CONTRIBUTION OF POPULATION SERVICE INTERNATIONAL (PSI) ORGANIZATION PROJECTS FUNDED BY USAID IN SOCIO-ECONOMIC DEVELOPMENT, A CASE OF DAR ES SALAAM REGION

By

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CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled Contribution of Population Service International (PSI) organization projects funded by USAID in Socio-Economic Development: The case of Dar es Salaam Region, in partial/fulfillment of the requirements for award of the degree of Master of Business Administration of Mzumbe University.

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I, **Ester Mambali**, I declare that this thesis is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

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ABBREVIATION AND ACRONYMS

AMCC	:	The Achievement and Maintenance of Comprehensive Coverage
BBC	:	Behavior Change Communications
BCC	:	Behavior Change Communication
BHN	:	Basic Human Needs
CCAs	:	Community Change Agents
CHMT	:	Council Health Management Team
COMMIT	:	Communication and Malaria Initiative in Tanzania
DC	:	District Commissioner
DHMT's	:	District Health Management Teams
FARMESA	:	The Farm Level Applied Research for Eastern and southern Africa.
FP/MCH	:	Family Planning/Maternal and Child Health
GOT	:	The Government of Tanzania
ICT	:	Information and Communication Technology
IQC's	:	Indefinite Quantity Contracts
JHIRF	:	Joint Health Infrastructure Rehabilitation Fund
LLINs	:	Long Lasting Insecticide Treated Nets
LLT	:	Linkage, Themes and Tools Approach
MC	:	Minimum Conditions
MOH	:	The Ministry of Health
MOHSW	:	Tanzania Ministry of Health and Social Welfare
MOHSWS	:	Ministry for Health and Social Welfare Services
MTEF	:	Medium Term Expenditure Framework
NGO	:	Non Government Organization
ODA	:	Overseas Development Assistance)
PE	:	Personnel Emoluments
PEPFAR	:	President's Emergence Plan for AIDS Relief
PSI	:	Population Service International
PSO	:	Program Support Objective

SPSS	:	Statistical Package for Social Sciences
TB	:	Tuberculosis
TMARC	:	The Mid-Atlantic Repeater Council
UNDP	:	The United Nations Development Programme
UNDP	:	United Nation Development Programme
UNICEF	:	The United Nations Children's Fund
USAID	:	United State Agency for International Development
VCT	:	Voluntary Counseling and Testing
WHO	:	World Health Organization
ZTC’s	:	Zonal Training Centre

ABSTRACT

A research on the contribution of PSI organization projects funded by USAID on socio-economic development was done at Dar es Salaam region. The problem investigated included the contribution of PSI organization projects funded by USAID on socio-economic development in Dar es Salaam region. The general objective was to assess the impact of projects funded by USAID on economic development in Dar es Salaam region. Specifically the study was intended to identify existing and their location of PSI projects funded by USAID, to determine the projects provided to the region and their distribution over the last three years and the implications of PSI projects funded by USAID

Research design used was case study design, Respondents 120 participated. Both primary and secondary data collection methods were used and instruments used to collect data those data are the use of interviews, well structured and pre-tested questionnaires. Data analysis procedure involved was Statistical Package for Social Sciences (SPSS) and Microsoft Excel computer programmers in order to get frequencies and percentages whereby Qualitative and Quantitative data were gathered.

Findings indicated that PSI has made a number of achievements in HIV/AIDS preventions, Family Planning, Malaria, Reproductive and Child Health. In HIV/AIDS data show that women are more affected than men at 7.7%. So I would like to recommend that the implementation of PSI project can highly been achieved if we involve those whom we serve in the community by simply making them openly to identify their potential needs and discover the effects of the products used. Social-economic development comes through true people's involvement in projects.

The researcher really hope that output from this study shall be of practical use to PSI

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Tanzania, like most other developing countries is faced with a problem of inadequate resources, both in terms of material as well as finances (URT, 2006). A major challenge that Tanzania is faced with is to ensure that the meager resources available are effectively allocated and used for the purpose of bringing socio-economic development to its people. Thus, this study intended to analyze the impact of the PSI organization projects funded by USAID on socio-economic development in Dar es Salaam region.

1.2 Background Information to the Research

This chapter introduces the problem under investigation. It provides background information about USAID financing and the importance of financial management by the USAID authorities. It highlights the concept of USAID functions taking place in Tanzania as key aspects of financial management for sustainability of PSI projects in the local authorities. Moreover, it introduces the statement of the problem, purpose of the study, research questions and significance of the study.

"According to World Bank, (2002) Over 70 percent of Dar es Salaam five million residents live in informal, unplanned settlements that lack adequate infrastructure and services, and over half of them survive on roughly a dollar per day. With a population growth rate of about 8 percent per year, Dar es Salaam is one of the fastest-growing cities in sub-Saharan Africa. City and municipal authorities face significant challenges with respect to providing new or even maintaining existing infrastructure and Services".

Following decades of one-party socialism and economic stagnation, Tanzania embarked on a fundamental political and economic transformation in the early 1990s.

The nation's first Multi-party elections were held in 1995. Tanzania has made major

strides in converting to a market economy, institutionalizing reforms that are controlling inflation and deficit spending, attracting increased investment, privatizing public enterprises and sustaining annual economic growth rates among the best in sub-Saharan Africa.

However, Tanzania still faces formidable impediments to its democratization and development goals. Challenges include structural obstacles to economic growth, institutional and human capacity limitations, Malaria, HIV/AIDS and high rates of other infectious diseases and of population growth, corruption, the government's uneasy relationship with civil society organizations, and unsustainable natural resource exploitation.

So NGO's came into existence and performs important work in many areas of social economic and financial development in Tanzania; work with vulnerable groups of society such as orphans, women, people with disabilities, unemployed youths, elderly people, farmers, work for the protection of environment, work on health related issues (HIV/AIDS, Malaria), work to ensure the correct public funds For example government expenditure tracking project. NGO's give citizens the possibility to actively participate in society and social development. Tanzania is rich in natural and extractive resources such as gold, diamonds and tanzanite. Yet, nearly 20 million of its 39 million people live in poverty – without basic health care that could prevent thousands of infectious disease-related deaths each year especially to the mother and Children.

Preventable diseases, such as HIV/AIDS and malaria, are mostly stunting the country's economic growth. Without effective health interventions to keep its people alive, well and able to work, Tanzania's gross domestic product is expected to decline up to 20% by 2010.

USAID/Tanzania's response to Tanzania's development challenges and to the Government of Tanzania's (GOT) Development Vision 2025 is to help accelerate the country's progress towards sustainable development. The Mission's goal is to

"Improve the Quality of Life in Tanzania". Then USAID decide to establish NGO's which can support the environment. In 1993, PSI opened a Tanzania office to begin tackling the East African nation's largest health issue – the growing HIV/AIDS epidemic. Later, it branched out with malaria and water-borne disease prevention campaigns.

HEALTH LIVES

PSI takes a holistic approach to measurably improve the health of the most vulnerable in the countries where we operate. PSI provides accurate health information, readily accessible health products and services that empower people to make informed and healthy choices. PSI helps people help themselves.

In communities with severe health problems, PSI relies on effective community influencers to spread the messages of health. In Malawi, for instance, where absenteeism in schools due to diarrheal disease was a significant problem, PSI depended on children to become the agents of change in their communities. After PSI educated the students on hygiene and sanitation practices, the schools recorded a 90% reduction in absenteeism due to diarrheal disease. Moreover, the positive health impact extended beyond the schools and into the community as well; because the students brought home the health messages and families adopted the safe water practices, the community clinic reported a 35% decrease in diarrheal disease cases.

PSI also empowers individuals to protect the most vulnerable in their communities—children under five years of age. PSI developed an integrated health care package with pre-packaged prevention and treatment products for malaria and diarrheal disease. The distribution of these products can make a significant impact in communities where the leading causes of mortality among children under five are diarrheal disease with severe dehydration and severe malaria. In Madagascar alone, PSI can improve the health of half a million children over the next four years by distributing these packages. Worldwide, PSI's integrated approach to health averted 6 million diarrhea cases and 34 million malaria episodes in 2008.

PSI's commitment to communities also translates into our work with populations neglected by traditional health programs. Stigmatized by families, communities and

even healthcare settings, 70% of injecting drug users (IDUs) in Mumbai live on the street without access to basic amenities, and an estimated 24.4% of them are infected with HIV. To curtail the incidence of HIV/AIDS among IDUs in Mumbai, PSI adopts a holistic, peer-led approach and engages IDUs through outreach and service provision in the drop-in center. PSI's commitment to the most at-risk populations worldwide averted almost 3 million HIV DALYs in 2008.

PSI's holistic, integrated and tolerant approach to health—delivering tuberculosis treatment in Karachi slums, holding safe water demonstrations for the poor in Dar es Salaam or using street theater to reach high-risk groups in red light districts in Mumbai—helps create healthy lives in vulnerable, neglected and stigmatized communities worldwide.

Welcome to Research & Metrics, the source for PSI's evidence-based decision-making.

PSI uses primary (i.e. its own) and secondary (i.e. other people's) data to monitor and evaluate its programs; estimate the health impact of specific interventions; assess value for money and improve intervention cost-effectiveness; and evaluate the health of the markets PSI works to strengthen.

To measure program indicators and changes in indicators, PSI conducts TRaC Monitoring analysis. The types of research questions that TRaC Monitoring studies can answer include: What is the perceived availability of safe water solution among mothers and caregivers to children under 5? Or, What percent of mothers and caregivers to children under 5 know how to prevent diarrheal disease?

Monitoring studies are conducted before a program begins to measure baseline levels of indicators, during the program to measure progress against indicators, and/or at the end of a program to measure change over time in indicator levels.

PSI monitoring information is usually presented in terms of percentages and means. Here is a section of a monitoring table from a TRaC study in Liberia on diarrheal disease prevention behaviors

To analyze differences in population characteristics and behavioral factors among those who perform a certain behavior and those who don't, PSI conducts TRaC

Segmentation analysis. The types of questions that segmentation studies can answer include: Is perceived availability of safe water solution different between those caregivers of children under 5 who treat water with chlorine based products and those caregivers of children under 5 who do not treat water with chlorine based products? Or, do those caregivers of children under 5 who treat water with chlorine based products have higher social support to use safe water solution than those caregivers of children under 5 who do not treat water with chlorine based products?
Segmentation studies are usually conducted before an intervention to understand how to best design a program and address the behavioral factors underlying a certain behavior.

PSI segmentation data are usually presented in terms of means, percentages, and Odds Ratios (ORs). Here is a section of a segmentation table from a TRaC study in Liberia on diarrheal disease prevention behaviors. To determine the effectiveness of PSI interventions, TRaC evaluation analyses are conducted. Although changes in behavior and behavioral correlates may be observed by conducting monitoring studies, evaluation studies are necessary to assess if those changes are attributable to PSI interventions.

Evaluation studies can answer for example, is exposure to PSI's safe water inter personal communication (IPC) intervention associated with an increase in water treatment? Evaluation studies can also assess the dose-response relationship between an intervention and outcomes of interest. So for example, evaluation can answer, is a higher level of exposure PSI's safe water messaging associated with higher knowledge on diarrheal disease compared to low level or no exposure to PSI's safe water messaging.Evaluation studies are conducted at the end of a program, when at least two rounds of data are available, to determine if the intervention was effective in changing behavior and/or behavioral correlates.
PSI evaluation data are presented in terms of percentages and means. Here is a section of an evaluation table from a TRaC study in Liberia on diarrheal disease prevention behaviors

The results show that among women with children under 5 who were exposed to the safe water intervention (both low and high levels), significantly higher proportions (33.5% and 28.3% respectively) ever treated their drinking water, compared to women with children under 5 at baseline (12.1%) and women with children under 5 who were not exposed to the intervention (17.8%). The results also show that there is no statistically significant difference between the proportion of women with children under 5 that ever treated drinking water at baseline and the proportion of women with children under 5 that ever treated drinking water in the non-exposed group. Those who were highly exposed to the safe water intervention had a significantly higher knowledge score about diarrheal disease (8.31) than respondents at baseline (6.95), those with no exposure (7.25), and those with low exposure (7.62); those with low exposure had a significantly higher knowledge score than those with no exposure. The significant difference between knowledge scores among women with children under 5 at baseline and those in the non-exposed group suggest that there may have been influences external to the PSI safe water messaging intervention that might have also contributed to increased knowledge about diarrheal disease.
Evaluation data are necessary to assess the impact of our interventions, and to make decisions about replicating and scaling up programs.

