

**THE NATIONAL BIENNIAL HIV AND AIDS CONFERENCE MAY 6<sup>TH</sup> -9<sup>TH</sup>, 2013  
HELD AT SCHOOL OF MONITARY STUDIES**

**PROJECT TITLE;**

**BEHAVIOUR CHANGE STRATEGIES OUTCOME IN HIV AND AIDS  
PREVENTION AND CONTROL AT PWANI UNIVERSITY.**

**(Courtesy of World Bank and the Government of Kenya through the  
National AIDS Control Council initiative in the Total War Against AIDS)**

PRESENTED BY  
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PWANI UNIVERSITY.

## **Introduction**

Pwani University houses a population of about 5000. The youth from this University are among Kenyans aged 15-24yrs. These groups are among the youth in general who have been identified as particularly vulnerable to HIV, sexually transmitted infections and related health issues in Kenya and other regions of the world. (NCAPD, 2011).

Over the past two decades, Kenya's Ministry of Health has recognized that reproductive health among youth requires specialized attention, and has worked to develop policies that support youth-friendly sexual and reproductive health services. New HIV infections among Kenyan youth continue to be high despite government-led efforts. It still requires further action to improve the socio-economic situation of youth in order to see results on the HIV front.

## **Background information**

Pwani University joined the nation at large in the call to fight HIV and AIDS prevalence and infection which was threatening the human kind. The move was an attempt to protect the PU fraternity against the scourge that was directly affecting the Kenya nation at large. (1999 Presidential declaration of HIV/AIDS as a national disaster) It was also aimed at bringing about behavior change among the community of PU.

The severity of the prevalence rate among the youth is still worrying; Out of 1.6 billion young people between the age brackets of 12-24 worldwide, youth HIV related deaths stands at 2m, those on ARVS 4m, orphans 12m. In Sub-Sahara Africa, AIDS related death prevalence is 15m. Those on ARVS are 5m while in Kenya, the youth prevalence is at 45% and those on ARVS are 432,621. (UNAIDS , 2011)The prevalence was said to have reduced by 1% but this is a minimal reduction in the prevention efforts,

HIV awareness level is reported at 80% in many survey studies;, KDHS, 2007; KAIS, 2008; ACU PUC, 2010; UoN, 2009; KU, 2008, baseline survey ,UNESCO global universities response survey, (2007).However the knowledge by itself does not always lead to lower rate of transmission. Many people find it very difficult to change their sexual behaviors even though they are aware that the virus can be transmitted through unprotected sex and other forms.

The university having been situated at the coast province is at the foot of tourist attraction resorts. It is bound to attract the students into various activities which might put them at risk. Coast province receives both local and international tourists. Therefore the environment poses a holiday feeling which attracts risky sexual behaviors such as commercial sex workers, men

having sex with men, multiple sex partners and immigrant workers. Therefore the cosmopolitan environment calls for serious awareness education campaign to enhance behavior change among the youth in the university.

Since the conception of the University's Sub-AIDS Control Unit (ACU), the unit has achieved; the establishment of a VCT unit to promote the knowledge of HIV status, developed work place policy, carried out baseline surveys, campaign awareness to educate members to access free VCT services, PMTCT, PEP, CT, VMMC, condom distributions and referrals for ARVs and the development of IEC materials. These facilities laid a fertile ground for the National Aids Control Council in conjunction with the World Bank and the Government of Kenya to fund the HIV and AIDS prevention programme project.

### **Justification**

The relationship between a nation's development and the health of the young people is of paramount concern to any institution. The youth population forms the human resource body who contributes to the subsequent economic development of the country and across the continent. The youth are a critical resource to African nations and represent an untapped source of creativity and ingenuity for employment opportunities and social services which have been seen for along time as an economic burden. There is need to run HIV/AIDS programmes to deter the youth's focus from risky sexual behaviors which may expose them to HIV infection.

