

TackleAfrica Focus Group Discussion Report

Submitted to:
Moving The Goalposts (Kilifi)

By:

Jared Nyang'wono Ontita
Tel: +254723713628/+254780713628
Email: jared.n.ontita@gmail.com
Nairobi, Kenya

Table of Contents

Abbreviations	iii
Acknowledgement	iv
Executive Summary	v
1.0 Introduction	1
1.1 Background	1
1.2 Description of the Project	1
2.0 Methodology	2
3.0 HIV Prevalence and SRHR issues among Adolescent Girls in Kilifi	2
4.0 Findings of the Focus Group Discussions (FGDs)	3
4.1 Knowledge on HIV/AIDS	3
4.2 Life skills/Football Drills	5
4.2.1 Training approach/Methodology	5
4.2.2 Football Drills	5
4.3 Change Observed	5
4.3.1 Unwanted Pregnancies	5
4.3.2 HIV/AIDS	6
4.3.3 Mother to Child Transmission (PMTCT)	6
4.3.4 Other Benefits of participating in Tackle Africa Project	6
4.4 Role Played by Parents/Guardians	7
4.5 Community Perception	7
5.0 Conclusion	8
6.0 Recommendations	8
7.0 Annexes	10

Abbreviations

A.I.D.S – Acquired Immune Deficiency Syndrome

A.R.V – Anti-Retro Viral Drugs

H.I.V – Human Immuno-Deficiency Virus.

MTG – Moving The Goalposts

P.E.P – Post Exposure Prophylaxis

P.M.T.C.T – Prevention of Mother To Child Transmission

PACF - Positive Action For Children Fund

PTA - Parents Teachers Associations

SRHR – Sexual Reproductive Health Rights

FGDs – Focus Group Discussions

VCT – Voluntary Counseling and Testing

Acknowledgement

The Consultant wishes to take this opportunity to thank Moving The Goalposts (MTG) team in charge of this project for their support. I appreciate the support from Fred Wango, Janet Motah and Charo Chengo for their insight and support towards delivering the assignment.

Special appreciation to all the participants who voluntarily accepted to participate in the focus group discussions. Their contributions were most valued as right holders and more so sparing their time for this exercise. I wish to recognize the Moderator Sharlet Anzazi Gongolo for her role during the exercise; she facilitated with enthusiasm exhibiting confidence in conducting focus group discussions (FGDs), an attribute that was definitely boosted by her in-depth knowledge and experience in SRHR.

I further wish to acknowledge the management of MTG, who not only considered my candidature to undertake the exercise but also offered overwhelming support in making this exercise a success.

To all whom I have not mentioned by name please accept my humble apology and my heartfelt appreciation.

Thank you!

Jared N Ontita- Consultant

Executive Summary

Education is an important determinant for sexual and reproductive health particularly among girls. Girls who complete secondary and higher education have better sexual and reproductive health outcomes – they are less likely to have unwanted pregnancies and more likely to have higher socio-economic status.¹

Kilifi County has over the years made progress in the fight against both new infection and reduction of the rate of transmission of HIV & AIDs, early pregnancies and prevention of mother to child transmission. Through the Ministry of Health, and other health partners, The County has initiated projects toward mainstreaming emergency contraceptives in all its sub-counties. This is towards effort of improving overall awareness of emergency contraception across the county and strengthening the quality of the services in both the public and private health sectors. There is also increased counseling and testing. There is also investments by the county, by introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, which have resulted to significant results in PMTCT.²

Notwithstanding the above, there is still room for improvement to reduce the glaring challenges like teenage pregnancies with 22% of girls aged 15-19 years in Kilifi County have begun childbearing, higher than the national level,³ and the low use of contraceptives 20% of currently married girls aged 15-19 use modern contraceptives which is considerably low compared to 37% at national level.⁴ All these is coupled with access to health services and poverty in Kilifi County.

One of the main areas of concern in Kilifi County is the sexual and reproductive health (SRH) of adolescents and the extent to which their SRH needs are met. Kilifi has 47% of its population below the age of 15 years, with such a youthful population this has implications on the County's health and development agenda as it puts increasing demands on provision of services including health and education.⁵

In response to this, Moving The Goalposts (MTG) partnered with TackleAfrica to deliver community based intervention to prevent spread and new infection of HIV & AIDS among girls and young women in Kilifi County. Funded by Positive Action for Children Fund (PACF), the project aims to implement HIV & Sexual Reproductive Health Rights (SRHR) education for girls through football.