PSI relies on a network of efficient, reliable, and credible metrics that frame success around reductions in disease burden and use of family planning interventions. Our fundamental measures of health impact are the disability-adjusted life year (DALY) averted and couple years of protection (CYPs) provided. When PSI averts one DALY, it means that we have prevented the loss of one year of productive, healthy life. When PSI provides one CYP, it means that we have provided one year of protection against unintended pregnancy.
Monthly Impact Reports and Year End / Mid Year Dashboards are one of the ways PSI adheres to its corporate mission to measure the health impact of our work. In the reports and dashboards below, PSI's health impact is expressed by region, country and product

CHANGING BEHAVIOUR

Encouraging healthy behaviors and empowering the vulnerable in the countries we serve to make smart decisions regarding their health is at the center of PSI's work.

PSI is a leader in behavior change communications (BCC), information exchange tailored to specific groups to encourage health-seeking behaviors. BCC provides people with the information that they need to make smart decisions about their health, educating them about why certain behaviors benefit their health and well-being and also giving them the tools to carry out these measures. PSI's BCC uses commercial marketing techniques to position products and services with messages that promote knowledge and help normalize and reinforce healthy behaviors.

PSI uses both branded and non-branded BCC campaigns to encourage healthy behaviors and sometimes combines the two to simultaneously promote a behavior and encourage the use of a single product. PSI's branded campaigns promote its socially marketed products or services, using traditional, commercial marketing techniques to create a demand for them, while its non-branded campaigns use these same techniques to promote a certain behavior. These campaigns are disseminated to PSI's target audiences through a variety of channels—such as mass media, peer education, school programs, community-theater, mobile multi-media events, interpersonal communication, and special event sponsorship—and are presented in many ways so that people of various levels of education can benefit.

In Togo, PSI is conducting a BCC campaign with uniformed services personnel called "Operation Haute Protection (Operation High Protection)." The campaign focuses primarily on police officers, customs agents, firemen and para-military and promotes healthy behaviors such as condom use and treatment of sexually transmitted infections as well as creating a demand for voluntary counseling and testing services and PSI/Togo's Protector Plus condom brand as a means to prevent HIV. This campaign blends various messaging to encourage its target audience to make educated decisions to further their health and reduce their risk of contracting HIV.

Significant Involvement and Service Referral Policies

At PSI, one manner in which we assess the health impact of our programs is by estimating the number of disability-adjusted life years (DALYs) our interventions have averted. In cases where PSI does not directly implement all aspects of a particular intervention, but still plays a role in the distribution, delivery or promotion of that intervention, PSI employs specific policies and procedures to estimate health impact. Through these policies, PSI is able to estimate impact generated from partnerships and communication activities.

Significant Involvement

'Significant Involvement' refers to PSI's active contribution to a partner's service delivery or free malaria net distribution campaign. PSI may be considered 'significantly involved' in a partner's efforts when specific criteria are met surrounding contractual agreements, provider training, quality assurance, facility improvement, or ongoing support, among others. When PSI can be considered significantly involved in a partner's efforts, PSI claims 100% of the DALYs averted by the intervention. If PSI cannot demonstrate significant involvement, no impact will be claimed.

Service Referral

PSI's health promotion and communication activities sometimes increase demand for health services that PSI does not directly deliver. In these cases, the health communication activities serve as referrals to health services. If PSI can demonstrate that a person received a service as the direct result of PSI's communication efforts, PSI attributes 50% of the health impact resulting from that service to PSI's efforts.

Four policies govern PSI's attribution of DALYs averted through Significant Involvement or Service Referral:

i. Policy for platform or affiliate status
ii. Policy for impact attribution: Service delivery through partners
iii. Policy for impact attribution: Referral for service delivery

iv. Policy for impact attribution: Partnership in LLIN campaigns

Building Partnership

PSI's success lies in the partnerships it builds and maintains with donors, individuals, groups, government ministries, NGOs and private companies around the world.

As an implementing partner to governments, PSI works in concert with ministries of health to achieve the national goals for particular health areas. Recently, a coordinated partnership led by the Government of Rwanda resulted in more than a million long lasting insecticidal nets being delivered to every Rwandan child aged between six months and five years during a week long integrated child survival campaign. This effort succeeded because of close collaboration between various partners, including the Rwandan Ministry of Health, UNPD, UNICEF, WHO, Red Cross and PSI.

On the ground, PSI works hand in hand with community members, peer educators and other groups. In hard-hit areas, PSI collaborates with community influencers to spread education and awareness among peers.

In Tanzania, a country with staggeringly high rates of HIV, a young man named Mlungisi heard about circumcision as a way to help prevent HIV. "I'm one person who likes being a role model. If there is ever something good that is supposed to be done by young people, I want to be the first one to do it." Convinced that it was a smart decision, Mlungisi chose to have the procedure. "I encourage each and every Swazi guy that circumcision is a must-do." Based on his positive experience, 10 of his friends have since been circumcised. Without these types of partnerships, with members of target populations actively working towards the improvement of their own lives and those of others, PSI would not be successful.

Strengthening Local Capacity

Achieving healthy lives is at the core of PSI's mission, but results don't come without partnership and investment in local communities. PSI takes a comprehensive approach to sustainable development, working in support of local governments and

ministries of health and in partnership with local organizations to help reach nationally developed health objectives. Harnessing the power of private markets and local economies, PSI delivers life-saving messages, services and products to the world's most at-risk populations worldwide. Through partnership with local organizations, PSI provides the dignity of choice to vulnerable communities.

With more than 8,000 employees around the globe, nearly 90 percent of all staff is native to the local community in which they work. A leading organization in behavior change communication, PSI's communications are evidence-based and culturally sensitive, influenced by active community participation. Often, local community members are employed by PSI to serve as peer educators. Through training sessions, these individuals are able to empower their peers to make healthy decisions for themselves and their families.

Through innovative social marketing campaigns, PSI creates both demand and supply in local economies, encouraging sustainable economic development. Working with local pharmacies, clinics and community organizations, PSI utilizes the existing resources to communicate messages and distribute products while also developing local capacity. From the warehouse to the pharmacy, PSI works with the community to meet their needs and includes them actively in the process of creating healthy lives. Often this investment in the local economy creates job opportunities for the economically disadvantaged. In Haiti, for example, HIV-positive individuals who are often otherwise unemployable due to social inequalities and stigma work in PSI warehouses packaging medicines and preparing products for distribution.

PSI also believes that communities, countries and economies cannot thrive without ensuring that basic health needs of the population are addressed. When families have access to safe drinking water, girls won't be slaves to water and are more likely to attend school, when mothers have reproductive health information to properly space births, children are better fed and better cared for, when youth have accurate information about HIV transmission, they are better prepared to make healthy choices.

As the primary recipient of major grants from donors like The Global Fund to Fight AIDS, Tuberculosis and Malaria, USAID, KFW and the Gates Foundation, PSI grants sub-awards to local organizations to achieve national health impact from the community level up. Through this local collaboration, PSI strengthens the ability of local groups to achieve healthy lives for themselves, guiding the process and enhancing the likelihood for sustainable development with a lasting impact.

1.3 Statement of the Problem

So far few studies on USAID system in Tanzania have been conducted on the Population Service International projects. For example Fjeldstand et al (2004) focused on financial management and particularly on revenue collection of project. These studies do carry out a comprehensive analysis on the contribution of NGO projects on socio-economic development particularly on basic infrastructures. These studies do not however carry out an exhaustive analysis of the impact of USAID grants projects on socio-economic development particularly on basic social, health services and access to safe and clean water in local communities.

Based on the foregoing, this study analyzed the impact of the projects funded by the USAID grants on socio-economic developments in all Dar es Salaam districts such as Kinondoni, Ilala and Temeke. These districts have succeeded to access USAID funds and thus provide opportunity in analyzing the increase in stock of basic social services, health services and access to safe and clean water. The study in particular analyzed the extent to which projects funded by USAID facilitate socio-economic development in terms of increase in stock of basic health to the community and indicate how such projects can be more effectively utilized.

The regions have succeeded to access funds and provide opportunity in;

- **Reproductive Health;** PSI/Tanzania empowers women to overcome traditional gender stereotypes and take advantage of available contraceptives, such as: Care female condoms and male condoms, Safe Plan Injectolette (inject able), Safe Plan Microlette (oral), spermicidal foam or gel, Pills, Implantable rod (matchstick size) and sterilization.

Social Marketing to Improve Women's Reproductive Health

PSI and other organizations use social marketing and social franchising to expand the use of modern contraceptives, promote safe motherhood, and reduce unsafe abortions. The effectiveness of social marketing and franchising interventions in improving reproductive health is documented in our Social Marketing Evidence Base. The Social Marketing Evidence Base compiles systematically reviewed evaluations of social marketing and social franchising interventions by PSI and other organizations in the countries and health areas where PSI operates.

We found 14 studies that considered the effectiveness of social marketing and social franchising in improving reproductive health outcomes. One study looked at the health outcome of unwanted pregnancy, while 13 looked at behavioral outcomes such as use of modern contraceptives. Ten reported on factors, such as knowledge, attitudes and social norms that can help people adopt healthy reproductive behaviors. These 14 studies received an average strength of the evidence score of 4, which is a measure of the rigor of how these studies were designed.

We also compared these social marketing and social franchising interventions against the National Social Marketing Center's Social Marketing Benchmark Criteria. A number of the social marketing and social franchising interventions in reproductive health addressed behavior, customer orientation, insight, exchange, competition, segmentation, and methods mix. However, only three of the 14 studies discussed the theory behind the social marketing or social franchising intervention. The average number of benchmark criteria met was 5.

- **Child Survival;** Access to safe water and sanitation can help decrease the high prevalence of water-borne diseases, such as diarrhea and cholera, in both urban and rural Tanzania. In 2002, PSI/Tanzania (in collaboration with the MOHSWS and Ministry for Water) launched a program for Water Guard, a household water treatment solution.

- **Strengthening health systems through the Health Initiative;** so that countries can help their children survive, overcome the ancient threat of malaria, give mothers the support they need to give birth safely and turn the tide against the HIV/AIDS epidemic on the continent, Family Planning/HIV Integration, Reproductive health through Female and Male Condom, Contraception's workers and Behavior Communication.

1.4 Objective of the Study

1.4.1 General Objective

The main objective of the study is to investigate the impact of PSI projects funded by USAID on Socio-economic development in Dar es Salaam region.

1.4.2 Specific Objectives:

i. To identify existing and their location of PSI projects funded by USAID in the study.
ii. To determine the projects provided to the region and their distribution over the last three years.
iii. To determine the implications of PSI projects funded by USAID

1.5 Research Question

The following were research questions:-

i) What are the PSI projects funded by USAID in the study areas?
ii) How much fund have being provided and their distribution to over last three years in the study area?
iii) What are the contributions of PSI projects funded by USAID in the improvement of health care and socio-economic living standard of the community in the study areas?

1.6 Significance of the Study Organization of the Thesis or Dissertation

To advance the frontiers of knowledge on how PSI projects financed by USAID contributed in development of socio-economic development in the region. Study findings could suggest the possible application of more smooth ways of financing

community projects. Also the study will assist government officials responsible for local funding of the project in a search for factors which promote or hinder effective utilization of the funds and loans provided to save the problem exist in Dar es Salaam region.

