefs and behaviour at the individual or group levels.

To reduce structural barriers to HIV prevention, peer education should also be integrated with or linked to communities development initiatives e.g. literacy, livelihood skills training, microenterprise and microcredit programs. This was after some peer educators expressed their feelings that they are more comfortable with integrated programming that promotes their identification as a general community health educator rather than an AIDS educator because of stigma and community acceptance (Population Council, 1999).

2.8 Advantages and challenges of peer education strategy

2.8.1 Advantages of peer education strategy

Peer education strategy has several advantages for example peer educators are often trusted more than non-peer educators or informants and are better capable to address issues interrelated to sexuality than other non peer informants according to Adamchak, (2006, p 11). Peer education is the one of the effective way of mitigation of the AIDS impact in rural areas and farming communities if organization will use their competences, explore, and utilize peer education advantages. Moreover, peer educators are able to access, identify marginalized and vulnerable groups and can spur communities mobilization.

2.8.2 Challenges in peer education strategy

In peer education strategy there are challenges, for example peer educators may lack skills and knowledge to mitigate impact of AIDS, lack time to respond to challenges from their peers or the community. Lack motivation and individual capacity, require more training and supervision, peer educators retention is limited, and turnover is high as identified by Adamchak (2006, p. 11). By considering challenges in peer education organization can improve on it, so as to have positive results of the strategy. Challenges can be reduced by improving peer educators competences i.e. skills, knowledge and attitude especially in mainstreaming HIV/AIDS and AIDS impact mitigation.

There are different settings, methods, in peer education, but the most important thing in organizations is not working directly as AIDS worker, is to orient settings and methods in responding to HIV/AIDS indirectly. There are some advantages and challenges in peer education, which can be used to improve peer education strategies according to the approach or setting chosen by organization. Organization needs to equip peer educators with skill, knowledge and attitudes that will help them to mitigate impact of AIDS and mainstream HIV/AIDS as well as to overcome some of the challenges peer educators face in their daily work.

2.9 Competences

Competences are considered differently depending upon their context of work or occupation, competences include individual skills, knowledge and attitude on a particular subject, which help individual to perform his/her work as required (Green P. C. 1999). To understand the meaning of the term competence in the given context is important. It outlines what needs to be done in order to meet the requirements or objective of organization. Competencies are or reflected within the results and achievements of organizational objectives. In the context of AIDS impacts mitigation responses peer educators' work should have a thorough understanding of the relationship of HIV/AIDS and agriculture, general HIV/AIDS knowledge, ability of good communication as a skill, and willing working with PLWHAs as right attitude toward HIV/AIDS. Peer educators should be skilled, and knowledgeable to come up with appropriate AIDS mitigation responses (Holden, 2004). Right attitude, skills and knowledge will make them capable to mitigate impact of AIDS in farming communities by using different

interventions suitable for the particular situations and area as well. Peer educators must have update mechanism in knowledge on HIV/AIDS for the good reasoning, arguments, and implementation of interventions that will help in AIDS impact mitigation in a community. Skills are acquired in an educational environment or an informal education (Green P. C. 1999), by having skills and tools, will help peer educators implementing tusk/intervention in AIDS impact mitigation and HIV/AIDS awareness creation. Having right attitude is very important in peer education service delivery, this mean peer educators must have right attitude towards HIV/AIDS, which will help them to properly implement their work without stigma and discrimination.

2.9.1 Peer educators competence building for AIDS impact mitigation

Successful competence building develops skills, knowledge and attitude. Competence of peer educators in their daily responsibilities will help them accomplish the intended goals. It is important for peer educator to understanding relationship of HIV/AIDS and agriculture, and be skilled to combine technical skills to come up with appropriate AIDS impact mitigation responses (Holden, 2004). Competences i.e. skills, attitude and knowledge accelerates a range of socio-economic changes which reduce vulnerability to the AIDS impact and susceptibility to HIV infection through improving the skills and knowledge (Holden, 2004). Training of the peer educators to build their competences in impact mitigation is the most important activities in a process of external mainstreaming, this is because peer educators the need competences to respond to the problem. Peer educators who deal with farmers should be equipped with skill, knowledge and right attitude towards HIV/AIDS. Training should be prepared for peer educators so as to improve their competence to deal with the farmers in AIDS impact mitigation. Below table suggest and shows important themes and activities for mainstream HIV/AIDS. *Participants need to have attended basic AIDS awareness workshops or training before they take part in external mainstreaming sessions* (Holden, S. 2004 p. 77).

Table 2.1: Themes and activities for training for external mainstreaming of HIV/AIDS

Theme	Activity
Understanding the link between development and AIDS	Analysing case studies to reveal; <ul style="list-style-type: none"> • The complex causes of susceptibility to HIV infection: • The reinforcing cycle of causes and consequences; • The link between gender and HIV/AIDS.
Understanding the meaning of external mainstreaming of HIV/AIDS	Using examples to explore the differences between AIDS work and mainstreaming HIV/AIDS
Learning how to undertake external mainstreaming of HIV/AIDS	Understanding the core questions for external mainstreaming of HIV/AIDS Talking about the next step: undertaking community research, and modifying development programs

Source: Mainstreaming HIV/AIDS in development and humanitarian organizations. (Holden, S. 2004. p.77)

By considering that mainstreaming is leaning process, competence building of peer educators on external HIV/AIDS mainstreaming should be practical oriented with sharing of knowledge, skills and practices in AIDS impact mitigation. As an institution offering support to household affected by HIV/AIDS there is need to provide support without stigmatizing the

affected household, (Barnett, *et al*, 2006), and should increase the resilience of the affected household. Peer educators' competence building should ensure the following improvement; their knowledge and skills in addressing and sharing the problems and experience, confidence during dealing with communities in AIDS impacts mitigation. Peer educators should take in consideration that good image and recognition in the community is important for acceptability. The important thing for peer educators is to take in consideration of sustainability of self help groups so as to mitigate the impact of AIDS among the affected communities or households without directly depending on the peer educators and organizations.

Strategies and Interventions to mitigate the impacts of AIDS

There are different interventions that are used to mitigate impact of AIDS, depending on the core business of the organization and socio-economic situations. As ECA (2006) identifies key strategies to mitigate the impact of AIDS include interventions aimed at improving smallholder agricultural production, such as support on seed and fertilizer, labour saving technologies, vegetable gardens and strengthening the land rights of widows and children. Community driven initiatives such as labour-sharing clubs, draft power clubs, household portfolio diversification and microfinance services that will mitigate impact of AIDS. Others are social safety nets such as supplementary feeding programs, and food-for-assets; and provision of antiretroviral treatment. Competences building on some intervention will help peer educators to mitigate impact of AIDS.

2.10 Competences needed for AIDS impact mitigation

There are competences required or need by peer educators in mitigation of impact of AIDS. Yalonda, *et al*, (2002) argue that to achieve peer education goal in HIV/AIDS mainstreaming, an annual peer educator training should held to learn about transmission, treatment, testing, and prevention of HIV; common myths, and trends in the rate of the spread of HIV in their community. The trainings also serve as a forum for the peer, first to share ideas and experiences with each other, second practice skills that they would use to educate their peers, and third enhance the skills they need to provide social support to their peer for performing HIV protective practices. It is important for the peer educators to understand some important activities and approaches that can be used to mitigate the impact of the AIDS. Mainstreaming can be internal or external, external mainstreaming which means adapting development programme work, to take into account, susceptibility to HIV infection and vulnerability to the impacts of AIDS.

According to CCPPZ (2009) the following role and competences of Peer Educators continued:

- Ability to observe absolute confidentiality with the information the client shares with him
- Having an attitude of non-judgmental and treat everyone in the community equally
- Help with patient tracking and follow-up monitoring
- Serve as an advocate/educator for the community about disease transmission and prevention
- Ability to work with local groups and community structures to inform the community
- Serve as a role model and lead by example

To build competence of peer educators in AIDS impacts mitigation they must be aware of the following situations.

Peer educators needs to have knowledge on social and economic factors that are behind HIV/AIDS, these are factors that promote epidemic, for example poverty, income inequality, gender inequality, poor public services, and crises. By knowing all these drivers of epidemic will help them easily to understand means of transmission and prevention and finally how to mitigate AIDS impacts.

