

APHIA II North Eastern Province

Quarterly Program Report



ACTIVITY TITLE: APHIA II North Eastern Province

AWARD NUMBER: CA 623-A-00-07-00023-00

EFFECTIVE PROJECT DATES: 14 May 2007 – 13 May 2012

REPORTING PERIOD: April – June 2009
(Project Year 2, Quarter 3)

DATE OF SUBMISSION: August 14, 2009



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LIST OF ABBREVIATIONS

| | |
|-------|---|
| AAC | Area Advisory Committee |
| AB | Abstinence and/or Being Faithful |
| AFB | Acid Fast Bacillus |
| AIDS | Acquired Immune Deficiency Syndrome |
| AOP | Annual Operational Plan |
| APHIA | AIDS, Population & Health Integrated Assistance Program |
| APR | Annual Progress Report |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral |
| BCC | Behavior Change Communications |
| CT | Counselling and Testing |
| CACC | Constituency AIDS Control Committee |
| CBT | Capacity Building Team |
| CCC | Comprehensive Care Center |
| CDC | Centers for Disease Control and Prevention |
| CDF | Constituency Development Fund |
| CHBC | Community and Home-Based Care |
| CHW | Community Health Worker |
| CIC | Community Implementation Committee |
| CME | Continuing Medical Education |
| CTS | Clinical Training Skills |
| CSW | Commercial Sex Worker |
| CTO | Cognizant Technical Officer |
| DASCO | District HIV/AIDS Coordinating Officer |
| DCC | District Community Coordinator |
| DFC | District Facility Coordinator |
| DHMT | District Health Management Team |
| DHRIO | District Health Records Information Officer |
| DMS | Director of Medical Services |
| DMLT | District Medical Laboratory Technologist |
| DTC | Diagnostic Testing and Counselling |
| DQA | Data Quality Audit |
| EID | Early Infant Diagnosis |
| EMOC | Emergency Obstetric Care |
| ESD | Extending Service Delivery |
| FBO | Faith-based Organization |
| FPPS | Family Programmes Promotion Services |
| FHI | Family Health International |
| GOK | Government of Kenya |
| GIS | Geographic Information System |
| HBC | Home-based Care |
| HCBC | Home and Community-Based Care |
| HCT | HIV Counselling and Testing |
| HIV | Human Immuno-deficiency Virus |
| HMIS | Health Management Information Systems |
| HR | Human Resources |
| HRM | Human Resources Management |
| HRH | Human Resources for Health |
| HRIO | Health Records and Information Officer |
| HTSP | Healthy Timing and Spacing of Pregnancies |
| ICB | Institutional Capacity Building |
| IDP | Internally Displaced Persons |

| | |
|---------|---|
| IEC | Information, Education and Communication |
| IP | Implementing Partner |
| KAIS | Kenya AIDS Indicator Survey |
| KEMRI | Kenya Medical Research Institute |
| LLITN | Long-Lasting Insecticide-Treated Nets |
| LDP | Leadership Development Program |
| LOE | Level of Effort |
| M&E | Monitoring and Evaluation |
| MLS | Management and Leadership Specialist |
| MOH | Ministry of Health |
| MOPHS | Ministry of Public Health and Sanitation |
| MOMS | Ministry of Medical Services |
| MSH | Management Sciences for Health |
| MTC | Medical Training College |
| NACC | National AIDS Control Council |
| NASCOP | National HIV/AIDS & STI Control Program |
| NCCS | National Council of Children Services |
| NEP | North Eastern Province |
| NEPHIAN | North Eastern Province HIV/AIDS Network |
| NEWS | North Eastern Welfare Society |
| NHSSP | National Health Sector Strategic Plan |
| NOPE | National Organization of Peer Educators |
| OI | Opportunistic Infection |
| OJT | On-the-job training |
| OVC | Orphans and Vulnerable Children |
| PAC | Post Abortal Care |
| PASCO | Provincial AIDS and STD Coordinator |
| PGH | Provincial General Hospital |
| PHMT | Provincial Health Management Team |
| PICT | Provider Initiated Counselling and Testing |
| PIS | Performance Improvement Specialist |
| PLWHA | People Living with HIV/AIDS |
| PMO | Provincial Medical Officer |
| PMP | Performance Monitoring Plan |
| PMTCT | Prevention of Mother to Child Transmission |
| PNA | Performance Needs Assessment |
| PTC | Provincial Training Committee |
| QA | Quality Assurance |
| QC | Quality Control |
| SAPR | Semi-Annual Progress Report |
| SCMS | Supply Chain Management System |
| STI | Sexually Transmitted Infections |
| SUPKEM | Supreme Council of Kenyan Muslims |
| TB | Tuberculosis |
| TIMS | Training Information Management System |
| TMP | Training Master Plan |
| TNA | Training Needs Analysis |
| TOF | Training of Facilitators (also refers to a facilitator him/herself) |
| TOT | Training of Trainers (also refers to a trainer him/herself) |
| USAID | United States Agency for International Development |
| USG | United States Government |
| VCT | Voluntary Counselling and Testing |
| WASDA | Wajir South Development Agency |
| YFS | Youth Friendly Services |

INTRODUCTION

APHIA II (AIDS, Population, and Health Integrated Assistance Program) is an agreement between the Government of Kenya and USAID. The APHIA II North Eastern Province (NEP) project brings together a team of organizations under the umbrella of the Extending Service Delivery project: Pathfinder International; IntraHealth International; and, Management Sciences for Health.

APHIA II is designed to provide improved and expanded, sustainable HIV/AIDS and tuberculosis (TB) prevention, treatment, care and support together with integrated reproductive health and family planning services. Increased service access and use and the promotion of healthy behaviors among groups most-at-risk of HIV infection are also goals. Project activities occur at both health facility and community-levels and involve a high level of collaboration with GoK partners and stakeholders at district and provincial levels.

Currently the HIV/AIDS clinical care burden remains limited in NEP compared to other regions in Kenya, but increasing prevalence and confounding factors such as high TB prevalence and low women's status signal the need to particularly address prevention, as well as improve access to treatment/care. Also of concern is the increasing TB prevalence and TB's increasing association with HIV, which is less than in the rest of Kenya, but may also be on an upward trend. As for women's and children's health and well-being, NEP has particularly dire conditions as a result of recent drought, past civil strife, an extremely high fertility rate, and low healthcare-seeking behavior and access to services. Recent droughts, inadequate diet, and less than 1% exclusive breastfeeding have resulted in high levels of wasting in children and high infant mortality rates.

Some highlights from the current quarter:

- The project is on track to achieve or surpass nearly all of its programmatic targets. Targets for prevention messages and for counseling and testing have been significantly surpassed, thanks to innovative programming and with a final quarter in the project year still remaining. These achievements are of particular importance in NEP, where prevalence rates are relatively low and the emphasis is on reducing them even further.
- During this quarter, the project focused on the development and pre-testing of assorted IEC messages and materials – developed by and for residents of NEP. The development of evidence-based, locally appropriate IEC messages and materials is a best practice which is ground-breaking in NEP and has exciting potential to positively influence attitudes and behaviors in the province. The *Twaweza Tukiwa Pamoja* (Together We Can) strategic behavior change campaign will be ceremonially launched by the project in Garissa in August.
- APHIA II NEP's Community and Home-Based Care activities in Garissa are being embraced by PLWHA groups there. The numbers of HIV positive clients who are being assisted rose by nearly 30% over last quarter. Referrals to the CCC and for other services also increased. The implementation of a successful community and home-based care strategy will be an important contribution, not only towards improving access to palliative care but also the reduction of stigma. The project is now planning on rolling out the program to other urban centers in NEP.

Table 1. Achievements against targets

| Indicator | Achievements | | | Total | Year 2 Targets | Percent year 2 to date |
|---|--------------|--------------|--------------|---------|----------------|------------------------|
| | Oct-Dec 2008 | Jan-Mar 2009 | Apr-Jun 2009 | | | |
| Prevention/Abstinence and Being Faithful | | | | | | |
| Number of individuals reached through community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful | 58,563 | 65,864 | 62,365 | 186,792 | 140,000 | 133% |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence | 77,934 | 17,159 | 42,016 | 137,109 | | |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 0 | 29 | 100 | 129 | 920 | 14% |
| Condoms and other Prevention Activities | | | | | | |
| Number of targeted condom service outlets | 0 | 9 | 5 | 14 | 20 | 70% |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, by gender | 44,170 | 10,912 | 19,975 | 75,057 | 8,000 | 938% |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 22 | 28 | 0 | 50 | 150 | 33% |
| Palliative Care: TB/HIV | | | | | | |

| | | | | | | |
|--|--------|-------|--------|--------|--------|------|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 21 | 8 | 6 | 35 | 10 | 350% |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (this is a subset of 8.2) | 12 | 76 | 43 | 131 | 450 | 29% |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) | 0 | 27 | 36 | 63 | 50 | 126% |
| Number of TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 459 | 339 | 558 | 1,356 | 800 | 170% |
| Orphans and Vulnerable Children | | | | | | |
| Number of OVC served by an OVC program | 3,615 | 2,431 | 744 | 6,790 | 5,500 | 123% |
| Male | 2,906 | 1,165 | 374 | 4,445 | 2,750 | 162% |
| Female | 709 | 1,266 | 370 | 2,345 | 2,750 | 85% |
| Number of individuals trained in caring for OVC | 0 | 154 | 110 | 264 | 500 | 53% |
| Counseling and Testing | | | | | | |
| Number of service outlets providing counseling and testing according to national or international standards | 22 | 29 | 40 | 40 | 10 | 400% |
| Number of individuals who received counseling and testing for HIV and received their test results | 25,282 | 8,349 | 12,165 | 45,796 | 12,800 | 358% |
| Number of individuals trained in counseling and testing according to national and international standards | 0 | 0 | 25 | 25 | 100 | 25% |
| Strategic Information | | | | | | |

| | | | | | | |
|--|-----|-----|------|------|-------|------|
| Number of local organizations provided with technical assistance for strategic information (M&E and/or surveillance and/or HMIS) | 9 | 11 | 5 | 25 | 15 | 167% |
| Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS) | 8 | 20 | 0 | 28 | 35 | 80% |
| Systems Strengthening | | | | | | |
| Number of local organizations provided with technical assistance for HIV-related policy development | 0 | 13 | 13 | 26 | 4 | 650% |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 2 | 11 | 2 | 15 | 4 | 375% |
| Number of individuals trained in HIV-related policy development | 0 | 0 | 27 | 27 | 40 | 68% |
| Number of individuals trained in HIV-related institutional capacity building | 0 | 41 | 27 | 68 | 40 | 170% |
| Palliative Care (excluding TB/HIV care) | | | | | | |
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 23 | 28 | 28 | 28 | 80 | 35% |
| Number of service outlets providing pediatric HIV-related palliative care (excluding TB/HIV) | 6 | 6 | 6 | 6 | TBD | |
| Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 0 | 27 | 52 | 79 | 50 | 158% |
| Number of individuals provided with pediatric HIV-related palliative care (excluding TB/HIV) | 32 | 30 | 42 | 42 | TBD | |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 805 | 904 | 1029 | 1029 | 3,000 | 34% |

| HIV/AIDS Treatment/ARV Services | | | | | | |
|---|-----|-----|-----|-----|-------|------|
| Number of service outlets providing ART services according to national or international standards | 6 | 8 | 8 | 8 | 20 | 40% |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 23 | 47 | 38 | 108 | 550 | 20% |
| (0-14) | 1 | 3 | 0 | 4 | 50 | 8% |
| (15+) | 22 | 44 | 38 | 104 | 500 | 21% |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)* | 435 | 490 | 528 | 528 | 3,000 | 18% |
| (0-14) | 29 | 32 | 32 | 32 | 310 | 10% |
| (15+) | 406 | 458 | 496 | 496 | 2,790 | 18% |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites), by gender, age and pregnancy status* | 305 | 360 | 421 | 421 | | |
| Male (0-14) | 1 | 10 | 10 | 10 | | |
| Male (15+) | 121 | 144 | 158 | 158 | | |
| Female (0-14) | 0 | 14 | 14 | 14 | | |
| Female (15+) | 183 | 191 | 215 | 215 | | |
| Pregnant female (all ages) | 0 | 7 | 24 | 24 | | |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 0 | 0 | 27 | 0 | | |
| Prevention of Mother-to-Child Transmission | | | | | | |
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 82 | 85 | 96 | 96 | 60 | 160% |

| | | | | | | |
|---|--------------|--------------|--------------|--------|--------|------|
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 6,402 | 6,900 | 7,704 | 21,006 | 29,407 | 71% |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | 13 | 18 | 15 | 46 | 879 | 5% |
| Number of health workers trained in the provision of PMTCT services according to national and international standards | 0 | 38 | 67 | 105 | 120 | 88% |
| Additional Indicators | | | | | | |
| Couple years of protection (CYP) in USG-supported programs | 936 | 972 | 1,304 | 3,212 | 1,500 | 214% |
| Number of people trained in FP/RH with USG funds | 27 | 25 | 62 | 114 | 25 | 456% |
| Number of counseling visits for FP/RH as a result of USG assistance | Not reported | Not reported | Not reported | | 1,500 | |
| Number of USG-assisted service delivery points providing FP counseling or services | 20 | 24 | 72 | 72 | 10 | 720% |
| Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP | Not reported | Not reported | Not reported | | TBD | |
| Number of new FP acceptors as a result of USG assistance, by FP method | 1,418 | 1,513 | 1,602 | 4,533 | TBD | |
| Number of service outlets renovated or equipped to facilitate provision of HIV/AIDS or TB related services | 0 | 9 | 9 | 18 | TBD | |
| Number of PLWHA support groups formed and linked to other services as appropriate | 0 | 5 | 3 | 8 | TBD | |
| Number of health workers trained in stigma reduction | 28 | 0 | 0 | 28 | TBD | |
| Number of individuals trained in the provision of laboratory-related activities | 0 | 11 | 16 | 27 | TBD | |

**RESULT 1:
IMPROVED AND EXPANDED FACILITY-BASED HIV/AIDS, TB AND RH/FP**

APHIA II NEP’s strategy during Project Year Two is to focus interventions primarily on forty “high volume” facilities throughout the province. The high-volume facilities were identified during the facility assessments conducted at the end of 2007 and beginning of 2008. As the capacity of these facilities is strengthened, APHIA II NEP will expand its support to include lower-volume facilities.

The “long rains” largely failed in NEP during the reporting period... the fifth consecutive failed rainy season. Livestock herders have been forced to go as far as the Ethiopian highlands in search of pasture. The changes in migratory patterns present challenges to the project and to the Ministries of Health, as some facilities traditionally considered high volume find themselves practically abandoned while small facilities with inadequate infrastructure for integrated service delivery suddenly find themselves swamped with clients seeking services. Reports are coming in of both livestock and human deaths caused by lack of adequate water.



A mother offers water to her son on top of a camel during a long trek in search of pasture and water.

