



# Informal Sector Workplace Communication Strategy



## APHIA II Coast & Rift Valley

Mary Oruko



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# Foreword

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Informal economic activity is a dynamic process, which includes many aspects of enterprising social activities such as exchange of goods of varying nature. By its nature, it is difficult to observe, study, define, and measure informal sector economy. There exist limited study sources that readily or authoritatively define informal economy as a unit of study, although the work of economic anthropologist Keith Hart was integral in defining the term.

Informal economic activity is temporal in nature. Regulations and degrees of enforcement change frequently, sometimes daily, and any instance of economic activity can shift between categories of formal and informal with even minor changes in policy. The informal economy under any governing system is diverse and includes small-scaled, occasional members (often street vendors and garbage recyclers) as well as larger, regular enterprises (including transit systems such as that of Lima, Peru). Informal economies include garment workers working from their homes, as well as informally employed personnel of formal enterprises.

Given the complexity of the phenomenon, the simplest definition of informal economic activity might be: any exchange of goods or services involving economic value in which the act escapes regulation of similar such acts. The significance of this sector derives from the fact that it accounts for very many people engaged in it and also because it is faced by challenges relating to the psychographic profile of the people involved in it.

It is with this in mind that AIDS Population and Health Integrated Assistance (APHIA) II project in Coast and Rift Valley found it necessary to formulate a behavior change communication (BCC) strategy specific to this diverse sector. The informal sector BCC strategy is a part of the overarching strategic behavioral communication campaign (SBC) Tuyazungumze and Tujadiliane Strategies for APHIA Coast and Rift Valley respectively. APHIA II overall objective is to increase healthy behaviors through promotion and access to health services among civil society, formal and informal workplaces and communities in Coast and Rift Valley provinces in Kenya.

I therefore welcome all stakeholders, leaders of the informal sector umbrella organizations and development workers in various health and social programs to fully utilize this unique informal sector communication strategy to effectively reach out to the informal sector populations in order to curb the spread of HIV and reduce the socio-economic impact by the AIDS pandemic.

**Peter Mwarogo**  
**Director, APHIA II Coast and Rift Valley**

# Acknowledgements

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We also extend gratitude to APHIA II Coast and Rift Valley informal workplace stakeholders and partners who have been the backbone of planning and implementation of interventions for the challenging jua-kali sector. The APHIA II Coast and Rift Valley informal sector local implementing partners that included TEARs, Kwacha Afrika, REPACTED and Family Health Options (FHOK) deserve special thanks for their enthusiasm and dedication during the strategy development workshops.

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Last but not least, we wish to thank Peter Njuguna of NOPE and Sunburst Communication Graphics designers for layout and printing this strategy.

# Pictorial



# Acronyms & Abbreviation

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AIDS	Acquired Immune-Deficiency Syndrome
APHIA II	AIDS Population Health Integrated Assistance II
ARVs	Anti-Retro Virals
ANC	Anti Natal Care
BCC	Behavior Change Communication
BCCO	Behavior Change Communication Objective
BCO	Behavior Change Objective
FP	Family Planning
GBV	Gender Based Violence
BMS	Behavior Monitoring Survey
HIV	Human Immunodeficiency Virus
MCH	Maternal Child Health
MTCT	Mother to Child Transmission
KAIS	Kenya AIDS Indicators Survey
SBC	Strategic Behavior Change
STI	Sexually Transmitted Infections
TB	Tuberculosis
PWLHA	People Living with HIV/AIDS
PSV	Public Service Vehicle
VCT	Voluntary Counseling & Testing

