**Cooperating Agency Name** | World Vision, Inc.
---|---
**Program Name** | Abstinence and Risk Avoidance Program (ARK)
**Cooperative Agreement** | GPO-A-00-05-00004-00
**Final Report Timeline** | February 2005 to June 2010
**Date of Submission** | August 31, 2010
**Agreement Start and End Date** | February 3, 2005 – June 30, 2010
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I. List of Abbreviations and Acronyms

A and B   Abstinence and/or Being faithful
ADP    Area Development Program
ARH    Adolescence Reproductive Health
ARK    Abstinence and Risk Avoidance program
BCC    Behavior Change Communication
CBO    Community-Based Organizations
CCP    Johns Hopkins University Bloomberg School of Public Health Center
DAC    District Advisory Committee
DAP    Developmental Activity Program
PEPFAR President’s Emergency Plan for AIDS Relief
FBO    Faith-Based Organization
FY    Fiscal Year
IR    Intermediate Results
KATSO Kenya AIDS Treatment and Support for OVC Project
KSCF    Kenya Student Christian Fellowship
LOA    Life of Award
M&E    Monitoring and Evaluation
MOE    Ministry of Education
MOH    Ministry of Health
NGO    Non-Governmental Organization
OVC    Orphans and other Vulnerable Children
PAG    Parent Advisory Group
PATH    Program for Appropriate Technology in Health
SO    Strategic Objective
STI    Sexually Transmitted Infections
SU    Scripture Union
TD    Transformational Development
TOT    Training of Trainers
VCT    Voluntary Counseling and Testing
VIPP    Visualization in Participatory Planning
WV    World Vision
WVH    World Vision Haiti
WVK    World Vision Kenya
WVT    World Vision Tanzania
YAG    Youth Advisory Group
II. Executive Summary

Program Overview

A. Key Program Goal/ Overall Strategic Objectives
The Abstinence and Risk Avoidance for Youth (ARK) program is a five-year PEPFAR-funded behavior change program implemented by World Vision, Inc. (WV) in partnership with Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) together with community and faith-based organizations (FBO) in Kenya, Tanzania, and Haiti.

The overall goal of the ARK program was to expand and strengthen HIV and AIDS prevention efforts through changes in behavior that would reduce the risk among youth of becoming infected with HIV—primarily abstinence and mutual monogamy while creating supportive family and community environments. The program focused on the following strategic objectives (SO):

<table>
<thead>
<tr>
<th>SO1:</th>
<th>Strengthen youth capacity for healthy behavior by fostering adoption of A and/or B behaviors in order to prevent HIV transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR1.1:</td>
<td>Scaled-up life skills &amp; value-based age-appropriate HIV and AIDS education, especially for younger youth &amp; girls</td>
</tr>
<tr>
<td>IR1.2:</td>
<td>Coaching, mentoring, support, and referral systems in place to facilitate primary behavior change</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SO2:</th>
<th>Increase capacity of families and community-based organizations, including FBOs, to support abstinence and faithfulness among youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR2.1:</td>
<td>Parenting skills and community capacity to support A and/or B built/strengthened</td>
</tr>
<tr>
<td>IR2.2:</td>
<td>FBO/CBO are advocating for policies, services, and programs promoting A and/or B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SO3:</th>
<th>Create an enabling environment for the adoption of A and/or B behaviors in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR3.1:</td>
<td>Appropriate governmental entities are sensitized and mobilized on the ARK program messages and goals</td>
</tr>
<tr>
<td>IR3.2:</td>
<td>Creation or strengthening of multi-agency networks for coordination and collaboration at various levels: village, district, national</td>
</tr>
</tbody>
</table>

B. Overall Approaches and Activities
ARK primarily worked through small groups facilitated by trained youth and adult peer educators to support in-depth and widespread communications to promote behavior change among youth and adults. Multiple strategic communication approaches and activities were used to support and reinforce the new social norms for abstinence and faithfulness. ARK’s principal activities have been: capacity building for youth, adults, and communities; formation and strengthening of community groups at village levels; mobilizing and facilitating dialogue sessions; and conducting supportive supervisions. Radio shows and spots and entertainment education (sports, music, drama, and inter-school competitions) were some of the communication tools ARK used to strengthen the process of change. These strategies were used to prompt individuals to discuss previously off-limit topics such as abstinence and healthy
sexuality, and even intense topics such as sexual coercion, transactional sex, and cross-generational sex.

According to the key stakeholders, as noted in the Final Evaluation Report, “an appealing aspect of the design of the ARK program was its engagement process with many stakeholders at different levels.” The different activities or elements reinforced each other for better effect. For instance, the objectives of A&B for youth were supported and reinforced through parents, teachers, community elders, and structures, thus leading to longer term sustainability. Engagement at different levels with stakeholders ensured that they were aware the program was for their benefit and that of their communities.

C. **Overall Summary of Results, Successes, Achievements**

ARK’s overall target over the life of the project in the three countries was to reach 419,122 people (10 – 24 years) with community outreach activities promoting Abstinence and Being faithful, which includes 190,597 for Abstinence only messages; and to train 20,957 individuals to promote Abstinence and Being faithful. A combined total of 1,229,493 people (10-24 years) were reached with prevention programs that promoted abstinence and/or being faithful, out of which 543,927 people were reached with abstinence only outreach programs. A total of 42,789 individuals were trained.

**Activity Coverage, All Countries**

**Figure 1: Abstinence and Faithfulness**

<table>
<thead>
<tr>
<th>Year</th>
<th>Plan</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY05</td>
<td>50,000</td>
<td>50,000</td>
</tr>
<tr>
<td>FY06</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>FY07</td>
<td>150,000</td>
<td>150,000</td>
</tr>
<tr>
<td>FY08</td>
<td>200,000</td>
<td>200,000</td>
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<tr>
<td>FY09</td>
<td>250,000</td>
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</tr>
<tr>
<td>FY10</td>
<td>300,000</td>
<td>300,000</td>
</tr>
</tbody>
</table>

**Figure 2: Abstinence only**

<table>
<thead>
<tr>
<th>Year</th>
<th>Plan</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY05</td>
<td>50,000</td>
<td>50,000</td>
</tr>
<tr>
<td>FY06</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>FY07</td>
<td>150,000</td>
<td>150,000</td>
</tr>
<tr>
<td>FY08</td>
<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td>FY09</td>
<td>250,000</td>
<td>250,000</td>
</tr>
<tr>
<td>FY10</td>
<td>300,000</td>
<td>300,000</td>
</tr>
</tbody>
</table>

**Figure 3: Training**

<table>
<thead>
<tr>
<th>Year</th>
<th>Plan</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY05</td>
<td>5000</td>
<td>5000</td>
</tr>
<tr>
<td>FY06</td>
<td>10000</td>
<td>10000</td>
</tr>
<tr>
<td>FY07</td>
<td>15000</td>
<td>15000</td>
</tr>
<tr>
<td>FY08</td>
<td>20000</td>
<td>20000</td>
</tr>
<tr>
<td>FY09</td>
<td>25000</td>
<td>25000</td>
</tr>
<tr>
<td>FY10</td>
<td>30000</td>
<td>30000</td>
</tr>
</tbody>
</table>
In Haiti, over the five-year period, the program target was to reach 37,468 youth with community outreach activities promoting Abstinence and Being faithful, which included 16,502 for Abstinence only messages; and to train 1,874 individuals to promote Abstinence and Being faithful. Despite the earthquake, the ARK team was able to exceed the planned targets. At the end of the program, a total of 86,716 individuals ages 10 to 24 were reached with community outreach programs promoting A&B, 41,265 individuals ages 10 to 14 were reached with community outreach promoting Abstinence only. A total of 5,636 individuals were trained to provide HIV prevention programs that promoted Abstinence and Being faithful behavior.