1.1 Prevention of Mother to Child Transmission (PMTCT)

Table 2: Cascade for overall uptake of PMTCT services: October 2008 – June 2009

| PMTCT Cascade | Oct-Dec 2008 | Jan-Mar 2009 | Apr-Jun 2009 | Totals |
|----------------------------------|--------------|--------------|--------------|--------|
| Number of ANC 1st Visits | 7,971 | 6,900 | 7,646 | 22,517 |
| ANC revisits | 8,441 | 8,263 | 9,702 | 26,406 |
| Number of mothers counseled | 7,084 | 7,217 | 8,141 | 22,442 |
| Number of HIV tests | 6,408 | 6,900 | 7,704 | 21,012 |
| Mothers learnt their sero-status | 6,402 | 6,889 | 7,701 | 20,992 |
| Number HIV positive | 35 | 30 | 19 | 84 |
| Number on ARV prophylaxis | 13 | 16 | 15 | 44 |
| Infants on ARV prophylaxis | 0 | 2 | 6 | 8 |
| Mothers tested at maternity | 68 | 21 | 94 | 183 |
| Number of deliveries | 2,981 | 2372 | 3372 | 8,725 |

Figure 1: Counseling and testing at ANC: October 2008 – June 2009

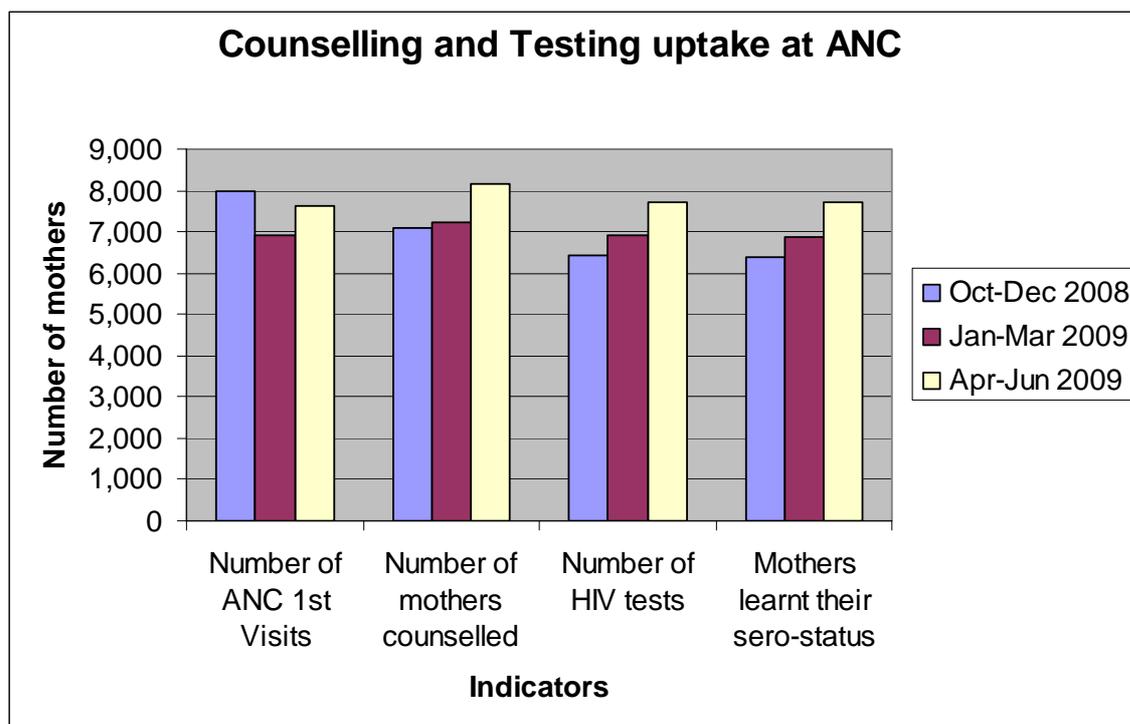
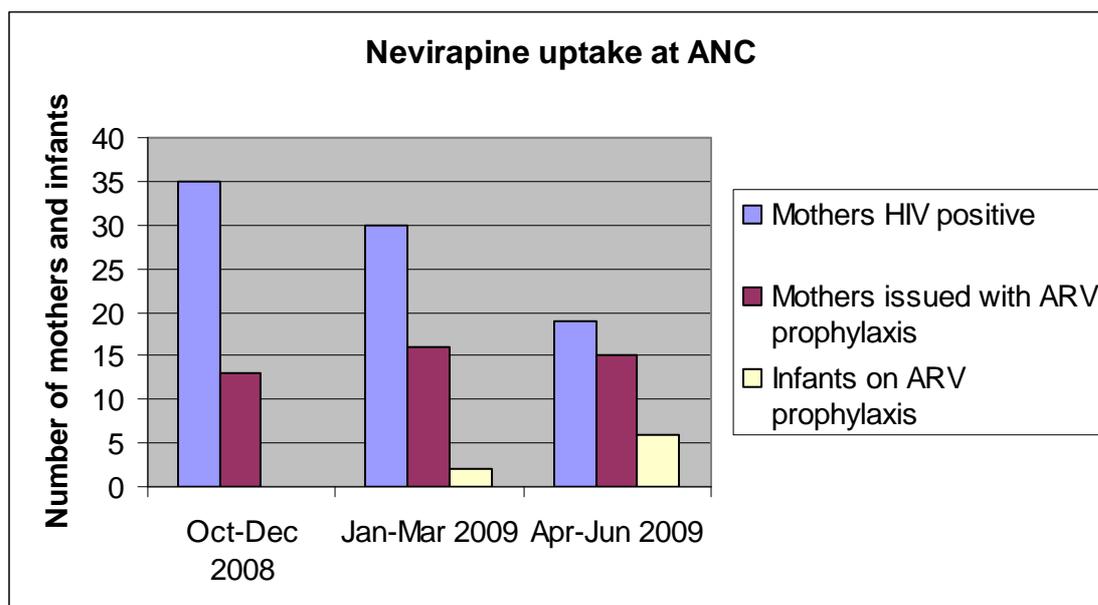


Figure 2: Mother and infant nevirapine uptake at ANC: October 2008 – June 2009



1.1.1 Key observations on performance

- PMTCT services improved within the quarter with more mothers accessing counseling and testing, and a higher percentage of those testing positive also receiving prophylaxis (78 % compared with 45% in the previous quarter).
- Number of facilities offering PMTCT increased from 85 in the previous quarter to 96, surpassing the annual target of 60 by 160%.
- The project trained a total of 67 health workers in the provision of PMTCT services according to national and international standards, leading to the operationalization of 11 additional facilities (6 Garissa and 5 Mandera) to provide PMTCT services in the region. This was coupled with the provision of test kits and nevirapine suspension.
- Number of exposed babies offered prophylaxis is still low although there is slight improvement. The project has plans to introduce clinical mentorship in the region to improve coverage. Most facilities are now stocking nevirapine tablets for mothers testing HIV positive and syrup for exposed infants. Some facilities are also offering AZT as part of dual prophylaxis.
- More mothers were offered feeding options counseling and more couples were offered counseling and testing at PMTCT settings.
- APHIA II NEP supported integrated outreach services in 11 facilities in the districts through provision of fuel for motorbikes, maintenance costs for the motorbikes and allowances.
- APHIA II NEP supported quarterly DHMT support supervision in the districts through the provision of allowances, fuel and transport.
- Distribution of PMTCT job aids to all the districts.
- Logistic support for DBS in early infant diagnosis supported .

- Couple counseling in PMTCT settings is increasingly gaining acceptance. However, the number of partners tested decreased compared to last quarter due to emphasis placed on testing pregnant mothers due to declining test-kit stocks in the country.
- CME sessions were provided to facility staff by service providers trained in PMTCT.



CME Session in progress at Masalani District Hospital.

Table 3: Partner counseling and testing

Partners counseled and tested in PMTCT setting (October-December 2008)

| | Ijara | Garissa | Wajir | Mandera* | Total |
|----------------------------|-------|---------|-------|----------|-------|
| Partners counseled for HIV | 18 | 152 | 124 | 0 | 294 |
| Partner tested | 18 | 142 | 106 | 0 | 266 |
| HIV +ve | 0 | 4 | 0 | 0 | 4 |

Partners counseled and tested in PMTCT setting (January-March 2009)

| | Ijara | Garissa | Wajir | Mandera* | Total |
|----------------------------|-------|---------|-------|----------|-------|
| Partners counseled for HIV | 73 | 192 | 126 | 0 | 409 |
| Partner tested | 68 | 147 | 108 | 0 | 341 |
| HIV +ve | 0 | 1 | 1 | 0 | 2 |

*Data not available for Mandera district

Partners Counseled and tested in PMTCT setting (April-June 2009)

| | Ijara | Garissa | Wajir | Mandera | Totals |
|----------------------------|-------|---------|-------|---------|--------|
| Partners counseled for HIV | 56 | 169 | 102 | 14 | 341 |

| | | | | | |
|----------------|----|-----|----|----|-----|
| Partner tested | 44 | 133 | 76 | 10 | 263 |
| HIV +ve | 0 | 1 | 0 | 0 | 1 |

1.1.2 Challenges

- The uptake of deliveries and ANC services is still a big challenge in the province due to distances from facilities and perceptions of quality of services.
- The fact that mothers prefer to deliver at home means that it is hard to determine whether prophylaxis issued during ante-natal care is actually taken at onset of labor. Same applies to infant nevirapine.
- Poor retention and high turnover of staff, leading to understaffed facilities and staff with inadequate skills.
- Post-natal clinics which would facilitate client follow-up and minimize infants lost to follow-up are still being introduced in facilities. Linkage of HIV positive mothers to CCCs through referral from these clinics needs to therefore be improved.
- Due to tradition and high staff turn over, NEP is yet to embrace Nevirapine/AZT dual prophylaxis. The project is addressing this during PMTCT trainings and also during facilitative supervision and CMEs.

1.1.3 Planned Activities for the next quarter (July - September 2009)

- The project is assisting facilities to establish linkages with the project's Community Outreach team and religious leaders to mobilize men to take their pregnant wives for ANC.
- More focus on facility-based trainings through OJT and support supervision rather than centralized trainings, which are more expensive and often result in skills not being adequately transferred.
- Scale up logistical support for Early Infant Diagnosis (EID) services.
- Continue integrated outreach services in the districts.
- Facilitate DHMT support supervision and follow-up of the service providers trained.
- Continued provision of equipment and furniture to PMTCT-supported sites.
- Initiate and support improved nutritional interventions such as infant feeding options.
- Improve test kits storage facilities at the district hospitals.
- Introduce clinical mentorship to improve uptake of prophylaxis among other treatment options.
- Improve prophylaxis quality by introducing dual therapy of nevirapine and AZT.
- Improve data quality to reflect a more accurate picture of what is happening on ground.
- Strengthen post-natal clinics in district and sub-district hospitals to minimize loss to follow-up and improve pediatric care and treatment for HIV-exposed infants.
- Continue mobilization and advocacy for scaling-up of partner testing within the PMTCT setting.

1.2 Counseling and Testing

APHIA II NEP continued to support counseling and testing activities in the province with 55 sites reporting the number of individuals who received counseling and testing for HIV and received

their test results (including TB). Emphasis continues to be placed on testing in urban and peri-urban areas where populations are felt to be most at risk. Innovative strategies for getting counseling and testing to those who are most-at-risk are a big reason why the project is far surpassing its annual targets – a vital factor in preventing HIV and treating those who test positive.

Table 4: Counseling and testing performance against Year 2 target (October 2008 – June 2009)

| Reporting period | Male | Female | Total |
|-------------------------------|---------------|---------------|---------------|
| Oct-Dec 2008 | 11,321 | 13,961 | 25,282 |
| Jan-Mar 2009 | 4,507 | 3,842 | 8,349 |
| Apr-Jun 2009 | 6,498 | 5,667 | 12,165 |
| Total | 22,326 | 23,470 | 45,796 |
| Year 2 target | | | 10,000 |
| Percent year 2 to date | | | 458% |

Figure 3: Counseling and testing (July 2008 – June 2009)

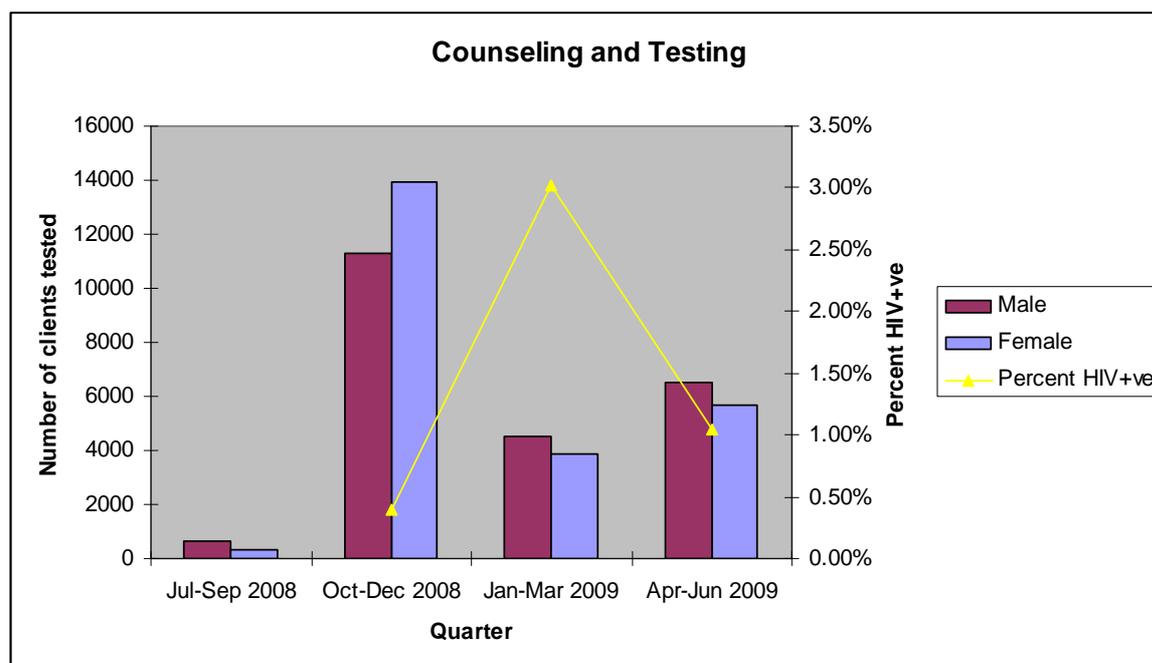


Table 5: Counseling and testing with results, by gender and district (October 2008 – June 2009)

| Counseling and testing with results (Oct-Dec 2008) | | | | | | |
|--|--------------|--------------|-----------------|----------------|----------------|-----------------|
| | Males tested | Males HIV+ve | Percent HIV +ve | Females tested | Females HIV+ve | Percent HIV +ve |
| Garissa | 3,888 | 23 | 0.59% | 3,939 | 27 | 0.69% |
| Ijara | 1,630 | 4 | 0.25% | 2,107 | 6 | 0.28% |
| Mandera | 398 | 2 | 0.50% | 1,641 | 2 | 0.12% |
| Wajir | 5,405 | 12 | 0.22% | 6,274 | 15 | 0.24% |

| | | | | | | |
|--------------|--------|----|-------|--------|----|-------|
| Total | 11,321 | 41 | 0.36% | 13,961 | 50 | 0.36% |
|--------------|--------|----|-------|--------|----|-------|

| Counseling and testing with results (Jan-Mar 2009) | | | | | | |
|---|---------------------|---------------------|------------------------|-----------------------|-----------------------|------------------------|
| | Males tested | Males HIV+ve | Percent HIV +ve | Females tested | Females HIV+ve | Percent HIV +ve |
| Garissa | 3,787 | 90 | 2.38% | 3,096 | 84 | 2.71% |
| Ijara | 143 | 1 | 0.70% | 192 | 3 | 1.56% |
| Mandera | 125 | 8 | 6.40% | 71 | 12 | 16.90% |
| Wajir | 452 | 36 | 7.96% | 483 | 18 | 3.73% |
| Total | 4,507 | 135 | 3.00% | 3,842 | 117 | 3.05% |

| Counseling and testing with results (Apr-Jun 2009) | | | | | | |
|---|---------------------|---------------------|------------------------|-----------------------|-----------------------|------------------------|
| | Males tested | Males HIV+ve | Percent HIV +ve | Females tested | Females HIV+ve | Percent HIV +ve |
| Garissa | 4,585 | 46 | 1.00% | 3,345 | 39 | 1.17% |
| Ijara | 400 | 5 | 1.25% | 546 | 3 | 0.55% |
| Mandera | 275 | 9 | 3.27% | 528 | 12 | 2.27% |
| Wajir | 1,238 | 7 | 0.57% | 1258 | 15 | 1.19% |
| Total | 6,498 | 67 | 1.03% | 5,677 | 69 | 1.22% |

1.2.1 Key observations on performance

- A total of 12,181 clients accessed counseling and testing services at the VCT static, PITC, DTC and mobile VCT sites during the reporting period, a 45% increase from the previous quarter.
- The project supported SIMAHO and the PGH to implement 48 moonlight, house-to-house and mobile VCT outreaches in Garissa municipality during the quarter. Garissa has the highest number of PLWHA in the province and likely the highest HIV prevalence rate.
- Emergency procurement of HIV test kits through SCMS helped to mitigate the shortage of test kits experienced nationwide.
- As with training targets under the AB program component, programmatic targets for CT are being exceeded even though numbers to be trained have not been met. The project is putting increased emphasis on providing quality updates for those already trained, to ensure skills are utilized, rather than training new providers.