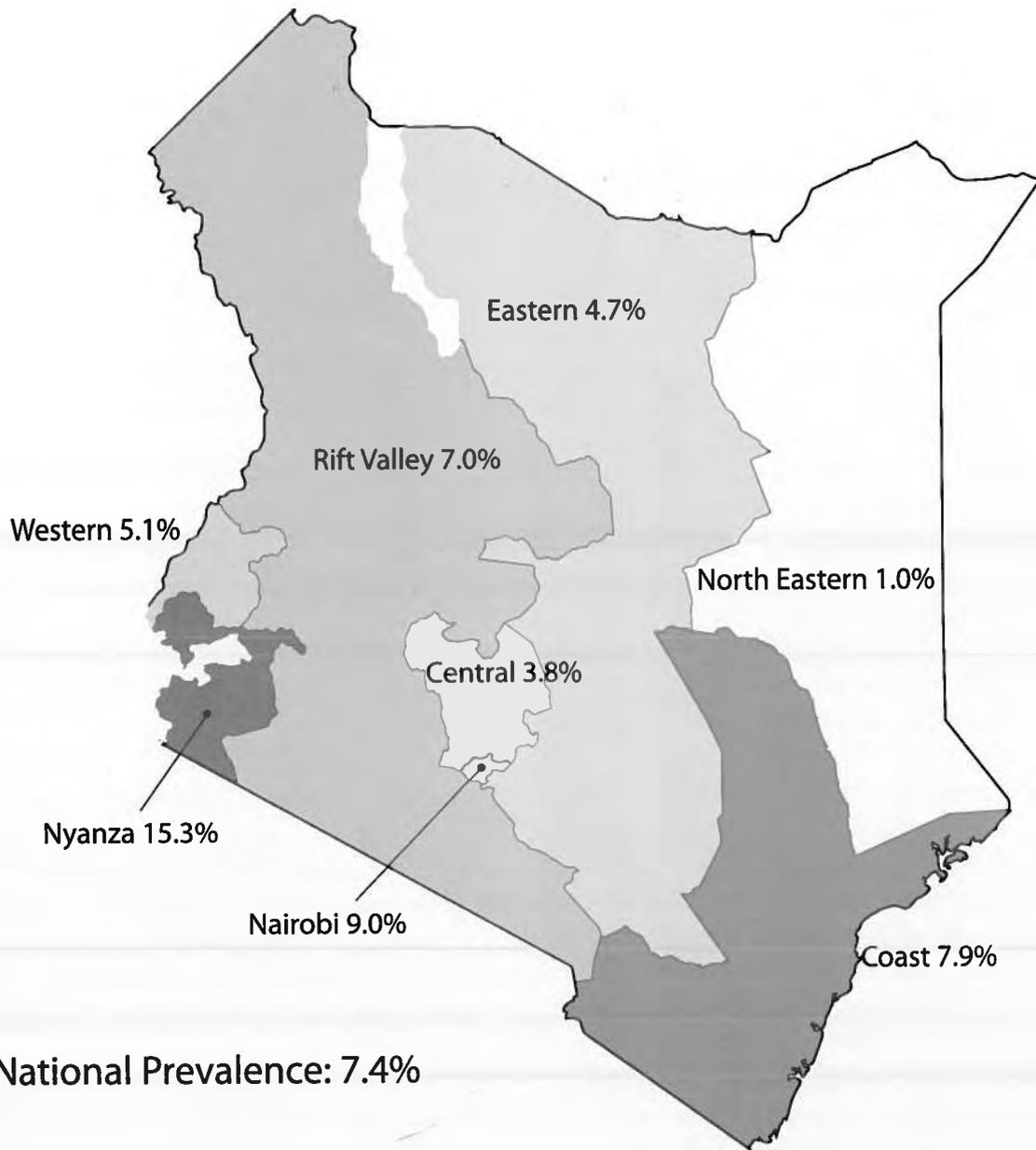
# Glossary of terms

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1. **Adherence**-The extent to which the patient continues the agreed-upon mode of treatment or intervention as prescribed.
2. **Advocacy** – is a set of targeted actions directed at decision makers in support of a specific issue. Advocacy is therefore about winning the support of key constituencies in order to influence policies and spending, and bring about social and economic change.
3. **Antenatal Care** -Care given to the mother before delivery
4. **Gender relations** – Status of women in relation to men in a society and community and how it influences the behaviour, the sexual negotiation and decision making in the prevention and care of HIV/AIDS
5. **HIV services** – Refers to HIV related information, Sexually Transmitted Infections (STIs) services, Voluntary Counselling and Testing (VCT), Prevention of Mother to Child Transmission (PMCT), Antiretroviral Therapy (ART) and Post Exposure Prophylaxis (PEP).
6. **Socioeconomic Status** – collective or individual income that may influence the way people take or do not allow adequate prevention
7. **Strategic Communication** – Communication is the exchange of ideas, messages or information by interpersonal, print, electronic and mass media. This exchange may be direct or indirect, at an instant or over time. A response is sought from the individual or mass audience, be it making decision, forming an opinion, using a new skill, changing a health care seeking behaviour or an unhealthy practice. On its part, Strategic Communication refers to concerted and complementary activities with a defined objective of set of objectives, based on research to inform, attract, motivate and respond to stakeholder audiences.

# HIV Prevalence in Kenya

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National Prevalence: 7.4%

Source: The Kenya AIDS Indicator Survey 2007

# Introduction

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## Definition and some facts

The optimism of the modernization theory school of development had led most people in the 1950s and 1960s to believe that traditional forms of work and production would disappear as a result of economic progress in developing countries. As this optimism proved to be unfounded, scholars turned to study more closely what was then called the traditional sector. They found that the sector had not only persisted but in fact expanded to encompass new developments. In accepting that these forms of productions were there to stay, scholars started using the term informal sector, which is credited to the British anthropologist Keith Hart in a study on Ghana in 1973 but also alluded to by the International Labour Organization in a widely read study on Kenya in 1972.<sup>1</sup>

Informal sector includes enterprises as well as employment in developing, transition, and advanced industrialized economies. The informal sector under any governing system is diverse and includes small-scaled, occasional members often street vendors and garbage recyclers as well as larger, regular enterprises. The informal sector covers a wide range of labor market activities that combine two groups of different nature. On the one hand, the informal sector is formed by the coping behavior of individuals and families in economic environment where earning opportunities are scarce. On the other hand, the informal sector is a product of rational behavior of entrepreneurs that desire to escape state regulations.

Statistics on the informal economy are unreliable by virtue of the subject, yet they can provide a tentative picture of its relevance: For example, informal employment makes up 48% of non-agricultural employment in North Africa, 51% in Latin America, 65% in Asia, and 72% in sub-Saharan Africa. If agricultural employment is included, the percentage rises in some countries like India and many sub-Saharan African countries beyond 90%. Estimates for developed countries are around 15%.[4]

Kenya's informal sector comprises those enterprises employing 20 or fewer people - whether or not they operate from a fixed location. Thus a self-employed handcart puller, hawker, a vegetable vendor (mama mboga) or shoe-shine boy are all treated as individual 'enterprises' even though they have no employment and no fixed location. These enterprises make up a totally varied group whose interests cannot possibly be put down in any one combined statement of policy.

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<sup>1</sup> Men & Women in Economy: (ILO 2002)

The informal sector plays an important part in the economic, political and social life of Nairobi and other major towns in the country. The importance of this sector can be gauged by its role in employment creation in an economy where the unemployment problem has reached crisis levels. In 1992 only 91,300 job opportunities were created nationally, of which 75 per cent were generated in the informal sector. According to the Central Bureau of Statistics (CBS), the sector accounts for 27 per cent of total employment in Nairobi, (141,877) out of total employment of 517,877). Furthermore, growth in the informal sector is occurring at 16 per cent per annum compared to 1.4 per cent in the modern wage sector.

In developing countries, the largest part of informal work around 70%, is self-employed, in developed countries, wage employment predominates. The majority of informal economy workers are women. Policies and developments affecting the informal economy have thus a distinctly gendered effect.

### **Background of the Informal sector BCC strategy**

This strategy is an outcome of the informal sector communication material development workshops held in Coast Province, Mombasa and Rift Valley Province, Nakuru respectively. Stakeholders in the two provinces came together in creative workshops facilitated by AIDS Population Health & Integrated Assistance (APHIA II) Coast and Rift Valley prevention technical teams in June 2008. Informal sector workplace is a unique working environment, defined mainly by lack of fixed income, lack of management structures and high mobility due to lack of fixed locations in search of income. Other characteristics of informal sector workplace include sometimes family-owned businesses operating outside state regulation or control and mainly engaged in small-scale services or small-scale manufacturing. In Kenya, the small-scale activities are semi-organized or structured and largely depend on semi-skilled labor-intensive activities. The general guidelines of informal sector workplace are as follows:

- Low income earners as people who live on less than a dollar a day
- Informal employment forms without structures for example in wages and management
- Informal workplaces without well defined structures e.g. offices, policies.
- Workers without a permanent or fixed work stations or locations

### **APHIA II goals and objectives**

United States Agency for International Development (USAID) APHIA II project supports improved and expanded, sustainable HIV/AIDS/STI and tuberculosis (TB) and Malaria prevention, treatment, care, and support, along with integrated reproductive health (RH) and family planning (FP) services. The project aims to increase service access and use, while also promoting healthier behaviors among most-at-risk groups and the general population. Project activities are taking place at both the health care facility and

community level and involving collaboration with the GoK Ministry of Health (MOH) and stakeholders at district and provincial levels.

APHIA II Coast and Rift Valley in conjunction with the Ministry of Health are committed to deliver better health to all residents of the Coast and Rift Valley provinces. As APHIA II project prioritizes to reach the workplaces, the interventions will also target the employees' spouses and children and the communities around the workplaces. Therefore, workplaces have a duty in reducing the spread of HIV, improving the quality of life of employees and dependants infected with HIV and mitigating the socioeconomic impact of HIV in Kenya.

APHIA II Coast and Rift Valley projects promote increased net working among agencies, between facilities and communities through facility-community linkages and sustainability of the interventions.

APHIA II Coast and Rift Valley programming ensures priority community sites have an integrated network of comprehensive, high quality and accessible services that cover the public health system, private sector, and community. The program emphasizes on a well-defined referral mechanisms that effectively link service provision facilities with communities to enhance access to services by individuals and families.



