TABIA ZETU NA UKIMWI PROJECT

THIRD QUARTER ACTIVITY REPORT

An HIV and AIDS Advocacy and Prevention Project being implemented in Magarini Constituency, Malindi District.
January – September 2003.

TARGET ACTIVITIES: Follow-ups training village elders and project Internal Evaluation. August to November 2003.

IMPLEMENTING AGENCY: Institute of Participatory Development (IPD)

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INTRODUCTION

The Tabia Zetu na Ukimwi Project has concluded activities as planned. The target group was doubled, and coverage was and planned however the impact of the project has burst the boundaries originally earmarked of Magarini Constituency.

Follow-up activities; though this had not been foreseen at the planning stage, this encouraged the participants to continue with the project activities. The follow-up to the newly trained groups was crucial for encouragement.

The community reaction a proof of the project effectiveness were evident as organised groups and newly registered groups have been undertaking community projects and planning for community intervention on HIV and AIDS fight. Training of village Elders on HIV and AIDS was an added advantage; as the elders spearheaded community activities. The training of one hundred and three (103) village elders with representation from every sub-location strengthen the sub-location community resources person conversant with HIV and AIDS. The community resource persons are permanent assets to the community and lasting pillar.

The project evaluation conducted was a landmark the impact of this project as indicated in the evaluation report is an encouragement however, the weakness observed equally serves as a great inspiration to make the Institute of Participatory Development to strengthen for betterment.

HIV and AIDS Awareness creation should not be seen as an end of it-self but rather a means to the really work in HIV and AIDS. The Institute of Participatory Development effort to support and backstop Community Based Organisation to take lead in HIV and AIDS Activities for sustainable programme

BACKGROUND INFORMATION

The Institute of Participatory Development (IPD) is a non-Governmental Organisation established and registered under the Non-Governmental organisation co-ordination Act of 1990. IPD is non-partisan, non-religious, non-profit making voluntary organisation authorised to operate in the entire Coast Region from Kiunga in the North to Lunga Lunga in the South, Including Taita-Taveta District. The organisation entry point to the community was Dagamra Location, Marafa Division, and Malindi District.

Since the organisation's registration in September 1999, the main focus has been empowering local communities through capacity building of Local CBO's. IPD was formed to fill the gap in strengthening community participation and promoting home-grown development initiatives for sustainable development. In the recent passed IPD has been in the forefront working with small community groups in interpreting Government Policy on Poverty Eradication and tackling the HIV and AIDS Pandemic. Already the organisation has been able to develop over fifty project proposals to this regard and several of such proposals have been funded and are under implementation. IPD has been working with community groups, before funding was made available several communities had benefited from this effort. These are such as :-

1. Malindi Women Fighting AIDS.
2. Genesis Youth Group
3. Dambala Music and Drama Club.

4. Kakuyuni Puppeteers
5. Chumani Self-Help Group
6. Kimagu Agro Industry Group etc.

The institute of Participatory Development organisation submitted several project proposals to the National AIDS Control Council (NACC) namely:-

1. Tabia Zetu na Ukimwi Project - Magarini Constituency-Malindi.
2. Tabia Zetu na Ukimwi Project - Kilifi District
3. Survey on the Usage of Condoms - Malindi District
4. Capacity Building for CBO's on HIV and AIDS - Malindi District

All these project proposals were aimed at awareness creation, however, it is only the Tabia Zetu na Ukimwi project – Magarini constituency which was considered for funding by NACC as Regulations require that an organisation can only be funded one project at a time. The said project was submitted in early 2002 and approved however funding was delayed. Tabia Zetu na Ukimwi project is scheduled to last nine months viz. December 2002 – August 2003.

In this project; IPD has been observing the trends of awareness creation on HIV and AIDS advocated countrywide. The use of modern media i.e. Radio, Television, Bill Boards, Handbills, Posters, Newspapers and Stickers; though useful to pass messages this does not reach the rural majority especially the illiterate. Tabia Zetu na Ukimwi Project took a different approach by targeting the rural poor and illiterate members of the society. The use of the cultural acceptable leaders to pass HIV and AIDS message is seen to be key to the reduction of infection rates hence this project aiming to reach the Traditional Birth Attendants and Local Healers.

