

# ABC End Of Project PTA II REPORT

September 2011 – August 2012





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Date: **October 2012**

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Date: **October 2012**

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# List of Acronyms

ACU	AIDS Control Unit
AIDS	Acquired Immunodeficiency Virus
BCC	Behaviour Change Communication
BCCF	Behaviour Change Communication Facilitator
BCCGs	Behaviour Change Communication Groups
CCAs	Campus Change Agents
CHE	Commission for Higher Education
DRH	Department of Reproductive Health
FHI 360	Family Health International
FGM	Female Genital Mutilation
FP	Family Planning
GBV	Gender Based Violence
HFG	The Partnership for a HIV Free Generation
HIV	Human Immunodeficiency Virus
HTC/CT	HIV Testing and Counselling/Counselling and Testing
ICL	I Choose Life- Africa
IEC	Information Education Communication
KBC	Kenya Broadcasting Corporation
KNH	Kenyatta National Hospital
KU	Kenyatta University
KUPA	Kenyatta University Performing Arts
KUTT	Kenyatta University Travelling Theatre

## List of Acronyms *(cont'd.)*

M&E	Monitoring and Evaluation
M4RH	Mobile for Reproductive Health
MoU	Memorandum of Understanding
NACC	National AIDS Control Council
NASCOP	National STIs Control Program
NCCK	National Council of Churches of Kenya
NCE	No Cost Extension
PAC	Post abortion care
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PEs	Peer Educators
PET	Peer Education Training
PMP	Performance Monitoring Plan
PSI	Population Service International
PTA	Preventive Technologies Agreement
RH	Reproductive Health
SRH	Sexual Reproductive Health
STI/RTI(s)	Sexually Transmitted Infection/Reproductive Tract Infection(s)
SWA	Students Welfare Authority
TGF(s)	Training Group Facilitator(s)
UEFA	Union of European Football Association

## List of Acronyms *(cont'd.)*

UHS	University Health Services
UON	University of Nairobi
USAID	United States Agency for International Development
USIU	United States International University
VCT	Voluntary Counselling and Testing
VIA/VILI	Visual Inspection using Acetic Acid/Lugols of Iodine
VMMC	Voluntary Medical Male Circumcision
WAD	World AIDS Day
WHO	World Health Organization
WOSWA	Women Students Welfare Association

# **Definition of Terms**

## **Module 1**

These are University students partially sponsored by the Government of Kenya for their university education. They are admitted to various universities through the Joint Admissions Board. They are also referred to as “regular students”.

## **Module 2**

These are self-sponsored students (not sponsored by the Government of Kenya). They are admitted to the University by individual universities as opposed to the Joint Admissions Board. They are also referred to as “parallel” students

## **Campus Change Agents (CCAs)**

These are students and staff who have been trained as Community Health Workers to offer basic contraceptive services on University Campuses. This approach will improve young people’s access to contraceptive services and ultimately raise the country’s contraceptive prevalence rate.

## Part 1: Introduction

I Choose Life Africa (ICL) in partnership with FHI 360 and with funding from USAID has implemented a project titled “The ABC Approach for Infection Prevention and Averting Unintended Pregnancies among Youth in institutions of Higher Learning” at the University of Nairobi (UON) since 2004. The main activities of the project included training of peer educators with special emphasis on sexual and reproductive health (SRH) including contraception and cervical cancer screening, thematic events, HIV counselling and testing campaigns, formation of behaviour change communication groups (BCCGs) and a radio component for messaging on SRH/HIV. The Project has since expanded to two additional universities, United States International University (USIU) and Kenyatta University (KU). The radio component has been implemented at Daystar University, Athi River Campus as well as in KU and USIU.

The main objective of this intervention was to positively influence sexual and reproductive health knowledge, attitudes and practices among students and youth in institutions of higher learning in Kenya. In addition, the project sought greater participation of the three universities to encourage ownership of the program and ensure sustainability of project activities. Specifically, efforts were made to increase integration of SRH in HIV prevention, care, support and treatment services offered by the universities.

The specific objectives for this phase (2011/2012) were to:

1. Strengthen peer education on SRH in University of Nairobi (UON), United States International University (USIU) and Kenyatta University (KU), referred to as the “universities” by training an additional 150 new peer educators (PEs) and retraining 100 previously trained peer educators and equipping them with behaviour change communication skills
2. Reach individuals in the “universities” and their surrounding communities with messages on prevention of HIV and unintended pregnancy, via radio messaging, thematic events, behaviour change communication groups (BCCGs), promotional information materials and online social networks
3. Integrate SRH activities into existing HIV and AIDS prevention activities
4. Build the capacity of the universities (UON, USIU and KU) to carry out SRH interventions for students in the universities and enhance project sustainability
5. Assess effectiveness of integration of SRH activities in improving students’ utilization of services through strengthened monitoring and evaluation

Evolution of the project has resulted in the introduction of different activities and expansion to different sites over the years as shown in the figure below.

# Intervention Phases (1-7)



Though this project period started in September 2011 and ended in August 2012, the report covers activities implemented from September 2011 to September 2012. The project was granted a one month no cost extension (NCE) for the month of September 2012.

## Part 2: Key Activities

This section outlines project activities implemented under each of the 5 objectives above. These activities include peer education and life skills trainings, BCCG meetings, thematic/outreach events, radio programming, SRH/VCT services, breast and cervical cancer screening, training of Campus Changes Agents (CCAs), integration training for university health service providers/staff and assessment activities. The project achieved 95% of planned targets. Reasons for not achieving some of the targets are provided in the Performance Monitoring Plan (PMP) (*annex i*).

### Objective 1

***Strengthen peer education on SRH in University of Nairobi (UON), United States International University (USIU) and Kenyatta University (KU), referred to as the “universities” by training 150 new peer educators (PEs) and retraining 100 previously trained peer educators, equipping them with behaviour change communication skills.***

#### ***Activity 1: Peer Education Training (PET)***

Peer education training uses a curriculum developed by ICL and reviewed by FHI360. Trainees are taken through a total of 40 hours covering 20 topics such as Stepping In (pre-training questionnaire); Behaviour Change Communication; Culture and Sexuality; Gender Stereotypes and Male Norms; Gender Based Violence, Rape/PEP; Human Anatomy and Menstrual cycle; Contraceptives (Hormonal and Traditional methods); Unintended and Crisis Pregnancy; Sex; Sexually Transmitted Infections (STIs); Human Face of HIV; SRH Rights and Responsibility, Drugs (alcohol, ‘miraa’/khat, cocaine, tobacco and bhang); Voluntary Counselling and Testing (VCT); Correct, Consistent and Consented Condom use; Being Faithful (dating and relationships); Abstinence; and Stepping Out (post-training questionnaire). The Human Face of HIV session includes a practicum activity which helps trainees to hear first-hand experiences and to relate with those affected by HIV and AIDS in the community. They visit households in different informal settlements with the help of community health workers. At the end of the training, trainees have a grand game show where groups compete to answer different questions drawn from the training including general topics. The group with the highest score is rewarded. After this activity, trainees plan for a team building event which includes fun team activities and games where they learn different team dynamics and strategies of team work.

At the end of each session, trainees complete feedback forms which include the rating (*excellent, good, fair or poor*) of session duration, organization/session preparedness, facilitation, session content, among others. Training for peer educators is structured to fit into students’ schedules, hence training hours are usually in the evenings and on Saturdays – one session on Tuesdays and Thursdays from 5:30 pm to 8:00 pm and 3 sessions every Saturday from 8:30 am to 4:00 pm. Training period lasts approximately 6-8 weeks depending on the university’s calendar. Breaks will be included to allow students to take their exams or go on recess, then training would resume immediately after.

Training group facilitators (TGFs), who are previously trained peer educators are usually recruited to oversee trainee groups and coordinate different training activities such as venue and set up, energizers during sessions, reporting, planning for team building and practicum for trainees with support from project staff. This component has contributed to reduced attrition rates among trainees; TGFs are able to have interpersonal relationships with trainees hence able to monitor them closely.

Peer education activities were planned to be carried out at Kenyatta University (50), University of Nairobi (50) and United States International University (50). Training for the first two sites (KU & UON) took place as planned, but for USIU the exercise was put on hold pending a review of the Memorandum of Understanding (MoU) between ICL and USIU. The process of reviewing the MoU took longer than expected. As a result, the 50 PEs scheduled to be trained at USIU were not trained. Instead, more PEs was trained in KU. A total of **175 peer educators (88 males and 87 females)** were trained in this phase, 110 from KU and 65 from UON.

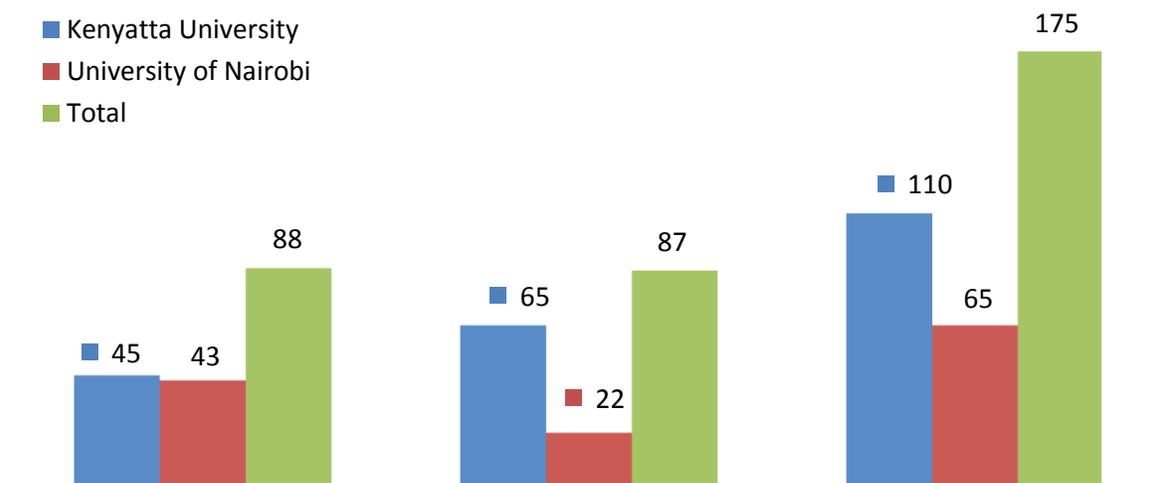
### ***Kenyatta University (KU)***

Peer education training (PET) in this site was conducted between October 2011 and June 2012. Kenyatta University supported both trainings by providing the venue through the AIDS Control Unit (ACU). In this site, training group facilitators (TGFs) identified 3 students who were known to have risky sexual behaviour and involvement in alcohol/substance abuse in campus and recruited them without subjecting them to interviews. Despite coming late for some training sessions the three completed training successfully. In addition, one of them went through the life skills training. Further, one who was a smoker quit smoking and shared his story during the commissioning ceremony of trainees.