Peer educators should also have knowledge on what impacts of AIDS are, and how it affects farmers in term of distracting communities' livelihood options, for example shortage of labour and income is one of the AIDS impact to the affected household. By knowing impact of the AIDS it will be easy to think of the appropriate interventions for the AIDS impact mitigation.

Peer educators should also build right and positive attitude towards AIDS epidemic by avoiding judgmental reasoning and stopping discrimination and stigmatization. By having right attitude toward HIV/AIDS will make peer educators to be more efficient and comfortable working with PLWHA.

Skills in counselling and in adapting programmes for intervention that are minimizing impacts of AIDS for example income generating activities to increase income for the affected household to cover some daily basic needs.

The following are the issues to understand in terms of knowledge, skills and attitude in AIDS impacts mitigation and mainstreaming HIV/AIDS.

Table 2.2: Competence needed for HIV/AIDS mainstreaming and AIDS impact mitigation

Competences	Descriptions of competence should peer educators have.
Knowledge	<ul style="list-style-type: none"> ✓ Peer educators must have general HIV/AIDS knowledge which is mode of transmission, basic fact on preventions and the impact of the AIDS in the community e.g. in labour and income. ✓ Knowledge of basic needs required by PLWHA, for example in terms of health i.e. nutrition, and treatments. ✓ Relation between HIV/AIDS and development, also relation between HIV/AIDS and labour & income ✓ Being aware of what other partner organizations are working in HIV/AIDS issue, this will help peer to lobby for more opportunity available for PLWHA. ✓ Basic technical trainings for the impact mitigation, i.e. being able to train different interventions in AIDS impacts mitigation, for example labour serving technology and so many other technologies that used to mitigate impact of AIDS.
Skills	<ul style="list-style-type: none"> ✓ Skills of implementing an appropriate interventions to mitigate AIDS impact ✓ Planning skills for the intervention aiming to improve HIV/AIDS affected household and community as whole. ✓ Ability to have good communication skills for addressing different ideas to peers and community as well. ✓ Ability of lobby and advocating for the need of the PLWHA, for example resources mobilization. ✓ Ability to work with peers and community in any conditions and environment. ✓ Ability to represent peers and PLWHA to organization and to local governments.
Attitude	<ul style="list-style-type: none"> ✓ Peer educators should not have judgmental attitude toward HIV/AIDS ✓ No discrimination and stigmatization ✓ Respecting rights of the PLWHA ✓ Willing working with PLWHA and no fears to work with PLWHA. ✓ Use of the polite language to communicate with PLWHA, and using appropriate language when talking about HIV/AIDS for example avoid using HIV/AIDS victims and instead use PLWHA.

Other competences peer educator should have to mitigate impacts of AIDS.

Peer educators should have skill to work with local groups and community structures to create awareness to community about HIV/AIDS, AIDS impacts mitigation and addressing different livelihood options as the strategies for impact mitigation.

Serve as a role model and lead by example, usually people copy from the person who is guiding them, for this reason peer educators should behaves as role model in their community.

Ability i.e. skill to encourage, lead and provide support to individuals and groups, this is part of the counselling skill peer educators' need, and it is easy for the PLWHAs to be frustrated if they face any kind of discrimination or stigmatization. In mainstreaming of HIV/AIDS and

impact mitigation to be successful PLWHAs should have be free from the stigma and discrimination.

Peer educators will be more competent and effective in AIDS impact mitigation, if they will be trained on indicated competences above. Peer educators are able to mitigate impact of AIDS because they have some few competence mentioned above to mitigate impact of AIDS.

CHAPTER THREE STUDY DESIGN AND METHODOLOGY

3.1 Introduction

This chapter describes the research tools and strategies, respondents and selection criteria used by the researcher in this study. It also indicates questions asked and the method of data analysis used. The research was carried out from July to September in 2010.

3.2 Study area

The study was conducted in Monduli district one of the six districts of Arusha region in Tanzania, specifically in Makuyuni, Mtowambu, Kolomonic wards in Monduli district, as elaborated in (chapter one section 1.3), and the map of Monduli in (annex 4).

Due to the higher HIV/AIDS prevalence rate as compared to other wards (MVIWATA Monduli, 2008) and time limit, study was done in only three local networks. These three local networks were also easily accessible.

3.3 Respondents and selection criteria

3.3.1 MVIWATA Monduli -peer educators

The study was carried out among 20 peer educators, and selection was random from three local networks i.e. MVIWAMAKI-Makuyuni, MVIWABU-Mtowambu, and MVIWAKO-Kolomonic, among five local networks of MVIWATA Monduli. Peer educators have been chosen randomly as all of them were trained by organization on general HIV/AIDS knowledge. Information collected from peer educators was by using questionnaires.

3.3.2 Community level –group discussion

People Living with HIV/AIDS were involved in a focused group discussion. The groups have been working with MVIWATA Monduli on various agricultural activities and social economic activities. The aim was to get their views on the peer educator's efforts and performance at addressing HIV/AIDS issues and how they were involved in HIV/AIDS activities.

Below table gives a quick picture about the number of respondents' interviewed.

Table 3.1 Respondents according to groups and gender

Respondents	Number/members	Sex	
		Male	Female
Peer educators	20	14	6
Group discussion (1 group)	14	6	8
Total	34	20	14

3.4 Research tools

The data for this research was collected using three tools namely, secondary data from previous research i.e. books and publications use of questionnaires both structured/unstructured, and focused group discussion.

3.4.1 Secondary data

Secondary data collected from literature obtained from textbooks, internet, articles and journals. Reports from the MVIWATA Monduli, local government Monduli district hospital. The data collected assist in coming up with the concepts and guides the research further.

3.4.2 Primary data

These are data collected from twenty peer educators by using semi-structured questionnaires and one PLWHA farmer's group discussion using checklist questions. The research method of data collection used is survey where by qualitative data obtained from the peer educators using semi-structured questionnaires. Qualitative research aimed to gather peer educators understanding on HIV/AIDS issues and AIDS impact mitigation. Semi-structured questionnaires were used to allow more other new question and answers during an interview, which helps researcher to have more information on the particular matter.

Questionnaire

A questionnaire is formulated to aid in collection of practical data from the respondents. The questionnaire first pre-tested in one of the wards/local farmer's network in Monduli district, namely Kolomonik ward. The questionnaires are guided by the research objectives and provide answers to the sub questions of the main research questions.

Various categories of respondents were interviewed i.e. MVIWATA Monduli peer educators, focus group discussion who are PLWHAs and key respondents. The researcher conducted face-to-face interviews with all respondents.

Different peer educators from different locations were asked the same questions for the main two reasons. First is to crosscheck some information by asking different peer educators from different locations the same questions, and secondly is to know different views from peer educators in different location within MVIWATA Monduli areas of operation.

Questionnaires were categorised in sections, i.e. section one was about respondent information including sex, occupation and time spent in peer education. Second section is all about competences that peer educators have, third section is about constraints that hinder peer education work, and fourth section is about strong and weak points in current peer education strategy.

Focused group discussion

One focused group was interviewed inform of discussion, this group was MSHIKAMANO GROUP from Makuyuni (MVIWAMAKI), is the group formed with people living with HIV/AIDS and declared their status publically. The group chosen for the purpose of crosschecking information provided by peer educators, and to have their views and opinions on the services provided by peer educators, PLWHAs are the target group in the peer education strategy. The focused group interviewed was one because of time limit and due to the fact that discussion with group normally uses more time.

Selection of focused group discussion

The selection was done by monthly meetings of the group's chairmen, after requested by researcher; they randomly chose groups names and pick one name of the group from chosen groups.

Interviews with key informants

Two key informant were interviewed, one from Monduli district hospital, department of the HIV/AIDS to have information on the prevalence rate as they are informed on all information about the HIV/AIDS in a district. The second is a chairman of the peer educators' steering committee, to get more information related to peer education.

3.5 Methods of data processing

The data collected through questionnaire analyzed manually and opinions and views of the respondents used in the results and discussion sections.