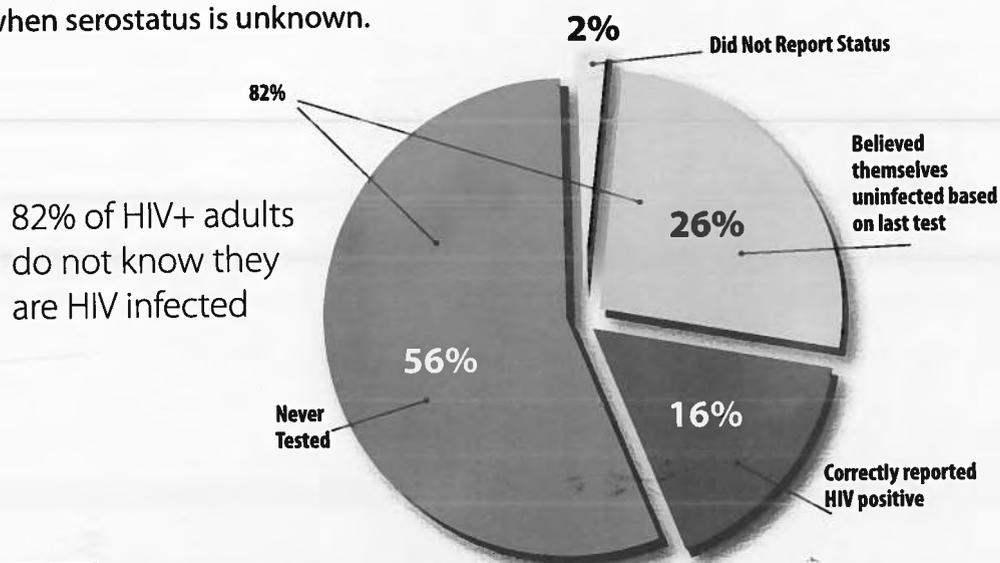
## Methodology

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APHIA II Coast and Rift Valley conducted Behavioral Monitoring Survey<sup>2</sup> (BMS 2007) at the inception of the APHIA II program. The BMS results are a basis for the development of behavior change communication interventions targeting various populations as identified to be most at risk, hard-to-reach and are vulnerable to HIV infection among other health priorities.

The BMS results indicated that although 99% of drivers and touts have heard about sexually transmitted infections (STIs), HIV & AIDS, 97.7% of them reported being sexually active (had sex in the last 12 months) with 15% having sexual partners for pay. 38% of these populations don't use protective methods like condoms (APHIA II BMS 2007). Further, the BMS survey results indicate that informal sector workers are acknowledged to indulge in alcohol and drug abuse. This impairs their judgment when it comes to using protection and proper use of condoms. About 32% of touts interviewed during the 2007 BMS survey had ever had an STI, hence implying that correct and consistent condom use amongst the group is not being adhered to despite their large sexual networks. This exposed High level of knowledge but either obvious lack of skills for adoption of health behaviors or ignorance of the desirable behaviors.

Lessons learnt from the Kenya AIDS Indicators survey<sup>3</sup> (KAIS 2007) report point out that, 82% of HIV+ adults do not know that they are HIV infected. The report further concludes that knowledge of serostatus and proper disclosure to sexual partners can help reduce new infections. Hence programs need to prioritize interventions that aim to; increase knowledge of serostatus, increase disclosure between sexual partners, increase condom use when serostatus is unknown.



<sup>2</sup> BMS Report (APHIA II Coast & Rift Valley 2007)

<sup>3</sup> KAIS Report (2007)

## Target Population Segmentation

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In the urban towns and centers in Coast and Rift Valley, the informal sector workplace profile is dominated by service sector provision as opposed to industrial and allied production. The key services that create informal sector employment in the Coast and Rift Valley are:

- Public Service Vehicles and transport sector, (PSV)
- Wood carvers and curio traders
- Cottage and bead making services
- Beauty services (hair dressers and barbers)
- Mechanical services (Garage workers and car washers)
- Retail Market services
- Security guards and watchmen

### **Primary target population**

The PSV sector profile entails matatu drivers, touts, route managers, tuktuk, bicycle and motorcycle riders popularly known and boda-boda. The bead making services in the cottage industry include beads and ornaments workshop workers. Another group of talented individuals occupy themselves in wood handicraft carving. The beauty services sector includes salon workers, hairdressers and barbers. In the Mechanics sector, there are vehicle repairers, car washers and second-hand spare part kiosk operators who usually work closely with the mechanics. The retail market cluster group includes vendors, market stall workers, loaders, carriers, butchery owners, second hand clothes sellers, and food kiosk workers.

### **Secondary target population**

The secondary target populations include those people who are in direct contact with the workers and are likely to be affected by the behavior of the informal sector environment. They include matatu owners, bicycle owners, salon owners, clients, market stall owners, city council/municipal askaris, parking attendants, stage managers, motorists who seek vehicle repairs, domestic workers, commercial sex workers, suppliers of beauty products, suppliers of second hand spare parts, owners of garages and bar or hotel workers.

The program proposes to target workers in these informal sector clusters and sub-clusters that operate in groups and are likely to be young people, women and men seeking to earn a living. Some of informal sector players are self-employed; while other players are employed by business owner. The transport sector attracts majority of young and lowly educated men who see the disposable income sometimes paid on a daily commission as an attractive package.

There is no specific formal training required for undertaking the employment opportunities available in the informal sector. In Kenya, Public Service Vehicles (PSV)

sector workers are required by law to operate under the Transport and Licensing Board (TLB) regulations, which stipulate that people have to be issued with certificates of good conduct. The other informal sector categories in the Kenyan market namely; local bodaboda cyclists, small scale traders such as barbers and salons, retail market workers, jua-kali artisans and mechanics operate under the Local Authorities Act, which stress business compliance rather than personal needs of the worker.

Although the informal sector provides alternative livelihood to thousands of youth, men and women in the Coast and Rift Valley areas, the informal sector work environment poses a great challenge to the programs aimed at promoting and implementation of healthy behavior among informal sector populations. The informal sector environment is characterized by mobility, weak social networks, low morale and self-esteem, lack of organizational structure and disposable income which is to a great extent spent on engaging in risky behavior such as alcohol and drug abuse, and unprotected sex.

## Guiding Principles

From the specific objectives of the strategy development, it is clear that the informal sector workplace presents a unique environment which acts as catalyst to the current behavior. The current undesired behavior for these populations should be addressed to achieve the desired behavior. The guiding principles, which are linked to the overall APHIA II comprehensive program components aim to promote comprehensive knowledge and skill in HIV & AIDS prevention, care and support and eliminate stigma and gender based violence (GBV) and sexual abuse among the informal sector groups and clusters in Coast and Rift Valley provinces. The APHIA II Coast and Rift Valley 2007 BMS study, identified among the most important issues relating to informal sector groups such as the matatu and tout crews and formal workplace populations was the misuse of alcohol. This element needs to be tackled since it is a predisposing factor for high risk behavior but also promotes gender based violence and failure to adhere to treatment regimens for those with HIV or TB.

**Evidence based:** The activities targeting informal sector populations are guided by lessons learnt from previous documented projects such as FHI/Impact project whose identified gap was to create a sound strategy that captures the reach to the informal sector groups. The Kenya AIDS Indicators Survey (KAIS), Kenya Modes of Transmission Study (KMOT) and other regional studies form a solid base on what programs need to prioritize in order to adequately reach to the informal sector groups. The dynamics of the informal sector pose challenges to behavior change communication programs. There is great need to put in place interventions outside the traditional ways of reaching to general population. Innovation either through evidence based activities or lessons learnt from other programs will be in realizing change in this ever changing sector.

**Access to services:** Universal access to services is another principle that guides the informal sector interventions. Whereas information and skills are relevant and key

to behavior change communication interventions, such will not be complete without provision and access to health services such as; counseling and testing, prompt STI care, access and adherence to ARVs, prevention and control of HIV related illnesses like TB, malaria etc. APHIA II project works in partnership with both the private and public service providers in efforts to increase access to services for communities. The informal sector groups are disadvantaged in service access due to their mobility and nature of their economic activities that calls for long hours of work. The minimal daily earnings in this sector may hinder proper health care plans for the members. The lack of Medicare or medical insurance in the informal sector is equally a challenge.

