



**PROJECT SUSTAINABILITY BEYOND DONOR SUPPORT:
THE CASE OF UNIVERSITY HIV & STI PREVENTION PROJECT
IMPLIMENTED BY NASTAD ETHIOPIA**

BY

GIRMA HABTE

**A RESEARCH REPORT SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTER OF ARTS IN
PROJECT MANAGEMENT AT ADDIS ABABA UNIVERSITY, SCHOOL OF
COMMERCE**

ADVISOR: TEKLEGIORGIS ASSEFA (ASST. PROF.)

**JUNE/2017
ADDIS ABABA/ETHIOPIA**

**Project Sustainability beyond Donor Support:-the case of University HIV &STI
Prevention project Implemented by NASTAD Ethiopia**

Approval Board Committee

Examiner Signature and Date

Examiner Signature and Date

Research Advisor Signature and Date

Project Sustainability beyond Donor Support:-the case of University HIV & STI Prevention project Implemented by NASTAD Ethiopia

Declaration

I hereby declare that the research project entitled "Project Sustainability beyond Donor Support:-the case of University HIV & Sexually Transmitted Infections Prevention project at St. Mary University and Tegnareld TVET College" Submitted by me for the partial fulfillment of the requirements for the award of Degree of Master of Arts in Project Management at Addis Ababa University, School of Commerce, is my own original work and has not been submitted earlier, either to any other institution or for fulfillment of the requirement of other program study.

Name: Girma Habte Weyesa (ACCA)

Signature: _____

Date...../...../.....

Project Sustainability beyond Donor Support:-the case of University HIV &STI Prevention project Implemented by NASTAD Ethiopia

Letter of Certification

This is to certify that Mr. Girma Habte Weyesa, Student of Addis Ababa University School of Commerce, Department of Project Management was working under my supervision and guidance for his project work, entitled "Project Sustainability beyond Donor Support: The case of University HIV & Sexually Transmitted Infections Prevention project at St. Mary University and TegbareID TVET College which he is submitting as genuine and original work.

Name: Teklegeorgis Assefa (Asst. Prof.)

Signature: _____

Date/...../.....

1 Table of Contents

Acknowledgements	1
Lists of Acronyms	2
Lists of Tables	3
Lists of Figures	4
Abstracts	5
<i>CHAPTER ONE</i>	6
<i>INTRODUCTION</i>	6
1.1. Back Ground of the Study	6
1.2. Statement of the problem	8
1.3. Basic Research Questions	10
1.4. Basic Research Objectives	10
1.4.1. General Objectives	10
1.4.2. Specific Objectives	11
1.5. Operational Definitions	12
1.6. Significance of the Problem/Study	13
1.7. Limitations of the Study	14
1.8. Organizations of Study Report	14
<i>CHAPTER TWO</i>	14
<i>LITERATURE REVIEW</i>	14
2.1. Introduction	14
2.2. Sustainability of Health Projects outcome	14
2.2.1. Component 1: Health outcomes	16
2.2.2. Component 2: Health Service Provision-Access and Quality	18
2.2.3. Component 3&4: Viability and Capacity of partners to Support	22
2.2.4. Component 4: Community Capacity	23
2.2.5. Component 6: Enabling environment	23
2.3. Comparison of Private and Public Institutions from Literature	25
2.4. Theoretical Framework	26
2.4.1. The multi-dimensional attributes of sustainability:-	26
2.5. Conceptual Framework	27
2.5.1. The USAID Designed Sustainability Framework (SF) unpacked	28
2.5.2. The Structure and Logic of the Sustainability Framework (SF)	28
<i>CHAPTER THREE</i>	31
<i>RESEARCH DESIGN AND METHODOLOGY</i>	31

3.1. Research Design	31
3.2. Sample and sampling techniques.....	31
3.3.Challenges/Ethical Question Anticipated at the Outset:	32
3.4. Source and Tools/Instruments of Data Collection	33
3.4.1. Procedure of Data Collection	34
3.4.2. Methods of Data Analysis.....	34
3.4.3. Summative Analysis and Evaluation.....	34
CHAPTER FOUR.....	35
DATA ANALYSIS, PRESENTATION AND DISCUSSIONS	35
4.1. Introduction.....	35
4.2. Questionnaire Return Rate.....	35
4.3. Demographic Characteristics of Respondents	36
4.4. Sustainability Findings using the Indicator Components	36
4.4.1. Component-1: Health Out Comes	42
4.4.2. Component -2: Health Service Provision-Access and Quality	43
4.4.3. Component 3&4: Viability & Capacity of partners and internal Support.....	48
4.4.4. Component 5:Community capacity:-.....	52
4.4.5. Component-6: Enabling environment.....	54
4.5. Discussions of Results	56
4.5.1. Component -1: Health Out Comes.	56
4.5.2. Component-2 : Health Service Provision-Access and Quality	57
4.5.3. Component 3 & 4 : Viability and Capacity of external partners and internal Support	58
4.5.4. Component 5: Community capacity:-.....	58
4.5.5. Component-6: Enabling environment	58
4.6. Comparisons of the Studied Institutions	59
4.7. Overall Summary of the data analysis, presentation and interpretation of findings	60
CHAPTER FIVE.....	61
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY	61
5.1. Introduction.....	61
5.2. Summary of findings.....	61
5.2.1. Component -1: Health Out Comes.	61
5.2.2. Component-2 : Health Service Provision-Access and Quality	62
5.2.3. Component 3 & 4: Viability and Capacity of external partners and internal Support	62
5.2.4 Component 5: Community capacity:-	63
5.2.5. Component-6: Enabling environment.....	63

5.3. Conclusion using basic Research Questions.....	64
5.4. Recommendation.....	65
6.1. References:.....	66
7.0. Apendices:	68
7.1a. Project Sustainability Indicator Measures- Project Planning :.....	69
7.1b. Project Sustainability Indicator Measures- Project End Line/Final Report :	69
7.2. Project Sustainability Indicator Measures- Project closeout vs. Initial Base Line Result :	70
7.3. Data Gathering Inquiries :.....	71

ACKNOWLEDGMENT

Above all, I heartedly, praise the almighty God, my life time mentor, nurture and savior for all His support and guidance through the study.

I am sincerely grateful to all those who have contributed in one way or another, especially my beloved wife Dage Tilahun who has been encouraging me, motivating me, in my effort to complete this project. I would especially like to thank my advisor Teklegiorgis Assefa (Asst. Prof.) for his guidance, knowledge and skills, all which made it possible to write this research report. Many sincere thanks also go to colleagues, friends and classmates who have always encouraged me to move ahead with my education. I would sincerely appreciate the ex-project officer of the project researched here, W/ro Arest Mamo, who helped me during data collection.

Last, but not list, my special thanks and respect should be received by my Colleagues at Federal Ministry of Health Ato Fikadu Yadeta and Ato Abdata Atomsa who have encouraged me, advised me, and shared me their rich experiences on this regard.

List of Acronyms:

- AIDS Acquired Immune Deficiency Syndrome
- CSO Civil Society organization
- *FDRE* Federal Democratic Republic of Ethiopia
- FIDIC Federation Internationale des Ingenieurs Conseils
(*International Federation of Consulting Engineers*)
- FGD Focus Group Discussion
- FMoE Federal Ministry of Education
- FMOH Federal Ministry of Health
- FHAPCO Federal HIV/AIDS prevention and Control Office
- HEIs Higher Education Institutions
- HIV Human Immunodeficiency Virus
- IICB International Institute for Capacity Building in Africa
- IIEP International Institute for Educational Planning
- NASTAD National Alliance of States and Territorial AIDS Directors
- NGO Non Governmental Organization
- *MOFED* Ministry of Finance and Economic Development
- *PCI* Project Concern International
- SDPRP Sustainable Development and Poverty Reduction Program
- SF Sustainability Frame Work
- SISTA Sister Informing Sisters on Topics About AIDS
- STI Sexually Transmitted Infections
- TTC Teachers Training College
- TVET Technical Vocational Education and Training
- USAID United States Agency for International Development
- VCT Voluntary Counseling and Testing

List of Tables

Tables	Page
Table 2.1: Proposed response for the education sector (2004-2008)	21
Table 4.1: Questionnaire Return Rate	35
Table 4.2: TegbareID College- Component-1 Health Outcomes Existence Frequency Table.....	38
Table 4.3: TegbareID College- Component-1 Health Outcomes Effectiveness Frequency Table...	39
Table 4.4: St Mary University- Components-1 Health Outcomes Existence Frequency Table.....	40
Table 4.5: St Mary University-Component-1 Health Outcomes Effectiveness Frequency Table ...	41
Table 4.6: Summary Frequency Distribution Component-1: Health Outcomes Availability.....	42
Table 4.7: Summary Frequency Distribution Component-1: Health Outcomes Effectiveness.....	43
Table 4.8: TegbareID College-Component-2 Health service provision Existence Freq. Table.....	44
Table 4.9: TegbareID College-Component-2 Health service provision Effectiveness Freq. Table.	45
Table 4.10: St.Mary University- Component-2 Health service provision Existence Freq. Table....	46
Table 4.11: St Mary University-Component-2Health service provision Effectiveness Freq. Tab...	47
Table 4.12: Summary Freq. Distribution Component-2: Health Services Outcomes Availability.	48
Table 4.13: Summary Freq. Distribution Component-2: Health Services Outcomes Effectiveness.	48
Table 4.14: TegbareID College- Component-3&4 HIV/STI Prevention project Viability & Capacity Existence Frequency Table.....	49
Table 4.15: TegbareID College- Component-3&4 HIV/STI Prevention project Viability and Capacity Effectiveness Frequency Table	49
Table 4.16: St Mary University- Component-3&4 HIV/STI Prevention project Viability and Capacity Existence Frequency Table	50
Table 4.17: St Mary University- Component-3&4 HIV/STI Prevention project Viability and Capacity Effectiveness Frequency Table.....	50
Table 4.18: Summary Frequency Distribution Component-3&4: Viability& Capacity Outcomes Availability.....	51
Table 4.19: Summary Frequency Distribution Component-3&4: Viability & Capacity Outcomes Effectiveness.....	51
Table 4.20: Summary Frequency Distribution Component-5 Community capacity Outcomes Availability.....	53
Table 4.21: Summary Frequency Distribution Component-5 Community capacity Outcomes Effectiveness.....	54
Table 4.22: Summary Frequency Distribution Component-6Enabling environment Outcomes Availability.....	55
Table 4.23: Summary Frequency Distribution Component-5 Community capacity Outcomes Effectiveness.....	55

Figures:-

Figure 2.1. Conceptual Frame Work: A visual representation of the Sustainability

Conceptual Framework adopted from USAID SF Model27

Abstracts

Many decades have passed since developed countries have started to donate the third world developing countries and societies but poverty still continue to nag at the millions of the poor in these countries. Studies show that donor support for development, emergency rehabilitation, and humanitarian aid dies soon after the celebration of outcome achieved by these donor supports. The problem is sustainability problem. This research study was born from the heartfelt need to know the sustainability beyond donor support of the chosen case study project, at the project deliverable/outcomes level. The architecture of the study is a mixed method of enquiry. The enquiries were designed from the project predefined sustainability indicators; organized and contextualized in the sustainability frame work designed by USAID SF. A purposive sampling of key informants was chosen for interview, to explore the realities of the project sustainability issues. Further respondents with very close acquaintances were chosen for quantitative survey using Snowball sampling method using recommendations of purposively selected respondents. The inquiries were designed to ask the existence of structures, deliverables and outcomes brought by the project and then their effectiveness. Factors affecting or supporting sustainability were also inquired and summarized. The overall result is to show that the project deliverables and outcomes recommended at out set for sustainability were found to be virtually not sustained and requires the institutions and other stakeholders' effort to revitalize the situations. Finally, it is recommended that other beneficiary institutions should check their position in this regard. The academia is hereby also called for further research & inclusion of sustainability management in the study of project management.

CHAPTER ONE

INTRODUCTION

1.1. Back Ground of the Study

Dozens of decades have passed since developed countries have started to donate the developing countries and societies in the third world countries. Mazibuko (2007), in his research of project sustainability beyond donor support, stated that 'Fifty years of aid to third world communities has seen huge numbers of dollars going down the drain with little impact; poverty continues to nag at the millions of poor people in these communities Mazibuko (2007).The author continued to ask that "should the North continue pouring aid to the third world poor?"

This question is not uncommon and Mazibuko is not the pioneer. It is well known that the positive impacts of donor support for development, emergency rehabilitation, and humanitarian aid dies soon after the celebration of outcome achieved by these donor supports.

The study conducted on project sustainability by Sara Bennett, et al (2011) reported that there has been much debate about the future funding requirements of HIV/AIDS control programs in low- and-middle-income countries. With severe budgetary pressures in many industrialized countries, the flow of funds available to support the continued scale-up of international health programs is in doubt. The study continues to point out that many development agencies are already planning to 'graduate' some countries from their list of aid recipients.

Ejughemre and Ufuoma (2013) described the platform created to accelerate the achievement of the Millennium Development Goal by the year 2015 by the injection of billions of dollars of donor funds into countries with great need, especially Sub-Saharan Africa but stressed their particular concern of sustainability with the situation in sub-Saharan Africa.

Ethiopia is one of the countries of Sub Saharan Africa that is receiving projects funding from the North. Beurden (1998) described that Ethiopia is leading in East Africa in terms of the number of NGOs.

The issue of inheritance of donor funding positive contributions and outcomes is also not without a concern in Ethiopia. Literature tells us that Ethiopian government once pointed its concern with achieving food security sustainability due to the effect of sustainability of the efforts of responses to HIV/AIDS. This further stresses HIV/AIDS sustainability as one

of the critical sustainability issues in the pursuit of food security in Ethiopia (SDPRP July/2002)

From personal experience in working for World Vision Ethiopia, having invested millions of dollars in specific program development area, the issues of poverty, HIV prevalence, food security and starvation are still persisting, with no any apparent improvement in the lives of beneficiaries. It is for over 20 years of time, following the famine of 1984 (1977 EC), that the organization poured millions of dollars to Omosheleko area of SNNPR, Kambata Tembaro Zone, Tembaro Woreda but, sadly however, what this holy humanitarian act created is only dependency syndrome.

The question of Mazibuko (2007) stated as, 'should the North continue pouring aid to the third world poor?' is a legitimate question to ask. Ensuring sustainability and transitioning project out come and benefits beyond donor support should not be presented as an option but a critical question of the time.

Journal of Public Health Research announced the need for sustainable policies for gradually exiting from donor funding for health, without which Sab-Saharan countries dependent on humanitarian actors, will continue to cripple their ability to be self-sufficient and self-reliant, and should these agencies cease to continue or run out of funding the consequences for the region are dire; Ejughemre and Ufuoma (2013)

These all must indicate to us that we need to go back and check where we are standing at taking forward the legacy of our phased out projects at least in terms of their contextually defined project specific sustainability indicators. Assessing the sustainability as well as the enabling and affecting factors for, at least, a donor project we have had personal acquaintances with has a paramount importance in terms of future decision making, stimulating further research studies and more.

One of the research recommendation of Getenet Mitikie and Ato Melesse Tamiru ([no date],PP 62) on 'The Drivers of the HIV/AIDS Epidemic &Response in Ethiopia' identified and addresses issues related to the initiation, sustainability and renewal of HIV/AIDS risk reduction, efforts at the individual, group, and community levels over time. More specifically, the research identified enhancing the learning environment to support HIV interventions within universities and colleges needs special attention.

This research study was born from the heartfelt need to know the sustainability beyond donor support of the chosen case study project, HIV/STI Prevention Universities/College project, indeed, ignited by the above premises and demand of the day.

This is the drive that put the passion to assess project sustainability and the researcher could try to come up with scientific results about the continuity of project activities and outcomes in to motion.

The project is HIV/STI Prevention, funded by NASTAD Ethiopia, and implemented in six universities and colleges in Ethiopia

The case study project funder organization, NASTAD (National Alliance of State and Territorial AIDS Directors), was a US-based organization founded in 1992, and is a non-profit and non-governmental organization that, through its Global Program, works to build the organizational, programmatic and human resource capacity of its regional/state public sector AIDS program counterparts across the world.

NASTAD Ethiopia is a country Office, supporting the National HIV/AIDS response by working with FMOH, FHAPCO, and Regional Health Offices and regional HAPCOs.

The overall objective of the case study project package had been to reduce the impact of HIV/AIDS among University students and communities.