The UN General Assembly Special Session on HIV and AIDS had also pledged to reduce HIV prevalence in young people by 25 % by the end of 2010. Many countries including Kenya have worked to meet these targets and make health services and behavioral messages more accessible, but, by 2011, global HIV prevalence among youth had only fallen by 12 % (UNICEF, 2011b). Another strategy was developed in 2010 by the Joint United Nations Programme on HIV/AIDS (UNAIDS) called Getting to Zero. This new program acknowledged the inadequacy of prevention efforts among youth, and a new goal was introduced: to reduce new infections in young people by 30% by 2015 (UNICEF, 2011b) The ACU Programmes are therefore geared towards supporting the above commitments in reducing HIV prevalence among the youth

Education remains the most effective dosage to bring about behavior change among the youth since it provides young people in particular with the knowledge values and skills which should empower them to make healthy decisions. It is important to note that the observable behaviors of the youth in the university is characterized by; high poverty level, poor skills in sex negotiations, lack of exposure, alcohol and drug abuse, multiple sex partners, unprotected sex and I don't care attitude. These characteristics calls for healthy positive behavior change among the youth.

### **The General Objectives**

To bring about behavior change among students ,staffs and immediate university community by informing, educating , protecting and providing care to those who may either be infected or

affected with HIV and AIDS while providing guidelines on how to develop, facilitate, and implement relevant interventions approaches with HIV/AIDS database.

### **Specific Objectives**

- 1) Create educative campaign awareness among the PU and the university immediate community to bring about behavior change BC among them through activities; VCT, referrals, PMTCT, condom distribution, development and distribution of IEC materials, video shows, Moon light and students fun day
- 2) Conduct outreach activity.
- 3) Conduct training and workshop for peer educators as trainer of trainers. And induction of lecturers into curriculum mainstreaming in HIV and AIDS
- 4) Provide bursary to the students who are affected and infected.

### **Methodology**

The study used descriptive survey research design to yield qualitative data. The resulting indices are reflective of various indices on effect of behavior change activities at Pwani University. The survey was viewed as the most appropriate design since it allows the gathering of baseline information on the success and effectiveness of the programme.

### **Instrumentation**

The instruments used for data collection were; questionnaire and interview schedules. The choice of variables and topics to address was guided by the activities which were planned for in the behavior change programme. The questions were formulated in a way to assure anonymity and confidentiality, eliminate ambiguity, exhaust inclusion of all relevant options for answers, and avail enough space for recording answers. Rating scales and a customized Likert Scale were used for easy readability, recording of answers and data analysis. Some open-ended questions were included to elicit limited narration on some variables. Reports from PSI and other data categories were used as secondary data sources that provided support for information from respondents, (attached appendixes)

### **Sampling Techniques and Sample Size**

From the population of 535 employees, a sample size of 50 was selected to participate. The participating employees were departmental representatives and other teaching and non-teaching

staffs. 300 questionnaires were administered to students. (150 to peer educators and 150 the rest of students population. Stratified random sampling technique was used to select the respondents.

### Category of Respondents Sampled

SR/NO	Categories	Population	Sample Size	Response Rate
1	ACU Staffs	3	3	100%
2	Departmental ACU Representatives	30	17	100%
3	Staffs (Excluding ACU Staff)	535	30	80%
4	Peer Educators	150	150	90%
5	Other Students	4,000	150	80%

### Methods of Data Collection

The questionnaires for staff were administered during training session for the staff at North Coast Hotel in March 2013. Those for departmental representatives and ACU management were administered at their work stations. Student questionnaires were administered during the Fun Day at Pwani University (one of the major events in behavior change activities). The questionnaires were filled and collected the same day. The success rate for staff and students questionnaire is indicated in Table 1.0 above.

### Data Analysis Procedures

The questionnaires were coded on SPSS and all information in the 350 questionnaires entered. These were operationally defined by totaling up all the homogenous questions to get a satisfactory index. The variables were transformed and recoded section by section to reflect the totality of opinions. The resultant totals were then reinterpreted as a summary of frequencies of respondents and percentages.