1.2.2 Challenges

- Poor uptake of counseling and testing services at many static sites, most likely due to stigma. This underscores the importance of supporting innovative counseling and testing outreach services.
- Shortage of HIV test kits in some districts, experienced due to nationwide problem.

1.2.3 Planned activities for the next quarter (July - September 2009)

- The project is encouraging VCT counselors to be utilized by facilities to provide PITC in areas where uptake of VCT services are still low.

- Recruitment of 22 VCT counselors on behalf of the Ministries of Health.
- Train more VCT counselors and/or update those trained in Year 1 of the project.
- Strengthen CT efforts through counselor supervision in collaboration with the PASCO's office among the HWs already trained on CT.
- Initiate and support monthly counselor supervision meetings and networking in each district
- Initiate moonlight/house-to-house VCT services in districts other than Garissa town where the activity is doing very well.
- Strengthen PITC in facilities.
- Strengthen couple counseling at VCT and PMTCT sites.

1.3 Palliative Care and TB/HIV Integration

Table 6: TB indicators (January - June 2009)

| | | Jan- Mar 2009 | | | Apr-June 2009* | | |
|----|--|---------------|--------|--------------|----------------|------------|------------|
| | | New | Re-att | Total | New | Re-att | Total |
| 1 | No. of TB cases detected | 751 | 53 | 804 | 542 | 5 | 547 |
| 2 | No. of smear positive | 305 | 98 | 403 | 267 | 38 | 305 |
| 3 | No. of smear negatives | 386 | 111 | 497 | 372 | 128 | 500 |
| 4 | No. of Extrapulmonary TB patients on treatment | 133 | 61 | 194 | 100 | 41 | 141 |
| 5 | Total No. of TB patients on Treatment | 3,783 | 268 | 4,051 | 416 | 58 | 474 |
| 6 | Total No. of TB patients on Re-treatment | 204 | 96 | 300 | 144 | 66 | 210 |
| 7 | Total No. completed treatment | 452 | 70 | 522 | 262 | 44 | 306 |
| 8 | Total No. of TB Patients tested for HIV | 522 | 128 | 650 | 436 | 122 | 558 |
| 9 | Total No. of TB Patients HIV+ve | 44 | 32 | 76 | 20 | 27 | 47 |
| 10 | No. of TB HIV patients on CPT | 152 | 39 | 191 | 33 | 44 | 77 |
| 11 | No. of defaulters | 43 | 14 | 57 | 15 | 4 | 19 |

*incomplete data at time of reporting

1.3.1 Key observations on performance

- The project trained 36 health workers drawn from Wajir, Mandera and Lagdera districts on TB/HIV and updated 15 laboratory technicians from greater Wajir and Mandera on sputum microscopy.
- Opened three new TB treatment diagnostic centers at Ijara, Sangailu and Hulugho health centers.
- The project continued to support MDR-TB surveillance through logistics support and specimen referrals to the central referral laboratory.
- The project supported TB/HIV outreaches in facilities that do not have laboratory services.
- Lab equipments were delivered to Bura District Hospital by the deputy project Director to the DMOH in the presence of the PLMT and the rest of the staff.

- The project continued to support integrated TB HIV outreach in non-diagnostic centers.
- Through TA and support supervision the project continued to realize HIV DTC services for 100% of TB patients.
- Kutulo and Dambas health centers in Wajir East and Hadado in Wajir West were established as TB diagnostic centers through the TB program, although Hadado is yet to be operational.
- PITC/DTC training of 28 health workers.
- Integrated TB HIV quarterly meeting supported.

1.3.2 Challenges

- Accessing TB data continues to be a challenge. Use of the MOH 711 data collecting tool is not universally implemented by all district TB coordinators.
- Transport is a major challenge for the DTLC to conduct routine supervision; however, the project continued to provide logistic support when possible for the district TB activities.
- Referral linkages for integration not well coordinated between TB and HIV program.
- Need for continued advocacy, communication and social mobilization as TB stigma persists.

1.3.3 Planned activities for the next quarter (July - September 2009)

- APHIA II NEP is sponsoring quarterly TB meetings that bring together DHRIOs and TB coordinators for data harmonization.
- Continue support for integrated TB/HIV social mobilization, screening and follow-up, particularly in Wajir East, North and West
- Continue supporting TB MDR surveillance in conjunction with the respective DTLCs.
- Support integrated TB HIV quarterly meeting for district program officers.

Laboratory Services

- The process of renovation of Modogashe DH laboratory is almost complete.
- Initiation of laboratory services in Liboi HC with the recruitment of new laboratory technologist.
- The process for renovating 14 health center laboratories has commenced and should be completed in the next quarter.
- During the quarter, APHIA II NEP supported the PGH laboratory with procurement of CD4 reagents.
- Data collection and verification still remains a challenge with parallel reporting formats and late submission.
- Assisted in the induction and deployment of 14 laboratory personnel newly recruited by APHIA II NEP on behalf of the Ministries of Health. An additional 7 laboratory personnel will be recruited next quarter.

The 14 Lab techs were posted to the following facilities:

| Item | Facility |
|------|----------------------------|
| 1 | Hulugho SDH, Ijara |
| 2 | Ijara H/C, Ijara |
| 3 | Sangailu Dispensary, Ijara |
| 4 | Masalani DH, Ijara |
| 5 | Bura DH, Fafi |
| 6 | PGH, Garissa |
| 7 | PGH, Garissa |
| 8 | Iftin DH, Garissa |
| 9 | Liboi SDH, Lagdera |
| 10 | Habaswein DH, Wajir South |
| 11 | Griftu DH, Wajir West |
| 12 | Bute DH, Wajir North |
| 13 | Takaba DH, Mandera West |
| 14 | Banisa HC, Mandera West |

1.4 ARV Treatment Services

1.4.1 Key Observations on Performance

- APHIA II NEP, with the support of MSH and in collaboration with the Provincial Pharmacist, conducted a 3-day TOT in commodity management to strengthen ART logistics for 10 DHMT members from 3 districts. These TOTs will be utilized as facilitators in subsequent commodity management trainings and will also provide OJT to service providers at the facility level.
- The project initiated renovation of the PGH ART/STI pharmacy and relocation of ARV services to the CCC clinic so as to increase adherence and improve record-keeping.
- ART program activities continued to expand between April and June. There was an increase in the number of sites supported for care, though not all sites reported. All the sites are providing care to positive clients.
- Facilitated OJT by Dr. Odour, Provincial pharmacist to Iftin SDH and Police line dispensary on the management of the newly launched ART sites in the two facilities. Ten key staff attended the 3 hour session.
- Phase two of ART data reconstruction at the PGH CCC has been completed and should result in improved data collection and reporting.
- APHIA II NEP participated in the reconstitution of the Garissa Provincial General Hospital Comprehensive Care Committee in Garissa PGH CCC. The committee holds routine meetings to review progress and identify problem areas. The committee was reconstituted as a result of recommendations arising from the APHIA II NEP-supported data reconstruction exercise.
- APHIA II NEP facilitated joint supervision to ART sites within the districts.

1.4.2. Challenges

- Patient monitoring and initiation and management of ARVs in the absence of CD4 machines is limited by the clinical skills available to conduct clinical stage management.
- Inadequate and inconsistent supply of OI drugs.
- Slow uptake of paediatric ART was compounded when PASCO submitted a list of 12 new satellite sites to be registered and Provincial Pharmacist misunderstood and reversed the request. There was subsequent shortage of ARVs for over six weeks and this may explain the dip of number of new clients started on ART.
- Transfers of DASCOS leads to challenges in continuity of district level oversight and coordination. The project has advocated for DASCOS to be given substantive appointments in order to minimize disruptions.
- Inadequate supply of ART data collection and reporting tools have hindered the pace of the scale-up.

1.4.3 Planned activities for the next quarter (July - September 2009)

- Strengthened EID activities through training/updating of laboratory staff on EID and/or laboratory quality assurance and establishment and support of laboratory networking for EID.
- Support facilitative supervision to those already trained in the last two quarters and continue facilitating joint DHMT/APHIA II quarterly support supervision.
- Facilitate follow-up of the service providers trained in PMTCT.
- Increase support to new ART satellite sites in the region, including Daadab SDH; PGH TB clinic; and, Elwak SDH.
- Continue supporting the start-up supplies of lab reagents to PGH and other districts.
- Strengthen ART compliance through treatment literacy training and other interventions to improve adherence at the community level.

1.5 Reproductive Health/Family Planning

Table 7: Summary of FP methods provided (October 2008 – June 2009)

| | | | Totals Oct-Dec 2008 | | |
|---|---------------|--------------------------|---------------------|---------------|-------|
| | | | New | Re attendance | Total |
| 1 | PILLS | Microlut | 212 | 135 | 347 |
| | | Microgynon | 214 | 292 | 506 |
| 2 | INJECTIONS | Injections | 675 | 959 | 1,634 |
| 3 | I.U.C.D | Insertion | 3 | 0 | 3 |
| 4 | IMPLANTS | Insertion | 43 | 10 | 53 |
| 5 | STERILIZATION | B.T.L | 1 | 0 | 1 |
| | | Vasectomy | 30 | 0 | 30 |
| 6 | CONDOMS | No. of Clients receiving | 2,408 | 803 | 3,211 |

| | | | | | |
|---|-------------------------|----------|-------|-------|---|
| 7 | ALL OTHERS: (specify) | 150 | 9 | 159 | |
| 8 | TOTAL NUMBER OF CLIENTS | 3,718 | 2,208 | 5,926 | |
| 9 | REMOVALS: | IUCD | 2 | 0 | 2 |
| | | IMPLANTS | 8 | 0 | 8 |

| | | | Totals- Jan-Mar 2009 | | |
|---|------------------------------|--------------------------|----------------------|---------------|-------------|
| | | | New visits | Re-attendance | Grand Total |
| 1 | PILLS | Microlut | 211 | 142 | 353 |
| | | Microgynon | 235 | 238 | 473 |
| 2 | INJECTIONS | Injections | 797 | 1,153 | 1,950 |
| 3 | I.U.C.D | Insertion | 0 | 0 | 0 |
| 4 | IMPLANTS | Insertion | 29 | 16 | 45 |
| 5 | STERILIZATION | B.T.L | 1 | | 1 |
| | | Vasectomy | 20 | | 20 |
| 6 | CONDOMS | No. of Clients receiving | 2,243 | 770 | 3,013 |
| 7 | ALL OTHERS: CycleBeads (SDM) | | 359 | 46 | 405 |
| 8 | TOTAL NUMBER OF CLIENTS | | 3,892 | 2,365 | 6,257 |
| 9 | REMOVALS: | IUCD | 4 | | 4 |
| | | IMPLANTS | 3 | | 3 |

| | | Totals Apr-Jun 2009 | | |
|------------------------------|--------------------------|---------------------|-----------|--------|
| | | NEW CLIENTS | RE-VISITS | TOTALS |
| PILLS | Microlut | 162 | 117 | 279 |
| | Microgynon | 312 | 280 | 592 |
| INJECTIONS | Injections | 759 | 1,140 | 1,899 |
| I.U.C.D | Insertion | 27 | 8 | 35 |
| IMPLANTS | Insertion | 80 | 19 | 99 |
| STERILIZATION | B.T.L | 0 | 0 | 0 |
| | Vasectomy | 0 | 0 | 0 |
| CONDOMS | No. of Clients receiving | 1,331 | 819 | 2,150 |
| ALL OTHERS: CycleBeads (SDM) | | 262 | 15 | 277 |
| TOTAL NUMBER OF CLIENTS | | 2,933 | 2,795 | 5,728 |
| REMOVALS: | IUCD | 0 | 0 | 0 |
| | IMPLANTS | 2 | 0 | 2 |

Figure 4: Contribution to CYP by contraceptive method (April – June 2009)

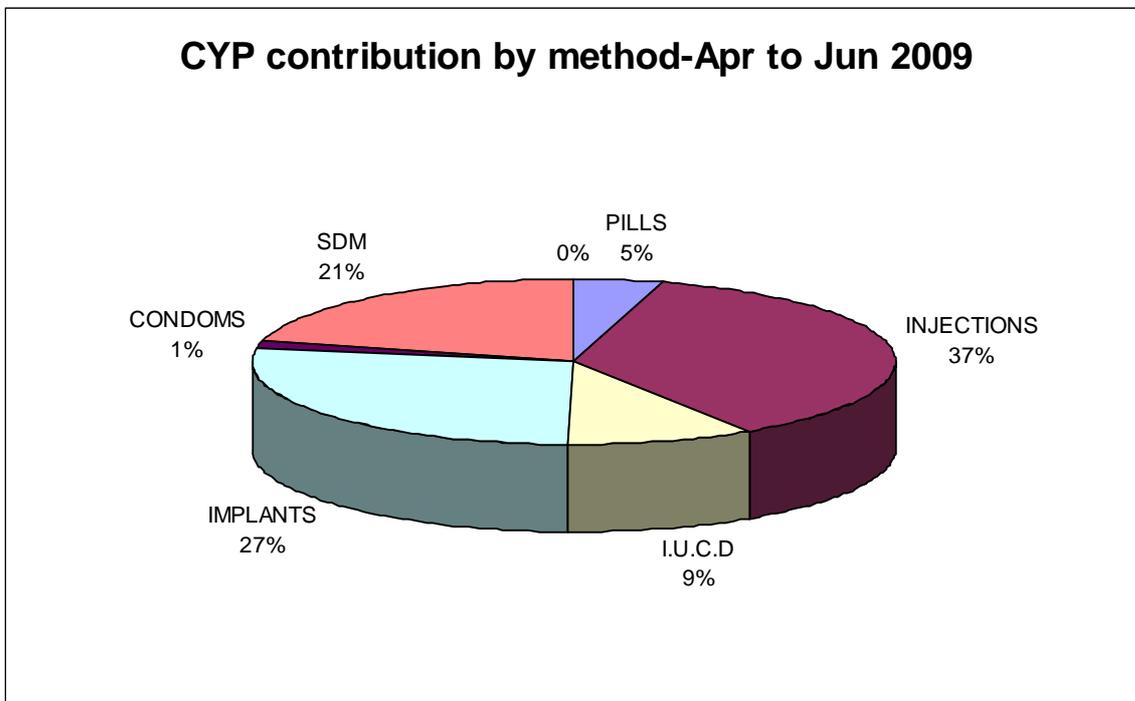
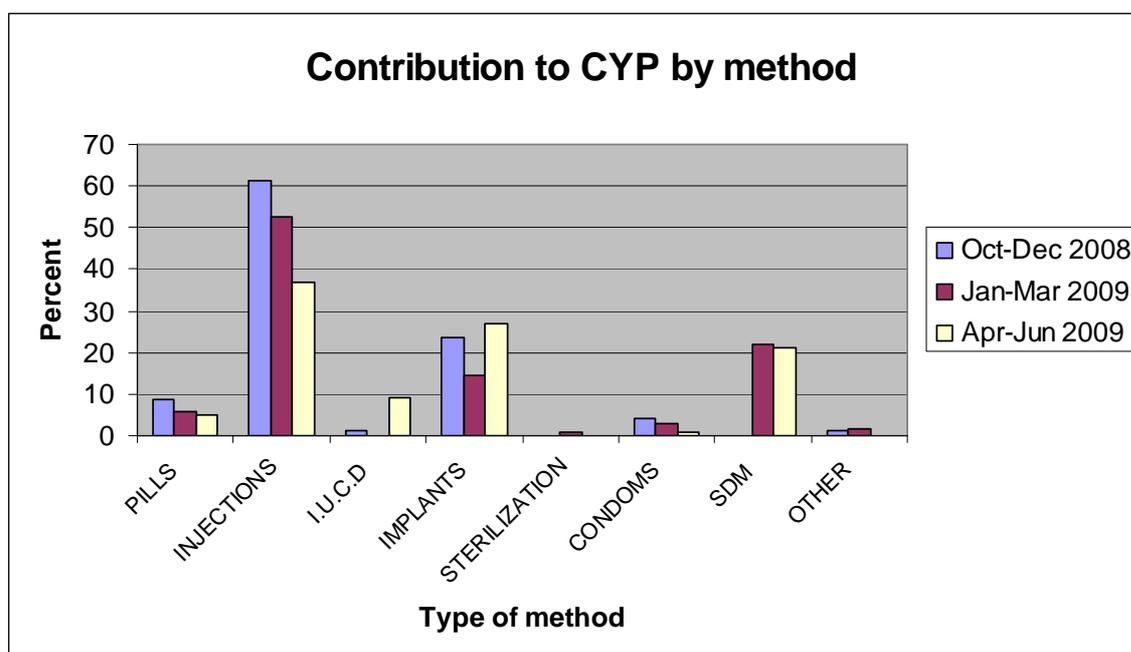


Figure 5: Contribution to CYP by contraceptive method (October 2008 – June 2009)



1.5.1 Key Observations on Performance

- The project trained 62 health workers on FANC/MIP/TB/HIV. The staff were drawn from greater Mandera and Garissa. The trainings have significantly contributed to the initiation, implementation and support of postnatal services including: provision and distribution of mother and child booklets to facilities; enhancement of contraceptive method mix; provision of job aids; and, increased uptake of SDM.
- APHIA II NEP printed and distributed 20,000 copies of the updated MOH mother and child health booklets to districts.
- Mother to Mother club activities initiated in Sankuri and Balambala with commencement of a KAP survey. This activity is being funded by the ESD Project.
- In Masalani, the Safe Motherhood group held monthly teachings. There was an increase in mothers referred for ANC and maternity services.
- Job aids for family planning distributed to all districts.
- The project conducted a one-day meeting on SDM (Standard Days Method) for all the facility in charges in Ijara district. Follow-up and data collection at the SDM pilot sites continued in Ijara District.
- SDM rolled out to five other facilities in Garissa District.
- The project procured and distributed MCH/FP equipment and furniture for facilities in Wajir North, East and South.