¹ Kilifi County Fact Sheet

² Kenya HIV County Profile 2016 Published by National AIDS Control Council pg 69

³ Kilifi County Fact Sheet, Adolescent and Reproductive Health in Kilifi County.

⁴ Ibid

⁵ Ibid

Informed by the above, MTG commissioned a focus group discussion whose overall goal was to:

- 1) Investigate the Impact of TackleAfrica project on prevention of unwanted pregnancies and HIV & AIDs among girls and young women in Kilifi County.
- 2) Explore the effectiveness of the drills and information passed during the project's football drills as identified by the respondents in Kilifi County.
- 3) Explore players' perception with regards to drills facilitated to them through TackleAfrica football drills in MTG league fields in Kilifi County.
- 4) Explore and document emerging issues relating to TakleAfrica project and the mode of delivering the messages.

5 focus group discussions (FGDs) were conducted in five MTG league Kilifi County. These were; Maryango, Tsagwa, Ngamani, Petanguo and Kangamboni fields. The FGDs targeted the participants of the TackleAfrica Project. The finding revealed that the project has been largely successful in delivering the desired social change by positively impacting the participants. The effectiveness of the approach and relevance of the training is undeniable. Nonetheless, there are challenges which would inform improvement of future implementation of the project with a focus on community involvement and sustainability.

Key Implementation Success

Impact of Project: It's undeniable that the participants of the TackleAfrica project have been positively impacted by the project. The social-emotional measure was evident in the manner the participant engaged and responded when asked about the project. Accompanied with other training offered by MTG like peer education and leadership, the participants were confident in sharing the knowledge about HIV & AIDS and SRHR to members of the community.

Through the project, the participants stated that young girls are now aware of their sexual reproductive health rights. The knowledge on HIV & AIDS in the project implementation areas has increased while the number of early pregnancies decreased as reported by the participants.

Effectiveness of the Project: The participants felt that it was very effective. Majority of the participants stated that the sex education currently offered in schools did not use a practical and participatory approach as compared to the football drills approach used by the TackleAfrica Project implementation team. The added value was the enjoyment attached to the football drills and breaking the barriers for the participants that made the training effective.

Perception: The participants were amazed by the use of football drills to learn about HIV/AIDS. Majority appreciated the approach and the effectiveness in passing the message which they considered easily retainable due to its practical nature. The girls also enjoyed playing football through the drills. They felt that they got much more than the HIV AIDS training and also learned to play football and work as a team.

Emerging Issues

Community Involvement: The participants noted that their parents have been supportive in enabling them undertake the TackleAfrica training, by encouraging the participants and also granting them permission to fully participate. Beneficiary Parents/Guardians involvement is a plus to any project that seeks to find solutions for a community problem. This is ground for building a community of change makers and movers for future projects.

Notwithstanding, the beneficiaries' parents supporting the project, there was a small number owing to the number of participants selected for the TackleAfrica project vis a vis the parents and guardians of the girls who are not part of the project. Through the FGDs it was not clear at what level are the teachers in the league fields involved neither was the opinion leaders in the areas of implementation. Those gaps need to be looked at going forward.

Community Awareness: There appears to be conflict elicited due to the content of the training the participants are gaining. The participants stated that some members of the community felt that the education is not constructive and positive. In all the 5 league fields participants stated that some members of the community were saying that MTG is training their girls bad behaviors. It's not very clear why some members of the community might have a negative perception about the project. Either due to lack of knowledge on the project or due to the fact that their girls where not selected as beneficiaries to the project.

Retaining Resource persons: The project has produced well informed and knowledgeable girls on HIV & AIDS and SRHR in the Kilifi County. However, there is a risk of losing contacts with such resource persons after completion of their primary school. MGT should come up with a tracking systems to enable tapping into such resource especially when the girls are back for holiday.