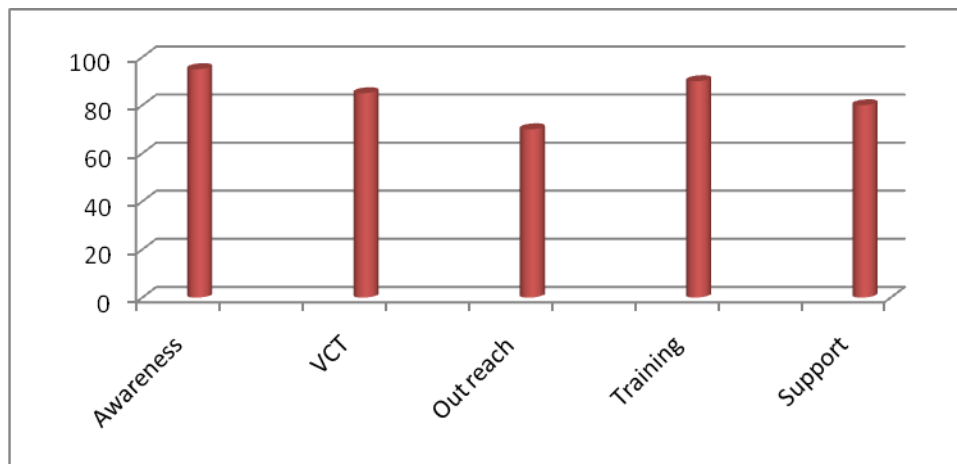
Results and data interpretation

On a scale of 1 to 10 (low and high values for poor and good performance respectively) the respondents were to evaluate the performance during the period under review in the following areas

Activities for behavior change.	Baseline	
	Projected	Respondents' Evaluation Results
Awareness	100%	95%
VCT	100%	85%
Outreach	100%	70%
Training	100%	90%
Support for Affected and Infected	100%	80%
	100%	83%

### Summary of Base Line Survey

%age



Activity

## Results and analysis.

This report captures the various activities carried in relation to behavior change in HIV prevention. The analysis showed that the target performance was achieved and surpassed in training, support for the affected and infected students, voluntary counseling and testing, condom distribution, moonlight and video show activities.

## Observations made

- ⊙ Condom distribution went up which showed that sensitization is high though further study may be recommended to verify the actual utilization.
- ⊙ Moonlight VCT did very well and it was most preferred by the PU community.
- ⊙ Training was well attended at 80 % due to class attendance at the same time with trainings going on.
- ⊙ Outreaches had its own challenges which were not catered for in the budget but it posed a unique learning experience of serving the community from joined efforts by various stake holders.
- ⊙ There is need for continuous reaching out and follow up.
- ⊙ Stigma and discrimination is still associated with HIV infection, however the community is slowly accepting the need to talk about the disease openly in very friendly discussions.
- ⊙ Staffs prevalence is still negligent at 0.4% of the total university entire population.
- ⊙ Yet students prevalence is slowly increasing at 0.86% just like other universities
- ⊙ Total prevalence from the VCT recorded reports stands at 1.2% prevalence from an entire five thousand total population.

From the questionnaire and interview schedules, out of the whole population of 5000, only 46 so far tested positive. This means there is need to put more efforts on prevention because any chances left might accelerate the data to a bigger number. Over 60% of the respondents stated that the resources were adequate. The resources were in the form of: Managerial support and decision making, Procurements procedures, transport and conducive working environment.

In efforts to evaluate the programme 80% of the participants consented that the programme is important and the government should continue funding it. 80% from peer educator's response suggested inclusion of a strong peer educator's programme, 70% asserted that more funds should be directed to this programme because they were able to get bursary fee from it without stigma and discrimination because the funding process was very well handled by the committee unlike the CDF funds. Seventy six percent felt that there is increase in demand as the University population has expanded over the years. The communities in the neighborhood showed increased interest and need for ACU services and follow up should be done .75% felt that next funding should support research based funding with the university immediate community and agricultural production efforts in mind to boosts nutrition for those infected and affected.