ARK Kenya’s LOA targets for the five-year period was to reach 237,068 people with community outreach activities promoting A&B, which included 105,606 for Abstinence only messages; and to train 11,854 individuals to promote A&B. A total of 543,351 individuals ages 10 to 24 were reached with community outreach programs promoting A&B, of which 246,286 individuals ages 10 to 14 were reached with community outreach promoting Abstinence only. A total of 21,271 individuals were trained to provide HIV prevention programs that promoted A&B over the period.

The ARK program in Tanzania covered five district, 12 divisions, 34 wards, 175 villages, 250 primary schools, and 64 secondary schools. The target was to reach 144,586 with outreach activities promoting A&B (68,489 with Abstinence only messages) and to train 7,229. Outreach activities conducted at health centers, churches/mosques, schools, and community social halls reached about 1,203,613 beneficiaries through the life of the program (including children less than 10 years old and people over 25 years old).

Overall, the end of program evaluation qualitative data suggested improved and accurate knowledge of the key elements of the ARK program (Abstinence and Be faithful) were well known among the groups. The qualitative data from the youth, parents, and teachers support the view that there was a change brought about by the ARK program interventions. Pupils also reported behavior change at an individual level—they avoided risky behavior and associated with peers who support them in pursuing their goals. Parents reported improved ability to talk about issues of sexuality. In addition, an unintended benefit of the program was reported: improved harmony between husbands and wives.

D. Major Challenges, Constraints, and Lessons Learned

**Challenges**

- Maintaining volunteer participation during the life of program was a great challenge. ARK focused mainly on the youth, a mobile target group, most of who were seeking to establish careers and job opportunities outside their current localities. There was mass movement to urban and peri-urban cities and towns, which caused the program to continually retrain trainers and volunteers who were crucial in delivering program interventions.
- There was a high demand for incentives/allowances by community peer educators during the early stage of program.
- In Tanzania, youth with symptoms of STI frequently preferred to self-medicate with readily available antibiotics, which was a significant challenge to improving STI care. ARK’s main
strategy for improving youth awareness and knowledge about HIV and STIs prevention was to facilitate youth with STI symptoms to seek medical care at the health facilities.

**Constraint**

- Vastness of the coverage areas. The need for ARK interventions across the five districts in Kenya, for instance, was significant compared to the resources available. ARK therefore covered only 19 divisions within the five districts so as to avoid having wide but shallow coverage. In Tanzania, due to the enormous size of the districts, ARK was only able to cover Hai, Misenyi and Karagwe in their entirety.

**Lessons Learnt**

- Behavior change is a slow process with results seen after a long period of time. Therefore, it is very difficult to discuss significant results after five years of interventions, more so as the donor did not approve conducting a baseline survey by the grantee.
- ARK relied heavily on volunteers to implement program interventions across the three countries. These volunteers were mainly youth who were not economically independent. It would have been more beneficial if the program was designed with micro-economic development opportunities to meet the needs of the youth.
- Dialogues and Common Ground Melting Pot meetings are crucial in breaking barriers to sexuality and cultural norms fuelling the spread of HIV. These forums bring people together and promote unity in confronting issues.
- The use of community leaders is important in stamping authority on cultural issues.
- Behavior change communication initiatives that involve the community and are based in communities are culturally relevant and have great potential for influencing individuals' decisions and behaviors.
- Involvement of youth influencers as a secondary target group was important to promoting positive behavior change for the youth.
- Parents realized that they serve as role models for their children and that their behavior had to be exemplary for them to meaningfully influence the lives of their children.
- The interpersonal communication aspect of ARK takes a lot of effort. For instance in Haiti, when ARK was conceived, the curriculum-based programming and peer education aspects of the program was not well understood.
- In Haiti, animators from outside the ARK program ADPs were trained from the beginning of the program, which made it easier to implement activities within the regions.
- The existence of well trained people (trainers of trainers, peer educators, drama groups) is a great resource for the community.
### III. Emergency Plan Indicator Tables

#### A. Progress on FY10 Targets for Required Emergency Plan Indicators

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Kenya Planned</th>
<th>Kenya Achieved</th>
<th>Tanzania Planned</th>
<th>Tanzania Achieved</th>
<th>Haiti Planned</th>
<th>Haiti Achieved</th>
<th>Totals Planned</th>
<th>Totals Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 2009 to June 30, 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention/Abstinence and Be Faithful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of individuals ages 10 to 24 reached through community outreach that promotes HIV and AIDS prevention through abstinence and/or being faithful</td>
<td>100,000</td>
<td>72,398</td>
<td>87,000</td>
<td>162,669</td>
<td>16,500</td>
<td>27,212</td>
<td>203,500</td>
<td>262,279</td>
</tr>
<tr>
<td>Female</td>
<td>51,000</td>
<td>36,923</td>
<td>48,254</td>
<td>76,482</td>
<td>10,000</td>
<td>12,979</td>
<td>109,254</td>
<td>126,384</td>
</tr>
<tr>
<td>Male</td>
<td>49,000</td>
<td>35,475</td>
<td>38,746</td>
<td>86,187</td>
<td>6,500</td>
<td>14,233</td>
<td>94,246</td>
<td>135,895</td>
</tr>
<tr>
<td>Prevention/Abstinence (subset of AB)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of individuals ages 10 to 14 reached through community outreach that promotes HIV and AIDS prevention through abstinence only</td>
<td>39,120</td>
<td>28,751</td>
<td>30,000</td>
<td>82,957</td>
<td>9,000</td>
<td>14,126</td>
<td>78,120</td>
<td>125,834</td>
</tr>
<tr>
<td>Female</td>
<td>20,343</td>
<td>14,641</td>
<td>19,133</td>
<td>43,990</td>
<td>5,000</td>
<td>6626</td>
<td>44,476</td>
<td>65,257</td>
</tr>
<tr>
<td>Male</td>
<td>18,777</td>
<td>14,110</td>
<td>10,867</td>
<td>38,967</td>
<td>4,000</td>
<td>7,500</td>
<td>33,644</td>
<td>60,577</td>
</tr>
<tr>
<td>Number of individuals trained to provide HIV and AIDS prevention programs that promote abstinence and/or being faithful</td>
<td>3,570</td>
<td>2,909</td>
<td>2,235</td>
<td>2,248</td>
<td>1,530</td>
<td>5,971</td>
<td>7,335</td>
<td>11,128</td>
</tr>
</tbody>
</table>