PROJECT OVERALL OBJECTIVES

The project overall objectives is to reduce the incidences of high infection rate on HIV and AIDS through community education awareness creation leading to behavioural change in society. It is here believed that behavioural change can only be attained by maximum utilisation of the internal communication systems. Making it possible by the people, through the people hence a people movement for change.

SPECIFIC OBJECTIVE:

1. To create awareness by using community leaders (resource persons for effective communication).

2. To facilitate the training of special segments of the society on HIV and AIDS, targeting traditional birth attendants, local healers, church or religious leaders, Song composers and village elders from every sub-location.

3. To facilitate the composition of songs in the local language and record such in an audiocassette for easy of communication.(one compact)

4. To form special teams from the trained community members to continue with the awareness creation when the project period expires.

5. To effectively make use of the internal communication systems i.e.

- **Train 80 Traditional Birth Attendants**
- **Train 80 Local healers**
- **Train 50 Church leaders**
- **Train 25 best song composers**
- **Facilitate the recording of songs (one compact)**
- **Training Village Leaders.**

METHODOLOGY

The Institute of Participatory Development uses participatory learning approach methods during the workshops to create awareness on the HIV/AIDS pandemic. An enabling and conducive atmosphere is created whereby the participants become free and willing to contribute towards the discussions on the scourge. Open discussions and sharing of experiences make the participants learn from one another. Group discussions and presentations are also used. Role-plays are equally used to elaborate and clarify some concepts. In some instances, posters are used.

For easy communication and understanding, all the workshops are conducted in the local Giryama and Kiswahili languages these are popular dialects.

ACTIVITIES PLANNED FOR THE THIRD QUARTER

The major activities in the Third Quarter were follow-ups of the First Quarter and Second Quarter Activities, training of Village Elders and Evaluation of the project activities as follows: -

Village elders workshop program:

Venue	Target group	Date
1. Dagamra	Village Elders	29th September 2003
2. Garashi	Village Elders	30th September 2003
3. Barlcho	Village Elders	1st October 2003
4. Marafa	Village Elders	2nd October 2003
5. Adu	Village Elders	3rd October 2003
6. Fundissa	Village Elders	6th October 2003
7. Gongoni	Village Elders	7th October 2003
8. Magarini(Marikebuni)	Village Elders	8th October 2003

Internal evaluation program:

Venue	Target Group	Date
1. Garashi	Focus group discussion	21st October 2003
2. Marafa	Focus group discussion	21st October 2003
3. Adu	Focus group discussion	22nd October 2003
4. Fundissa	Focus group discussion	22nd October 2003
5.Marafa DO's Office	Key informants interviews	23rd October 2003
6. Gongoni DO's Office	Key informants interviews	23rd October 2003
7. District Headquarters DDO's Office	Key informants interviews	24th October 2003
8. MOH Malindi Hospital	Key informants interviews	24th October 2003
9.Marafa Youth Polytechnic	Internal evaluation draft report presentation to the stakeholders	31st October 2003

Follow up:

The third quarter which doubled as the last quarter of the Tabia Zetu na Ukimwi project, focused on the training of village elders and the internal evaluation of the project. With the many activities already covered during the first and the second quarters called for the follow up to the previous activities.

The training of song composers, recording and launching of the Giryama music cassette and Compact disc (CD) aroused people curiosity on HIV and AIDS. As reported earlier, a few song composers had participated in the cassette recording however more composition were displayed on the launching day the 12th July 2003. The groups involved in song composition increased beyond those who had participated in song composer's workshop. Requests were received from many groups to be visited to listen to compositions and advise for better presentations.

The Traditional birth attendants, Local healers and Religious Leaders, who had participated in the HIV and AIDS awareness creation workshops felt left out during the launcheon served as an exhibition of the Tabia Zetu na Ukimwi project activities. This was however had been overseen. Groups registered were willing to display and educate the society on their effort to fight HIV and AIDS.