**Gender mainstreaming:** mainstream critical gender components such as gender equity to ensure balance of responsibility and ownership of the program for men and women, and address gender issues that would hinder positive health behaviors. Gender issues will be addressed in training, representation in various program structures and other activities while ensuring appropriate gender interpretation. The AIDS pandemic has continued to take a gender dimension. Current trends shows an increased testing among women but reports also point out that there are testing gaps of 68% and 48% among men and women respectively.

**Ownership and Sustainability:** informal sector programs should contribute to the development of systems that can be sustained over time; these include: HIV/AIDS position papers and declarations through the laid down leadership structures for some of the informal sector groups. Institutionalization of operating structures such as; the steering and coordination committees or task forces, coordinating focal points to oversee the activities, and creating opportunities for implementation of activities. APHIA II Coast and Rift Valley envisage the evolution of support groups and post test clubs (PTCs) as the way that the informal sector can have ownership and sustainability. Organizational based structures residing in Boda Boda associations, The Akamba Handicraft Association leadership or health groups modeled on merry-go-round groups are some examples of structures that exist among various informal sector groups. Informal sector group leaders should make commitment to behavior change communication interventions.

**Networking and Collaboration:** informal sector interventions will seek relevant support from government structures (e.g. CACC, MOH), other NGOs/CBOs and other formal workplaces and community programs to be referred to as Integrated Network. Informal groups will make use of the Integrated Network through community health action days, comprehensive outreaches, network forums/meetings and other national and internationally recognized events.



## Goal of the Informal Sector BCC Strategy

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Considering the informal workplace environment, the overall goal of the strategy is to improve the capacity of program officers working with the informal sector clusters in the Coast and Rift Valley to provide services such as specific sector interventions as well as monitoring and evaluation guidelines. The informal sector BCC strategy is anchored on the APHIA II Coast and Rift Valley Strategic Behavioral Change (SBC) overall prevention strategies. The informal sector strategy is geared towards the achievements of the APHIA II Coast and Rift Valley Behavior Change Objectives (BCO) from the key population point of view.

### **Rationale for Informal sector BCC interventions**

Previous programs running in the Coast and Rift Valley did not specifically target the behavior and communication change among the informal sector groups. However the previous programs to a greater extent reached the informal sector groups indirectly through the reach to out of school youth and community women. This is a unified strategy targeting the informal sector groups specifically as a Key Population. Yet, the informal sector workplace forms the core of the yet to be reached populations in the Coast and Rift Valley. The APHIA II program designed to effectively target populations for both formal and informal workplaces using multi dimensional approaches. The other sectors, for instance the formal workplaces, the youth and sex workers initiatives already have active Behavior Communication Change (BCC) strategies. All the sector specific sub-population implementation strategies are derived from the overall APHIA II Coast and Rift Valley Strategic Behavioral Communication (SBC) strategy.

### **Predisposing Factors**

During the informal sector stakeholders' workshops in Coast and Rift Valley, key population target group representatives indicated that majority of their peers hamper negative attitudes, low perceptions of risks and behavior practices that expose one to greater risks of infections.

Public Service Vehicles (PSV) workers, popularly known as matatu crews are among the most at risk population in Mombasa, Nakuru and other towns in the Coast and Rift Valley provinces in Kenya. This is because the informal sector groups work on short shifts and earn disposable commissions. Similarly, the taxi, tuktuk, bicycle or boda- boda operators in the urban centers of Coast and Rift Valley are at risk because of the nature of their work, which is highly mobile. The wood carvers and bead making workers operate in towns frequented by local and foreign tourists who offer a readily available market for these merchandise. Informal sector employees work for long hours interacting with many clients and are likely to develop long-term relationships with regular customers. For example, boda-boda operators have networks and high interactions with all other informal sector workers such as commercial sex workers, and night guards.

## Gaps identified & behavior change communication objectives (BCCO)

Gap	Indicator	BCC objectives
Low awareness on current behavior and predisposing factors leading to HIV/AIDS infections.	Lack of information on what comprises risky behavior and predisposing behavior.	Improve informal sector workers' knowledge on methods and ways of preventing HIV infection and other illnesses
Low risk perception and assessment.	Testimonies of multiple sex relationships, and the language and acceptance levels in describing the multiple sex liaisons.	Increase self risk perception with regard to HIV/AIDS and other illnesses
Low perception of behavior change benefits	Lack of expression of direct health living benefits as a result of abandonment of behavior change and general tolerance to multiple sex pattern	Increase and reinforce positive behavior change among group members through modeling
Low uptake of VCT, STI, other medical services and FP services	Low number of testing and other medical health services.	Increase the demand for preventive, control and treatment services
Low awareness of living positively.	Misconception and fear of positive status	Create and increase visibility of PLWA living positively among the informal sector
GBV among informal sector workers.	High number of GBV reported especially among the boda-boda workers	Increase GBV awareness and prevention programs
High stigma levels	Low disclosure of status, and hushed suspicions.	Develop stigma reduction interventions
Strong peer pressure and negative influence on behavior change	Group dynamics which require one to proof their macho image by having more partners and open discussion of sexual exploits	Improve skills to deal with negative peer influence. Empowerment, communication and decision making skills

Matatu, bodaboda, retail market and salon workers are considered as risk takers and hence are at risk of engaging in risky behaviors due to their low sense of risk assessment with regard to HIV AIDS infection, condom use and medical services uptake. This emerged as a key issue as supported and corroborated by earlier studies findings under the APHIA II Coast and Rift valley BMS 2007.

Interestingly, when the findings of both 2007 BMS survey and the KAIS report were shared among the participants of the Coast and Rift Valley informal sector workplace strategy development workshop, they agreed with the findings and identified key issues which provide foundations to the specific objectives of the BCC strategy. The following salient points emerge as cross cutting in the entire informal sector sub-sectors in Coast and Rift Valley, which qualify them for program interventions.

## **Networking**

Good opportunities for networking and partnerships exist among all the identified informal groups in both Coast and Rift Valley. The workers and secondary populations interact easily and create such enormous networks that form a captive audience for messaging and promotion of access to health services. The networks provide a high potential for message channels due to mobile nature of the members.

## **Informal sector groupings & networks**

The informal sector groupings and the secondary target populations form an interdependent network, which should be targeted by the overall program.

In terms of predisposing behavior as the problem, the program outlines objectives that target behavior change from both the primary and secondary populations. The desired behavior should also affect both networks and social chain. The factors that were found to be predisposing for the primary population seemed to affect secondary behavior too. For example, *"When I carry a female passenger on my bicycle, I ensure that I touch their thighs in order to sexually arouse them. Then, I make the bicycle movement to fast and that time I demand sex from her! She has little choice but to comply"*

## **Current risky behaviors**

### **Casual sex:**

Sexual relationships between fellow workers and by extension the customers and proprietors expose the informal sector groups to risks and vulnerability to HIV infection.

### **Peer pressure:**

Negative peer pressure from customers was indicated as a great source of exposure to risks. Some informal sector groups engage in risky sexual behaviors so as not to feel left out in the discussions about sexual exploits that dominated the work environment of the informal sector clusters. This was considered, partly, a reflection of low self-esteem among individuals in the informal sector segments in both Coast and Rift Valley.

### **Commercial and transactional sex:**

Due to low-income levels, informal sector workers engage into commercial and transactional sex as a means of survival. Salon and beauty parlor workers reported earning alternative income through commercial sex during and after working hours. This was justified as a means to compensate the little earnings they get which sometimes is not forthcoming.