The operational area of the project had been Ambo University, Bahir Dar University, Dilla University and Dire Dawa University and St. Mary University and TegbareID TVET to create and strengthen the systems, structures and the overall landscape of prevention of the risky HIV/STI prevalence among the youth university/college communities.

Owing to scope limitation described hereunder, the study was planned to focus on only St. Mary University and TegbareID TVET College. The former is a Private university and the latter government owned TVET College, both found here in Addis. These are selected because of proximity and assumed to represent private and government owned collages/University in respect of HIV prevention and control.

1.2. Statement of the problem

Despite the long years pouring down of millions of dollars of donor funds and United Nations and developed countries support to third world countries and effort of humanitarian organization, the sustainability of their action after they leave an area is under question. Because of the complexities of factors around sustainability issues, the scientific research on project/program sustainability has, so far, taken minimal effort. This made third world African donor fund recipient countries to be considered as 'bottom less pit', the term once (year 2008) used by participants of Global Workshop of World Vision International.

The problem of inheritance after donor support are the inability of the beneficiaries to take over donor supported programs, the discontinuation of project activities after phase out of donor support. In short, the capacity to produce and keeping the outcomes and impacts of donor support interventions are the main questions of inheriting the outcomes and results of philanthropic activities.

American Journal of Public Health Research published (Ejughemre and Ufuoma, 2013, page 146-151) that there is now a need for sustainable policies for gradually exiting from donor funding for health, without which Sub-Saharan African countries who are dependent on humanitarian actors, will continue to cripple their ability to be self-sufficient and self-reliant, and should these agencies cease to continue or run out of funding the consequences for the region are dire.

The move by many development agencies is, surely, to considering how best to deploy donor resources efficiently as some are already planning to 'graduate' some countries from their list of aid recipients (Bennett et al 2011, page 2).

Though this is the fact at the ground that researches and various reports are showing us, it is unusual for donor-supported projects in low- and middle-income countries to carefully plan transition processes, and retrospectively evaluate these (Bennett et al 2011, page 2). Little money and effort have been invested in post-project evaluations (even less so, prospectively planned ones), which constitute the most solid basis for evidence-building in the field of sustainability (USAID Sept/2008) Taking the Long View, Guide for sustainability plan and measurement).

The above literature extracts evidence that there are gaps in research endeavor in studying how sustainable new project/innovations are after the projects have ended (post project closeout). Stirman et al (2012) made review of 125 studies on sustainability and brought to light the fact that the introduction of evidence-based programs and practices into healthcare settings has been the subject of an increasing amount of research in recent years. While a number of studies have examined initial implementation efforts, less research has been conducted to determine what happens beyond that point (Stirman et al, March 2012).

From the early inception of the case study project, it was clear that ownership of the project would need to be transferred to the universities and the project was institutionalized within the broader Ethiopian government response to HIV/STI.

It is therefore crucial to look back to the project that was closed four years back and make formal and structured study around sustainability issues.

The point here is that sustainability beyond donor funding is a question of the day, multitude of donor agencies, developed countries but various studies shows no practical effort is there in sustaining projects or in researching sustainability after donor funding. This study is, therefore, to make structured study to determine whether the case study project has so far been sustainable and to learn what underlying factors are contributing for the success/failure.

1.3. Basic Research Questions

1.3.1. The Overarching Research Question:

How successful NASTAD & the beneficiary Universities are in having the project benefits/outcomes sustained so far? What are the enabling/affecting factors for the success/failure?

1.3.2. Specific Research Questions include:

1. How far have the project born activities, practices, structures and capacities been sustained, recognized and delivered to continue to yield the desired benefits?
2. How effective are the project deliverables as of today?
3. How the universities/college inherited the legacy and the outcome of the project after donor support?
4. How are the sustainability, enabling/affecting factors compared between private and government universities/colleges

1.4. Research Objectives

1.4.1. General Objectives

The main objective of the research study was to scientifically assess how successful the funder and the beneficiary organizations and communities are in meeting the sustainability objectives.

The other general objective of the study was to contribute to global learning about effective transitioning & sustainability of a stand-alone donor-run program into an existing health system and pave the way for more research study around project sustainability.

1.4.2. Specific Objectives

1. To assess how far have the project born activities, practices, structures and capacities been sustained, recognized and delivered to continue to yield the desired benefits.
2. To assess how effective are the project deliverables as of today.

3. To learn how the universities/college inherited the legacy and the outcome of the project after donor support.
4. To compare the sustainability enabling/affecting factors between private and government universities/colleges and contribute the use of that lesson for further study or decision making.

1.5. Operational Definitions

- Sustainability: - The capacity to produce and keeping the outcomes and impacts that ensures the result of project interventions. Project Concern International (2014) also defined sustainability, in its broadest sense, that can be adopted for this study, as 'the ability to provide continued benefits to a targeted population'.
- Indicators – The term indicators was borrowed from FIDIC project sustainability Management guideline and is defined as an observed or calculated parameters that show the presence or state of a condition or trend.
- Sustainability outcomes- as defined by Stirman et al, (March 2012), are continued fidelity to core elements; Sustaining program activities; Maintenance of desired health benefits, and deliverables.
- Project/health benefits- is the benefits that came due to the project activities or interventions.
- Key members – are those member who actively involved in HIV/STI activities or programs of the university,
- Existence- is the presence or persistence of the project deliverables/outcomes.
- Effectiveness- is the measure of the extent or level of functionality or practicality of the project deliverables/outcomes for those existence or availability has been confirmed.
- 'North' – is to mean just rich countries. It is a relative location of developed countries to sub-Saharan African poor countries.

1.6. Significance of the Problem/Study

Typically, the post-aid period of a project attracts little, if any, attention from donors, showing a grave lack of interest in issues of sustainability. Hence, in as much as evaluation research has been undertaken to assess the impact of donor-supported programmers on poverty alleviation, no specific study has focused on the issues of sustainability; Mazibuko (2007). The premise gives this study its significance as it focused on measuring sustainability of the outcomes of the interventions of a project implemented and closed

four years back so as to put the ground for further research on the issue or contribute the researcher share for donors, recipients and any reader.

Bennett et al (2011) concluded that many development agencies are considering how best to deploy their resources efficiently and some are already planning to 'graduate' some countries from their list of aid recipients. In light of this, there is considerable interest in the question of how best should one plan and implement the transition of donor-funded programs to local ownership. Accordingly, the contribution of scientifically studied result in to future sustainability planning and management would definitely attract donors and recipients' interest.

HIV/AIDS sustainability is one of the critical sustainability issues in the pursuit of food security; Ethiopia SDPRP (July/2002). To this end, the concern behind HIV/AIDS sustainability issue is not only of health but have wider repercussion like food security. This makes HIV/AIDS project sustainability a paramount area to study. It would inform policy makers to give due attention in not only mobilizing external funds but trying to take over the legacy of donor funding positive effects using internal resources. The study would also inform the current HIV mainstreaming strategy of the government in responding to HIV/AIDS.

HIV/STI in the context of youth at universities/college is a crucial area of risk that the importance of it cannot be overstated.

1.7. Limitations of the study

1.7.1. Geographical Delimitation:

The population geographical coverage included intervention focus areas in five regions of Ethiopia including the two administrative cities. The sample geographical coverage based on convenience was limited to Addis Ababa.

1.7.2. Time delimitation:–

The study was sustainability for the last four years. To advance what is currently known about sustainability over time and to capture variations over time, Stirman et al (March 2012) suggest that researchers assess sustainability over a prolonged years.

This study was limited to a starting phase in a continuum horizon of this longitudinal research kind of study, because of resources, time, and indeed purpose of the study.

1.8. Organization of the Research Report

The report comprises five chapters: Introduction (Chapter1), Review of related Literature (Chapter two), Research methodology (Chapter three), Data Analysis (Chapter four) conclusions and recommendations (Chapter five)

Under the introduction section, back ground of the study was narrated. Research problem, questions, objectives, significances, scope of the study, definitions of terms and research framework was included. Related theoretical and empirical evidences from literature were included, in depth, as a separate chapter. Research methodology described the design of the research study. The results of the study was reported and discussed. The final conclusion and recommendations was given as final chapter in this research report.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

The literature review section outlines and analyses published articles and journals written by accredited scholars and researchers with reference to the topic that is being studied. In this particular case, the literature review examined the following sections: The introduction, sustainability of Health outcomes, Sustainability Components adopted from USAID SF Model and contextualized to the project outcomes under study, the theoretical framework and conceptual framework.

2.2. Sustainability of Health Projects outcome

Throughout the world, considerable resources are spent implementing community-based health programs that are discontinued soon after initial funding ends. As per M.Adil Khan (2004) sustainability concerns itself with:

- Level of continuation of delivery of project goods and services
- Changes stimulated / caused by the project
- New initiatives caused by the project

This section, the literature review, examines, outlines and analyses published articles and journals written by accredited scholars and researchers related to sustainability of project outcome beyond donor support. It tries to synthesize theories and concepts around outcome level sustainability indicators, variables, for the specific project case under study- University HIV/STI prevention project.

In their study of the experiences of operational sustainability of Family Health International's Zambia Prevention, Care and Treatment Partnership named "From project aid to sustainable HIV services", Kwasi Torpey et al pointed out that universal access to prevention and treatment for all is an integral part of the global agenda to mitigate the HIV pandemic. Sustainable strategies must be built into project design and implementation to enable HIV efforts to continue after the project has run its course, particularly in countries highly dependent on donor funds.

For better or worse, schools play a significant role in the HIV pandemic. Schools can contribute to or hinder the prevention of HIV/STI and related discrimination.

According to Inon I. Schenker and Jenny M. Nyirenda (2002; Page 25) the theoretical framework developed in recent years emphasizes AIDS education curricula should provide

learners with problem-solving skills, decision-making skills, communication, refusal and negotiating skills, as well as skills that help them avoid alcohol and drugs use. Specific skills, such as conflict management and the ability to successfully refuse sex, need greater attention and inclusion. Developing self-sufficiency may help individuals to become motivated to act in healthier ways. Educational and behavioral research has shown that having the students participate in role-playing that demonstrates healthy ways of living will help them to sustain these behaviors throughout their lives, and that often our behaviors are reinforced by observing the positive and negative consequences of others' actions. Peers have the power to influence and help maintain positive behavior. When students work with their peers in appropriate settings, they can often guide one another toward healthier, more positive behaviors, such as abstaining from or delaying sexual intercourse, using condoms, and saying no to alcohol and drugs.

The effectiveness of skill-based education for HIV/AIDS prevention is tied to three factors:

- Addressing the developmental (physical, emotional and cognitive) stages that young people pass through and the skills they need as they move toward adulthood;
- Participatory and interactive academic methods;
- Use of culturally relevant and gender-sensitive learning activities within a safe and open environment.

The above work of Inon and Jenny (2002) is an ideal framework to help conceptualize the outcome level packages of university HIV/STI project understudy as it bundles almost all the sustainability indicator elements/ deliverables of the projects.

Ashebir et al(2008; Page 30) presented their research work quoting from other research work done in the year 2004 that extensively examined the responses of Ethiopian higher learning institutions to HIV and AIDS as, among others, that there is inadequate understanding of the role that higher education should play in response to the HIV and AIDS pandemic is widespread.

With all the above conceptualization of the significance of the role schools/universities in HIV pandemic, and sustainability issues, it is quite right to move on digesting and conceptualizing literatures and studies specific to university HIV/STI prevention outcome level sustainability.

The end term project evaluation report (August 2013) recommended the University (school) HIV/STI prevention intervention project outcome sustainability to be measured by the continuity of the indicators of project sustainability outcomes. USAID Sustainability

Framework (SF) can be used to structure the sustainability indicators through the independent variables, open to contextualization as identified in the framework. This model is capable of contextualization and can be used to incorporate a similar case of sustainability indicators so that it is derived in the vehicle of this comprehensive and a scientifically modeled frame work. This encompasses: -

2.2.1. Component-1: Health outcomes

According to the SF, the 'health outcomes' sustainability component is basically the health status of the community/population brought about by a health intervention project/program. This can be meaningfully contextualized to mean that the status of outcomes achieved by the project intervention as:

- Strategic and annual plans for HIV/AIDS
- Budget/resources
- structures established by the project interventions

These are the structural intervention packages (Final report, Page 06) that came to existence because of the project intervention. Careful planning, both strategic and annual, resource to implement the plans and organizations or structures to help the plan implemented are unquestionably an important elements of a given program that need to sustain if the program is to sustain.

2.2.1.1. Strategic & Annual Plans and Budget for HIV/AIDS

According to the Education Sector Policy and Strategy on HIV&AIDS, FMoE (July 2009), Planning would be carried out at the relevant levels of the education system in a highly participatory, efficient and effective manner.

Moreover, the document states that every tertiary education institution should allocate and/or mobilize adequate resources for different HIV and AIDS-related activities in the areas of Prevention, Mitigation, Care and Support, and Research on different aspects of HIV and AIDS that would be beneficial to the Education sector.

As per the final project evaluation report (2013) that presents major mainstreaming indicators and their status in the six Universities and college all (100% of the institutions) had no any developed strategic and comprehensive annual HIV prevention activity plan and budget allocated for implementation before the intervention. Because of the project intervention, all came to have comprehensive annual and strategic plan on HIV/AIDS after the intervention.

Though the above theoretical and conceptual literatures and the sector's policy reveals the importance of having these structural interventions in all the school environments the base line data and some factual evidences show that there are no such packages in higher institutions.

2.2.1.2. Structures established by the project interventions

The other structural intervention packages in the project document are strengthening mainstreaming, functional AIDS resource center (ARC), and Anti-AIDS club in the university, strengthening mini-media.

The guide on how to run prevention and education programmes and campaigns (Zambia [no date]) states that Culture can be a very effective way of getting your message across to people who do not want to sit in meetings or workshops. It involves local cultural groups in developing education programmes through Plays, songs and music. We can also organize cultural or talent competitions for schools and youth groups.

The following activities were designed in the prevention Framework for the Education Sector Response to meet the objective of prevention strategy (FMoE, July 2009; PP 24).

- Establish HIV and AIDS Clubs in all schools.
- Strengthen, equip and furnish existing HIV&AIDS Clubs.

One of the six strategic themes of the sector HIV&AIDS policy, FMoE (July 2009) is mainstreaming the Sector's Response and Research. The document defines mainstreaming as the integration of HIV&AIDS Prevention, Mitigation, Care and Support into the everyday activities of the education sector. The Federal Ministry of Education strongly believes that the implementation of both internal and external HIV mainstreaming could bring significant result in the reduction of the spread of HIV and AIDS and mitigate its impact in the sector FMoE (July 2009)

An HIV resource center is one of an early identified unit to be established as a component of prevention strategies of the sector to quickly respond to the HIV/AIDS problem, FMoE (July 2009). Despite the urgency of the problem, Ashebir et al, (2008) found in their case study survey of Ethiopian TTI response to HIV/AIDS that, none of the surveyed colleges have dedicated units or structures to deal with it, except for focal persons that plan, manage and co-ordinate HIV and AIDS activities.

In respect of non formal education, however, in all the surveyed four colleges, students are active in HIV and AIDS activities through anti-AIDS clubs, gender clubs, and literature and drama clubs. Other non-formal educational activities include: peer education activities

(based on the life skills approach), educational programmes via school mini-media, awareness campaigns and orientation programmes, and limited IEC and BCC interventions (Ashebir et al, (2008). This other non formal education activities to have been found to exist in the surveyed four TTI colleges is what Intervention Package of the project identified as behavioral thematic area, in NASTAD Report (2013)

In respect of the project outcome the final project report (2013) shows that except Bahar Dar University none of the five universities/collage had an established functional AIDS resource center (ARC) before the intervention and four of the six project implementation areas, with the exception of SMUC and TVET after the intervention, could come to have this structure after the intervention. This is among the project outcomes that need to be sustained in the future.

2.2.2. Component-2: Health Service Provision-Access and Quality

When sustainability of health program is thought of, not only are the status of the health outcomes brought by the program but also continuity of the services or products provision, should be checked for the health outcomes to sustain.

Health Service Provision-Access and Quality, is the second component of USAID Sustainability Frame work (2008). It basically addresses how well the local health providers—both facility and community based-deliver services and products to the beneficiary population. This focuses on the quality of and access to key health services. It comprises: -

- Availability of key inputs, like infrastructure, supplies, and medications
- Competence of health service providers both technically and in their relations with clients

In the context of NASTAD University HIV Project, however, it is related to the Behavioral and Biomedical thematic areas of the intervention packages in the University/college as per the Project final report (2013).