### ***University of Nairobi (UON)***

The training for students in this site took place at the Lower Kabete campus from November 2011 to January 2012 and **65 trainees (43 males and 22 females)** completed training. Training venue for this group was provided by Lower Kabete campus administration.

The following figure presents the training numbers for the two sites:-



## ***Activity 2: Life Skills Training***

In this phase, previously trained peer educators were to be trained in life skills. While many students know that abstinence and being faithful (to one uninfected partner) can protect them from sexually transmitted infections (STIs) and unintended pregnancy, this knowledge is not generally translated into healthy behaviours. The goal, therefore, of this training is to provide specific skills that students can use to put abstinence and being faithful into practice. The life skills training presupposes that the peer educators have already benefited from a basic training on peer education.

The training was conducted between 1<sup>st</sup>- 4<sup>th</sup> March 2012 at Jumuia, Kanamai in Mombasa for **104 peer educators (50 males and 54 females)**. They were drawn from KU (9 males and 10 females) and UON (41 males and 44 females). The sessions were facilitated by a BCC consultant with Population Service International (PSI). At the end of the training, majority of the trainees felt motivated to share what they had learnt with their peers. Others felt that they had been equipped to lead small groups as well as organizing for edutainment events within their campuses.

The content of the training is meant to guide the peer educators through a process of self-examination. They are guided through a process of self discovery, looking at their values, beliefs and past experiences in order to come to an understanding of how these influence their behaviour. It is expected that after going through this process they will be better equipped to assist other students in gaining the necessary skills to delay sexual debut for those who are not sexually active, or to reduce the number of sexual partners for those who are.

The training is meant to be a beginning of the process of introspection and skills building. The 16-hour content covered in this training included:

Why AB: This session emphasizes the importance of abstinence and being faithful to one uninfected partner as a prevention strategy for young people. It explores the definition of these terms and what it means to individual trainees. This session further explores the advantages and disadvantages of AB for University students while differentiating myths from truths about abstaining from pre-marital sex.

Behaviour Change Communication (BCC): This session explores the factors that influence behaviour and the stages for behaviour change. It also gives the trainees the skills necessary to facilitate BCCGs and influence decision making and ultimately behaviour change.

Gender: This session defines gender and discusses how gender roles and stereotypes are constructed, maintained and reinforced. It further explores how gender stereotypes influence behaviour. It explores masculinity and male norms that may influence and contribute to risky behaviour.

Values: This session explains what is meant by values and attitudes and identifies personal/family/religious/cultural values. It examines where values come from and describes the relationship between values and AB. It helps trainees relate how personal values affect one's

behaviour and helps them practice communicating their values to others, practice accepting and respecting other people's values.

Time Management: This is a brief session where trainees are given a task that requires them to allocate tasks within a specified time period in order to learn how to manage their time.

Self Esteem: This session defines self-esteem and utilizes a tool which trainees use to score themselves on a self-esteem assessment test. It explains the importance and characteristics of self-esteem and how they affect one's behaviour. It also takes the trainee through steps that one needs to go through to develop their self-esteem.

Interpersonal Communication: This session aims at improving participants' communication skills. It also aims at improving participants' listening skills.

Decision Making: In this session, decision making skills are examined. Steps and factors involving and/or influencing decision making processes are explored in depth.

Negotiation Skills: This session takes participants through skills that are relevant in negotiation. Through an interactive and informative video, guidelines for successful negotiation are identified.

Delaying Sex: Participants identify "no-risk," "low-risk," and "high-risk" activities and identify their own levels of risk. Through this session, individuals list reasons to delay sexual activity and identify strategies to help them to delay sex debut.

Managing emotions and Peer pressure: Here types of emotions that may have an influence on behaviour are explored and strategies to effectively manage emotions identified. Some typical strategies that people use to put pressure on others for sex are also discussed and strategies for appropriate responses to those strategies identified. Trainees come up with a list of effective responses to common "pressure lines".

### ***Activity 3: Behaviour Change Communication Facilitators' (BCCF) Training***

Two trainings to equip previously trained peer educators to initiate and run behaviour change communication groups (BCCGs) were held on December 2011 and July 2012 at the Jumua Conference & Country Home, Limuru and Lukenya Getaway, Athi River. Trainees were drawn from KU, UoN and USIU. The program had lectures, group work sessions, discussions and planning as well as team building activities. Sessions focused on behaviour change communication; peer counselling skills for BCCFs; group dynamics and personality types; facilitation skills; BCCG manuals and facilitation procedures; data collection and reporting; and finance requisition and accounting. During team building activities participants competed in wit, intelligence, might, zeal for success and strength at both individual and group levels. It demonstrated the importance of team work and understanding of various people in the work environment. At the end of the training, it was evident through the oral and written evaluation that the participants were not only happy and satisfied with the curriculum for the training that

was elaborate and detailed but were also happy that the organization had created an avenue where students from different campuses could meet and share different life experiences.

**Table 1: Total number of BCCFs trained**

Dates	Males	Females	Total
December	16	19	35
July	16	10	26
<b>Total</b>	<b>32</b>	<b>29</b>	<b>61</b>

#### **Activity 4: Grand Trainees Commissioning**

Following the completion of different trainings - *peer education (PET), life skills, behaviour change communication facilitation (BCCF), Community Change Agents (CCA), integration and cervical cancer* - commissioning for all trainees (students and staff) from University of Nairobi (UON) and Kenyatta University (KU) was held on 16<sup>th</sup> August 2012 at the Louis Leakey Auditorium at the National Museum in Nairobi. A total of **208** invited guests and staff (49) and students (159) attended the event; and of these 99 were males and 109 females. Those who underwent life skills training were students who had completed peer education training earlier in the project phase or from previous phases. CCAs are students and staff whose capacity was built in SRH messaging specifically on provision of contraceptive information and basic counselling. These individuals will provide services to their peers within their campuses at the UON. Staff trained will provide supportive supervision as well as offer RH services to student clients.

This event brought together representatives from different organizations like JHPIEGO, FHI360, The Partnership for a HIV Free Generation (HFG), National AIDS Control Council (NACC), Pathfinder international, University of Nairobi (UoN), Kenyatta University (KU), United States International University (USIU) and students from these universities. Commending I Choose Life-Africa for their work in institutions of higher learning, the Deputy Director, NACC pointed out that ICL works closely with the Commission for Higher Education (CHE) and has programs in other public universities. He challenged ICL to spread its programs to students studying in neighbouring countries like Uganda and Tanzania.

**Table 2: A summary of trainees commissioned**

Type of Training	Site	Males	Females	TOTAL
PET	KU	45	65	<b>110</b>
	UoN	43	22	<b>65</b>
Life Skills	KU	9	10	<b>19</b>
	UoN	41	44	<b>85</b>
BCCFs	UoN, KU & USIU	32	29	<b>61</b>
CCA	UoN	33	27	<b>60</b>
Integration	KU & UoN	8	13	<b>21</b>

## **Objective 2**

***Reach individuals in the “universities” and their surrounding communities with messages on prevention of HIV and unintended pregnancy, via radio messaging, thematic events, behaviour change communication groups (BCCGs), promotional information materials and online social networks.***

Different channels have been used to share messages with young people in Kenya and all over the world. Radio is, however, one of the most effective channels both in the 1<sup>st</sup> world and 3<sup>rd</sup> world countries when it comes to information delivery. From the Kenya Broadcasting Cooperation (KBC), 2010-2011 Annual Report, it is evident that radio stations have a larger audience than TV stations. In Kenya, majority of people can afford to buy a radio and many have radios in their houses. With advanced technology, currently many people, especially the youth, listen to radio through their phones and/or internet.

### **Activity 1: Messaging through Radio**

The existence of local fm radio stations in universities has provided a platform to share SRH message to students and youth in surrounding areas. Utilization of these stations started in 2009 (Phase 5) and they reach students and the surrounding community as the frequencies cover a 5km radius [An estimated number of the population reached by each radio station is provided below.] The stations utilized by the ABC project are Kenyatta University’s KU Fm, with a program named ‘*Camposhizzo*’, Daystar University’s Shine Fm with ‘*Conscious Redemption*’ program and USIU Radio with ‘*Point Blank*’. The individuals in the institutions represent different cultures; therefore, RH issues are addressed in line with these cultures/values in mind. For example KU is a public institution; Daystar is a Christian private university, while USIU is a private international institution. The shows were custom-made to suit the target audience in the respective institutions and were hosted by radio presenters who are also peer educators. In preparing for each show host presenters developed show preps to guide discussion within the

allocated time. Shows aired were recorded and text messages/questions from the listeners responded to. Below is a description of each radio station.

### ***Kenyatta University***

ICL received support from the administration to run the show; this was the only show that addresses SRH issues affecting the youth on campus. The *'Camposhizzo'* show hosted on KU fm radio station airs every Thursday between 6:00-8:00 pm. In this project period, 30 shows were aired. Every show had a guest, majority of who were trained peer educators who shared their stories and information with their peers. Listeners sent text messages, postings on twitter and Facebook social networks. A unique activity for this show is playing voice pox dubbed *'makelele za comrades'* (word on the street; views of students about a certain SRH message is collected and played during discussion in the show). Different students would give their opinions on the topic of the day which enriches discussions on the show. It is estimated that this site has about **3,000 (60 %) males** and **2,000 (40 %) females**, a total of **5,000 individuals** whom the radio station targets with its programs.

### ***United States International University***

At USIU, the show, *'Point Blank'* airing every Friday from 3:00-5:00 pm, takes an informative nature as this institution has youth who are more liberal on life and sexuality. Therefore, a lot of fact finding is conducted on SRH youth and sexuality topics in preparing the content. Unlike other stations, the presenters give facts rather than opinions to enable the listeners make informed decisions/choices. The shows are also used to create awareness and mobilise students for different activities occurring in the campus such as drugs awareness week, VCT week, contraceptive week, breast cancer week, among others. Guests for the show include staff of the Counselling centre that provides great support. A total of 27 shows were aired and social media (Facebook and twitter) used for publicity and feedback. USIU has approximately **3,468 (45%) males** and **4,238 (55%) females**, or **7,706 individuals** whom the radio programs are targeted to.