Some of the challenges cited included accessing ARVS, delay in release of funds, stigma and discrimination, overwhelming demand of follow up in outreaches and need for more trainings.

### **Recommendations**

- More ACU personnel to be recruited due to increased demand
- More training for peer educators, ACU staffs and students on basic skills to handle their peers
- ARVs should be availed at the clinic
- Funding should be released early to go by the university academic calendar
- Activities should start early at the beginning of each academic year
- Intensifying of outreach programmes
- Availing the necessary resources to enhance the activities of ACU (human capital and physical capital)
- Continuous funding for the programmes since its prevention approach to uphold the future leaders of tomorrow in this great nation.
- Further support by the CODs of every department and inclusion of the issues in the meetings.

### **Conclusion**

The outcome of this study has indicted that behavior change process can facilitate the reduction of HIV transmission and AIDS among the youth in the university since it has proved to be an effective tool for dealing with youth related problems .Attitudes and behavior towards sexual issues amongst the young people is still largely unchanged. Despite the favorable response from participants about the programme, there is still low accessibility of the VCT by the students and staff population.

#### Further research areas

- Studies should be conducted to find out students attitude and perception in accessing the VCT Effective language use in HIV prevention and control to bring about behavior change.
- Baseline Survey in alcohol and drug abuse prevalence



- Effectiveness of the teaching unit- UCU 105 as a preventive and mainstreaming strategy in HIV and AIDS.

## References

Base line Survey , UoN, (2009)

Base line Survey , Kenyatta University, (2009)

Base line Survey , Pwani University, (2010)

Base line Survey , Mombas Technical University, (2009)

Global HIV/AIDS Response, November 2011.  
Kenya Demographic Health Survey (KDHS), 2007

Kenya Indicator Aids Survey (KAIS), 2007

National Bureau of Statistics (NBS), 2010

National Aids Control Council (NACC), 2012

UNAIDS, Together We Will End AIDS, 2012.

UNAIDS, 2012

UNICEF, 2011

UNAIDS. 2008. 2008 Report on the global AIDS epidemic

UNESCO, Nairobi, Kenya. 2011

WHO, 2012

World Vision. 2008. Before She's Ready: 15 Places Girls Marry by 15.  
<http://www.worldvision.org/resources.nsf/main/early-marriage.pdf/file/early-marriage.pdf>

International Women's Health Coalition. (2008). Triple jeopardy: Female adolescence, sexual Violence and HIV/AIDS. <http://www.iwhc.org/docUploads/Triple%20>

World Bank, World Development Indicators - Last updated March 2, 2011

Young People: The Greatest Hope for Turning the Tide. <http://www.unfpa.org/hiv/people.htm>

## APPENDICES

### APPENNDIX 1: PSI REPORTS

#### PSI Quarterly Interim Technical Progress Report (TPR) To FMA

#### PERFORMANCE AGAINST PLANNED ACTIVITIES QUARTER 1

Details on progress made towards planned targets of approved indicators in the grant aggregates are provided in this section

PSI Quarterly Technical progress report to FMA								
Activity performance Report								
		For the Quarter ended				Cumulative		
	Indicators Per Grant Aggregate	Unit of measure	Planned	Actual	Variance	Planned	Actual	Variance
<b>1</b>	<b>Support for the infected and affected</b>	Persons	200	200	0			
<b>2</b>	<b>Counseling and Testing</b>	Persons	500	671	+121			
<b>3</b>	<b>Condom distribution</b>	PCS	3000	3060	+60			
<b>4</b>	<b>Development and distribution of IEC materials</b>	PCS						
<b>4a</b>	Number of Banners	PCS	1	1	0			
<b>4b</b>	No of Brochures developed and distributed	PCS	1347	1347	0			
<b>4c</b>	Posters developed and distributed	PCS	1347	1347	0			
<b>4d</b>	Wrist Bands distributed	PCS	1346	1346	0			
<b>5</b>	Behavior Change Communication							
<b>5a</b>	No reached with BCC messages overall	Persons	1200	1500	+300			
<b>5b</b>	Video shows	Perso	500	550	+50			

		ns						
<b>5c</b>	Life Testimony	Persons	2	2	0			
<b>5d</b>	Moonlight VCT	Persons	200	280	+80			
<b>6</b>	<b>TRAININGS</b>							
<b>6a</b>	Mainstreaming workshop	Persons	30	30	0			
<b>6b</b>	Peer educators TOT	Persons	35	35	0			
<b>6c</b>	Outreach VCT	Persons	200	300	+100			
	a) Counseling and Testing							
	b) People reached with BCC messages	Persons	500	1000	+500			