During analysis of results, the collected data was reviewed according to the section categorised in questionnaires, structured by research questions, then data from different sections was compared. The findings were compared to the already available literature to draw conclusions. Base on those conclusions, recommendations were drawn to improve competences of the peer educators in mitigation of the AIDS impact.

3.6 Limitation of the study

Some of peer educators were demanding money to provide information, the expectation of the peer educators of demanding money was not met, and they may have not given adequate or incorrect information. To minimise the effect of this limitation, I had to talk to them on the importance of this information, so that they give information not because of money, but because the information is important to PLWHAs and community as whole.

This study was collecting mainly qualitative data, as such people were giving information based on their perceptions and opinions, which sometimes may not reflect the reality, and this means they may have given information that does not reflect what happens in practice. To minimize the effect of this limitation, I had to probe by other questions so that I can get more accurate and adequate information to suit the purpose of the research as planned

CHAPTER FOUR FINDINGS AND ANALYSIS OF RESULTS

4.1 Introduction

This chapter presents the findings, analysis and interpretation of the results of this research. The results would be analysed based on information and findings provided by peer educators and farmers group discussion. Results are from three sections of their responses, which are competencies of peer educators in AIDS impact mitigation, constraints that hinder peer education in farming community, and strong and weak points in current peer education strategy. Results were also compared against the literature as described in literature review.

4.2 Profile of respondents

Respondent information in this section shows peer educators occupations as their livelihood options and position they have in their farmers' local networks. Results also show male and female participation in peer education.

4.2.1 Respondents occupation

Most of the peer educators are crop producers i.e. ten out of twenty respondents. Five out of the twenty respondents are both crop producers and livestock keepers with only five out of the total respondents being livestock keepers only.

Table 4.1 Respondent information

SEX	Crop producers	Livestock keeper	Crop producers and livestock keepers	Total
Male	7	3	4	14
Female	3	2	1	6
Total	10	5	5	20

From the above table crops producers participate more in the peer education, as well as more women who are crop producers are leading in peer education as peer educators. Livestock keepers participating less as peer educators when comparing to all three communities in the Monduli district

Normally livestock keepers are mobile and busy spending most of their time looking for water and grazing pastures for their cattle and goats which is their livelihood option. Adamchak (2006) mentioned that time is a challenge for the peer educators. The busy schedule of the livestock keepers results in limited time being available to do other social work like peer education. Because of their mobility, it is also difficult for the organization to reach them for the purposes of more trainings, monitoring and evaluation of what they do in their community. Farmers who are crop producers are less occupied due to the fact that crop production is divided in seasons and some of the seasons are not intensively demanding labour which is why more are participating in peer education.

From the observation above it can be concluded that farmers who are crop producers are more participating on peer education. It is important to continue to work with both crop producers and livestock keepers in peer education strategy because they are equally affected by HIV/AIDS, and they have different livelihood options in which the needs experience of the particular livelihood option is needed to make peer education work more easy. A peer educator who is livestock keeper is more capable in livestock issues than crop producer peer educator.

4.2.2 Peer educators with other positions in local networks

Half of MVIWATA Monduli peer educators are holding other positions in farmers' local network as leaders as well as in group members. Most of the peer educators who hold other

positions in farmers' local network are men. This means they have more than one task at the same time. Peer education is time consuming and requires peer educators' most of their time and effort.

In group discussion one farmer argued that peer educators should stop possessing more than one task in order to have more time with PLWHA and groups to discuss on how farmers can avoid HIV infection and how to live with HIV positively.

It can therefore be concluded from the situation above that peer education is time consuming, which requires more of peer educators' time and effort. Women who are in peer education are less participating in leadership, which is mainly due to the traditions and culture of the community in Monduli district in which women are normally based at home as housekeepers and taking care children and sick people.

4.3 Gender in peer education

Most of the peer educators interviewed are men. Fourteen of the twenty respondents were men which are showing that gender is not balanced as women were fewer than men in peer education. In the organization's peer educators list, women are few compared to men in which 75% are men and 25% are women. Gender was not considered during peer education selection, there are more women in the lists who started with peer education but some had to stop the work for different reasons. It is important to have both sex in peer education for the following reasons, in Maasai cultures for women it is not easy to approach men and give advice with such a situation creating cultural barrier between men and women. Another reason is that needs and problems for women and men do differ and therefore it is easy to address them within the same sex. Some discussions are more educative when both sexes are discussing, such as how to safely use male and female condoms as means of HIV infection prevention.

In discussion with the Chairman of the peer educators' steering committee, the key informant said, It is a challenge for the organization to have equal representation of men and women and that it is true that there is no gender balance because we did not consider it before. It is however not easy because of the few women we have in peer education as some of them left and this therefore means we need to do awareness in gender and HIV/AIDS.

4.4 Peer educators competencies on AIDS impact mitigation

Peer educators need appropriate skills, knowledge and attitude for AIDS impacts mitigation. AIDS impact can be on labour, which is caused by sickness and death with consequently labour reallocation of the members of family. Impact can also be on income, after losing labour usually production goes down, which means no produce to sell for the income of the household. Prolonged sickness increases cost for treatment, which also leads to reduction of income. This situation calls for AIDS impact mitigation in farming communities.

4.4.1 Competence acquired after peer educators trainings

To be competent one must acquire knowledge, skills and attitude on the particular subject. Competences can be acquired by training or having experience on a subject, for this case peer educators must be trained on the HIV/AIDS issues to be competent to mitigate impact of AIDS in their community.

Table 4.2 Trainings attended by peer educators

Respondents- Sex	Responses			Total
	Awareness creation on HIV/AIDS in a community	HIV/AIDS mode of transmission, prevention and effects of AIDS	HIV/AIDS(transmission, prevention and effects of AIDS) and Awareness creation HIV/AIDS	
Male	3	9	2	14
Female	1	4	1	6
Total	4	13	3	20

Two trainings were given on HIV/AIDS. Three peer educators out of twenty followed both trainings with the remainder of the respondents only attending one training. The first training was on HIV/AIDS mode of transmission, prevention and effect of AIDS and then followed by Awareness creation on HIV/AIDS in community. The objectives of the trainings were to prepare peer educators to address HIV/AIDS in their community, and to help farmer who are living with HIV/AIDS in all local networks to be involved in group activities as well as different interventions facilitated by the organization.

According to be above results peer educators were trained on;

- a) Skills on awareness raising, which includes confident talking on HIV/AIDS.
- b) Attitude towards HIV/AIDS so as to have the right perception towards HIV/AIDS, for example HIV/AIDS is not about witchcraft.
- c) Knowledge on HIV mode of infection, prevention and effect AIDS to individuals and to groups.

AIDS impact mitigation activities were not trained. This limits them in implementing different interventions on AIDS impact mitigation. The peer educators have the right attitude towards HIV/AIDS because they are already participating in HIV/AIDS programmes, and are willing to work with PLWHA. However, when it comes to skills, they only have awareness raising skills.

In the group discussion, it was observed that peer educators were advising farmers to stop discrimination and stigmatization in order to reduce impact of the AIDS in their community. Farmers said that most of the problems arise when discrimination and stigmatization start resulting in the impact of AIDS becoming worse when PLWHA are avoided by the community and family members. This can result in them missing assistance and basic needs which can make them frustrated and end up hiding themselves. This means peer educators should be knowledgeable in awareness creation and they must have right attitude towards HIV/AIDS.

4.4.2 Peer educators awareness on AIDS impacts mitigating

AIDS impact mitigating is to lessen the negative impacts of AIDS on affected individual and household or community. No peer educator was aware of the impact mitigation concept. AIDS impact mitigation is important as to improve economic status and reduce labour and income constraints of the famers in order to have resilience from the AIDS impact and to prevent infections in farming community. It is good that peer educators have some knowledge in social-economic development which can be improved to mitigate impact of the AIDS.