This contextualized service provision component can be summarized as the availability/accessibility and quality of the following intervention outcomes.

- Accessibility of clubs/SISTA groups and how are they functioning- students and other university community's awareness and encouragement to get access to the services

- Availability and Accessibility of key services to the beneficiaries (condoms promotion and distribution, communication infrastructure like how well mini media products supported by the project are continuing to be functional).
- Human Resource - The project had recruited technical staff for project implementation and recommended the universities to have full time or assigned staff to inherit competencies in this area.

2.2.2.1. Accessibility of clubs/SISTA groups

In the service and product delivery component accessibility or equity and quality are key components of the USAID sustainability framework (SF). Accessibility to clients is the issue of equity. The level of accessibility to a set of facilities could be used as a criterion against which the degree of equity is assessed; Sarah Nicholls (2001; Page 208). According to the United Nations Convention on the rights of the child, the right of children, and even those with impairments, to receive education should not be circumvented under any circumstances, UNESCO (2004).

In response to the challenge of HIV, young people need to receive information about HIV/AIDS/STI and their risk of infection equitably. Accessibility or equitable provision of the service is one of the outcome level project sustainability.

The document (UNESCO 2004) describes further the equity of HIV/AIDS/STI Prevention through Schools' raising the gender specificity issues and the need to address gender specific inequalities. Worldwide, rates of HIV infection are increasing among women. Women are physically more vulnerable to HIV infection than men. They are also socially and economically more vulnerable to conditions that force people to accept the risk of HIV infection in order to survive. Yet, in many places, schools are hesitant about providing sex education to girls because of cultural demands to protect young women from sexual experience. Thus, women often lack the skills needed to communicate their concerns with their sexual partners or to practice behaviors that reduce their risk of infection.

SISTA Club formation and strengthening was one of the deliverables of the project and also one of the sustainability indicator identified in the project document to respond to gender specific HIV/STI prevention response.

2.2.2.2. Availability and Accessibility of key services to the beneficiaries:

2.2.2.2.1. Condom promotion and distribution service

On a community-level HIV intervention project sustainability study by Ishika et al(2010) that replicated Sonagachi Project, in India, to test the efficacy of HIV intervention project among sex workers, concluded that the surprisingly low rate of HIV infection and high rate

of condom use among sex workers in Calcutta may reflect the impact of the Sonagachi Project, a sustainable community level sexually transmitted disease (STD)/HIV intervention program. The components of the intervention model as mentioned by Ishika et al(2010) to include providing access to condoms and resources for treating STDs; and creating a sense of community and political awareness. This indicate that providing access to condoms and required resource and creating a sense of community awareness is crucial in sustaining a given community level HIV/STI project outcome sustainability. This implies the health service provision that contributes to access/equity and quality. The final report of the project document, Project Report (2013) recommended the practice of condom promotion and distribution as one of the sustainability indicators.

2.2.2.2.2. Communication:- Mini-media, IEC/BCC, peer education, life skill, teaching curricula and Training

One of the thematic area of the project understudy was the Behavioral package which is concerned with behavioral change and development communication: Promote Behavioral change, IEC/BCC, peer education, life skill, school community conversation, SISTA, panel discussion, edutainment, involvement of staffs (NASTAD Final Report, 2013; PP 06) were the services provided by the project intervention that is expected to be sustainable at this time and in the unforeseen future.

In the sector strategy document on HIV/AIDS prevention, FMoE(July 2009), all learning institutions will be required to ensure that age appropriate HIV and AIDS educational materials such as Information, Education and Communication (IEC) or Behavior Change Communication (BCC) area available and accessible to all members of the education system throughout the country. For prevention intervention outcomes to sustain these behavioral packages should be in place at all learning institutions.

As stated in the work of Ashebir et al, (2008) on the case study of the response of teachers training institutions to HIV/AIDS, the Ethiopian Strategic Plan (2004-2008) for intensifying multi-sectoral HIV and AIDS response document puts forward the following major activities that the education sector must take on for an effective HIV/AIDS response.

- Include HIV and AIDS prevention education in teaching curricula;
- promote peer education;
- use effective communication and appropriate technology;
- strengthen civic education;
- Mainstream HIV and AIDS prevention into education.

It continues to state, (IIEP- 2008; PP 22) the proposed responses from the education sector tabulated next.

Table-2.1 :- Proposed response for the education sector (2004-2008) (as outlined in the Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV and AIDS Response)

Selected strategies	Major activities
Include HIV and AIDS education in teaching curricula	Review and develop existing curricula
Promote peer education	<ul style="list-style-type: none"> • Develop manuals and guidelines for peer education • Train and refresh critical mass of model teachers and students • Establish and strengthen school anti-AIDS clubs
Use effective communication and appropriate technology	Expand and establish mini-media
Mainstream HIV and AIDS into education	<ul style="list-style-type: none"> • Establish full time formal unit/person at all levels of the education system • Conduct joint operational research

Source: -IIEP-2008; Page 22

Stacked in the above literatures and narratives are the deliverables that the project understudy provided and presented here as a witness as to their importance for school HIV/STI response and the responsibility of the schools to deliver for the same.

2.2.2.3. Human Resource

Resource, especially human resource, should exist for any intervention outcomes to sustain. Schools, per UNESCO (2004), should allocate sufficient personnel time and resources to make sure that policies and programs are developed and implemented with appropriate community involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available.

The following recommendations, among others, were given by Ashebir et al, (2008) on the importance personnel specifically assigned or dedicated for HIV/STI response in schools/universities.

- Personnel should be assigned who deal purely with HIV and AIDS issues, and HIV involvement should be incorporated as an evaluation criterion in teachers' assessments.
- Dedicated structures and personnel must be in place to change the attitude that HIV and AIDS are everybody's problem but nobody's responsibility, and to make an effective contribution to the response to HIV and AIDS through planning,

coordinating and implementing HIV and AIDS education and activities within colleges.

In the project document, the final project evaluation report (2013), HAPCO office with full time staff is one of the sustainability recommended outcome. As can be referred on the final evaluation table that compares the end term and base line data, all the six universities had no HAPCO Office with full time staff except Dilla University and Bahar Dar University. After the project intervention, however, all could have HAPCO office with full time staff except TegbareID TVET. How sustainable this outcome is the question that needs to come up here.

In addition to the behavioral services Biomedical services that enhances service provision and partnership, outreach temporary VCT and permanent VCT, promotion of sexual reproductive health services, referral linkage were the packages provided/created by the project intervention that need to exist sustainably(Final Report, 2013-PP06).

2.2.3. Component- 3&4: Viability and Capacity of partners to Support

Viability and Capacity of partners to Support the program is the USAID SF component 3& 4 and can hereby be contextualized to mean that the University/government commitment in allocating budget and NGO support.

This is related to the 'Logistic Dimensions' of the 'The multi-dimensional attributes of sustainability' theoretical framework described above that inquires whether project received necessary support both budgetary and institutional; M. Adil Khan (2004).

'Budget allocated by the university management' for HIV/AIDS prevention and care activities indicator for 'Resource Capacity' variable is one of the sustainability indicators for this component/outcome identified by the project plan document.

How sustainable this outcome is the common question that needs to come up here.

2.2.4. Component 4: Community Capacity

The USAID Long View guide (Sept/2012) explains the applicability of this component as the idea that community members do not just "receive" or "demand" health services as beneficiaries, but rather are active agents of change and—to use the language of economists—producers of health.

In the context of the case study project the capacity of benefited university community in respect of how energetic are them in taking part not only as service recipient but also as change agents after the project hand over is important.

This is related to the 'Community Dimension' of the 'The multi-dimensional attributes of sustainability' , M. Adil Khan (2004) theoretical framework described above that enquires whether the project has been succeeded in maintaining a desirable level of participation of the community in the project activities.

'AIDS fund established by university staff for HIV/AIDS prevention and care activities' indicator for 'Community Ownership' variable is one of the sustainability indicators for this component/outcome identified by the project plan document.

From the project document community capacity component of project outcomes sustainability can be represented by:

1. How SISTA group is actively making the program lively and sustaining;
2. how club members, and other students are taking part in the process;
3. how far the subject has been researched on by the students and the academia in general, and
4. Has AIDS fund been established by university staff for HIV/AIDS prevention and care activities

These are some of the areas that can be looked in to assess how the capacity of the university community is in terms of acting as change agents.

2.2.5. Component-6: Enabling environment

As per USAID sustainability Framework, this Component, enabling environment, recognizes that there are essential socio-ecological environmental variables that can either support or weaken gains in health.

When this put in context, university administration focus area, university policy, country wide policy, the surrounding academic environment, physical environment and more area can be considered to determine the enabling and affecting factors.

Taking the opposite sides of factors inhibiting effective response to College HIV and AIDS, one can define the enabling factors or environments.

Ashebir et al, (2008) identified seven core and cross-cutting issues that should be noted as inhibiting factors to an effective and well coordinated response to HIV and AIDS at all the colleges assessed for TTI response to HIV and AIDS in Ethiopia as follows:

- Lack of policies, strategies and guidelines;
- Lack of sufficient capacity on the part of teachers to initiate, facilitate, coordinate and integrate HIV and AIDS issues into the college education;

- Lack of commitment, effective meaningful co-ordination and harmonization of efforts at all tiers of the education system;
- Limited awareness on the urgency of tackling HIV and AIDS;
- Absence of steering committees or other structures in colleges (where students or student bodies are represented) that deal with planning and implementing HIV and AIDS interventions;
- Absence of any form of incentives for members of staff involved in HIV and AIDS activities on top of their normal workload;
- The inadequate priority given to HIV and AIDS issues by the college administration.

The following narrative is the article review that synthesizes the above environmental enablers for the project outcomes sustainability.

2.2.5.1. Leadership on HIV and AIDS

An institutional HIV and AIDS policy is only as effective as the leadership that owns and supports it. Leadership provided by senior members of the college administration can make a huge difference in mitigating the negative impacts of HIV and AIDS by creating a sense of urgency, mobilizing resources and key stakeholders, and, more generally, by planning ahead and managing effective institutional response, Ashebir et al, (2008)

Gemma Oberth and Alan Whiteside (2016) stated that we need better political scaffolding of how governance factors are related to HIV/ AIDS. Without continued political leadership and policy, the most promising programmes or interventions will not be sustainable.

2.2.5.2. University policy, strategies and guidelines

The Education Sector Policy and Strategy on HIV&AIDS FMoE (July 2009) requires public and private universities and all higher learning institutions to develop a HIV and AIDS Policy and Strategy in line with the provisions of HAPCO and the National HIV and AIDS policies.

From the project document, final & base line study section of final report (Report 2013), it is evident that none of the six universities had HIV/AIDS policy document before the intervention (base line). All could have this policy documents after the project intervention, because of the project.

2.2.5.3. Stakeholders Commitment

According to the Education Sector Policy and Strategy on HIV&AIDS, FMoE (July 2009) it is also believed that as an effect of a strong commitment for mainstreaming HIV and AIDS issues and its effective implementation in education sector a favorable environment for

teachers, other staff members and students shall be created to prevent themselves and their family from the danger of HIV and AIDS and the community at large.

The above mentioned enabling and inhibiting factors and any others was assessed as part of the sustainability factors.

2.3. Comparison of Private and Public Institutions from Literature

On a Comparative Performance of Private and Public Healthcare Systems in Low- and Middle-Income Countries: A Systematic Review held by Sanjay Basu et al(2012) resulted and concluded that their study did not support previous views that private sector delivery of health care in low- and middle-income settings is more efficient, accountable, or effective than public sector delivery. Each system has its strengths and weaknesses, but importantly, in both sectors, there were financial barriers to care, and each had poor accountability and transparency. This systematic review highlights a limited and poor-quality evidence base regarding the comparative performance of the two systems.

As per the UNESCO's Assessment Report on HEI Responses to HIV AIDS and Gender (July 2012), Eighteen public and four private HEIs located in nine regions of the country were covered by the study that was conducted between October and November 2011. All of the eighteen public HEIs covered by the assessment have designated a decision making body and a program management structure on gender within their formal organizational structure. However, none of the four private HEIs has gender related programs, a unit or a structure to coordinate gender related activities. In conclusion of this study, all the public and private HEIs are recommended to establish HIV/AIDS and gender coordination units with designated office spaces and facilities, full-time coordinators and other staff members to coordinate and run the two programs in all the campuses under them. All the HEIs should also allocate up to 2% of their annual budget for HIV/AIDS programs and establish AIDS fund. Recommendations are also forwarded for all the HEIs to prepare HIV/AIDS and gender policy and strategy documents and mainstream HIV/AIDS and gender in their work. The need to address the entire communities of the HEIs with well-designed HIV/AIDS and gender interventions, link the HIV/AIDS and gender programs at all levels, involve all stakeholders in the planning, implementation, monitoring and evaluations of HIV/AIDS and gender programs are also well emphasized.

2.4. Theoretical Framework

2.4.1. The multi-dimensional attributes of sustainability:

According to this theory, there are several dimensions to project sustainability, M. Adil Khan (2004). Depending on the nature of a sector or a project each of these dimensions

has the capacity to influence project sustainability in one or way or another. These dimensions are listed below.

- Continued operation and maintenance of project facilities - i.e., has the project received necessary support (both budgetary and institutional) to enable it to maintain required level of facilities? (Logistics Dimension)
- Continued flow of net benefits - i.e., (for economic sector projects) has all the cost and benefits under varying conditions weighted properly and does the project guarantee an acceptable level of financial and economic return? (Economic Dimension)
- Continued community participation (in projects where active community participation is crucial for both stimulating new actions as well as for cost recovery) - i.e., has the project involved the community? Has it succeeded in maintaining a desirable level of participation of the community in the project activities? (Community Dimension)
- Equitable sharing and distribution of project benefits - i.e., has the project incorporated mechanisms that guarantee equitable access to and distribution of project benefits on a continuous basis?(Equity Dimension)
- Institutional stability - i.e. has the project considered adequately the institutional requirements and thus made provisions so that management support to project operations continues, during the life of the project? (Institutional Dimension)
- Maintenance of environmental stability- i.e., has the project considered environmental implications so that negative impacts on environment are either avoided or mitigated during the life of the project? (Environmental Dimension)

Consideration of all the dimensions is Key to sustainability of projects. Weakening of any one of these has the potential to jeopardize the sustainability of a project, in the long run.

The multi-dimensional attributes of sustainability -imply that to enhance project sustainability, a rigorous sustainability analysis is needed at the time of formulation of a project or a programme. It is expected that such an analysis which is to be followed up by development of a sustainability strategy will assist in incorporating the elements of sustainability, right at the design stage of a project.

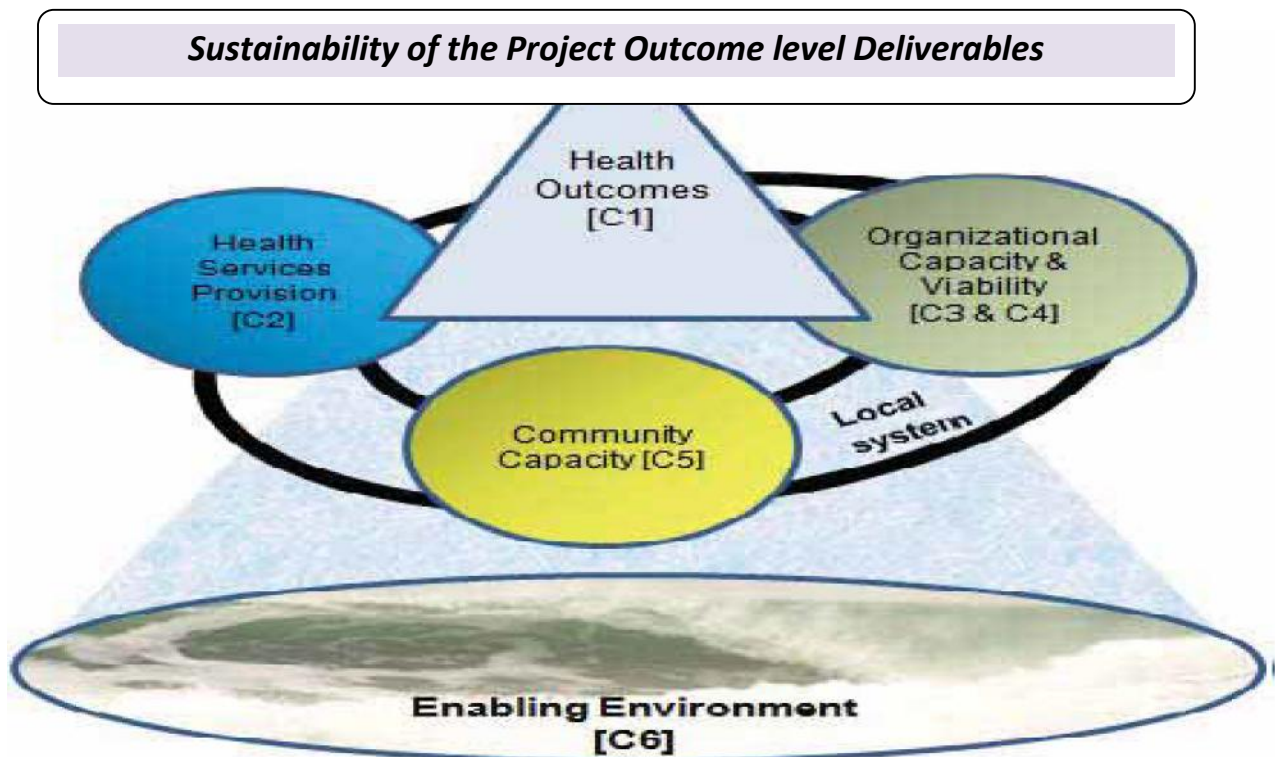
This framework is very relevant and fitting to visualize and understand - sustainability of projects and programs beyond donor funding and help to frame out such an assessment/study.