**PSI Quarterly Interim Technical progress report (TPR) to FMA**  
**PERFORMANCE AGAINST PLANNED ACTIVITIES QUARTER 2**

Details on progress made towards planned targets of approved indicators in the grant aggregates are provided in this section

<b>PSI Quarterly Technical progress report to FMA</b>								
<b>Activity performance Report</b>								
			<b>For the Quarter ended</b>			<b>Cumulative</b>		
	<b>Indicators Per Grant Aggregate</b>	<b>Unit of measure</b>	<b>Planned</b>	<b>Actual</b>	<b>Variance</b>	<b>Planned</b>	<b>Actual</b>	<b>Variance</b>
<b>1</b>	<b>Support for the infected and affected</b>	Persons	200	200	-	400	400	0
<b>2</b>	<b>Counseling and Testing</b>	Persons	580	700	+120	1080	1371	+291
<b>3</b>	<b>Condom distribution</b>	PCS	3500	3600	+100	6500	6660	+100
<b>4</b>	<b>Development and distribution of IEC materials</b>	PCS						
<b>4a</b>	Number of Banners	PCS	0	0	0	0	0	0
<b>4b</b>	No of Bronchures developed and distributed	PCS	1500	1500	0	4500	4500	0
<b>4c</b>	Posters developed and distributed	PCS	500	500	0	1500	1500	0
<b>4d</b>	Wrist Bands distributed	PCS	500	500	0	1500	1500	0
<b>5</b>	<b>BEHAVIOR</b>							

	<b>CHANGE COMMUNICATION</b>							
<b>5a</b>	No reached with BCC messages overall	Persons	1000	1800	+800			
<b>5b</b>	Video shows	Persons	500	550	+50			
<b>5c</b>	Life Testimony	Persons	2	2	0	4	4	0
<b>5d</b>	Moonlight VCT	Persons	300	340	+40	500	620	+120
<b>6</b>	<b>TRAININGS</b>							
<b>6a</b>	Mainstreaming workshop	Persons	30	30	0	60	60	0
<b>6b</b>	Peer educators TOT	Persons	35	35	0	70	70	
<b>6c</b>	Outreach VCT	Persons	200	300	+100	400	600	+200
	a) Counseling and Testing							
	b) People reached with BCC messages	Persons	800	800	0	1300	1800	+500

### **PERFORMANCE AGAINST PLANNED ACTIVITIES QUARTER 3**

Details on progress made towards planned targets of approved indicators in the grant aggregates are provided in this section

<b>PSI Quarterly Technical progress report to FMA</b>								
<b>Activity performance Report</b>								
			<b>For the Quarter ended</b>			<b>Cumulative</b>		
	<b>Indicators Per Grant Aggregate</b>	<b>Unit of measure</b>	<b>Planned</b>	<b>Actual</b>	<b>Variance</b>	<b>Planned</b>	<b>Actual</b>	<b>Variance</b>
<b>1</b>	<b>SUPPORT FOR THE INFECTED AND AFFECTED</b>	Persons	200	200	0	400	400	
<b>2</b>	<b>COUNSELING AND TESTING</b>	Persons	660	727	+67	1740	2098	3058
<b>3</b>	<b>CONDOM DISTRIBUTION</b>	PCS	3500	3800	+300	10,000	10,460	+460
<b>4</b>	<b>DEVELOPMENT AND DISTRIBUTION OF IEC MATERIALS</b>							
<b>4a</b>	Number of Banners	PCS	1	1	0	2	2	0
<b>4b</b>	No of Brochures developed and distributed	PCS	1500	1500	0	4500	4500	0
<b>4c</b>	Posters developed and distributed	PCS	500	500	0	1500	1500	0
<b>4d</b>	Wrist Bands	PCS	500	500	0	1500	1500	0