### ***Daystar University***

Daystar University is a Christian institution with values that advocate for abstinence. The radio station airs its programs from the Athi River campus. Most of the show topics were designed to educate rather than to solve existing issues and a Bible verse is quoted. The show dubbed *'Conscious Redemption'* aired every Wednesday 3:00-6:00 pm, creatively reaches out to youth on the campus through reggae music. Issues are debated upon with hosts who take either an opposing or proposing side. At the end, a conclusion with sound standing/Christian values is given by the hosts of the show. During the Shine fm campus awards, the show was rated second in view of its listenership and the hosts were awarded as the best dual presenters. Despite the challenge of not being able to air some topics like contraceptives, including emergency contraceptive pills and condoms, discussions on the same were diverted to the social media (Facebook and twitter). In total 29 shows were aired during the project period. It is estimated that a total of **10,000 individuals (3,000 or 30% males and 7,000 or 70 % females)** reside within the campus and the surrounding areas and are the target of the radio show. A breakdown of topics aired on each radio station is provided (**annex ii**).

### ***Assessment SRH radio messaging***

An assessment of radio messaging was carried out at Daystar University, KU and USIU. The assessment was to estimate listenership by students and collect views from students on radio shows aired on KU fm-*Camposhizzo*, Shine fm-*Conscious Redemption* and USIU radio-*Point Blank*. Six research assistants (RAs) who are former students at those institutions were trained to collect data. They administered a structured form to collect feedback from students and other individuals living in the surrounding community. Interviews were conducted on the day following the airing of the show. In KU a total of 10 shows were assessed and **1,099 forms** were completed, while in Daystar a total of 7 radio shows were assessed with **493 respondents** participating in the survey. Data collection did not take place at USIU because approval was not granted in time. Approval was received in 8<sup>th</sup> October 2012. Data collection is planned to take place during the NCE period. Assessment Data entry and analysis are in progress and a report will be prepared and shared.

### **Activity 2: Thematic events**

For this project phase, **55** thematic events took place including Karaoke nights, movie nights, screening of football matches among others. These activities were attended by a total of **21,686** students. Of these, **14,199** were males while **7,487** were females.

**Table 3: A summary of the total number reached per institution**

	Males	Females	Total
University of Nairobi	10,729	4,661	<b>15,390</b>
Kenyatta University	3,470	2,826	<b>6,296</b>
<b>Total</b>	<b>14,199</b>	<b>7,487</b>	<b>21,686</b>

Some of the highlights from the events include:

#### **Karaoke nights**

This event provided a platform for talented singers among students to compete against each other at different levels (preliminaries, quarter finals, semi-finals & finals). The audience comprised of fellow students who voted for their favourite and most talented contestant. During the event, SRH messages such as abstinence, condom use, contraceptives, be faithful and others including alcohol and substance abuse were shared during breaks. Clips, demonstrations, IEC materials and presentations were used to pass the messages. The audiences' knowledge on the subject e.g. contraceptives was tested through occasional trivia questions. Individuals who got the questions right were rewarded. **Nine** events were held in Main, Upper and Lower Kabete campuses with a total of **1,570 males** and **982 females (2,552 students)** attending as shown in the table below.

**Table 4: A summary of the total number of students reached per institution**

	Dates	Sites	Males	Females	Total
1	13th Mar 12	Main	129	91	220
2	2nd Apr 12	Main	179	111	290
3	4th Apr 12	Upper Kabete	230	120	350
4	10th Apr 12	Upper Kabete	238	95	333
5	3rd May 12	Upper Kabete	227	173	400
6	8th May 12	Main	116	85	201
7	15th May 12	Main	152	130	282
8	4th July 12	Lower Kabete	180	81	261
9	20th July 12	Lower Kabete	119	96	215
		<b>Total</b>	<b>1570</b>	<b>982</b>	<b>2552</b>

### **Football matches**

Football lovers were strategically reached through screening of UEFA league matches. Fourteen matches were screened at KU (1) and UON's Main (7), KNH (5) and Upper Kabete (1) campuses reaching **5,827 students (5,759 males and 68 females)**. This was clearly a male dominated event as reflected in the numbers reached. Different messages on abstinence, correct consistent condom use, alcohol and substance abuse were themes in the events. In one event, Mobile for RH (M4RH) IEC materials (120 Palm cards) developed by FHI360 on contraceptives were distributed to attendees to inform them of availability/accessibility of services and information on contraception and health facilities through mobile technology.

### **Comedy Night**

Newly-trained peer educators in Kenyatta University were engaged in outreach events such as comedy edutainment event by engaging them to mobilize students for it. Different contestants were allocated 5-minute slot each to share a joke. Different messages were shared using clips and IEC materials at the various contest levels (preliminaries to finals). These included one on Abstinence- '*Abstain to Sustain without a Stain*'; sexual responsibility- 'my life, my swag, my sexuality' and correct and consistent condom use - "ati bila CD? Afadhali Ikae" (No sex without a condom). This event reached a total of **1,765 students (883 males and 882 females)**. ICL partnered with K24, a local TV station, and The Partnership for an HIV Free Generation (HFG). The award for the winning contestant was a comedy contract from K24 TV and a voucher worth Ksh. 5,000 from ICL, while HFG offered T-shirts to contestants. During the finals, K24 offered a platform to the six finalists on the Laugh Out Loud (LoL) TV show. Other comedy celebrities from LoL show on K24 TV who graced the occasion included guest artistes Mdomo Baggy, Freddy and The Scientist (stage names used). Blitz cards on condom use and abstinence, (200 each) and male condoms (500) were distributed. Judges for the show were an administrator of KU 99.9 fm, a board member of Kenyatta University Travelling Theatre (KUTT), and an ICL KU peer educator alumni and also a member of the board of Kenyatta University Performing Arts (KUPA).

### ***Pin Pop Drive***

Interpersonal communication is used to pass on important SRH messages. A new activity, 'Pin Pop Drive' was initiated in this phase. Peer educators are taken through a session on a specific topic like contraception or condoms to equip them with information including role plays. They are then asked to go door-to-door sharing this message and giving pin pops (lollipops, a type of candy) to students who give them audience on campus. Through this outreach activity, 19 BCCG members (9 males and 10 females) reached **508 students (234 males and 274 females)** at the Main campus with information/messages on condom use. In addition, 508 blitz cards on condom use and 2440 male condoms were distributed. In another event at Kikuyu campus, 21 peer educators (19 males and 12 females) went room to room sharing information on STIs and condom use. The message shared was *"You can only be one to the world but you can be the world to one, in this era of HIV/AIDS, STIs and drugs and substance abuse. Ignorance is not an excuse. Information is power get fired up and share the information with your friend you never know you might save a life. Love responsibly; always use a condom if you must have sex to protect yourself from STIs and unintended pregnancies and those that you love. Remember the 3CS in condom use: correct, consistent and consented condom use. HIV/AIDS is real in campus take precautions protect yourself. Avoid regrets; life is good."* This effort reached **1,134 students comprising of 628 males and 506 females**. Another event at Lower Kabete engaged peer educators in a full day event to talk to fellow students about condom use. They were able to provide information on condom use and demystify myths about condom use. **846 males and 997 females (1,843 students)** were reached with condom use messages, while 500 blitz cards on condom use and 3,456 male condoms were distributed.

During a de-brief session, feedback provided indicated that it was possible to address individual issues of concern and, provide relevant information. The number of students reached through this event is shown in the table below.

***Table 5: A summary of the total number of students reached***

<b>Dates</b>	<b>Sites</b>	<b>Message</b>	<b>Males</b>	<b>Females</b>	<b>Total</b>
<b>12th May 12</b>	Kikuyu	STIs and Condom use	628	506	<b>1134</b>
<b>13th June 12</b>	Lower Kabete	Condom use	846	997	<b>1843</b>
<b>31st Aug 12</b>	Main	Condom use	234	274	<b>508</b>
<b>2nd &amp; 3rd Aug 12</b>	Upper Kabete	Condom use	66	31	<b>97</b>
<b>7th Aug 12</b>	Main	Emergency Pills	37	454	<b>491</b>
	<b>Total</b>		<b>1811</b>	<b>2262</b>	<b>4073</b>

### ***Activity 3: Gender forums***

Gender forums have been favourite activities with many students. These began following a need to address specific issues for female and male students. Fourteen gender forums were held; 4 in KU, 8 at UON and 2 in USIU. The different campuses planned forums for each separate gender while some had joint gender forums reaching a total of **6,656 students that is, 2,247 males and 4,409 females**. Different guest speakers were invited to speak on gender-

based violence, relationships, contraceptives, personal hygiene, and drugs among other topics. The numbers per forum are shown in the table below.

**Table 6: Attitudes of gender forums in various sites**

	Date	Location	Type	Topic	Male	Female	Total
1	2nd Oct 11	KU	Joint	Relationships	56	47	103
2	10th Nov 11	USIU	Joint	GBV	1500	3500	5000
3	1st Dec 11	USIU	Joint	Relationships	47	76	123
4	14th Feb 12	KU	Joint	Drugs	73	65	138
5	14th Feb 12	UON, Lower Kabete	Joint	Be Faithful	50	25	75
6	16th Feb 12	KU	Female	Personal Hygiene	0	150	150
7	16th Feb 12	KU	Male	Condom use	120	0	120
8	29th Feb 12	UON, Kikuyu	Joint	GBV and Law	75	63	138
9	13th Mar 12	UON, Main	Female	Contraceptives	0	97	97
10	15th Mar 12	UON, Upper Kabete	Male	'Use and Cruise'	124	0	124
11	21st Mar 12	UON, Upper Kabete	Female	'Feminine me'	0	153	153
12	22nd Mar 12	UON, Kikuyu	Male	Relationships	0	167	167
13	22nd Mar 12	UON, Kikuyu	Female	Relationships	121	0	121
14	24th May 12	UON, Lower Kabete	Joint	Abstinence & Be Faithful	81	66	147
<b>Total</b>					<b>2247</b>	<b>4409</b>	<b>6656</b>

The **contraceptive** female forum had the theme '*a Healthy Woman, Healthy Nation*'. Students were to share their dreams and how unplanned/unintended pregnancy would hinder those dreams. The members present were divided into groups of tens and asked to write down any information they knew about contraceptives from the types, facts, myths and side effects. Each group was given a chance to present after which the facilitator grouped the various methods into various categories that is, barrier methods, combined oral contraceptives, progesterone only pills, emergency pills, injectables, implants, LAM, IUCDs, permanent and natural methods. She took time to explain each category, the side effects and its effectiveness. Everyone who participated received a t-shirt and a bag, courtesy of the Partnership for a HIV Free Generation (HFG).

The male event dubbed '*Use and Cruise*' at Upper Kabete aimed at defining the characteristics of an ideal man, the meaning of a real man and finding out the kind of relationships male students had. Most men at the forum had multiple sexual partners, were in relationships for convenience and had sex because it was easily available, and due to peer pressure. In addition, cohabitation was high, according to their reports, due to the cost of living. If one was in a relationship, it was cheaper for the duo to live in one room rather than rent two separate rooms.