4.4.3 Skills improved during peer education training

As observed in the table below, skills improved during peer education training were ability to stand against stigma and discrimination, interacting with people including PLWHA, talking and convincing the community on HIV/AIDS issues and creating awareness on HIV/AIDS in the community

Table 4.3 Peer educators' skill improved

Respondents	Skills improved						Total
	Interacting with people including PLWHA	Create awareness HIV/AIDS	Working with PLWHA	Talking and convince community on HIV/AIDS issues	Stand against discrimination	Stand against stigma	
Male	5	1	1	4	4	3	18
Female	2	0	0	1	3	2	8
Total	7	1	1	5	7	5	26

There was no training on AIDS impact mitigation activities for peer educators by MVIWATA Monduli, which means most of the work done by them is direct AIDS work which is not core business of MVIWATA Monduli. The useful skills required for mitigating impact of AIDS are skills of implementing appropriate interventions, planning skills for the intervention aiming to improve livelihood options for the HIV/AIDS affected household and community as a whole. A skills also required is the ability to lobby and advocate for the need of PLWHA such as resource mobilization for the different interventions that suit HIV/AIDS affected households, as elaborated and summarised in table 2.2. The skills learned in the trainings are useful because some competences can be used in AIDS impact mitigation strategy. According to above results, more women have developed skills in the following; standing against discrimination, standing against stigma and interacting with people during awareness creation and other HIV/AIDS activities. Men mostly developed skills on interacting with people, talking and convincing people on HIV/AIDS issues and standing against discrimination and stigma.

In the focus group discussion farmers argued that peers educators were able to facilitate AIDS impact mitigation in their community because they were more knowledgeable on HIV/AIDS and other development issues. It was also realised that peer educators sometimes facilitate some training on agricultural practices after been trained by the organization as promoters in social economic activities. The organization is using them due to the fact that their staffs are not enough to facilitate all activities in all farmers' local networks. Thus there is possibility to include peer educators in AIDS impact mitigation by considering competencies they have, and by training them more on the impact mitigation activities.

4.4.4 Means of peer education service delivery

Peer educators need proper means and time for discussion with peers. Findings from this study show that eight respondents (7 men and 1 woman) out of the twenty respondents are using group meetings as a service delivery method. Six respondents (4 men and 2 women) out of twenty respondents were using individual conversation or discussion for peer education on HIV/AIDS work. , Four out of the total respondents (2 men and 2 women) use individual meetings and field training time to talk about HIV/AIDS and two (1 man 1 woman) out of twenty respondents are using field training to deliver their service.

Table 4.4 Means of peer educators' service delivery

Respondents	Service delivery methods				Total
	Group meetings	During individual conversation	During field training	Individual discussion and field trainings	
Male	7	4	1	2	14
Female	1	2	1	2	6
Total	8	6	2	4	20

Most men use group meeting as their means of service delivery while women mostly use individual discussion. This is due to the fact that traditions and customs do not allow women to interact with people as much as men do. As Turner *et al* (1999) argues that, there are many methods which are informal teaching such as one to one dialogues and counselling. However, it will depend on the situation, traditions and customs of the particular community as to which method is more effective to them. The most effective service delivery in Maasai community is group meetings for the men and individual discussion or conversation for the women. This is due to the fact that in Maasai culture men more are attending meetings in village than women.

It was mentioned in group discussions that peer educators usually work with farmers in groups and sometimes organizing individual meetings to facilitating or talk about HIV/AIDS and other development issues. The work they are doing makes them more popular and known by everybody in their community. Because of the fact that community knows them, they may the implement organizations' activities without getting barriers from the community.

4.4.5 Change noticed after peer education strategy implemented

There are changes noticed after implementation of the peer education strategy by the organization. Most changes were noticed in practises or behaviour such as having right attitude and stopping discrimination and stigma in community. These changes may contribute to reducing susceptibility to HIV infection and vulnerability to the impact of AIDS.

Respondents indicated that there are have been changes in many different aspects for example, people are now more aware of HIV/AIDS in general i.e. mode of transmission, prevention and impact. PLWHA discrimination and stigma have reduced, open talking on HIV/AIDS in their household is increasing, and people are willing to test for HIV. According to the projects annual report (MVIWATA Monduli, 2008), there are increasing numbers of the MVIWATA Monduli members who go for testing HIV/AIDS than before the awareness rising was done.

Table 4.5 Changes noticed after peer education strategy

Description of changes	Male	Female	Total
Discrimination and stigma reduced	1	1	2
Hiding of PLWHA reduced	3	1	4
Willing of PLWHA to participate in groups work	3	0	3
People are aware of HIV/AIDS in general	3	2	5
Open talking on HIV/AIDS is increasing	2	2	4
People are willing to test for the HIV	2	0	2
Total	14	6	20

There are changes in awareness on HIV mode of infection, prevention and AIDS impacts knowledge since peer education started and this result may in reducing susceptibility to HIV infection and vulnerability to the impact of AIDS. It was shown by World Bank (2001) that peer educators have been a component of HIV/AIDS avoidance for the last decade. If person is aware of the mode of transition and prevention, it will help him or her to be less susceptible to the HIV infection if they are willing to change behaviour. Awareness of the impact of AIDS to affected household will help the community mitigate the impacts, which will result to less vulnerability to the impact of AIDS. In above table more women noted changes in peoples' awareness on HIV/AIDS in general and realizing that there is open taking about HIV/AIDS issues in the community. Men realized changes in participation of PLWHA in group activities and reduction in hiding habit by PLWHAs.

4.4.6 Lacking skills and knowledge on AIDS impact mitigation

The lacking of skills or knowledge on AIDS impact mitigation among peer educators is due to the fact that they were trained to work on direct AIDS activities. As observed in the table below, most of the peer educators lack skills and knowledge on AIDS impact mitigation, lack knowledge on handling and care of the PLWHA and also lack knowledge and skill on medication procedures.

Table 4.6 Skills and knowledge for peer educators

Skills lacking	Respondents		Total
	Male	Female	
No skill and knowledge on AIDS impact mitigation	5	5	10
I do not know how to deal with PLWHA	4	0	4
No knowledge on handling and care of the PLWHA	1	0	1
No knowledge and skill on medication procedures	2	1	3
Some medicine are causing PLWHA to be more sick and I do not know why	1	0	1
I do not know how to help self stigmatizing of PLWHA	1	0	1
Total	14	6	20

Most of the peer educators lack skills and knowledge on AIDS impact mitigation i.e. different interventions as elaborated in chapter two, table 2.2, which is important in the community and to affected and afflicted households in order to improve resilience from the impact of the AIDS. Training on knowledge and skill on different interventions that will save labour and improve income of the PLWHA is important to reduce vulnerability to the impact of AIDS and improve resilience from the AIDS impact. As shown by Holden (2004), skills and knowledge accelerate a range of socio-economic changes, which reduces vulnerability to the impact of AIDS and susceptibility to HIV infection through improving skills and knowledge. If peer educators are well trained and implement some farming activities that are less labour intensive and other interventions on the income generating activities, this will may reduce vulnerability to the AIDS impact and susceptibility to HIV the infection in the farming communities.

Labour saving technology was one of the solutions on labour constraints due to the fact that affected households have not enough labour for their daily activities. Most immediate of AIDS impact at household level is its effect on human capital based on availability and allocation of labour (Muller, 2005. p 33). It is not only labour which is affected but it also results in low income for the affected household as most income generating activities are left out as results of the AIDS impacts e.g. illness which leads to lack of labour for production. It is important for peer educators to have the ability to put AIDS on their agenda during their work, this means integrating HIV/AIDS issues with other social-economic activities that mitigate impact of AIDS for example labour saving technology must clearly stated how it can help PLWHA. HIV/AIDS issues with other social-economic activities that mitigate impact of AIDS, for example labour saving technology must clear state how can help PLWHAs.

4.4.7 Attitude changes after peer education training

Attitude change as a logical result of the training in peer education is important so as to prepare them to work on AIDS impact mitigation while they have positive attitude and thinking toward HIV/AIDS.

Table 4.7 Change in peer educators' attitude

Attitude changed	Respondents		Total
	Male	Female	
Discrimination and stigmatization behaviours reduced	3	2	5
HIV/AIDS is no associate with witchcraft	4	1	5
HIV infection does not equal being almost death	4	0	4
HIV/AIDS is disease as any other disease	1	1	2
Positive living with HIV/AIDS (learning to take control instead of giving up)	2	2	4
Total	14	6	20

By observing the data above it seems that there are changes in attitude towards HIV/AIDS with peer educators developing positive attitude towards HIV/AIDS. However, not all peer educators have changed their attitude in the same way as can be seen in the table above.