### **Alcohol and substance abuse:**

Majority workers in the informal sector identified alcohol and substance abuse as a major predisposing factor rather than a current risky behavior. Informal sector workers engage in risky sexual behaviors after alcohol and substance of abuse due to the readily available disposable income. Drug and substance abuse is a common trend with the citation that it enables the informal sector workers cope in difficult jobs such as carrying loads or calling

commuters to board public transport. Barbershops and boda-boda workers are an easy distribution point for drugs and psychotropic substances.

## **Desired behaviors**

The informal sector representatives in Coast and Rift Valley identified in details the desired behaviors that when adopted by individuals and groups in the sector would lead to healthier and productive lives. Behavior change communication interventions for the ever changing and challenging informal sector environment need to promote positive determinants that encourage desired behaviors. Innovative and tailor made approaches that utilize interpersonal and intrapersonal communication would include peer-centered approaches role modeling and endorsement by local personalities well known among the informal group networks.

Tailor made and unique interventions for each segment of the informal sector will enhance favorable environment for adoption and practice of desired behaviors. Messages and concepts should be geared towards increased positive self regard, self awareness and self-esteem, elimination of negative peer pressure in relation to sexual networks, inclusion of anti-stigma campaigns, reduction of; alcohol and substance abuse, gender based violence as well as increased uptake of preventive intervention services.

## **Behavior change objectives (BCO)**

As described in the previous section, the informal sector group interventions will be targeted in order to yield results. Groups profiling in various segments that exist in every locality will be key initial steps. Different APHIA II programs components have developed appropriate behavior change communication interventions that are localized and supported by the existing environmental factors to enhance sustainability and maintenance of desired behaviors.

Below are summary of the behavior change objectives to guide the informal sector BCC interventions in Coast and Rift Valley provinces;

- Increased knowledge of sero-status.
- Increase disclosure between sexual partners
- Increase condom use when serostatus is unknown
- Increase awareness of discordance between couples
- Promote safer sex practices among serodiscordant couples
- Increase awareness of potential benefits of circumcision
- Reduction of alcohol, drugs and substances abuse
- Increase uptake of family planning (FP) services.
- Increase uptake of preventive interventions as outlined under the APHIA II program (TB screening, malaria control, ANC, STI, breast, cervical & prostate cancer screening)
- Reduce gender based violence (GBV)
- Increase seeking of ART and other medical services

### **Role of Peer Education**

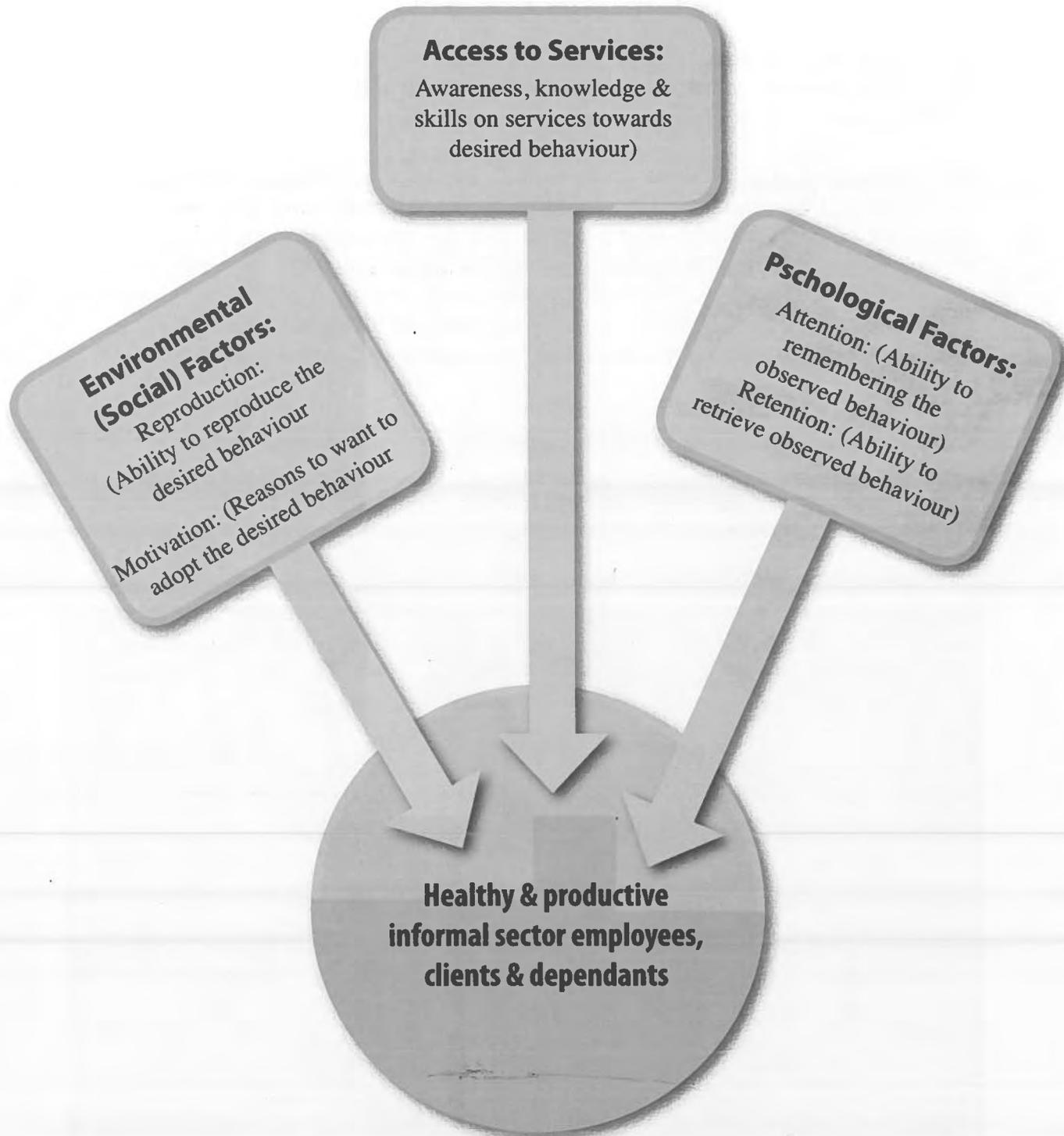
Peer education has been recognized as an effective approach for all interventions in behavior change programs worldwide. The informal sector BCC strategy will anchor on peer education in promoting general HIV/AIDS and wellness activities among the informal workplaces. Peer education is based on several interpersonal and behavior change communication theories namely Theories of Popular Education, Non Classroom and Adult Learning, Social Learning Theories and Diffusion of Information theories. Social learning theory advanced by Albert Bandura is relevant in health communication because of behavior replication upon interaction. Evaluating behavioral change depends on the psychological factors, environment and behavior. Diffusion of Innovation theory as advanced by Everett R (et al) stress that people learn new behavior and innovations in stages. The model states that after the initial 2 percent of people in a group adopt new behavior and innovation, the trend is likely to be replicated until the whole group adopts the new desired behavior as they mirror their group members.

The social learning theories provide the framework for designing, implementing and evaluating the informal sector program. *“Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action.”*-Albert Bandura, Social Learning Theory, 1977.