Finally, study findings could contribute to the existing literature on the impact of PSI projects financed by USAID

1.7 Limitation of the study

According to the insufficient time factors and the size and geographical distribution of the population, the study will be conducted in all districts namely; Kinondoni, Ilala and Temeke. Although I was carefully prepared my research, I am still aware of its limitations and shortcomings.

First of all, because of the time limits, the research was conducted only eighty monthly which is not enough for the researcher to observe and collect all the evidence. It would be better if it was done in a longer time. Greenberg, L., Rice, L., & Elliot, R. (1993).Facilitating emotional change: The moment by moment process. NY: Guilford. Time and budget limitations made it impractical to assess how narrative-based processing might have influenced participants' long-term thinking over multiple months or years. Some relevant literature suggests that many of the insights that come from experiential interventions such as this one may not show up until long after the intervention ends (Greenberg, Rice, & Elliot, 1993).

Second, the population of the experimental group is small; therefore to generalize the results for larger groups, the study should have involved more participants at different level. Third, since the questionnaire designed to measure the community, district commissioners, PSI staff' attitude towards the use of international funds might give useful information about the impacts; it seems not to provide enough evidence in which certain degree of subjectivity can be found. In fact, it would have been sort of objective if it had been decided by two or three examiners. Fourth, personal affiliation interrupted my field work as I was conceived and the doctor describe to me to have long bed rest for like two month. Also I was overloaded with

work at my office while working in my research which affects my research field performance.

Moreover, Difficulties to access some of the information due to the fact that as some of the data's found to be confidential to the project. Lastly lack of enough resources, I faced difficulties on data collection and analysis of data due to insufficient amount of funds to acquire leading information at a time.

1.8 De-Limitation

Aspects of personality important for problem solving and decision making. It is generally accepted that at least three elements are required for problem solving and decision making: a knowledge base, an adequate level of thinking and communication skills, and an organized approach or strategy to solve problems (Woods, 1987).

I had technical strength for judging effectiveness in which I made every targeted and concerned person in my research a part and parcel of it. In which I listen to others while brainstorming privately. Due to inadequate resources I knew I will face, I used my personal experience of limiting some of the targeted population and audience I wanted to reach. Also I tried my level best to use simple and affordable instruments to collect data.

Overloaded works make me to exceed time to work up to the midnight and being sharp, flexible and faster on my work timetable in order to balance and accomplish what I wanted to achieve. I was able to develop and implement specific steps of solution in which I kept some principles like wakeup early, use my weekend and reduce those spending times with the friends.

Technological network use to obtain information in an easier, flexible and faster situation such as mobile talks, internet which somehow solve time limits Flexibility of my movements provided to me enough information needed in solution.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews different literatures on USAID grants and its contribution to sustainability of PSI organization projects. It provides definition of the key terms that are used in the study for better understanding of the study. Besides, the chapter continues by reviewing theories of International grants and Project development from different authors that support the study. In addition, it provides empirical evidences from other studies done on the impact of USAID grants on PSI projects and socio-economic development in different countries. Lastly, the chapter ends up with a summary of key issues raised in the literature review and the research gaps.

2.2 Theoretical literature

2.2.1 Project

A project is a temporary group activity designed to produce a unique product, service or result. A project is temporary in that it has a defined beginning and end in time, and therefore defined scope and resources. A project is unique in that it is not a routine operation, but a specific set of operations designed to accomplish a singular goal. So a project team often includes people who don't usually work together – sometimes from different organizations and across multiple geographies Ruzibuka, (2005).

A project is a specific undertaking with specific starting and ending time aiming at achieving a specific objective using specific resources Ruzibuka and Rutagambwa (2007). This study adopted the definition of a project given by Ruzibuka and Rutagambwa (2007).

2.2.2. Donor funded projects

Donor funded Projects are externally-funded activities in which a formal written agreement, i.e., a grant, contract, or cooperative agreement, is entered into by the government and by the sponsor. A donor funded project may be thought of as a transaction in which there is a specified statement of work with a related, reciprocal

transfer of something of value.

Donor funding is received as loans (repayable with or without interest) or grants (non-repayable) and comes from USAID. In general, they fund projects which seek to address the issues of Health services, food security and poverty reduction through empowerment of local and urban communities, improvement of the performance of agricultural marketing systems; support to small-scale infrastructure to improve access to markets and water.

Tanzania health system and acute workforce shortage familiarizes readers with the context in which health professions education takes place. These touches on poverty rates, population growth, and characteristics of the health system. The critical shortage of trained health staff is a major challenge facing the health sector, aggravated by low motivation of the few available staff. Other challenges facing the health sector include lack of effective staff supervision, poor transport and communication infrastructure and shortage of drugs and medical equipment.

We recommend appropriate action be taken by the government and other stakeholders to provide more financial and human resources for the sector while ensuring their efficient and effective utilization to improve services delivery.
Tanzania is rich in natural and extractive resources such as gold, diamonds and tanzanite. Yet, nearly 20 million of its 39 million people live in poverty – without basic health care that could prevent thousands of infectious disease-related deaths each year. Preventable diseases, such as HIV/AIDS and malaria, are also stunting the country's economic growth. Without effective health interventions to keep its people alive, well and able to work, Tanzania’s gross domestic product is expected to decline up to 20% by 2010.

The United Republic of Tanzania is located in eastern Africa, consisting of mainland Tanzania and the islands of Zanzibar with the population of around 42 million (official projections for mid-2009), and remains one of the most politically stable countries in Sub-Saharan Africa. Tanzania’s economy has enjoyed high growth at an

annual average rate of over 7.2 per cent since 2001. Despite the global financial and economic crisis, the economy of Tanzania is estimated to have grown by 5.0 per cent in 2009. However, poverty remain high in Tanzania. The national Poverty and Human Development Report in 2009 illustrated that the level of poverty declined only by 2 percentage points to 33.6 per cent between 2001 and 2007. One third of Tanzania's people are still living below the poverty line, whereas poverty remains highest in the rural areas. The last Human Development Report (2009) ranks the country as 151st out of 182 countries (HDI value of 0.530).

Tanzania has made considerable progress in some of the social indicators. According to the Mid-term MDG Report released in 2009, Tanzania is on track in achieving the MDG targets on primary education and gender equality although the quality of education is still a concern. Progress has also been made in infant and child mortality, but maternal mortality still remains high.

With USD 1.6 Billion-USD 1.9 Billion (official aid information data from the Ministry of Finance and Economic Affairs) in recent years, ODA to Tanzania has been playing and will continue to play a significant role in supporting national efforts on poverty reduction and development as well as government development expenditure. Aid fund has accounted for around 40% of the national and 80% of the development budget. In 2006-2007, key donors of gross ODA in Tanzania were the US Government, World Bank, Japan, AfDB, DFID, EC, IMF, Netherlands, Sweden and Norway.

Tanzania received ODA in three modalities, including General Budget Support (GBS), Basket Funding and Project Funding. The data from the Ministry of Finance and Economic Affairs indicates that approximately 42-45% of total ODA to Tanzania is provided under the General Budget Support, compared to 17-21% under the Basket Funds and 37-39% under the Project Funds modality. However, it is also worth noting that whilethe GBS being the Government's preferred aid modality, a recent trend indicates that direct project is increasing in terms of its volume and share. With direct project difficult to be accounted in the Government systems given

that significant level of project financing is provided off-budget and outside of the system, the overall ODA picture may differ from the aid inforamtion that has been captured in the Government system. In FY 2006/2007 GBS contribution to the National Budget was 21%. A trend of a decreasing share of GBS of the National Budget was noted. Partners that contribute to General Budget Support include the African Development Bank, Canada, Denmark, European Commission, Finland, Ireland, Japan, Germany, Netherlands, Norway, Sweden, Switzerland, United Kingdom (DFID) and the World Bank.

Tanzania continues to be considered as one of the leading countries that have successfully piloted innovations in reforming the aid structure, starting its effort prior to international initiatives such as the Rome and Paris Declarations. The principles of the Aid Effectiveness agenda have been at the centre of the development dialogue since the mid 1990s in Tanzania with the production of the Helleiner Report in 1995. The Government leadership over aid management is also evidenced by the Government-led formulation process of the Joint Assistance Strategy for Tanzania (JAST) as well as the recent efforts to strengthen the Government core processes of planning, budgeting, and monitoring with a view of embedding the donor specific process into the national process in order to enhance mutual accountability and domestic accountability.

Donor coordination is also facilitated through the Development Partners Group (DPG). The recent Government's efforts to lead donor coordination and dialogue have been welcomed as a major step forward in supporting the principles of national ownership and government leadership over development management process.

In 1993, PSI opened a Tanzania office to begin tackling the East African nation's largest health issue – the growing HIV/AIDS epidemic. Later, it branched out with malaria and water-borne disease prevention campaigns.
See "Latest News" below for reports from the World Economic Forum Tanzania.

Health impact

PSI/Tanzania estimates that in 2010, its products and services helped avert:

- 356,657 HIV & TB DALYs1
- 176,239 Reproductive Health DALYs
- 319,165 Malaria Control DALYs
- 10,629 Child Survival DALYs

Source: The DALY (Disability-Adjusted Life Year) is a widely-used, credible metric that was first developed by the World Bank and is now routinely relied upon in the public health community

2.2.3. Economic development

Economic development is simply economic growth, the production of larger quantities of goods and services in the shortest possible time and cheaply. Any society to exist it must produce enough food, clothing and decent shelter (necessary product) as well as provide essential and basic services adequately Bujra, A. (2002)

"Development" has gone through various evolvements through the history. Although the notion of "development" has existed for centuries, the global domination started to be critical in the 1940s after the World War II Todaro, (2003).A frequently cited benchmark is President Truman's inaugural address to "develop" the South. During this period, "development" was mainly defined as economic development, eventually becoming a key word for the newly independent countries.

The word increased its dimensions of definitions in the 1970s with the notions of basic human needs (BHN) Approach, the New International Economic Order, and alternative development(s). In the 1980s, sustainable development became one of the key points to redefine "development" with the recognition of the environmental degradations. In the 1990s, UNDP proposed "human development" conceptually supported by Sen's capability approach. Corresponding to this evolvement the "development" definitions, the concept of social development became refined, and its importance was confirmed globally in the Social Summit of 1995.

These histories of “development” diversified the word’s definitions based on the various interests and perspectives. The Swahili word used in this study for development is “maendeleo” (development), coming from the verb “kwenda” (or “enda”) meaning “to go” (or “go”). This verb is categorized as a word from Bantu, which is of African origin.

The first Tanzanian President the late Mwalimu J.K. Nyerere frequently used the word “maendeleo” since independence, as the direction and slogan for the new nation. In a paper published by Nyerere on 16 October 1968 entitled “Freedom and Development”, accepted as a party policy paper, he defined maendeleo (development) as increasing people’s freedom Nyerere (1997). He specified this freedom as (a) national freedom, (b) freedom from hunger, disease, and poverty, and (c) personal freedom for individuals (such as to live in dignity and equality, freedom of speech, and freedom to participate Nyerere (1997),

Within the diverse concepts of “development” born from the history of “development” including that of Nyerere, this study will focus on “endogenous development” and “social development” as key concept of the he definitions of these terminologies are as following.

2.2.4. Social development

The original definition of “social development” during the 1960s and 1970s was mainly the social infrastructure to support economic development. This corresponds with the mainstream “development” during this period focusing on economic development. From the end 1970s to the 1980s, social development starts to include satisfaction of basic human needs using new development strategies with people’s participation. The conceptualization of human development in the 1990s, to broaden the choices of people, is also closely related to the foundation of the social development concept.