2.5. Conceptual Framework

The research framework used here for the study is adopted from Sustainability Framework (SF) Model developed by USAID that measures sustainability of projects/programs.

It measures sustainability of outcomes or project deliverables component by components. The existence and effectiveness of the component outcomes are therefore independent variables measured to evidence the sustainability of the project outcomes, dependent variable.

Figure 2.1. A visual representation of the Sustainability Conceptual Framework



Source: The USAID Long View guide (Sept/2012)

This model is a comprehensive frame work that makes use of both mode of enquiry (qualitative and quantitative enquiry).

This model is capable of contextualization and can be used to incorporate the case study sustainability indicators and hence the research could be derived in the vehicle of this comprehensive and a scientifically modeled frame work.

The good of this model for the research study is that the components, segments, and aspects of project sustainability measures are exactly fitting with already defined project sustainability indicators.

2.5.1. *The USAID Designed Sustainability Framework (SF) unpacked*

The Sustainability Framework (SF) is a way to organize thinking about sustainability. The model determine that not only are post-project studies methodologically difficult (e.g., to design with controls), but they are also rarely able to base themselves on a consistent and prospective data trail. USAID, major global funder and contributor of international development, recognizes the fact that vast majority of evidence on sustainability that exists now is of a weaker variety; that is, it is based on “expert opinion” among development practitioners, gleaned from their own practice experience (USAID, Sept/2008).

2.5.2. *The Structure and Logic of the Sustainability Framework (SF)*

The SF takes the point of view of the local system, which the project attempts to change for the better. It focuses on improving and measuring progress on the following six components (shown visually in Figure-1):

- Component 1: Health outcomes
- Component 2: Health service provision
- Component 3: MOH and viability district capacity
- Component 4: Main local NGO viability capacity
- Component 5: Community capacity
- Component 6: Enabling environment.

The first component, the health outcomes, is meant to measure the outcome of the sustainability process. In the context of the case study project under study, the outcome of the project intervention was measured as per the defined sustainability indicators. This measures the project out comes as they are objectively be indicated like the availability of strategic and annual plans for HIV/AIDS prevention and care activities, availability of budget/resources, availability of structures established by the project intervention. These are, hence, to try to determine the outcomes that need to be inherited.

The second component, Health Service Provision-Access and Quality- addresses how well the local health providers—both facility and community based-deliver services and products to the beneficiary population. This service delivery contributes directly or indirectly to the health outcomes measured in Component 1.

According to the model, Component- 2 specifically focuses on the quality of and access to key health services. Access includes the idea of equity—that is, health services that have

achieved high levels of access have also achieved high levels of equity. The quality of the services delivered includes subcomponents like the following:

- Availability of key inputs, like infrastructure, supplies, and medications
- Competence of health service providers both technically and in their relations with clients

In the context of the case study project sustainability study, the access and equity issues like availability of clubs, SISTA groups, students and other university community's awareness and encouragement to get access to the services was considered in the design of questionnaires, interview questions and focus group discussions.

The quality piece included availability of key inputs like condoms, communication infrastructure like how well mini media products supported by the project are continuing to be functional.

The project had recruited technical staff for project implementation and recommended the universities to have dedicated staff to have competencies in this area inherited. This was considered in the study as a part of this specific component of the SF.

In thinking about which to include as the subject of the measurement for Components- 3 & 4, Viability and Capacity of partners to Support, the sources that supply the institutional support for health service delivery should be thought of. Component 3 helps measure the institution's resource capacity and viability. The question here is the existence of reliable institutional support for the activities to be undertaken in the universities for the required HIV/STI prevention services. The study, as this components indicate, checked the university/government commitment in allocating budget for the area and the availability of external resources such as other NGO support and any other sources of resource that enable to continue to deliver the services.

The SF recognizes community capacity, component-5, as a fundamental contributor to sustaining health outcomes. The USAID Long View guide (Sept/2012) explains the idea that community members do not just "receive" or "demand" health services as beneficiaries, but rather are active agents of change and—to use the language of economists—producers of health.

In the context of the study the capacity of benefited university community was assessed so as to learn how energetic are them in taking part not only as service recipient but as change agents after the project hand over.

Component- 6, Enabling Environment, recognizes that there are essential social-ecological environmental variables that can either support or weaken gains in health.

When this put in context, university administration focus area, university policy, country wide policy, the surrounding academic environment, physical environment and more were considered to determine the enabling and inhibiting factors using open ended interviews and questionnaires. This can be measured both in qualitative enquiry of meaning as there in the minds of participants and observed relevant environmental facts.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1. Research Design

The architecture of the study emanated from its aim, mainly, to explore the sustainability issues around the case study project and also to explain the 'why' of the situation. The chosen method of enquiry was, therefore, qualitative method of inquiry with a quantitative method, using descriptive statistics, for the explanation aspects.

Revealing the nature of the project sustainability situations was the intended purpose of the study and hence called for a design with descriptive purpose. The research described each component outcomes existence and enabling/inhibiting environments and assessed the sustainability situation. This aspect is a qualitative design of study as it helps to understand the meaning of a situation, event, experiences, and actions of participants. Qualitative research is used to get in-depth situation of phenomena and it is not rigidly limited to definable variables. This enabled to dig deep the situation through semi structured interviews with relevant and key informants.

Subsequently, evaluation of effectiveness of existing practice or outcome was required to make sure that the existence alone is not enough to conclude sustainability but also the level of effectiveness of each of the outcomes. This should call for quantitative measure using descriptive statistics.

The design, therefore, is termed as a mixed method of enquiry: both qualitative and quantitative research method. The USAID SF (July 2012), the source from which the study framework was adopted, states that no matter how good the numerical indicators for use with SF, this can only tell part of the story. More information must come from an in-depth narrative.

In developing the overall study design, the researcher planned to not only address the research questions identified above but also to craft the study so that it would produce an early findings that can inform later rounds of study, if any, as well as to reach a broader overarching conclusions.

3.2. Sample and sampling techniques

The research was intended to study the sustainability of the project outcome and related research questions of six universities/colleges. These are Ambo University, Dire Dawa University, Dilla University, Bahar Dar University, St. Mary University and Tegbared TVET College. Due to time, and resource constraints a sample of two was taken using

convenience sampling method. Geographical proximity is used to determine convenience. In addition, the need to compare the results between private and public institution necessitated two study areas than only one with more proximity. Accordingly, purposive sampling method is added as another sampling method.

Among the sampled institutions, the sampled participants were only those thought key informants. This is, therefore, a purposive sampling method. These relevant respondents were interviewed using semi structured interviews.

Going on with the quantitative method on enquiry; students, instructors and administrative staff with very close acquaintances were chosen using Snowball sampling method where the researcher started by identifying a few respondents that match the criteria for inclusion in the study, and then ask them to recommend others they know who also meet his selection criteria.

Accordingly, students with very much close participation with clubs, gender and HIV/STI related activities were chosen via the key informants. Hence, purposive sampling led on to more of the same kind of sample.

To conclude on the researcher's sample and sampling techniques, a purposive sampling technique was employed to find all the people who can provide the information by virtue of knowledge and experience.

The key members/ relevant participants were:

1. University/Collage senior management that lead HIV activities(1),
2. Chief student representative (1),
3. chief anti AIDS club (1),
4. chief mini media club (1),
5. chief music and entertainment club (1),
6. SISTA participants/facilitators or any gender based club(1 each),
7. chief SISTA club (1), chief gender office (1),
8. Representatives from University Clinic (1)

At the absence any one, the next relevant participant(s) were picked based on availability sampling method. For example when senior management personnel were not around, lower level staff were contacted and even in some cases, the other relevant participants were contacted.

3.3. Challenges/Ethical Question Anticipated at the outset:

The research could have been viewed as politically sensitive. Although the study was primarily concerned with the effects of the project sustainability and effective transition, had it not been carefully framed, it could appear as an assessment of relevant unit of the universities' performance. To mitigate this: -

- ⇒ The fact that the purpose of the study would not be for performance measurement or an audit but solely for academic purpose and has no any donor or has no any connection with any other party's agendas was described to the participants at the outset. The fact that the unspecified, generalized results as a bi-product of the study of factors affecting or enabling project sustainability would be used for similar other projects sustainability planning and management.
- ⇒ Permission of access to information and individuals was requested from concerned entity authority clarifying the purpose of the study at the outset, to avoid any fear of individual participants in providing information during data collection.
- ⇒ The study protected the anonymity of individuals, roles and incidents in the study. The names, roles and identities of the respondents and participants were disassociated from the responses during the coding and recoding process and this fact was described to the participants at the outset to avoid any fear of identification of individuals with specific information.
- ⇒ The confidentiality of data and information would be guarded against sharing with any individuals and also would be discarded after a reasonable time period so that it would not fall in to the hands of other researchers who might misappropriate it.

3.4. Source and Tools/Instruments of Data Collection

Primary data was employed using different tools and multiple sources of evidence: the rationale for this principle is "triangulation" – different information sources are used to ensure a more rounded perspective.

Thus, the tools/ sources of data were: -

- Interviews (mostly semi structured) for 8 interviewee per institution,
- Questionnaires with standardized scale of measurements (53 returned out of 60 distributed to the most relevant and nearby of the subject matter)

The study was to measure variables derived from specific project sustainability indicators; outcomes level indicators, contextualized in to the USAID SF framework and hence are project characteristic variables.

Summary of the indicators with variables and tools of measurements is summarized, tabulated and annexed. (Refer Annex-1)

3.4.1. Procedure of Data Collection

Using the above tools, the employed data collection procedures include:

- Interview: Detailed interview of structured/unstructured, open ended and closed ended depending on the specific enquiry and the respondent was designed a head and interviewed,
- A questionnaire was designed and communicated with respective respondents.

3.4.2. Methods of Data Analysis

The study was both qualitative and quantitative procedure of inquiry and both mode of data but with much qualitative inquiry and data collection.

As part of qualitative analysis, narrative data were coded and disaggregated with each research questions to analyze each case by case by interpreting the meaning of information. Perceptions, observations, opinions and feelings were combined and in the process some impression of project failure or success in respect of sustainability was created.

The need to probe and increase the depth of the study, to get to core issues surrounding project sustainability, became the main impetus for focusing on qualitative analysis methods.

For quantitative aspects descriptive statistics and frequency and percentage descriptions was employed to compare the two sets of sample data (government and Private university source data). From the spread worksheet data analysis, outcomes of the studied project with their frequency distribution counts were cross tabulated, and findings' discussions and conclusions narrated.

3.4.3. Summative Analysis and Evaluation

The summative evaluation sought to synthesize findings from different components of the study, with studies in related literature to have broader understanding and result.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSIONS

4.1. Introduction

This chapter presents the study data and findings which have been discussed in line with the study objectives and research questions. Qualitative data compounded from in-depth interviews, observations and discussions are presented here. Quantitative data from survey questionnaires is used to triangulate and shed light on the qualitative explanation of facts. The findings here explained in light of the three assumed to be the most relevant demographic characteristics.

The research enquiry and analysis was organized with enquiring the existence or availability of the indicators/out comes first and then continued to ask to what level and extent have they been effective for those witnessed to have existed and finally the enabling and inhibiting factors for sustaining and not sustaining was probed.

4.2. Questionnaire Return Rate

The target respondents were the people those identified key respondents and additional university communities thought to be relevant to HIV/STI prevention, at both the institutions. Out of the total 60 survey questionnaires distributed to the targeted sample and the more nearby university communities, 53 questionnaires (88%) were returned and only seven survey questionnaires were not returned. It is out of the returned questionnaires' responses that the presentation of the general information and data analysis was done. This response rate was good and adequate. According to Roseline Nduta Muchai (2014), a response rate of 70% and above is satisfactory for data analysis.

Table 4.1: Questionnaire Return Rate

Questionnaires	Number of Questionnaires	Percentage
Returned Questionnaires	53	88
Questionnaires not returned	7	12
Totals	60	100

4.3. Demographic characteristics of respondents

Personal information of the respondents includes gender of the respondents, age, marital status, and religion, Duration lived in the university, Occupation and educational level.

Among others, however, three variables of demographic characteristics, namely gender, Job role/status, and time stayed with the university are assumed to have direct bearing and influence on the attitude and responses of the respondents and hence would be part of the data analysis.

4.4. Sustainability findings using the indicator components

As discussed in the conceptual frame work section of Literature Review, an SF model was used to comprehend the case under study, sustainability of HIV/STI prevention using indicator components as follows.

4.4.1. Component-1- Health Outcomes:

These are the HIV/STI Prevention project outcome level deliverables and structures sustainability assessment inquiries response data analysis.

The status of the project outcomes achieved by the project intervention as:

- Strategic and annual plans for HIV/AIDS
- Budget/resources and,
- Structures established by the project interventions.

These are the structural intervention packages (Final report, PP-06) that came to existence because of the project intervention. Have these all sustained? The result of the study is presented and interpreted as follows.

1.1.1.1. Plans and Budget for HIV/AIDS and Other Structures

a) Tegbareld College:-

The availability of policy, strategic and annual plans and budget was witnessed to have been existing but almost not being implemented due to low attention and commitment from the college administration. The budget allocated for the HIV/STI activities were sufficient but virtually not utilized. The quantitative finding here also affirmed the qualitative findings. Out of 28 survey respondents 18 (64%) replied as 'yes it exists'. While 67% of instructors and admin staff and those stayed more than three years unanimously asserted the existence of the plans and budget. Only 33% of the students could tell the

availability of these plans while 67% responded as not sure of it. Of those affirming the existence of these plans and policy documents, all (100%) unanimously, across the demographic characteristics, rated the effectiveness as "less than effective" in implementation, meaning, totally ineffective to somehow slightly effective.

This shows that though the policy, plans and initiatives are there, they were not made known or not participatory. Relevant students should have been aware of and participative of the plans and initiatives of the HIV/STI prevention initiatives for they are the major beneficiary community of the institution.

Regarding the existence of the program as a separate unit, it was found that the responsibility was given to the College Clinic as an additional role. There is an ARC but with very few computers and almost nonfunctional. One of the respondents mentioned that computers in ARC, donated by NASTAD, were taken to other offices for other non HIV/STI related use and only two desk top computers are left at the ARC. Out of the 46% of the respondents who witnessed the existence of ARC (85% male, 46% of students, 23% instructors and 31% of admin staff) only 31% (100% of them admin staff) could affirm effective ARC functional unit to exist.

Regarding the functional groups, such as HIV and AIDS Clubs, gender clubs, and literature and drama clubs, they were said to exist but almost non-functional because of low administrative support and budget authorization and release problem. 68% of the survey respondents denoted the existence of these functions and the remaining 32% stated that they were not sure their presence as functional units. This shows that their presence is just for the sake of say and are totally not functional. Of those witnessing the existence of these structures, all (100%) witnessed that they are less than effective, meaning, ineffective to slightly effective in functionality.

Regarding HIV/STI risk management or inquiry of whether there has been any risk assessment activity since the last donor support, 75% responded to tell that there have been incidents of risk assessments on the subject- majority of them (57%) being Instructors and Admin Staff those who had older than three years in the College. This shows that this practice is very old and might be because of the donor (NASTAD) effort. Words of mouth from the interviewee also confirm this finding. In respect of the effectiveness measure, only 43%, all of which are students less than three years of stay in the compound, responded as effective risk management practice to have existed on the subject matter. This is contrary to all the others that commonly responded to have nil effectiveness. The researcher considered this a margin of error and non conclusive.