Interpersonal relations are characterized by elements such as attention & retention, the ability to remember what one observed in the process of social learning. The nature of the informal sector populations will benefit from captive and trend messaging unlike the general population. The sector environment will call for simplified and provocative messages that will be easily remembered by members. Reproduction of the desired behavior through role modeling is another factor that accounts for change. Finally, the social theorist asserted that motivation, or a good reason for individual and groups to want to adopt the desired behaviors enriches communication for change interventions.

This informal sector communication strategy rides on the existing APHIA II Coast and Rift Valley *Tuyazugumze* and *Tujadiliane* overall communication strategies respectively. The two strategies anchor interventions around community dialogue as a means to behavior change. Arguably, the informal sector BCC strategy will be a driving point for the promotion of positive self-regard and self-esteem among the jua kali sector workers, clients and their networks in efforts to creating the desired behavior change.

## Jua-Kali sector communication model framework



## Communication Approaches

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This section of the strategy presents potential communication channels, approaches and comments for the various primary target audiences of the informal sector in Coast and Rift Valley.

The stakeholders' analysis on possible channels and approaches for consideration when implementing behavior change interventions for the informal sector is based on their understanding of the environment of the individuals and groups engaged in various informal economic activities. Further, the stakeholders also greatly connected personal experiences and probable and effective messaging in persuasion of peers and networks to desired behaviors. Below is a summary matrix that describes the primary target populations, possible communication channels, approaches and comments to each category.

In a second matrix, the strategy presents a stakeholders identified message development opportunities, message threats, key benefit statements and sample messages for use in various segments of the informal sector groups.



## Proposed Channels of Communication Matrix

Target population	Communication Channels	Approaches	Comments
Transport sector: Drivers, Boda-boda, mechanics, taxi drivers, tuktuk drivers	<p>Drivers/cyclists:</p> <ul style="list-style-type: none"> <li>• Mobile phones, stickers on the vehicles, video screens,</li> <li>• Group discussions, verbal communications,</li> <li>• Local FM Radio discussions,</li> <li>• Messages on uniforms stickers, annual general meetings.</li> <li>• Windscreens, route notice boards, graffiti, memos, word of mouth, caps</li> <li>• Mechanics: Murals, overalls.</li> <li>• Customized messages</li> </ul>	<ul style="list-style-type: none"> <li>• Develop local video content</li> <li>• Share text messages (SMS)</li> <li>• Write local messages on stickers in regular matatu language</li> <li>• Send peer discussants to interviewed</li> <li>• Make peer education part of sector meetings</li> <li>• Write graffiti strategically</li> <li>• Develop specific advocacy and awareness murals</li> <li>• Magnet theatre at matatu &amp; bodaboda terminuses</li> <li>• Print motor spare parts receipts with messages</li> </ul>	<ul style="list-style-type: none"> <li>• Channels and messages should consider literacy and mobility levels of the target population</li> <li>• Channels should be accessible</li> <li>• Graffiti and mudguards channels will need to be innovatively used for effectiveness</li> <li>• Channels should target both primary target and secondary populations in the network e.g. CSWs.</li> </ul>
Wood carvers, beads makers and other retail market workers, mitumba (second hand clothes) sellers, supermarket workers etc.	<ul style="list-style-type: none"> <li>• One-on-one word of mouth</li> <li>• Mobile phones SMS,</li> <li>• Local FM radio, newspapers,</li> <li>• They interact with buyers- and in kiosks</li> </ul>	<ul style="list-style-type: none"> <li>• Compose generic text messages to be forwarded</li> <li>• Magnet theatre using local people</li> <li>• Messages on aprons and dustcoat as display channels</li> <li>• Wall murals paints and posters on kiosk walls due to human high traffic</li> </ul>	<ul style="list-style-type: none"> <li>• May use chiefs meetings.</li> <li>• Beba people can be reached on small radio transistors-to the local FM stations.</li> <li>• Some of them have aprons that can be used for messages</li> <li>• Messages stickers on strategic locations and items</li> <li>• Magnet theatre and murals would reach Beba people</li> <li>• Text short message services (sms) to the beba people.</li> <li>• However, mobile phones might not give effective communication.</li> </ul>
Hair dressers/kinyozi, massage parlours etc (personal beauty service workers)	<ul style="list-style-type: none"> <li>• Posters; e.g. new hair style</li> <li>• Small handouts of flyers</li> <li>• Adverts on media</li> <li>• Interpersonal communications</li> <li>• One-on-one</li> <li>• Peer education</li> <li>• Songs and Music</li> <li>• Local FM radios</li> </ul>	<ul style="list-style-type: none"> <li>• Print messages on new beauty products, styles and designs</li> <li>• Write local messages using local people on the fliers</li> <li>• Use of billboards in town</li> <li>• Positive use of gossip in the beauty services network</li> </ul>	<ul style="list-style-type: none"> <li>• Think about innovative practical messages e.g.</li> <li>• Salon peer educators' message on the apron?</li> <li>• Stickers on the mirrors?</li> <li>• Opportunity to reach out to the hairdressing schools and does the awareness. Number of salon workers?</li> <li>• Radio tapes in the salon</li> <li>• Message on small calendars</li> </ul>

## Sample Messages creative brief matrix

<b>Behavior Objective (BO):</b> <ul style="list-style-type: none"> <li>• Increase of access to uptake of HIV counseling and testing services by 35% among Informal sector workers by end of 2009</li> </ul>				
<b>Communication Objective (CO)</b> <ul style="list-style-type: none"> <li>• Increased awareness of the benefits of counseling and testing</li> <li>• Increase risk perception unprotected sex</li> </ul>				
Audience	Message	Message Threat	Message Characteristics	Artistic/Creative Description
<b>PRIMARY</b> Boda boda, Security guards, Garage and car wash, Salon and kinyozi, supermarket, Small scale traders  <b>SECONDARY</b> Dependants & social networks.	<b>Jua Hali Yako, kwa Maisha Bora</b>	<ul style="list-style-type: none"> <li>• Knowing ones status does not necessarily improve ones life i.e. financially</li> <li>• Belief that when you realize you are positive you will die faster</li> </ul>	<ul style="list-style-type: none"> <li>• Encouraging</li> <li>• Simple</li> <li>• Mature</li> </ul>	<ul style="list-style-type: none"> <li>• Printed on a T-Shirt</li> <li>• Jua hali yako(in bold) in front, kwa maisha bora(small letter) on the back.</li> </ul> This should also including aprons, overalls, face towels and reflectors to cater for needs of the different groups

## Creative Brief Matrix

<b>Behavior Objective (BO):</b> <ul style="list-style-type: none"> <li>• Increase number of effective referrals by 50% among workers in the informal sector by end of 2010.</li> </ul>				
<b>Communication Objective (CO)</b> <ul style="list-style-type: none"> <li>• Increase awareness of the benefits of seeking correct treatment at relevant treatment centers.</li> </ul>				
Audience	Message	Message Threat	Message Characteristics	Artistic/Creative Description
<b>PRIMARY</b> Boda boda, Security guards, Garage and car wash, Salon and kinyozi, Small scale traders  <b>SECONDARY</b> Food vendors, spare part sellers, vehicle owners, boda boda clients, sex workers	<b>Usipuuze! Usijitibu! Muone Daktari!</b>	<ul style="list-style-type: none"> <li>• It may be seen to include illness like acidity that people can easily treat through self medication</li> </ul>	<ul style="list-style-type: none"> <li>• Stern</li> <li>• Bold</li> <li>• Mature</li> <li>• Encouraging</li> </ul>	<ul style="list-style-type: none"> <li>• Printed on posters.</li> <li>• In large font with a picture of a doctor or a hospital.</li> <li>• Printed on a T-shirt.</li> </ul>