The 1995 Copenhagen Social Summit emphasized “social development” as a global

imperative. In the Report of the World Summit for Social Development, definition of "social development" can be read from the following passage:

"We gather here to commit ourselves, our Governments and our nations to enhancing social development through the world so that all men and women, especially those living in poverty, may exercise the rights, utilize the resources and share the responsibilities that enable them to lead satisfying lives and to contribute to the well-being of their families, their communities and human kind. To support and promote these efforts must be the overriding goals of the international community, especially with respect to people suffering from poverty, unemployment and social exclusion". United Nations (1995),

You can help ensure that where a girl is born doesn't dictate how many years she lives.Two-thirds of the 7.6 million child deaths that still take place yearly could be prevented with access to simple, affordable interventions. This is why, for the past 40+ years, PSI has been improving the lives of people in the developing world. We've been focusing on the most serious health challenges they face – like a lack of family planning, HIV and AIDS, barriers to maternal health, and the greatest threats to children under five, including malaria, diarrhea, pneumonia and malnutrition.

For every $29.70 you invest in PSI, you can give a year of healthy life to a mother or child in need. Last year, donors like you helped PSI add more than 15 million years of healthy life for some of the world's most vulnerable people. With your help, this year we'll make an even greater difference

Social Marketing

Social marketing applies marketing principles and techniques to change the behaviors of target audiences for social good. PSI is one of the largest global health organizations using social marketing to encourage healthy behaviors, increase health impact, and make markets work for the poor. For example, PSI social marketing campaigns that include branding and multi-media promote the use of condoms among commercial sex workers in India, reducing the spread of HIV. Our social marketing approach to improve public health is two-fold: create markets in

developing countries for impactful health products and services and use social marketing to promote their adoption. We do this in over 70 countries around the globe.

The Social Marketing Evidence Base

PSI and other social marketing organizations are challenged to demonstrate the effectiveness of this intervention strategy – social marketing - along with the effectiveness of individual programs. In response, we've developed the Social Marketing Evidence Base, a resource that compiles systematically reviewed evaluations of social marketing interventions by PSI, other NGOs, and academic institutions in the countries and health areas where we operate. The National Social Marketing Centre's Social Marketing Benchmark Criteria were used to distinguish social marketing interventions from communication campaigns and other interventions that only cover certain components of more comprehensive social marketing strategies. The Social Marketing Evidence Base allows global health organizations, including implementing agencies, donors, and policy makers, to make independent assessments of the strength of the evidence on social marketing as a strategy to achieve health promotion, behavior change, and improvements in health outcomes. Read more about PSI's methodology used to create the Social Marketing Evidence Base

The Power of Evidence

PSI's database of evaluations provides ample evidence that social marketing helps target audiences to change their behaviors, thereby preventing disease and reducing mortality on a population level. This rich database can be used to advocate for greater investments in new programs or scaling up of programs that have proven to be effective. Conducting and disseminating rigorous evaluations of social marketing programs also contributes to broader policy decisions about social marketing in low and middle-income countries. We also identify gaps in the evidence where additional evaluations are needed.

Social Marketing of HIV Products and Services

PSI and other organizations use social marketing and social franchising to expand the use of condoms and water-based lubricants, promote male circumcision, improve use

of voluntary counseling and testing services, and reduce HIV-related risk behaviors. The effectiveness of social marketing and franchising interventions in preventing HIV in LMICs is documented in our Social Marketing Evidence Base. The Social Marketing Evidence Base compiles systematically reviewed evaluations of social marketing and social franchising interventions by PSI and other organizations in the countries and health areas where PSI operates.

We identified 27 studies that assessed the effectiveness of social marketing and social franchising in preventing HIV and other sexually transmitted infections. Within these studies, we found 8 that looked at whether the social marketing program was able to influence health outcomes such as acquisition of HIV. Eighteen studies looked at changes in behavior, such as the use of condoms or safe injection equipment. Twenty studies considered the effectiveness of a social marketing program to influence factors such as knowledge or awareness that could later promote healthy behaviors. Considering the rigor of the studies evaluating these programs, the average strength of the evidence score for these 27 studies was 4.
We also compared these social marketing and social franchising interventions against the National Social Marketing Center's Social Marketing Benchmark Criteria. The majority of social marketing and social franchising interventions focused on STI/HIV prevention provided information on theory, behavior, customer orientation, insight, segmentation, and methods mix. Only 5 interventions discussed exchange and 3 discussed competition. The average number of criteria met was 4.

Social Marketing to Combat Tuberculosis in Tanzania

PSI and other organizations use social marketing and social franchising to help identify TB cases and to increase patients' adherence to treatment using the WHO-recommended Directly Observed Treatment - Short course (DOTS). The effectiveness of social marketing and franchising interventions in combating tuberculosis is documented in our Social Marketing Evidence Base. The Social Marketing Evidence Base compiles systematically reviewed evaluations of social marketing and social franchising interventions by PSI and other organizations in the countries and health areas where PSI operates.

We identified two studies that used social marketing or social franchising to increase TB case identification and treatment. Both studies reported changes in case identification and one additionally reported changes in the number of new cases of positive pulmonary TB. The average strength of the evidence score, a measure of the rigor of these evaluation studies, was 3 for the two studies. Both interventions scored higher than a 6 on the National Social Marketing Center's Social Marketing Benchmark Criteria.

International organizations that rely on USAID funding to support their programs often face many challenges in effectively managing these awards. The rules and regulations associated with award management are complex and often change. Organizations need staff members who understand how USAID awards work and can effectively manage the plethora of USAID – and other US Government - rules and regulations to maintain donor compliance.

Also social development refers to equal access to all members of the society to the necessary product. Civilized society must guarantee its peoples of decent clothing, food and shelter. Social development also includes equal access to essential basic services and opportunities such as education, health, easy communications, recreation and a job. Bujra, A. (2002)

2.2.5. NGO (Non-Government Organization)

It's difficult to talk about the structure and place of NGOs in society, because there are wide variations among the countries they operate in and in the structure of NGOs. Each country has NGO's within its own legal structures and NGOs are shaped by agreements with international organizations such as the ILO, EU. These organizations sometimes form the structure of NGOs.

Therefore NGOs can be defined in terms of their functions in the social system. These functions and services could be 'expressing and addressing the complex needs of society, motivating the individuals to act as citizens, promoting pluralism and diversity, and 'creating an alternative to the centralized state'.

These variations can affect their organizational structure. Some describe NGOs as

‘community based voluntary organizations that help themselves and serve others at local level, national and international levels’ ODA, (1990) others as vehicles for ‘democratization’ and essential components of a thriving ‘civil society’, which in turn are seen as essential to the success of the agenda’s economic dimensions’ Moore ,(1993)or as ‘formal organizations, and as such, they emerged when a group of people organize themselves into a social unit that was established with the explicit objective of achieving certain ends and formulating rules to govern the relations among the members of the organization and the duties of each other’ Frantz,(1987)

According to Korten (1991) they were the earliest form of human organizations ‘long before there were governments’. People organized themselves into groups for mutual protection and self-help.

The term continues to escape simplistic definitions and it is difficult to provide precise and commonly accepted definition. According to the Courier Report (1987) for an organization to be an NGO in the true sense, it should fulfill the following criteria; firstly, it should be autonomous, neither depending substantially on the state for its funds (though it may be-and often does receive a proportion of its funds from public sources nor being beholden to Government in the pursuit of its objective; secondly, it should be non-profit making, thirdly, the major part of its funds should come from voluntary contribution. Two approaches to defining NGOs, broad and narrow, can be found:

- Every organization in society that is not part of government and which operates in civil society. This includes political groups, labor and trade unions, religious bodies and institutions, guilds, sports clubs, arts and cultural societies, trade associations, professional associations.

- A specific type of organization working in the field of development, one that works with people to help them improve their social and economic situation and prospects.

The World Bank’s Operational Directive on NGOs (No.14 70 August 1970) defined

the term of 'NGOs' as Cited in Korten, (1991)

The groups and institutions that is entirely or largely independent of governmental and characterized primarily by humanitarian or cooperative, rather than commercial objectives. The rise of NGOs is not an accident; nor is it solely response to local initiative and voluntary action. Equally important is the increasing popularity of NGOs with governments and official aid agencies, which is itself a response to recent developments in economic and political thinking. (1992:4)

2.3 Empirical Literature

PSI's USAID Grants

The U.S Agency for International Development (USAID) is an independent agency that provides economic, development and humanitarian assistance around the world in support of the foreign policy goals of the United States.

Past projects have ranged from localized safe water programs to multi-regions, HIV prevention programs. USAID has also funded innovate approaches to improving health and creating behavior change,reproductive health, Malaria control, to open new markets for American goods, promote trade overseas, and create jobs here at home, improve education. The USAID is an independent agency that provides economic, development and humanitarian assistance around the world in support of the foreign policy goals of the United States.

PSI currently receives over $168 million from USAID annually to implement programs in over 40 different countries. Past projects have ranged from localized safe water programs to multi-country HIV prevention programs. USAID has also funded innovate approaches to improving health and creating behavior change, providing support for a male circumcision pilot project and a comprehensive maternal health and child survival project.

From 1997-2007, USAID contracted PSI to run the AIDSMark program, which used social marketing to prevent the spread of HIV/AIDS. AIDSMark collaborated with USAID missions and other international donors, as well as with host governments, non-governmental organizations and commercial enterprises to broaden HIV/AIDS programs, increase target groups, build capacity and start new programs.

AIDSMark's 84 programs have spanned 53 countries, and AIDSMark funding has supported the social marketing of many HIV prevention products and services including more than 2.6 billion male and female condoms, VCT services for more than 830,000 individuals through franchised and mobile VCT clinics, lubricant and STI treatment kits. While HIV prevention was the focus of AIDSMark, complementary health interventions were provided in some countries including distribution of insecticide treated nets and retreatment kits.

Following the close of the AIDSMark program, PSI was selected as one of seven organizations for the AIDSTAR Sector I indefinite quantity contract. Under AIDSTAR, PSI has received a grant in Ethiopia to develop and distribute a preventive care package of products and services, including a kit of bundled health products to be provided free to people living with HIV/AIDS (PLWHA) and their caregivers. In Vietnam, PSI has been awarded a grant to increase access to HIV prevention commodities to key populations at increased risk in targeted hot spots. This will be coupled with targeted communication messages that will increase consistent and correct use of these products.

USAID and President's Malaria Initiative (PMI) Success Stories

BEHAVIOUR CHANGE COMMUNICATION

This is a catalogue of Behavior Change Communication (BCC) materials that have been developed by PSI's Country Offices, addressing a variety of health issues. Included in the catalogue are mass media and interpersonal communication materials. While the catalogue is predominantly focused on HIV/AIDS materials, it also includes materials addressing malaria prevention, safe water, and family planning. The catalogue is intended to promote the sharing of knowledge among PSI staff and to share PSI's experience with external audiences.

This is information on each step of BCC campaign development and should be used as a guide. It provides research summaries, creative briefs, and post-test results for many materials in order to document the process used in developing and evaluating behavior change campaigns.

Taking advantage of this information, PSI country programs can learn from the

experience of others and increase the quality and impact of their campaigns without duplicating efforts.

PSI currently receives over $168 million from USAID annually to implement programs in Tanzania. Past projects have ranged from localized safe water programs to multi-regions, HIV prevention programs. USAID has also funded innovate approaches to improving health and creating behavior change, reproductive health, Malaria control, to open new markets for American goods, promote trade overseas, and create jobs here at home, improve education.

2.4 Conceptual Framework and Research Model

A conceptual framework is used in research to outline possible courses of action or to present a preferred approach to an idea or thought.

Conceptual frameworks (theoretical frameworks) are a type of intermediate theory that attempt to connect to all aspects of inquiry (e.g., problem definition, purpose, literature review, methodology, data collection and analysis). Conceptual frameworks can act like maps that give coherence to empirical inquiry. Because conceptual frameworks are potentially so close to empirical inquiry, they take different forms depending upon the research question or problem.