The follow up of these activities gave a good picture of the project achievements; groups in Fundissa Location have been very active in spreading HIV and AIDS messages to the community. Tambala Mwanza of Mofo Simba and Jaribuni Mchechemeko have been performing on a weekly basis on different days to educate the masses on the HIV and AIDS. This effort has already paid dividends as a third group has joined in this effort. Dziunyeni Women Group has joined in this effort and in addition they support the sick through supplying them with water, food, firewood and washing clothes. A group of Local Healers was registered under the Ministry of Home Affairs National Heritage, Gender and Sports. It was been able to draw a project proposal to support their effort, this has been submitted to the National AIDS Control Council.

In Adu Location, HIV and AIDS songs have become part of he Chief's Baraza activities. Two groups are now common Magarini Juba Singers and Harambee of Kadzandani sub-location are popular; as they participate in most Barazas. Magarini Juba has been now recorgnised at the District as no District function is held with their appearance. The prominent groups in the frontline fighting AIDS are such as Wakunga Women Group. Magarini Location Karibu Healers Associations of Gongoni Location the Kalachu group, Mizijuni Community Development Project of Marafa Location.

Garashi Locations, Garashi-Zhongwani Village Development Committee and Katsangatifu Self-help Group have been performing at their best. Community members have taken the initiatives and now groups like Katsangatifu Self-help Group have and continue performing in meetings and funeral under the request of community members. Dagamra Locations membership to the Dagamra Primary Health Care Committee has increased tremendously.

The government acceptance to offer the services of the voluntary counselling by mobile and the establishment of a VCT centre at Marafa Health center has shown the commitment of the government in the fighting HIV/AIDS. It will be remembered that the request for a mobile VCT was made after the first quarter of the project in January-

March 2003. The distance to the nearest VCT services will now be about 30 kms away from the other point.

During the follow ups conducted it was difficult to provide satisfactorily as more groups would wait at one point despite the request having been made by an individual group. Composition made by groups who did not participate in the song composers' workshop lacked the touch needed. Some of such groups requested to equally get similar training to improve on their work.

The final analysis proved that a good number of old groups which were not registered; took an effort to get registration, while some of the registered had not renewed their registration and took the initiative for renewals. New songs were composed and many were eagerly waiting to record the songs. The follow-ups served good opportunity to clarify that the recording had been initially planned for one compact. A second compact would depend on the availability of funds. The follow up was an encouragement to most groups. The same note the follow up activity was an opportunity to visit and interview groups which has made formal request for project proposal writing. Twenty four groups had made formal request for assistance in project proposal development from different location here follow-ups were used to asses the capacity of the group and to collect other basic data for project proposal development.

TRAINING OF VILLAGE ELDERS

Due to unavoidable circumstances the work plan delayed however this was well intended to ensure the smooth running of the third and last quarter of the project. The development of the evaluation team needed care as most of the participants particularly the target group of the project was mainly composed of people who did not target formal education. The evaluation team had to have people who could communicate in the local dialect. The evaluation facilitators need to have some knowledge or background in participatory development. Participatory evaluation is a foreign thing to most people. It was therefore difficult to get the right people in time. ,The evaluation team at last was identified and work was identified and work was conducted as planned. This led to accusations and counter accusations that the project was running to contrary to the original plan. The original plan that was subjected to the release of the cheque was followed to the later.

Village elders meetings were composed as the other groups were conducted, six village elders were called from every sub-location, for the awareness creation at the location level. These were to be used as representatives from the sub-location as this ensured equal representation. The training of this was segment of this society was followed as planned. Village elders as people who had their respective villages in conflict resolutions and the development were not very sure of other responsibilities beyond family disputes. They wondered if they could equally assist in fighting HIV/AIDS. Most village elders expressed fear that their mandate was only to handle disputes and development was the prerogative of the assistant chief. They admitted to have participated for the first time in formal discussions of development matters and some kind of training towards their responsibilities in society .the awareness creation workshops lasted a single day each.