In Conclusion

The above is a clear indication that the success of the TackleAfrica project in addressing the spread of HIV & AIDS among girls and young mothers as well as prevention of unwanted pregnancies in Kilifi County out-way the challenges. The findings have indicated that the project was largely successful through its delivery, relevancy and effectiveness in relation to the context of the participants. Nonetheless, there was noted challenges and gaps which if handled the future implementation of the project will continue being a success.

Recommendations

There is need for continued engagement of the larger community for ownership and sustainability of the project. This may include, teachers and opinion leaders in the community in line with the project design on a community- based initiative. An approach of targeting the boys

as a way of deterrence is also an option having in mind SRHR, HIV & AIDS when it affects one sex it has implications on the other.

The new Ministry of Education rules that prohibit any activity to be undertaken within the weekday will be a challenge for the TackleAfrica Project. Since majority of the target beneficiaries of the project are school going girls, MTG should;

- I) Directly involve the school administration and the teacher to allow the girls undertake their training during physical education lessons which will have greater impact since other girls will have an opportunity to learn from the TackleAfrica direct beneficiaries. This will involve training a teacher as a coach.
- II) Engage the schools within the league field to allow the girls use school facilities during the weekends. This is an approach which will also involve parents and guardians so as they're aware of where their girls are. This can be channeled through the School management board or Parents Teachers Association (PTA).

On emerging issues especially the conflict information the community is faced with concerning the TackleAfrica project. MTG through its continued engagement with the community may consider awareness creation on the project specifically targeting the community.

- I) MTG may hold frequent clinics to inform the community on the benefits of the project. Through this avenue they may counter the negative perception and some of the cultural practices which are harmful to the girls especially the Disco Matanga.

1.0 Introduction

1.1 Background

Moving The Goalposts (MTG) is a unique, community-based organization that has been in existence since 2002. Since inception, MTG has been recognized for its exemplary work in sports for development using football to reach out to over six thousand girls in rural and urban areas of Kilifi and Kwale Counties. The girls and young women aged 9-25 years old participate in MTG's football tournaments and ongoing leagues that are youth-led and include girls' advocates who promote healthy sexual choices, financial independence and female leadership in the community.

For the past 3 years, MTG has partnered with TackleAfrica to deliver community - based intervention to prevent spread of HIV & AIDS and prevention of new infections among the targeted population in Kilifi. The project has been implemented in MTG league fields across Kilifi County.

1.2 Description of the Project

TackleAfrica is a project funded by Positive Action for Children Fund (PACF) to implement HIV & Sexual Reproductive Health Rights (SRHR) education for girls through football. The project is aimed at delivering community-based intervention that strives to prevent the spread of HIV and unintended pregnancies among girls and young women by delivering HIV & SRHR education through football drills. The project is delivered in partnership with MTG in Kilifi County.

The overall objective of the consultancy was to conduct focus group discussions with project beneficiaries guided by the project outcomes and learning questions to determine the project impact and effectiveness of the project model.

The specific objectives of this consultancy are as below:

1. Investigate the Impact of TackleAfrica project on prevention of unwanted pregnancies and HIV & AIDs among girls and young women in Kilifi County.
2. Explore the effectiveness of the drills and information passed during the project's football drills as identified by the respondents in Kilifi County.
3. Explore players' perception with regards to drills facilitated to them through TackleAfrica football drills in MTG league fields in Kilifi County.
4. Explore and document emerging issues relating to TackleAfrica project and the mode of delivering the messages.

2.0 Methodology

For the purpose of this assignment, data was collected using focus group discussions (FGD). In total five (5) focus groups were conducted with participants of MTG TackleAfrica PACF Project beneficiaries in five (5) separate MTG league fields; Maryango, Tsagwa, Ngamani, Petanguo and Kangamboni in Bahari, Bamba, Kaloleni, Ganze, and Vitengeni divisions of the larger Kilifi County. The FGDs lasted between 40 – 50 minutes. The FGDs were conducted guided by open-ended questions which were prepared by the Consultant and reviewed by the MTG team in line with the objective of the project before being administered to the participants. MTG sampled the participants of beneficiaries based on their duration of the beneficiaries in the project, the combination of both young girls and young mothers and the distance from one field to another in order to cover the vast area of implementation. The discussions were captured in a voice recorder and the notes taken while the moderator administered the questions.