1.5.2 Challenges

- Although improving, the percentage of women delivering in facilities is still low.
- High staff turnover due to short contracts.

- No major partners aside from APHIA II NEP supporting RH interventions in the peripheral districts.
- FP data collection and verification is improving but still inconsistent in some districts.

1.5.3 Planned activities for the next quarter (July - September 2009)

- Follow up all HWs trained on RH/FP in quarter 3.
- Support supervision.
- Provide support for maternal death audit reviews.
- Increase number of sites with post-partum FP services.
- Support Safe Motherhood and Mothers to Mother groups which have been established.
- Continued emphasis on OJT.
- Roll out SDM to other districts after the successful piloting in Ijara district.

1.6 Systems Strengthening and Other Capacity Building

1.6.1 Key Observations on Performance

Training activities

The Provincial Training Committee (PTC) met in the months of April and May to review progress made on the annual Training Master Plan (TMP). Overall, it was noted that good progress has been made on the TMP. It was observed that there is still need to address priority capacity building and training needs for quality and sustained service delivery in areas that have been requested by the MoH partners or postponed in the APHIA II NEP work plan. These include clinical training skills and Facility Management Committee trainings.

Out of 14 types of trainings required in year two, 11 were conducted in the reporting quarter. Table 7 below summarizes progress on Year 2 planned trainings:

Table 8: Summary of training activities (October 2008 – June 2009)

| Indicator | Y2 Targets | Qtr1 | Qtr2 | Qtr3 | Total | % Achieved |
|--|------------|------|------|------|-------|------------|
| Prevention/Abstinence and Being Faithful | | | | | | |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 920 | 0 | 29 | 100 | 129 | 14% |
| Prevention beyond Abstinence and/or Being Faithful | | | | | | |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 150 | 22 | 28 | 0 | 50 | 33% |
| Palliative Care: TB/HIV | | | | | | |

| | | | | | | |
|---|-----|----|-----|-----|-----|------|
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) | 50 | 0 | 27 | 32 | 59 | 118% |
| Orphans and Vulnerable Children | | | | | | |
| Number of individuals trained in caring for OVC | 500 | 0 | 154 | 110 | 264 | 53% |
| Counseling and Testing | | | | | | |
| Number of individuals trained in counseling and testing according to national and international standards | 100 | 0 | 0 | 25 | 25 | 25% |
| Strategic Information | | | | | | |
| Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS) | 35 | 8 | 20 | 0 | 28 | 80% |
| Palliative Care (excluding TB/HIV care) | | | | | | |
| Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 50 | 0 | 27 | 52 | 79 | 158% |
| HIV/AIDS Treatment/ARV Services | | | | | | |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 50 | 0 | 0 | 27 | 0 | 54% |
| Prevention of Mother-to-Child Transmission | | | | | | |
| Number of health workers trained in the provision of PMTCT services according to national and international standards | 120 | 0 | 38 | 66 | 104 | 87% |
| Additional Indicators | | | | | | |
| Number of people trained in FP/RH with USG funds | 25 | 27 | 25 | 62 | 114 | 456% |

Systems Strengthening Activities

Training and Technical Assistance for HIV-related Policy Development

In the reporting quarter, the project provided 13 local organizations with technical assistance for HIV-related policy development. This included the PHMT, PGH and all 11 DHMTs. APHIA II NEP continued to provide TA to the office of the Provincial Health Information Records Office and feedback to each of the 11 districts in the review of their AOP5 plans and on the use and monitoring of the district and facility service delivery data in relation to their AOPs. The project also trained the PHMT, PGH and APHIA II staff on facilitative supervision and this is expected to improve the approach and quality of supervision in the region.

Training and Technical Assistance for HIV-related Institutional Capacity Building

Human Resources for Health

APHIA II NEP, in partnership with the Capacity Project, supported the induction of 17 lab technologists of which 14 reported and were posted in the region. The remaining 3 positions shall be filled as soon as possible. This is part of APHIA II NEP's efforts to

assist in filling critical human resource gaps in the region. Laboratory diagnostic capacity in NEP is a particularly critical area which APHIA II NEP is strengthening.

Institutional Capacity-Building of Sub-grantees and IPs

The project continued to provide TA on project management and reporting to SIMAHO and NEWS. In the quarter, the two sub-projects were reviewed and work on amending work plans and budgets for year 2 of the sub-grants commenced. The amendments are expected to be complete early in Quarter 4.

Leadership Development for DHMTs

APHIA II NEP developed an assessment tool used to carry out Performance Assessments for 12 pilot health center/dispensary Facility Management Committees. 6 FMCs have been selected for pilot training next quarter. This training and follow up TA is expected to improve governance, leadership and management capacity of the FMCs and should translate to better quality services at the facility level.

The CBT also developed assessment tools for measuring the performance gaps of the LDP graduates still in the province so as to address specific needs in the identification and training of ToFs to rollout the program at the district and facility levels. The tools include an individual performance gaps tool and a focused group discussion tool, all based on the LDP knowledge and experiences. Assessments have been scheduled for July 2009.

Infrastructure

The project finalized renovation works on 5 facilities including:

- Masalani DH VCT & TB rooms;
- SIMAHO laboratory and OPD rooms;
- Habaswein DH VCT room;
- Elwak DH VCT room; and,
- Rhamu SDH VCT room.

The project also initiated prioritized renovation works in the following facilities:

- Ijara HC VCT & laboratory;
- Wajir East DH VCT room;
- Griftu DH VCT room; and,
- Takaba VCT room.



Renovated VCT centre at Masalani District Hospital, Ijara.

Quality Improvement and Management

The project is developing a number of performance improvement tools, including:

- Facility and service provider performance needs assessment;
- Comprehensive supervision;
- LDP performance needs assessment;
- FMC needs assessment; and,
- knowledge and practice assessment.

APHIA II NEP is undertaking continuous professional development of project staff and monitoring of Continuing Medical Education of HWs in the facilities. In the past quarter, nearly all project staff completed the updated FP legislative and policy requirement course on the USAID Global Health eLearning Center website.

Facilitative Supervision and Strengthening of Health Stakeholders Forums for PHMT/DHMTs

The project supported quarterly DHMT support supervision in all 11 districts focusing on various service delivery programmatic areas. Emphasis was on data quality improvement and TB/HIV/FP integration, including continued support for joint DTLCs, DASCOS and DMLTs support supervision to the facilities.

The project facilitated and hosted two, one-day district health stakeholder forums in Garissa and Ijara districts that focused on reviewing service delivery networking and collaboration among health sector partners.

1.6.2 Challenges

Training activities

- The district facility coordinators (DFC) and DHMTs are still working on reviving the district training committees and carrying out facility and individual performance and training needs assessments. This means that for the most part, project training of HWs is still often PMP-driven. Identification of training participants at the facility and district level is also still largely uncoordinated and may be biased towards specific cadres and positions and not based on performance needs. The PNAs and TNAs shall form the basis for training gaps analysis as well as prioritization of project trainings and other capacity building actions to address the identified gaps. The PNAs and TNAs shall also be instrumental in updating the TIMS and TMP.
- High staff turnover and or re-location by the PHMT/PMST in a bid to cover most affected facilities is a continuing challenge in reaching training targets without affecting service delivery at the facility level. Development of PNAs/TNAs covering all HWs and prioritization of trainings should mitigate this challenge. Undertaking and addressing PNA and TNA gaps of newly recruited staff before they settle to their stations will also reduce capacity-building costs, and ensure all new and old HRH in the region are efficiently captured in the TIMS and HRH databases.
- Poor application of new knowledge, skills and attitudes learnt in various workshop-based trainings continues to be a challenge. The project will continue to support follow-up of trainees at their work settings and OJT in order to promote the use of skills and knowledge acquired in trainings.
- There is a need to rationalize the training targets for AB. The majority of AB training targets have not been achieved in the past quarter due to the sheer magnitude of the numbers. Despite this, the project is significantly surpassing its AB programmatic targets.

Systems strengthening activities

1.6.3 Planned activities for the next quarter (July - September 2009)

Training Activities

It is important to note that the 4th quarter is going to be essentially shortened because the month of Ramadhan is expected to last from mid-August through mid-September. Most of the project activities, including trainings, will therefore be at a reduced intensity.

Table 8 below illustrates the program areas that need priority attention in the 4th quarter. The specific number of trainees and dates are under discussion with the MoH partners and APHIA II NEP implementing teams.

Table 9: Balances of programmatic training areas to be implemented in Q4

| Indicator | Y2 Targets | Q1 | Q2 | Q3 | Total | % Achieved |
|--|------------|----|----|-----|-------|------------|
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being | 920 | 0 | 29 | 263 | 292 | 32% |

| | | | | | | |
|--|-----|----|-----|----|-----|-----|
| faithful | | | | | | |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 150 | 28 | 0 | 37 | 65 | 43% |
| Number of individuals trained in caring for OVC | 500 | 0 | 154 | 71 | 225 | 45% |
| Number of individuals trained in counseling and testing according to national and international standards | 100 | 0 | 0 | 25 | 25 | 25% |

While it is unlikely that the project will achieve its training targets in all of these categories, it is important to note that the annual programmatic targets related to these trainings have all been surpassed.

Systems Strengthening

- APHIA II NEP, with technical assistance from Capacity Project and on behalf of the Ministries of Health, will be recruiting laboratory technicians, pharmacy technologists, nutritionists, VCT counselors and data clerks to fill critical gaps in selected high-volume facilities in NEP.
- The project shall continue to support quarterly DHMT facilitative supervision to the facilities in all 11 districts, focusing on service delivery priority areas, particularly strengthening the integration of HIV services.
- Continue to strengthen the Provincial and District Health Stakeholder Forums, facilitating clarification of the roles and mandate of the health forums, effective meeting management, use of service delivery data for decision-making, effective stakeholder analysis and collaboration and efficient use/leveraging of partner resources amongst and across stakeholders.
- Finalize prioritized renovation works.
- Review the Health Facilities Assessment report coupled with new facility Performance Needs Assessments to identify priority facility and other service outlets' renovation and equipment needs to be addressed in Year 3 and beyond, within allocated renovation and equipment budgets. This strategy shall keep in mind a balance between regional needs, client concentration and district prioritized facilities.

RESULT II: EXPANDED CIVIL SOCIETY ACTIVITIES TO INCREASE HEALTHY BEHAVIOR

2.1 Abstinence/Being Faithful

Table 10: Number of individuals reached in prevention activities (April-June 2009)

| AB Achievements Q3 | Garissa | Ijara | Mandera | Wajir | Totals |
|---|----------------|--------------|----------------|--------------|---------------|
| Number of individuals reached through community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful | 29,625 | 7,316 | 11,848 | 13,576 | 62,365 |
| Male | 22,669 | 4,982 | 10,585 | 13,475 | 51,711 |
| Female | 6,956 | 2,334 | 1,263 | 101 | 10,654 |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence | 16,027 | 5,180 | 9,615 | 11,194 | 42,016 |
| Male | 10,361 | 4,391 | 5,905 | 10,658 | 31,315 |
| Female | 5,666 | 789 | 3,710 | 536 | 10,701 |

As noted in previous reports, the province is culturally and socially receptive to AB messages. The project continues to work closely with and through religious and traditional leaders to ensure that they have the right information about HIV/AIDS prevention and are getting it out to their constituents. Youth leaders, particularly those working within the structure of *Chill* clubs, are getting information out to thousands of young people.

The project continues to facilitate and work closely with religious leaders in reaching the general public with information on abstinence and being faithful, through mosques and other public gatherings. Annual programmatic targets for abstinence and being faithful have been far exceeded, due largely to the collaboration and support of respected religious leaders. Currently there are 16 religious leaders, each of them trained in year one on AB communication, actively giving information in 100 target mosques across the province.

The dissemination of the religious leader's conference resolutions to all 11 districts has been completed and the project commenced planning this quarter for the next provincial conference of religious leaders. The fact that religious leaders now feel confident to speak openly about HIV in NEP is an indicator of significant change since the beginning of the project.

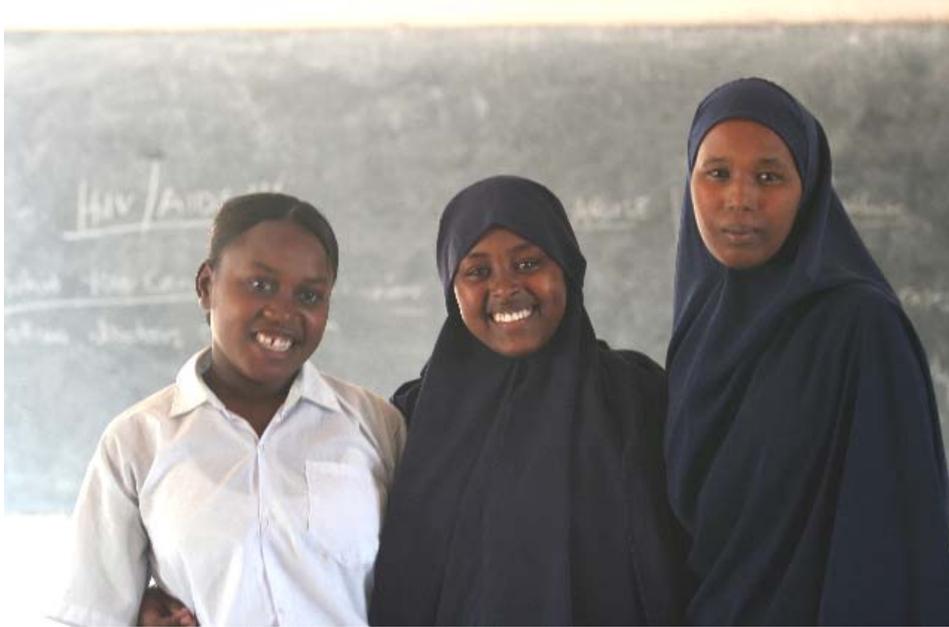


Dissemination of Islamic scholars conference resolutions in Elwak, Mandera Central

The project drafted, negotiated and agreed upon a Partnership Framework (Appendix 1) with SUPKEM at the national level which was signed on July 30, 2009. The purpose of the Partnership Framework is to describe the nature of the alliance between APHIA II NEP and SUPKEM, including respective roles, in jointly addressing problems related to HIV/AIDS, TB and reproductive health which are affecting communities in NEP.

The project supported training of 135 targeted community members to promote HIV/AIDS prevention through abstinence and/or being faithful (AB) during the reporting quarter. This included religious leaders and teachers.

During the quarter under review the project also expanded the *Chill Clubs* abstinence program to 11 additional schools in greater Mandera, 16 in greater Wajir, 6 in greater Garissa and 3 in Ijara. The project reactivated the Mandera program this quarter after a long delay due to insecurity. The project is currently supporting a total of 62 *Chill Clubs* in the province.



“Chill” club members in Garissa Girls Secondary School.

