

**Sub – Project Title** : *HIV&AIDS prevention among youth out of school in Malindi district.*  
**FCO Number** : *FCO# 603057*  
**Implementing Agency** : *Malindi Education Development Association (MEDA)*  
**Report Prepared By** : *Project Manager*  
**Monthly Narrative Report** : *Jan - March 2008*

## **I.BACK GROUND**

MEDA is a Community Based Organization started by Muslims in Malindi to work with young people in uplifting the levels of formal education and address issues affecting the youth in the district.

MEDA as a local implementing partner in APHIA II Coast is mandated to target youth out of school aged between 14 to 25 years. The youth will be reached through peer education and community outreaches.

### **Goal**

To reduce the risk of HIV & AIDS infection among youth out of school between ages 14 to 25 years.

Current status and progress.

## **II. HIGHLIGHTS OF ACTIVITIES AND ACHIEVEMENT.**

### **A. Planned activities**

The planned activities during the quarter were;

1. Monthly meetings for AOC's/ Peer Educators & Zonal Leaders.
2. Magnet theatre/Community outreaches.
3. Peer education sessions.
4. Stigma reduction Community outreaches with Mwafo.
5. Field follows ups for quality assurance and quality improvement (QA/QI).
6. Peer counseling sessions.
7. Friends of the youth quarterly meeting.
8. Organisational Capacity Building.
9. Training of Trainees (TOT) training.
10. Friends of Youth training (FOY).
10. Collaboration.

## **B. The following activities were undertaken**

### **1. Monthly meetings.**

A total of 6 meetings were held in the quarter, 3 with the peer educators and 3 with the zonal leaders respectively. In the peer educators meetings services were provided for VCT by Tawfiq Hospital. Talks were delivered to the peer educators by Youth Forum leader on peace, Malindi district TB coordinator (MOH) on TB, HBC & OVC coordinator from CRS, and a nurse from Gede dispensary on PMTCT. These talks were meant to build peer social support mechanisms as well as strengthen the linkages between result area I, II and III and the youth to take charge on matters of peace.

Experience sharing and entertainment were as usual. The zonal leaders meetings were for coordination. The monthly zonal leaders meeting provided technical backstopping, experience sharing and documentation of case studies. A practicum exchange visit was carried out where the leaders visited Malindi General Hospital at the Comprehensive Care Centre, & Family Planning wing. They were taken through the wing's charter of service. This exercise was meant to strengthen the linkage of result area one and scale up referrals.

Major resolution was to include peace talks in their sessions due to their large number and acceptance to the community. The monthly meetings have provided the youth a platform to exhibit and develop their talents, capacity build them on facilitation skills and crucial information on health issues.

### **2. Magnet theatre/Community outreaches**

8,020 contacts (4,340 males and 3,680 females) were attained while a total of 2,216 people (1,229 Males and 987 females) reached through 30 outreaches. The community was stimulated by the outreaches to discuss issues presented by the characters in the plays. It was noted that the community continue with the discussion among themselves after the outreaches and also whenever, the youth who took part in the play are seen and are referred to by the character that they took and discussion emerges.

Outreaches have been instrumental in dissemination of information pertaining health as well as mobilizing the community towards health centres.

### **3. Peer education sessions**

8,432 contacts (5,044 males and 3,388 females) were attained while a total of 832 people (619 males and 213 females) reached through 739 group sessions. The group sessions have been used to pass knowledge among the peers through participatory methodologies. The peer group sessions have been seen to provide an opportunity of nurturing and facilitating positive behaviour change among the peers. Last but not least, through the peer group sessions, youth are mobilized for community out reaches and referred for health services.

2,624 contacts (1,322 males and 1,302 females) were attained while a total of 2,624 people (1,322 Males and 1,302 females) reached through 1,008 one on one sessions. One – One session have been very useful in the programme as are a get way for effective referral for appropriate health services. Hence, have increased the number of referrals.

#### **4. Stigma reduction Community outreaches with Mwafo**

A total of 1,045 people (564 males and 481 females) were reached through 28 community outreaches in collaboration with MWAFO that promote HIV and AIDS prevention through other behaviour change beyond abstinence and/or being faithful. The public testimony of MWAFO on positive living with HIV/AIDS as well as its supplement of video projector has been efficient in stigma reduction.

It has been noticed that during these outreaches, the audience enquire for more detailed information on how to cope up with the HIV virus than in other outreaches where MWAFO members are not there.