3.0 HIV Prevalence and SRHR issues among Adolescent Girls in Kilifi

Kilifi County has a youthful population with people below age 15 making up nearly half (47%) of the total population. About 1 in 4 (24%) people in Kilifi County are adolescents aged 10-19.⁶ HIV prevalence in Kilifi is less than the national prevalence at 4.5% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (6.4%) than that of men (2.7%) indicating that women are more vulnerable to HIV infection than men in the County.⁷ In 2015, Kilifi County contributed to 3% and 2% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of over 100% in the number of new HIV infections among children aged below 15 years.⁸

Kilifi County has been working to scale up efforts geared towards preventing mother to child transmission (PMTCT), there were 11.5% children who were infected with HIV in 2015; an increase of over 200% from 2013 which implies that more efforts are needed in order to reduce mother to child transmission of HIV.⁹ With an increase in partners interested in PMTCT among them MTG under the TackleAfrica project, a decrease in the percentage of mother to child transmission might be noted.

Statistics have indicated that, Kilifi County has the highest number of teenage pregnancies and child abuse in the entire coastal region. This has been largely blamed on high poverty levels in

⁶ Ministry of Health, Kilifi County Fact Sheet

⁷ Kenya HIV County Profile 2016 Published by National AIDS Control Council pg 68

⁸ Ibid pg 69

⁹ Ibid pg 69

the region.¹⁰ Another attribute to the rising cases on early pregnancies is the cultural practices such as village dances and funerals compound the situation even further. This is because such festivities attract a large crowd of unsupervised children who are likely to engage in sexual behavior.¹¹ It's these risky behaviors that predisposes the girls and young mothers in Kilifi to HIV/AIDS, unwanted, early pregnancies which leads to school dropout or unsafe abortion sought through *Kijiko or Mkaliwao*¹².

In the fight against HIV/AIDS, reduction of unwanted pregnancies and access to SRHR in Kilifi County among the adolescent girls, it will take concerted efforts of different partners, the adolescent girls, community members and government agencies for its success. It's only when all the above actors' efforts to prevention of both new infections and reduction of the rate of transmission of HIV & AIDS among the targeted population.

4.0 Findings of the Focus Group Discussions (FGDs)

4.1 Knowledge on HIV/AIDS

The participants; girls aged between 13-16 years old had a good grasp of knowledge on HIV & AIDS. The participants were able to define and differentiate between HIV and AIDS. Majority of the participants understood that irrespective of the symptoms of HIV/AIDS a person cannot ascertain that someone is infected until one visits the hospital or any VCT service provider to get tested and get to know their status. From the above it's evident that the participants understood symptomatic and asymptomatic.

While responding to a question on how one would get infected, the participants identified Sharing of sharp objects or personal items with an infected persons, Infection during sex with an infected person without the use of a condom. For mother to child transition the participants identified transmission via breastfeeding, during pregnancy and during child delivery. The participants stated that there are three types of body fluid through which the HIV/AIDS is transmitted. Semen, Virginal fluids and blood.

While discussing prevention, the participants shared ways of preventing getting infected and stopping transmission to others as well. For the Mother to child transmission, the participants suggested that the first action is for a pregnant mother to visit the clinic and get tested. Then they will get information of how to protect the unborn baby if they're infected and if not infected how to stay negative. This also encompasses the encouragement for the young mothers to deliver in hospitals and dispensaries instead of home delivery. The participants stated that abstinence is the best way to prevent being infected with HIV/AIDS. In situations

¹⁰ <https://www.standardmedia.co.ke/article/2001259956/the-nature-scope-extent-of-child-sexual-abuse-in-kilifi-county>

¹¹ <https://plan-international.org/kenya/keeping-girls-school>

¹² Nick name given by participants as the person who assist girls to procure an abortion

where abstinence will not hold, safe sex was encouraged with the use of a condom and being faithful to one partner being a safe sex practice and avoid the sharing of personal and sharp items.

On the availability of the HIV & AIDS testing, the participants said that the services are readily available in all the nearby VCT centers and dispensaries. They also recognize the frequent clinics done by MTG during their visits to the fields. The participants noted that there is usually enough information on the clinics by other partners like the Ministry of health through the village elders or through the school administration.