As village elders and Heads, the project exposed them to the potential of trained TBAs, Local Healers, Religious Leaders, Song Composers, Project proposal Participants. The peer educators trained by Marafa community development program in the same format

i.e representatives from every sub-location. The village elders therefore were endowed with community resource persons within their reach to tackle HIV and AIDS in their respective communities. With or without outside support the HIV and AIDS campaigns could be continued successfully. IPD and Marafa community Development program are ready to continue to offer guidance and backstopping to make community undertake HIV and AIDS activities. The exercise reached one hundred and three (103)

INTERNAL EVALUATION EXERCISE

Due to unavoidable circumstances the work plan delayed however, this was well intended to ensure the smooth running of the third and last quarter of the project. The appointment of the evaluation team needed care as most of the participants particularly the target group of the project was mainly composed of people who did not get formal education. The evaluation team had to have people who could communicate in the local dialect. The evaluation facilitators needed to have some knowledge or background in participatory development. Participatory evaluation is a foreign thing to most people. It was therefore difficult to get the right people in time. The evaluation team at last was identified and worked was conducted as planned.

The exercise was undertaken with the assistance of people who were not directly involved in the project implementation activities. IPD management appointed people who have been involved in participatory development approach work. The exercise was done through project document reviews, individuals and group interviews.

The report of the Tabia Zetu na Ukimwi Project was eventually presented to community members to verify whether what was reported was as per their contribution. The report presentation was equally postponed twice due to community functions however, this finally done on the 14th November 2003, at Marafa Youth Polytechnic.

OTHER ACTIVITIES

While the last quarter was being implemented more groups keep streaming the IPD office for assistance in Project Proposal writing. As report in the evaluation report nine project proposals were developed and submitted to various CACCs for approval and seven more groups' proposals have been developed and submitted to **FAMILY HEALTH INTERNATIONAL MOMBASA** for funding. There were HIV and AIDS site meetings CHACO and KANCO meetings held in Mombasa and Malindi respectively, IPD has been a strong member in such events.

LESSON LEARNT:

1. HIV and AIDS Awareness creation or any other awareness creation undertaking should not be seen to be and end of its own. Effective awareness creation shall always be reflected on people's reaction to the messages.

2. A project on awareness creation success depends on the identification of the appropriate target group and the use of Internal communication systems particularly in the rural areas where illiteracy is high

3. Effective project implementation calls for direct conflict of interest hence breeding hostilities however, these are health indicators to prove something is happening on the ground.

4. A project implemented without a clear plan for evaluation at the end is not complete. Evaluation however to most people seem to mean an opportunity to harass and intimate others especially people with a different opinion.

5. The HIV and AIDS funds to some are not viewed as funds to tackle a disaster but money to be shares; failure to which breeds hostility and hatred amongst professionals.

6. It is better not to get approval for further funding than to divert public funds for other use.

7. Awareness creation is still needed in the rural areas contrary to the existing belief that everybody knows about HIV and AIDS while no action is taken.

8. The reaction of the Magarini Constituency communities is overwhelming people can take responsibility on their community problems when aware. Illiteracy is not an impediment assistance should be given without discrimination and in good faith.

CONCLUSION AND RECOMMENDATION:

This project Tabia Zetu na Ukimwi is concluding well having undergone through the entire project cycle and the best conclusions and recommendations are given in the Internal Evaluation report.

HIV and AIDS is concern to all in society however, most communities are exposed to planning as many group approach the Institute of Participatory Development and the already conducted interviewed reveal that most community groups need assistance in capacity development. The funds to be allocated need close monitoring and back-up for projects to be implement efficiently.

- The self-help, women, youth and community based organisations should be given the needed support through training and supervision for projects implementation.

- The Community Based Organisation should be targeted by the organisations or institutions at the District level. This will ensure projects sustainable even after funding is ended.

- Projects targeting HIV and AIDS orphans and the sick can be taken care community based organisations and not organisations from the district level.

Attached is the Project Internal Evaluation Report and Umasikini Changio and Tabia Zetu two in separate Covers.

/scm

Internal Evaluation Report

IPD - Tabia Zetu Na Ukimwi Project

Evaluation Report

Facilitated by: Margaret Belewa
E. P. Mweri

Dated: 21st October 2003

EXECUTIVE SUMMARY:

Tabia Zetu na Ukimwi is an HIV/AIDS awareness project undertaken by IPD in Magarini constituency of Malindi District. The constituency has a population of 110,000 people the majority of who are settled in Magarini Division along the coastal belt. It was a nine (9) months project.