In order to mitigate impact of AIDS in community, attitude should be changed by stopping discrimination and stigmatization behaviour, knowing HIV/AIDS is disease like any other disease, and HIV infection does not equal death. Having this kind of attitude would facilitate to increase resilience from the impact of the AIDS and reduces susceptibility to HIV infection. One practical way would be collaborating with PLWHAs in all activities that improve livelihood option such as selling produce to and buying from PLWHAs. MVIWATA Monduli work to the community should provide services without stigmatizing affected households as narrated by Barnett *et al* (2006) who said that, “*as an institution there is need to provide support and services without stigmatizing affected households*”. This positive attitude of no discrimination and no stigmatization will increase and improve resilience from the impact of AIDS in the community.

Having right attitude is very important in peer education service delivery. PLWHAs have ability to work and perform as others therefore peer educators should help to incorporate and encourage them in all social-economic activities, which will help to reduce vulnerability to the impact of AIDS.

Note; respondents were tending to answer one answer with a lot of explanations, and others questions require only one answer to have specific information in particular issue.

4.4.8 Peer educators suggestions to MVIWATA Monduli.

Peer educators suggestion are important so as to get more input from the people who are working in field and are aware of what is going on. Suggestions help organization to change ways of operating in field and build the competencies of peer educators in AIDS impact mitigation. The following are responses from peer educators;

Table 4.8 Suggestions to facilitate peer educators work

Suggestion	Respondents		Total
	Male	Female	
Training to improve taking care of the PLWHAs	5	3	8
Provision of material support for PE e.g. bicycle	2	2	4
Close follow-up PE work	3	0	3
Financial support	1	0	1
Transport for peer educators	2	0	2
Peer educators need supportive materials e.g. training material	1	1	2
Training peer educators on counselling PLWHAs	2	0	2
Linking PE to other related NGO dealing with HIV/AIDS	2	1	3
Total	18	7	25

By observing the data in the table above, it clearly shows the responses of the suggestions from peer educators such as on trainings for taking care of PLWHA, support to peer educators in term of transport and other training materials and close follow-up of the peer educator work. Most respondents suggested to have training on taking care PLWHA as well as to have support in terms of material i.e. tools used in training, and bicycles for easy movement to reach more peers.

The above suggestion from peer educators should be considered but must be oriented in AIDS impact mitigation, for example training peer educators on handling PLWHA should not be based on the home based care concept (direct AIDS work) but instead should help them in working with PLWHA by having right attitude and working in direct way to mitigate impact of AIDS.

Conclusion made based on the result above is that the suggestions show the need to improve peer educators work in a way that activities done by the peer educators should supported by providing training, tools or material and linking peer educators to other organizations. Most suggestions provided by peer educators are direct AIDS work, which are not recommended for MVIWATA Monduli due to the fact that HIV/AIDS is not a core business of the organization. It is not only supporting, but also monitoring and evaluating peer educators' work by making close follow-up of their work in order to meet organization objectives in HIV/AIDS, which is to enhance gender equality and HIV/AIDS prevention among smallholder farming communities.

4.5 Challenges faced by peer educators in service delivery

There are constrains or challenges that hinders peer educators to work properly in their community, usually challenges are there but should be identified so that can be taken into consideration by organization for improvement of the strategy.

4.5.1 Challenges do peer educators face in service delivery

There are challenges which peer educators face in service delivery which can hinder their performance in their activities. The following table gives responses from the respondents

Table 4.9 Challenges faced by peer educators

Challenges	Respondents		Total
	Male	Female	
Lack of transport (Long distance from households)	3	1	4
People do not want to talk about HIV/AIDS openly	3	1	4
No adequate knowledge on HIV/AIDS	1	0	1
No adequate knowledge impact mitigation	2	0	2
Lack of the support from the organization and facilities	3	0	3
Wrong believes on HIV/AIDS	2	0	2
Little trust to peer educators	2	0	2
Bad tradition and custom (gender inequality & FGM)	0	3	3
Still some people discriminate of PLWHAs	0	1	1
Lack of training facilities	1	0	1
Total	17	6	23

By observing the above data the following an observation made on challenges related to peer education: is that some village households are located far from each and this situation creates the need for transport like bicycle for the quick movement and saving time for the peer educators.

Attitude, There are bad traditions for example female genital mutilation (FGM), gender inequality and lack of trust to peer educators from their peers and the community as well. Due to the fact that there is gender inequality, most women are complaining that they are not equally treated as men in community or mistreated by using culture, for example women are not allowed to be against men. It not right attitude in the community for women to be undermined and subjected to such bad traditions like FGM as it is happening in Maasai community..

It is in people's mind-set that HIV/AIDS is a shameful disease, no body want to talk about the disease openly (negative attitude towards HIV/AIDS). PLWHA are hiding and it is hard to get them easily for discussion and even helping them. This situation is putting peer educators in challenging situation during their work, though this situation is decreasing, as most of the people are now aware of what is HIV/AIDS following awareness creation made by peer educators as indicated earlier in section 4.5 in discussion on changes noticed after peer education strategy was implemented.

Knowledge and skills

Inadequate knowledge and skills on HIV/AIDS is another challenge whereby peer educators lack competence in what they are doing, for example when it comes to questions about what are they doing in HIV/AIDS work, answers given are not clear and satisfactory to peers This situation leads to them being undermined by other peers and also leads to poor performance of their daily work.

From the above analysis the conclusion drawn is that there is a challenge distance of walking which creates the need for transport such as bicycles for the quick movement and saving time for the peer educators while they are doing their work. Another challenge is on traditions and customs such as female genital mutilation (FGM) in Maasai community which is still taking place, although government has prohibited it. The practice is not done in a safe manner and therefore increases susceptibility to HIV infection and later on vulnerability to the AIDS impact. Inheritance laws discriminating women and sexual behaviour practices such as having more than one sex partner as sign of being a real man are mind sets which are hard to change especially to young rural people.

A belief that diseases are caused by witchcraft and can be treated by witch doctors is a challenging situation to peer educators due to the fact that it is hard to change somebody's beliefs and attitude within short time.

4.5.2 Support that peer educators wish to have from organization

Support that peer educators wish to have from the organization can help them to cover some of their basic needs and facilitate their work.

Table 4.10 Support that peer educators wish to get from organization

Type of support	Specific support	Respondents		Total
		Male	Female	
General support	Farmers support by accepting them as peer educators	4	2	6
	Recognition from the field officers and from the office	4	1	5
	Transport (bus fare and bicycles)	2	3	5
	Financial support as DSA	3	3	6
	Community acceptance by knowing what peer educators do (recognition)	1	0	1
HIV/AIDS related support	More trainings on HIV/AIDS	4	1	5
	Training in AIDS impact mitigation	3	0	3
	Training in awareness rising on HIV/AIDS issues	1	0	1
Total		22	10	32

By observing data above, financial and farmers support are the most suggested support from the peer educators. Knowledge, attitude and skill was also mentioned under more trainings on HIV/AIDS. Recognition of peer educators by field officers was mentioned as well as transport for the peer educators.

From the above observation it can be suggested that financial support can help peer educators to cover costs for facilitation tools, subsistence allowance and transport (bus fare). This support would make peer educators more flexible in movement and become equipped with all facilitation tools and will be morally motivated. Trainings about skills and knowledge will help peer educators to facilitate transfer of knowledge to the community and in being accepted by the community.

Peer educators need to be involved in all field activities that are done by field officers, regarding HIV/AIDS, they need to be recognised by field officers and participate in all activities relating to HIV/AIDS. Participatory approach will help peer educators to learn more and improve their performance in peer education strategy.

Financial support should be handled carefully, due to the fact that it is not sustainable for organization to support each and every peer educator financially. Financial support is to be provided when it is really necessary, for example the initial cost of buying bicycles should be covered once. Another alternative of cutting cost is to increase the number of peer educator in some locations which will reduce transport cost for the sustainability of the peer education.