	distributed							
<b>5</b>	<b>BEHAVIOR CHANGE COMMUNICATION</b>							
<b>5a</b>	No reached with BCC messages overall	Persons	1000	1800	+800			
<b>5b</b>	Video shows	Persons	500	550	+50			
<b>5c</b>	Life Testimony	Persons	2	2	0	6	6	0
<b>5d</b>	Moonlight VCT	Persons	300	340	+40	500	620	+120
<b>6</b>	<b>TRAININGS</b>							
<b>6a</b>	Mainstreaming workshop	Persons	30	30	0	60	60	0
<b>6b</b>	Peer educators TOT	Persons	35	35	0	105	105	0
<b>6c</b>	Outreach VCT	Persons	200	300	+100	300	450	+150
	a) Counseling and Testing							
	b) People reached with BCC messages	Persons	500	1000	+500	800	1500	+700

### LIST OF OUTPUTS

### OUTPUT INDICATORS

	Qtr 1	Qtr 2	Qtr 3	Totals	Non Cumulative/Cumulative
<b>Prevention of New infections</b>					
<b>Counseling and Testing</b>					
Number of people to be tested	500	580	660	1740	Cumulative
Number reached with HIV&AIDS messages	1000	1000	1200	3200	Cumulative
<b>Behavior Change Communication (BCC)</b>					
Number of BCC messages to be developed and disseminated	2540	4040	1040	7620	Cumulative
Number of condoms to be distributed	3000	3500	3500	10000	Cumulative
<b>Prevention and Trainings</b>					
Number of affected and infected students to be given fee bursary	200	200	-	400	Non cumulative
Number of University immediate community members to Be sensitized	500	800	1000	2300	Cumulative
Number of peer educators trained	35	35	35	105	Cumulative
Number of lecturers to attend the mainstreaming workshop	20	20	20	60	Cumulative

**APPENDIX 2: SAMPLE QUESTIONNAIRES FOR ACU MANAGEMENT, DEPARTMENTAL ACU REPRESENTATIVES, STAFF, PEER EDUCATORS, STUDENTS**

**INTERVIEW SCHEDULE TO ACU MANAGEMENT FOR BEHAVIOUR CHANGE IN PREVENTION OF HIV INFECTION PROGRAMME**

1. How does the university support the activities of the organization?
2. What is the magnitude of the problem that the department is trying to ameliorate
3. On a scale of 1 to 10 (low and high values for poor and good performance respectively) evaluate the department performance in the BC funded programme.

S/NO.		1	2	3	4	5	6	7	8	9	10
1	Awareness										
2	VCT (Testing and Counseling)										
3	Outreach										
4	Training										
5	Support for infected and affected										

4. What were the performance gaps and causes of these gaps

S/NO.	Performance Gaps	Causes of Gaps
1		

5. What was the desired and actual organization performance in relation to the organizations mandate?

S/NO	Desired Organizational Performance	Actual Organizational Performance

**Input:**

6. Did the organization have adequate resources to undertake all the planned activities during the period under review

YES	
-----	--

NO	
----	--

**Process:**

7. How were the resources availed to the organization used? (Give specific areas)

S/NO	Resources	Mode
1		
2		

**Output:**

8. Quantify the outcomes of the organization activities against planned targets

S/NO	Planned targets	Outcomes
1		

**Effects:**

9. What improvements have you had that have improved your performance

S/NO	Improvement	Performance
1		

**Impact:**

10. Is there increase in demand for the department's services from the community?

YES	
NO	
Please Explain the Key areas if Yes	

11. Were the resources availed for effective program implementation?

YES	
NO	
Please Explain	

12. Were the resources adequate;

YES	
-----	--

NO	
Please explain	

13. Suggest how else the program can be strengthened

**QUESTIONS TO PWANI UNIVERSITY DEPARTMENTAL ACU REPRESENTATIVES FOR BEHAVIOUR CHANGE IN HIV AND AIDS PREVENTION PROGRAMME.**

1. Are you aware of the existence of the HIV/AIDS and Drug abuse department in the University?

YES	
NO	

2. If yes, how did you come to know about it?

.....