The project targeted a crucial segment of the community, which was in turn to continue with the HIV/AIDS awareness creation crusade as they go about their daily activities.

Six main activities were planned with specific targets and were all carried out successfully and the targets surpassed. This was done within the specified duration of nine months though the activities started later than in the project document due to initial cash flow from the sponsor NACC.
The overall objective of the project could not be ascertained since it is along term one. This needs at least one year to elapse after the project implementation. However the specific objectives were achieved. Therefore the project achieved its intended purpose.

The project had positive impacts at the activity level, which can be sustained. The positive impact on the behavioural change is difficult to say whether the momentum can be sustained. The sudden positive change could be due to fear/dread of the disease and that the messages is so fresh in the minds of the target groups and other recipients.

There are therefore two recommendations (see page 5), which are crucial for impacts sustenance.

Background Information:

The Institute of Participatory Development (IPD) is a Non-Governmental Organisation established and registered under the NGO coordination act of 1990
IPD is a non-partisan; non-religious, non-profit making voluntary organisation authorised to operate in the entire coast region. The organisation entry point to the community was Dagamra location, Marafa Division, Malindi District.

Since the organisation's registration in September 1999, the main focus has been empowering local communities through capacity building of local CBOs. IPD was formed to fill the gap in strengthening community participation and promoting home-grown development initiatives for sustainable development . In recent past IPD has been in the forefront working with small community groups in interpreting government policy on poverty eradication and tackling HIV/AIDS pandemic. Already the organisation has been able ton develop over fifty project proposals in this regard and several of such proposals have been funded and are under implementation. Community groups assisted include;-

1. Malindi women fighting AIDS
2. Genesis youth group,
3. Dambala music and drama club,
4. Kakuyuni puppeteers,
5. Chumani self-help group,
6. Kimagu Agro industry group. etc

IPD submitted several project proposals to the National AIDS Control Council (NACC) for awareness creation on HIV and AIDS; namely; -

- Tabia zetu na Ukimwi Project:- Magarini constituency- Malindi District.

- Tabia zetu na Ukimwi Project:- Kilifi District.
- Survey on usage of condoms – Malindi district
- Capacity building for CBOs on HIV and AIDS.

Tabia Zetu na Ukimwi project was a nine months project wef December 2002 t0 August 2003.

Project Overall Objectives:

The overall objective was to reduce the incidences of high infection rate on HIV and AIDS through community education awareness creation leading to behavioural change in society.

Specific Objectives:

- To create awareness by using community leaders (resource persons for effective communication)
- To facilitate the training of special segments of the society on HIV and AIDS, targeting traditional birth attendants, local healers, church or religious leaders, song composers and village elders from every sub location.
- To facilitate the composition of songs in the local language and record such in an audiocassette for easy of communication.
- To form special teams from the trained community members to continue with the awareness creation when the project ceases.
- To effectively make use of the internal communication systems.

Planned Activities:

- Train (80 traditional Birth Attendants
- Train 80 local healers
- Train 50 church leaders
- Train 25 best song composers
- Facilitate the recording of songs (one compact)
- Train village elders/leaders

Methodology (Project):

For easy of communication and understanding participatory learning approach was used in all the workshops and training sessions. In some instances posters were employed for visualisation and driving points home. Giryama and Kiswahili languages were the main media for instruction during the training and workshops.

Terms Of Reference:

In general to find out whether the project met its' objectives and if the same can be replicated else where, plan for the future and in particular:

- Assess the extent of coverage in the context of area and numbers,
- Assess the project output ie the behavioural change of the target groups and beneficiaries;
- Evaluate the impact of the project;
- Present a draft report in hard copy and diskette;
- Present the findings to IPD, assist in planning for future and produce a final report (two bounded) copies.

Project Evaluation Methodology:

Semi – structured interviews/discussions were held with representatives of the target groups (trainees) randomly selected as well as with key Informants Chiefs and ministry of health personnel on the ground at the district level.

Three days were dedicated to the fieldwork and four days preparing the report and presenting it to the constituency forum mainly representatives of the project beneficiaries at Marafa Dos office.