In the event '*Feminine me*', discussions centred on abortion, contraceptives, hygiene and STIs. Ladies were advised that abortion was not the best choice, and one should decide whether or not they are ready to have sex and bear the consequences. Post abortion care (PAC) services for

the treatment of complications of abortion were discussed. It emerged that female students used emergency contraceptives as their main (regular) method of contraception. In addition, information on contraceptive options, side effects and effectiveness for different methods was provided. All were advised to seek medical advice before initiating contraceptive use.

In the gender-based violence event, participants were made aware of the different forms of gender-based-violations that are perpetrated. Some of the violations discussed included sexual harassment, rape, sexual abuse, female genital mutilation (FGM) and domestic violence. The factors leading to GBV were discussed including the effects of GBV on its victims. The participants were made aware of actions to take after undergoing any form of GBV. Both Kenya's 'Sexual Offences Bill, 2006' and the Constitution were discussed. The participants were made aware that the FGM bill became an Act this year (2012).

#### **Activity 4: Behaviour Change Communication Groups (BCCGs)**

After peer educators complete the peer education training, they are encouraged to form Behaviour Change Communication Groups (BCCGs) with an average of 10 peer members each. The facilitators are taken through 3-day training for BCC facilitators whose objective is to equip them with skills to enable them form groups and facilitate the group discussions effectively. The discussions are structured and guided by content in project-specific manuals (facilitators' and participants') that were developed in the previous project phase (PTA1) and that have a total of 13 sessions.

A BCC workshop was carried out in December 2011 for 35 peer educators (16 males and 19 females) at the Jumua Conference & Guest Home, Limuru and another one in July 2012 for 26 peer educators (16 males and 10 females) at Lukenya Getaway, Athi river. In total **32 males and 29 females (61 students)** were trained. The training was comprised of 8 sessions including group work, plenary discussions and work planning as well as team building activities. The course content included behaviour change communication, peer counselling skills for BCCFs and group dynamics and personality types; facilitation skills; BCCG manuals; data collection and reporting and finance requisition and accounting. An overview of the ABC project with emphasis on the participants' role in running BCCGs and thematic events was given by the Project Manager, Pascal Wambua. A behaviour change specialist consultant facilitated the BCC session. Team building activities challenged participants in wit, intelligence, might, zeal for success and strength at both individual and group levels. It showed the importance of team work and understanding of the various people in the work environment.

27 BCCGs were formed from December 2011 to August 2012 and members of different groups met for a period of 10-13 weeks to cover the content in the manual. The total number of participants attending BCCG meetings was **238 males and 228 females (466 students)-(annex iii)**. Some issues arising during discussions with BCCG members are described below. It emerged

The 'Ultravox' BCC group of KU mentioned that that they were concerned about their friends who resided outside campus and who were having unprotected sex; they had no way of obtaining condoms because none were provided where they lived. In addition, new sexual

behaviour trends such as group sex and wrong condom use have been reported (see quotes from a report by a BCCF).

*“The [BCCG] participants identified high risk sexual behaviours in KU such as attending house parties whereby students get too drunk, one person having sex with more than one partner [group sex] concurrently commonly referred to as “twosome” or “threesome” depending on the number of partners.”*

*“Another high risk sexual behaviour also noted among the KU students was that some male students go clubbing [go to night clubs] while wearing a condom on their penises and then tying it with a rubber band so that it does not come off, waiting for an opportunity for sex; this should prove easy and fast.”*

Another BCCG enriched their discussion on Reproductive Health Rights and Responsibility by reading *Kenya’s Constitution* and the *Sexual Offences Bill, 2006* to increase their knowledge on types of sexual violations and consequences for perpetrators. Their (students’) role in accessing RH services was also well stipulated.

Assessment forms completed by members mostly rated sessions as excellent or good, with suggestions for members to come for meetings on time.

#### **Activity 5: Promotional materials and online social networks**



ICL with technical assistance from FHI360 designed and printed IEC materials with different SRH messages including *rape, abstinence, contraceptives, condom use* (male & female), *positive living* (for PLHIVs) and stickers with messages like *‘Bila CD, afadhali ikae’ (No sex without a condom)* (see picture) were distributed during different thematic events, BCCG meetings and health drives and posters pinned on walls in male and female halls of residence, administration and students’ notice boards. More than 5,600 blitz cards (1,700 on abstinence) were distributed in

various events and activities. In addition more than 57,200 condoms were obtained from partners such as NASCOP and UON/UHS were distributed. During VCT health week those who received HIV testing services (1,874) were given a glow-in the dark wrist band with a message *‘Gjue’* (know your status). The wrist bands motivated many students to seek VCT services.

Further, in another event (health week) where ICL collaborated with UON's Women Students Welfare Association (WOSWA), 200 IEC materials on C-word (contraception) provided by Population Service International (PSI) were distributed.

In addition, Mobile 4 Reproductive Health (M4RH) materials were obtained from FHI360 to be distributed amongst the university community. A total of 2,000 M4RH palm cards and 100 posters were received and distributed as below:

**Table 7: M4RH materials distributed**

materials	Sites		
	UON	KU	USIU
Posters	40	30	30
Palm cards	800	500	300

### Objective 3

*Integrate SRH activities into existing HIV and AIDS prevention activities*

#### **Activity 1: Voluntary Counselling and Testing services**

A total of nine VCT drives were held in different sites where **6,466 clients (2,895 males and 3,571 females)** were counselled and tested. Further, **1,541 clients\* (370 males and 416 females)** were counselled and tested in partnership with other institutions (*\*Data from 2 sites not disaggregated*).

**Table 8: Summary of clients receiving HIV counselling and testing services**

Dates	Site	15-19 years		20-24 years		≥25 yrs		Total		Total
		M	f	m	f	m	f	m	f	
		28th Nov-3rd Dec '11	USIU	0	0	389	785	85	63	
28th Nov-3rd Dec '11	Upper Kabete	0	0	204	151	4	1	208	152	360
28th Nov-3rd Dec '11	Main	0	0	358	120	6	2	364	122	486
28th Nov-3rd Dec '11	Parklands	0	0	133	164	18	5	151	169	320
28th Nov-3rd Dec '11	Lower Kabete	91	156	227	224	7	3	325	383	708
19th-23 <sup>rd</sup> Mar 2012	KNH	5	14	154	144	58	31	217	189	406
25th-30th Jun 2012	USIU	93	204	324	539	97	87	514	830	1,344
10th-13 <sup>th</sup> Jul 2012	Lower Kabete	14	29	162	154	10	4	186	187	373
2nd-7th Jul 2012	KU	90	255	321	417	45	19	456	691	1,147
Total		293	658	2,272	2,698	330	215	2,895	3,571	6,466

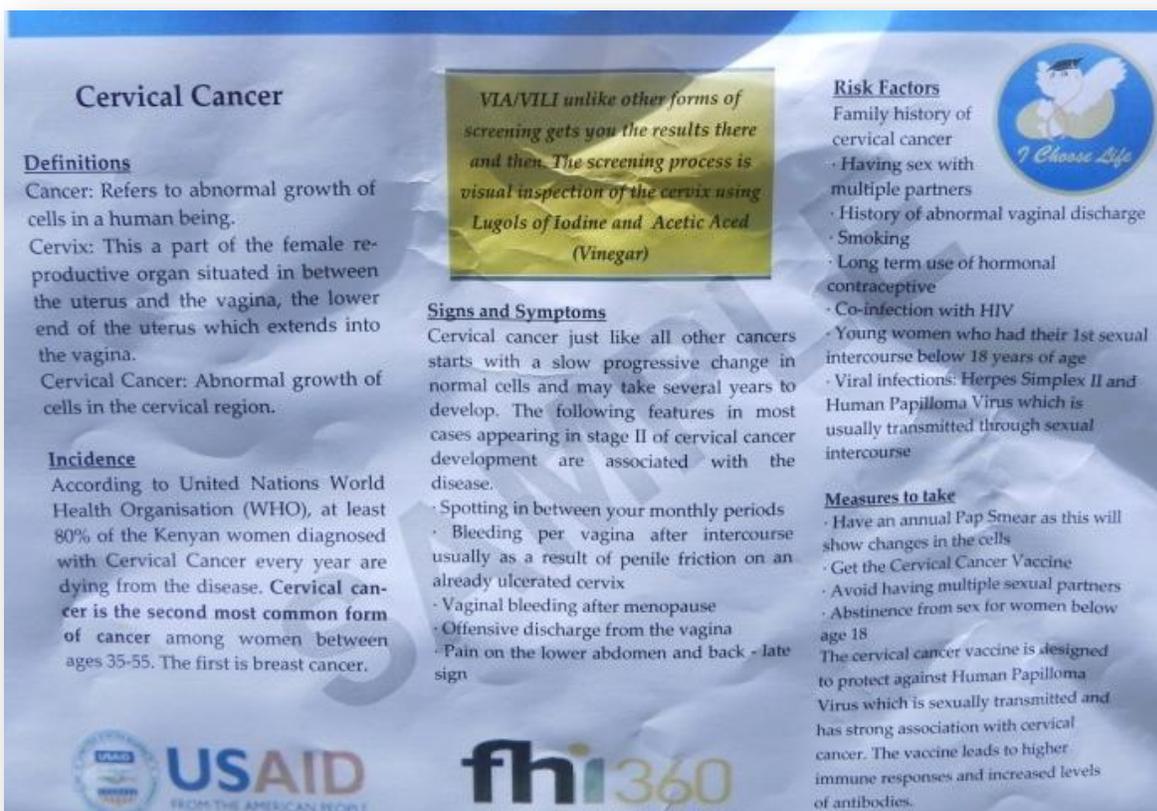
The World AIDS Day (WAD) celebration theme of the year 2011 was *'Knowing your status is a step towards "ZERO New infection, ZERO stigma, ZERO AIDS related deaths".'* These celebrations were carried out in USIU, and in collaboration with UoN, at the Kikuyu campus on 1<sup>st</sup> Dec. This event was the culmination of the week-long VCT health drives held at 5 sites (see table below). At USIU, students held a joint gender forum to celebrate WAD. A guest speaker, a Public Relations Officer with National Council of Churches of Kenya (NCCK) and an expert on relationships and career was invited. In his speech, he said that college/university was a good environment for developing a strong foundation on relationships and life. However, it was good for one to find the right partner at the right time. The major issues that students should be aware of include: health, break-ups, and unintended pregnancies among others. He pointed out that students should date responsibly and while dating, they should know that sex should not be the most important aspect.