When asked about the importance of getting tested, the participants stated that it was important for everyone to know their status since it's the first step of preventing both new infections and reducing the rate of transmission of HIV & AIDS among the target population and the larger community. The participants identified that for those who will be found negative it will give them control of avoiding to get infected by abstaining, practicing safe sex. Those found reactive have the option of getting medication. The training counselling and administering of ARVs. This assist the infected person live positively and avoid spreading the virus further to either their loved ones or friends.

Regarding sharing of knowledge with others the participants suggested that their siblings were the immediate beneficiary of the knowledge. The knowledge was also shared to their relatives and their friends at school and back at home. Some stated that they were able to share to their parents and guardians.

"When I told my parents about the training, they encouraged me to continue since it would build my self-esteem"¹³

The discussion further inquired how the shared knowledge was received, majority indicated that family member and friends received the message positively and encouraged the participants to practice what they have been taught. Others were inquiring on how they can benefit from TackleAfrica project by MTG. Some members of community wanted to benefit from the same training. Despite the above some members of the community did not receive the message well. The participants stated that the members of community felt that that kind of education is inappropriate to the girls. They felt that the content of the training by MTG is inappropriate for the girls.

"Community members say that MTG is teaching us bad behaviours, they say that MTG girls are not protecting themselves against both new infection and spread of HIV & AIDs."¹⁴

¹³ A participant in the Maryango league field focus group discussion.

¹⁴ Another participant in the same league field.

4.2 Life skills/Football Drills

4.2.1 Training approach/Methodology

Regarding the approach used by MTG/TackleAfrica in facilitating the trainings, the girls felt that it was very effective. They stated that sex education is being taught in school. Nonetheless, the approach of facilitation during TackleAfrica sessions is more participatory and easy to understand. The participants stated that they gain a lot from the approach of facilitation since they work in groups building relationship since the fight against HIV & AIDS requires all to take part in their respective roles.

While inquiring on the facilitation by the TackleAfrica coaches, the participants stated that they understood the subject matter well. The participants stated that they not only got knowledge on HIV & AIDS from the coaches but also the importance of working as a team and working together. Both the field football drills and the off-pitch sessions were well facilitated according to the participants.

4.2.2 Football Drills

The participants identified all the 12 football drills associated with the Tackle Africa project. Although, the drills were not identified in a given order due to the nature of data collection which was a focus group discussion where everyone's voices were captured. It was evident that the participants were knowledgeable of the drills plus their messages. Some participants exhibited more knowledge compared to others especially due to their descriptive nature of explaining the drills and illustrating by standing up and explaining the drill and the message plus the positioning on the field.

4.3 Change Observed

4.3.1 Unwanted Pregnancies

On the change which has been observed by the participants after going through the Tackle Africa training by MTG. The participants stated that the girls have been informed about abstaining from sex. This has assisted them to avoid risky sexual behaviors which lead to early pregnancies. There is also an option of using condoms and the family planning options which have reduced the numbers of unwanted pregnancies for the young mothers.

The participants were also able to avoid unwanted pregnancies due to rape. The training and information of visiting a hospital immediately after rape to access (PEP) medication to prevent unwanted pregnancy and the prevention of HIV & AIDs within 72 hours was also evident from the discussions with the participants. The participants were also aware of how to seek redress by keeping evidence safe and taking it for inspection and finally reporting the case to follow through the child protection mechanism in place. They all understood that rape is a crime punishable by law.

The participants in the sampled fields responded that the number of early pregnancies has reduced since no girl has dropped out of school due to pregnancy. Those who get pregnant can still continue with their studies afterwards.

“In the past parents used to tell girls to abandon school after getting pregnant, nowadays they’re knowledgeable that one can continue with studies after giving birth.”¹⁵”

4.3.2 HIV/AIDS

The participants stated that the community is taking the spread of HIV/AIDS serious by frequently visiting the VCT centers to get to know their status and live positively. The message has also been received well since persons are now not afraid to seek the services available. They noted that during the clinics by MTG and other partners the community members attend and get tested as compared to the past where the members just came and watched from a distance.