Frameworks have also been used to explain conflict theory and the balance necessary to reach what amounts to resolution. Within these conflict frameworks, visible and invisible variables function under concepts of relevance. Boundaries form and within these boundaries, tensions regarding laws and chaos (or freedom) are mitigated. These frameworks often function like cells, with sub-frameworks, stasis, evolution and revolution.

2.4.1 USAID Approach Framework

Linkages, Themes and Tools (LTT) Approach

As a Mission, we have developed an innovative approach to maximize our resources and deepen the impact of our development activities. We call it the Linkage, Themes and Tools (LTT) approach. With this approach, all of our Mission SO teams commit

to the strategic integration of LTT into and across SOs.

L: Linkage: a shared result (as defined by a common indicator/s) between two or more SOs. The result appears in two or more results frameworks.
T: Cross-Cutting Theme: a development problem that the Mission has determined requires integration into and across all SOs. The Mission's themes are gender, HIV/AIDS, and governance.

T: Tool: an implementation approach (or a way of doing business) adopted by the Mission as an effective means to deepen development results. The Mission's tools are information and communications technology (ICT), capacity building, and public-private alliance building. Previous Mission experience with cross-fertilization of SOs resulted in improved performance in our current strategy. Therefore, in developing the new strategy, the Mission decided to conceptualize and institutionalize the approach.

Mission teams collaborated to identify linkages, themes, and tools that offered opportunities for synergy and increased program effectiveness. The Mission will use a Program Support Objective (PSO) as the principal mechanism to coordinate and integrate LTTs into and across the five SOs. Given that our PSO supports all of the Mission's SOs, it is described in more detail in a PSO section (section 8) that follows the SO sections. In it, we describe how individual SOs contributes to the achievement of shared results and how cross-cutting themes and tools are integrated into the program. This is our "anti-stove piping" approach to development

Implementation Modalities

Figure 2.1.Below are illustrated the numbers for total Overseas Development Assistance (ODA) for Tanzania by aid modality. All amounts are in USD.

Figure 2.1 for total Overseas Development Assistance (ODA) for Tanzania by aid modality

Type of modality	2003/04	2004/05	2005/06	2006/07	2007/08
General Budget Support (GBS)	279.04	458.61	393.01	501.28	698.83
Basket Funds	168.44	80.96	320.88	253.51	136.76
Project Funds	385.86	269.06	604.60	421.79	526.87
Total disbursements	833.34	808.62	1318.49	1176.58	1362.46

Source: Ministry of Finance, 2008

USAID will use a mix of central and bilateral mechanisms to support activities in the new strategy (collaborating agencies, field support, contracts, Indefinite Quantity Contracts (ICQ's), leader with associate awards, cooperative agreements with international and Tanzanian organizations, grants to GOT). Two other factors will influence the selection: first, the need to minimize management burden by limiting the number of mechanisms; and secondly, where appropriate, the Mission will seek to have single procurements (for example, covering both AIDS and health activities, or AIDS and other sectors, however with clear distinctions between funding sources).

Development Hypothesis and Results Framework

This health strategy follows a traditional USAID hypothesis that has proven successful in many countries in the past, namely that individuals that know and practice healthy behaviors and use health services will attain improved health status if those basic health services are accessible and of acceptable quality.

USAID/Tanzania's Health SO of "Health Status of Tanzanian Families Improved", contributes to USAID/Tanzania's overarching goal to "help accelerate Tanzania's progress toward sustainable development and reduced poverty and to improve the quality of life in Tanzania". USAID's program will build on the positive features of Tanzania's health system: a) the availability and reach of existing health facilities, b) an institutionalized process of health sector reform that has the potential for major improvements in health service delivery, and c) the strong and long-standing multi donor presence.

USAID's program vision for the next ten years is to build on these features to strengthen FP/MCH programs that improve the health status of Tanzanian families. Key elements of this vision are to:

- Support efficient district and community-level application of health reform;
- Encourage public-private partnerships and an efficient mix of public, voluntary and private sector provider services;
- Foster quality in the provision of state-of-the-art FP/MCH services; and
- Stimulate critical citizenry, including the demand for quality FP/MCH services.

USAID Funding Levels: This strategy assumes a relatively stable USAID health (excluding HIV/AIDS) budget of approximately $10 -12 million annually with the bulk of funding for family planning (close to 70%) and lesser amounts for child health/nutrition and infectious diseases (approximately 30%).

Relevant evidence: - Improving Health in Tanzania-PSI/Tanzania's HIV prevention program uses commercial marketing strategies to promote Salama condoms and Care female condoms to high-risk groups, such as truck drivers, commercial sex workers and other migrant populations. The program builds trust in these products though cultural theatre groups, mobile video shows and sensitization workshops. In the 1990s, Tanzania posted one of the largest increases in contraceptive use 2 percentage points per year and the name Salama which means "safe" is now the generic word for condom.

Health intervention

- Basic HIV Care and Prevention Package
- Family Planning/HIV Integration
- HIV Risk Perception
- Sex Workers
- Behavior Change Communication for Malaria Control
- Female Condom
- Injectable Contraception
- Oral Contraception

PSI/Tanzania also proactively reaches out to young adults ages 15-24. Less than 50% of this age group can name the five most important elements of transmission; and only 17% of women and 26% of men said they used condoms the first time they had sexual intercourse.

HIV

PSI/Tanzania's HIV prevention program uses commercial marketing strategies to promote Salama condoms and Care female condoms to high-risk groups, such as truck drivers, commercial sex workers and other migrant populations. The program builds trust in these products though cultural theater groups, mobile video shows and sensitization workshops. In the 1990s, Tanzania posted one of the largest increases in contraceptive use – 2 percentage points per year.1 And the name Salama – which means "safe" – is now the generic word for condom.

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Malaria

PSI/Tanzania is a major player in the fight against malaria the number one cause of death of children under 5, and the No. 3 cause of adult death. Malaria also increases the risk for pregnant women to have low birth weight/premature babies, maternal anaemia and stillbirths.

Intense community mobilization promotions have made "Ngao" insecticide retreatment brand a household name. PSI/Tanzania has also helped the Ministry for Health and Social Welfare Services (MOHSWS) develop comprehensive communication materials to educate the public about new treatments.

Reproductive Health

PSI/Tanzania empowers women to overcome traditional gender stereotypes and take advantage of available contraceptives, such as:

- Care female condoms.
- Safe Plan Injectolette (injectable).
- Safe Plan Microlette (oral).

Child Survival

Access to safe water and sanitation can help decrease the high prevalence of water-borne diseases, such as diarrhea and cholera, in both urban and rural Tanzania. In 2002, PSI/Tanzania (in collaboration with the MOHSWS and Ministry for Water) launched a program for Water Guard, a household water treatment solution.

In 2005, Water Guard became available in tablet form, which is more user-friendly due to longer shelf-life. And PSI/Tanzanian's local drama performances model proper hygiene.

1. Source: Tanzania Case Study, December 2006, USAID/ACQUIRE Project.
2. Source: Tanzania HIV/AIDS Indicators Survey 2004.

Target Populations-HIV/AIDS: commercial sex workers and their partners, mining industry, youth, migrant workers and truck drivers; Malaria: Mothers and children under five years of age and expectant mothers, particularly in rural areas; Child Survival: Parents, especially those with children under five, particularly in peri-urban areas.

2.4.2 PSI organization development projects

Development projects refer to sets of interrelated activities with specific objectives to address the identified needs and problems Mmari,(2005). The process of planning for development projects involves the mobilization of resources. Resources here include: finance, human, (skills and knowledge), physical (Land), information (ibid).

The benefits resulting from the implementation of development projects should reach the local community including: men, women, children, disabled, elderly, orphans and people with AIDS PMORALG, (2004). Under 'sustainable development' the process of implementing the plan on development projects should not destroy the environment; instead it should promote environmental conservation PMORALG,

(2008).

To what extent PSI in Tanzania has managed in utilization of existing resources in social and economic projects, the issues need investigation.

2.5 Research Gap

From the review of the literature, it can be concluded that project management is very important for sustainability of development projects and socio-economic development in any country. It is the fact that financial decentralization and project reforms are the key engines for effective implementation and sustainability of development projects. Some of the studies done have focused on international funding with insignificant attention on the effectiveness of community project development disbursed to PSI-Tanzania by USAID donors. In view of this understanding, this study attempted to investigate the impact of PSI organization on sustainability of projects and socio-economic development using Kinondoni, Temeke and Ilala districts in Dar es Salaam region as case studies.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter deals with the methodological procedures through which the data pertinent to the research problem was collected. It presents the description of research design, study area, sample and sampling techniques. It also provides overview of instruments for data collection, validation of instruments, and analysis procedures together with ethical issues.

3.2 Type of the Study

The design of any research project requires considerable attention to the research methods and the proposed data analysis. Within this section, we have attempted to provide some information about how to produce a research design for a study. We offer a basic overview of the research methods portion of a research proposal and then some data analysis templates for different types of designs. Our goal is not to answer every question, but provide a head start.

3.3 Study Area

The study was conducted in Dar es Salaam and coved three districts; these are Kinondoni, Temeke and Ilala. Purposively Dar es Salaam region had been chosen for conducting this study due to the presence of Heads of PSI-Tanzania Management projects supported by USAID based their works here in Dar es Salaam.

3.4 Study Population

Martella, (1999) defined population as a group of potential participants, objects, or events to whom or to which researchers want to generalize the results of a study derived from a sample drawn from the population. The target population for this study in particular, will comprise of all the three regions in Dar es Salaam. They will cover categories: first, Employee and staff, local government officials and Community .The choice is basing on the fact that each category is engaging and implicating in the socio-economic activities.

3.5 Research Design

The study applies a case study design. The case study design is the investigation which is conducted to foster understanding of how current conditions or characteristics developed for practical reasons. It is an intensive investigation of the factors that are contributing to characteristics of the case. It involves an in-depth consideration of one person, group, project, institution, agency or other entity Fraenkel, and Wallen, (2006).

A case study has been selected because of its ability of focusing on "how" and why "questions. This will enable the researcher to explore the impacts of capital development grant funded project on social-economic development by using varieties of data collection instruments.

3.6 Population

The target population for this study in particular, will comprise of all the three regions in Dar es Salaam. They will cover categories: first, Employee and staff, local government officials and Community .The choice is basing on the fact that each category is engaging and implicating in the socio-economic activities.

3.7 Sample Size

A sample is the representative of the population being studied Creswell, (1998). The sample components of the study are restricted by some factors that appear to rank from time, financial constraints, and information that is demanded for the purpose of this study.

Project funded by USAID grants will be the units of analysis. The total sample size was 120 respondents i.e.6 staffs of PSI, 3 District Commissioner from all three region,10 people from government partners on those project- The Government of Tanzania's (GOT) Response: The Ministry of Health (MOH) is in the second phase of a major donor-supported health sector reform program, with most planning, budgeting, management, and program implementation responsibilities decentralized to district health management teams (DHMTs), 10 people private partners(UNICEF,

WHO and TMARC),90 Local community, 1 village chairman .

Based on The Farm Level Applied Research for Eastern and Southern Africa (FARMESA) experience Matata, (2001) having 80 to120 respondents are adequate for most socio-economic studies in Sub-Saharan Africa the sample size is justifiable.

3.8 Sampling Techniques

Different sampling techniques were employed. Purposively Dar es Salaam region had been seen chosen purposely for conducting this study. All the districts have been chosen due to the presence of PSI project supported by USAID. After identifying the region, multistage, and simple random sampling will subsequently be employed.

A multistage sampling technique for this study will involve several stages;

First stage will involve the selection of 4 Wards from each district. Purposively villages/streets will be chosen based on availability of PSI project implemented in the area. District Commissioners and village chairmen will be purposively selected by virtue of their positions. Employees, other staff members and local community members will be selected randomly. Random sampling is appropriate for selecting respondents for this study because it allows the use of statistical inference tests and thus avoiding conscious and unconscious biases in selection of the respondents.