2.1.1 Key Observations on Performance

The project continues to outperform its targets for reaching individuals with prevention messages through community outreach, having already surpassed its annual targets after the first two quarters of Year Two.

Religious leaders, in particular, reach large numbers of individuals with messages promoting abstinence before marriage and being faithful to one partner. These messages are in accordance with religious teachings; the role of the project is to provide religious leaders with technical information and support.

Other prevention messages beyond abstinence and behavior change are being passed through religious leaders and peer educators, with special emphasis put on reaching key populations at higher risk, particularly in urban areas.

While it is unlikely that behaviors will change based upon a single message, there is clearly an attitudinal shift taking place in many parts of NEP in terms of reducing stigma related to HIV. Proxy indicators include increasing numbers of individuals coming for counseling and testing; people beginning to speak in public of their HIV status; and the increasing membership in PLWHA groups in major towns across the province.

Stigma continues to be one of the greatest challenges facing the project. HIV/AIDS has historically been viewed by residents of NEP as being a disease which only affects other regions of the country. This perspective has been reinforced by the fact that IEC materials have nearly always been developed in other parts of the country and therefore have depicted “foreign” ethnic groups and cultures.

During this quarter, the project focused on the development and pre-testing of assorted IEC messages and materials – developed by and for residents of NEP, with technical assistance from the project and, specifically, the National Organization of Peer

Educators (NOPE). NOPE led an IEC Materials Development Workshop in April (see Appendix 2), which developed messages targeting high-risk behaviors identified during the Sexual Networks Assessment conducted by the project in Garissa in 2008. The workshop also identified culturally and socially appropriate and effective channels of communication for the messages.

The thirty participants included out-of-school youth, youth leaders, civil servants, religious leaders, women in miraa/khat business, parents, PLWHA, taxi drivers, teachers and APHIA II NEP program coordinators.

The development of evidence-based, locally appropriate IEC messages and materials is a best practice which is ground-breaking in NEP and has exciting potential to positively influence attitudes and behaviors in the province. The *Twaweza Tukiwa Pamoja* (Together We Can) strategic behavior change campaign will be ceremonially launched by the project in Garissa in August.

**MMOJA WETU
ANA VIRUSI VYA UKIMWI**

**LAKINI BADO
TUNAMPENDA**

USAID | APHIA II
FROM THE AMERICAN PEOPLE | NORTH EASTERN

MINISTRY OF PUBLIC HEALTH AND SANITATION

Twaweza
Tukiwa Pamoja

Supported by the American People through the United States Agency for International Development (USAID)

"One of us has HIV but we still love him"



In June, the project sponsored a cross-visit of the Provincial Public Health Officer for NEP and District Public Health Officers from Garissa and Ijara to Nyanza province to learn about the successful rollout of the MOPHS Community Strategy there. APHIA II NEP is supporting the establishment of Community Units in two locations in Garissa and Ijara. The visit to Nyanza was encouraged by the Assistant Director of Medical Services in charge of the rollout of the Community Strategy in the MOPHS at the national level. APHIA II Nyanza assisted in facilitating the logistics of the trip.

2.1.2 Other Prevention Activities

Trained peer educators disseminated other prevention messages throughout the province, focusing on urban and peri-urban areas. The emphasis this quarter was on strengthening the peer education program by improving reporting tools and the modes of passing messages, following the recommendations made during the assessment of the peer education program conducted last quarter.

Peer educators work with peers as well as small groups of people of up to 5 persons. The planned training for 60 peer educators in quarter 3 did not take place due to prioritization of other community trainings and activities. It has now been rescheduled to be conducted in August 2009. Currently there are 31 trained Peer Educators in the program including 11 in Garissa, 8 in Wajir, 6 in Ijara and 6 in Mandera districts.

Table 11: People reached with OP messages by peer educators (April-June 2009)

| Region | No. of people reached with OP Messages | | Total |
|----------------|--|--------|-------|
| | Male | Female | |
| Garissa | 821 | 570 | 1,391 |
| Wajir | 514 | 537 | 1,051 |
| Ijara | 1,366 | 389 | 1,755 |
| Mandera | 2,853 | 974 | 3,827 |
| Total | 5,554 | 2,470 | 8,024 |

2.1.3 Challenges

- Poor retention of peer educators in the program due to movement and relocation of those already from the province in pursuit of livelihood and other personal engagements. There is therefore need to train more to reach populations in urban and peri-urban areas. The project is also exploring non-financial incentives for improving the retention of peer educators.

2.1.4 Planned activities for the next quarter (July - September 2009)

- Training of 60 peer educators. The training shall target new recruits from all districts in NEP.
- Monitoring and supervision of peer educators.
- Quarterly peer education review meeting.
- The project is planning to sponsor two women religious leaders conferences, one in Garissa and one in Wajir, along the lines of the religious leaders conference held in Year One of the project. This is expected to further disseminate the 21 conference resolutions made in Garissa and give an opportunity for Muslim women to reflect on their place and responsibility in the fight against HIV/AIDS in NEP.
- The project will train 330 teachers on HIV policy for education worksites. Previous education worksite HIV/AIDS policy trainings have shown that most teachers in the region have very little knowledge about HIV/AIDS, as well as attitudes that are not supportive of HIV/AIDS prevention. Given that teachers are highly regarded in the community as custodians of knowledge and role models for many pupils and students, it is paramount to continue their training, regardless of the surpassing of AB programmatic targets.

RESULT III: EXPANDED CARE & SUPPORT FOR PEOPLE AND FAMILIES AFFECTED BY HIV/AIDS

3.1 Home and Community Support: Home-based Care

The implementation of a successful community and home-based care strategy will be an important contribution, not only towards improving access to palliative care but also the reduction of stigma. It is a relatively new concept in NEP, but is already showing signs of promise and reflecting gradually reduced levels of stigma, as PLWHA groups are embracing the concept. As usual, the support of religious and traditional leaders is also being sought and will be critical to the success of this program.

The project is rolling out its initial CHBC activities in Garissa municipality. Garissa has the greatest number of registered PLWHA and PLWHA groups. Its proximity to the regional office and provincial headquarters also enables the project to implement and adapt quickly as it learns lessons before rolling out to other urban areas in the province.

Table 12: Summary of HBC services (January-June 2009)

| Activities/Services | Jan-March 09 | April-June 09 |
|------------------------------------|---------------------|----------------------|
| Number of clients served | 162 | 220 |
| Clients who died | 0 | 5 |
| No of care givers | 95 | 150 |
| No. of HBC clients (Male) | 59 | 77 |
| No. of HBC clients (Female) | 93 | 143 |
| No. of clients on ARV (Male) | 6 | 44 |
| No. of clients on ARV (Female) | 49 | 136 |
| No. of ARV clients dropped out | 2 | 2 |
| No. of referrals for VCT | 4 | 9 |
| No. of referrals for CCC | 4 | 12 |
| No. of referrals for FP | 1 | 1 |
| No. of referrals for Nutrition | 3 | 7 |
| No. of referrals for Support group | 1 | 3 |
| No. of referrals for PMTCT | 0 | 0 |
| Condom distributed | 76 | 113 |

3.1.1 Key observations on performance

- The project is steadily increasing the numbers of HIV positive clients who are being assisted, an increase of nearly 30% over last quarter. Referrals to the CCC and for other services also increased significantly.
- The project has trained a total of 52 Community Health Workers (CHWs) in Garissa, including updating of 5 supervisors. CHWs work with specific PLWHA groups who are assigned different zones for coverage within Garissa municipality. After training, the project supplied CHWs and supervisors with reporting tools.
- The project held a one-day sensitization meeting with 20 influential opinion leaders, including religious leaders, District Officer Garissa Central, elders, women leaders, chiefs and assistant chiefs from 8 locations. They were sensitized on the CHBC program and encouraged to provide support to PLWHA.

The support of these leaders is critical to the growth of the CHBC program and the gradual reduction of stigma.

- CHWs continued with registration of PLWHA and orphans; community mobilization; referrals of PLWHA and linking to services; home visits to PLWHA; counseling and report writing.
- Reporting tools were supplied to CHWs through their supervisors.
- The project supported the establishment of 2 PLWHA support groups, in Manderla and Wajir districts respectively. The Garissa CHBC model will be rolled out to these districts, as well as Ijara.



Training of CHWs in CHBC

3.1.2 Challenges

- Stigma, including self-stigma of PLWHA, continues to be a challenge but one that is gradually being reduced.
- Persistent drought and increased cost of living impact particularly negatively on PLWHA, especially in terms of having adequate nutrition.
- Support groups need to be realigned into pure post-test clubs consisting only of PLWHA. Some support groups include members and even officials who are affected but not infected.

3.1.3 Planned Activities for the next quarter

- Finalize sub-grantee arrangements with WASDA, an NGO in Wajir district expected to become the project's third sub-grantee early on in year 3. The anticipated CHBC sub-project targets PLWHA for support care including: training of CHWs and CHW supervisors; provision of HBC kits; referral for opportunistic infections; and, linking with institutions that can provide livelihood support, e.g. micro-finance institutions.
- Distribution of CHBC kits and commodity supplies.
- Hold CHBC stakeholders meeting.

- Monitoring and supervision of CHBC activities.
- Treatment literacy training for selected PLWHAs in Wajir and Garissa.
- Monthly meetings with management of implementing partners on how to scale-up PLWHA registration into the CHBC program.
- Provision of handbags, umbrellas, caps and T-shirts to CHWs.

3.2 Orphans and Vulnerable Children (OVC)

APHIA II NEP is supporting OVC through both direct support through local partners and a subagreement with the North Eastern Welfare Society (NEWS). The project works in close collaboration with the Ministry of Gender, Children and Social Development at both district and provincial level.

3.2.1 Summary of Achievements – OVC

3.2.2 Key observations on performance

In quarter 3, the project implemented 4 OVC caregivers' workshops attended by a total of 148 participants drawn from members of Area Advisory Councils (AAC) for children and from CBOs/NGOs and government ministries. The AAC participants were drawn from Garissa, Wajir East, Wajir North, Mandera East and Fafi districts. The training has provided valuable support to the Ministry of Gender, Children and Social Development in its mandate to care for and protect the rights of children. Each workshop developed an action plan to champion children's rights and for quarterly supervision by the AACs.

Direct Support

Support of orphans in NEP has traditionally been done through institutions, which cater primarily for male orphans. Direct support is a methodology used by APHIA II NEP to support such institutions and provide them with material support based on PEPFAR 6+1 OVC guidelines (core services) after a needs assessment is carried out in close collaboration with the Children's Department. Support has included mattresses, bed sheets, blankets, LLITN nets, books (exercise and text), desks, de-worming tablets, school uniforms and school fees. During this quarter, the project provided direct support in Garissa and Ijara districts. Direct support for institutions in Wajir and Mandera districts is scheduled for next quarter.

Table 13: Provision of direct support to OVC (April-June 2009)

| No. | Name of institution | District | No of OVC |
|-----|-----------------------------------|----------|-----------|
| 1. | Najah Children's Home | Garissa | 150 |
| 2. | Garissa Special School | Garissa | 80 |
| 3. | Umal Kheir Girls Orphanage | Garissa | 130 |
| 4. | Balambala Primary | Garissa | 250 |
| 5. | AMA Children's Home | Garissa | 300 |
| 6. | Pastoral Development Organization | Garissa | 100 |
| 7. | Masalani Primary | Ijara | 50 |
| 8. | Alfurqan Children's Home | Ijara | 414 |

| | | |
|--|---------------|-------------|
| | Totals | 1474 |
|--|---------------|-------------|

Subgrants

Subgrants is the second approach of APHIA II NEP OVC program implementation. Subgrants are longer-term means of providing support to institutions which have the capacity and systems in place to manage them. Alfarouq Children's Home have benefited in Garissa district. The organization is currently implementing a 2-year subgrant to provide support to 630 OVC.

Support to OVC through PLWHA groups

APHIA II NEP is working with 5 PLWHA support groups in Community and Home-based Care in Garissa. A number of PLWHA groups include caregivers of children who are orphans and/or vulnerable and in need of assistance.

Table 14: Support of OVC through PLWHA groups (April-June 2009)

| Implementing Partner | District | No. OVC supported |
|-----------------------------|-----------------|--------------------------|
| Ebenezer | Garissa | 20 |
| OPAHA | Garissa | 20 |
| Mwangaza | Garissa | 20 |
| Pastoral Aid | Garissa | 20 |
| SIMAHO | Garissa | 20 |
| | Totals | 100 |

Capacity building

The most significant achievement registered in this area is support for the training of Area Advisory Councils (AAC) in each of the four larger districts of NEP. The project is working closely with the Children's Department in the formation, training and support of AACs in each of the 7 new districts as well.

At the community level, APHIA II NEP trains OVC caregivers at divisional and locational levels throughout the province. To date, the project trained 409 participants from 66 locations in Year One and plans to train 500 more during this project year.

3.2.3 Challenges

- Weak institutional systems (governance, management and leadership) of most of the OVC implementing partners and stakeholders. In year 3, the project will conduct institutional capacity assessments and build the capacity of IPs in priority areas. Key focus areas for assessment and capacity building will include governance, human, financial, information and commodity resources management policies and systems.
- Support to OVC is a high-profile aspect of APHIA II NEP's work which is greatly appreciated by the local communities, particularly those located in extremely isolated

areas who are rarely assisted by outside agencies. Unfortunately, the problem of OVC in NEP is great – expectations are therefore high and cannot be entirely met by the project.

- The reduction of APHIA II NEP's funding for OVC by nearly 60% for work has serious implications for the ability of the project to provide continued support, let alone take on additional OVC.

3.3.3 Planned activities for the next quarter

- Maintenance of current levels of support; no new OVC to be taken on because of funding reductions.
- Increased emphasis on support to family-based OVC through direct support to partners.
- Rolling out of case management tools to ensure quality of programming.
- Adjustment of OVC database reporting template to reflect new PEPFAR OVC indicators.

IV: STRATEGIC INFORMATION

4.1 Key observations on performance

Routine Monitoring

In addition to the already established M&E system, the project has begun utilizing Geographic Information Systems (GIS) for planning, monitoring and improved decision making. The GIS system has assisted the project to identify certain trends based on geographic patterns, e.g. identifying risk factors of people living near major roads. As the project collects additional demographic data, it will use this to show how health service centers relate to the population they serve. Overlaying the health center location and performance with the demographic information around each center will assist the project to identify any part of the population that is not adequately served and communicate this information graphically to service providers and program managers.

Data Feedback

- As a routine practice, the entire project staff participates at the review and planning meetings where quarterly performance is shared and discussed. The quarterly plans takes into account what has or has not been achieved in the previous quarter.
- In the reporting period, the project facilitated 5 DHMTs to conduct data feedback to DHMT members. This exercise elicited a lot of excitement from the DHMTs as it was the first time that such an exercise had been conducted. APHIA II NEP is working to inculcate a culture of data for decision-making amongst health service managers and service providers in NEP.

ART data reconstruction

With the near-completion of ART data reconstruction at the PGH, the program has gained some valuable lessons from the exercise. However, the post-construction phase is still affected by some of the same challenges, indicating that the paper-based system may not be effective in managing ART data. However, the project has continued implementing ART data reconstruction in Wajir and Ijara CCCs, as the exercise invariably assists in cleaning up historical data.

Facility Data audits

Facility data audits supported by the program have proved useful in ensuring that services rendered are recorded accurately and submitted in a timely fashion so as to improve the data quality in North Eastern province. Prior to these audits, most health workers would estimate numbers related to certain indicators based on previous trends and rarely receive any feedback. In quarter 3, the program continued to support targeted data audits, especially in the area of PMTCT, visiting a total of 25 sites.

4.2 Challenges

- The main challenge that the program is experiencing in relation to strategic information is still the parallel reporting system for the TB program in the province, and by extension in the country. The discrepancies between the HMIS reports and the TB program reports are an issue that the project is trying to address by sponsoring quarterly TB meetings. By bringing the TB experts and records personnel together, it is hoped that harmonization of data will take place at these meetings.
- Reporting on ART offers the greatest challenge especially when reporting systems are paper-based. Health workers trained in reporting ART data seem to find difficulty in recording the correct information especially when submitting the monthly summary data.