Findings:

1. **Training Messages Imparted.**

   Most interviewees could relate what they learnt during the training/workshops quoting even dates of the workshops when they were held.

Garashi Traditional Birth Attendants being interviewed:

2. **How the knowledge was put into use.**
   a. After the training/workshops the various target groups formed formal groups of between 10 to 25 members, (some are now registered with culture and social services) and are passing HIV and AIDS messages while as groups and as individuals in their normal working areas. The groups serve as peer members to similar ie TBAs, Local healers etc. ***(See annex on Key questions).***
   b. It became apparent that most trainees have started using the knowledge acquired to reduce the chances of contracting HIV and AIDS and spreading the same (HIV/AIDS) to theirs clients This is true for TBAs and Local healers. ***(See annex on responses).***
   c. HIV and AIDS awareness creation is going on and has reached a level where-by community members are willing to go for VCT; the only bottleneck is the distance and fare to the VCT centre at Malindi bearing in mind the poverty prevailing in the division. However it was hinted to the evaluating team by the MoH that a mobile VCT is soon to be introduced.

3. **Achievements on training.**
   - Trained 160 traditional birth attendants
   - Trained 160 local healers (Herbalists).

- Trained 100 church leaders.
- Trained 37 best song composers.
- Trained 103 village elders.
- Trained 15 participants from the constituency on project proposal writing. Out of this group one proposal has been written by Marafa community development programme.

4. **Other Achievements.**
   - Facilitated songs' competition –**Pingano**.
   - Recorded one compact and produced 200copies for sell.
   - Recorded one audio visual cassette during the songs' competition and made 3 copies
   - Made one CD of the songs and made 12 copies.
   - Held a launch eon ceremony at Dagamra.
   - Groups have been formed (peers) to continue with HIV/AIDS messages.

Impacts:

At activity level:

- Most interviewees could relate what they learnt and even quote the dates of the workshops.
- After the training, most target groups (trainees') formed formal and non-formal peer groups and are creating awareness on HIV/AIDS either as individuals in their normal working area/occupations.
- HIV/AIDS awareness creation is on going and has reached a level where-by community members are willing to go for VCT; the only bottleneck is distance **(60 Kms)** to the Malindi District hospital especially as regards to fare.

On behavioural change:

There is noticeable change in peoples' behaviour after getting the messages HIV/AIDS;

- Most (TBAs) traditional birth attendants use gloves while delivering babies. Some even wear two gloves.
- A razor blade is broken into four (4) parts to make cuts – "**Kutsodza**" to four different patients.
- Those who make cuts **'Kutsodza'** before applying medication (local healers) use cotton wool or small pieces of new cloth tied on sticks for applying portions – **"Muhaso"** on cuts employed.
- Currently those who have received HIV/AIDS messages now use different safety pins to remove thorns stuck in peoples feet instead of one safety pin earlier on. **This is a common practise among the mijikenda.**
- Use of condoms is becoming common. At the local dispensaries, condoms were not collected so much. Nowadays the condoms dispensers are being replenished every now and then.
- During funerals people carry their own knives/blades for shaving hair. Previously one knife would be used shave all and sundry.
- Since July 2003 few **'Malu'** (fine for promiscuity) cases have been reported due to change of habit – promiscuity.

See annex for behavioural changes.

Malindi MOH Representative being interviewed:

Observations:

1. From the talks and questions from the community it appeared there is some high level of expectations after learning that registered community groups can benefit from NACC to carry on more awareness campaigns and even initiate mitigation activities after writing project proposals. A numbers of such groups have approached IPD for assistance in that regard. If this does not happen some groups will definitely stop being operational! NB: - IPD conducted a three workshop on project proposal writing and as a result one local CBO (Marafa Community Development Agency has developed one proposal). ***(See annex proposed projects).***
2. The project seems to have contributed to a sudden change in behaviour; - use of different blades, gloves by TBAs and local healers, reduced drinking habit and etc. this would seem to be so because the information imparted during the workshops is still fresh in peoples' minds. If awareness stops there is a danger the situation could go back to normal; ie before awareness creation.
3. Facilitators of the project were more known by the community rather than the project implementing organ and even the financiers. Efforts should be made to also promote IPD and its financier.