1 Total number of individuals trained (both youth and adults)
<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>KENYA Planned for LOA</th>
<th>KENYA Achieved to Date</th>
<th>TANZANIA Planned for LOA</th>
<th>TANZANIA Achieved to Date</th>
<th>HAITI Planned for LOA</th>
<th>HAITI Achieved to Date</th>
<th>Totals Planned for LOA</th>
<th>Totals Achieved for LOA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention/Abstinence and Being Faithful</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of individuals reached with community outreach HIV and AIDS prevention programs that promote <em>abstinence</em> and/or <em>being faithful</em></td>
<td>237,068</td>
<td>543,351</td>
<td>144,586</td>
<td>798,740</td>
<td>37,468</td>
<td>86,716</td>
<td>419,122</td>
<td>1,229,493</td>
</tr>
<tr>
<td>Female</td>
<td>123,275</td>
<td>272,869</td>
<td>75,185</td>
<td>410,729</td>
<td>19,484</td>
<td>44,276</td>
<td>217,944</td>
<td>624,197</td>
</tr>
<tr>
<td>Male</td>
<td>113,793</td>
<td>271,182</td>
<td>69,401</td>
<td>388,011</td>
<td>17,984</td>
<td>42,440</td>
<td>201,178</td>
<td>605,296</td>
</tr>
<tr>
<td>Number of people reached with community outreach programs that promote <em>abstinence</em> (subset of AB)</td>
<td>105,606</td>
<td>246,286</td>
<td>68,489</td>
<td>404,873</td>
<td>16,502</td>
<td>41,265</td>
<td>190,597</td>
<td>543,927</td>
</tr>
<tr>
<td>Female</td>
<td>54,915</td>
<td>127,186</td>
<td>35,614</td>
<td>210,024</td>
<td>8,581</td>
<td>22,139</td>
<td>99,110</td>
<td>279,744</td>
</tr>
<tr>
<td>Male</td>
<td>50,691</td>
<td>119,100</td>
<td>32,875</td>
<td>194,849</td>
<td>7,921</td>
<td>19,126</td>
<td>91,487</td>
<td>264,183</td>
</tr>
<tr>
<td>Number of individuals trained to provide HIV and AIDS prevention programs that promote <em>abstinence</em> and/or <em>being faithful</em></td>
<td>11,854</td>
<td>21,271</td>
<td>7,229</td>
<td>16,112</td>
<td>1,874</td>
<td>5,636</td>
<td>20,957</td>
<td>42,789</td>
</tr>
</tbody>
</table>
IV. Program Implementation Summary by Strategic Objective

A. Haiti
Activities in Haiti were targeted at the population in two regions: Central Plateau and the island of La Gonâve. In Central Plateau, the ARK program was implemented in three communes Hinche, Thomonde, and Thomassique. In La Gonâve ARK worked in two communes: Anse-à-Galets and Pointe-à-Raquettes. In Haiti, ARK opted to work directly with community-level partners such as schools, churches, and development groups. Local structures were established and strengthened to promote healthy behaviors for the youths. Such structures include: Youth Advisory Groups (YAGs), Parent Advisory Groups (PAGs) and small action groups.

SO1: Strengthening youth capacity for A and/or B
ARK’s mandate was to create behavior change by working through small groups with peer support to enhance youth capacity to practice abstinence and be faithful. This was to reduce the risk among youth of becoming infected with HIV. To achieve this, ARK used training and outreach strategies to empower youth both in and out of school with the needed skills and knowledge to practice positive social norms. Guides for different targets were used for activities, and the Journey of Hope curriculum was used to train out-of-school youth. After training, peer educators receive an ARK toolkit to ensure messages are standardized (bags, guides, checklists to assess the quality of the information delivered, ARK notebooks with AB messages, ARK passports, bracelets, and T-shirts).

Outreach
ARK had a group of peer educators (25 per ADP), each with a club of 25 or more youths (youth action groups). A few peer educators have two and more groups. Outreach activities promoting AB were conducted using different approaches such as poems, drama, songs, and sketches. Parents’ dialogue groups were active in both program areas. Parent/youth groups met regularly to discuss the recorded dramas called “Paran Pitit ann Pale.” Many members of these groups expressed experiencing profound changes in their family dynamics, including couples and parent-child reconciliation, as a result of participation in these groups. At the end of this module a graduation activity was done for parents, which was very rewarding for them. The events not only provide the graduates with a greater sense of accomplishment but also the graduating parents are named “model parents” and continue as peer educators among the adults of the community.

Training
ARK methodology took a cascade approach. This was an easy way to reach many people within the short duration of the program, and has enabled a pool of trainers of trainers (TOTs), peer educators, parents, and community leaders to talk confidently about sexuality issues. ARK developed materials that were used as information, education and communication tools (ARK Passport, T-shirts, guides, notebooks, bags, etc.). ARK handouts were well received by the community, and many people found them to be a useful and reliable source of information, which is crucial to the sustainability of ARK messages.
**Group Dialogue**
The broadcasting of the Child-Parents Dialogue “Paran Pitit ann Pale” was performed with parents and youth groups within both regions. This training enabled them to be counselors for other couples in their community, and those who were literate participated in a training to help them train other parents in their communities.

**Drama**
Theater has been recognized to be a very effective medium for the promotion of healthy behaviors and social norm modification. ARK Haiti selected theater as a key approach to promote abstinence among youth. The plan was to provide technical support to existing theater groups. It was not possible to find existing structured theater groups. A Memorandum of Understanding was signed with the Ecôle Nationale des Arts - ENARTS to develop a session plan for the training of ARK peers educators in Art Performance. With the coaching of two professors, the senior students prepared the session plan and the reference documents. Eight of them traveled to Hinche and La Gônave to facilitate a four-day training workshop. Two groups of 23 (La Gonâve) and 25 (Hinche) for a total of 48 peers educators were selected by the HIV coordinators of each region to participate in the residential workshops. A theater troupe that meets monthly for rehearsals was established in Central Plateau. The staging of this play received the technical support of two of the training workshop’s facilitators and the drama was played in three regions. The Northern region was not an ARK implementing area, but they requested that the play be shown in Cape Haitian. The play was also recorded on DVD and disseminated to other partners.

**Lessons Learned**
ARK Haiti integrated all HIV and AIDS program animators in all trainings and ARK activities were implemented in all regions where WVH has HIV programming. After the training workshops on drama, participants from the Central Plateau set up a theater group, which wrote a play, “AIDS Is Among Us,” with the support of self-taught playwright Bélony Olibris, the program’s regional deputy coordinator. An assessment meeting held in WV’s central office with the participation of all stakeholders noted the great value and recommended that the play must be recorded and disseminated.