4.3 Planned Activities for the next quarter

- The project plans to support data feedback sessions in all 11 districts. The feedback session will focus on quarterly performance of facilities based on the HMIS indicators. The expanded audience will include facility in-charges. It is expected that the relationship between the community outreach activities and uptake of services at health facilities will be demonstrated.
- North Eastern province is currently experiencing a shortage of service registers and reporting tools. The project, in consultation with HMIS, is planning to partially support the printing and distribution of the tools.

APPENDIX 1

SUPKEM – APHIA II NEP Partnership Framework

Background

In 2003, not a single case of HIV in North Eastern Province (NEP) was reported in the Kenya Demographic and Health Survey. The Kenya AIDS Indicator Survey of 2007 reported a prevalence rate of 0.8%. While the rate is still relatively low, it is increasing in NEP while most other parts of the country are experiencing decreases. Furthermore, the prevalence rate in urban and peri-urban areas of the province is significantly clearly higher than for rural areas – indications are that the prevalence rate in Garissa, for example, is above 3%.

Cultural and religious practices have contributed towards maintaining a low prevalence rate of HIV in NEP. For instance, religious and cultural practices that prohibit casual or pre-marital sex, have always been very strong. However, these protective practices appear to be eroding rapidly in the urban areas. Hence, the desirability for a strategic alliance between APHIA II NEP and SUPKEM.

APHIA II (AIDS, Population, and Health Integrated Assistance Program) is an agreement between the Government of Kenya and USAID. APHIA II is intended to provide improved and expanded, sustainable HIV/AIDS and tuberculosis (TB) prevention, treatment, care and support together with integrated reproductive health services. Increased service access and use and the promotion of healthy behaviors among groups most-at-risk of HIV infection are also goals. Project activities occur at both health facility and community levels and involve a high level of collaboration with GoK partners and community-level stakeholders.

Supreme Council of Kenya Muslims (SUPKEM) is the lead organization and the organization mandated to speak on behalf of all Muslims in Kenya. It is also mandated to lead all the other Islamic organizations in order to have a common approach to issues pertaining to Islam. SUPKEM has presence in all the districts in NEP and both the district and the national offices work in harmony. SUPKEM is influential in all matters affecting communities in NEP.

The purpose of this Partnership Framework is to describe the nature of the proposed alliance between APHIA II NEP and SUPKEM, including respective roles, in jointly addressing problems related to HIV/AIDS, TB and reproductive health which are affecting communities in NEP.

Specific Objectives of Partnership between APHIA II NEP and SUPKEM:

1. Increase ability of people to have good health and care for those who are unwell, through the passing of information which is accurate, from both medical and Islamic perspectives.
2. Reduce stigma towards those who are infected or affected by HIV and/or TB, through the sharing of information which is accurate, from both medical and Islamic perspectives.
3. Sensitize and mobilize the community in identifying and addressing the prevalent social ills as well as addressing the harmful traditional practices.

ROLE OF APHIA II NEP

1. Support to deliver accurate information for improving peoples' health
 - Mosques – In order to continue providing the community information on HIV/AIDS and related illnesses, Imaams will be supported to deliver sermons to mosques on Fridays on agreed topics. Currently APHIA II NEP provides support to 100 mosques in the main urban centers for such messaging and is expected to increase to 150 in the current year. The 100 mosques from the previous year shall be maintained and the additional ones from the rural centers shall be included.
 - Outreach – APHIA II NEP will support Imaams to accompany outreach teams in order to pass the selected health messages to catchment populations of selected health facilities.
2. **Support Islamic conferences and exchange trips**
 - In order to get proper guidance from the Islamic scholars on program issues APHIA II NEP will support Islamic religious leaders conferences in NEP (for both male and female scholars) and will support the invitation of world class scholars to provide input and exposure to local religious leaders.
3. **Support to routine stakeholder meetings**
 - APHIA II NEP will support routine stakeholder meetings at which SUPKEM will be invited in all districts so that community programs such as Community and Home Based Care, Behavior Change Communications and care and support for Orphans and Vulnerable Children are constantly reviewed and tailored to the needs of the people of NEP in conformity with Islamic teachings, tenets, values and norms.
4. **Enhancing SUPKEM capacity**
 - Enhance the capacity of SUPKEM's Imams at the district and provincial levels through trainings, printing of pamphlets on social issues, radio programmes, establishing of resource centres, etc.

ROLE OF SUPKEM

1. **Organizing conferences**
 - SUPKEM in collaboration with other Islamic organizations will organize all Islamic conferences and meetings after sharing need for such meeting for the region or particular district
 - The annual religious leaders conferences shall be organized and resolutions distributed to all districts.
2. **Guidance on Islamic approaches to relevant health issues**
 - SUPKEM will provide religious guidance to APHIA II NEP on all matters related to the project's health mandate.

Project Implementation

This section to be determined pending agreement on the content of the framework by SUPKEM and APHIA II NEP.

M&E

SUPKEM HQ and provincial councils and the outreach team of APHIA II NEP in collaboration with the PHMT and DHMTs will be involved in monitoring and supervision of the activities.

Programmatic Reporting

- The content and timing of programmatic reports will be agreed upon between SUPKEM and APHIA II NEP and appended to this Framework as an annex.

Should other issues or disputes arise in the process of implementation of this project, they should be discussed in an open and constructive fashion between the two parties.

Any modification of this Framework can be made with the express written consent of both parties and after approval and signature of the same parties or their designated successors.

Signed -----
SUPKEM

Signed -----
APHIA II NEP

APHIA II NEP IEC Material Development Workshop Report



Conducted in Garissa, North Eastern Province, Kenya
April 6th - 11th, 2009
Conducted by NOPE Kenya



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ABBREVIATIONS AND ACRONYMS

| | |
|----------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| APHIA II | AIDS Population Health Integrated Assistance |
| BCC | Behavior Change Communication |
| HCT | HIV counseling and Testing |
| HIV | Human Immuno Deficiency Virus |
| IEC | Information Education Communication |
| KAIS | Kenya AIDS and STIs Indicator Survey |
| KBS | Key Benefit Statement |
| KDHS | Kenya Demographic and Health Survey |
| NASCOP | National AIDS/STI control Programme |
| NEP | North Eastern Province |
| NOPE | National Organization of Peer Educators |
| PASCO | Provincial AIDS and STI Coordinator |
| PWHIV | Person Living with HIV |
| SBC | Strategic Behavior Communication |
| VCT | Voluntary Counseling and Testing |

EXECUTIVE SUMMARY

The Information, Education and Communication (IEC) material development workshop was conducted in Garissa at Nomad Hotel, Flamingo Conference Hall between April 5th and 11th 2009. The objectives were: one, to develop effective communication messages that apply in North Eastern province as modeled from Garissa and determine the appropriate channels for the very messages; two, to train participants on the process of IEC material development; and three, to discuss monitoring and Evaluation of IEC materials. Towards achieving these objectives, it was imperative to first establish a rationale for the activity by discussing the report from the Kenya AIDS Indicator Survey (KAIS), the implications of Sexual Network Assessment that had identified and segmented some beneficiary populations, and the *Twaweza* Behavioral Communication Strategy (BCS) developed earlier. We made a comprehensive discussion around the topic of stigma and discrimination as a working guide for other themes, namely counseling & testing (CT), abstinence for the unmarried, faithfulness within marriage, drugs and miraa.

The thirty participants were drawn from the beneficiary populations to ensure the final product was likely to be applicable within the North Eastern context. These included out-of-school youth, youth leaders, civil servants, religious leaders, women in *miraa/khat* business, parents, People Living with HIV, men in taxi business, teachers and APHIA II NEP program coordinators.

Our discussions were guided by five important stages:

1. Rationale: Purpose of APHIA II NEP (identifying project goals and objectives), KAIS, Sexual Network Assessment, Twaweza SBC strategy
2. Description of process and application: human behavior and basics of communication.
3. Fitting the IEC within SBC strategy and getting Key Benefit Statements (KBS) with attention to present and desired behaviors.
4. Deriving sample messages from KBS's
5. Determining the appropriate channels for the messages
6. Designing creative briefs of suggested IEC materials
7. Attempting reliable drafts of prototypes
8. Monitoring and Evaluation of IEC materials & pretesting.

Interactive, participatory and experiential training methodologies were employed variously. We used mini lecture where it warranted, for example elucidating concepts of communication. There were also examples of IEC materials developed by various projects in the form of posters, fliers, brochures, calendars, paper bags, and T shirts. As much as possible, all the messages were drawn from the participants based on knowledge, own experiences, and acquired or shared skills. The group work provided a practical opportunity to focus on specific population segments with specific themes.

The final product was taken into an in-house design process with the technical persons in NOPE and discussed alongside the creative briefs, before the recommendations. The recommended prototypes are in a separate document that comes with report.

INTRODUCTION

This report is presented in four related parts. The first one is the workshop process. It chronicles the daily procedure through the six days with an overview of the topics explored, facilitators and methodologies, and any salient discussions. There is a matrix on the final evaluation from the participants' assessment.

The second part is titled Key Benefit Statement and Message Matrices. It is presented in communication matrices. It captures the themes tackled from systematic behavioral points linking objectives to barriers and motivations to adopting desired behavior. The final product of each matrix is the sample message(s) drawn from Key Benefit Statement(s).

The third part, Communication/Creative Briefs, also describes envisaged material. It links themes to the audiences and proposed channels of communication. The communication brief box is supposed to guide the designer to arrive at the exact IEC material envisaged.

The final part of the report is the conclusion and recommendations which should guide APHIA II NEP towards realizing the IEC materials.

WORKSHOP PROCESS

DAY ONE (1)

Session: Welcome and Introduction

Duration: 40 mins

The participants were welcomed by Ibrahim Hassan - APHIA II NEP, BCC Coordinator who led an introduction session for all participants and facilitators. The participants were taken through climate setting sessions before embarking on the sessions of the day.

The process captured objectives of the day, rules of the workshop, and appointment of helping hands like each day's repertoires, time keepers, and the persons to lead in prayers.

The objectives of the training were highlighted as follows:

- To develop IEC Materials on HIV/AIDS prevention, treatment and care
- To build the capacity of participants in IEC Material Development
- To link IEC materials produced to APHIA II NEP goals, Sexual Networks Assessment and the *Twaweza* SBC strategy
- To discuss the basics of pretesting of IEC materials
- To explore IEC monitoring and evaluation

Session: APHIA II NEP Presentation

Objectives: Participants to understand APHIA II NEP and its mission in NEP

Facilitator: Phillip Koitalel – Program Officer APHIA II NEP

Duration: 40 mins.

The participants were taken through a PowerPoint presentation on APHIA II NEP mission, vision, core values, implementation strategy, program areas and activities involved. There were no questions, comments or concerns from the participants¹.

¹ Please see appendix

Session: Sexual Networks Assessment Overview and the *Twaweza* SBC strategy

Objectives:

- Participants to familiarize with the findings of the Sexual Networks Assessment
- Participants to understand the IEC material development as an intervention within the *Twaweza* Behavioral Communications Strategy.

Facilitator: Peter Onyancha

Duration: 40 mins

Peter Onyancha took the participants through a power point slide overview of the Sexual Networks Assessment and its findings while discussing and expounding on aspects of the assessment that were significant to the IEC material development, especially the proposed beneficiary population and related determinant behaviors. It was noted that some members who had participated in the assessment were present in the room. There was a common understanding that certain behaviors were contributing to HIV and STIs, and that they would be targeted by the IEC material. The behaviors in the order of priority are: stigma and discrimination of people living with HIV; reluctant or poor uptake of HIV counseling and testing services; deliberate or strategized divorces; drugs, miraa and substance abuse; youth engaging in sex before they are married, especially in *keja* setting; and, married persons seeking sexual adventure outside marriage. To approach these behaviors, it was understood that the workshop was conducting part of the proposed interventions within the SBC strategy.

Session: Overview of Kenya AIDS Indicator Survey (KAIS)

Objective: To highlight the major findings of KAIS

Facilitator: Mr Noor Sheikh – PASCO, NEP

Duration: 1 hr

Mr. Noor Sheikh took the participants through a guided PowerPoint slide presentation on the findings of KAIS with a bias to NEP. The following were the critical areas in the discussion:

- The prevalence rate stands at 1% when previously it was virtually negligible as per 2003 KDHS report
- Stigma level amongst the Somalis is quite high. They call it *Tokor*.
- HCT uptake in NEP is quite low.
- Divorce rates in the province are among the highest in the country.

He highlighted that NASCOP had *indeed* embarked on an *initiative* that was aiming at producing Islamic- friendly/Muslim-friendly IEC materials. He will share the prototype materials with NOPE & APHIA II NEP once he receives the copies of the document. It was observed that HIV is a mixed epidemic that requires dynamic approaches and a pronged prevention approach.

The Sheikhs and Kadhis in NEP have a big influence and it would be fundamental to sensitize the sheikhs on HIV & AIDS and the social dynamics around it.

On the controversial issue of condoms utilization, Sheikh Hussein affirmed that condom use in marriage is allowed. He also noted that in Eastleigh Nairobi, it has been recorded that there's an increasing number of Somali women going for HCT services, a majority of whom have their husbands abroad.

Some other concerns:

It was generally felt that KAIS gives a higher percentage of discordance without any explanation. The low testing rates could also provide a rather less accurate result in NEP because of sample limitation; the common feeling is that the prevalence could be higher than documented.

Session: Communication Basics

Objectives

- Participants to understand the basics of communication
- Participants to understand the different types of communication
- Participants to understand how messages are distorted

Facilitator: Roy Sankan

Duration: 1 hr

The session started with an energizer. Roy Sankan then discussed the process/cycles of communication. He also differentiated between verbal and non verbal communication. The facilitator then covered the 7 Cs of communication and in a brief overview discussed the factors to consider for effective communication as well as the barriers to effective communication. This session was significant to set the ground for the workshop topical coverage. A fairly good understanding of these basics was observed from the participants' responses. They gave their perspectives on effective communication.

DAY TWO (2)

Recap of Day 1.

This was conducted by the selected rapporteur, the facilitator embarked on the business of the day

Session: Introduction to Behaviour Change Communication (BCC), Strategic Behavioural Communication (SBC) & Information Education Communication (IEC)

Objectives: Participants to understand concept of BCC
Participants to understand concept of SBC and its principles
Participants to understand the difference between BCC & SBC

Facilitator: Peter Onyancha

The participants were taken through the definition and basics of BCC. The goals, objectives and roles of BCC programs were also tackled as well as BCC guiding principles. The participants also reviewed how effective communication postulates the 7Cs of communication were also reviewed to highlight the principles of effective communication. After the understanding of the concept of BCC, the facilitator discussed the connection and difference with Strategic Behavioral Communication.

Session : B.C.C/S.B.C. Theories

Objective: Participants to understand the theories of BCC

Participants to understand the relation between behavior and theories
Participants to design messages in considering theoretical applications

Facilitator: Roy Sankan

An overview of Behavior Change Communication Theories was conducted where the participants were taken through five major Theories of Behavior Change Communication. These were namely Social Learning Theory, Stages of Change, Theory of Reasoned Action, IMBR model and Behavior Determinant Intervention model. Participatory and question and short question were used to simplify the understanding of the relationship between the theory, behaviors and the messages to be designed.

Session : Introduction to Group Development of S.B.C Strategy

Objectives:

- to establish behavioral objectives of desired behavior
- to establish communication objectives
- to establish barriers to achieving desired behavior
- to outline motivational factors
- generation of Key Benefit Statements

Facilitator: Roy Sankan & Peter Onyancha

Duration: 2 hrs

Session description:

After the morning recap session, the participants were briefly taken through the concepts that constitute the SBC matrix, i.e current behaviours, desired behaviours, behavioral objectives, communication objectives, barriers to achieving desired behaviors and attendant objectives as well as the motivating factors to achieving desired behaviors and attendant objectives through to the messages & Key Benefit Statements. Thereafter, they were selectively divided into 6 groups to undertake group work activities on the topic of Stigma & Discrimination. Each group was to come up with a chronicle of the above elements which they presented in the plenary. The presentations were then to be criticized and re-worked on by the group to enable better understanding & development of substantive flow of work to ultimately generate messages. The group work output is attached as appendix.