Students from all campuses of the University of Nairobi congregated at the Kikuyu campus for the WAD celebrations. Present was some staff of Kikuyu campus - Prof. Mutoro, Principal of the campus, Mr. Opole, SWA Public Relations Officer and other administrative staff. A university staff living with HIV shared her moving story on how she had been stigmatised but with the help of the university community she accepted the condition, and is living positively and encouraging others. She emphasized that HIV was not a death sentence but a condition that can be managed. She advocated for sexual abstinence to bring new HIV infections rates to Zero as well as consistent use of contraceptives to prevent unintended pregnancies to reduce abortions. Condom demonstration was done as shown in this picture.



### ***Activity 2: Breast and cervical cancer screening***

In this project phase, 5 health drives to screen for breast and cervical cancer were held in different sites. ICL purchased 10 tents to be used during health drives, two (2) autoclave machines for sterilization purposes, 20 speculums to facilitate service provision and a container for storage.



A sample of an IEC material used during cervical cancer screening



An autoclave machine purchased to sterilize equipment used during screening

Staff trained on breast and cervical cancer screening provided the services. However, since no service provider was trained at USIU, four (4) external service providers were engaged to provide breast and cervical cancer screening services to students and staff. In total about **2,182 female** clients were screened for breast and cervical cancer while **33 male** students were screened. A data book with duplicate pages was developed by ICL and used by the service providers to record clients' information/history. During the drive at Main campus in March, the ABC Technical Monitor (Jennifer Liku) accompanied by Elisabeth Cruz and Susan McIntyre (both from FHI360, North Carolina) alongside other ICL – ABC team staff visited the

site. They were impressed by the turn out and mobilization/partnership with different partners in the provision of different RH services. Partners in this event included APHIA Plus – Pathfinder, PSI, HFG, Marie Stopes, Eco Bank, WOSWA, Standard Media Group (Eve Sisters Magazine). At USIU, the team partnered with staff of Africa Air Rescue (AAR) Kenya who sensitized and provided messages on breast and cervical cancer. During collaboration with other institutions/partners on 12<sup>th</sup> September 2012, **393 females** were screened for breast and cervical cancer, **26 males** received VMMC services and **41 clients** received FP services.

**Table 9: A summary of clients screened during different health drives for breast and cervical cancer screening at different sites**

Dates	Site	15-19 yrs		20-24 yrs		≥25 yrs		Total		Total
		M	f	m	f	m	f	m	f	
<b>24th-28th Oct 11</b>	USIU	0	75	2	195	0	85	2	355	357
<b>8th-12th Nov 11</b>	KU (Main)	3	31	7	247	1	34	11	312	323
<b>12th-16th Mar 12</b>	UON (Main: WOSWA wk)	0	31	0	330	0	70	0	431	431
<b>12th-23rd Mar 12</b>	KU (Ruiru & Parklands)	0	29	0	295	0	42	0	366	366
<b>25th-30th Jun 12</b>	USIU	5	78	12	212	1	49	18	339	357
<b>2nd - 7th Jul 12</b>	KU (Main)	1	100	1	217	0	62	2	379	381
Total		<b>9</b>	<b>344</b>	<b>22</b>	<b>1,496</b>	<b>2</b>	<b>342</b>	<b>33</b>	<b>2,182</b>	<b>2,215</b>

From the screening exercise (including history taking), several clients were found to have different reproductive health conditions as summarized in the table below.

**Table 10: Reproductive health conditions reported**

RH Condition	# of female clients
Breast lumps	27
Cervical cancer	3
Suspicious for cancer	2
Cervical erosion	1
Abnormal growth	3
Warts	5
Pregnant	5
Abortions	15
Miscarriages	2
Ectopic pregnancy	1
Received PAC services	1
Hysterectomy	1

Trichomonas Vaginitis (TV)	5
Cervicitis	36
Candidiasis	114
Vaginitis	6

For the conditions above, clients were treated at the university health services or referred for treatment/management to other facilities such as Mathare North Hospital for cryotherapy (for cervical cancer patients), STI testing and treatment, PAC services and antenatal care services.

Information obtained during the health drives contraceptive use indicated that the most common method used by clients was condoms (29.2%) while emergency pills (5.6%) and oral pills (3.9%) were the next most preferred. Majority of the students reported dual method use (both condoms and pills). It's interesting to note that there is a place for abstinence among students in these institutions (12.9% reported using abstinence). Programs in these institutions need to put in place interventions to support this group.

**Table 11: Current contraceptive use**

Method	No. of clients (%) (N=2,215)
Abstinence	285 (12.9)
Condoms	647 (29.2)
Pills (COC/ microgynon)	86 (3.9)
Emergency pills	123 (5.6)
DMPA (Depo provera)	57 (2.6)
Implants (norplant/jadelle/implanon)	32 (1.4)
IUCD/Coil	41 (1.9)
Natural	26 (1.2)
Tubal ligation/Vasectomy	8 (0.3)
None	200 (9.0)

### ***Activity 3: Cervical cancer training***

This training was conducted from 16<sup>th</sup> to 20<sup>th</sup> of July 2012 with the objective of building the capacity of health staff of the University of Nairobi to offer cervical cancer screening services at their respective campuses. Staff from DRH conducted the training. The participants got an opportunity to apply the skills and knowledge taught during a practicum at Mathare North Hospital. They also developed and shared action plans for their respective campuses and met with CCAs. The staff agreed to work with and support the students towards increasing uptake of reproductive health services at UoN. The participants commended the training and most of them said they looked forward to putting into practice what they had learnt. A total of **20 staff members (4 males and 16 females)** were trained.

### ***Activity 4: Integration training***

Integration training for **21 staff (8 males and 13 females)** drawn from University of Nairobi Health services (UON/UHS), 18 staff and Kenyatta University (KU), 4 staff, was conducted on 6<sup>th</sup>-10<sup>th</sup> August 2012. It was conducted Ministry of Health - National AIDS and STIs Control Program (NAS COP) staff. The sessions covered: anatomy and physiology of reproductive organs; rationale for syndromic approach & association between HIV/AIDS and STI/RTI; STI/RTI and partner management; prevention and control of STI/RTI; cervical cancer; family planning methods; drug interactions with FP methods; counselling for HIV infected clients; counselling in family planning and inventory management for FP commodities. An evaluation of the training conducted indicated that the trainees felt that the training had been too squeezed for time, but rated it as excellent and refreshing all the same. It was suggested that for future trainings, more time be allocated for the different sessions. A few of them felt that more staff should go through the same training.

### ***Activity 5: Training of Campus Change Agents (CCAs)***

The first training (23<sup>rd</sup> -27<sup>th</sup> April 2012) of Campus Change Agents (CCAs) aimed at building the capacity of peer educators and staff (custodians) to offer reproductive health services such as basic counseling and sharing information on all contraceptives and/or providing some contraceptives methods (E-pills, condoms & other contraceptive pills) including referring students for other services to the UHS or other health facilities off campus. Sessions covered were: introduction to family planning, counseling, sexuality, pregnancy, family planning methods, human anatomy & physiology, cervical cancer, hygiene, identifying cases for referral, rape and youth friendly services. The training was facilitated by staff from the Division of Reproductive Health (DRH) of the Ministry of Health (MOH, Kenya). Interactive discussions, lectures, group discussions and role plays were the main methodologies used in the training. A practical session involved trainees visiting a local health facility to learn about provision of FP services. CCAs were briefed on the various FP methods available by the service provider. There were 35 trainees (20 males and 15 females). Among the trainees were 20 students from Kikuyu, 3 from Upper Kabete, 3 from Lower Kabete and 9 staff from University of Nairobi's Students' Welfare Authority (staff from the halls of residence). A second training (16<sup>th</sup> -20<sup>th</sup> July 2012) involved 25 participants (13 males and 12 females) from Lower Kabete, Upper Kabete and Main campuses of the UON. *(Note: See a personal testimony of one of the CCAs – annex iv)*

### ***Activity 5b: Training of Campus Change Agents (CCAs) on basic counselling skills***

On 18th May 2012, a team of ABC staff members both from FHI360 and ICL accompanied by two others from HIV Free Generation visited the CCAs at Kikuyu campus for a supervision meeting meant to evaluate the progress made in the implementation of what they had learnt from the training. It is from the sharing at this meeting that the staff team realized that the students were encountering situations that required professional counselling skills yet the session on counselling during the training had only been two hours long and given very basic highlights. The students were encountering cases of rape, for both male and female students who did not seek help from the campus. The CCAs were able to initiate conversations with their peers who ended up opening up and sharing on different reproductive health related challenges they were facing.

It was from this sharing that it dawned on the staff team present that the students did not have basic skills to handle some of the situations they were facing. Following this realization, training for the students was organized through the Nairobi office of FHI360. Although a majority of the students were on recess, they came from various parts of the country to attend the training. In total, 44 (28, males, 16 females) CCAs were trained. Two groups went through the 20-hour training on basic counseling skills.

The training covered the following topics among others: definition of counseling, qualities of a good counselor, peer counseling and its relevance, role of peer counselors, role modeling, setting boundaries, confidentiality, counseling techniques, self-awareness, self-concept: building self-esteem, individual strengths and weaknesses, interpersonal skills, attending (social), listening and responding skills, causes of stress, managing personal stress, supportive supervision, examination of ethical standards, trauma counseling (including confidentiality), networking and referral.

The participants prepared work plans of what to implement and how to go about the different activities in line with what they had learnt and specifically the activities to be implemented in the next project phase. Supportive supervision meetings are planned to take place in the next project phase.

### **Objective 4**

***Build the capacity of the universities (UON, USIU and KU) to carry out SRH interventions for students in the universities and enhance project sustainability***

### ***Activity 1: Adopt-a-peer educator initiative***

This target was difficult to achieve. Alumni were not willing to give funds to the project. However, they were willing to give their time and expertise for project activities such as facilitation during peer education training. Four alumni facilitated eight (8) make up sessions for an hour each.

### ***Activity 2: Plan and implement HIV Strategic Plans with institutions***

The ABC project supported UON and USIU to develop HIV strategic plans in the previous project implementation phase. During this phase (2011/2012), both institutions adopted the strategic plans. Currently, both plans are being implemented. UON went further and came up with an annual work plan which factored in the activities carried out by the ABC project. USIU also adopted their strategic plan and it has since been used to guide its SRH interventions.

### **Objective 5**

***Assess effectiveness of integration of SRH activities in improving students' utilization of services through strengthened monitoring and evaluation***

### ***Activity 1: Assessing SRH services provided by CCAs***

Due to a delay in the development of the community health workers' training manual, 'Community Based Distributors (CBD) manual' - with a module for community health workers that was completed after March 2012, the CCAs were not trained in time. Development of the manual was the mandate of the Ministry of Health, specifically, the Division of Reproductive Health (DRH). This is the department that is in charge of facilitating the training of community health workers under which CCAs fall. The CCAs were expected to provide services for at least six months after their training before their provision of services could be assessed. Further, immediately after training, the student CCAs started exams and went on recess thereafter. This activity is therefore planned to take place during the next phase (2012/2013).