4.3.3 Mother to Child Transmission (PMTCT)

The participants stated that the main cause of mother to child transmission was that the young mothers used to deliver their babies at home. The participants stated that since the dispensary have been built near their areas the mothers visit to dispensaries have increased and during the visits the young mothers get information on PMTCT, HIV & AIDS and SRHR.

4.3.4 Other Benefits of participating in Tackle Africa Project

On the question of what other benefits the participants had accrued due to being participants in the TackleAfrica projects. The participants stated that they have gotten the chance to learn about football and others do play in the football leagues run by MTG. Some stated that MTG has assisted in payment of school fees for the needy girls who came from poor backgrounds. One of the participant narrated that she was a lucky winner of the Award scheme by MTG and she won presents.

4.3.4.1 Leadership

The participants also stated that they have benefited from leadership training which is conducted by MTG. Some of the topics they learned included the qualities of a good leader and they mentioned a few; High self-esteem, confidence, consider opinions of others, slow to anger and mindful of other people in the community. Asked further if they practiced what they have been taught, the participants stated that they have gained confidence to teach others on HIV/AIDS.

“Since am now knowledgeable on prevention of new infections and reduction of rate of transmission of HIV & AIDS and SRHR, I will teach my sisters, brothers and friends at home.”¹⁶”

¹⁵ A participant at Petangua MTG league field during the focus group discussions.

¹⁶ A participant at Kamgamboni MTG league field during focus group discussion.

4.3.4.2 Financial Stability

On the subject of financial stability training, the participants did not come out clear apart from a few members who were generally young mothers and out of school girls. They stated that MTG had informed them that after school there are activities which one can partake to be financially stable and take care of their born babies. The girls stated activities like selling of agriculture produces, second hands clothes or hawking of items in the market. On the effectiveness of the financial training, it seemed that the above was just mentioned to the girls since some of them were asking if it's possible MTG should assist them in starting out.

4.4 Role Played by Parents/Guardians

When asked about the involvement of the guardians and parents, the participants noted that their parents have been helpful in them undertaking the TackleAfrica training. Some stated that their parents excused them from some duties at home and gave them permission to attend the football drill. Others stated that their parents have been encouraging them to continue to be active on the training since its knowledgeable. Some parents bought the girls football gears for the drills while others kept reminding the girls on the dates of trainings and other sessions.

4.5 Community Perception

The participant noted that in the beginning there was a negative perception towards the use of football in sensitizing girls on HIV and AIDS. The community due to lack of knowledge and cultural believes felt that MTG was teaching their girls bad things. Nonetheless, opinion leaders like teachers and administrative officers who took up the training positively has assisted in perception of the community members about the projects being offered by MTG.

The participants narrated a case of conflict arising due to the selection criteria used for girls to participate in the program. Some members of the community felt that the criteria were skewed favoring others.

“When neighbours were aware of my selection for TackleAfrica training by MTG. Rumours were going round that I have been favoured.¹⁷”

Some members of the community felt that the training is very useful to their girls, they also requested if the training will be extended to them as community members so that they can be actively involved in the TackleAfrica project and benefit from the training their girls are receiving.

¹⁷ Participant at Ngamani MTG league field during the focus group discussion.

5.0 Conclusion

The findings above are a clear indication that the TackleAfrica project is a very noble project which has impacted the lives of the girls in Kilifi County. The continuity of the project will be welcomed since the beneficiaries have called for it to be aggrandized so as to benefit more girls and young women than it is currently. The exercise was also able to unearth emerging issues, challenges and gaps which if well tackled, the future success of the project will be more impactful. The following recommendations are as a result of the emerging issues and challenges the focus group discussion unearthed.

6.0 Recommendations

The Focus Group Discussions identified key challenges while implementing the HIV & Sexual Reproductive Health Rights (SRHR) education for girls through football. The following are some of the challenges and suggestions on how to improve on the implementation of the TackleAfrica project:

One of the greatest challenge for the project is the exclusion of community members like teachers and opinion leaders in the project. Initially the narrative around the project suggested the approach will be **community-based intervention**. Nonetheless, the above did not come out clear during the FGDs on the role played by the community members. The participants further stated that there is conflict in the community especially around recruitment of beneficiaries to the project. The above might be due to lack of information or rather the transfer of information to the community members about the project. MTG should, in their continued implementation of the project factor a way to make the community own the process for the purpose of sustainability.