Peer education practice was one of the component's outcome level project deliverable, with 46% claiming the existence of the practice, all of which then denoted that they are less than effective in reality. Both male and female, all ages, and all job status agreed to have peer education practice to be ineffective or nonexistent at all.

It can, therefore, be summarized that the component-1, shows, on average, 50% of the respondents claimed that this component exists but only 13% of these who claimed its existence there I witnessed the project deliverables and structures' sustainability is effective. Of this 13%, 11% is male & 2% female; 9% students, 0% instructors and 4% admin staff; 9%those having less than three years stay and 4% those older than three in the college.

Hence, 87% were not in a position to claim the sustainability of these outcomes, Component-1. It is, therefore, not a hasty generalization that if the researcher concludes that component-1 is not sustained so far at TegbareID College.

Table 4.2 TegbareID College- Component-1 Health Outcomes Existence Frequency Table

S/N	Descriptions	Existence/Availability				% witnessin oo
		Yes	NO	Not Sure	Total	
<u>Component-1:- Health Outcomes: -</u>						
1	HIV/AIDS policy document	18	3	7	28	64%
2	Full time staff on HIV/STI program	8	16	4	28	29%
3	HIV risk and impact assessments	21	3	4	28	75%
4	Strategic plan for HIV/STI	4	20	4	28	14%
5	Comprehensive annual HIV prevention activity plan and budget	15	9	4	28	54%
6	Functional AIDS resource center (ARC)	13	5	10	28	46%
7	Functional groups (such as HIV and AIDS Clubs, gender clubs, and literature and drama clubs,)	19	-	9	28	68%
	Component-1: Average Response	14	8	6	28	50%
	<i>Percentage of availability or existence - frequency of sustainability Indicator</i>	<i>50%</i>	<i>29%</i>	<i>21%</i>	<i>100%</i>	<i>50%</i>

Table 4.3 TegbareID College- Component-1 Health Outcomes Effectiveness Frequency Table

S/N	Descriptions	Level of Effectiveness			
		Witnessed to exist/ Available	Effective	Less than Effective	% "Effective"
Component-1:- Health Outcomes:					
1	Effectiveness the implementation of policy document	18	-	18	0%
2	Effectiveness of staff/structure support	8	-	8	0%
3	Effectiveness of risk and impact assessment result	21	9	12	43%
4	Effectiveness of the implementation of any developed strategic plan	4	-	4	0%
5	Effectiveness of the implementation annual and allocated budget	15	-	15	0%
6	Effective of the Established functional AIDS resource center (ARC)	13	4	9	31%
7	Effectiveness of the system in delivering peer education	19	-	19	0%
Component-1:- Health Outcomes: Average Freq.		14	2	12	13%
Percentage (the level of effectiveness)		100%	13%	87%	13%

b) St. Mary University

The subsistence of policy, strategic and annual plans and budget are similarly found to be said existing from the words of mouth of those contacted admin staff, student support and some instructors. All the students who have been interviewed have responded that they were not sure of the existence of this documents or plans. The survey data shows that about 28% of the respondents denoted that there are all these policy and plans of which 86% to 100% are instructors and admin staff. Students who claimed the persistence of the above policy, plans, and budgets were ranging only from 0 to 14%. On average, only 55% of those staff claimed to have these outcomes to exist have witnessed their effective implementation, while 100% of the respondent students and those stayed less than three years in the university has witnessed the implementation as less than effective.

Like the case with TegbareID College, though the policy, plans, budget and initiatives are there, they were not made known or not participatory. Relevant students should have been

aware of and participative of the plans and initiatives of HIV/STI prevention initiatives for they are the major beneficiary community of the institution.

Regarding the strengthening of mainstreaming, AIDS resource center (ARC), Anti-AIDS club, and mini-media, the responsibility to manage these all was structurally given to Gender Office, that is currently closed/non functional because man power. The staff in charge of this Office left so far and not replaced. Because of this, no responsible body is there to organize the student community around HIV/STI prevention. Only Student Support Office is there that works with student union, and few groups that do some mini media, and talk show activities. According to the words of mouths of interviewees, there is no functional unit or responsible body working around HIV/STI prevention activities.

Table 4.4 St Mary University- Components-1 Health Outcomes Existence Frequency Table

S/N	Descriptions (Existence or Availability of)	Existence/Availability				% witnessing availability
		Yes	NO	Not Sure	Total	
Component-1:- Health Outcomes: -						
1	HIV/AIDS policy document	7	7	11	25	28%
2	Full time staff on HIV/STI program	6	17	2	25	24%
3	HIV risk and impact assessments	3	8	14	25	12%
4	Strategic plan for HIV/STI	7	7	11	25	28%
5	HIV prevention activity Annual plan and budget	8	6	11	25	32%
6	Functional AIDS resource center (ARC)	9	12	4	25	36%
7	Functional groups (such as HIV and AIDS Clubs, gender clubs, and literature and drama clubs,)	9	8	8	25	36%
	Component-1: Average Response	7	9	9	25	28%
	<i>Percentage of availability or existence - frequency of sustainability Indicator</i>	28%	37%	35%	100%	28%

From the survey data it is evident that, on average, only 32% asserted existence of these functions, while 19% indicated that they do not exist, and 49% said they are not sure of the availability of these structures. If majority of the respondents, being purposively included in to the sample unit as people nearby the issues or activities of the university, are not sure of the very existence, it can be reasonable to conclude that though someone might prove the contrary, their effectiveness and functionality, do undoubtedly, fall under question mark.

Out of the surveyed people who claimed the existence of these structures, only 65% claimed their functional effectiveness as commendable, all of which are staff and those serving above three years. 100% the students and others under three years of stay with the university denoted that these functions are not more than mere existence. Note that the major beneficiary of any such initiative and program is unquestionably the student community and if no student is there to witness the effective functionality of the programs, no way can we conclude that that these might be functioning well and sustaining good.

Regarding the HIV/STI risk assessment and management, only 12%, all of which admin and instructors, responded positively to the existence of such an effort; 32% asserted not to exist at all and 56% not sure of it. Of those that claimed there are some efforts of risk assessment and management practice, none could conclude it as 'effective' in practice.

Overall, the sustainability of these component outcomes is found to have, on average 28% existed, 37% not and 35% not sure. When this disaggregated by the relevant demographic variables, 92% are staff (admin and Instructors) and 8% students. In respect of time of stay with the institution, 92% were those over three years and only 8% from those under three. There is no significant variance between gender variables, male being 51 % and female 49%.

Regarding the functionality or effectiveness measure, 63% of the responses are found to state that the sustainability of the component indicators/outcomes are less than effective in functionality and only 37% claimed as effective. On average, 100% of student and those under three years stay responded to witness that these outcomes are ineffective in functionality.

Table 4.5 St Mary University-Component-1 Health Outcomes Effectiveness Frequency Table

S/N	Descriptions	Frequency of Responses			
		Witnessed to exist/ Available	Effective	Less than Effective	% "Effective"
	<u>Component-1:- Health Outcomes:</u>				
1	Effectiveness the implementation of policy document	7	7	-	100%
2	Effectiveness of staff/structure support	6	5	1	83%
3	Effectiveness of risk & impact assessment result	3	3	-	100%
4	Effectiveness of the implementation of any developed strategic plan	7	3	4	43%

S/N	Descriptions	Frequency of Responses			
		Witnessed to exist/ Available	Effective	Less than Effective	% "Effective"
5	Effectiveness of the implementation annual and allocated budget	8	3	5	38%
6	Effective of the Established functional AIDS resource center (ARC)	9	3	6	33%
7	Effectiveness of the system in delivering peer education	9	7	2	78%
	Component-1:- Health Outcomes: Average Response	7	4	3	63%
	<i>Percentage (the level of effectiveness)</i>	<i>100%</i>	<i>63%</i>	<i>37%</i>	<i>63%</i>

4.4.1. Summary Component-1 Health Outcomes Sustainability at both Institutions

Both institutions showed similar findings and one can conclude that the component-1, the sustainability of the health outcome component, is found to be not as recommended by the donor. As tabulated below, the relative comparison of findings, however, show that TegbareID is more sustaining in terms of existence of the structures with 50% of the respondents being able to witness the existence of these outcomes, while only 28% of the respondents at St. Mary University claimed to have these outcomes existed.

Table 4.6. Frequency Distribution Component-1: Health Outcomes Availability

Descriptions	Mean Persistence/Existence Responses			
	TegbareID		St Mary	
	Frequency	%	Frequency	%
Yes	14	50%	7	28%
NO	8	29%	9	37%
Not Sure	6	21%	9	35%
Total	28	100%	25	100%

Regarding the effectiveness rating, out of those claimed to have existed, St. Mary is more sustaining in respect of effectiveness/functionality of these outcomes or structures (St. Mary being 63% of those asserting availability are found to effective while only 13% from TegbareID College)

Table 4.7. Frequency Distribution Component-1: Health Outcomes Functionality/
Effectiveness

Description	Mean Effectiveness Responses			
	TegbareID		St Mary	
	Frequency	%	Frequency	%
Witnessed to exist/ Available	14	50%	7	28%
Effective	2	13%	4	63%
Less than Effective	12	87%	3	37%
Percentage as "Effective"	13%	13%	63%	63%

It is worth mentioning here that both institutions are not up to the recommendations of the donor in sustaining the health outcomes.

4.4.2. Health Service Provision-Access and Quality

When sustainability of health program is thought of, not only are the status of the health outcomes brought by the program but also continuity of the services or products provision, should be measured. Health Service Provision-Access and Quality, is the second component of USAID Sustainability Frame work (USAID 2008; PP 10). The sustainability of this component was measured, disaggregated, to the following three service provision areas.

- Accessibility of clubs/SI STA groups and how are they functioning
- Availability and Accessibility of key services to the beneficiaries (condoms promotion and distribution, communication services)
- Human Resource (HR) (full time or assigned staff to provide services)

a) TegbareID College: -

The services availability and accessibility, is very minimal and mainly limited to Clinic services that also took HIV/STI prevention and response issues as an additional assignment. The services of gender clubs, and HIV/AIDS club, are also almost none. Sufficient budget has been allocated for the activities but not utilized as required.

SISTA was said that it was died a year after the close of the donor funded project. Hence there is no SISTA service at the College.

Regarding condom distribution and promotion, the college clinic is distributing but the promotional aspect is almost low.

In the previous years, after the close of the project, there had been formal training and meetings but currently though planned and budgeted for, there is no any implementation

over this academic and budget year. In respect of inclusion of HIV education in to the curriculum and/or educate as a free standing subject by modular approach, though recommended by the project funder, is not yet included as a free standing module.

There is a VCT services by the college Clinic but the practice of referral linkage service is virtually nil as per the responses from the interviewees.

Regarding HR, TegbareID has an assigned HIV focal, the college Clinic head and hence does not have full timer contrary to the recommended sustainability outcome of the project.

There are communication and peer learning services through mini media works like IEC/BCC, literature, dramas by the College Clinic and student clubs but very seldom in frequency due the effect of overall commitment and attentions towards HIV/STI issues.

Table 4.8 TegbareID College- Component-2 Health service provision Existence Frequency Table

S/N	Descriptions	Existence/Availability				% witnessing availability
		Yes	NO	Not Sure	Total	
Component-2:- Health service provision:-						
8	HIV education Inclusion	12	7	9	28	43%
9	An Established HIV/AIDS task force that conducted regular review meetings	12	12	4	28	43%
10	SISTA Club or Other gender specific group services	18	10	-	28	64%
11	Condom promotion and distribution practice	16	3	9	28	57%
12	Communication services	21	3	4	28	75%
13	Formal Training on HIV/STI	16	12	-	28	57%
14	University HAPCO office with full time staff/assigned staff	3	7	18	28	11%
15	VCT services	16	7	5	28	57%
16	Promotion of reproductive health and referral linkage services	-	9	19	28	0%
	Component-2:- Health service provision Average Response	13	8	8	28	45%
	Percentage of availability or existence - frequency of sustainability Indicator	45%	28%	27%	100%	45%

The quantitative survey response data closely matches with the above qualitative explanations. Only 45% of the respondents, mean value, claimed the services to have existed, with 50% witnessing for formal meetings and training activities, 64% gender

specific activities, 57% condom promotion and distribution practice, 75% communication services, 11% university/College HAPCO management, and 57% VCT services. Of these respondents only Communication services outcome, activities that enable effective peer education/life skill training services through such mediums as Mini-media, IEC/BCC, literature, dramas are found to have effective implementation in practice with 43% response of rating of effective practice (only claimed by students). There are no differences among other respondents. Regarding the enquiries as to the existence of these services, 27% (17% being student, 10% being instructors) said that they were not sure the deliveries of such services. The meaning is not simple. Not sure of existence, with this much size, means, though it might exist, the existence is not more than mere existence, something behind a curtain, in its veil.

Table 4.9 TegbareID College- Component-2 Health service provision Effectiveness Frequency Table

S/N	Descriptions	Frequency of Responses			
		Witnessed to exist/ Available	Effective	Less than Effective	% "Effective",
	Component-2:- Health service provision:				
8	Effectiveness of HIV education Inclusion	12	-	12	0%
9	Effectiveness of the Established HIV/AIDS task force/regular review meeting	12	-	12	0%
10	Strength/Effective of the services to female students to response to HIV/STI	18	-	18	0%
11	Strength/effectiveness of Gender related services in helping the beneficiaries in responding to HIV/STI?	21	9	12	43%
12	Strength/effectiveness of the HAPCO office managing the HIV/STI Program	3	-	3	0%
	Component-2:- Health service provision Average Freq.	12	1	10	11%
	Percentage (the level of effectiveness of the sustainability Indicator)	100%	11%	89%	11%

b) St. Mary University

With the closure of gender office, due to man power, much of the services related to HIV/STI prevention seem jammed. SISTA, like TegbareID, went off with the project and dead ended. There is no SISTA service or any other gender related services in the university. Few communication services, weekly talk show, and Red Cross activities that are meant to address ranges of peer learning activities would rarely include HIV/STI issues. Condom distribution is not as demanded due to short supply and inconvenience

with the distribution center. Condom stock is always found to be nil as responded by one of the interviewees.

Table 4.10 St. Mary University- Component-2 Health service provision Existence Frequency Table

S/N	Descriptions (Existence or Availability of)	Existence/Availability				% witnessing availability
		Yes	NO	Not Sure	Total	
Component-2:- Health service provision						
8	HIV education Inclusion	4	17	4	25	16%
9	An Established HIV/AIDS task force that conducted regular review meetings	4	17	4	25	16%
10	SISTA Club or Other gender specific group services	4	17	4	25	16%
11	Condom promotion and distribution practice	18	5	2	25	72%
12	Communication services	13	10	2	25	52%
13	Formal Training on HIV/STI	2	18	5	25	8%
14	University HAPCO office with full time staff/assigned staff	7	14	4	25	28%
15	VCT services	8	10	7	25	32%
16	Promotion of reproductive health and referral linkage services	4	9	12	25	16%
	Component-2:- Health service provision Average Freq.	7	13	5	25	28%
	Percentage of availability or existence - frequency of sustainability Indicator	28%	52%	20%	100%	28%

The survey responses towards the component-2 outcomes, Health service provision, show that, on average, 28% of respondents claimed that there exist these services, 52% claiming as not existing, and the remaining 20% contended as not sure of such service availability. Of the 28% replied as there exists, 80% is the staff community (Instructors and Admin Staff) and the rest 20% is the student community. When disaggregated by the time stayed with the university, 83% is those who are above three years of stay with the university. This shows that the services are not currently being delivered and the respondents are telling what they experienced in the past years. In respect of gender variables 70% is male and 30% female and this might show that female participation is minimal and their awareness is lower than male.

Out of the 28% that witnessed the existence of the services in the component outcomes, 38% are still claiming the services to have shown lesser than effective delivery. 88% of

these 38% are students and these shows that majority of the student respondents are denying the effectiveness of the services delivery.