DAY THREE (3)

After a recap by the rapporteur, the facilitator embarked on the business of the day

Session : Group Development of S.B.C Strategy (cont'd)

Objectives:

- To establish current vs desired behavior
- To establish behavioral objectives & communication objectives
- To establish barriers to achieving desired behavior
- To outline motivational factors as well as barriers to
- To generate Key Benefit Statements (KBS)

Facilitator: Peter & Roy

Duration: Whole morning

Session description:

After a review of the previous day's sessions, the participants were briefly taken through the previous day's coverage and were then guided to generate behavioral objectives, communication objectives, barriers to achieving desired behaviors and attendant objectives as well as the motivating factors to achieving desired behaviors and attendant objectives. These elements comprised the Behavioral Communications Strategy. Repeated reference was made to the SMART acronym of objective setting and development. Similarly, APHIA II NEP overall program goal and objectives were referred to in an effort to synchronize all efforts. After group work practice, the participants were selectively divided into 6 thematic groups to undertake group work activities. Each group was to come up with a chronicle of the above elements which they were to present in the plenary. The presentations were then to be criticized and re-worked on by the group to enable the development of substantive flow of work to ultimately generate messages.

Session Title: Developing Key Benefit Statements (KBS) & Messages.

Objectives:

- To establish elements of a good KBS
- Linking the KBS to behavior objectives & motivational factors
- Generation of Key Benefit Statements

Facilitator: Peter Onyancha

Session description:

The facilitator elaborately expounded on the concept of a KBS and its elements alongside its relation to message development. He highlighted the fundamental qualities of a KBS as the benefit and the promise that it gives to the targeted individual. He then highlighted the importance of identifying and utilizing the motivational factors during the development of KBS. The participants were also inducted into formulation of messages from the KBS and the salient features of messages. The participants were very cooperative during the session depicting a satisfactory understanding of message development. They were then requested to go back to their groups in preparation for the next day's exercise. The participants would then present in plenary on the following day after having generated their KBS and messages in group work. Constructive criticisms of draft statements were conducted to make KBS & messages better in readiness for transferring onto an IEC medium. There was contention over the use of posters with a section of the participants questioning the wisdom in using posters when the Somali community is deemed to be an 'Oral' community. They prefer audio messages especially via Radio. The facilitator clarified the messages are not confined to posters. Sample KBS' were stated to aid the participants in understanding the KBS's concept. Please find the KBS attached as appendix.

DAY FOUR (4)

After a recap, the rapporteur, the facilitator embarked on the business of the day

Session: Presentation of Key Benefit Statements

Facilitated by: Roy Sankan.

Duration: 1 ½ hours

Session description

The groups continued with the previous day's presentations on key benefit statements (KBS). The KBS were then discussed and improved to sound more substantive and convincing. Each thematic group was to present a KBS in line with their SBC matrix. During presentations, the facilitators together with the participants, constructively criticized the KBS², giving varying suggestions for improvement. On average, the groups demonstrated understanding the concept of KBS and were therefore ready to proceed to the next stage of developing sample messages from the KBS with the guidance of the facilitator.

Session Title: Sample Messages development

Objectives:

- Creating sample messages
- To draft concise but effective messages
- Qualities of a good message
- Difference between a KBS and a message

Facilitator: Peter Onyancha

Session description:

Having done KBS, the facilitator guided the group in developing sample messages from KBS. Ideally message development is not just done haphazardly as many people think. It is a well thought process that involves the exercise that the participants were engaged in the whole week. It requires a lot of reflection on effect, target channels, sensitivity of the message e.t.c In addition emphasis was placed on concise messages (4 words at most). Comparisons between the KBS and the message were made and it evidently emerged that the KBS is more wordy and had a wide scope whereas it was different for the message itself. These are some of the sample messages that were arising out of the discussions that were ongoing during the day.

1. I love my health, I know my status. Do you?
2. Impress Allah.....keep off drugs
3. Love life.....get tested

Session: IEC Material Development.

Objectives:

- Identify best channels for messages
- Highlight guidelines for the selection of most appropriate IEC materials

Facilitated by: Peter Onyancha.

During this session the facilitator tackled the various channels of communication that there are in message relay as well as the advantages and disadvantages of each. The guidelines for selecting

the most appropriate IEC materials were also tackled in elaboration and detail. The guidelines covered such issues as audience preference and access, channels for message propagation, efficacy, production logistics and challenges, The facilitator covered the qualities of effective IEC materials and the need for emotional & logical trust ,credibility and creativity, preparing draft IEC materials and adapting existing IEC materials.

The idea of mixing IEC materials for more impact was also explored. The further development of radio scripts for radio programs and video programs was also discussed at length and understood that there was going to be another workshop on developing low-cost audio visual materials to explore this further.

DAY FIVE (5)

After a recap of the previous day's session by the rapporteur, the facilitator embarked on the business of the day.

Session: Development & Presentation of Creative Briefs & Prototypes.

Objectives: To understand concept of creative briefs
To design creative briefs for the messages identified

Facilitated by: Roy Sankan

Duration: Facilitation – 1hr
: Group work - 1hr
: Presentations - 1hr
: Prototype development 1hr

On this day, the group was guided on how to design creative briefs with a guiding framework. A creative brief was defined as a description of how the message is to be relayed in any medium. The brief was guided by critically analyzing and considering the elements as outlined in the framework. The facilitator took them through identifying target groups with specific messages in relation to the behavior objective. The threats to the message intended to be relayed were also analyzed as well as the tone e.g fearful message, loving, caring. After a guided group work session on analyzing other sample messages, the group presented their outputs. The narrative outputs were later developed into prototypes. i.e a drawing replica of the description of the creative brief. The prototypes were to be further developed by NOPE after the workshop to give a better visualization for production by the designers.

During presentations, the facilitators together with the participants constructively criticized the briefs giving varying suggestions for improvement. On average, again the group demonstrated understanding the concept of developing creative briefs but some participants reported being 'a little lost'. it was agreed that that the group members who had understood would assist in ensuring that their fellow member had understood. The group was also let in on the modern technologies abounding in the design and development of IEC materials e.g. computer software (Corel Draw, Adobe Pagemaker, Computer Aided Designing - CAD), professional media courses, Schools of Fine Art.

On this day, David Adriance, APHIA II NEP Director, participated in a morning session. In his address, he congratulated the participants and the facilitators for the commitment demonstrated during the process. He emphasized on the continued involvement of the community in APHIA II

NEP programs and intervention now and in the future. He was optimistic that the participants with technical assistance will yield IEC materials that would comprehensively address the context of North Eastern Province.

DAY SIX (6)

Session: Pretesting & Monitoring the Use & Impact of IEC materials

Objectives: Participants to holistically understand the concept of pre-testing
Participants to holistically understand the concept of monitoring the use & impact of IEC materials

Facilitator: Peter Onyancha & Roy Sankan

The facilitator started the session by elaborating on the concept of pre-testing. He then covered the items that need to be pre-tested, i.e. media, concept, symbols, and slogans as well as the pretesting variables namely: attractiveness, acceptance, involvement & inducement to action and relation of the messages to the overall project objective. Thereafter, he highlighted the 8 Steps for carrying out a pre-test, how to assess pre-test results and revising IEC materials, changes in materials in terms of the form, general standards in content and number of pre-tests to be conducted. He completed the session by highlighting the thresholds of success in pre-testing. The facilitator did notify to the participants that a future pretesting workshop and actual pre-test exercise will be conducted in due course.

On the topic of monitoring, the following subtopics were covered:

- Definitions of Monitoring & Evaluation
- What to monitor: inputs, outputs, impact & process
- Importance of M&E as a practice: Why do it for IEC materials?
- M&E beneficiaries
- Types of monitoring methodologies Qualitative and Quantitative methods
- Methods of monitoring IEC materials i.e. fieldtrips, observations and use of M&E tools
- Key items to monitor in materials e.g. exposure and peoples' reactions

Closing Ceremony

The closing ceremony was officiated by Ibrahim & Haji – APHIA II NEP. They expressed gratitude and satisfaction at the process of the training and actual material development. On the issue of certificates, Ibrahim confirmed that the certificates were to be reproduced and given to the participants in due course. Haji noted that such training is indeed part of the larger development agenda for the people of North Eastern in the health front. Their inclusion in such programs will continue especially in the pretesting exercise to come. The participants were also promised to receive the pioneer IEC materials when they are out e.g. T-shirts and bags. Sheikh Hussein passed a vote of thanks on behalf of the other participants and closed with a word of prayer

FINAL EVALUATION

There was a daily evaluation of the workshop process where participants expressed what was, in their opinions, effective and which areas they felt needed improvement. The issues included facilitation methods, clarity of topics, participants conduct and oversights. In the final day a final evaluation was conducted with the results tabulated below:

| | Excellent | Very good | Good | Fair | Poor |
|--|------------------|------------------|-------------|-------------|-------------|
| Achievement of workshop objectives | 8 | 10 | | | |
| Achievement of my personal goals | 9 | 8 | | | |
| Relevance of content | 7 | 7 | 2 | | |
| Training methods and techniques | 9 | 7 | 2 | | |
| Organization and the flow of the program | 7 | 7 | 4 | | |
| Effectiveness of facilitators | 10 | 5 | 1 | | |
| The venue and the facilities | 7 | 10 | | | |

Summary of participants comments in the evaluation forms

- The session that they found most useful was behaviour change communication, because it helps them to know how it can change the health of a person.
- Group work, brain storming and plenary sessions were the most evocative workshop methods used in the workshop.
- The session that were least useful was communication, as they said that they could get a handout on that topic instead.
- Other comments and suggestion for improvement: the IEC material workshop requires more than six days.
- They appreciated the work done by the facilitators and asked them to keep it up.

KEY BENEFIT STATEMENT AND MESSAGE MATRICES

Theme: Intervening Stigmatization and discrimination of People Living with HIV.

| | |
|--------------------------|--|
| Problem | Stigma & discrimination of PLWHIV |
| Behaviour Objectives | <ul style="list-style-type: none"> • People living with HIV being accepted within the families • People living with HIV getting care and support from the rest of the community • People living with HIV not being labeled pejorative names • People living with HIV receiving public/social services easily within the community. |
| Communication objectives | <ul style="list-style-type: none"> • Decrease the perception that People living with HIV are morbidly infectious • Motivate families to increase love for the People living with HIV • Reduce the attitude that People living with HIV are sinners who deserve humiliation by labeling |

| | |
|----------------------------------|---|
| Barriers | <ul style="list-style-type: none"> • The desire to conform to the stigmatizing majority • Misconstruction of the Quranic teaching |
| Motivations | <ul style="list-style-type: none"> • A developed and prospering NEP • Increased understanding of health issues • Adherence to Allah's /Quranic/religious teachings for his blessings& favors • Being an agent of Change • Love for others • Promotion of happy lives • Employing available human resource • Spiritual healing, guidance and satisfaction |
| Key benefit statement(KBS) | <ul style="list-style-type: none"> • Provide them with a means of earning their livelihood. • If you love& care for PLWHIV, you will have God's blessings • It's your duty to GOD to educate others on care and support for PLWHIV • PLWHIV have knowledge and skills that can be tapped • By living & eating with PLWHIV you give hope to them |
| Sample Messages | <ul style="list-style-type: none"> • By eating with PLWHIV you become an agent of change • It's your duty as a health worker to educate others on HIV&AIDS • There's joy/happiness in living &eating with PLWHIV, you make both them happy • You cannot be infected by living & eating with PLWHIV |
| Translated messages in Kiswahili | |
| Translated messages in Kisomali | <ul style="list-style-type: none"> <input type="checkbox"/> It's your duty as a health worker to educate others on HIV&AIDS <u>Shaqaala caafimaad ahaan waa masuuliyad ku saaran in aad ka wacyigelisa bulshada arimaha ku aadan HIV/AIDska.</u> <input type="checkbox"/> There's joy/happiness in living &eating with PLWHIV, you make both them happy <u>Waa farax iyo reynreyn la dhaqanka iyo la cunteynta dadka sida fayraska HIV/AIDska, waa ayna kugu riyaaqayaan.</u> <input type="checkbox"/> You cannot be infected by living & eating with PLWHIV <u>La cunteynta iyo la dhaqanka dadka sida fayraska HIV/AIDska laguma gudbinaaya cudurkani.</u> |
| Translated messages in Arabic | |

Theme: Promoting the desire to seek HIV counseling and testing services

| | |
|----------------------|---|
| Problem | Counseling & Testing |
| Behaviour Objectives | <ul style="list-style-type: none"> • Increase the number of people knowing their status by 60% by 2010 • Increase the number of partners going for CCT by 70% by2010 • Increase the level of disclosure & acceptance of ones status by 70% |

| | |
|----------------------------------|---|
| | by 2010 |
| Communication objectives | <ul style="list-style-type: none"> • Increase motivation amongst partners to seek to know their HIV statuses • Increase awareness and knowledge on HCT • Reduce attitude of assuming the status of your partner • Increase knowledge on the benefits of knowing ones status |
| Barriers | <ul style="list-style-type: none"> • Fear of testing HIV positive • Belief that if one is of good behaviour, he /she cannot be infected with HIV & therefore no need of testing • Fear of being discriminated by the society if one is known to be HIV positive • Fear of discordance amongst couples |
| Motivations | <ul style="list-style-type: none"> • Joy of testing HIV negative • Advantages of early treatment care & support if positive • Desire to plan for ones future with his/her loved ones • Desire to get married |
| Key benefit statement(KBS) | <ul style="list-style-type: none"> • If you know your HIV status, you will be able to plan for your future(career wise, marriage etc • If you go for HCT with your partner you'll benefit from HCT together and b e able to plan together • If you know your status early you will be able to get early care, treatment& support services and be able to live a healthy and happy life. • A person who knows their status is much happier than he/she who does not know |
| Sample Messages | <ul style="list-style-type: none"> • Make a move.....know your status • Make a moveknow your partners status • A healthy life is a happy life.....know your HIV status • I love my health.....I know my HIV status. Do you? • There is joy in knowing your status.....Go for a HIV test today • A sure life is a healthy life..... know your HIV status • A healthy life is a happy life.....know your HIV status • A healthy/A Happy life is a sure life....know your HIV status • I love my health.....I know my status. Do you? • Happy couples know their HIV status. |
| Translated messages in Kiswahili | Wakati ni sasa ya wewe na jamii yako kujua hali yenu |
| Translated messages in Kisomali | <input type="checkbox"/> A healthy life is a happy life.....know your HIV status Noolal caafimaad leh waa noolal farxad leh.. ogaaw xaaladada HIV/AIDska <input type="checkbox"/> I love my health.....I know my HIV status. Do you? Waxaan ahay qof jecel caafimaadkiisa, waxaanu ogahay xaaladeyda HIV/AIDska, adiguna? <input type="checkbox"/> There is joy in knowing your status.....Go for a HIV test today Ogaanshaha xaaladaada HIV/AIDska waa farxad, Maanta raadso |

| | |
|-------------------------------|--|
| | <p><u>baaritaanka HIV/AIDSka</u></p> <p><input type="checkbox"/> A sure life is a healthy life..... know your HIV status. <u>Nolaal la hubo waa noolal caafimaad...ogaaw xaaladada HIVga</u></p> <p><input type="checkbox"/> A healthy life is a happy life.....know your HIV status <u>Noolal caafimaad leh waa noolal farxad leh.. ogaaw xaaladada HIV/AIDSka</u></p> <p><input type="checkbox"/> A healthy/A Happy life is a sure life....know your HIV status <u>Nolaal la hubo waa noolal caafimaad...ogaaw xaaladada HIVga</u></p> <p><input type="checkbox"/> Happy couples know their HIV status. <u>Qoyska farxad leh, waa qoys la socta xaaladooda HIVga</u></p> |
| Translated messages in Arabic | |