3.9 Types and Sources of Data

Data was obtained through primary and secondary sources.

3.10 Instruments and Methods

The instruments used for source of data were literature reviews, questionnaire surveys; computer assisted interviewing system and interviews. According to Cohen et al (2005), no one kind of evidence is likely to be sufficient on its own. The use of multiple sources of evidence, each with its strengths and weaknesses is a key characteristic of case study research Cohen et al, (2005).

3.11 Data Collection Methods

3.11.1. Documentary review

This was obtained from official documents such water projects records, health project t records and marketing and advertisement projects funded by USAID which can be found at the district offices of Kinondoni, Temeke and Ilala.

3.11.2 Documentary review Method

Documentaries -Tanzania post publisher e-diplomacy by Community Health Last Updated: 9/29/2005 10:03 AM. Adapted from material published by the U.S. Department of State. While some of the information is specific to U.S. missions abroad, the post report provides a good overview of general living conditions in the host country for diplomats from all nations.

HIV/AIDS Indicator Survey 2003-04; Impact Assessment of Community Radio Stations in Tanzania. Research through Mass media as an instrument of social power in the sense that I used to attract audience. Commit project performance this publication was produced for review by the United States Agency for mobile van units (MVUs) to visit community according to a negotiated schedule. Also Malaria-in-pregnancy movie Chumo communicates the dangers of malaria in public. These were distributed by PSI to disadvantaged groups in Dar es Salaam.

3.11.3 Questionnaires Administration

Questionnaire was consisting of both closed-ended and open-ended. The purpose of using open-ended questionnaire is to maintain uniformity and at the same-time to minimize the imposition of predetermined responses. The questionnaires were administered to 50 local community, 6 PSI staff, 10 Government partner staffs, and 10 Private partner staff. The choice of questionnaires for data collection was based on the nature of the population. Technical staff, District Commissioner and local communities are always busy people. Questionnaires had provided them the opportunity to complete them in their own time.

Moreover, this allowed the respondent time to complete the questionnaires accurately. The choices of questionnaires also take into account the sample size of the technical staffs and local communities who are too many for interviews. Bless and Higson-Smith (2004) note that interviews are time consuming and thus expensive. They require the researcher to concentrate on one person at a time compared to questionnaires that can be filled by the whole population sample simultaneously.

3.11.4 Interviews Questions

According to Cohen et al, (2005), an interview can be defined as a verbal discussion conducted by one person with another for the purpose of obtaining information. The interview method of data collection is quite flexible and can be easily adapted to a variety of situations (Cohen et al, 2005). The main reason for the flexibility of this method is the presence of the interviewer, who can explore responses with the person being interviewed, ask additional questions to clarify points, and in general tailor the interview to the situation (Cohen et al, 2005). Semi- structured interview was used to collect information from 12 key informants who were 3 District Commissioner and 1 village chairman, 8 NGO partners.

The interviewees were guided by the already prepared questionnaires designed (checklist) consisting of open-ended questions. Some statements relating to PSI organization projects funded by USAID grants were provided to interviews in the form of Likert Scale in order for them to agree or disagree with the statement. Interviews also used audio, mobile phone, videotaped, Personal Assistant Device (PDA).Moreover, Interviews was semi-structured around a list of concerns. The questions listed below were representative of the one asked, but I was expecting other questions to emerge during the course of the interviews.

3.12 Reliability Issues

3.12.1 Reliability of Research Instruments

Pilot testing of the reliability of data gathering instruments was conducted at Regional council. The sample included one Government partner staff,1private

partner staff, 2 PSI technical staff, 1 village chairman and 5 local community members,1 District Commissioner. The response that was derived from the pilot study enabled a researcher to redesign some of the research questions for ambiguity clarification and making necessary adjustments.

3.12.2 Validity of Research Instruments

For validity purposes, the researcher employed triangulation of the data. In the field, the researcher increased reliability of data by revealing the study purpose to the respondents. Confidentiality of respondents' information was highly regarded and assured for them to freely express their views and uncover relevant information they are aware of and or they possess.

The enquiry was largely be carried in Swahili language as the study is mainly conducted in a Swahili speaking culture and environment. The language, apart from being a national language, is used as the official language in Tanzania public offices. The use of Swahili is important as it is widely spoken and well understood by almost, if not all, the respondents. It is in researcher's expectation that the respondents fully understand the issues that will be raised during the interviews and discussions.

3.13 Data Analysis Procedures

Data analysis, especially in survey design involves stepwise organization of details about the case, categorization of data, interpretation of single instance, identification of patterns and synthesis, and tentative generalizations for a single case (Fraenkel and Wallen, 2006). In this study the data and information will be sorted out and analyzed in descriptive, narrative and numerical forms. Content (thematic) analysis will be employed to identify, analyze, and interpret interview data according to material patterns and themes in line with the research questions. Some of the respondents' views, beliefs, and opinions will be presented in quotation forms.

Data from respondents will be translated, edited, classified and analyzed through descriptive statistical analysis which leads to the determination of frequencies and percentages of responses for questions of the study.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction

This study sought to find out the impact of PSI Organization projects funded by USAID grants on socio- economic development in Dar es Salaam region. The chapter presents the findings of the study.

4.1.1 Socioeconomic characteristics of respondents

The study area was composed of all three districts namely Kinondoni, Ilala and Temeke from Dar es Salaam region. The survey revealed that of 120 respondents about 54% were male whereas 46% were female (Table 4.1).

Table 4.1: Socioeconomic characteristics of respondents

	% Respondents			
Respondents variable	**Kinondoni (n=45)**	**Ilala (n=45)**	**Temeke (n=45)**	**Overall (n=45)**
Gender				
Male	54	52	57	54
Female	46	48	43	46
Education level				
Primary	42	52	43	46
Secondary	21	25	26	24
Degree	20	13	21	18
Others	17	10	12	12
Occupation				
Small business	54	61	49	55
Jobless	21	17	17	18.3
Employed	25	22	33	26.7

Source: Field Data,2013

On average 46% of the respondents have acquired primary education whilst 24% had secondary education, 18% first degree and 12% had other level of education. Majority of the population 55% were small business whilst 26.7% were employed and 18.3% were jobless.

4.2 Socio-economic Projects of PSI organization funded by USAID

Table 4.2 Timeframe-10 years

	USAID Proposal
Reasons	1. Tanzania has been a stable country and we expect this stability to continue over the next decade. 2. We expect Tanzania to continue pursuing its reform agenda and believe that the institutionalization of these reforms will take at least a decade. 3. We believe that our program reflects a balanced strategic approach which adequately responds to the realities of the development environment that will exist in Dar es Salaam for at least the next ten years 4. We expect that the donor community (PSI) will continue to provide the support that community requires to ensure that the development agenda is addressed.

Source: PSI Library

Integrated Nature of PSI Program.

It involved in HIV/AIDS, Family Planning, Malaria, Reproductive and Child Health and what we can bring to the table in the economic growth sector, we will continue working in these technical sectors since they respond directly to major challenges.

Over the last 15 years, Tanzania has made a number of important achievements in public health, including a decline in childhood deaths. Between 2001 and 2010, HIV prevalence fell from 7.1 to 5.7 percent. In addition, there has been a six-fold increase in the number of Tanzanian adults who know their HIV status, and more adults are protecting themselves from HIV infection through condom use. More children are fully immunized and sleep under insecticide-treated nets.

Increased numbers of pregnant women are taking preventive treatment to reduce the consequences of malaria in both the woman and her unborn child.

USAID is working with PSI Tanzania to control malaria, prevent mother-to-child HIV/AIDS transmission, and provide children with life-saving nutritional supplements, train health workers, improve maternal health facilities, clean and safe water and scale up voluntary family planning services.

4.2.1 HIV/AIDS Projects

USAID works to mitigate the impact and spread of Tanzania's HIV/AIDS epidemic in partnership with the Government of Tanzania, other U.S. agencies, and a wide range of implementing partners through the President's Emergence Plan for AIDS Relief (PEPFAR). In 2010, the United States and Tanzania signed a five-year partnership framework to scale up HIV/AIDS prevention efforts while maintaining support for care and treatment. Through PEPFAR, USAID is also extending the reach and quality of the programs addressing gender-based violence into specific regions of Tanzania.

USAID's key prevention activities include behaviour change interventions, HIV counselling and testing, and services to prevent mother-to-child transmission of HIV, helping to prevent and diminish the spread of the disease. USAID assistance also provides treatment, care and support to HIV-positive individuals and their families. Almost 70,000 individuals are receiving antiretroviral treatment through USAID-supported facilities and nearly 4,600 individuals with TB received integrated TB/HIV care and treatment. In addition, more than 121,000 individuals are receiving compassionate palliative care services through USAID.

USAID supported the creation and implementation of the National Plan of Action for Orphans and Vulnerable Children, and sponsored an orphans and vulnerable children data management system that improves service coordination. More than 326,000 children have been reached with this service.

Prior USAID/PSI Tanzania Experience in HIV/AIDS

The Mission is widely identified with quality and achievement in its programs, including: voluntary counseling and testing (VCT); social marketing of condoms and positive, unbranded behavior change messages; behavior change communications (BCC), including mass media promoting delay of first sex; and, through grants to community groups and nongovernmental organizations (NGOs), home-based and community care and orphan support.

Results of USAID's spending in Tanzania in 2011 $215.1, whereby in Education and Social Services $ 20.6M and Health $ 182.

Table 4.3: HIV/AIDS projects by districts (2009-2011)

Types projects	**Kinondoni**	**Ilala**	**Temeke**	**Grand Total**
	N	**N**	**N**	**N**
Social Marketing of condoms	43	20	32	95
Trainings	12	5	4	21
Voluntary testing and Counseling	28	5	18	51
Total	**104**	**4**	**41**	**145**

Source: TACAIDS report-2011

Referring the data in Table 4.3, it is clear Temeke district implemented few HIV/AIDS projects compared with Kinondoni and Ilala districts.

HIV Prevalence by Region

Percent of women and men age 15-49 who are HIV-positive Tanzania –

4.1% Dar es Salaam. Data show that women are more affected than men at 7.7%, while infection rate of men is 6.3%. In terms of age, women are more affected at the age between 30-39 years, while the trend changes to men who are being affected at the age between 40-49 years.

Indicators	
HIV/AIDS - adult prevalence rate	5.6% (2009 est.)
HIV/AIDS - people living with HIV/AIDS	1.4 million (2009 est.)
HIV/AIDS – deaths	86,000 (2009 est.)

Source: Ministry of Health 2009

Tackling HIV and AIDS on Multiple Fronts

Mayors and Municipal Leaders, Dar es Salaam City Commission .They reviewed the status of HIV and AIDS in the country and noted its social and economic impact to the well being of the community. The municipal leaders were also deeply concerned about the epidemic and how it is claiming lives of young and productive people who are the backbone of social and economic development in Dar es Salaam.

Municipalities are feeling the impact of HIV and AIDS in many ways:-

Increased number of patients with HIV and AIDS related diseases. For example in Amana Hospital, more than 60% of patients admitted in the general ward are suffering from TB, prolonged fever, headache, skin disease, and diarrhoea.

i. Increased municipal health expenditure for paying medical bills and funeral costs. It is estimated that funeral costs for every adult death in Dar es Salaam costs at least $300.
ii. Increased workload for hospital workers, who are already understaffed.
iii. Deterioration of the referral systems due to extra demands for medical care and treatments by AIDS patients.
iv. Increased infant and adult mortality rates.
v. Decline in average GDP growth rate as HIV affects the most productive group aged between 20 - 45.
vi. Increased recruitment and training costs.
vii. Increased risk of HIV infection in hospitals/HBC due to lack of protective gear.
viii. Increased number of orphans and vulnerable children.