- I) MTG may hold frequent clinics to inform the community on the benefits of the TackleAfrica project. Though this avenue they may provide more information to the community about the project and counter the negative perception and some of the cultural practices which are harmful to the girls especially the Disco Matanga.
- II) As part of involving the community MTG should also target the boys as a way of deterrence. Since the boys are actors in the prevention of both new infections and reduction of the rate of transmission of HIV & AIDS and prevention of unwanted pregnancies. The training may be done separately.

The novelty of the TackleAfrica project is around the idea of peer education where the girls get to teach their peers. The study noted that among the beneficiaries were trained coaches who lead the participants in their various league fields assisted by the Division Assistants and their trainers of trainers. However, there was a noted transition of coaches who are rich in knowledge. MTG should come up with a strategy to;

- I) Track the girls once they move to different schools or regions. This is to ensure continued benefit to the new recruits of the project during holidays and also act as role models to the young girls. It will also work towards creating a practical narrative that after partaking in the training one can progress further in education and life.
- II) MTG should consider lowering the age of admitting girls to the TackleAfrica project as a way of managing transition.

One of the implementation challenges that MTG will face going forward is the new school rules by the Ministry of education. The new Ministry of Education rules prohibit any activity to be undertaken within the weekday will be a challenge for the TackleAfrica Project. Since majority of the target beneficiaries of the project are school going girls, MTG could;

- I) Directly involve the school administration and the teacher to allow the girls undertake their training during physical education lessons which will have greater impact since other girls will have an opportunity to learn from the TackleAfrica direct beneficiaries. This will involve training a teacher as a coach.
- II) Engage the schools within the league field to allow the girls use school facilities during the weekends. This is an approach which will also involve parents and guardians so as they're aware of where their girls are. This can be channeled through the School management board or Parents Teachers Association (PTA).

7.0 Annexes

Reference

1. Ministry of Health, Kilifi County Fact Sheet
2. Kenya HIV County Profile 2016 Published by National AIDS Control Council
3. Kenya National Bureau of Statistics (KNBS). 2010. 2009 Kenya population and housing census
4. <https://www.standardmedia.co.ke/article/2001259956/the-nature-scope-extent-of-child-sexual-abuse-in-kilifi-county>
5. <https://plan-international.org/kenya/keeping-girls-school>

TackleAfrica FGDs Question Guide

Section 1. Knowledge about HIV & AIDS

- 1) What is HIV?
- 2) What is Aids?
- 3) What are the symptoms of HIV & AIDS?
- 4) How is HIV & AIDS transmitted?
- 5) How is HIV & AIDS prevented?
- 6) Do you know about HIV & AIDS testing? Are those services easily available here?
- 7) What is the importance of HIV testing and contraception use (Condoms/Abstinence) to prevent HIV and unintended pregnancies?
- 8) How has the project been of help in accessing the above services (SRHR)?
- 9) Have any of you shared the knowledge on HIV/AIDS with your peers and members of the community?
 - a) How was their response?

Section 2. Life skills from football Drills

Propping on the approach/methodology of training (Drill 1-7 with lessons).

- 1) During the Trainings what approach/Strategy or Methodology used by the Coaches?
- 2) How was the Drill football training approach received?
 - a) (Probe) Effectiveness?
 - b) Comparison to classroom approach?
- 3) What are some of the football Drills that were used during the community based intervention training?
- 4) Can you name some of the drill and explain further (Prop the respondents)
- 5) How was the facilitation of the training by the coaches/Staffs and TOTs

- a) Ask the girls take about the facilitation of the TackleAfrica football drills
- 6) What was the change observed on;
 - a) Prevention of unwanted pregnancies?
 - b) What about HIV& AIDs?
 - c) Mother to child Transmission (PMTCT)
- 7) Apart from HIV & AIDS what other training was received during the TackleAfrica project (prop)
 - a) Leadership?
 - b) Financial stability?
- 8) How have your guardian's reaction to your participation in this project?
 - a) What role have the played in supporting your learning?

What about community response to the PACF training initiative by MTG?