#### **5. Peer counseling sessions**

A total of 65 counseling sessions were held during the quarter where 30 males and 33 females were counseled. Many times youths feel more comfortable talking to their peers about certain sensitive matters. Peer councilors are trained to deal with the aspects of youth concerns that do not require medical skills. Opening up among peers has scaled up since many youths were noted to come to the office as a dropping centre to seek counseling services mostly on issues of relationships, career, sexuality and abstinence. As a result, appropriate and objective referrals for more specialized services have been done on top of one –one peer sessions. In addition, the activity has given the peer counselors a sense of being more responsible and challenges them to be good role models among the youth. This is positive behaviour change noticed among the peer counselors as they struggle to win trust from their peers. One peer counselor confessed that, ‘counseling has stopped me from drinking *mnazi* (Palm wine)’. Some of his friends who used to drink with him have been enquiring him on the means he had used that has made him to stop drinking *mnazi* (Palm wine). This can be viewed as a step to change the behaviors of his friends. The effect is now rolling down to the maskans, they are enquiring for more information from the counselors on matters of behavior change.

#### **6. Field follows ups for quality assurance and quality improvement (QA/QI)**

##### **a) Peer education sessions.**

Three field coordinators and one TOT conducted 91 regular field visits to peer education group sessions for QA/QI of peers in the maskans and the impact it has created in 8 zones. The field follow ups have been very instrumental for fulfilling multiple purposes as well as ensuring sessions are conducted firstly; as a motivation role. The peer educators feel motivated and appreciated whenever their sessions are visited. The visits gave the peer educators and their peers a synergy towards the programme. Secondly; reminded the peer educators on the group sessions and holding them accountable. Thirdly; assisted the field coordinators to capture and document case studies and success stories directly from the peers and lastly, it has enabled the coordinators to identify gaps and come up with corrective measures. However; the activity has been dragged due to inadequate personnel at the ground when compared with the field coordinators Vs number of peer educators as 3:198 respectively. Perhaps strategies of ensuring quality have been developed such as involving peer educators zonal leaders and one TOT in the follow ups guided by a checklist.

Meetings of peer educators at their zones were revived in the month of February so as to recollect the peer educators from the aftermath of the post election violence.

Due to the post election aftermath, conducting sessions in January 2008 in the maskans was a very big challenge. Security was high and youths were not allowed by police to be seen in groups holding any

kind of discussions. The most affected zones being Majengo since it is next to police station. Kisumu ndogo and Maweni zones were also affected. However in the months of February and March sessions resumed to its normality.

#### **b) Peer counseling supervision meeting**

Three counseling supervision meetings were carried out in the quarter. They provided avenues for the counselors to share their client work with the support of 2 supervisors from the MOH. The supervisors from the MOH provide capacity building to the counselors, and technical support. A psychological growth and behavioral change was noted among the councilors. Peer counselors were linked with VCT counselors from the health facilities.

### **7. Friends of the youth quarterly meeting**

FOY's meeting was held during the quarter. It provided a platform for the members to share their experiences on reproductive health, HIV & AIDS among the adults and youths. They articulated these issues on one on one sessions and outreaches. One of the FOY managed to facilitate a family reunion between the father and the son after a separation of about ten years. The FOY model has been supportive especially in referral cases to churches, schools, and MOH for specialized health services.

### **8. Training of Trainers (TOT) training.**

A total of 24 youths were trained as TOT's, 9 were females and 13 were males. One of the male participants was from Mathare Youth Club Association (MYOCA) Nairobi. This activity provided sustainability to the program and a pool of resource persons to the community. Even after the funding of APHIA II the resource persons would remain in the community to progress issues of Reproductive Health.

An internal advertisement was posted at MEDA centre advertising for the training as well as the word of mouth. One of the criteria used was that they should be form four leavers, peer educators among other issues. Interview was conducted to select the candidates and 23 potential candidates were selected. The training took five days from 25<sup>th</sup> March 2008 to 29<sup>th</sup> March 2008. Caroline Mumanyi from APHIA II Mombasa office and the president of Y- peer Mombasa and Victor from Nairobi (NOPE) were the facilitators of the training.

After the training, the TOTs are supposed to undergo through a cyber peer/ y-peer computer test to obtain a certificate verifying the same. So far 7 TOT's have obtained the certificates.