**SO2: Increased capacity of families and communities to support A and/or B behaviors**
ARK community structures were composed of churches, teachers, parents, community leaders, and health facilitators to support youth as they do not act on their own but with surrounded actors. ARK strengthened families and community structures to support young people in their efforts to Abstain and Be Faithful and create an enabling environment where they receive support and re-enforcement on AB messages to transform social norms. In order to realize this objective, outreach and training was used as a strategy. Parents were organized into parent-youth groups and met regularly to discuss the recorded dramas called “Paran Pitit ann Pale.” At the end of this module a graduation activity was staged for parents who found the process very rewarding. ARK aired spots on abstinence, faithfulness, and parent-youth communication daily on four radio stations.
**Outreach**

Outreach was conducted in the form of radio discussions, dialogue, and common ground melting pot meetings and discussion using the Journey of Hope tools. A graduation activity was done for parents who was a big event in the community and assembles a large number of people.

Radio was used as special tool. In Haiti spots, jingle and drama were aired on five stations in the regions. There were radio discussions, drama, and other sketches presented by the youth. This approach helped the community to own the program as they were part of everything. It was very motivating to the different groups to lead the discussion, knowing that the whole community was listening. To support the radio discussion, radio listening groups were formed. Episodes were replayed by animators who conducted discussions in small groups. This was done to give those who do not own radios an opportunity to listen and contribute to the discussions. It also enabled discussions to continue after the dramas were off the air and to be brought to additional homes.

As part of the outreach strategy, dialogue discussions were conducted between parents and between parents and youth. Topics for discussions were selected from ARK guides, and YAG and PAG leaders mobilized people for the dialogue meetings and moderated the discussions. Some of the topics that dominated the discussions included communication with children, sexuality, child development, and the dangers of HIV.

Common Ground Melting Pot meetings were conducted after a series of community debates, to address issues arising from the different dialogues conducted between the parents and the youth. This dialogue brought together youth, parents, teachers, and community and religious leaders to discuss overall the HIV issue.

The Common Ground Melting Pot meetings and the dialogues have been very successful. They improved communication and confidence between children and parents, enabling them to discuss sexuality issues. Parents were able to understand the challenges young people face and were made aware of their role to support the growth and development of their children. This initiative will continue because the communities own it and are empowered to do it.

**Training**

Trainings were conducted for teachers and youth in different areas to build the capacity to support AB interventions. They were trained on life skills and communication skills. In addition, community and religious leaders were trained on youth sexuality using special guides known as “Parent Guides.”

**SO3: Enabling environment created for A and B**

ARK’s mandate was to increase, sensitize, and mobilize local village committees by providing capacity building. ARK trained ADP administrative committees and created an enabling environment for youth, parents, and teachers, and provided a platform for positive behavior change. Working with these existing community structures ensured ownership of the program by the community. Collaboration with various stakeholders was not evident as
some places where ARK was implemented WV was the only partner. Local government ministries and departments such as education, health, youth and sports, were not present.

**Major Challenges and Constraints**
The program was very ambitious in reaching many targets in communities and despite the January 2010 earthquake, the ARK team was able to exceed the planned targets. Administrative committees were however, not always available for training, which animators had to take into consideration before planning the training. The ARK team had to make the time to organize sensitization meetings for members of the committees to help them to understand HIV transmission, risks, and strategies for prevention. Efforts were directed to visit, solicit, and encourage them to participate in ARK activities.

**B. Kenya**
In Kenya, the program was implemented in five districts: Teso, Bungoma, Suba, Migori, and Nakuru. ARK worked with local partners, including Emerging Young Leaders, the Kenya Christian Students Fellowship (KCSF), and the Scripture Union of Kenya (SUK). The KCSF trained teachers and youth on HIV and AIDS prevention and life skills using the Tambua Life Manual in the five districts of Suba, Naivasha, Teso, Migori, and Bungoma. The Scripture Union (SU) also trained peer educators and peer influencers (teachers) in the same five districts.

**SO1: Strengthening youth capacity for A and/or B**
To reduce the risk among youth from becoming infected with HIV, ARK used training and outreach strategies to empower youth both in and out of school with the needed skills and knowledge to practice positive social norms.

**Outreach**
ARK was able to establish 25 Youth Advisory Groups (YAGs) and strengthened more than 500 small youth action groups. YAGs were used as umbrella body to coordinate activities of AB across the five districts and to support the small action groups. Outreach activities promoting AB were organized using approaches like enter-educate theater using a peer-to-peer approach. These activities included but were not limited to sports, music, debate, and inter-school drama competitions. Dialogue discussions were also carried out with themes on AB. Some of the topics for discussions included cross generational sex, multiple concurrent partnerships, communication, and harmful cultural practices. These dialogue discussions were conducted between youth and between youth and parents to explore the different ways in which youth can be supported with skills and knowledge to reduce their risk of HIV infection.

The youth were also actively engaged in radio programs. They were part of the group who developed radio messages through the support of JHUCCP. They also actively participated in the radio serial drama production produced in the communities—documented and broadcast on the two radio stations that ARK used (West-FM, and Radio Victoria).

Dialogue meetings proved very popular with the youth, and the improved communication between youth and adults enabled parents to talk confidently about sexuality issues with
their children. The dialogue discussions also enhanced communication among the youth as peers. The sports activities motivated youth and provided a learning ground on life skills in addition to promoting youth interaction. Key highlights were that radio programs reached a wide audience, enabling people who were illiterate to receive information, encouraging communication between youth and parents. Trained youth can now make informed decisions on important matters saying “it has helped us with self-esteem and to accept who we are and what we have.”

**Training**

Training formed part of ARK’s core business, underscoring the fact that the youth needed to be trained on AB messages in order to make informed decisions and choices on their sexual health. Training guides for youth ages 10 to 14 and 15 to 24 years were developed and were used during the program’s life span. Different trainings were carried out for different categories of youth, largely depending on the roles they played. There were trainings on life skills, communication, media, and theater and resource mobilization.

Training on life skills and communications targeted youth in and out of school who were trained as TOTs and as peer educators. The resource mobilization training targeted YAG officials and youth action group leaders. The media training targeted the two media houses that were supporting ARK and also radio listener groups.

Life skills training was categorized into levels: Master TOTs, District Core Trainers, and Village Level Trainers. The master level targeted ARK staff, partners, and national government representatives, while the district level targeted youth leaders and government representatives from the five districts. At the village level category, TOTs were drawn from division and location administrative boundaries.

ARK used the cascade approach, which enabled a pool of TOTs and peer educators who are based in schools, faith-based institutions, and local villages to be reached more quickly. The ARK final evaluation report applauded the program on its role in empowering the community by raising a high number of human resources. There are more than 10,000 youth TOTs and peer educators who are now serving beyond the program sites.

ARK developed materials that were used as information, education, and communication as well as for motivating the TOTs, peer educators, and volunteers. Items such as T-shirts, bangles, bags, ARK passports, and wall murals have strengthened ARK messages. ARK handouts were well received by the community, which finds them a useful and reliable source of information that increases the sustainability of ARK messages.

**SO2: Increased capacity of families and communities to support A and/or B behaviors**

ARK was to strengthen the capacity of families and community structures to support young people in their efforts to Abstain and Be Faithful (AB). Youth do not act in isolation but are surrounded by other influences. Some of the people and groups that affect youth were targeted in this initiative, including parents, teachers, health-care workers, religious leaders, community leaders, FBOs, schools, health-care facilities, and CBOs. In order to realize this
objective, outreach and training was used as a strategy. Parents were organized in groups to form Parent Advisory Groups (PAGs) that worked directly with the YAGs to impart behavior change. A total of 25 PAGs were established during the five-year period of the program.