4.5.3 Things to improve by organization in peer education.

This section looks at things that need to be improved by the organization so as to help peer educators to perform their work which will also insure the organization's objectives are fulfilled.

The table below shows responses from peer educators:

Table 4.11 Ways support can help peer educators to perform their work

Ways support can improve peer education performance	Respondents		Total
	Male	Female	
Recognition in society and organization help to encourage and improve our performance, by being involved in different interventions by field officers.	4	1	5
Financial support will help in movements, food and training facilities	4	3	7
Training will help to increase knowledge and skills in implementing groups activities and peer education work	5	1	6
Social acceptance will make our job easy and more efficient.	1	0	1
Training on AIDS impact mitigation will improve their work and being able to mitigate AIDS impact to their community	0	1	1
Total	14	6	20

By observing data above, financial support is for daily subsistence allowance when they will be working far from their household, it will help them to cover bus fare and food expenses. Training on knowledge, skills and attitude will help peer educators to increase knowledge and skills in implementing group’s activities and peer education work. Peer educators also need recognition from the organization and farmers for the improvement of their work.

Training of the peer educators will update their skills, knowledge and attitude, which will help them to deal with HIV/AIDS. As none of them trained on AIDS impact mitigation approach, this will help them to work indirectly and not directly AIDS work. AIDS impact mitigation is good way of working indirectly with AIDS. Households affected by HIV/AIDS they experience lack of labour and income as well. As cited by Muller (2005) in Barnett *et al.*, (1992), “HIV/AIDS can have direct impact on agriculture production in terms of a reduction of cultivated land, decline in crop yields and variety of crop cultivated.” This means that supporting peer educators by training on knowledge and skills in implementing groups’ activities or different socio-economic interventions to mitigate impact of HIV/AIDS will increase resilience from the impact of AIDS for the affected household.

Supporting PLWHA in term of inputs and training in crop production will help in AIDS impact mitigation and finally reduction of vulnerability to impact of AIDS and susceptibility to infection of HIV. Linking PLWHA with organizations as suggested by peer educators will help them to get medical treatment AIDS organizations in order to improve their health status and provision of loans by microfinance institutions improves their economic situation and provides them with other livelihood options.

In focus group discussions, farmers said that peer educators are not trained on AIDS impact mitigation and as they were not talking about it, and it seems that they do not have any strategies used to mitigate impact of AIDS at all. It is time for the organization to train peer educators on AIDS impact mitigation, which will possibly change the situation in the community about the effects or impact of AIDS.

From the above observation and discussion the conclusion drawn is that peer educators need training in AIDS impact mitigation, skills, knowledge and right attitude which can help them to properly implement impact mitigation strategies. Support from the organization and community will help peer educators to implement AIDS impact mitigation interventions.

Recognition of their effort in peer education strategies should be taken in consideration for the purpose of motivation and performance improving.

4.6 Strong and weak points in current peer education

By knowing what are the strong and weak points in the current situation with regards to peer education strategy will help the organization and peer educators to improve and incorporate other new ideas or strategies in HIV/AIDS mainstreaming and AIDS impact mitigation.

4.6.1 Successful strategies by peer educators

There are strategies that have been successful in peer education that can help the organization to improve and add other approaches or strategies to make peer education more effective to mitigate impact of AIDS. Strategies used by peer education are indicated in the table below:

Table 4.12 Approaches successful in peer education

Approaches	Respondents		Total
	Male	Female	
Community awareness creation on HIV/AIDS	5	1	6
Using PLWHAs to witness how successfully they made mitigate the impact of AIDS.	6	1	7
Training on labour saving technology and integrating HIV/AIDS	3	2	5
Supporting PLWHAs in terms of knowledge for production	1	3	4
Training on entrepreneurship for peer educators	0	1	1
Total	15	8	23

The data above shows that men prefer witnessing strategy in other words learning from experiences and community awareness creation, while women prefer training PLWHA and supporting them. All the strategies or approaches are good in HIV/AIDS mainstreaming and AIDS impact mitigation and this give reasons for gender equality in peer education. Community awareness creation on HIV/AIDS used in peer education makes more people become aware of impacts of AIDS.

Training PLWHA in HIV/AIDS issues such as living positively helps to mitigate impact of AIDS. Another successful approach was about helping PLWHA with farm inputs for example crops seeds and fertilizer, which increase or improves production of crops, and finally will help in the AIDS impact mitigation by having income from the produce. Labour is one of the problem facing affected households and afflicted household, due to this problem, the organization facilitates training on labour saving technology to save time and reduce need of more labour. Witnessing or learning by experiences is one of the strategies used to show people that it is possible to live with HIV without any problems. It also gives possibility of impact mitigation, and real example of PLWHAs and the way they are mitigating AIDS impacts in their daily lives. All above examples are successful strategies used to mitigate impact of AIDS. There is still need for more effective strategies that will increase efficiency of AIDS impact mitigation and improving the competences of peer educators as summarized in table 2.2 in chapter two.

4.6.2 Unforeseen issues during peer education work

It is important to look back and see what was left out or what should not have been included in the previous strategies so as to improve the strategies to meet the objective of the organization in HIV/AIDS mainstreaming and AIDS impacts mitigation.

The following are responses on the unforeseen issues identified that hinder peer educators' effort and strategies.

Table 4.13 Issues not considered in peer education

Not considered issues	Respondents		Total
	Male	Female	
Traditions and customs	6	3	9
Peer educators involvement in HIV/AIDS interventions by Field officers	2	1	3
AIDS impacts mitigation	5	2	7
Economic development activities to peer educators	1	2	3
Nothing was wrong in peer education strategy	1	1	2
Total	15	9	24

By observing the findings in the table above, the most unforeseen issues outlined by peer educators were traditions and customs followed by AIDS impact mitigation. Also mentioned by a small number of respondents was involvement of peer education in field officers HIV/AIDS interventions. Peer educators were not trained on economic development activities, this reflects that most of the training was general knowledge of HIV/AIDS i.e. mode of infection/prevention, and awareness creation trainings, while income-generating activities was not considered as the one of important strategy to mitigate impact of AIDS. By involving peer educators in field works gives them opportunity to learn or improve their competences, thus field officers should involve peer educators in their field works.

From the above observations and discussion, the conclusion drawn is that AIDS impact mitigation has no formula; it is about creativity in different interventions that can be used to mitigate impact of AIDS. This therefore means that peer educators should be aware or knowledgeable on different interventions so that they can be creative and innovative to mitigate impacts of AIDS. By involving peer educators in HIV/AIDS interventions through involvement with field officers will help to improve peer educators' competencies in implementing their work.

Note; Some respondents they tend to answer questions by giving more than one answer in some cases.

CHAPTER FIVE CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents conclusions and recommendations according to the findings and analysis of the findings. Conclusions will be structured as follows: respondent information; competence peer educators have that they can use for mitigating AIDS impact; constraints that hinder peer education in farming community; strong and weak points in current peer education strategy; and facilitations issues to be improved for peer educators to mitigate impact.

5.2 CONCLUSIONS

Basing on the results in this research peer educators lack competences i.e. skills, knowledge and attitudes on the AIDS impact mitigation.

The current competencies that peer educators have are general HIV/AIDS knowledge i.e. transmission, prevention and effect of AIDS. They also have skills in raising awareness and right attitude towards HIV/AIDS due to the fact that are already willing to work with PLWHA as peer educators.

Peer educators are not involved in all field activities that are done by field officers, regarding HIV/AIDS, they need to be recognised by field officer and participate in all activities relating to HIV/AIDS.

Profile of peer educators

Most of the peer educators were crop producers (50%) of them and most of them are doing subsistent farming. Half of the interviewed peer educators were holding other positions in local network and in the group leadership; this means they have double tasks at the same time, while peer education is time demand. This implies they do not have time to implement some of the peer education activities. Less women than man are participating as peer educator in my sample as well as in reality.

Competence of peer educators for mitigating AIDS impact

Most of the peer educators have general training on HIV/AIDS i.e. mode of transmission and prevention. Only a small number of the peer educators are trained in HIV/AIDS mainstreaming, but no one was trained on AIDS impact mitigation.