Table 4.11 St Mary University- Component-2 Health service provision
Effectiveness Frequency Table

S/N	Descriptions	Frequency of Responses			
		Witnessed to exist/ Available	Effective	Less than Effective	% 'Effective'
	Component-2:- Health service provision:-	-	-	-	-
8	Effectiveness of HIV education Inclusion	4	4	-	100%
9	Effectiveness of the Established HIV/AIDS task force/regular review meeting	4	3	1	75%
10	Strength/Effective of the services to female students to response to HIV/STI	4	2	2	50%
11	Strength/effectiveness of Gender related services in helping the beneficiaries in responding to HIV/STI?	18	15	3	83%
12	Strength/effectiveness of the HAPCO office managing the HIV/STI Program	7	3	4	43%
	Effectiveness of HIV education Inclusion	8	5	3	62%
	Percentage (the level of effectiarness of the sustainability Indicator)	100%	62%	38%	62%

4.4.2.1. Summary Component-2:- Health Services Sustainability at both Institutions

Like the result shown above with Component-1, both institutions shows similar findings and one can conclude that the component-2, the sustainability of the health services outcome, is found to be not as recommended by the donor. As tabulated below, the relative comparison of findings, however, show that TegbareID is more sustaining in terms of existence of the outcome structures with 45% of the respondents being able to witness the existence of these outcomes while only 28% of the respondents at St Mary University claimed to have these outcomes existed.

Regarding the effectiveness rating, out of those claimed to have existed, from same respondents, St Mary is more sustaining in respect of functionality of these outcomes or structures, St Mary being 62% of those asserting availability and while only 11% from TegbareID College.

Table 4.12. Frequency Distribution Component-2: Health Services Outcomes Availability

Descriptions	Persistence			
	TegbareID		St Mary	
	Frequency	%	Frequency	%
Yes	13	45%	7	28%
NO	8	28%	13	52%
Not Sure	8	27%	5	20%
Total	28	100%	25	100%

Table 4.13. Frequency Distribution Component-2: Health Services Outcomes Functionality/ Effectiveness

Descriptions	Effectiveness			
	TegbareID		St Mary	
	Frequency	%	Frequency	%
Witnessed to exist/ Available	12	45%	8	28%
Effective	1	11%	5	62%
Less than Effective	11	89%	3	38%
Percentage as "Effective"	11%	11%	62%	62%

Though the above findings are the case, the services were once actively being provided by the donor intervention and recommended for continued ownership and delivery by the beneficiary institutions.

4.4.3. Component- 3&4: Viability & Capacity of partners and internal Support

This component is component-3 & 4, adopted from USAID SF that assesses the HIV/STI Prevention project Viability and Capacity by inquiring issues with partners and internal Support to ensure sustainability. The USAID SF was here contextualized to mean that the University/government commitment in allocating budget and whether there is NGO support to make sure that the project deliverables would be sustaining.

This is related to the 'Logistic Dimensions' of the 'the multi-dimensional attributes of sustainability' M.Adil Khan (2004) theoretical framework described above that enquires whether project received necessary support (both budgetary and institutional).

a) Tabard ID College: -

Responses to interviews from TegbareID respondents show that the institution annually allocates sufficient amount of budget for HIV/STI prevention activities but poor at making use of this allocated budget.

Regarding partnership with other civil society and government organizations, TegbareID is not active at dealing with others mainly because lower priority given to the subject.

To the queries of the existence of this capacity, 56% of the respondents stated that there exists such a capacity as the government does allocate budget for HIV/AIDS programs. 44% of the respondent, however, contended that they are not sure of any such effort and capacity. Majority of these 44% is the student community (37%) and the rest 7% instructors. This shows that the information as to the availability of budget is limited to the administration staff. The student, the primary beneficiaries, is expected to know, through, at least, their representatives and club coordinators any existing resources so that they better plan and perform.

Table 4.14 TegbareID College- Component-3&4 **HIV/STI Prevention project** Viability and Capacity Existence Frequency Table

S/N	<u>Descriptions</u>	Existence/Availability				% witnessing availability
		Yes	NO	Not Sure	Total	
Component-3 &4: HIV/STI Prevention project Viability and Capacity						
17	Allocated Budget by the management	24	-	4	28	86%
17.1	Sufficiency of allocated budget	11	-	17	28	39%
18	Partnership with NGOs, other civil society and government organizations	12	-	16	28	43%
Component-3 &4: HIV/STI Prevention Viability and Capacity Average Freq.		16	-	12	28	56%
Percentage of availability or existence - frequency of sustainability Indicator		56%	0%	44%	100%	56%

Regarding the effectiveness in the use of the available budget, all (100%) of the 56%, who claimed the existence financial logistical capacity responded as ineffective utilization.

Table 4.15 TegbareID College- Component-3&4 **HIV/STI Prevention project** Viability and Capacity Effectiveness Frequency Table

S/N	Descriptions	Frequency of Responses			
		Witnessed to exist/ Available	Effective	Less than Effective	% "Effective"
	Component-3 &4: HIV/STI Prevention project Viability and Capacity				
17.2	Sufficiency/effectiveness of an allocated budget	11	-	11	0%
18.1	Sufficiency/effectiveness of partnership	12	-	12	0%
	Component-3 &4: HIV/STI Prevention project Viability and Capacity Average Response	12	-	12	0%
	Percentage (the level of effectiveness of the sustainability Indicator)	100%	0%	100%	0%

b) St. Mary University

Similarly, St Mary does allocate some amount of budget for this program but said insufficient. One of the reasons pointed by a respondent, a relevant admin staff, was the shortage of finance is one of the factors that inhibit the effective implementation of HIV/STI prevention program. There is also very minimal effort in trying to solicit external donor resources to support the program.

Table 4.16 St Mary University- Component-3&4 **HIV/STI Prevention project** Viability and Capacity Existence Frequency Table

S/N	Descriptions (Existence or Availability of)	Existence/Availability				% witnessing availability
		Yes	NO	Not Sure	Total	
	Component-3 &4: HIV/STI Prevention project Viability and Capacity					
17	Allocated Budget by the management	11	4	10	25	44%
17.1	Sufficiency of allocated budget	6	7	12	25	24%
18	Partnership with NGOs, other civil society and government organizations	5	15	5	25	20%
	Component-3 &4: HIV/STI Prevention project Viability and Capacity Average Freq.	7	9	9	25	29%
	Percentage of availability or existence - frequency of sustainability Indicator	29%	35%	36%	100%	29%

The quantitative measure shows that 29% of the respondents stated there exist budgetary and institutional support 95% of this being staff community (admin staff and instructors). Only 5% of the student community asserts the existence of such capacity. Regarding the

effectiveness of the capacity utilization, all of the 29% respondents claiming the availability of institutional capacity stated less than effective in materializing these capacity.

Table 4.17 St Mary University- Component-3&4 HIV/STI Prevention project Viability and Capacity Effectiveness Frequency Table

S/ N	Descriptions	Frequency of Responses			
		Witnessed to exist/ Available	Effective	Less than Effective	% "Effective"
	Component-3 &4: HIV/STI Prevention project Viability and Capacity				
17.2	Sufficiency/effectiveness of an allocated budget	6	-	6	0%
18.1	Sufficiency/effectiveness of partnership	5	-	5	0%
	Component-3 &4: HIV/STI Prevention project Viability and Capacity Average Response	6	-	6	0%
	<i>Percentage (the level of effectiveness of the sustainability Indicator)</i>	<i>100%</i>	<i>0%</i>	<i>100%</i>	<i>0%</i>

4.4.3.1. Summary Component-3&4 Viability and Capacity of partners and internal Support to ensure sustainability at both institutions

It is evident from the above analytical narratives that TegbareID has more internally allocated resource than St. Mary though both were rated to show less than effective performance in utilizing the capacity to ensure sustainable HIV/STI results.

This comparative analysis is tabulated here below.

Table 4.18. Frequency Distribution, Component-3&4: Viability and Capacity Outcomes Availability

Descriptions	Persistence			
	TegbareID		St Mary	
	Frequency	%	Frequency	%
Yes	12	56%	7	29%
NO	0	0%	9	35%
Not Sure	12	44%	9	36%
Total	28	100%	25	100%

Table 4.19. Frequency Distribution Component-3&4: Viability and Capacity Outcomes Effectiveness

Descriptions	Effectiveness			
	TegbareID		St Mary	
	Frequency	%	Frequency	%
Witnessed to exist/ Available	12	56%	7	29%
Effective	0	0%	0	0%
Less than Effective	12	100%	7	100%
Percentage as "Effective"	0%	0%	0%	0%

4.4.4. Component 5:Community capacity:-

In the context of the case study project the capacity of benefited university community in respect of how energetic are them in taking part not only as service recipient but also as change agents after the project hand over is important.

a) Tabard ID College:-

One of the community participation or community capacity indicators is AIDS fund establishment by university staff for HIV/AIDS prevention and care activities. The college respondent told that 0.5% of salary is being deducted from staff salary for AIDS fund.

The other indicator, recommended for sustainability, was SISTA group activities and engagements to make to make the program continue lively. In this regard, there is no SISTA in the first place hence any beneficiary community participation in this regard. Clubs participation is another indicator that can demonstrate the community capacity and in this regard clubs and groups at TegbareID College are said to make their efforts in doing their part and pushing the College administration to commit resources and release allotted budget for implementation of HIV/STI prevention activities.

The research endeavor is another indicator by which university communities do make their effort in sustaining health outcomes. In this respect, no any clue could be found both from interview and survey responses as to the efforts made so far in this regard.

The quantitative survey data gathered shows that only 16% of the respondents support the existence of community participation, 55% not being taken part by the community, and the rest 29% even not knowing how far the college beneficiary community is taking part in the program. The respondents who claimed the participation of the community are all staff community and no one from student community. This shows that students are not being made engaged in the program. Out of these 16% claiming the engagement of

community in owning the programs, only 25%, all of them admin staff, found to have claimed the effectiveness this participation.

b) St. Mary University

The beneficiary community engagement to own the program outcomes is very similar at St Mary, and even worse than TegbareID as most groups related to HIV/STI are not functional due to the inactive Gender Office. SISTA group, HIV/AIDS clubs, gender clubs are inactive. Though there is AIDS fund established, the effectiveness is unknown. In respect of the research on the subject, there are some research endeavors and better stature in this regard. As shown below, St Mary shows 10% to have to community capacity available, 62% not available and 28% of the respondents showing they are not sure of any community engagement to demonstrate capacity to develop ownership of project benefits. Regarding effectiveness measure from the 10% positive responses, only 25% found to witness effective outcome and the rest 76% to show less than effective community capacity.

4.4.4.1. Summary Component-5 Community Capacity at both institutions

Both the qualitative narratives and quantitative measures show that there similarity in respect of this component outcome except research endeavor that St Mary is better at. The availability enquiry shows 16% result for TegbareID, while 10% for St Mary. Effectiveness measure also shows a very close result between the institutions Ts Mary being 24% and TegbareID 25%.

Table 4.20. Frequency Distribution Component-5 Community capacity Outcomes Availability

Descriptions	Persistence			
	TegbareID		St Mary	
	Frequency	%	Frequency	%
Yes	5	16%	3	10%
NO	16	55%	16	62%
Not Sure	8	29%	7	28%
Total	28	100%	25	100%

Table 4.21. Frequency Distribution Component-5 Community capacity Outcomes Effectiveness

Descriptions	Effectiveness			
	TegbareID		St Mary	
	Frequency	%	Frequency	%
Witnessed to exist/ Available	5	16%	6	10%
Effective	1	25%	1	24%
Less than Effective	4	75%	4	76%
Percentage as "Effective"	25%	25%	24%	24%

4.4.5. Component-6: Enabling environment

USAID sustainability Framework recognizes that there are essential environmental variables that can either support or weaken gains in health.

When this put in context, university administration focus area, university policy, country wide policy, the surrounding academic environment, physical environment and more area can be considered to determine the enabling and affecting factors.

a) TegbareID College: -

From the interview enquiries the results of the study in respect of enabling and inhibiting factors are found and summarized as follows.

4.4.5.1. Enabling Environment at TegbareID: -

- Government commitment in allocating budget,
- Commitment from existing community, sufficient staff capacity
- Established structures and systems,
- Availability of clear policy, plans and budgets,
- Availability physical infrastructures in the compound,
- Availability of external support (HAPCO, MoE and NGOs)

4.4.5.2. Inhibiting Environment at TegbareID: -

- Management Commitment (Low commitment),
- The freeze of the overall country wide responses to HIV/AIDS,
- College administration focus area/Leadership and governance

b) St. Mary University: -

4.4.5.3. Enabling Environment at St Mary:

- Established structures and systems,
- Availability of clear policy, plans and budgets,
- Availability of research and staff capacity,

4.4.5.4. Inhibiting Environment at St Mary:-

- The inadequate priority given to HIV and AIDS issues by the college administration.
- University administration focus area/Leadership and governance,
- The freeze of the overall country wide responses to HIV/AIDS,

4.4.5.5. Summary Component-6 Enabling environment to ensure sustainability at both institutions

As can be seen from the above findings, there are some enablers of sustainability of the project under study at both institutions and again some inhibiting factors threatening the sustainability of the project benefits. Enabler seems to outweigh the inhibiting factors and the latter can be overcome if the institutions could use the enablers as opportunity to maximize and the hindering environments as threats for fight against.

To summarize the results of the study, 61% of the respondents were found to mention that there exist sufficient enabling environments than otherwise at TegbareID while only 28% at St Mary as per the responses to same query. The effectiveness of the environments in actually enabling the endeavors at both institutions shows similar result being 25% at TegbareID and 23% at St Mary.

Table 4.22. Frequency Distribution Component-6 Enabling environment Outcomes Availability

Descriptions	Persistence			
	TegbareID		St Mary	
	Frequency	%	Frequency	%
Yes	17	61%	7	28%
NO	3	11%	8	32%
Not Sure	8	29%	10	40%
Total	28	100%	25	100%

Table 4.23. Frequency Distribution Component-5 Community capacity Outcomes Effectiveness

Descriptions	Effectiveness			
	TegbareID		St Mary	
	Frequency	%	Frequency	%
Witnessed to exist/ Available	24	61%	19	28%
Effective	0	0%	4	23%
Less than Effective	24	100%	15	77%
Percentage as "Effective"	0%	0%	23%	23%

It is evident from the responses of respondents there are policies and plans but there are lower than expected institutional administrative commitment and focus.

4.5. Discussions of Results

4.5.1. Component-1 : Health Outcomes

As per the final project evaluation report (2013) that presents major mainstreaming indicators and their status in the six Universities and college all (100% of the institutions) had no any developed strategic and comprehensive annual HIV prevention activity plan and budget allocated for implementation before the intervention. Because of the project intervention, all came to have comprehensive annual and strategic plan on HIV/AIDS after the intervention. There is here positive result after four years though their effectiveness is under question.

In addition, the finding here is not up to the Education Sector Policy and Strategy on HIV&AIDS, FMoE (July 2009), that states Planning should be carried out at the relevant levels of the education system in a highly participatory, efficient and effective manner. Moreover, the document states that (FMoE, July 2009; PP-16/9.3.3), every tertiary education institution should allocate and/or mobilize adequate resources for different HIV and AIDS-related activities in the areas of Prevention, Mitigation, Care and Support, and Research on different aspects of HIV and AIDS that would be beneficial to the Education sector.

Though the above mentioned structures are found to be less than the required level of functionality, certain literature on how to run prevention and education programmes and campaigns (Zambia [no date]) commends that a very effective way of getting a message across to people in education programmes are through Plays, songs and music.

Moreover, the activities that were designed in the prevention framework for the Education Sector Response to meet the objective of prevention strategy, FMoE (July 2009), are 'establishment of HIV and AIDS Clubs in all schools, and strengthening, equipping and furnishing of existing HIV&AIDS Clubs.

Though ARC was one of the deliverables of the project, and today it not that much functional and strong at both the institutions, one of an early identified unit to be established as a component prevention strategies of the sector FMoE (July 2009) to quickly respond to the HIV/AIDS problem was ARC.

As per the study in the year 2008 by Ashebir et al, (2008), in respect of non formal education, however, in all the surveyed four colleges, students are active in HIV and AIDS

activities through anti-AIDS clubs, gender clubs, and literature and drama clubs. Other non-formal educational activities include: peer education activities (based on the life skills approach), educational programmes via school mini-media, awareness campaigns and orientation programmes, and limited IEC and BCC interventions.

Why these structures are ineffective at the institutions, though such similar study on similar institutions, eight years back (2008), were found to have the structures? This might be because of the overall freeze of HIV prevention movement nationally and what so ever the reason the result of this study is clearly showing that HIV/STI prevention project Health outcomes component is not sustained.