**Outreach**

Outreach was conducted in the form of community folk theaters (songs, drama, and dances), radio discussions, dialogue, and common ground melting pot meetings. Messages on AB were designed and communicated in forums such as community meetings, government public forums such as World AIDS day, and during school open days.

Radio was used as a special tool to reach mixed audiences (adults, youth, and children.) There were weekly radio discussions of selected topics on AB that were discussed by trained radio presenters. Radio presenters not only included journalists from the two radio stations, but also included representatives from the different PAGs and YAGs. This approach helped the community to own the program as they were involved. It was very motivating to the different groups to lead the discussion on various discussion points knowing that the whole community was listening. Radio was very instrumental in promoting open discussions on sexuality issues between parents and their children and between the youth. Radio helped break the ice on topics considered taboo such as discussing sex with children. To support the radio discussion, radio listening groups were formed. This was done to give those who do not own radios an opportunity to listen and also contribute to the discussions.

As part of the outreach strategy, dialogue discussions were conducted between parents and between parents and youth. Topics for discussion were selected from the ARK guide Tambua Life, supplementary materials, and issues arising from radio discussions. YAG and PAG leaders mobilized people for the dialogue meetings and also moderated the discussions. Some of the topics that dominated the discussions included male circumcision, multiple concurrent partnerships, transactional and cross generational sex, communication with children, cultural practices, and the dangers of HIV.

Common Ground Melting Pot meetings were conducted after a series of dialogue meetings to address issues arising from the different dialogues conducted between the parents and the youth alike. This was the only dialogue that brought together youth, parents, teachers, and community and religious leaders to tackle issues on which consensus could not be reached during previous discussions. Some of the key highlights of the meetings were “how culture can be used positively to promote sexuality, the role of male circumcision in reducing HIV infections, breaking myths and taboos about sexuality, and enhancing parent to child communication.”

The Common Ground Melting Pot meetings and the dialogues have been very successful in terms of creating unity of purpose by involving a cross-section of different groups to tackle thorny issues in the community. This approach has also been instrumental in increasing open discussion on issues of sexuality, which was not common before. Dialogues also improved communication and confidence between children and parents, enabling them to discuss sexuality issues. Parents were able to understand the challenges young people face and were
made aware of their responsibility to support the growth and development of their children. Even as the program transitions, this is one of the initiatives that will continue because the communities were empowered to do it and they have owned it.

**Training**

Trainings were conducted in different areas to build the capacity of the different actors to support AB interventions. Teachers were trained on life skills just like the youth so as to support the life skills programs in the schools using the Tambua Life guide for children ages 10 to 24 years. In addition to this, they were also trained on communication skills. The parents and community and religious leaders were trained on youth sexuality using special guides known as Parent Guides. Group representatives from PAGs and radio listener groups were trained on radio and media approaches to enhance their knowledge and skills in disseminating AB messages during radio discussions.

**SO3: Enabling environment created for A and/or B**

ARK sensitized, mobilized, and increased government leadership from the local to the national level by providing an enabling environment for youth, parents, and teachers to explore, foster, and provide a platform for positive behavior change. Different government structures were strengthened through training and orientation meetings. Some of these structures included PAGs, YAGs, Constituency Aids Committees (CACs), school health clubs, and Area Advisory Councils (AACs). ARK also worked very closely with various government line ministries such as the Ministry of Gender and Social Development, the Ministry of Youth Affairs, the Ministry of Health, and the Ministry of Education. It played a key role in shaping the youth agenda in various national and district forums. Working with these existing community and government structures ensured ownership of the program by the community. Increased networks and linkages promoted good working relationships between different stakeholders. Duplication of efforts was minimized as a result of joint planning and reviews by the different development actors. Resources were evenly distributed and more effectively met the greatest needs. To ensure continuity, ARK conducted resource mobilization workshops to sharpen skills in facilitation and fundraising, restocked ARK materials in the final year and distributed them to youth groups and teachers, and created an ARK documentary that is available in the resource centers and communities. Three pieces of artwork with ARK messages on abstinence were developed for wall murals, which have been transferred to 15 walls in schools, dispensaries, and community social halls.

**Major Challenges and Constraints**

The geographic program area was vast considering the available resources. ARK, therefore, focused on 19 divisions in the five districts. All ARK sites contained uneven topography and roads that became inaccessible during rainy seasons. Radio coverage in some areas in Teso, Migori, and Suba was hampered due to poor signals because of the uneven topography.

**C. Tanzania**

In Tanzania ARK was implemented in four regions: Arusha (Monduli District), Tanga (Handeni District), Kilimanjaro (Hai District), and Kagera (Bukoba Rural now known as Misenyi and Karagwe districts). At district level, the program was implemented with local
partners/collaborators, which included relevant government sectors, FBOs, and national, district, and village level civil society networks. ARK operated through WV area development programs (ADPs) and collaborated with Huduma Integrated Medical Services (HIMS), an NGO that specializes in Maasai culture to carry out training for youth and adults at the community level. Other collaborators were United African American Community Center Project (UAACC), the Center for Education and Development (CEDHA), Ruabere Saccos and FADECO in Karagwe, MUVIMAHA in Hai, MAPEC, AIDS Control Project (ACP), Swedish Cooperative Center-SCC-Agroforestry and Kagera Sugar Company Hospital in Misenyi. ARK utilized the expertise and on-the-ground presence of ADPs to form partnerships with government ministries and faith and community-based networks.

SOI: Strengthened youth capacity for A and/or B behavior

The ARK program in Tanzania conducted 6,331 outreach activities on HIV and AIDS prevention programs that promote A and B messages, reaching the overall target of 303,795 youth ages 10 to 24 years, 301,095 youth ages 10 to 14 years, and 103,778 children under age 10. The ARK team worked very hard and achieved more than what was expected. Outreach activities were conducted by TOTs, peer educators, drama groups, and FBOs. This was done during dialogue meetings, peer education, youth forums, sports, dances, poems, songs, video shows, and drama presentations. These outreach activities were conducted at health centers, churches/mosques, schools, and community social halls, reaching the total of 1,009,763 in and out of school youth (520,831 female and 488,932 male) ages 10 to 24 years. The following activities were implemented throughout the life of program.

Outreach

Youth dialogues: Youth came together to discuss sexuality and cultural issues that make them vulnerable to HIV. These dialogues took two to three hours and ended with a clear action plan. Youth had a chance to discuss with facilitators various topics covered in ARK guides. Through discussion, it was observed that participants enjoyed the topics and most of them had some knowledge on the named topics. Youth believe that abstinence is valuable as it allows one to reach his/her dreams. They became aware that HIV and AIDS and unwanted pregnancies can happen to anybody. A total of 522 youth-to-youth dialogues were conducted.