***Note: Detailed information on all activities is available in the project's monthly narrative reports***

## Part 3: Challenges

Activity	Challenge	Management response
<b>BCCF training</b>	-It was challenging for the facilitators to grasp easily the difference between behaviour and a message in its context.	-There is need to have the project team (staff, interns and facilitators) trained on BCC to enhance understanding of these concepts including developing effective messages for groups and channels of communication
<b>Health week</b>	-Data from clients who receive services during an event where ICL has collaborated with other institutions/organizations has been a challenge to obtain	-Seek to have a health provider supported by ICL to provide services with the others for the period of the event to consolidate data at the end of the activity
<b>Pin Pop Drive</b>	-Demonstration of condom use was challenging because of lack of penile and vaginal models.  -The demand for female condoms was more than could be met; obtaining female condoms is a challenge.	-The project to source for penile and vaginal models and female condoms.
<b>Radio show - 'Conscious Redemption'</b>	-In November 2011 the station went through renovation, hence no show went on air.  -In January 2012 2 presenters were fired without notice for using 'Sheng'- a slang youth friendly language during the show; the Shine fm radio policy stipulates that official languages (English or Kiswahili) be used.  This affected the number of shows aired.	-The show took a break in November  -New presenters were hired and use of acceptable language emphasized.

Activity	Challenge	Management response
<b>Outreach and BCC activities</b>	-New/emerging trends in youth sexual behaviour leading to gaps in youth SRH programming.	-Plan outreach events (movie nights, gender forums) in areas adjacent to the institutions -Carry out health drives (moonlight VCT and breast and cervical cancer screening) within residential facilities outside the campuses -Collect baseline data before the intervention (setting up the RH unit in Kikuyu campus) and involve the respective university health services/ACU staff to facilitate the exercise and ensure ownership and sustainability of the intervention.

## Part 4: Lessons Learnt

Activity/event	Key lesson (what worked well/what didn't work well)	Proposed action to improve and/or replicate in future
<b>Integration</b>	-It is important to build service providers' capacity for sustainability of new initiatives	-Support integration training for more university staff
<b>Pin Pop Drive</b>	-Providing additional and targeted information to (selected) dedicated peer educators to enable them to handle key SRH issues is an effective way of peer-to-peer messaging	-Replicate this activity in other campuses
<b>Radio show</b>	-Putting up banners on campus to publicise the radio show is important to create awareness about the show and mobilising students to listen to the show	-Engage a designer to design publicity banners

Activity/event	Key lesson (what worked well/what didn't work well)	Proposed action to improve and/or replicate in future
<b>Collaboration</b>	<ul style="list-style-type: none"> <li>-Planning together and in advance (early) ensures synchronized objectives and implementation approaches</li> <li>-Involving the universities in activity planning and implementation led to leveraging of resources</li> </ul>	<ul style="list-style-type: none"> <li>-Ensure collaborators in various activities are brought on board during the planning stage</li> </ul>
<b>MOH</b>	<ul style="list-style-type: none"> <li>-Involving MOH decision makers when collaborating with DRH and NASCOP ensures support for planned initiatives</li> </ul>	<ul style="list-style-type: none"> <li>-Follow institutional protocol</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>-The government has a lot of IEC materials but youth in institutions of higher learning are not aware of them</li> </ul>	<ul style="list-style-type: none"> <li>-Share information with students on availability of resources outside their institutions</li> </ul>
<b>New initiative</b>	<ul style="list-style-type: none"> <li>-Involving staff from the halls of residence (custodians) as CCAs was a new venture that will enable students to access SRH information more easily</li> </ul>	<ul style="list-style-type: none"> <li>-Support the CCAs to provide basic services and make referrals to the RU unit and other facilities</li> </ul>
<b>Replication</b>	<ul style="list-style-type: none"> <li>-Sharing the CCA experience with DRH led to provision of resources by one agency for replication in another institution of higher learning through the Adolescent Sexual and Reproductive Health (ASRH) Technical Working Group (TWG)</li> <li>-Aspects of the ABC project are implemented in other ICL intervention sites</li> </ul>	<ul style="list-style-type: none"> <li>-Continue to share experiences with others to create learning/scale up opportunities</li> <li>-Share lessons learned with a wider network of youth stakeholders</li> </ul>

## Part 5: Leveraging of resources

Activity	Collaboration Institution/Organization	Type of leverage	Estimated cost/Comment
PE Training	Kenyatta University (KU)	Training venue	40,000
PE Training	University of Nairobi (UON)	Training venue	40,000
Thematic events and BCCG meetings	FHI360	IEC materials (M4RH)	15,000
Comedy night & Pin Pop	HFG	T-shirts	150,000
Integration training	FHI360	<ul style="list-style-type: none"> <li>Facilitation fees</li> <li>Venue and accommodation</li> </ul>	300,000
Experience sharing workshop	FHI360	Venue and accommodation	450,000
Health week	UON, WOSWA	Planning and mobilization	30,000
CCA training	UON (Kikuyu campus)	Training venue	5,000

## Part 6: Networking and collaboration

Activity	Collaborating agency	Responsibilities
Campus Change Agents (CCAs) training	Division of Reproductive Health (DRH)	<ul style="list-style-type: none"> <li>Facilitated training using the national training manual developed for community health workers</li> </ul>
Integration training	National AIDS and STIs Control Program (NASCOPI)	<ul style="list-style-type: none"> <li>Trained health staff from KU and UON</li> <li>Certification for trainees</li> </ul>

<b>Activity</b>	<b>Collaborating agency</b>	<b>Responsibilities</b>
<b>Experience Sharing forum</b>	FHI360	<ul style="list-style-type: none"> <li>• Financial and technical support for the forum</li> </ul>
	Commission for Higher Education (CHE)	<ul style="list-style-type: none"> <li>• Invitation of different institutions of higher learning across the country</li> <li>• Monitored implementation of agreed actions through AIDS Control Units (ACUs)</li> </ul>
<b>Radio show/ comedy night and thematic events</b>	HFG	<ul style="list-style-type: none"> <li>• Donated T-shirts, caps and bags used as motivators for listeners for radio shows and participants at events</li> </ul>
<b>Comedy night</b>	K24 TV	<ul style="list-style-type: none"> <li>• Provided a platform for student comedians to exercise their talent in stand up comedy</li> </ul>
<b>BCC Training and Health week</b>	PSI	<ul style="list-style-type: none"> <li>• Facilitated the BCC session during training for BCCFs</li> <li>• Donated IEC materials (C-word)</li> </ul>
<b>Health week</b>	AAR Kenya	<ul style="list-style-type: none"> <li>• IEC materials on breast self examination</li> </ul>
<b>Several outreach events and forums</b>	FHI360	<ul style="list-style-type: none"> <li>• M4RH palm cards</li> </ul>

## Part 7: Annexes

### Annex i: Final Project PMP

Year September 2011 to September 2012

ACTIVITY	ACTIVITY INDICATOR	TARGET	SEPT 2011 - SEPT 2012 CUMULATIVE TOTALS					COMMENTS
			Male Achieved	Female Achieved	Total Achieved	Variance	% Achieved	
<b>Objective 1: To strengthen peer education on SRH at the University of Nairobi (UoN), United States International University (USIU) and Kenyatta University (KU), referred to as the “universities” by training 100 new peer educators and retraining 150 previously trained peer educators on specific life skills and equipping them with behaviour change communication skill</b>								The trainings are aimed at imparting knowledge and building competencies to influence attitudes and ultimately behavior. A total of 175 students were trained as peer educators. These were recruited from Kenyatta University (KU) and UoN’s Lower Kabete campus. Students perceived to be at a higher risk and those living off campus were targeted and deliberately recruited
1. Carry out Peer education for 150 students	# of students trained as peer educators	150	88	87	175	(25)	116.7	Training was conducted for PEs in KU and UON.
2. Carry out life skills training for 100 peer educators	# of peer educators trained on life skills	100	50	54	104	(4)	104.0	The life skills training aims at empowering trainees to better negotiate for safer sex, hence skills necessary to uphold safer sex practices are taught.
3. Carry out BCC training for 40 peer educators	# of peer educators trained on BCC	40	32	29	61	(21)	152.5	Stages of behavior change and training on how behavior change occurs were the main topics covered in this training. Development of BCC messages and facilitation skills were also taught.
<b>Objective 2: To reach individuals in the “universities” and their surrounding communities with messages on prevention of HIV and unintended pregnancy, via radio, thematic events, promotional information materials and online social networks</b>								The activities carried out under this objective focused on messages to prevent STIs including HIV and unintended pregnancies.
4. Carry out 50 thematic events	# of edutainment thematic events	50	-	-	55	(5)	110.0	Thematic events conducted included screening of soccer matches, karaoke nights, comedy nights, sports events,

**Year September 2011 to September 2012**

ACTIVITY	ACTIVITY INDICATOR	TARGET	SEPT 2011 - SEPT 2012 CUMULATIVE TOTALS					COMMENTS
			Male Achieved	Female Achieved	Total Achieved	Variance	% Achieved	
								and movie nights.
	# of people attending edutainment thematic events	30,000	14,199	7,487	21,686	8,314	72.3	Though the number of events targeted was achieved, the number of attendees targeted was not achieved.
5. Carry out at least 10 gender forums in the three universities	# of gender forums held	10	-	-	14	(4)	140.0	Female students seem to be more attracted to this type of events compared to the general thematic events. Most of the upcoming gender forums will be female forums to meet this need.
	# of people attending gender forums	2,500	2,247	4,409	6,656	(4,156)	266.2	
6. Air radio programs on SRH on three radio stations	# of radio stations broadcasting the radio program	3	-	-	3	-	100.0	Weekly radio shows were aired at Shine fm, KU fm and Radio USIU covering various topics ranging from and substance abuse to STI's and risks of having multiple sexual partners. The radio shows are a cheap way of reaching the target audience since there are no charges levied by the institutions to air the show.
	# of radio shows aired	40	-	-	49	(9)	122.5	
	# of radio presenter trained as peer educator	6	-	-	10	(4)	166.7	
	# of students reached with AB messages including FP through radio	40,000	43,680	63,380	142,062	(102,062)	355.2	
7. Utilize pretested messages on SRH	# of forums SRH messages are utilized	5	-	-	9	(4)	180.0	Various messages were utilized during this period including "Ati bila CD, Afadhali ikae" loosely translated to "No sex without a Condom", "Emergency Pills, emergency please" to discourage use of E-pills as a regular methods. The messages were utilized in text messages, stickers and during thematic events.