4.2.2 Malaria Projects

Malaria is the leading cause of death for Tanzanian children and is a major cause of maternal mortality. Under the President's Malaria Initiative, USAID through PSI strives to reduce malaria by employing an integrated approach. USAID supports the national malaria prevention and case management strategies through education, bed net distribution, indoor spraying, and strengthening of the health care system, especially for children and pregnant mothers.

Figure 4.3 Commemoration of the World Malaria Day in Dar-Es-Salaam at the Karimjee Ground 25th April 2012

The Vice President holding the report launched during WMD 2012. Hon Minister at extreme left and WR at extreme right

Communication and Malaria Initiative in Tanzania (COMMIT)

Communication and Malaria Initiative in Tanzania (COMMIT) is Tanzania's flagship behavior change communication (BCC) program for malaria.

It is a five year project funded by USAID and the President's Malaria Initiative (PMI).It leads COMMIT in partnership with Population Services International (PSI).The program is implementing a comprehensive strategy for behavior change and communication in the prevention and case management of malaria in Dar es Salaam.

Table 4.4: Malaria projects by districts Project- Duration (2008 – 2012)

Types projects	Kinondoni	Ilala	Temeke
	N	N	N
Influencing positive behaviour change	45%	20%	35%
Improving the flow of information to key target audiences	35%	30%	35%
Advocacy to raise the profile of malaria	50%	30%	20%
Total	**130**	**80%**	**90%**

Source: Dar es Salaam Regional Office report 2012

Referring the data in Table 4.4, it is clear that Kinondoni district implemented highly percentage to Malaria prevention awareness compared with Temeke and Ilala districts.

4.2.3 Maternal and Child Health Project

Infant and child mortality are improving significantly to 51 and 81 deaths per 1,000 live births, but progress has been slower on maternal and neonatal mortality, which stands at 454 deaths per 100,000 live births and 26 deaths per 1,000 live births, respectively.

USAID's through PSI organization maternal and child health programs support antenatal care, safe delivery and management of child illness. The safe delivery program builds local capacity to address high maternal mortality and neonatal care. The antenatal care program has transitioned from training of health providers to setting up external supervision and internal quality improvement systems that address the quality of service provision. The program is also integrating prevention of mother-to-child transmission of HIV with maternal health programming.

4.2.4 Family Planning

Family planning programs are being integrated with other health services to contribute to the goal of reducing maternal mortality. Although the total fertility rate has fallen from 5.7 to 5.4 births per woman in recent years, there have been no significant changes in Tanzania's unmet need for family planning.

The use of modern contraception in Tanzania has increased from 20 percent to 27 percent between 2005 and 2010, with use of any family planning method increasing from 26 percent to 34 percent. After sustained efforts to improve contraceptive security and logistics, national contraceptive distribution has improved, but resource allocation and stock outs remains problematic.PSI works with communities to market family planning products.

Table 4.5: Family Planning projects by districts

Percentage of preferred method	**Kinondoni, Ilala & Temeke**
	N
Condoms	40%
Injection	5%
Implantable rod	5%
Pills	15%
Sterilization	2%
Menstrual Cycle	33%
Total	**100%**

Source: District Council reports

Referring the data in Table 4.5, it is clear that mostly people preferred to use Condom40% followed by natural method (Menstrual calendar) 33%,Pills 15%,injection 5% and last sterilization 2%.

Here is a list of some birth control methods with their possible side effects as the views from the field.

Table 4.6 list of some birth control methods

Methods	Some side effects and risks
Condom	Allergic reactions & Irritation
Pills	Dizziness, Upset stomach, Changes in your period, Changes in mood, Weight gain, High blood pressure, Blood clots, Heart attack, Stroke, New vision problems
Sterilization	Pain, Bleeding, Complications from surgery
Menstrual Calendar	None
Implantable rod	Acne ,Weight gain, Ovarian cysts ,Mood changes, Depression, Hair loss, Headache, Upset stomach, Dizziness, Sore breasts, Changes in period, Lower interest in sex
Injection	Bleeding between periods

Source: Google search from internet

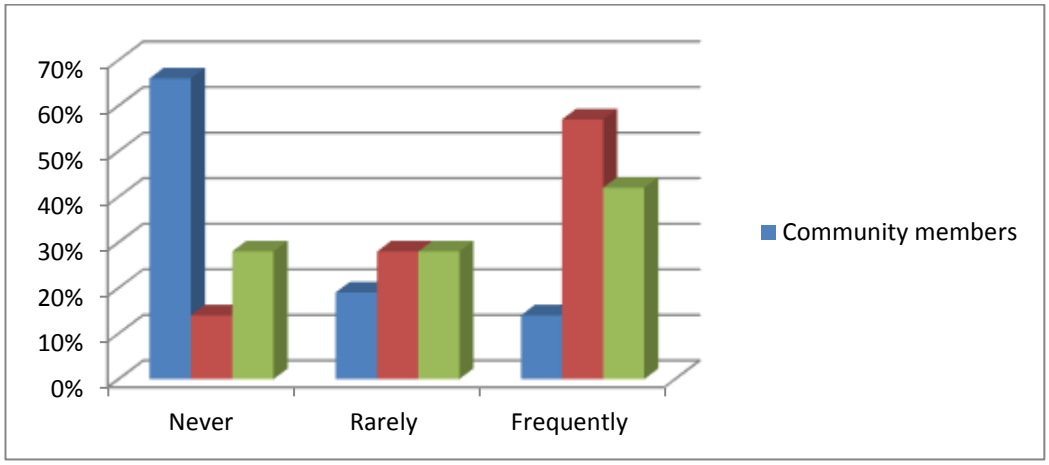
4.2.5 Behavior Change and Social Marketing

The Behavior Change and Social Marketing project, funded by USAID, aims to build the capacity of community awareness to implement HIV/AIDS prevention, malaria and child survival programs. Led by PSI Social marketing will involve district stakeholders, the private sector and the Government in sensitizing the use of Condoms such as Salama condoms, Anti Malaria Medicine which are Assured like Coartem, and behavior changes mostly at risk population.

4.3 Decision making on the utilization of USAID grants through PSI projects

The researcher was interested to explore if community were involved in deciding project utilization. Data were collected through structured interview conducted to village chairman, community members, and community members as shown in Figure 4.4

Figure 4.4: Participation of communities in decision.



Source: Field data, 2012

Figure 4.4 shows that when community member were asked whether they were participated in PSI project planning to implementation 66% of the community members said that the they never participated,while 28% of community members said that communities were never rarely involved, and the remaining 14% of communities members said that the communities were frequently in identifying services they want. The responses of community members were contrary to those of other stakeholders such like DC 57% and Village chairman 28.5%.

One of project teacher had this to say:

"I can say communities are indirectly participating in planning for community project from international organization. It is difficult to collect all people in this society simply to plan how to implement activities done funded by international donors. To me our leaders are there to represent communities' voice, since it's the choice of people; I think they can also decide for people".

The assertion above suggests that communities were left behind in planning utilization of community project allocated to their district. This lack of participation could be attributed to low participation of community in construction projects.

Again Mosha (2006) assert that Tanzania can achieve development through true people's involvement in projects. This needs an interactive kind of participation that encourages people to participate in joint analysis, development of action plans and local institutions. In this situation, participation is seen as people's right. As people take control over local decisions and determine how available resources are used, they become stakeholders and ultimately become responsible in maintaining structures and the educational system. However, it is not reflected in the findings. Majority of community's members who are owners of the local projects responded not to be participated in planning for capitation grants utilization.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter presents discussion of findings of the study which involves the achievement of findings, accomplishment, challenges related to PSI projects funded by USAID and situation to cope with the challenges

5.2 Achievement of Findings

The Achievement and Maintenance of Comprehensive Coverage (AMCC) is a four year to assist the United States Agency for International Development (USAID) and the Tanzania Ministry of Health and Social Welfare (MOHSW) achieve the goal of effective and comprehensive distribution of Long Lasting Insecticide Treated Nets (LLINs) throughout specified areas of Tanzania.

The program is lead by the Population Services International (PSI) and other international stakeholders as partners. Behavior Change Communication (BCC) to increase awareness and ensure consistent use of LLINs: The behavior change component of this project builds on years of effective communication and messaging promoted by the MOH and delivered by PSI.

This organization understands the cultural and social barriers and facilitators for Insecticide Treated Net (ITN) use and has developed effective strategies to mitigate the barriers. Through a carefully selected combination of messages and media, maximum message reach and impact will be achieved.

The BCC component will be implemented through a 2-pronged approach that highlights the complimentary roles of PSI. It will be responsible for the overarching

BCC campaign that will include the message harmonization among all malaria partners in Tanzania, norms changing, and national and local media and materials.

Figure 5.1The achievement of community awareness to fight Malaria

5.2.1 Accomplishments

More than 2 million people reached directly through a variety of community mobilization and outreach activities. This includes discussions and group meeting with Community Change Agents, Mobile Video Unit shows and Road Shows. All activities are focused on the main malaria messages of sleeping under ITNs, malaria in Pregnancy and under-five case management.

All districts in Dar es Salaam have been trained as community change agents (CCAs). CCAs organize and conduct interpersonal communication and facilitate educational events with community members, focusing on the importance of using ITNs, proper treatment-seeking behavior, prevention of malaria during pregnancy

COMMIT produced the feature film "**Chumo"**, a love story set on the Swahili Coast that subtly yet effectively educates viewers on the dangers of malaria in pregnancy

and how to prevent it. The film has won several awards at film festivals worldwide, and is being distributed throughout Dar es Salaam via COMMIT's network of mobile video units and through other national distribution channels.

The **"PataPata children's radio program"** encourages children 8-12 to take action within their own homes to ensure their whole family is protected from malaria. Using a fun and engaging Saturday morning radio program format, children follow the adventures of Kinara, her nemesis Annie Anopheles, and other characters as they learn about malaria prevention, care and repair of LLINs, and the importance of going quickly to the hospital for fever.

Journalist against Malaria Network established with a core group of print, TV, and radio journalists working together to ensure malarial is on the national and local agenda. The network will work to disseminate correct information on malaria prevention, as well as to act as a watchdog on the implementation of malaria programs in Tanzania.

The "Malaria Haikubaliki" (Malaria is Unacceptable) Campaign launched in coordination with implementing partners. The radio campaign 16 serial PSAs and 16 2 Minutes of Wisdom spots that use well respected and known personalities to share their stories about malaria and offer sage advice.

A recent study conducted by PSI in two of COMMITs target regions shows that 65% of people had seen either a road show or mobile video unit presentation in 2008-09. Those exposed to the activities had much higher self efficacy (71% vs. 35%) to take action to prevent and treat malaria than those who had not been exposed. More importantly, 76.6% of those who been exposed to the messaging and events had put all their children under an ITN the previous night; only 34.6% of the unexposed did the same.

Health Status of Tanzanian Families Improved as it strengthen family planning and maternal services, Communities empowered to practice healthy behaviours and use

services for targeted health problems, family level access to targeted health services increased; and Sustainability reinforced for targeted health programs.

5.3 Identified challenges related to PSI projects funded by USAID

Many challenges, however, remain. Disparities are seen in maternal, newborn and child health, and Tanzania still faces an HIV/AIDS epidemic and other widespread communicable diseases such as tuberculosis, malaria, respiratory infections and diarrheal diseases. These issues are exacerbated by underlying food insecurity and nutritional deficiencies. In addition, Tanzania has some of the lowest coverage rates of health personnel in the world.

Existence of multiple projects: There was an existence of multiple projects in the wards and villages community members complained that sometimes the fund was insufficient to cover all projects for example CSSs construction, dispensary and primary schools and this resulted in fund used in one project and leaving the other one or doing it partially. This shows that there was no coordination of activities which needed capitation grants.