## Creative Brief Matrix

<b>Behavior Objective (BO):</b> <ul style="list-style-type: none"> <li>• Reduce the number of informal sector workers with multiple sexual partners by 40% by 2011.</li> </ul>				
<b>Communication Objective (CO)</b> <ul style="list-style-type: none"> <li>• Increase risk awareness regarding multiple sexual partners</li> <li>• Increase awareness on the benefits of faithfulness to one partner of known status</li> </ul>				
Audience	Message	Message Threat	Message Characteristics	Artistic/Creative Description
<b>PRIMARY</b> Boda boda, Security guards, Garage and car wash, Salon and kinyozi, supermarket, Small scale traders  <b>SECONDARY</b> Their dependants, social networks.	<b>Mshikaji wangu mmoja... tosha!</b>  <b>Mimi, Bysikeli yangu, Mshikaji Wangu... Tasha!</b>	<ul style="list-style-type: none"> <li>• It may offend people whose culture allows polygamy.</li> <li>• To some extent the word mshikaji has been corrupted to refer to a mistress</li> </ul>	<ul style="list-style-type: none"> <li>• Stern</li> <li>• Bold</li> <li>• Mature</li> <li>• Encouraging</li> </ul>	<ul style="list-style-type: none"> <li>• Printed on a T-shirt.</li> <li>• The message to be written in cute calligraphy with a picture of a man and a woman hand in hand.</li> </ul>

## Creative Brief Matrix

<b>Behavior Objective (BO):</b> <ul style="list-style-type: none"> <li>• Increase condom use by 30% among workers in the informal sector by end of 2010.</li> </ul>				
<b>Communication Objective (CO)</b> <ul style="list-style-type: none"> <li>• Reduce myths and misconceptions about condoms</li> <li>• Increase awareness of the advantages of using condoms</li> </ul>				
Audience	Message	Message Threat	Message Characteristics	Artistic/Creative Description
<b>PRIMARY</b> Boda boda, Security guards, Garage and car wash, Salon and kinyozi, supermarket, Small scale traders  <b>SECONDARY</b> Their dependants, social networks.	<b>Wacha domo... Condom ni Sure!</b>	<ul style="list-style-type: none"> <li>• It may be seem as a worded response to the stand of some religious institutions.</li> </ul>	<ul style="list-style-type: none"> <li>• Bold</li> <li>• Mature</li> <li>• Encouraging</li> </ul>	<ul style="list-style-type: none"> <li>• Printed on posters.</li> <li>• Printed on a T-shirt.</li> <li>• Small stickers</li> <li>• In bold red letters.</li> </ul>

## Creative Brief Matrix

<b>Behavior Objective (BO):</b> <ul style="list-style-type: none"> <li>• Reduce stigma among workers in the informal sector.</li> </ul>				
<b>Communication Objective (CO)</b> <ul style="list-style-type: none"> <li>• Reduce incidences of stigma on PLWHA</li> <li>• Reduce incidences of stigma on condom use</li> <li>• Reduce incidences of stigma on VCT</li> <li>• Increase understanding and appreciation of PLWHA, VCT, Condom</li> </ul>				
Audience	Message	Message Threat	Message Characteristics	Artistic/Creative Description
<b>PRIMARY</b> Boda boda, Security guards, Garage and car wash, Salon and kinyozi, supermarket, Small scale traders  <b>SECONDARY</b> Their dependants, social networks.	<b>Hali yako hajalishi, wewe ni wetu.</b>  <b>Najali hali yangu, natumia condomu</b>  <b>Mimi na VCT ni kama Spanner na Gari</b>	<ul style="list-style-type: none"> <li>• It may be misconstrued by the public</li> </ul>	<ul style="list-style-type: none"> <li>• Encouraging</li> <li>• Simple</li> <li>• Mature</li> <li>• Unifying</li> </ul>	<ul style="list-style-type: none"> <li>• Printed on posters.</li> <li>• Printed on a T-shirt.</li> <li>• Small sticker</li> <li>• Print in calligraphy beside a picture of a crowd of people holding hands.</li> </ul>

## Creative Brief Matrix

<b>Behavior Objective (BO):</b> <ul style="list-style-type: none"> <li>• Reduce incidences of rape on minors among Boda Boda cyclists and workers in the informal sector by 40% by end of 2010.</li> </ul>				
<b>Communication Objective (CO)</b> <ul style="list-style-type: none"> <li>• Increase awareness on children's rights.</li> <li>• Increase level of awareness on available rape health services</li> </ul>				
Audience	Message	Message Threat	Message Characteristics	Artistic/Creative Description
<b>PRIMARY</b> Boda boda, Security guards, Garage and car wash, Salon and kinyozi, supermarket, Small scale traders  <b>SECONDARY</b> Their dependants, social networks.	<b>Tulinde kizazi cha kesho!</b> <b>Ubakaji..tia Zii!</b>	<ul style="list-style-type: none"> <li>• The word ubakaji may not be fully understood by all since it is not popular among the informal group.</li> </ul>	<ul style="list-style-type: none"> <li>• Bold</li> <li>• Encouraging</li> </ul>	<ul style="list-style-type: none"> <li>• Printed on posters.</li> <li>• Printed on a T-shirt.</li> <li>• In bold beside a picture of children playing.</li> </ul>

## Message development: Opportunities & Challenges

The participants were guided through some of the suggested messages and they learnt that most of the messages sounded preachy and offensive. They were encouraged to develop messages that did not sound judgmental. The following points emerged. It emerged that myths and misconceptions still existed among the target population. This meant that the program needed to do a lot of work to create awareness. In response, the informal sector strategy will endeavor to equip the peer leaders/educators with appropriate ways of message development. Messages will be sub-group specific to complement general BCC messages by the larger APHIA II Coast and Rift Valley program components.

Confidence in prevention approaches was still very low e.g. condoms-its far way below average, confidence in abstinence is very low, yet informal population comprises young people. Messages should focus on changing this by improving condom use and other preventive approaches. Confidence in fidelity was zero. All groups were confirming and reporting high interactions with casual sex. The messages should promote the benefits of fidelity as a behaviour change. None of the groups mentioned male circumcision and it wasn't clear whether it was due to ignorance or low awareness. There is a gap in information. Messages should promote male circumcision among informal sector workers.

High levels of stigmatization and discrimination even those at the salon, recall the incident - *hata nikiwa na virusi, nipende* (Love me despite my HIV status). There is the need to develop messages that stop the informal worker on their tracks. Low confidence in the quality of life for PLWAs a major issue. HIV people don't want to know, nobody mentioned living positively. ARVs were not mentioned. Messages that promote positive living should be rolled out, e.g. know your status, and get treatment. Messages should call to action. Messages must be powerful, that deal with barriers to behavior change, otherwise people will not listen.

Participants demonstrated low perception of risk. There is need to increase the risk assessment skills and capacity among informal sector workers. Low wages justify casual transactional sex. Unless people perceive that they are at risk they won't change. Enhance knowledge of positive living and confidence in ART. People are afraid, because they are not sure about what will happen if they tested. There is life after bereavement. Messages should address misconceptions and help cast positive living in a new light.