Recommendations:

Presentation of findings to some of the beneficiaries and IPD Officials at Marafa Youth Polytechnic:

Following are the recommendations taking into consideration the findings and circumstances on the ground: -

1. **IPD should develop a second phase and include mitigation for the sufferers and affected HIV/AIDS people in the Magarini constituency. A similar project should be considered for the other constituencies in Malindi District.**
2. **Bearing in mind that several groups are interested in continuing with HIV/AIDS awareness campaigns and mitigation; instead of each such groups writing their project proposals; which can manage funds should be assisted; those which cannot own their own should be affiliated to IPD at a fee and the IPD solicit funds and manage the fund portfolio.** (See annex on proposed projects).

Annexes:

Annex 1 a: Questions for groups' discussion.

1. What did you learn during the workshop/training?
2. How have you used the knowledge acquired?
3. What changes have noticed from yourself and the people you have passed the HIV and AIDS awareness messages?

A group of interviewees at Marereni chief's office

Annex 1 b: Questions addressed to Key Informants.

1. What do you know about Tabia Zetu na Ukimwi IPD project?
2. How and in what way have you/your organisation benefited as a result of the implementation of this project?
3. What challenges did you encounter during the implementation phase?
4. What comments and or recommendations do you propose?

Annex 2: Responses from trainees.

Traditional Birth Attendants (TBAs):

- Most now use gloves even two in one hand after identifying the risk gaps. One has delivered ten babies using gloves in all these cases
- Have instructed expectant mothers to have new razor blades in their houses.
- One of the TBAs has not started using

- Another one uses every chance to discuss HIV/AIDS issues even while fetching water.
- Expectant mothers keep gloves and blades ready to be used during delivery.

Traditional Healers (herbalists):

- Those who make cuts before applying make sure that each patient brings their own blades.
- One of them employs the use of different blades as an entry point to discuss HIV and AIDS with his clients
- All those interviewed they discuss (AIDS) with their immediate members of their families. A couple (TBA & Husband) got saved, stopped drinking bear and having extra marital affairs – sex outside their marriage.
- Those who used to cut ``kilimi'' using one blade have also stopped.
- A razor blade is broken into four (4) parts to make cuts – ``**Kutsodza**'' to four different patients.
- Use of cotton wool or small pieces of new cloth tied on sticks for applying portions – **"Muhaso"** on cuts employed.

Song Composers:

- Songs are used in every baraza. Some singers volunteer to sing even when they are not in the programme, eg Kenyatta day, because most songs were on HIV/AIDS. These were comments from senior chief Mwambire of Marafa location.
- Some who usually sing **Msego** at funerals now sing songs with HIV/AIDS massages.
- Katana Kironda has been invited to several occasions to sing on HIV/AIDS. He has sung on eleven 11 occasions so far. He also carries a condom (male and female) to demonstrate while singing.
- A group of singers at Marereni is operating like crusaders. After performing, they go visiting the sick giving them moral support and sometimes little cash to assist the sick.

Religious Leaders (Pastors):

- Pastors' talking about HIV/AIDS with congregations has made believers come to grips with the situation and some have urged (congregations) their pastors to keep on talking on HIV/AIDS.
- Pastor (Baptist Adventist) discusses HIV/AIDS with different groups – women, men and youths after service every Sunday. Has discourage use of condoms by youths and emphasised abstaining however he left the decision to them.
- Cases of couples referring unfaithfulness for arbitration have gone down drastically – SDA church, after HIV/AIDS talks.
- New Apostolic Church Marafa pastor warned faithful to stop the habit of using one safety pin to remove thorns stuck in peoples' feet. This is a very common practice among the Mijikenda.
- PEFA church Marafa has decided they will only wed couples who will produce certificates indicating their HIV/AIDS negative.

Village Elders:

- Have held several barazas/meetings in their villages to discuss HIV/AIDS.
- Disputes on **"Malu"** –a fine for promiscuity have reduced after these barazas an indicator to couples' faithfulness to their partners.