Youth Forums: Youth forums were organized for in and out of school youth. During these forums, drama, songs, and discussions were used to communicate ARK’s A and B messages. There was a high level of participation from the youth. They requested that ARK organize similar forums at least once every month in order to expand their knowledge on HIV and AIDS.

Drama Activities: Drama performances were conducted in schools, churches, and villages in order to reach the youth. Between performances time was allowed for discussions based on what was portrayed by the group. For example, parents were portrayed as being the source of moral erosion among the youth by demonstrating bad behaviors, especially marital unfaithfulness. It was pointed out that pregnancies among the young girls are sometimes caused by lack of cooperation between some parents on the upbringing of children. Dialogue between parents and children is seen as essential and as a solution that allows parents to
know what is happening in the lives of their children. A total of 80 youth in and out of school were trained in drama.

**Youth Competitions:** Youth competitions were also organized in the districts. WV gift-in-kind (GIK) items such as footballs and basketballs made it possible for the health clubs to organize these sports competitions. These competitions brought together a large number of youth and provided a good opportunity to disseminate the A and/or B messages.

**Video shows:** Video shows were also among the successful activities conducted by ARK Tanzania in all districts. STRADCOM video tapes (e.g., Penina, Paulines, Yellow Card, Ngoma ya Fatuma, Mother to Child, It Is Not Easy, Fales of AIDS, Kwanini Mimi, Ogopasa ukimwi ni hatari, Ask Me if I’m Positive, Consequences, magonjwa ya Zinaa, Fikiri pamoja, Ribbon Around my House, Johari, STI and Tamasha la Vijana) were used in these shows. These tapes raised awareness of STIs and facts about HIV and AIDS in addition to communicating the risk of being involved in sexual activities before marriage. They explained how one’s dream can be destroyed and one’s life changed completely. The videos showed the risks of young girls becoming pregnant (unplanned) among other topics.

**Passport Use:** A total of 10,000 passports were printed during the life of the program and distributed in the five districts in Tanzania. TOTs and peer educators in all districts monitored, supervised, and gave instructions/advice to youth, particularly in primary schools, on proper use of passports. Members of health clubs in schools were reached and encouraged to fully engage in health activities including being a role model to their colleagues.

**Training**

Peer education was conducted to in and out of school youth in schools, villages, churches and mosques. Different topics from “Jali Maisha” Guide and Supplementary Materials were used. A total of 10,222 youth peer educators (5,215 female & 5,007 male) were trained in “A and B” messages. The training aimed at building peer educators’ capacity in disseminating ARK messages, especially when involved in school peer education. Apart from being trained on life skills, they were also taught facilitation skills to make them capable of managing the class and the group for outreach activities and their peers.

**SO2: Increased capacity of families and communities to support A and/or B behaviors**

The ARK program strengthened the capacity of parents/responsible adults, community leaders, existing community groups, and networks by scaling up their A and/or B training and mobilization activities. Outreach activities such as adult peer education, parent-to-parent dialogues, drama, meetings, and video shows with A and/or B messages were conducted by FBO leaders, parent peer educators, and TOTs. This was conducted in all five districts with a total of 193,850 adults (99,922 female and 93,928 male) reached by the end of the program.
Outreach

Parent/youth dialogues: These dialogues targeted both parents and youth, providing a platform for them to openly discuss issues of concern face-to-face without fear or confrontation. Sessions were moderated by trained facilitators, and action plans were developed with roles for both parents and youth to play. During the life of the program a total of 309 dialogues were conducted.

Parent dialogue meetings: A total of 289 parent-to-parent dialogue meetings were successively conducted in different villages, churches, and clinics. There was a positive affirmation manifested by parents about the level of knowledge they have acquired on HIV and AIDS and prevention methods through the ARK program. The program managed to create an open and safe environment for parents to access their health status by arranging VCT services for them in their villages. Mobile VCT services were provided by ARK in the districts in collaboration with ADPs, DMO offices, government health centers, and other actors. This was possible as a result of community awareness created in the community by the ARK program.

Common Ground Melting Pot: The Common Ground Melting Pot meetings were the culmination of the many mini dialogues. It brought together community leaders, youth, adults, and religious leaders to deliberate on socio-cultural issues fuelling the spread of HIV infection, particularly in identifying and applying appropriate solutions to common challenges. Critical issues of concern, particularly those that affect community health and youth health around social norms were analyzed. Action plans were developed, and TOTs, peer educators, and religious leaders ensured that they were implemented. Meetings took two to three hours with 25 to 50 people. In order to conduct a successful Common Ground Melting Pot meeting, the following was required: identification of participants, venue, date and time of meeting, agenda, schedule, invitation letter, and identification of moderators. A total of 34 Common Ground Melting Pot meetings were conducted in the program area.

Drama: Drama was another powerful activity used by the ARK program to disseminate A and B messages in Tanzania. A total of 26 drama groups were formed in the five districts. Drama performances were held at market places and villages in all five districts. The drama performances were colorful in message preparation and deliverance. Many of the people from the communities changed their lifestyles and attitudes through drama. For instance, in Emarete and Oltukai villages in Monduli, it was reported that FGM and other abuses to girl children have tremendously diminished. ARK drama groups played a huge role in changing the attitude of the community since the groups were accepted and frequently given chances to intervene in sensitization and awareness raising among youth and parents.

Radio Programs: Through mass media, ARK Tanzania was able to successfully deliver its A and B messages. Four ARK radio programs were aired in the communities of Monduli, Hai, Handeni, Karagwe and Misenyi. ORS-FM targeted Monduli, Boma-FM targeted Hai, Radio Abood targeted Handeni, and Karagwe-FM targeted both Karagwe and Misenyi. Funds were given to air one hour programs weekly and four radio spots per day. The sessions aired were successful and effective. The ARK radio programs were aired during weekends when most people were resting at home. This was in particular effective for out of
school youths. ARK procured 85 radios and batteries to facilitate 73 listener groups established in the five districts.

The radio programs also helped communities learn issues that in the past were not discussed openly, e.g. sexuality and sexual relations. The ARK radio program presenters and community members were respectively motivated and eager to learn more. Members of the community who listened to ARK radio programs assisted ARK representatives in educating the community. Through the radio discussion it was emphasized that the youth should learn good behaviors and be good role models in the community. Youth were also encouraged to make good decisions for the betterment of their future. Lastly parents were encouraged to help youth in making good and sensible decisions.

**Training**

The trainings applied participatory approaches to enable the parents to reflect upon the messages, apply them to daily life, and encourage them to think about how they will use the information to benefit other parents. The training allowed time for dialogue on key issues and the transfer of skills needed to implement behavior change activities with youth and adults. During these trainings, participants developed work plans for conducting training sessions in their respective districts. A total of 5,890 (2,928 parents, 1,025 religious leaders, 1024 community leaders, 502 teachers, 166 community health care workers, and 245 master trainers) people were trained.

**SO3: Enabling environment created for A and B behaviors**

ARK Tanzania placed special emphasis on reaching youth with the A and B skills, information, and support they needed to protect themselves. The Tanzania National AIDS Control Program also addressed sexual and gender-based violence, cross-generational and transactional sex, economic vulnerability, and stigma and discrimination, which increase girls’ risk of HIV contractions. The ARK program worked in partnership with local government at the district level to support prevention programs for young people.