HIV/AIDS impacts on health status, poverty, human resources and labour. It affects children, youth, productive adults and the elderly. Uncontained epidemic requiring a focus on preventing new infections, while providing quality care, and respect for individual rights for people already infected. Lack of comprehensive national multi-sect oral response that integrates prevention, care and impact mitigation at the national and community level

5.3 .1 Situation to cope with the challenges

To cope with its development challenges, the Government of Tanzania (GOT) has focused on a long-term social and economic development plan for the first quarter of the 21stcentury that is articulated in two key development strategies: Tanzania's Development Vision 2025, and the Poverty Reduction Strategy Paper (PRSP).

The GOT development framework as outlined in the Development Vision 2025 includes: improving the Tanzanian quality of life; maintaining a peaceful, stable and unified country; and promoting good governance, an educated society, and a competitive economy with sustained growth. The PRSP supports these goals through poverty reduction and sustainable development, particularly in the countryside. The focus on agricultural growth and commercialization of all productive sectors is essential for the success of the PRSP.

A spectrum of actions is required: from prevention to care and support to treatment, to programs of assistance to those surviving the death of family members, and to policies and programs that address the broader social and economic development implications of the epidemic. Leadership, commitment, and action are needed from all levels of government and civil society. Community based action is critical. The involvement of local community is essential because national HIV and AIDS policies cannot be fully implemented from the centre.

Financial Decentralization: This has facilitated people's participation in decision making. It has also helped Ilala, Temeke and Kinondoni Municipal Council to respond to the HIV and AIDS epidemic by supporting 134 HIV and AIDS committees at different levels of their administrative structures. In this attempt, these municipality has established committees responding to HIV and AIDS at all levels.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND POLICY IMPLICATIONS

6.1 Introduction

This study was done in order to investigate the impacts of PSI Organization projects financed by USAID grants in communities' socio-economic development in Dar es Salaam. This chapter presents a summary, conclusions and recommendations of the study.

6.2 Summary of the study

The problem investigated included the contribution of PSI organization projects funded by USAID on socio-economic development in Dar es Salaam region. The general objective was to investigate the impact of projects funded by USAID on economic development in Dar es Salaam region. Specifically the study was intended to identify existing and their location of PSI projects funded by USAID, to determine the projects provided to the region and their distribution over the last three years and the implications of PSI projects funded by USAID.

PSI projects achieved in HIV/AIDS preventions, Family Planning, Malaria, Reproductive and Child Health. Literature continues by reviewing theories of International grants and Project development from different authors that support the study. In addition, it provides empirical evidences from other studies done on the impact of USAID grants on PSI projects and socio-economic development in different countries. Lastly, the chapter ends up with a summary of key issues raised in the literature review and the research gaps.

The study use case study research design in Dar es Salaam as study area with 120 sample and multi stage sampling techniques. It also provides overview of instruments for data collection, validation of instruments, and analysis procedures

together with ethical issues. Presentation of data as male participants about 54% and female 46% and the percentage of community participation in PSI projects seem to be mostly rarely. So in attempt their achievements, challenges from the PSI projects so to cope with the situation the PSI-Tanzania together with its partner has focused on a long-term social and economic development plan in improving health status of the livelihood in Tanzania.

6.3 Conclusions

In light of the research findings, it was concluded that, USAID Grants has contribute significantly to construction of socio-economic development in Dar es Salaam region; the projects in PSI organization financed by USAID grants had a significant impact on local community in socio- economic development; and that lack of involvement of community members in various PSI organization projects financed from the earlier stage was still major challenges faced this community project to succeed. This has resulted in late completion of the projects, hampered sustainability of the projects, poor quality of the implemented projects and loss of donor trust to fund other projects.

6.4 Recommendations

6.4.1 Recommendation for further research

Since this study was limited to projects in Dar es Salaam region, there is a need for similar study to be done in other areas of Tanzania. This may lead to the replication of the results and therefore making the current results generalizable across Tanzania. Another study on the same topic should be done involving organization where local communities receive social services in order to make a comparison.

6.4.2 Recommendation for action

For better implementation of the PSI projects funded by USAID in the study area it is recommended that stakeholders including the government should set short, medium

and long-term plans local income generation. Periphery our society needs special consideration so as to improve their socio-economic situation, particularly in terms of health and other social services, amongst others. Adequate amount of fund and other technical assistance to projects establishment that local community are entitled to, should be timely provided. There should be regular monitoring and evaluation mechanisms before, during and after implementation of projects.

6.4.3 Policy implication

As far as policy is concerned, research findings tend to suggest that, amongst others, the impact of projects finance international donors is enhanced when projects workers are academically and professionally well equipped. Undoubtedly, this does not only facilitate attainment of goals but also enhances efficiency in the achievement of socio-economic development. Therefore, there is need for government policy statement (through the Minister of Health and government) on the obligation of each district in the country to have developed project setup.

6.5 Area for Further Studies

Further policy research aimed at evolving plans and strategies to promote different project development as an integral part of an overall programme to improve efficiency Health status in Africa, it need to focus on three main areas, namely economic, technical and legal/organizational issues.

6.5.1. Macro/micro-economic studies

The main object of macro/micro economic studies should be to identify possible ways of improving the performance of Donor organization in terms of quantity and quality of service they deliver and product they produce. The focus of such studies should include Quality of service trends and socio-economic conditions to the community. For effective planning purposes, the studies should also provide a profile of urban covering, among other things, income, and level of education, household habits and perception patterns.

6.5.2. Technical issues

Technical studies should be concerned with issues pertaining to determination of the optimum size; funds and location for project, taking into account overall development plans for donors as well as implementers and those who receive the services and product. The studies will also ensure that urban development plans provide for future social and economic development. Furthermore, the outcome of such studies will be essential inputs in the consultation process among various stakeholders to ensure a programmed development of efficient projects that keeps pace with urban population growth.

6.5.3. Organizational/legal issues

The choice of the precise structure of ownership and form of management for donor organization is of vital importance and, as earlier stated, depends very much on prevailing political, socio-cultural and economic factors in any particular city. Studies on organizational/legal issues can provide the precise choice of ownership and management structure most conducive to the prevailing institutional environment. It would, for instance, be important in this context to clearly delineate the functional roles of various organizations (public and private) with regard to ownership, management control and regulation donors.

To ensure that the outcome of such studies feeds into the policy and planning process, an effective interface needs to be developed between researchers and other stakeholders, including in particular political leaders and bureaucrats. It is important to ensure that reports on the studies are as comprehensive as possible so as to facilitate decision-making on design and implementation of market development projects.

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APPENDICES

Appendix 1: Questionnaires for the Local Community and other stakeholders

Introduction: Good day. My name is ……I am from The Mzumbe University in Dar es Salaam campus. I do not represent the government or any political party. I am studying views of the society, NGO's, Government and Districts Commissioners in Dar es Salaam region about the Contribution of PSI organization projects funded by USAID in socio-economic development; the case of Dar es Salaam region. The information obtained here will be treated strictly confidentially. The answers to these questions will be used for academic purposes and an important input when it comes to prescribing policies to improve the system.

1) Name of the District……..

2) Gender: 1. Male ( ) 2. Female ( )

3) Age of the respondent (years): …….

4) What is the highest level of formal education you have attained? *(Tick where appropriate)*

1. No formal school ( ) 2. Primary ( )

3. Secondary (Form 1-4) ( ) 4. Secondary (Form 5-6) ( )

5. College (after Form 4) ( ) 6. College (after Form 6) ( )

7. University ( ) 8. Vocational/Adult education classes ( )

5) Job title/position……..

6) How long have you lived in this District?

1. (0 – 1) years ( ) 2.(2 – 5) years ( ) 3. (6 – 9) years ( ) 4. (10 plus) ( )

7) Are there any recent changes in community social services?

1. Yes 2. No

If yes, please specify…….

8. Have you heard about PSI organization which deals with Social Marketing of Family Planning and Malaria?

1. Yes 2. No

If YES, Does your district involved? ……

9. Do you know other social services provided by PSI organization?

……

……

10. How much is allocated to the improvement of social service?

……

11. How much is allocated to the development projects?

……

12. How does local community members involved in design and implementing projects that suits their interest?

13. Do you think, project funded by international donors has any impact in the following?

District social development: 1. Yes ……2. No …….(Please Explain)

District economic development: 1. Yes ……2. No …….(Please Explain)

14. What is the impact of PSI organization project financed by USAID in council revenue contribution?

……

15. What are the challenges your district encountered in implementing PSI project funded by outside donors?

……

16. Would you say the following facilities are available in excess, available and adequate, available but inadequate or not available at all in hospital in this district?

	Not available	**Available but inadequate**	**Available And adequate**	**Available and in excess**
Family Planning products	0	1	2	3
Condoms	0	1	2	3
Anti malaria	0	1	2	3
Provide services to HIV/AIDS patient like Homebase care.	0	1	2	3
Health facilities (*e.g. first Aid items)*	0	1	2	3
Teaching and Learning Materials *(e.g. HIV/AIDS boos and others)*	0	1	2	3
Assured Medical services and products such as Coartem for Malaria, Safe condoms.	0	1	2	3

17.How would you describe the current condition in your community? In the following categories

	Very Bad	**Bad**	**Good**	**Very good**	**Not applicable**
Prostitute	0	1	2	3	95
Unfaithful partners	0	1	2	3	95
Drug Dealers	0	1	2	3	95
HIV/AIDS patient	0	1	2	3	95
Health facilities (*e.g. first Aid items)*	0	1	2	3	95
Health Teaching and Learning Materials	0	1	2	3	95
Malaria preventions	0	1	2	3	95

18. Compared to the situation before the introduction of the donor grants and PSI organization activities in the community, how would you rate the following services?

	Very Bad	**Bad**	**Good**	**Very good**	**Not applicable**
Availability of Assured Medicine	0	1	2	3	95
Malaria prevention	0	1	2	3	95
Spread of HIV/AIDS	0	1	2	3	95
Reproductive health	0	1	2	3	95
Family Planning by using contraceptive	0	1	2	3	95
Community sensitization on HIV/AIDS & Malaria	0	1	2	3	95
Prevention of Most at risk population in our local community	0	1	2	3	95

19. In your opinion, is the USAID grant to PSI organization projects relevant to the needs of local community?

Yes	1	No	0

21. How would you describe the effect of the donors on parents' efforts at financing International organization in order to deliver social services to the community? Would you say it has:-

Totally failed to reduce the burden	0
Not reduced the burden much	1
Somehow reduced the burden	2
Significantly reduced the burden	3
Cannot tell	99

22.Overall, how satisfied are you with the PSI organization projects in this district?

Not at all satisfied	0
Not satisfied	1
Neither	2
Satisfied	3
Very satisfied	4
Don’t know	99

16. In your opinion, how can local participation in the management of donor funds together with international organization be enhanced in the local community?

……

……

THANK YOU FOR YOUR TIME AND RESPONSES

Appendix II: Interview question for village Chairman

1. How often your districts receive PSI services through its project?
2. How do you participate in the implementation of PSI organization activities?
3. How do you involved in management of donor projects and those project managed by community members?
4. What mechanism district employs to ensure effective utilization of donor's funds and their activities?
5. What types of social and economic project funded by USAID through PSI organization? Mention
6. Do you above mentioned projects have any impact in people social service development?
7. Do you think above mentioned project have any impact in people economic development?
8. What is your comment to the government regarding donor funds?
9. Does the PSI staff regularly involve local community in the implementation of various project included work plan?
10. Does PSI consider organizing trainings with the various stakeholders to discuss the district performance and set future strategies?
11. Comment impact of donor funds with relation to PSI organization projects in your area?

THANK YOU FOR YOUR TIME AND RESPONSES

Appendix III: Interview schedule for District Commissioners

1. What is your experience in USAID grants?
2. What kind of project implemented by PSI organization in your District?
3. How this project implemented to district annually?
4. Does your district respond positive to these projects?
5. Does the district prepare timely periodic technical reports?
6. Do people participate in PSI organization project?
7. What is your opinion regarding the donor funds which allocated to provide services to the community?

THANK YOU FOR YOUR TIME AND RESPONSES