- Mnazi beer drinkers are each using their own straws – **mridza** as opposed to one straw shared among many drinkers.
- During funerals people carry their own knives/blades for shaving hair. Previously one knife would be used shave all and sundry.
- Some people have refused to inherit wives of dead relatives as required by tradition. Some wives too have refused to be inherited.
- Habit of going to funerals to woo sex partners has also reduced of late.

Youths:

- A youth group (boys) in Marafa uses football tournaments to bring youths together and talk about HIV/AIDS. The trained youths have noticed that girl talks and sex involvement has reduced.

Annex 3: Responses from Key Informants. **(Asst; Chiefs, Chiefs, PHT / PHO & MOH).**

Asst; Chiefs and Chiefs:

- Since July 03 no **Malu** cases have been reported due to change of habit – promiscuity.
- Drunkards in theirs dens – **Mangweni** share HIV/AIDS messages.
- Community members are getting informed from all corners because those who do not attend barazas get the messages from either TBAs, Herbalists etc.
- One Assistance Chief from Adu has even found out that some close relatives of his are using condoms because he found them.

PHT& MOH:

- At the local dispensary condoms never used to be collected but of late the condom container gets emptied very quickly. Replenishing is very often.
- The dispensary keeps surgical blades so that any person bringing a child for circumcision can buy in case he/she forgot to bring one this was not happening before.
- Mothers who used to breast feed other mothers babies left in their care are stopping the habit after discovering the risk of infecting infants.
- MOH very much aware of the project since he/she was involved from inception. Good work has been done on its behalf.
- Due to demand a mobile VCT will be introduced in the constituency.
- The project should be stepped up and to cover other areas such as Kakoneni and Chakama locations.

Annex 4: Proposed Projects.

The awareness creation workshop conducted aroused the community ego in tackling HIV and AIDS in the villages several community groups have resolved to take care of the sick, orphans and educating the masses on HIV and AIDS; groups who have come forward requesting for the formulation and write of a project proposals are :

1. Maendeleo self help group
2. Garashi Zhongwani village Development Committee
3. Katsangatifu self help project
4. Magarini Juba group
5. SAWACO self help group
6. Mnarani anti drugs
7. All star entertainment
8. Karibuni Healers self help
9. Jaribu Mchechemeko group
10. Redeem Gospel Church

11 Dziunyeni women group
12 Pidimango water project
13 Wakunga women group
14 Dagamra/Magarini Farmers Association
15 Arabuko Sokoke Tour guides
16 Malindi Post Test club
17 Marereni Cultural association
18 Jeza women group

Proposals written for submission:

1	Kakuyuni puppeteers – Awareness creation		1.5m
2	Malindi Baptist Women Association	Awareness & Orphans.	3.0m
3	Genesis Youth group.	Awareness	5.0m
4	Malanga Health centre	Awareness	3.0m
5	Bahati Orphans	Orphans	0.35m
6	Umasikini Changio	Awareness & Mitigation	49.0m
7	Tabia zetu na Ukimwi 1 Annex	Awareness	0.4m
8	Tabia zetu na ukimwi 11	Awareness& mitigation	7.8m
9	Dagamra Primary Health care	Awareness & mitigation	1.2m

Annex 5:- List Of Participants (During Report Presentation (14/11/2003).

Mr. Samuel W. Kamiti.	District Officer – Marafa.
Mr. Paul Mwambire.	Snr. Chief.
Mr. Emmanuel N. Gonzi.	PHO – Marafa.
Mr. Shadrack Mkuva.	Community member.
Mr. Silas K. Kombe.	Snr. Asst; Chief - Baricho
Mr. Daniel Mwagogo.	Asst; Chief – Bore /Taura
Mrs. Janet Kamarya.	Community member.
Mr. Dan B. Charo.	Chief Garashi.
Mr. Samson K. Thethe.	Ast; Chief.- Adu
Mrs. Patience Ndinda.	Community member.
Mrs. Sidi Mumba.	Community member.
Mr. R. M Ngoma.	IPD.
Ms. Rachel Mwaro.	IPD.
Mr. Stephen Thethe	Mlangaza Project.
Mr. Peter C. Thoya	Mlangaza Project.
Ms. Margaret Belewa	Consultant
Mr E P Mweri	Consultant