ARK recognizes the importance of creating supportive environments for young people, and worked with adult gatekeepers such as parents, teachers, and faith leaders who can support youth in making healthy choices. Recognizing the influence of mass media on young people, ARK also supported strategic educational entertainment programs that reinforced positive norms and behaviors among youth.

**Major Challenges and Constraints**

From November 2009 to January 2010, a cholera outbreak in Handeni District impaired most of the activities involving gatherings. Monduli District also experienced severe drought and famine from September to December 2009. This affected ARK activities as the Maasai people were unable to participate because they were focused on looking for food and water.

Nonetheless, the multiple approaches (peer education, training/seminars, video shows, drama, songs, poems, dialogue, and Common Ground Melting Pot meetings, essay writing, and sports competitions) facilitated the program to reach and exceed the targets.
## V. Other Issues

### A. Country Specific Indicators Table

<table>
<thead>
<tr>
<th>October 1, 2009 to June 30, 2010</th>
<th>Kenya</th>
<th>Tanzania</th>
<th>Haiti</th>
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<td>Achieved</td>
<td>Planned</td>
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<td># of youth 10 to 14 reached through HIV/AIDS community outreach programs that promote A and/or B</td>
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<td># of youth peer educators/coaches trained to promote A and/or B</td>
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<td># of community outreach HIV/AIDS prevention programs promoting A and/or B</td>
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<td># of individuals 25 yrs and above reached with A and/or B promoting programs</td>
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<td># of adults/parents trained as peer educators/coaches on A and/or B</td>
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<td># of religious leaders trained/retrained in A and/or B messages</td>
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<td># of community leaders including government reps trained/retrained on A and/or B activities</td>
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<td># of teachers trained as trainers on A and B</td>
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<td># of health care workers oriented in A and B promotion and support</td>
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<tr>
<td># partners/sub-recipients assessed for OCB</td>
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## Sustainability and Transition

- In efforts to enhance sustainability of ARK activities beyond June 2010, ARK integrated with WV ADPs and other USAID grant projects such as the AIDS, Population and Health Integrated Assistance Program (APHIA II) in Kenya. This integration will help strengthen ARK life skills approaches in schools.

- ARK has also been integrated with government line ministries, NGOs, and local implementing partners (LIPs) that have been involved throughout all program stages. In Kenya, restocking ARK training guides and handouts was done and distributed to TOTs who will carry on the ARK vision. Wall murals were also painted to ensure the continuity of the A and B messages.

- ARK integrated with WV ADPs and stored equipment and materials there to be made available for use in HIV prevention programming. The animators will continue training peer educators on A and B activities beyond the original ARK intervention regions. WV ADPs will incorporate some of the ARK activities into specific areas in line with their programs.

- ARK built the capacity of volunteers and partners through training and practical workshops and increased the human resource base in the community. As a result, action groups have taken the responsibility of initiating dialogues and theater in the community with much confidence. Their capacity has been built to write proposals to funding agencies. One key outcome of this process is that the communities are less apprehensive about continuity of activities, since the preparation for the group to take over started two years ago. Various youth and adult group leaders have fully taken lead in ensuring activities such as community dialogues were conducted with minimal support from ARK site staff. The presence of other partners on the ground such as APHIA II in Kenya has also made it easier by bridging the gap in areas that ARK provided assistance. About 10 groups in Kenya have so far received funds from the government’s TOWA (Total War Against AIDS) funds. About 15 groups have also been supported by APHIA II to carry out activities on HIV prevention.

- In Tanzania, schools and educators have been encouraged to utilize the ARK and life skills materials in the classroom and afterschool programs as part of the health and wellness curriculum. School officials and district education officers will adopt these materials and activities into their school health and wellness programs. Health Clubs and biology and sports teachers will continue to teach students, and School Health Clubs will continue to educate and nurture new students in the key areas of HIV prevention by using ARK materials and curriculum.

- WV Tanzania ADPs will provide support and supervision to the TOTs and CBOs to continue implementation and use the approaches utilized by ARK, like the PAGs, YAGs, and Common Ground Melting Pot meetings, in other projects and programs when budget allows. Materials and trainings will be reproduced and former ARK trainers and participants will help implement and expand these activities.
• Electronic versions and hard copies of the ARK materials will be shared with projects, schools, and other interested groups that have funds to reproduce the materials for part of their programs.
• FBO leaders were encouraged to follow up on their promises to mainstream the ARK program in church and mosque education and outreach programs for youth and women. FBO leaders will mainstream ARK relevant messages in their faith teachings, as they have an opportunity to meet their congregations at least once a week.
• WV ADPs and community leaders will facilitate introductions and encourage district leaders to continue to support the TOTs and CBOs in their communities so they can continue to work with the district and implement activities whenever possible.

C. Capacity Building
ARK staff and partners attended several trainings during the five-year period. These were organized by WVUS, JHUCCP, and USAID. Some were done locally and the others were conducted internationally. Some of the areas in which program staff and partners’ capacities were built include: communication and media approaches, grant management, HIV Abstinence, Be faithful and Condom programming, and Monitoring & Evaluation. The following were some of the key workshops and trainings conducted: training of trainers on life skills by WV; workshop on developing monitoring and evaluation tools (WV Kenya and U.S.); grant management (WVUS); communication workshop by JHUCCP; FBO stigma workshop by JHUCCP; emerging issues on HIV (JHUCCP); and monitoring framework by USAID.

There were also technical meetings for sharing progress report and experiences with Abstinence and Behavior change for Youth (ABY) project implementers. Through these initiatives, the ARK program was able to implement activities effectively without any major capacity gaps.

Also, building the capacity of local partners/stakeholders toward sustainability and creating a climate of ownership among implementers/collaborators, community members, and staff were a major focus of the ARK program in its areas of operation. Capacity development efforts with ARK’s partners have included strengthening systems for better program management and efficiency as well as promoting alternative sources of financing and cost-effectiveness measures.

D. Coordination with In-Country Team and Host Government, Local Partners
In Kenya, the WV national director and ARK program manager attended quarterly partner portfolio meetings organized by the USAID Mission office to share experiences, achievements, and challenges with other Track 1 partners implementing ABY. USAID conducted Semi-Annual Progress Reporting (SAPR) meetings where achievements of all Track 1 partners were shared. During these meetings, partners were updated on the Kenya Evaluation Project Monitoring System (KEMPS) database tool that was used to report reached targets. Toward the end of the program, the program director, program managers, and program assistant attended a final close-out meeting in South Africa where Track I implementers shared their successes and lessons learned.
The project coordinators in Tanzania met with the TOTs/volunteers at the end of every month to receive their reports for outreach using special forms and to discuss their experiences and share any challenges that may hinder the progress of the program. M&E tools for the program, such as guidelines for selecting YAGs and PAGs, Common Ground Melting Pot meetings, ARK radio listeners groups, drama groups, challenges, and work plans were reviewed jointly with the team to identify gaps in terms of needs and areas to make elaborations. Integration of the program into the ADPs was discussed. This was reviewed in light of support provided by the ADP, how ARK complements or supports the ADP activities, the means of strengthening the collaboration, and sharing of available equipments for program operations including motorcycles, offices, and computers.