4.5.2. Component-2: Health Services Outcomes

The document (UNESCO 2004; PP 05) describes the equity of HIV/AIDS/STI Prevention through Schools' raising the gender specificity issues and the need to address gender specific inequalities. SISTA Club formation and strengthening was one of the deliverables of the project and also one of the sustainability indicator identified in the project document to respond to gender specific HIV/STI prevention response. But here, no any SISTA related story, a model once admired by these and other beneficiary institutions.

The work of Ishika et al(2010) indicate that providing access to condoms and required resource and creating a sense of community awareness is crucial in sustaining a given community level HIV/STI project outcome sustainability. This implies the health service provision that contributes to access/equity and quality. The final report of the project document (Report 2013) recommended the practice of condom promotion and distribution as one of the sustainability indicators. Though this is the case, the study found for the institutions to have clumsy condom distribution and promotions services.

One of the thematic area of the project understudy was the Behavioral package which is concerned with behavioral change and development communication: Promote Behavioral change, IEC/BCC, peer education, life skill, school community conversation, SISTA, and panel discussion, Final Report (2013), were the services provided by the project intervention that is expected to be sustainable at this time and in the unforeseen future. These are still not in the same tone, weight and heat as existed during the project implementation by the donor organization.

In the project document, the final evaluation report (2013), HAPCO office with full time staff is one of the sustainability recommended outcome.

Both the institutions should welcome these recommendations and reconsider again for they are still much below the expected level of performance though once supported by a donor and recommended to own and sustain these services and capacity.

4.5.3. Component 3&4 : Viability & Capacity of partners& internal Support

Ashebir et al, (2008) presented the research done in the year 2004 that extensively examined the responses of Ethiopian higher learning institutions to HIV/AIDS as, among others that, limited partnerships with other non-state actors such as CSOs and NGOs etc exist. Over and above, lack of institutional ownership resulted in ineffective and inefficient programme implementation, thus seriously affecting their success. The same story is found here at TegbareID and St Mary University.

Following this, the researchers' recommendations, among others, include that participation of and partnership with NGOs, other civil society and government organizations like HAPCO, and the media should be actively solicited to strengthen the capacity of the colleges.

4.5.4. Component 5:- Community Capacity

This is related to the 'Community Dimension' of the 'The multi-dimensional attributes of sustainability' M. Adil Khan (2004) theoretical framework described above that enquires whether the project has been succeeded in maintaining a desirable level of participation of the community in the project activities.

As explained by the USAID Long View (Sept/2012), this component is about the idea that community members do not just "receive" or "demand" health services as beneficiaries, but rather are active agents of change and—to use the language of economists—producers of health. At both the studied institutions, there found no sufficient community engagement to own and inherit the legacies and outcomes of projects once brought in by donor support.

4.5.5. Component 6:- Enabling Environments

Ashebir et al, (2008) identified seven core and cross-cutting issues that should be noted as inhibiting factors to an effective and well coordinated response to HIV and AIDS at all the colleges assessed for TTI response to HIV and AIDS in Ethiopia as follows:

- Lack of policies, strategies and guidelines;
- Lack of sufficient capacity on the part of teachers to initiate, facilitate, coordinate and integrate HIV and AIDS issues into the college education;
- Lack of commitment, effective meaningful co-ordination and harmonization of efforts at all tiers of the education system;
- Limited awareness on the urgency of tackling HIV and AIDS;

- Absence of steering committees or other structures in colleges (where students or student bodies are represented) that deal with planning and implementing HIV and AIDS interventions;
- Absence of any form of incentives for members of staff involved in HIV and AIDS activities on top of their normal workload;
- The inadequate priority given to HIV and AIDS issues by the college administration.

When the facts from literature are brought near the realities of the case study, it is exactly fitting to the situations at both the institutions. All the above factors are found to be enablers or their absence causing stabling blocks

4.6. Comparisons of the Studied Institutions:-

On a Comparative Performance of Private and Public Health care Systems in Low- and Middle-Income Countries: A Systematic Review held by Sanjay Basu et al(2012) resulted and concluded that their study did not support previous views that private sector delivery of health care in low- and middle-income settings is more efficient, accountable, or effective than public sector delivery. Each system has its strengths and weaknesses, but importantly, in both sectors, there were financial barriers to care, and each had poor accountability and transparency.

The Institutions, TegbareID and St Mary do have financial problem to run HIV/STI prevention activities, the former being utilization capacity and bureaucracy while the latter insufficiency of allocated budget for the program.

As per the UNESCO's Assessment Report on HEI Responses to HIV AIDS and gender (July 2012), Eighteen public and four private HEIs located in nine regions of the country were covered by the study that was conducted between October and November 2011. All of the eighteen public HEIs covered by the assessment have designated a decision making body and a program management structure on gender within their formal organizational structure. However, none of the four private HEIs has gender related programs, a unit or a structure to coordinate gender related activities.

Similarly, TegbareID, a public Institution does have gender office in its structure while there is no functional gender office in St Mary University, a private owned institution.

UNESCO's Assessment report (July 2012) also recommended all the HEIs in Ethiopia should allocate up to 2% of their annual budget for HIV/AIDS programs and establish AIDS fund. Recommendations are also forwarded for all the HEIs to prepare HIV/AIDS and gender policy and strategy documents and mainstream HIV/AIDS and gender in their work.

When one see the performances of HIV/STI and gender intervention programs in light of the above recommendations, it is evident from the study that both the institutions do have some structures, outcomes and enabling environments, they do both share similar shape in lacking efficient and effective delivery of services as expected and recommended here in the above literature and in the final report of the project under study.

4.7. Overall Summary of the data analysis, presentation and interpretation

Interviews of relevant staff and students of the university community were conducted to explore the realities of the project sustainability issues as they are. Extra survey questionnaires were distributed to relevant universities communities suggested having close acquaintances with HIV/STI and other related social activities. These survey results were used to interpret quantitative analysis using descriptive statistics to enable triangulate the qualitative exploratory interview findings.

The enquiries were designed to ask the existence structures, deliverables and outcomes brought by the project and then effectiveness. Factors affecting or supporting were also enquired and summarized under the component-6, the enabling environments.

The enquiries were adopted from sustainability indicators from the final project report and evaluation documents and organized and contextualized in the sustainability frame work designed by USAIDSF (2002).

The overall result is to show that the project deliverables and outcomes recommended for sustainability were found be virtually not sustained and requires the institutions and other stakeholders effort to revitalize the situations.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.1. Introduction

This chapter summarizes the findings of the study component by component and concludes out by relating them to the basic research questions posed at the outset. It finally provides lists of recommendations for all it may concern.

5.2. Summary of Findings

The researcher conducted the study to ensure the current existence of structures, deliverables, and outcomes once came in to existence because of the project under study. Data collection was conducted using the tools designed from sustainability indicators. The researcher probed on searching of the facts of effectiveness those indicators found to have been enduring. The findings of this study are summarized as: -

5.2.1. Component -1: Health Out Comes.

These are the structural intervention packages (Final report, PP-06) that came to existence because of the project intervention includes strategic and annual plans for HIV/AIDS, budget/resources and, organizations and systems established by the project interventions.

The study questions begin to ask whether these all have sustained. Accordingly these were found to exist at both the studied institutions though their execution, use and practicalities were found to be poor. This means the project outcomes are virtually not sustaining. The lists of these outcomes/deliverables are: -

- HIV/STI prevention Policy, strategic and annual plans,
- HIV/STI program as a separate unit
- Regarding the functional groups, such as HIV and AIDS Clubs, gender clubs, and literature and drama clubs,
- Regarding HIV/STI risk management
- Peer education practice

Both institutions showed similar findings and one can conclude that the component-1, the sustainability of the health outcome component, is found to be not as recommended by the donor.

5.2.2. Component-2 : Health Service Provision-Access and Quality

Sustainability of the project outcomes is not just the structures, and frameworks sustainability but also the continued provision of the services once started to be delivered to the beneficiary communities. The services are:

- Accessibility of clubs/SISTA groups and how are they functioning,
- Availability and Accessibility of key services to the beneficiaries (condoms promotion and distribution, communication services),
- Services provided by Human Resource (HR)(full time or assigned staff to provide services)
- HIV mainstreaming,
- VCT services and referral linkage service
- Communication and peer learning services through mini media works like IEC/BCC, literature, dramas by the College Clinic and student clubs

The existence and extent of effectiveness was inquired, like that of the Component-1, both institutions shows similar findings, at both institutions, and found to be not as recommended by the donor.

5.2.3. Component 3&4: Viability and Capacity of external partners and internal Support

This component inquires whether the necessary budgetary and institutional support is being secured to ensure project outcomes to continue to exist or sustained.

The study showed that TegbareID TEVT College annually allocates sufficient amount of budget for HIV/STI prevention activities but denoted by the respondents as having poor utilization of this budget. St. Mary similarly allocates budget for this program but indicated by respondents as insufficient.

Regarding the participation of and partnership with NGOs, other civil society and government organizations like HAPCO, both the institutions are found to be not actively seeking partners to support such programs mainly because of lower priority given to the overall HIV/STI prevention programs.

It is, therefore, evident from the above analytical findings that both should be rated to show less than effective performance in utilizing the capacity to ensure sustainable HIV/STI results.

5.2.4. Component 5: Community capacity:

In the context of the case study project the capacity of benefited university community in respect of how energetic are they in taking part not only as service recipient but also as change agents after the project hand over is an important sustainability issue that this component ought to deal with..

The indicators for this component are:

- AIDS fund establishment by university staff for HIV/AIDS prevention and care activities.
- SISTA group activities and engagements to make the program to continue lively.
- Clubs participation
- Research endeavor

The result of the study shows that there is AIDS fund established at both the institutions but no any evidence was found as to their effectiveness. In addition, SISTA clubs are not there at both the institutions. As can be recalled from the component-1 discussions, available structures are not active and hence there is no promising club participation to evidence community capacity. Regarding research, there found some attempt of research endeavor around the subject matter at St Mary University but no clue from the TegbareID TEVT College's side.

Overall, community capacity component is lesser than expected at both the institutions.

5.2.5. Component-6: Enabling environment

The study was designed to measure the existence of the project deliverables/outcomes, their effectiveness and finally what enablers can we identify with those sustaining outcomes. The intention is to measure if there are more enablers than hindering factors so as to gauge the sustainability of the project at outcome level.

In this regard, there are some enablers of sustainability of the project under study at both institutions and again some inhibiting factors threatening the sustainability of the project benefits. Enabler seems to outweigh the inhibiting factors and the latter can be able to overcome.

5.3. *Conclusion Using basic Research Questions*

The study was to explore and learn how successful NASTAD & the beneficiary Universities are in having the project structures, deliverables, and benefits/outcomes sustained so far (research question-1).

To this end, it is evident from the findings that the project born activities, practices, structures and capacities have not been fully sustained, recommendations at the closure of the project seems not to have obtained due recognition and acceptance and hence, lower than expected level of efforts were exerted to maintain the benefits of the project. Accordingly, the project deliverables' benefits are dried and not continuing to yield the desired outcome for the beneficiary university communities.

The study was designed to measure how effective have the existing project outcomes and deliverables been (research question-2) and found that though some structures and deliverables have been sustaining, they are not as effective as expected and not more than mere existence.

It can be concluded here that the universities/college has not inherited the legacy and the outcome of the project after the donor support (research question-3).

For this, the enabling/affecting factors (research question-4) were inquired to measure the sustainability of the project based on environmental variables as an enabling or hindering factors for the project sustainability. Majority of the responses goes to point out that the inhibiting factors are, similarly for both, are administrative commitment and focus, and the freeze of overall country wide responses to HIV/AIDS. The existence of established structures, systems, and policies are the identified enablers that could be utilized as opportunities for the project sustainability.

The institutions are different in their ownership and objectives; one being the private owned the other public entity. The one is a budgetary body with public service primary objective, the other being private; business venture with share holders' wealth maximization might be the primary objective. Though this is the case, both show similar physique in respect of the HIV/STI prevention program. Sustainability of the project is under question mark at both the institutions.

5.4. ***Recommendations***

The following recommendations are given by the researcher and worth considering for whom all they may concern.

1. Recipient of donor funding, should plan, implement and manage sustainability after donor funding.
2. Donors on their side should strategically work on supporting the recipients so as to pass on the required capacity to the recipients.
3. Beneficiary community should not be just recipients but also makers of such project benefits and play their role of 'community capacity'.
4. The universities /college, understudy, are not empty of enabling environments. These institutions, including the other four recipients of the same project funding, should capitalize on enabling environments they built such as availability of structures, policies, and systems brought by the project and make the project sustainable.
5. Government, MoE should enforce the HIV/STI strategy, and HIV mainstreaming at all HEIs,
6. Policy makers, at Organizational levels and at National levels, should give due attention in not only mobilizing external donor funds but also sustaining the positive effects of donor funded projects using internal capacity and resources.
7. Researchers should be encouraged to make similar and elongated study to better bring sustainability issues to light.
8. Sustainability management is an important aspect of project management and, therefore, academia and practitioners should provide project sustainability management.

6.1. References:

1. Ashebir et al (2008) Ashebir Desalegn, Getnet Tadele, Haregewoin Cherinet, Research papers IIEP, The response of teacher training institutions to HIV and AIDS
2. By M. Adil Khan (December,2000) UNDP Senior Advisor Monitoring and Evaluation; akhan@sltnet.lk
3. Beurden (1998) : Ethiopia – Country Profile Jos van Beurden, GOM,
4. Bennett et al, (2011) Sara Bennett, Suneeta Singh, Sachiko Ozawa, Nhan Tran, and Js Kang : Sustainability of donor programs: evaluating and informing the transition of a large HIV prevention program in India to local ownership.
5. Ma. Dolores C. Tongco (2007) : The purposive sampling technique
6. Ethiopia SDPRP (July,2002) Sustainable Development and Poverty Reduction Program (SDPRP)(July, 2002); Federal Democratic Republic of Ethiopia (FDRE)- Ministry of Finance and Economic Development (MOFED)
7. Ejughemre and Ufuoma (2013) "Donor Support and the Impacts on Health System Strengthening in Sub-Saharan Africa: Assessing the Evidence through a Review of the Literature." American Journal of Public Health Research 1.7 (2013): 146-151.
8. FIDIC (2004): International Federation of Consulting Engineers- Project Sustainability Management Guidelines. /www.fidic.org/psm/
9. FMoE (July 2009)- The Education Sector Policy and Strategy on HIV&AIDS
10. FRESH Tools for Effective School Health First Edition (2004) <http://www.unesco.org/education/fresh>
11. Getenet Mitikie (Dr.) and Ato Melesse Tamiru, no date,: "The Drivers Of the HIV/AIDS Epidemic & Response in Ethiopia"(no date,P62);
12. A Joaguin, L.(1994), case study of Ethiopia: Development Sustainability through community participation. Brook Field USA.
13. PCI: (no date) Leadership in Pci: Sustainable Impact And Its Measurement
14. J Acquir Immune DeficSyndr. Author manuscript; available in PMC 2010 Feb 22. Published in final edited form as 2004 Jul 1; 36(3): 845–852. J Acquir Immune DeficSyndr.
15. Mazibuko (2007) (Jacob Brighton Mazibuko). Enhancing project sustainability beyond donor support. An analysis of Grassroots Democratization as a Possible Alternative;
16. NASTAD (August 2013)University HIV And STI Intervention Project -Final Report (NASTAD Ethiopia, August 2013)

17. Nicholls (2001) Measuring accessibility and equity of a public the parks: accessibility and a case study using GIS Sarah Nicholls Department of Recreation, Park and Tourism Sciences Texas A&M University, USA
18. Inon I. Schenker and Jenny M. Nyirenda (no date) Preventing HIV/AIDS in schools
19. PCI (2014) Project Concern International- Resource Guide for Enhancing Potential for Sustainable Impact- Food and Nutrition Security, 2014, PP 7)
20. PMC Journal, on web site. Review of sustainability studies of health programs after their completion www.ncbi.nlm.nih.gov/pmc/article/PMC3241943/#CIT0011 (April 15/2017)
21. Smut C. et al (2001); Lyson, M. Smut, C. & Stephens, A. 2001. Participation, Empowerment and Sustainability: How do the links work? Urban Studies Vol 38 (8) Aldershot. Jacob B. Mazibko used
22. Stirman et al (2012) Shannon Wiltsey Stirman et al contact: Shannon.wiltsey-stirman@va.gov Systematic review: The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research
23. Sanjay Basu et al (2012): Comparative Performance of Private and Public Healthcare Systems in Low- and Middle-Income Countries: A Systematic Review held by Sanjay Basu, Jason Andrews, Standees Kishore, Rajesh Panjabi, and David Stuckler. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3378609> / (date Accessed May 27/2017)
24. Taking the Long View (Sept/2012): A Practical Guide to Sustainability Planning and Measurement in Community Oriented Health Programming.
25. UNESOC (July 2012) Assessment Report on HEI Responses to HIV AIDS and Gender
26. UNESCO (2004): FRESH Tools for Effective School Health (1ST Edition); <http://www.unesco.org/education/fresh/> {Date Accessed April 15/2017}
27. Roseline Nduta Muchai (2014) Factors Influencing the Sustainability of HIV/AIDS Control Strategies By Non- Governmental Organizations in Kenya: A case of Kibera Slums, Laini Saba Ward In Nairobi County