**Year September 2011 to September 2012**

ACTIVITY	ACTIVITY INDICATOR	TARGET	SEPT 2011 - SEPT 2012 CUMULATIVE TOTALS					COMMENTS
			Male Achieved	Female Achieved	Total Achieved	Variance	% Achieved	
8. Utilize bulk SMS, promotional information materials and social networks	# of text messages sent	30	-	-	30	-	100.0	Bulk text messages were sent to students' phones with various messages - to mobilize students to take up services like cervical cancer screening and VCT and to reach students with other SRH messages when they were off campus.  Banners, stickers and blitz/flash cards were printed with various messages to reach students at thematic events. Some materials were not distributed since not all thematic events took place.  Face book was the main social network utilized to reach students.
	# of individuals reached via bulk sms (for mobilization and messaging)	6,000	5,634	6,263	11,897	(5,897)	198.3	
	# of Promotional information materials utilized	10,000	497	99	9,586	414	95.9	
	# of individuals reached through social networks		-	-	2,329	(2,329)	116.5	
9. Carry out BCC group meetings	# of new BCCGs running/formed	20	-	-	33	(13)	165.0	BCCGs are conducive for small group interactions. Members meet in the halls of residence and are facilitated by trained peer educators.
	# of members attending BCCGs meetings	200	238	228	466	(266)	233.0	
<b>Objective 3: To integrate SRH activities in existing HIV and AIDS prevention activities</b>								
10. Conduct HIV counseling and testing for 6,000 students and screen 2,000 for STIs, breast and cervical cancer	# of students counseled and tested for HIV	6,000	2,895	3,571	6,466	(466)	107.8	Individuals who were tested were given glow- in- the-dark wristbands with a toll free number inscribed on it which the youth can call to get information regarding reproductive health and other post test services. Most students preferred to be tested at night.  <b>Cervical cancer screening</b> was offered for the 2 <sup>nd</sup> year. To boost capacity to offer the service 2 auto clave machines were purchased in this phase.
	# of Clients examined for breast cancer, screened for cervical cancer	2,000	33	2,182	2,215	(215)	110.8	

**Year September 2011 to September 2012**

ACTIVITY	ACTIVITY INDICATOR	TARGET	SEPT 2011 - SEPT 2012 CUMULATIVE TOTALS					COMMENTS
			Male Achieved	Female Achieved	Total Achieved	Variance	% Achieved	
11. Train students (Campus Change Agents) and staff to offer integrated youth services, link them to University health staff and develop data collection tools	# of tools developed to collect data on services provided (for cancer screening)	1	-	-	1	-	100.0	
	# of tools developed to collect data on services provided (for CCAs)	1	-	-	1	-	100.0	
	# of staff trained as CCAs	5	6	3	9	(4)	180.0	
	# of staff trained to offer integrated Youth Friendly services		8	13	21	(21)		Training to boost the competencies of university health providers was supported by the project: 21 staff and 74 students trained. Various departments in the MOH were involved, notably Division of Reproductive Health and NASCOP.
	# of students trained to offer integrated Youth Friendly Services	20	41	33	74	(54)	370.0	
12. Train staff to offer cervical cancer screening	# of staff trained to offer cervical Cancer Screening	10	4	16	20	(10)	200.0	20 service providers were trained to screen for cervical cancer.
13. Offer SRH services through other collaborations	# of students tested through other partnerships with the institutions	5,000	396	809	2,001*	2,999	40.0	*Data for two drives from the KU partnership was not provided, while some data obtained is not disaggregated. Collaboration with external partners cannot always be guaranteed and the project was not able to meet the number targeted.

**Year September 2011 to September 2012**

ACTIVITY	ACTIVITY INDICATOR	TARGET	SEPT 2011 - SEPT 2012 CUMULATIVE TOTALS					COMMENTS
			Male Achieved	Female Achieved	Total Achieved	Variance	% Achieved	
<b>Objective 4: To build the capacity of the universities (UoN, USIU and KU) to carry out SRH interventions and enhance project sustainability</b>								
14. Initiate and run adopt-a-peer educator initiative	# of alumni/ individuals adopting a peer educator	30	-	-	-	30	0.0	This activity proved a challenge to achieve. Alumni did not give funds to the project but gave their time and expertise for project activities.
	Amounts of funds raised	180,000	-	-	-	180,000	0.0	
15. Hold meetings with university stakeholders to plan and evaluate implementation of the HIV Strategic Plan	# of meetings held	6	-	-	12	(6)	200.0	Several planning and evaluation meetings with UoN, USIU and KU were held. These provided a common platform for joint planning and execution of plans
	# of Universities formally adopting Strategic Plan	1	-	-	2	-	200.0	Both UoN and USIU adopted strategic plans developed with support from the ABC project. Further, UoN developed an annual work plan which factored in some activities carried out by the ABC project. Both plans are being implemented.
	# of Universities where Strategic Plan is implemented	2	-	-	2	-	100.0	
<b>Objective 5: To assess effectiveness of integration of SRH activities in improving students' utilization of services through strengthened monitoring and evaluation</b>								
16. Carry out an assessment of the utilization of the services offered by the trained students CCAs	# of FGD's conducted	4	-	-	-	0	0.0	This activity was postponed as students went on recess. It will be carried out in the 2012/2013 implementation period.
	# of in-depth interviews conducted	8	-	-	-	0	0.0	
	# of satisfaction forms completed	30% of those accessing services		-	-	-	0	

**Year September 2011 to September 2012**

ACTIVITY	ACTIVITY INDICATOR	TARGET	SEPT 2011 - SEPT 2012 CUMULATIVE TOTALS					COMMENTS
			Male Achieved	Female Achieved	Total Achieved	Variance	% Achieved	
17. Offer Referrals for services not available on Projects Scope	# of clients referred	100	162	121	283	(183)	283.0	The main referral sites have been health facilities at the universities and other known youth friendly sites
18. Conduct an assessment on reach with radio messaging	# of radio programs assessments	20	-	-	17	3	85.0	Data collection was delayed because the ICL-USIU memorandum of understanding was signed late
	# of questionnaires completed	1000	647	945	1,592	(592)	159.0	
19. Prepare an end of year project report	# of end of year project reports done	1	-	-	0	1	100.0	A report has been prepared

**Annex ii: List of topics aired on radio stations  
KENYATTA UNIVERSITY (KU) FM (CAMPOSHIZZO SHOW)**

TOPIC	KEY MESSAGE(S) DELIVERED
Chips Funga	'Chips funga' is a campus slang that is used when a male picks up a girl, usually from a club/event, and takes her home with him for casual sex. The main message was to raise awareness on the risks involved in casual sex
Campus culture	To demystify several stereotypes and myths surrounding campus students hence dictating their lifestyles
Contraceptives	To inform and educate the students on the various types of contraceptives, their effectiveness and side effects and create awareness to obtain these services from the university FP clinic at Ghana 2
VCT	To inform the audience on the importance of Knowing their status and what to do in case one turns HIV positive or HIV negative
Abstinence	Abstinence is the absolute and the surest way to protect from HIV and AIDs infection and prevent unintended pregnancies
GBV	Steps to take when one faces violence and facilities where one can find assistance
Relationships	Healthy relationships protect one from unintended pregnancies and HIV and produces respect
STI	Most of the STIs are curable if detected early enough including the different types of STIs and their symptoms
G-pange	Knowing your status helps you in planning your life
Homosexuality	Homosexuality is not a way out since HIV transmission is high among homosexual
Dating	Proper understanding of your partners and discussing life issues helps in planning your lives together
House parties	The risks involved in house parties due to Drugs, substance abuse and casual sex
Heat wave	The importance of making personal decisions and how to avoid negative peer pressure
Alcoholism	Alcohol distorts one's ability to make decisions; putting one at a higher risk of STIs, including HIV infection
Sex in Campus	Sex is the channel through which most of the STI infections take place, the value of sex and when you conquer sex you can conquer everything in life
STI	Most of the STIs are curable if detected early enough, the different types of STIs and their symptoms
Welcome back	Briefing on the nature of the show and activities planned by ICL
Risky sexual behaviour	Sex is the channel through which most of the STI infections are transmitted
Campus and sexuality	Demystifying campus myths, lifestyle and sexuality
Condom use	Condom as a dual protector both from STIs and un intended pregnancies
Drug Abuse	Drugs as a contributing factor to new HIV infection
Being faithful	Unfaithfulness contribute to most STIs infection among Couple

## USIU RADIO (POINT BLANK SHOW)

TOPIC	KEY MESSAGE(S) DELIVERED
Proper decision making	The importance of making personal decisions and how to avoid negative peer pressure
Emergency pills (E-pills)	How, when and why E-pills should be used. Addressing the increasing abuse of E-pills
Rape	Personal human rights and action to take after being raped
Long distance relationships	Unfaithfulness contribute to most STIs infection among couples in long distance relationships
Contraceptives	Importance of contraceptives; protecting both STIs and unintended pregnancies (dual protection)
VCT awareness week on radio?	Knowing your status helps a person in planning their life
Faithfulness	Unfaithfulness contributes to increased STIs infections
Self-Esteem (Beauty Pageants)	Low self esteem can contribute to risky sexual behavior as one seeks approval from others
Unintended pregnancies	The risks involved in procuring an abortion, and safe options such as adoption and keeping the baby
New Year's Resolutions (How to make a good one)	Healthy choices and how to abide by them
Keep it locked (Abstinence)	Sexual abstinence is the absolute and the surest way to protect from HIV infection
C-word	Different types of contraceptives
Decision making	Steps of making healthy decisions
Drug awareness	Drugs as a contributing factor to new HIV infection and their effects in the body
Transformational leadership	Personal leadership and governance leads to a life of victory toward negative peer pressure
Social Responsibility	Importance of positive peer pressure
Impact of culture on social behaviour	Demystifying campus myths and cultures that lead to risky sexual behaviours
Living a balanced life.	Finding a balance between social and school life
Gender and stereotyping	Gender stereotypes contribute to risky sexual behaviour and shaping of campus cultures and traditions
Dealing with Heart- Breaks	Dealing with pain of a break up in a positive way to reduce ones chances of STI infections
Dealing with Burn-Outs	Avoiding drugs during exam times and how to prepare for exams
VCT awareness week	Knowing ones status helps in planning their life

TOPIC	KEY MESSAGE(S) DELIVERED
Understanding Failure	Being HIV positive is not the end of life, how to access post test clubs
ABC's- Back to basics	ABC approach as the surest approach to avoid HIV and AIDS and Un intended pregnancies
3-Ends (Friendship- Personality- Living within one's means)	Knowing one's ability helps him manage his resources wisely, time, money and friends
Understanding behaviour change	Change of behaviour is not instant but it's a process and it's in stages. Breaking the stages of behaviour change
Being self-reliant	Importance of making personal decision and ready to take repercussions because of the decisions made