Peer pressure seems to be as a result of general low self-esteem among majority informal sector workers. Messages should target reinforcing positive macho image without having to prove it through sexual activities. Images of machismo-talk about male supremacy, it makes men rape women, or male ideas of dominance otherwise called patriarchy. Messages should target this behavior change so that people can still feel powerful without having to engage in casual sex.

Participants were encouraged to develop messages that addressed drugs, alcohol, *mugombero* abuse and other substances. To build confidence participants should address reasons that drive them to abuse drugs and how it exposes them to risk of HIV infection. The definition of rape as a form of sexual violence—rape means touching in private parts without their consent was explained. Participants realized that there are many forms of sexual harassment. Any unwanted sexual advance, which is none, consensual is considered rape.



## Monitoring of the Strategy-Framework

Monitoring and evaluation will be essential to objectively establish progress towards the achievements of the objectives of this informal sector behavior change communication strategy and in tracking the performance of the informal sector interventions in Coast and Rift Valley.

The key aspects of the M&E framework for this informal sector communication strategy include:

- Monitoring of the implementation of the on-going informal sector communication interventions by various Local implementing partners
- Assessing the outcomes and the contribution of messages and interpersonal communication activities by various segments of informal sector utilizing the community Based (COBAR) reporting tool.
- Assessing the technical competency levels in behavior change communication and materials development for local implementing partners of the informal sector component.

PE diary (P1) and coordinator (P2) forms, COBAR form.

The image shows two overlapping forms titled "PREVENTION INTERVENTION MONTHLY SUMMARY REPORT (P2)".

The top form includes the following fields:

- Name of Implementing Partner
- District
- Target Population
- Month
- Number of Individuals Reached (columns 6-15)

The bottom form includes the following fields:

- Name of Implementing Partner
- District
- Target Population
- Number
- Name of Peer Educator
- Number reached through one on one sessions
- Total number reached through group sessions
- Number of PEV participants reached through group
- Number of Conditions distributed to
- Number of notes cards handed out
- Total Number of participants in one on one
- Number of PEV participants in one on one
- VCT (Male/Female)
- EPI (Male/Female)
- ART Cuts (Male/Female)
- IBC (Male/Female)
- ABC (Male/Female)
- PP (Male/Female)

The bottom form features a large grid for data entry, with columns corresponding to the intervention components listed above.

### Appendix 1: Strategy Implementation Plan

Activities	Time Frame											
	Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL	OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN	APR
<b>Strategy 1:</b> Strategic communication interventions to improve knowledge, raise awareness, support HIV/AIDS and related illnesses management, fight stigma, eliminate discrimination and promote utilization of preventive, treatment, care and support measures:												
<b>Strategy 2:</b> Entry Advocacy plan to ensure buy-in- by informal sector umbrella bodies and stakeholders in the various segments												
<b>Strategy 3:</b> Advocacy among management and leaders of informal groups for commitment in ensuring ownership and sustainability:												
<b>Strategy 4:</b> Ownership and Sustainability: Strengthen/ build capacity for implementers and partners for program co-ordination and implementation:												
<b>Strategy 5:</b> Develop Communication Materials/ harvest creative briefs from representative populations, desing messages, pretest and develop materials												
<b>Strategy 6:</b> Exit strategy/ Establish effective linkages to facility based services, informal sector workers, clients and dependants												
<b>Strategy 7:</b> Identify, document and disseminate best practices on innovative informal sector communication interventions:												

## Appendix 2: Stakeholders' Workshop Agenda

Time	Activity	Facilitator
8.30 am – 9.00am	Introduction and Welcome remarks	
9.00 am – 10.00 am	<b>Overall prevention program</b> • Understanding the APHIA II Rift SBC strategy	
10.00am – 10.45am	<b>Targets and why?</b> What do we know about the informal sector- F MS, KAIS report and other assessment reports	
<b>10.45 am – 11.00 am</b>	<b>Tea break</b>	
11:00 am – 11.30 am	Discussions on the report findings. Do they reflect a true position of the behavior and risk factors? What can we do? - Know a strategy	
11.30am – 12.30 pm	Steps in developing a communication strategy <ul style="list-style-type: none"> <li>• What is the problem</li> <li>• Who is it affecting how/why?</li> <li>• What can we do with who and when?</li> <li>• BCC/BC objectives</li> </ul>	
12:30 p.m-1:15pm	Group work	
<b>1.00pm – 2.00 pm</b>	<b>Lunch break</b>	
2.00pm – 3.00pm	Groups report back	
3.00 pm – 4.00 pm	• Linking the behavior and communication objectives	
4.00pm -4.30pm	• Establishing the channels and approaches	
4.30 pm – 5.00 pm	Way forward	
<b>Day 2</b>		
9.00am -9.15am	Recap of day 1	
9.15am – 9.30 am	Linking the informal sector to youth, community and health facilities	
9.30am -10.30am	Understanding message/material development process	
<b>10.30a.m – 10.45am</b>	<b>Tea break</b>	
10.45am – 1.00 pm	Message/material development - Group work	
<b>1.00 pm – 2.00pm</b>	<b>Lunch break</b>	
2.00 pm – 4.00pm	Groups report back and Review messages	
4.00pm – 4.30pm	Evaluation of day 2	
<b>Day 3</b>		
8.30 am – 9.00 am	Recap of day 2	
9.00 am- 10.00 am	Monitoring and work plans Quality assurance and improvement	
10.00 am – 11.00 am	Way forward	

## Appendix 3: List of participants Coast & Rift Valley

### APHIA II Coast

<b>Names</b>	<b>Group</b>
Omar Ahmed	- Voi youth Forum
Joshua Malonza	- Akamba Handicraft
Crispus K. Lalu	- YATTA
John Ndiritu	- APHIA II Coast
Filberts Olouch	- APHIA II Coast
Salim Mohamed	- Matatu Driver
Khamis Salim	- Matatu Driver
Lewis Ben	- Matatu Driver
Salim Bryan	- Matatu Driver
Anicetus Ng'pnp	- Bombolulu Workshop
Johnny Nyagaka	- Bombolulu Workshop
Alex Masika	- APHIA II Coast
Mary Oruko	- Programs Manager, APHIA II Coast & Rift Valley

### APHIA II R.V

John Kamau	- TEARS Group Kenya
Doreen Otieno	- FHOK, Nakuru
Julius Ogolla	- REPACTED Group of Kenya
Daphine Karima	- Barber Representative
Stephen Njoroje	- Boda Boda representative
Dorcas Nyambura	- Mitumba Seller
Nasir Omar	- Small scale traders
Joseph Ndugu	- Mitumba seller
Amos Nyakombo	- Boda Boda Representative
Timothy Okwiri	- Boda Boda Representative
Called Ouma	- Mechanic Representative
Moses Odhiambo	- Barber Representative
Collins Oduor	- REPACTED Group
Sherry Anyango	- REPACTED Group
Omeny Alaro	- REPACTED group
Francis Mwangi	- Matatu group
Duncan Asila	- TEARS group
Nammah Wambui	- Small scale Trader
Jane Adero	- FHOK Nakuru
Patricia Awour	- Saloon Representative
Oby Obyerodhyambo	- APHIA II R.V
Willis Ogutu	- APHIA II R.V
Ian Wanyoike	- APHIA II R.V
Margaret Kabue	- APHIA II R.V
Gladys Kemunto	- Rapporteur
Mary Oruko	- Programs Manager, APHIA II Coast & Rift Valley

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