A NOPE curriculum on TOT was used during the training. The activities the TOT's would be carrying out are the following; facilitation on trainings of AOC's, Recruitment, Retention of AOC's, Supervising community outreaches & Peer education sessions, strengthening the link between the result area I, II and III, mobilizing the youth on seeking health services and capacity building the peers during monthly meetings.

A Refresher course for the TOT's would be convened in case of new emerging issues concerning facilitation methodologies and new approaches on peer education among other emerging issues which need to be addressed in a form of a refresher course.

## **9. Friends of Youth (FOY's) training.**

A total of 31 adults were trained as FOY's, 12 were males and 19 were females. The training took three days from 26<sup>th</sup> March 2008 to 28<sup>th</sup> March 2008. Baruwa Tsuma from MEDA and Ulbanus Ngunga from APHIA II office in Mombasa facilitated the training. A NOPE curriculum of FOY was used during the training. Most of the participants were women and influential people in the community; some were village elders and opinion leaders.

The participants were recruited during the organizational community dialogue days. They were familiarized on APHIA II program and expressed interest to participate in the FOY training to know more about the youth-adult partnership in support reproductive health in their daily activities.

The FOY's would be caring out health talks on one on one and outreaches. They would be Advocates of Change in the community by bridging the gap between the youths and adults members of the community. The FOY as influential leaders in the community would involve the youth in the existing health structures within their localities. This will increase the participation of youth in seeking for health services.

## **10. Important events.**

### **a) World TB day.**

World TB day was conducted at Gede trading centre. MEDA youth participated by edu-entertaining the community using skits, songs and mobilizing the community towards the site. It also assisted in dissemination of IEC materials. Health talks were delivered to the community by various leaders and health professionals.

### **b) Community Dialogue Day.**

MEDA adopted a community dialogue day which is on Tuesday of every week as a forum for the community to familiarize on the organization's program. This exercise has enabled the community to get feedback on the progress of the youth out of school program in the community on a weekly basis. Therefore; the event has enabled the parents to understand their children and provide necessary assistance to the program.

### **c) Provincial Drama Competition.**

MEDA participated in this event which was carried out at Mombasa polytechnic. 25 youth, two Coordinators, Program Manager and one Board Member participated in the event. MEDA presented one article on drama and it became the fifth overall. This event enabled MEDA to interact with other youth from other organizations, learn from the performing groups and comments from the judges. In addition to that it got new friends.



MEDA drama troupe preparing for the competition at Mombasa polytechnic.

## **11 Collaborative meetings**

### **a) Malindi APHIA (II) team programme review meeting**

During the quarter 2 meetings on program review was carried out by APHIA II Malindi staff team in the APHIA office. The meeting included all APHIA II Malindi staff team from all IPs. The meeting focused on the how well could the team collaborate and share work plan. This has enabled the team to scrutinize on the progress of the program, discover some weaknesses and strength as well as strengthening linkages between the result areas.

### **b) APHIA II coast program review meeting at Mombasa APHIA II offices.**

The above meeting was attended by program officers implementing the youth program at the coast region. It was an avenue of learning emerging issues concerning the implementation of the program through sharing experience. Many challenges and successes were put across and shared by the participants.

## **Organizational Capacity Building.**

### **a) Financial policy development workshop.**

The above meeting took place at Sai Rock hotel Mombasa. Present was MEDA & SCOPE program coordinators, Accountants, managers, and some of the board members. The workshop took two days

7<sup>th</sup> & 8<sup>th</sup> Feb 2008. The outcome of the meeting was the development of a financial management policy manual. This would enable the organization to have a documented guide to the financial system.

**b) Leadership and good governance workshop.**

The above meeting took place at Kilifi for two days 21<sup>st</sup> & 22<sup>nd</sup> Feb 2008. Present was MEDA & SCOPE program coordinators, managers, Accountants and some members of the board. Roles and responsibilities of the board were very well defined. From the meeting, board members were refreshed on their roles in the organization. This would enable the organization to increase its performance.

**c) Human Resource Policy and Procedure Development workshop.**

This meeting was convened at Le Soleil hotel Mombasa. It was a joint activity between MEDA and YATTA organizations. Present were program Coordinators, Accountants, Managers and some Board Members. The training took two days 18<sup>th</sup> & 19<sup>th</sup> march 2008. The training empowered the participants on development of HR policy & procedure. The outcome of the meeting was that, the participants to go to their organization and develop policies & procedures on HR and send a draft to SOCIAL IMPACT for technical purposes. This would enable the organization to have an HR policy & procedure.