### DAYSTAR SHINE FM (CONSCIOUS REDEMPTION)

TOPIC	KEY MESSAGE(S) DELIVERED
Madre-Reloaded	Drugs as a contributing factor to new HIV infection
G-Jue: Is it right to get tested with your partner?	Knowing our your status and that of your partner helps in planning your future together
Abortion	The risks involved in abortion and options of keeping the baby
Coming cut: sharing HIV status with relatives and/ or friends	Stigma is what prevents many from opening up. The risk of a stigmatizing society
Utado What?: if you find out your friend or relative is a drug addict	How to overcome addiction and the role of peers towards positive peer pressure
Abstinence in relationships	Abstinence is the absolute and the surest way to protect from HIV and unintended pregnancies
Needle exchange program in Kenya	Needle sharing and drug abuse contribute towards HIV infection in Kenya
Rubber (Condom)	Condom; dual protection from both STIs and unintended pregnancies
Bride Price: Is it still necessary?	Value system. Most valuable things cannot be given any momentary value
Dudes and chicks: How to treat each other	Healthy relationships produce respect and protect from unintended pregnancies and HIV
Choices and feelings	Importance of making informed personal decisions
Jerking...off	Masturbation is not safe sex its addictive and humiliating
Madre: Drugs	Use of drugs lead misjudgement in decisions making leading to risky sexual behaviours that exposes a person to risks of STIs infections or unintended pregnancies
Halafu? ( <i>what next?</i> ): Dating and marriage	A clear vision in a relationship helps in building a healthy relationship

TOPIC	KEY MESSAGE(S) DELIVERED
What next after campus	Importance of planning. Goals and planning help in protecting from irresponsible and risky behaviours
Legalization of prostitution In Kenya	Prostitution as a leading factor toward irresponsible sexual behaviour due to availability of sex hence rampant HIV infections
Importance of abstinence	Abstinence is the absolute and the surest way to protect from HIV infection.
Abortion and its effects	The risks involved in procuring an abortion and consequences thereafter
Positive living	Being HIV positive is not a death penalty. How to access post-test clubs and importance of living positively
Fashion trends	Inappropriate dressing provokes and may send negative messages which could lead to GBV or loss of respect
Drugs and crime	Drug addictions need to be discouraged as it can lead to crime
GBV	Steps to take when one is faces violence and how to obtain help
Behind closed doors	Understanding the real you- Personality test. Importance of making personal decisions and taking responsibility

**Annex iii: List of BCCGs**

	Group Name	Name of BCCF	Month Formed	Site	No. of attendees		
					Male	Female	Total
1	OUTREACHERS	Janet Nyaboke	11-Dec	Kikuyu	6	8	14
2	ZINDUKA	Okisai Geoffrey	11-Dec	Kikuyu	11	2	13
3	LINKEY	Daniel Odhiambo	12-Jan	KU	12	4	16
4	ULTRAVOX	Elizabeth Watiri	12-Jan	KU	7	7	14
5	HYPERS	Maxwell Azali	12-Jan	KU	9	2	11
6	TRANSFORMERZ	Edward Mwangi	12-Jan	KU	11	9	20
7	SISTERHOOD	Eva Munyi	12-Jan	Main	0	10	10
8	GALAXY	Stella N Kagendo	12-Feb	KU	5	6	11
9	PACESETTERS	Collince Osewe	12-Feb	Lower Kabete	10	15	25
10	TALK SHOW	Joram Kibigo	12-Feb	Main	5	5	10
11	TWIRLERS	Beth Mwai	12-Feb	Kikuyu	10	1	11
12	TOFAUTI	Decima Oyuke	12-Feb	Lower Kabete	9	7	16
13	CHIROMITES	Anthony Irungu	12-Feb	Chiromo	10	1	11
14	LA CHANGE	Claire Weiseko	12-Feb	Parklands	1	10	11
15	SALSA	Gerald Nderitu	12-Feb	Main	22	32	54
16	SOCIAL AMBASSADORS	Joshua Bitange	12-Feb	Main/Module II	7	2	9
17	TUKO POA	Hillary Mandela	12-Mar	Kikuyu	8	10	18
18	REFORMERS	Joshua Abor	12-Mar	Kikuyu	7	8	15
19	MAXIMUM FUN	Christine Mong'ina	12-Mar	Kikuyu	8	5	13
20	LIFE CHANGERS	Joash Muricho	12-Mar	Kikuyu	7	5	12
21	SISTERHOOD UK	Mercy Mukite	12-Mar	Upper Kabete	0	12	12
22	CHECKMATES	Maureen Chepkwony	12-Mar	Upper Kabete	12	5	17
23	SALSA	Basil Otieno	12-Mar	Upper Kabete	5	4	9
24	JOGGERS FOR LIFE	Dan Ndukui	12-Mar	Upper Kabete	10	0	10
25	DIFFERENCE	Decima Oyuke	12-Mar	Lower Kabete	7	7	14
26	ROYALTY FAMILY	Priscilla Kamande	12-Mar	Main	0	7	7
27	EAGLES A	Mary Bitta	12-Mar	KNH	7	8	15
28	SEALS	Allan Mogoi	12-Mar	Main/Module II	5	2	7
29	KOLD DIVAS	Carolyn Muniyoki	12-Mar	KNH	0	11	11
30	ATHLETICS CREW	Simon Kirui	12-Apr	Chiromo	9	0	9
31	PEARLS	Christine Muthui	12-Apr	Parklands	3	8	11
32	CONDOMIZERS	James Wangechi	12-Jul	Main	8	7	15
33	BLUE SKY	Hassan Ali	12-Jul	Main	7	8	15
<b>TOTAL</b>					<b>238</b>	<b>228</b>	<b>466</b>

#### **Annex IV: Personal testimonies**

In this phase a total of 60 Campus Change Agents (CCAs) drawn from Kikuyu, Upper Kabete, Lower Kabete and Main campuses were trained in April and June 2012. This is the story of how this training changed one peer educator from Lower Kabete.

## **Transformation begins with you!**



"I can confess without any fear of intimidation that the first time I was introduced to CCA training I was oblivious of the task that lay ahead and the high expectations that my peers had of me. However, it would turn out to be the stepping stone in my endeavour to serve my fellow youth in the capacity of a campus change agent. As a CCA in Lower Kabete campus, I was expected to bring youth friendly services close to students; it was evident that students were shying away from visiting the university clinics to seek help from 'embarrassing' complications. As I met with the students, the challenge was that most were unwilling to share their stories citing confidentiality issues but with time a good number began to open up. Most of the issues faced are:

1. Unintended pregnancies
2. Unprotected sex (need for PEP)
3. Substance/drug abuse

It emerged that most students had very disjointed knowledge on contraceptives and some had stopped using them leading to unwanted unintended pregnancies. Therefore, I provided information on various methods of contraceptives available, their advantages and side effects. With the help of a nurse at Wangige Health Centre we were able to obtain contraceptives for the students' clinic at Kabete campus. For cases where students engaged in unsafe/unprotected sex, the nurse handled these confidentially, provided PEP and counselled them appropriately on how to avoid risky behaviour in future.

As a CCA who is fully aware of my primary obligations in reducing the HIV prevalence in Africa and who learnt from a study that male circumcision decreases HIV transmission by about 60%, I went out to support the Voluntary Medical Male Circumcision (VMMC) campaign. I targeted my friends from Nyanza province where circumcision has not been given much attention or practiced and whose HIV prevalence is double the national rate.

It couldn't have been easy to preach something I did not believe in. Therefore, leading by example, I caused my friends to follow my footsteps of going for VMMC. It hasn't been a walk in the park convincing young adults as to why they should go for circumcision in a bid to reduce HIV infections, yet they have been living all those years without the virus. But I am happy to note that from 11<sup>th</sup> September 2012 to date, twelve students have embraced it and they are in the healing process. More are planning to go for VMMC after their examinations and I believe I will achieve my target of spreading the campaign to every corner of Nyanza. "A *Luta continua!*"

**Pinto Kisambi**  
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The ABC project supports training of peer educators every year. This is the story of a “changed” peer educator.

## A Changed Life!

My name is Daniel Okoth Odhiambo, a peer educator and intern at Kenyatta University. When I joined KU in August 2010, I was a bad and mean person who never cared that other beings existed. I would take what belonged to another person whether physically or emotionally and used vulgar language- I cared least about my reputation. To some extent this character was influenced by my use of bhang; I recall engaging in many discussions to defend smoking bhang. With some of my friends, we started using marijuana with the belief that it would make us wise. In addition, I believed in having more than one sexual partner; I had different partners at the same time. It never bothered me if I was hurting them or not. I would call them ‘stupid’, but later on I learnt that I was most foolish of them all. My life was in a total mess. In my second semester (January 2011), my behaviour worsened and I lost friends, since they realized that I was a bad influence. I engaged in peer education talks yet my behaviour promoted a totally different lifestyle. At this point I was just a mere participant in such activities. For me, it was just about fun.

When I was in second year (September 2011), I got an opportunity to go through the ICL peer education training and coincidentally my best friend, who was struggling with alcohol, was selected for the same training. During the training I started to evaluate a lot of things especially about my character and behaviour. Since it’s always hard to be your own mirror, I could not make sense of it and could not see the need for me to change. One day my friend challenged me about having multiple sexual partners; I was talking about one of my girlfriends, whom I had introduced him to, but he could not recall her as he could not keep track of them. I countered his statement by challenging him to stop drinking before he could tell me about my girlfriends. We also got to attend the Life Skills training in March 2012. As we talked, we decided to change our lives and utilize the skills we had learnt and promised to be accountable to each other. I dropped all the girls I had and explained the reason for my action. I explained that the kind of life I was living was not of any benefit to all of us. I used the negotiation skills I had learnt to make sure that we understood each other and that my decision was accepted.

I formed and ran a Behavior Change Communication Group (BCCG) called ‘*Linkey*’ with priority members being my friends, who I had led to constant marijuana smoking. They asked me a lot of questions including why I changed so suddenly and after they understood the dangers of their behaviour, they all quit smoking. I made one major decision: to abstain fully from sex and sexual related activity and never to abuse any drug in my life. The skills that I learnt in ICL have kept me abiding by these principles.



Before training: 14/03/2011; 1<sup>ST</sup> YEAR  
2<sup>ND</sup> Semester



After training: 25/02/2012; 2<sup>ND</sup> YEAR 2<sup>ND</sup>  
Semester

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