Theme: Reduction of reliance on drugs, miraa and Substance Abuse

| | |
|----------------------------|---|
| Problem | Drugs, Miraa and Substance abuse |
| Behaviour Objectives | Decrease in the number of persons engaging in transactional sex Decrease in the number of youth who eventually get into the habit of chewing miraa Decrease in the number of persons consuming Miraa by 10% in the next 1 year. |
| Communication objectives | Likelihood of miraa motivating consumers to make harmful behaviour choices. Perception of Miraa as harmful to health. Miraa and drugs being perceived as a threat to career, future developments and ones economic stability. |
| Barriers | Ignorance Peer pressure Stress |
| Motivations | Securing a bright future Gaining respect from colleagues, peers and the society Following Allah's commandments & getting rewards(Thawab) |
| Key benefit statement(KBS) | If you want to secure a bright future, say NO to Drugs By not succumbing to peer pressure you will get respect from colleagues and the society An individual whopeer pressure & keeps off drugs gains respect and admiration from fellow peers, society & Allah A young man(woman) with a bright future avoids Drugs Drugs(specify)spoil a happy marriage Drugs (specify)mess a bright future A good husband/wife/father/mother /uncle/aunt keeps off drugs Allah will be pleasedKeep off Drugs(Miraa, Bhang, Tambu, Cigarettes etc) Be proud of yourself.....avoid Drugs Drugs(specify) will ruin your life I'm smart.....I don't use mIraa. I quit drugs..... you can too A healthy life..... a life without drugs(choose to specify) |
| Translated | |

| | | |
|------------------------------------|----|--|
| messages Kiswahili | in | |
| Translated messages Kisomali | in | <ul style="list-style-type: none"> • Drugs(specify)spoil a happy marriage <p><u>Muqaadaraatka waxaa uu burburiyaa guurka ku dhisan farxada</u></p> <ul style="list-style-type: none"> • Drugs destroy a bright future <p><u>Muqaadaradka waxaa uu jahwareeriyaa mustaqbalka wangaasan</u></p> <ul style="list-style-type: none"> • A good husband/wife/father/mother /uncle/aunt keeps off drugs <p><u>Aabaha wanaagsan waxaa uu iska dheereeyaa muqaadaraatka</u></p> <ul style="list-style-type: none"> • Allah will be pleasedKeep off Drugs(Miraa, Bhang, Tambu, Cigarettes etc) <p><u>Allaah ayaa kugu farxaayo, iska dheereey muqaadaraaka</u></p> <ul style="list-style-type: none"> • Be proud of yourself.....avoid Drugs <p><u>Nafsataada kalsooni ku lahaw, iska ilaali muqaadaraadka</u></p> <ul style="list-style-type: none"> • Drugs(specify) will ruin your life <p><u>Muqaadaraadka waxaa uu burburiyaa noolashaada</u></p> <ul style="list-style-type: none"> • I'm smart.....I don't use miraa. <p><u>Waxaan ahay xariif, ma isticmaali jaadka</u></p> <ul style="list-style-type: none"> • I quit drugs..... you can too <p><u>Waan iska dhaafay muqaadaraadka, adiguna waad sameyn kartaa</u></p> <ul style="list-style-type: none"> • A healthy life..... a life without drugs(choose to specify) <p><u>Noolaal Caafimaad leh...noolal ka fog muqaadaraadka</u></p> |
| Translated messages Arabic | in | |

Theme: Mitigation against divorce so that couple remain within marriages

| | |
|-----------------------------|---|
| Problem | Divorce |
| Behaviour Objectives | Reduce the number of girls getting married with the intention of divorcing Increase the number of people who promptly seek to remain within marriage |
| Communication objectives | Increase couples tolerance for each other through communication Reduce the perception of marriage as an avenue for divorce amongst young ladies Increase motivation to uphold happy marriages Promote positive attitudes in marriage |
| Barriers | Peer pressure against marriage Immigrant spouses away from home Relatives interference in marriage |

| | |
|----------------------------------|---|
| | Lack of knowledge in Islamic teachings on matters of marriage Financial constraints within marriage Stress & misunderstanding in the marriage |
| Motivations | Desire to follow religious teachings on matters about marriage Desire to have well brought up children The desire to have a happy and united family Desire to conform to mores of the majority |
| Key benefit statement(KBS) | If you follow religious teachings on marriage, you shall live a happy family Marry if you can for it will protect you from illicit sex and wondering eyes If you strengthen family communication it will lead to a life long marriage |
| Sample Messages | A happy marriage = a happy life God hates divorce. Do you? I hate Divorce! Do you? I will not divorce...we will talk A happy marriage pleases Allah/God |
| Translated messages in Kiswahili | |
| Translated messages in Kisomali | <ul style="list-style-type: none"> • A happy marriage = a happy life <u>Guurka farxada ku dhisan = noolal farxad leh</u> <ul style="list-style-type: none"> • God hates divorce. Do you? <u>Allah waa necebyahay furiinka, adiguna?</u> <ul style="list-style-type: none"> • I hate Divorce! Do you? <u>Waan necbahay furiinka adiguna?</u> <ul style="list-style-type: none"> • I will not divorce...we will talk <u>Ma furaayi,, waan wadhadleynaa</u> <ul style="list-style-type: none"> • A happy marriage pleases Allah/God <u>Noolasha farxada leh, waxaay farxad gelisa Allah</u> |
| Translated messages in Arabic | |

Theme: Sexual behavior and commitment among spouses

| | |
|--------------------------|--|
| Problem | Faithfulness |
| Behaviour Objectives | Increase the number of married couples being faithful to their spouses Increase the number of prospective couples choosing their partners |
| Communication objectives | Increase awareness on the need for couples to choose their partners for marriage |
| Barriers | Loss of love Frequent travels |

| | |
|----------------------------------|---|
| | Ignorance |
| Motivations | To have a stable/happy/healthy family Making your partner happy Following the teachings of Allah Getting rewards for a happy and fulfilling marriage from Allah |
| Key benefit statement(KBS) | I am faithful to my wives so that I can make them happy I am faithful to my husband in order to avoid infections I know that God will be happy with me because I'm faithful to my spouse Couples who choose their partners live happy marriages A person who knows his status is much happier than he/she who does not know |
| Sample Messages | Get respect.....Be faithful Don't make a moveBe faithful Allah says be faithful to your partner Faithfulness....the better option A faithful life is a blessed life.....Be faithful to your partner A sure life is a healthy life..... Be faithful A healthy/A Happy life is a sure life....respect your partner Respect your partner.....be faithful |
| Translated messages in Kiswahili | Wakati ni sasa ya wewe na jamii yako kujua hali yenu |
| Translated messages in Kisomali | <ul style="list-style-type: none"> • Get respect.....Be faithful <u>Hel Sumcad ahaw gof la aaminay</u> <ul style="list-style-type: none"> • Don't make a moveBe faithful <u>Haa gogal dhaafin, ahaw qof la aaminay</u> <ul style="list-style-type: none"> • Allah says be faithful to your partner <u>Alle wuxu yiri ahaaw gof aaminsan qofka kale uu la waadaaga noolasha</u> <ul style="list-style-type: none"> • Faithfulness....the better option <u>Aaminaada waa xulushada ugu wanaagsan</u> <ul style="list-style-type: none"> • A faithful life is a blessed life.....Be faithful to your partner <u>Nolasha ku dhisan aaminaada waa noolal barakeysan..amin qofka aad la wadaagta noolasha</u> <ul style="list-style-type: none"> • A sure life is a healthy life..... Be faithful <u>Nolasha ku dhisan aaminaada waa noolal la hubo...ahaw gof aamin ah</u> <ul style="list-style-type: none"> • A healthy/A Happy life is a sure life....respect your partner <u>Noolasha caafimadka ka leh waa noolal la hubo, xushmey qofka aad noolasha la wadaagta.</u> <ul style="list-style-type: none"> • Respect your partner.....be faithful <u>Xushmey qofka ad noolasha la waadagta.... Aamin ahaaw</u> |
| Translated | |

| | |
|--------------------|--|
| messages in Arabic | |
|--------------------|--|

Theme: The unmarried delay sexual debut and other unmarried to start abstaining till marriage

| | |
|----------------------------------|---|
| Problem | Abstinence |
| Behaviour Objectives | Reduce number of youth having sex before marriage Increase number of youth delaying sexual debut. |
| Communication objective | Increase knowledge on the consequences of sex before marriage Increase motivation to practise religious teachings about sex Increase motivation for youth who detest sex before marriage |
| Barriers | Peer pressure Ignorance Media Lack of role models |
| Motivations | Good careers in future Respect from the society Rewards from Allah |
| Key benefit statement(KBS) | If you delay sex till marriage you will be respected by the society nad your husband If you avoid sex before marriage , you will achieve your goals and safeguard your future |
| Sample Messages | Abstinence is the only option Abstain from sex...Achieve your career I'm not married...I hate sex |
| Translated messages in Kiswahili | |
| Translated messages in Kisomali | <ul style="list-style-type: none"> • Abstinence is the only option <u>Kafogaanshaha zinada ayaa ah tilaabada kaliya</u> <ul style="list-style-type: none"> • Abstain from sex...Achieve your career <u>Ka fogaaw zinada... hel mustaqbalkaada</u> <ul style="list-style-type: none"> • I'm not married...I hate sex <u>Ma guursanin.. zinadana waa necbahay</u> <ul style="list-style-type: none"> • I say No until I'm married <u>Waan dhowrsanaana ila aan ka guursanaayo</u> |
| Translated messages in Arabic | |

COMMUNICATION/CREATIVE BRIEFS

Behavior Objective 1: To reduce the number of people who stigmatize and discriminate against people living with HIV.

| Target | Channel | Sample message | Threat | Tone | Creative Brief |
|---------------|--|---|------------------------|------------------------------|---|
| 20 – 45 years | Radio talks T-Shirt Drama T.V | Despite being HIV+ my family loves me so much and supports me. Ukimwi upo.... Uvumi huuu! Mmoja wetu ana virusi vya HIV na bado tunampenda. | Content interpretation | Polite Friendly Humble | Have a person talking politely on a radio station A family seated together eating from the table jovially; a 25 yr old man speaks: Mmoja wetu ana virusi vya UKIMWI na bado tunampenda. A man and wife sitting outside a hut each having a plate: The mother is reminding the husband, “Have you taken your ARVs” Translated into Kiswahili, and Somali. Use PLWHIV to speak out freely in video clips and radio programs Have someone who cares and provides for someone with HIV talk on Television; A doctor, a sheikh. |

Behavior Objective 2: To increase the number of people going counseling and testing services.

| Target | Channel | Sample messages | Threats | Tones | Creative Brief |
|--------|---------|-----------------|---------|-------|----------------|
|--------|---------|-----------------|---------|-------|----------------|

| audience | | | | | |
|-----------------|--------------------|---|---|--|---|
| 18 - 60yrs | Poster | It takes only 15 min to know your status | - | Polite Humble Friendly Inviting | A Somali man peeping atop a wall saying the message |
| | Radio talk | Wakati ni sasa! Tujue hali yetu | | | |
| | Drama | Chukua Hatua... Jua hali yako | | | A round collar blue T shirt with a message on the back and the front for some T shirts. |
| | Visual shows-video | It's good to know your HIV status. | | | |
| | T-shirt | Know your HIV status and plan your life | | | A VCT counselor demonstrating the process of testing in video and discussing the value |
| | | A person with HIV can lead a normal life. | | | A person Living with HIV talking about how he/she is going on with life normally |

Behavior Objective 3: Reduce the uptake of drugs, Miraa and other substance abuse.

| Target audience | Channel | Sample messages | Threats | Tone | Creative brief |
|------------------------|----------------|------------------------|----------------|-------------|-----------------------|
|------------------------|----------------|------------------------|----------------|-------------|-----------------------|

| | | | | | |
|--------------------------------|-----------|--|--|--------------------------------------|--|
| Primary audience | T shirts | Drugs and miraa are harmful to your health | Ridicule from the traders for threatening their market | Polite | Drama: a sheikh introduces himself on television or video and is interviewed on his position on drugs and miraa. |
| Consumers of Miraa 15 – 35 yrs | Posters | Miraa kills your ambition | | Assertive Educative Persuasive | |
| Secondary audience | Schools | | | | |
| | Role play | Miraa kills your future | | | A round neck T shirt with messages a sign forbidding sign |
| Small scale traders in miraa | Drama | Miraa kills your career | | | |
| Religious leaders | Radio | Miraa and drugs will destroy your career | | | Picture of somebody who has lost teeth on poster and a message below. |
| | | If you love your teeth, Stop chewing miraa | | | |
| | | Miraa stimulates but you will loose your job | | | |

Behavior Objective 4: Increase the number of people abstaining from Sex until they are married.

| Target audience | Channel | Sample messages | Threats | Tone | Creative brief |
|-------------------|---------------------|--------------------------------------|---------|-----------|--|
| Youth age 13 – 25 | T shirt | Abstinence is the only option. | - | Polite | A big billboard with the picture of a holy Quran |
| | Posters | Say No to sex without marriage | | Assertive | There is the writing in Arabic and translated into English while others are translate into Somali and Kiswahili languages. |
| | Billboard | | | Motivated | |
| | Radio | Abstain from sex, Achieve your goals | | | |
| | Television programs | | | | A round neck T shirt with message in front and others with message on the back side. |

Behavior Objective 5: Increase the number of people desiring to have sex with only their spouse(s) as means of promoting faithfulness.

| Target audience | Channel | Sample messages | Threats | Tones | Creative Brief |
|-----------------|---------------------------------|---|---------|----------------------------------|--|
| 19-45 | Posters flyers, radio, brochure | Be faithful to your spouse(s) Love your partner without sex outside marriage Islam teaches: be faithful to your spouse(s) | | Humble Pleading Motivating | A poster/billboard with the Quran picture on top and the message in bottom written in Arabic and translated into Kiswahili and Somali. |

Behavior Objective 6: Reduce divorce among the people who are already married.

| Target audience | Channel | Sample messages | Threats | Tone | Creative brief |
|---|---------------------------------|---|---------|-------------------------------|--|
| Primary audience Married persons | Posters Role play | Hadith: the best amongst you are the best to their wives; I'm the best for my wives. | - | Illustrative Imploring | Picture of a mosque. The Hdith is written in Arabic and Somali, Arabic and Kiswahili, Arabic and English. The mosque imposes at the top the message is written below. |
| Secondary audience Youth Religious Leaders | Drama Video Radio | Tushauriane! Ndoa yetu idumu. "Aan wada tashano! Guurkeena hawaaree" Talaka husumbua watoto na kutatiza maisha yao. | | calm | A video clip showing sheikh advising on the value of staying within marriage. Tushauriane on top of a poster; Ndoa yetu idumu at the bottom. In the middle a family in a conversation |

CONCLUSIONS AND RECOMMENDATIONS

1. **Behavior and Beneficiary populations:**

The messages developed from this process target the behaviors that are socially and culturally rooted in North Eastern Providence. Although there are systematically isolated beneficiary populations for the campaign, several secondary audiences should be anticipated. The secondary audiences may have the potential to influence and sometimes abet some of the behaviors of the primary audiences. For example, while addressing divorce issues we may largely address married couples while at the same time considering the unmarried youth who are likely to take up such behavior. Similarly, the question of drug, *miraa* and substance abuse targets consumers and potential consumers alike. Indeed, no segment of these populations can be approached in isolation.

2. **Channels of Communication:**

Several channels of communication abounded; however, we have prioritized video, television, Radio, posters, T shirts, bill boards, and stickers. The community is highly oral and hence the oral means. All the channels suggested will need to complement each other to reinforce messaging and the spirit of SBC brand, *Twaweza* (We can manage).

3. ***Twaweza* behavioral Communications Strategy**

Each of the developed messages will be branded with the *Twaweza* brand and the APHIA II NEP and USAID logos, as per APHIA II NEP's USAID-approved Branding and Marking Plan. For example every poster, Billboard, T shirt will have the three logos and brand names on conspicuous positions. The audio visual will feature both the logos and the yet to be developed signature tune or song.

4. **Communication Language**

The language of communication will be largely Somali, Kiswahili, Arabic and Borana. It is significant to translate the materials into each of the languages according to the proportion of dialectal strength. For instance, if the posters target a community that is largely Somali, most of the posters will bear messages in Somali, and Kiswahili depending on literacy levels.

5. **Islamic social context**

Since North Eastern province is largely Islamic, the quotations taken from hadith will first be orthographed in the original dialect of the Quran, Arabic, then translated into Somali, Kiswahili, and English. However, the writings will not be on any apparel because of the possibility of one entering restrooms, which is forbidden. Notice that a direct quotation from the Quran is the equivalent of the quran. The posters that will end up in front of mosques will not feature human photographs if they are to be accepted.

6. **T-shirt Back and Front Messaging**

Some T-shirts will have messaging only in the front and no writing on the back. Some people may be entering mosques, where it is unacceptable to pray with such since they deter concentration. Though that is the case it will be crucial to have another sufficient number of T-shirts done on the back to attract readership outside the mosque and to be worn by those who will be not getting into the mosque in given days and non Muslims alike. Notice that the channel will only be applicable to the males and not female.