Participants at an HR workshop sharing group work.

## **C. SUCCESS STORY**

### **1. Formation of TOSHA & AFTA youth groups.**

The formation of these two youth groups by MEDA youths is encouraging. This is as a result of a quest to develop and sustain themselves. Their objective is to do a commercial performance in traditional dance & drama. Currently they have been registered by the ministry of social services. However they still need more technical support.

### **2. Behavioral Change among the youths.**

Most of the youths have demonstrated a positive behavioral change for instance, Tubu a peer educator counselor had confessed to have stopped drinking *mnazi*. He said that, 'counseling has stopped me from drinking *mnazi*'. Some of his friends who used to drink with him have been enquiring him on the means he had used which has made him to stop drinking *mnazi*. This can be viewed as a step to change the behaviors of his friends. The effect is now rolling down to the maskans, they are enquiring for more information from the counselors on matters of behavior change.

## **D. CHALLENGES**

### **1. Inadequate supply of IEC materials.**

There is great need of increased supply of IEC materials to cater for the increased number of peer educators and AOCs for both personal use and dissemination to community.

### **2. Lack of TOTs and peer counseling supervision budget.**

Lack of the above will lower the quality of counseling as non of the coordinators has been trained on counseling while supervision of peer educators during their group sessions may also be compromised due to low man power.

### **3. Lack of FOY's performance grid in the data base form.**

There is no capturing tool for the FOY's activities and performance space in the data base form. This has posed a challenge on tracing their activities on the ground and how to report their performance.

### **4. Lack of peer councilors reporting tool.**

Peer counselors lack a tool for capturing raw data during their counseling activities; therefore it has been a challenge for coordinators consolidating their activities in the reporting grid.

## **E. LESSONS LEARNT**

### **1. Sensitization of stakeholders brings support.**

Stakeholders have various skills, knowledge and mechanisms of doing things. When they are involved at the initial stages of a programme will share ideas and provide their goodwill. Hence, need to be identified and involved early enough for maximum support.

## **2. FOYs inclusion in the youth out of school programme**

The youth –adult partnership through FOYs concept is observed to bring a great help in the programme as it changes the perception of adult about youth. Consequently; adults are coming out to support youth on reproductive health issues. Hence; more adults need to be taken through the orientation of FOY model for effective support.

## **3. Community Dialogue day.**

Parents have passion for their children and have noticed significant positive behavior change from them due to the program. Hence parents if fully involved in the program will be able to give support and sustenance of the behavior change.

## **4. Existence of other programs as sustainability of youth in the program.**

The adoption of an income generating activity in MEDA such as Microfinance has increased sustainability of the youth in the program. Linking of youth to other programs in MEDA such as Early Childhood Development, and Youth Economic and leadership empowerment program have also increased retention of the youth in the program.

## **5. I.E.C materials as a tool of mobilization.**

I.E.C materials when used in community outreaches, it has been noted to act as an effective tool of mobilization, therefore there is a need to have more I.E.C materials in outreaches.

## **F. COLLABORATION**

MEDA recognizes and appreciates the invaluable linkages with various collaborators during the quarter (January – March 2008), but to highlight only a few and areas of collaboration;

1. Health service providers in Tawfiq Hospital for VCT sessions to the youth during monthly meetings.
2. The Omar Project as referral centre for more information on drug abuse related issues.
3. Malindi District Hospital has been of great support in providing Youth Friendly Services to the youth, giving health talks to the youth and providing facilitators during youth trainings.
4. Last but not least is the recommendable and acknowledged youth friendly service of Liverpool Stand Alone VCT centre as heard from the peer educators and AOCs. It's for their VCT services and the Post Test Club where the youth get support.

## **G; APRIL-JUNE QUARTER PLANED ACTIVITIES.**

1. Monthly meetings of peer educators, AOC'S, and Zonal leaders.
2. Field monitoring and evaluation for QA/QI.
3. Magnet theatre/community outreaches.
4. Stigma reduction outreaches with MWAFO.
5. Peer counseling sessions.
6. Peer educators sessions.
7. Organizational Capacity Building workshop.
8. AOC's training.
9. Peer counseling training.
10. Friends of youth (FOY's) quarterly meeting.
11. Collaboration.