Technical review meetings were conducted by ARK Tanzania every year to evaluate the progress of the program. During this meeting, the team shared HIV epidemic updates per district by providing the latest information. The team also shared information about what messages and BCC strategies other implementing partners are using, as well as at how best practices could be learned or replicated from ARK. Issues of program sustainability leading up to the phase out of ARK activities and hand over of activities to the community and how to share lessons learned were also discussed.

The end of program evaluation report confirmed that in the sites for evaluation in Kenya and Tanzania the integration between the ARK program, the government, and NGOs was very strong. Haiti was an exception (according to the report) in the sense that WV Haiti had an MOU with the government to implement health and AIDS activities in support of its programs. In such a case integration may not be evident, but the programs have the blessing of the government.

E. Monitoring and Evaluation

The ARK team created monitoring tools that were used throughout the program. This was done to improve on the quality of data collection and reporting. The program received periodic monitoring visits from the ARK project director and JHUCCP program officers from the U.S. ARK staff at the district level also received quarterly monitoring and supervisory visits from the national office team. At the district level, ARK staff conducted joint planning and review meetings with community representatives and other ARK key stakeholders. Feedback from these meetings enabled program management to make informed decisions about the program. Strategies and approaches were constantly revised to improve on the program outputs and outcomes. There was also a mid-term review and final evaluation that were carried out to assess progress toward achieving the targets and program impact.
F. Program Management

Organizational Chart of ARK Program

Changes in Key Personnel

The regional manager (Dr. Samson Radeny-JHUCCP staff), who was supporting Kenya and Tanzania, left in the second year of the program. Rather than replace him, leadership was taken up by in-country project managers/national coordinators. There were also changes in the technical staff for both WV and JHU staff based in the U.S. Dr. Fe Garcia was the ARK WV project director, and she left in the fourth year of the program. She was replaced by Anne Claxton who was based in Kenya. Anne Claxton held the office briefly and passed the mantle to Moses Dombo who later passed it on to Happy Kumah. These changes happened in the last year of the program. There were minimal changes in JHUCCP staff based in headquarters (U.S.). Jennifer Boyle, program officer, left in the second year of the program and was replaced by Rupali Limaye, who stayed on for two years. Responsibility was then handed back to Jennifer Boyle in the last year of the program.

In addition to the changes that occurred at the international level, ARK had to face changes also in the field. In Haiti, the program had difficulty in recruiting skilled staff willing to
travel from Port-au-Prince to the regions. The M&E officer left in FY09 and has not been replaced. The grant coordinator has changed twice since start-up.

VI. Success Stories

- George Stephano Lyimo, a youth group leader, shares his story about Jakie, a 16-year-old young lady who lives in the small town of Mererani in Simanjiro District in Manyara region in Tanzania. Jakie was angry with her parents because they bought her an old fashioned dress that she did not like. The parents insisted she wear the dress, but Jakie refused completely, which caused a very big misunderstanding with her parents. The parents felt they were not obeyed and consequently beat Jakie. She became very angry and when she shared the ordeal with her friends, they advised her to move out, as she was old enough to make her own decisions and lead her own life. Jakie moved out and rented a room with her friends. Not having enough money to sustain her, Jakie was then lured into prostitution. However, after receiving ARK training, George Stephano had the opportunity to counsel both Jakie and her parents. The parents learned how to dialogue and had a change of heart. They became friendlier to Jakie, and Jakie in turn learned what it means to be a youth. Her behavior was changed and she went back to live with her parents. Now they are living happily together. Jakie has become a very strong member of her church and is now one of the youth leaders.

- Through life skills training and dialogue discussions, youth and parents have increased their communication skills. Conflicts among many families arising from misconceptions and misunderstandings have been minimized. Findings from the ARK final evaluation showed that there was improved communication between youth and their parents. In Migori District, one parent made this comment: "The teachings I have received since I got involved in this program has brought peace in my home. I have learned how to live with my wife and children. I shared the same information I received from PAG training and my wife too sought to be trained and now we are all living happily."

- Stephen Meshak, a second year student from Ole Sokoine Secondary in Tanzania, had this story to share during a dialogue. The TOTs were conducting dialogues when Stephen pulled ARK’s passport he was given in 2007 at Mfereji Primary School. Stephen shared
the following: “I received this passport at Mfereji Primary School when I was a standard seven pupil. The passport has been so meaningful and useful to my personal life. It provided me with a real perspective about planning my present and future life. I have also been able to change my life and that of my friends through sharing my story. My parents and neighbors are so proud of me. ARK has made a tremendously positive impact on my life. I shall never forget ARK in its efforts to serve the life of the youth.”

- A teenage girl who happened to be pregnant attended a life skills training in Bungoma. She confessed to having contemplated abortion but after receiving the training decided to maintain the pregnancy. This is attributed to the knowledge and skills gained for coping with the choices and decisions people make in life. This is her comment: “We are facing many challenges, for example truck drivers give girls little money and then use them. Some get pregnant and drop out of school, some contract HIV and STIs. Learning in an institution is very hard. The rich men spoil us by giving us money, then they sleep with us. I was once cheated and got messed up and gave birth. ARK taught us life skills and how to live and cope with life in such an environment. It has helped us a lot, to adapt to secondary abstinence. My group is able to effectively pass on reliable information on abstinence.”

- The following comments were noted in Naivasha: “ARK club is a good group because it teaches a lot of people on life skills. In my family, I teach them about the life skills. I normally tell my father and mother to be faithful to each other because if they are not faithful they might contract HIV and AIDS and it does not have a cure.” “I am proud to be a peer educator since the time I joined ARK club when I was in primary school. I have gained a lot of knowledge, for example, I have learnt how to make decisions, I have been able to know the functions of my body parts. I have been able to express my feelings toward others. I have been able to cope with changing phases in my life.”

- The head teacher of Miriwi Primary School in Migori District made a formal request by writing a letter to the program requesting for his school to be considered in the training for teachers. This was following the transfer of his two teachers who were trained by ARK on life skills. This is what he said “I have witnessed the fruits of life skills education in my school such that I can not allow the club initiated by the teachers to die...teenage pregnancies have reduced and teacher pupil conflicts have reduced and I foresee improved performance due to increased level of discipline by the pupils.”

- The interactive education style among both youth and adults who have never been to school or with low levels of literacy generated much interest in ARK trainings in Haiti. The community trainings among adults became the trigger for inciting interest to learn among those with low literacy. This is evidenced by an increased demand for training among adults and older youth alike. Neighboring non-ARK sites have requested the program to extend ARK activities to their areas.

- ARK’s strategy of providing training (content including puberty, reproductive anatomy, sexuality, and communication) to parents/responsible adults as well as to youth is a win-win. The trainings have generated a common language/vocabulary, especially for topics
that are taboo. Because parents are also informed through ARK sessions, youths have observed that their parents are now much better at understanding and supporting their decisions and actions.