7.0. Appendices:

7.1. Annex-1: university HIV/STI intervention project sustainability indicators, variables and means of measurement

a) Sustainability indicators for sustainability issues as in approved proposal/Plan document

S/N	Issue	Indicator	Variables	How to Measure
1	Enabling Environment	Availability of HIV/AIDS policy	Availability of frame/guiding policy	Availability, and accessibility, and usability will be assessed using document review, questionnaires and interviews
2	continuation of programs, practices, or interventions	Strategic and annual plans for HIV/AIDS prevention and care activities available	<ul style="list-style-type: none"> • Project benefits • Practice continuation 	The extent and sufficiency of project Planning, cultures, traditions and practices, will be measured using semi structured survey, questionnaires, observation and documents (plan and progress report review). The enabling/affecting factors of each aspect will be systematically considered and researched.
3	Enabling Capacity	Budget allocated by the university management and for HIV/AIDS prevention and care activities	Resource Capacity	Availability, sufficiency, gaps, needs, future commitments, alternative sources etc will be measured using document review, interview and survey/questionnaires
4	Local ownership	AIDS fund established by university staff for HIV/AIDS prevention and care activities	Community Ownership	Availability, sustainability of sources, will assessed using interviews, FGD etc
5	Capacity and structure	HIV/AIDS prevention and control office (HAPCO) established and full time staff assigned	<ul style="list-style-type: none"> • Staffing Level • Responsibility Center/structure 	Availability, accessibility, qualifications, service quality/level of satisfaction
6	Capacity and structure	AIDS resource center established/strengthened		Availability, accessibility, service quality, usability will be measured using observation, questionnaires, survey, interviews

According to the assessment conducted for baseline data collection, almost all the six universities/college do NOT have long term and short term plan and did not allocate budget for HIV prevention. Only one of them assigned focal person and there is NO formal structure (office) for HIV prevention and control activities. All except one do not have AIDS resource center. Therefore, sustainability of this project is measured by the following indicators.

b) Summary of sustainability Recommendations with Indicators-Extracts of final assessment & final project report

Relevant variables and means of measurements are here added for the purpose of this proposed study

S/N	Issue	Indicator	Variables	How to measure
1	Structural issues	<ul style="list-style-type: none"> HPCO/Policies and governance structure available 	Availability of frame/guiding policy	Availability, and accessibility, and usability will be assessed using document review, questionnaires and interviews
2	Clubs Strengthening- Capacity and communication	<ul style="list-style-type: none"> Availability of clubs, strength, weaknesses 	Clubs availability/capacity	Club SWOT using FGD
3	condom demonstration	<ul style="list-style-type: none"> Availability of condom demonstration practice Frequency of practice 	Condom distribution practice/frequency	Availability, frequency (if any) sing document review, questionnaires and interviews
4	Proper utilization of existing logistics and materials	<ul style="list-style-type: none"> Mini media materials functionality, 	Availability/functionality	Observation, interview, questionnaires
5	SISTA club formation	<ul style="list-style-type: none"> SISTA SWOT 	Availability/strength	SISTA SWOT using FGD
6	SISTA training Provision-During the week of Enrollment	<ul style="list-style-type: none"> Availability of training, Relevance and timeliness 	Availability of training, Relevance & timeliness	Interview, questionnaires,
7	SISTA focus on fresh student	<ul style="list-style-type: none"> SISTA membership composition 		Review of members list

7.2. Annex- 2: Project Outcome measurement (per major Mainstreaming Indicators) at Project closeout vs. Initial Base Line

Major mainstreaming indicators and their status in the six Universities and college as per the final evaluation of project at the closeout and project hand over.

Key indicators	DDU		DU		AU		BDU		SMUC		TTVET	
	before	after	Before	after	before	after	before	after	before	after	before	after
HIV/AIDS policy document	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
HAPCO office with full time staffs	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	No
Conducted HIV risk and impact assessments	Yes	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes
Developed strategic plan for HIV prevention and care	No	Yes	No	Yes	No	Yes	No	No	No	No	No	Yes
Developed comprehensive annual HIV prevention activity plan and budget allocated for implementation	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Included HIV education in to the curriculum and/or educate as a free standing subject by modular approach	No	On discussion	No	On discussion	No	On discussion	No	On discussion	No	Yes	No	No
Established functional AIDS fund by the staff	No	On discussion	No	No	No	No	No	Yes	Yes	Yes	No	Yes
Established HIV/AIDS task force and conducted regular review meetings	No	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes
Established functional AIDS resource center (ARC)	No	Yes	No	Yes	No	Yes	Yes	Yes	No	No	No	No

7.3. Annex-3: Research Enquiry

Dear respondent I would like to appreciate for your willingness and time in responding to enquiries designed to research how sustainable the university's HIV/STI project once supported by a donor fund.

This is solely for academic purpose for the partial fulfillment of Masters of Arts degree on Project Management at Addis Ababa University. The responses you give all are strictly confidential and never used for any other purposes.

I would like to request you to provide the responses in as much neutral, transparent and genuine as possible with as much detail as you would like to provide the researcher get better insight about the subject matter.

1. General Information

- Respondent's Code _____
- Interviewer's Name _____
- Name of the coordinator _____

2. Demographic and Socio-Economic variables

- sex: Male _____ Female _____
- Age: less than 25 _____ b/n 25 to 45 _____ Above 45 _____
- Marital status: Married _____ Single _____ Divorced _____ Widow _____
- Religion: Christian- Orthodox _____ Christian Protestant _____ Muslim _____ Others _____
- Educational background: Student _____ BA/BSC _____ MA/MSc _____ PHD _____
- Occupation: Student _____ Instructor _____ Admin Staff _____
- How long have you been working here? Less than 3 _____ Over 3 Years _____

3. Others:

Component-1: - Health Outcomes: - effectively HIV/STI Prevention project outcome Level deliverables and structures sustainability assessment inquiries

1. Is there HIV/AIDS policy document that is currently in use? Yes ___ No ___

	Ineffect ive	slightly effective	Effective	strongly effective
1.1. If 'Yes' how effective the implementation of this policy document is?				

1.2. If 'NO' or less than effective in its use what is/are the inhibiting factors for its absence or being less than effective use? _____

2. Is there a College unit with full time staff on HIV/STI program? Yes ___ No ___

	Ineffect ive	slightly effective	Effective	strongly effective
2.1. If 'Yes' how effective the support by the staff/structure for the program service delivery?				

If 'NO' or less than effective in the staff/structure in the program support for the intended program delivery, what is/are the inhibiting factors for its absence or being less than effective support?

3. Has the collage ever Conducted HIV risk and impact assessments since the year 2013 on HIV/STI prevention and control? Yes _____No _____

	Ineffect ive	slightly effective	Effective	strongly effective
3.1. If 'Yes' how effective was the risk and impact assessment in managing/sustaining the HIV/STI project outcomes?				

3.2. If 'NO' or the risk and impact assessment in managing/sustaining the HIV/STI project outcomes is less than effective, what are the inhibiting factors?

4. Is there any developed strategic plan for HIV prevention and care that is currently in use? Yes ____ No ____

	Ineffect ive	slightly effective	Effective	strongly effective
4.1. If 'Yes', how effective the implementation of this developed strategic plan for HIV prevention and care is?				

If 'NO' or less than effective in its implementation, what is/are the inhibiting factors for its absence or less than effective implementation?

5. Is there any developed comprehensive annual HIV prevention activity plan and budget allocated for implementation? Yes ____No _____

	Ineffect ive	slightly effective	Effective	strongly effective
5.1. If 'Yes', how effective the implementation of this developed comprehensive annual and allocated budget for HIV prevention and care?				

If 'NO' or less than effective in its implementation, what is/are the factors for its absence or being less than effective in their implementation?

6. Is there any Established functional AIDS resource center (ARC)? Yes ____No ____

	Ineffect ive	slightly effective	Effective	strongly effective
6.1. If 'Yes' how effective is the Established functional AIDS resource center (ARC) in response to HIV/STI?				

6.2. If 'NO' or less than effective the Established functional AIDS resource center (ARC) in responding to the HIV/AIDS prevention and care, what is/are the factors for its absence or less than effective?

7. Are there functional groups (such as HIV and AIDS Clubs, gender clubs, and literature and drama clubs,)that develops educational programmes and peer learning through Plays, songs and music, IEC, BCC and other mini medias?

Yes ___No ___

7.1. Please list out the available/functional structures (open ended Questions)

7.2. Please list out those structures that are not available/non functional(open ended Questions)

		Ineffect ive	slightly effective	Effective	strongly effective
7.4. For	7.3. For those being functional what is the level of their effectiveness in respect of delivering peer education?				

'not existing/nonfunctional' or lower level of effectiveness in their functionality, what are the inhibiting factors?

Component-2: -Health service provision: -is HIV/STI Prevention project outcome level behavioral and biomedical service deliverables sustainability assessment inquiries

8. Has the university/college included HIV education in to the curriculum and/or educate as a free standing subject by modular approach? Yes ___No ___

		Ineffecti ve	slightly effective	Effective	strongly effective
8.1.	If 'Yes', how effective the inclusion of the HIV education in curricula or educating as a freestanding modular approach in HIV prevention and care?				

If 'NO' or less than effective in the HIV prevention and care that the included HIV educations in curriculum or as free standing modular approach, what is/are the inhibiting factors for its absence or less than being effective in its implementation?

9. Is there any Established HIV/AIDS task force that conducted regular review meetings? Yes ___No _

		Ineffect ive	slightly effective	Effective	strongly effective
9.1.	If 'Yes' how effective is the Established				

HIV/AIDS task force/regular review meeting in response to HIV/STI?				
--	--	--	--	--

9.2. If 'NO' or less than effective the Established HIV/AIDS task force/regular review in responding to the HIV/AIDS prevention and care, what is/are the factors for its absence or less than effective?

Is there SISTA Club or other gender specific group services in the university/college?
 Yes ___ No _____

	Ineffect ive	slightly effective	Effective	strongly effective
9.3. If 'Yes' how strong/effective are the services in enabling female students to response to HIV/STI?				

9.4. If "NO" or if the rating is lower than effective, what is/are the inhibiting factor(s)? _____

10. Is there any practice of condom promotion and distribution services? Yes ___ No ___

	Ineffect ive	slightly effective	Effective	strongly effective
10.1. If 'Yes' how strong/effective are the services in helping the beneficiaries in responding to HIV/STI?				

10.2. If "NO" or if the rating is lower than effective, what is/are the inhibiting factor(s)? _____

11. Are there due Communication services that enables effective peer education/life skill training services through such mediums as Mini-media, IEC/BCC, literature, dramas?
 Yes ___ No _____

	Ineffe ctive	slightly effective	Effective	strongly effective
11.1. If 'Yes' how strong/effective are the services in helping the beneficiaries to respond to HIV/STI?				

11.2. If "NO" or if the rating is lower than effective, what is/are the inhibiting factor(s)? _____

12. Is there formal Training on HIV/STI that are provided to the groups/student leaders or the whole students? Yes ___ No _____

12.1. If "YES", how often? (monthly/quarterly/ once per semester/ annually)

	Ineffect ive	slightly effective	Effective	strongly effective
12.2. If 'Yes' how strong/effective are the services in helping the beneficiaries to respond to HIV/STI?				

12.3. If "NO" or if the rating is lower than effective, what is/are the inhibiting factor(s)?

13. Is there University HAPCO office with full time staff/assigned staff that plans, organize, coordinate, lead and control the overall university/collage HIV/STI prevention program?

Yes ___ No _____

	Ineffect ive	slightly effective	Effective	strongly effective
13.1. If 'Yes' how strong/effective is the HAPCO office managing the HIV/STI Program?				

13.2. If "NO" or if the rating is lower than effective, what is/are the inhibiting factor(s)?

14. Is there outreach temporary VCT and permanent VCT services? Yes ___ No ___

15. Is there any promotion of reproductive health and referral linkage services?

Yes _____ No _____

Component-3&4: is HIV/STI Prevention project Viability and Capacity assessment inquiries regarding partners and internal Support to ensure sustainability

16. Is budget allocated by the university management' for HIV/AIDS prevention and care activities

Yes ___ No _____

16.1. If "Yes" is the allocated budget sufficient in running the program?

Yes ___ No _____

	Ineffect ive	slightly effective	Effective	strongly effective
16.2. If 'Yes' how sufficient/effective is the allocated budget implementing the HIV/STI Program?				

16.3. If "NO" or if the rating is lower than effective, what is/are the inhibiting factor(s)?

17. Is there any participation of and partnership with NGOs, other civil society and government organizations like HAPCO, and the media that is being actively solicited to strengthen the capacity of colleges (and anti-AIDS and gender clubs) in terms of budget, information and experience-sharing, and other support issues.

Yes ___ No ___

	Ineffect ive	slightly effective	Effective	strongly effective
17.1. If 'Yes' how sufficient/effective are the support of the partners in strengthen and sustaining the capacity of University/college for HIV/STI Program?				

17.2. If "NO" or if the rating is lower than effective, what is/are the inhibiting factor(s)?

Component 5 Community Capacity- assesses how energetic are the community in taking part not only as service recipient but as change agents after the project hand over

18. Is there any established functional AIDS fund by the staff? Yes ___ No ___

	Ineffect ive	slightly effective	Effective	strongly effective
18.1. If 'Yes' how effective is the use of this established functional AIDS fund in response to HIV/STI?				

18.2. If 'NO' or less than effective in the use of this established AIDS fund in responding to the HIV/AIDS prevention and care, what is/are the inhibiting factors for its absence or less than effective in use?

19. Are SISTA group, club members, other students and teachers are actively making the program lively and sustaining;

Yes ___ No ___

	Ineffect ive	slightly effective	Effective	strongly effective
19.1. If 'Yes' how effective are these university beneficiary community are in being active agents of change and taking part in the process of HIV/STI prevention?				

19.2. If "NO" or if the rating is lower than effective, what is/are the inhibiting factor(s)?

	No any	Minimal	Not Much	Much/Very much
20. How far the subject has been researched on (HIV/STI Prevention) by the students and the academia in general?				

20.1. If "NO any" or if the rating is lower than Much, what is/are the inhibiting factor(s)?

Component-6: Enabling environment: - enquires what are the essential social-ecological environmental variables that can either support or weaken gains in health, and hence enable or inhibit the sustainability,

	Poor	Weak	Medium	strong	Very Strong
21. How strong is the University leadership/ administration in owning and supporting the university/college programs and initiatives of mitigating the negative impacts of HIV and AIDS by creating a sense of urgency, mobilizing resources and key stakeholders, and, more generally, by planning ahead and managing effective institutional response?					

21.1. If the above rating is lower than "Strong" in effectively supporting and owning the program, what is/are the inhibiting factor(s)?

22. Is there University/College policy, strategies and guidelines on HIV/STI prevention?

Yes ___ No ___

	Ineffective	slightly effective	Effective	strongly effective
22.1. If 'Yes' how effective is the university/College in implementing the HIV/STI prevention policy, strategies and guidelines?				

22.2. If "Not; if the rating is lower than effective, what is/are the inhibiting factor(s)?

	Poor	Low	Medium	High	Very High

<p>23. What is the level of the university administration and other stakeholders' commitment in mainstreaming HIV and AIDS issues and in its effective implementation so that a favorable environment is created for teachers and other university community in the fight against HIV/STI?</p>					
--	--	--	--	--	--

23.3. If the above rating is lower than "High" in the level of university administration and other stakeholders' commitment in mainstreaming HIV and AIDS issues, what is/are the inhibiting factor(s)?

24. What inhibiting factors are there to jeopardize the effective and well coordinated response to HIV and AIDS /STI at the University/college?
(Open Ended Questions)

25. What enabling environmental factors are there to support effective and well coordinated response to HIV and AIDS /STI at the University/college?
(Open Ended Questions)