3. Have you ever participated in any activity organized by the department?

YES	
NO	

4. If yes mention the activities

S/NO	Activities
1	
2	
3	
4	
5	

5. In your view , do you think HIV/AIDS and Drug abuse is areal issue within the University?

YES	
NO	

6. Explain how the ACU department can improve in the following areas

S/NO	Areas	Improvement
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<b>1</b>	Awareness campaigns	
	VCT	
	Education Materials	
	Video Shows	
	Moonlight	
	outreaches	
	trainings	
<b>2</b>	<b>Training of Departmental Representatives</b>	
	Venue	
	Timing	
	Facilitators	
	reports	
	Topics coverage	
<b>3</b>	<b>Outreach</b>	
	Venue	
	Timing	
	Facilitators	
	Lesson learnt	
	others	
<b>4</b>	<b>VCT Campaigns</b>	
	Venue	
	Timing	
	Facilitators	
	guidance	
	confidentiality	
<b>5</b>	<b>Support for Infected</b>	
	Bursary (fees)	
<b>6</b>	<b>Support for Affected</b>	

1. Are you aware of the existence of the ACU department in the University?

YES	
NO	

2. If yes, how did you come to know about it?

.....

3. Have you ever participated in any activity organized by the department?

YES	
NO	

4. If yes mention the activity

S/NO	Activities
1	

5. In your view, do you think HIV/AIDS and Drug abuse is areal issue within the University?

YES	
NO	

6. Explain how the ACU department can improve in the following areas

S/NO	Areas	Improvement
<b>1</b>	Awareness:	
	Fun Day	
	Education Materials	
	Video Shows	
	Moonlight	
	Any Other	
<b>2</b>	<b>Training of Peer Educators</b>	
	Venue	
	Timing	
	Facilitators	
	Any Other	
<b>3</b>	<b>Outreach</b>	
	Venue	
	Timing	

	Facilitators	
	Any Other	
<b>4</b>	<b>VCT Campaigns</b>	
	Venue	
	Timing	
	Facilitators	
	Any Other	
<b>5</b>	Support for Infected	
<b>6</b>	Support for Affected	
<b>7</b>	Suggestion for improvemen	

**THANK YOU FOR YOUR COOPERATION**

**QUESTIONNAIRE FOR PWANI UNIVERSITY STUDENTS FOR BEHAVIOUR CHANGE PREVENTION PROGRAMME.**

1. Are you aware of the existence of the ACU department in the University?

YES	
NO	

2. If yes, how did you come to know about it?

.....

3. Have you ever participated in any activity organized by the department?

YES	
NO	

4. If yes mention the activity

<b>S/NO</b>	<b>Activities</b>
1	
2	

5. In your view , do you think HIV/AIDS and Drug abuse is areal issue within the University?

YES	
-----	--

NO	
----	--

6. What areas do you feel the department can improve on to increase its performance?

S/NO	Areas
1	

**THANK YOU FOR YOUR COOPERATION**

**QUESTIONNAIRE TO PWANI UNIVERSITY STAFF FOR MONITORING AND EVALUATION OF NACC-PU-TOWA PROJECT Q3 (MARCH 2013)**

1. Are you aware of the existence of the ACU department at Pwani University?

YES	
NO	

2. If yes, how did you come to know about it?

.....

3. Have you ever participated in any activity organized by the department?

YES	
NO	

4. If yes mention the activity

S/NO	Activities
1	
2	

5. In your view , do you think HIV/AIDS and Drug abuse is areal issue within the University?

YES	
NO	

6. What areas do you feel the department can improve on to increase its performance?

S/NO	Areas
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