All most all peer educators improved their skills during peer education training, their ability to interact with different people including PLWHA, and improved their general knowledge on HIV/AIDS. They also improved on the ability to create awareness and stand against discrimination and stigma. However, none of the peer educators improved or trained on AIDS impacts mitigation.

Means of peer education service delivery was in three different forms that are group meetings, individual discussion and combination of the individual meeting and groups meeting. The MVIWATA mode of operation is in groups, which gives a chance for the farmer to collaborate and join efforts in production and marketing of their products. For these reason, service delivery used by peer educators is suitable for the AIDS impact mitigation.

There were changes noticed after peer education strategy implemented by the organization, that is people were aware of HIV/AIDS in general i.e. mode of transmission/prevention and impact of AIDS. Discrimination and stigma were reduced following the peer educators open talking on HIV/AIDS and an increasing number of people are now willing to test for the HIV.

Suggested issues by peer educators to the organization in order to build the competencies of peer educators in AIDS impact mitigation were; more training, provision of material support, financial support and transport (i.e. bicycle and bus fare), close follow-up of peer educators work and linking peer educators to other related NGOs dealing with HIV/AIDS and microfinance.

Constraints that hinder Peer education in farming community

Most of the constraints that hinders peer educators work was lack of skills and knowledge on HIV/AIDS issues and lack of support from the organization. Long distance and lack of the transport was one of constraints that hinder peer educators work. Traditions and customs was one of the biggest challenges peer educators were facing in their work. There was wrong believes that people infected by HIV can be treated by witch doctors and that diseases are caused by witchcraft.

Strong and weak points in current peer education strategy

Strong peer education strategies

Individual and group discussion approach was used successfully to create HIV/AIDS awareness to individuals and group members.

Public HIV/AIDS awareness creation was successful and reaches many people in MWIWATA Monduli farmers' networks.

Training on labour saving technology for example minimum soil tillage in their farms (one of the farming system) were done by peer educators.

Weak points in peer education strategies

Not considering tradition and customs in their HIV/AIDS mainstreaming approach, this leads to the resistance from the community especially from elders.

Peer education strategies did not consider AIDS impact mitigation as part of intervention in responding to the HIV and AIDS. Peer educators were not training in economic development activities to contribute to reduce AIDS impact in farming community.

Field officers were not involving peer educators in some HIV and AIDS interventions. This creates gaps between them, which results peer educators not to improve their competences in different AIDS impact mitigation interventions.

Reflection

It is important for MVIWATA Monduli to upscale HIV and AIDS responses. AIDS impact mitigation can be done through peer educators facilitating social economic interventions that mitigate impact of AIDS. Implementing activities that are mitigating impact of AIDS is possible for peer educators, because they have some knowledge, attitude and skills in HIV and AIDS activities and can be trained on different interventions. Up scaling HIV and AIDS responses, should consider training peer educator on knowledge, skills and attitude in implementing interventions that can be used to mitigate impact of AIDS. Example of interventions are, income generating activities, labour saving technology, planning skills for the intervention and other technologies that are used to mitigate impact of AIDS.

MVIWATA at national level should also consider using peer educators in responding on HIV and AIDS. By considering advantages of using peer educators, MVIWATA at national level can advocate for peer education to other middle farmer networks. This will result in meeting the objective of responding to the AIDS epidemic in farming communities.

5.3 RECOMMENDATIONS

1. Trainings should be organized by MVIWATA Monduli for peer educators regarding HIV/AIDS as a development issue including AIDS impact mitigation on labour and income.
2. The competences that should be improved are; training on relation between HIV/AIDS and development, also relation between HIV/AIDS and labour and income as well as basic technical trainings for the impact mitigation, i.e. being able to train different interventions in AIDS impacts mitigation. Skills should be trained on implementing appropriate AIDS impact mitigation and planning skills for the intervention aiming to improve HIV/AIDS affected household and community as whole. Training on proper attitude to improve on respecting rights of the PLWHA, working with PLWHA and appropriate language to use when talking about HIV/AIDS.
3. To recruit more female peer educators, and put them in those conditions that enable them to continue to serve as peer educators. And reasons why are women are dropping should be researched on, to have their contribution in AIDS impact mitigation. There is need of men and women both to be in peer education, because in Maasai cultures for women it is not easy to approach men and advise anything, this situation creates cultural barrier between men and women. Secondly needs and problems of women and men are different and it is easy to address them to the same sex than to opposite sex. The important thing to note is that most of the women are closer to the PLWHAs and are them taking care of PLWHAs, by considering gender equality AIDS impact mitigation will be equally done in a community
4. It important to continue with both crop producers and livestock keepers in peer education strategy to mitigate impacts of AIDS. This is because all community are both affected by the impacts of AIDS, and there is no big different in impacts of AIDS in labour and income in both communities. For example crop producers they have high demand of labour during cropping season and more income during production by purchasing inputs like seeds and fertilizer. While livestock keepers they also have high labour demand during dry seasons, for looking for water and pastures (migrating).
5. There is a gap in peer education and the following approach can fill the gap;-
 - **Knowledge** i.e. basic technical trainings for the impact mitigation by being able to train different interventions in AIDS impacts mitigation and awareness in relation to HIV/AIDS and development, also relation between HIV/AIDS, labour and income. Organization should train peer educators on economic development activities to mitigate impact of the AIDS and HIV/AIDS mainstreaming
 - **Skills** i.e. Skills of implementing appropriate interventions to mitigate AIDS impact, and planning skills for the intervention aiming to improve HIV/AIDS affected households and the community as whole.
 - **Attitude** respecting rights of the PLWHA.
It is important to train peer educators on missing competences so as to bridge the gap.
6. Peer educators should not hold other positions in local network and in the group leadership; this will avoid them with double tasks at the same time while peer education is time demand.
7. Organization should consider long distance peer educator are walking and consider solving transport problem by providing bicycle and bus fare when necessary, which is possible and cheap.

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ANNEXES

Annex 1: Research framework

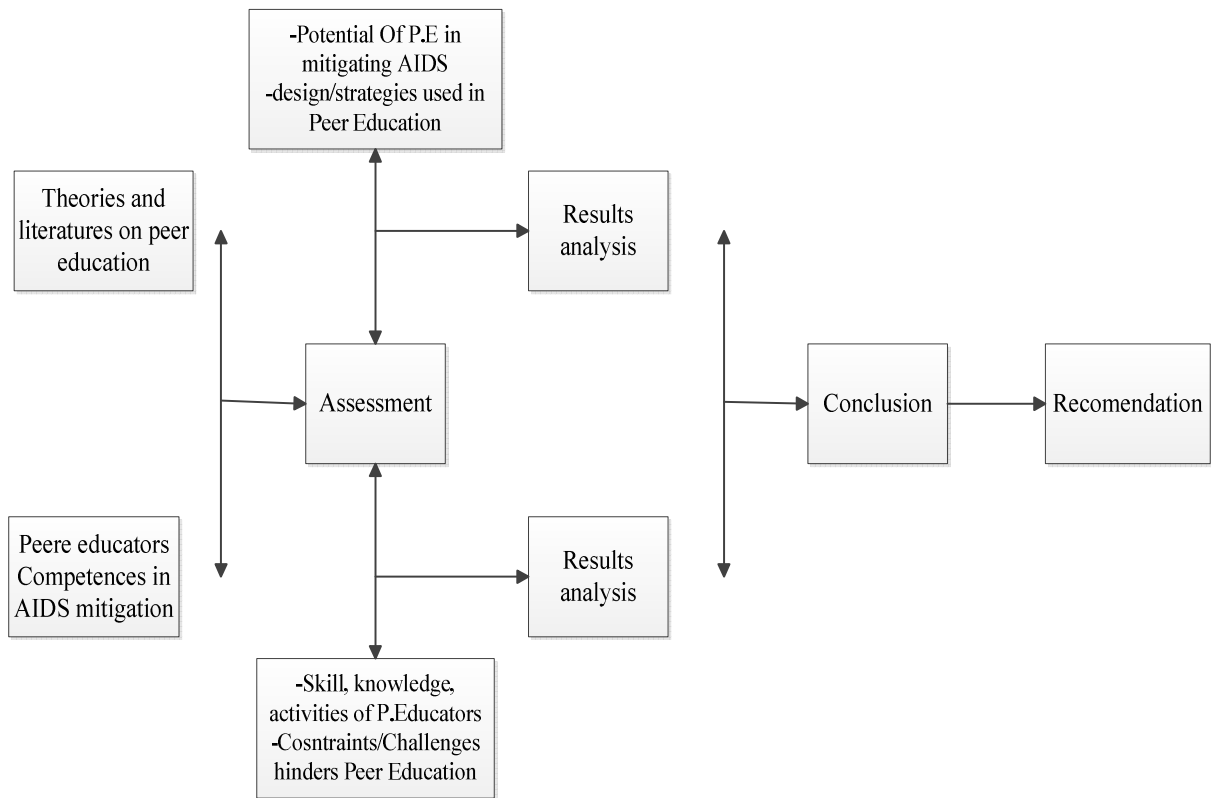


Figure 2: Research framework

Annex 2: Questionnaire

This questionnaire is to be filled by MVIWATA Monduli peer educators to assess their skills, knowledge and attitude mitigating impact of AIDS within their community. Note that the questionnaire is strictly confidential.

SECTION 1: Respondent Information

1. What is your main occupation?
2. Position beside peer educator in the local farmer's network?
 - a) Promoter
 - b) Chair man
 - c) Group leader
 - Other

SECTION 2: Competencies of peer educators have that they can use for mitigating AIDS impact

3. What type of trainings are did you attend on HIV/AIDS
 - a) HIV/AIDS general knowledge
 - b) Mainstreaming HIV/AIDS
 - c) Mitigation of impact of AIDS
 - d) Awareness creation
 - e) Others specify
4. What knowledge did you got mitigating impact of AIDS
5. What skills did you improved after training?
6. What time do you use to pass knowledge you got from different trainings?
 - a) During field training
 - b) During groups meetings
 - c) During individual conversation
 - d) Other specify and why.....
7. Is there any change noticed in after peer education strategy implemented
 - a) Yes
 - b) No
 - c) If yes or no how? And why?.....
8. Do you think there is any lacking skills or knowledge on mitigation of the AIDS impacts
Specify.....
9. Is your attitude on HIV/AIDS changed after training you attended?
 - a) HIV/AIDS is no associate with witchcraft
 - b) Positive living with HIV/AIDS
 - c) Non-discrimination and stigmatization
 - d) HIV/AIDS is disease as any other disease
 - e) HIV infection is not death

.....
Others specify.....

10. What can you suggest to the organization in order to build the competencies of peer educators in AIDS mitigation

.....
.....

SECTION 3: Constraints that hinder peer education in farming community

11. What challenges do peer educators face in service delivery?

.....
.....
.....

12. Which support you wish to have from the organization?

- a) Financial
- b) Material and Tools
- a) Training
- b) Social and moral support (recognition)

13. How the support you choose above can help you to perform your work without problems?

.....
.....

14. What do you think should be done by the organization to improve your services to the farming communities within MVIWATA members

.....
.....
.....

SECTION 4: Strong and weak points in current peer education strategy

15. What are approaches that are well done in peer education

.....
.....

16. Are there any pitfalls that discovered hindering peer education strategy?

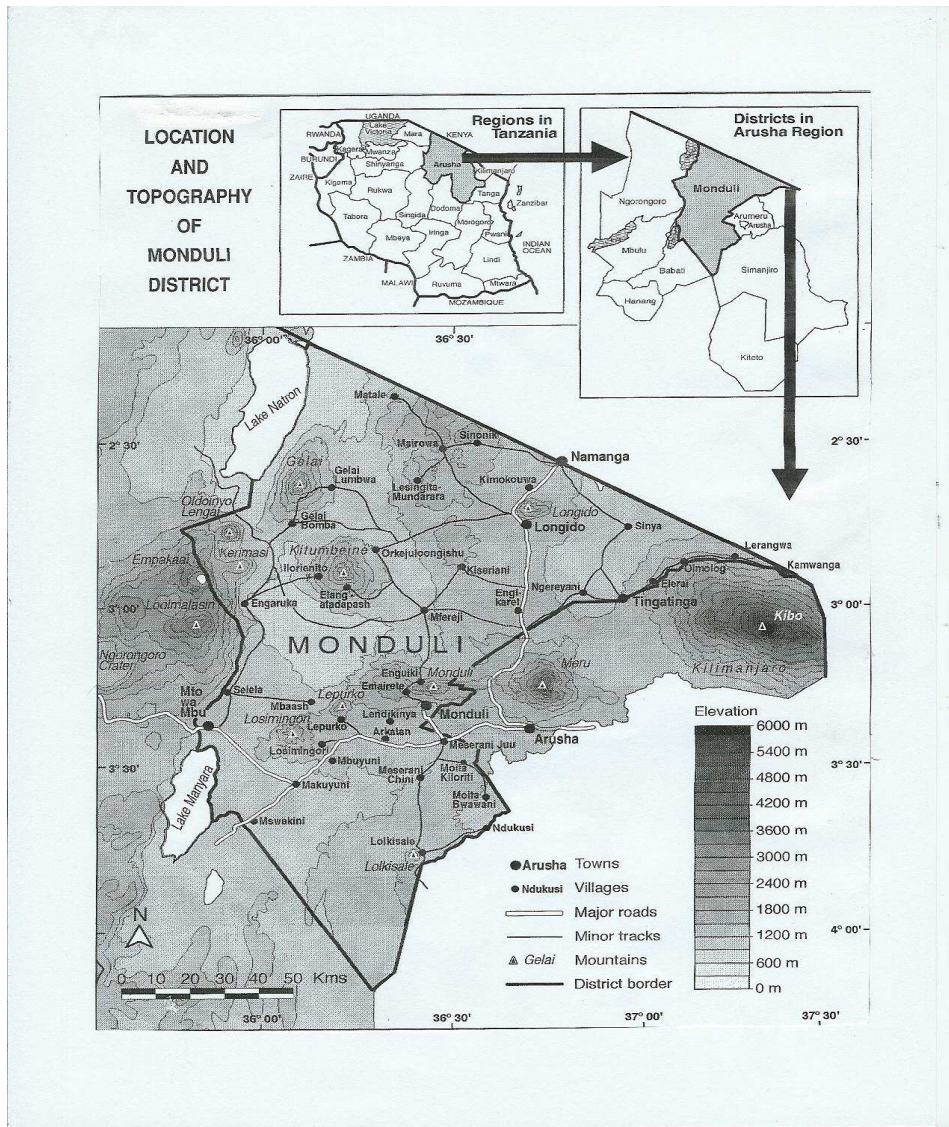
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Annex 3: Checklist questions for group discussion

This checklist questions is to be discussed by MVIWATA Monduli farmers group to analyze their experiences on peer education services provided.

1. Do you know your peer educators?
2. What is your opinion about peer education services?
3. What will you recommend on the services you are getting from peer educators?
4. Do you think peer educators are able to contribute in AIDS impact mitigation? and why?
5. For your opinion, are peer educators giving you different techniques to dealing with impact of AIDS in your household?
6. What do you think there is anything to be improved so as peer educators to work effectively?
7. Are the strategies used by peer educators to mitigate impact of AIDS useful? How and why?

Annex 4: Map Position of Monduli Districts where MVIWATA Monduli operate



Annex 5: Activities in pictures done by MVIWATA Monduli

Bellow are few pictures showing some activities that are use do reduce labour demand in a farming communities and those use to improve farmers income.

1. Activities used to reduce labour shortage in rural areas



Water storage facility, for harvesting rain water



Vegetable production in bags to reduce use of water

Above are activities can be facilitated by peer educator in their communities, to mitigate AIDS impacts on labour.

2. Activities used to improve farmers income.



Selling and marketing farm products



Value addition and selling farm products (honey)

Above activities are used to improve incomes of the farmer in rural area, which can be used to mitigate AIDS impact on the income.

It is applicable and possible to training peer educators on economic development activities as Trainers to implement different interventions that will mitigate impact of the AIDS on labour and income in farming communities.