In addition to the success of the patient's treatment program to date, this intervention has helped to reduce TB related stigma within her household and among the health workers who are supporting her treatment program. A key element in the success of the treatment is the nutritional advice and support that she is receiving.

The total estimated cost of providing intensive support to this patient over 24-months is $3,600. Given the context of the severity of the threat of MDR-TB and the comparatively small numbers of MDR patients, providing intensive treatment support to them could be a cost-effective means of ensuring treatment completion and preventing further transmission of MDR-TB.

3.8 Behavior Change Communication and Prevention Programs

Part of the process of a successful health communication strategy lays in the exploration of relationships, roles, situations and social structures of key stakeholders in health care and health outcomes. The community demand for services was driven by a host of interactive, participatory community activities that included dialogue groups, theatre and radio. PATH produced a radio program and complemented their extensive radio coverage with initiatives that targeted specific social groups and facilitated discussion and education on health issues amongst them. During the program period, a total of 702,690 individuals were reached through community outreach with messages that promote HIV/AIDS prevention through abstinence and/or being faithful and a total of 68,309 trained to promote these messages. A further 1,643,112 individuals were trained to promote HIV/AIDS prevention messages that promote behavior changes beyond abstinence and being faithful. This section describes a selected few of the interventions that worked with these specific target groups to achieve this impressive coverage.

Jua Afya Yako Radio - Best Practice

In response to high HIV prevalence rates and low uptake of health services in Western Province, the APHIA II Western team developed a health communication strategy aimed at supporting HIV prevention efforts and creating demand for existing health services. Using a range of different communication channels that included radio, the strategy provided information on disease prevention and treatment options and explored the relationships, roles, situations and social structures of key stakeholders in health care and health outcomes.

Radio has been proven as an influential and far-reaching communication channel that serves many purposes.

An assessment of the Jua Afya Yako program found that 49.5% of respondents tuned in to the radio to listen to health programs, music and reliable news . Radio can create demand for services by informing people and raising awareness of new ideas and services as well as reinforcing advice given by health workers and other health education forums. It can serve to remind people about what they have already learned and it can demonstrate the benefits of adopting positive behaviors. Ultimately, it complements national health programs at the local level. It is for these reasons that APHIA II Western chose to operate a radio program as the flagship of its communication strategy aimed at increasing service uptake and encouraging positive health behaviors among the target population.

The radio program aimed to reach 2.5 million people with health messages during the life of the APHIA II Western program. A KARF survey found that 442,000 people listen to the program on a weekly basis . APHIA II Western M&E figures estimate that an average 3.4 million people were reached through radio-based communications by the final year of the program. A total of 700 SMS and 550 phone calls were received through the community interaction phone-ins, demonstrating high levels of audience involvement.

The Jua Afya Yako radio program was broadcast every Monday between 7.30 and 8.30 pm. The first broadcast was on 1 July, 2008 and a total of 127 episodes will have been broadcast by November, 2010. The program targeted the general population aged between 15-49 years old and follows a design framework that incorporates elements of health education, interaction with community members through recordings and call-ins, and entertainment in the form of drama, short poems and music. Twelve key content areas were identified through consultations with key stakeholders including community members, Ministry of Health staff, APHIA II Western technical team members and partner organizations. These formed the basis for the radio program's first 52 shows.

A program design document was developed around the 12 identified topics and scripts written for each show and reviewed by Ministry of Health and APHIA II Western technical teams to ensure that messages were accurate

Commercia Sex Workers (CSWs) - Informal workplace

27. USAID Kenya Tuberculosis Profile
28. USAID Kenya Tuberculosis Profile
29. Herald Consultants, 2010
30. KARF Survey Q2 2009

and in line with government policies. The initial program design was for 30-minute shows to be broadcast once a week through West FM radio station based in Bungoma. Two shows each month were pre-recorded, ready for broadcast whilst the other two were live broadcasts with guest speakers coming to speak about specific topics and encourage audience participation through phone-ins and sending SMS questions and comments. The show proved to be so popular that the radio station gave the program a free additional 30 minute slot which meant that the program format changed to a 30 minute discussion session followed by a 30 minute phone in for dealing with specific issues raised by the listeners.

Topics covered through the radio program included HIV/AIDS prevention, testing and treatment, PMTCT, family planning, gender violence, adolescent reproductive health, sexuality, tuberculosis and malaria. Messages from the radio program were reinforced through the Jua Afya Yako newsletter and discussions facilitated through various community support groups using the CHW Manual.

An assessment carried out in 2009 found that 99.3% of respondents regularly listened to the radio, confirming that this is indeed an effective means of communication with the population of Western Province. Furthermore Jua Afya Yako was more readily recognized than other programs on West FM or on competing stations in the same time slot. Sixty-three percent of respondents who listened to the program discussed what they heard on the program with friends and family. Self-reported behavior changes were notable, with 5.7% going for VCT, 4.7% practicing safe sex and 1.5% discussing gender issues as a result of what they learned from the program. Overall, the assessment concluded that the radio program was an effective mechanism for passing on educational health messages to a large population.

Radio has proved to be an effective way of quickly relaying information to large numbers of people as well as providing them with an avenue for immediate feedback to their questions. Community involvement has been a key aspect of this initiative, both in their participation in the radio broadcasts through the community recordings and phone-ins as well as the impact we are seeing through the assessment and the increased uptake of health services in Western Province. Community and Ministry of Health involvement in the entire process are crucial elements in the successful implementation of such an initiative.

IPT - Group

"I love listening to Jua Afya Yako. It's a program that has helped me so much as a youthful mother. It has helped me know more on AIDS and family planning. From it I got to know proper planning is required before you get another child. Also the program has educated me that after three months I should get tested to know my HIV status." – ***Tabith Muteti,*** *Kimilii*

"My husband succumbed to AIDS two years ago. I am pleased with the Jua Afya Yako radio program. I have gained hope from it because I am teaching myself a lot of things. I have learned that through good diet I can live for many years even though I am infected. I have also learned to use a condom whenever I am having sexual activity. I urge my brothers and sisters to listen to this radio program because it has really given me hope. At the moment I am strong and for life. I now have hope that I will live for the next 20 years. When you are tested and found HIV positive please do not be worried for this radio program will give you hope." – ***Catherine Sitati,*** *business woman, Sabatia*

"My wife used to refer to the radio program as 'Watu wa APHIA II' (the people of APHIA II) and this prompted me to develop keen interest on the radio programs. I must confess the radio program has greatly improved communication between members of my family. We have learned a lot and through the program I have taken all my children and grandchildren to be tested for HIV. They are my life, they mean everything to me and what better way to protect their life than let them know their status?"

Protus Simiyu, *Webuye*

Magnet Theatre - Best Practice

Kenya has a youthful population, with an estimated half of the country's population under the age of 24 and 40% under the age of 15. APHIA II Western data estimates that 56% of the

draw their audience in with singing and chanting of youth messages. Once they have a big enough audience they start with introductions, icebreakers, laying of ground rules for the performance and introducing the characters of the play. The performance begins and a story is told until it reaches a point where the characters are faced with a dilemma or need to make a decision on the way forward. At this point the performers engage the audience to discuss the best way forward for the character in question. Once a decision is made they continue performing until they reach another decision point where they again elicit audience opinion. The performance continues in this way until the end of the play at which point there is a summary of the issues raised and the performers then "de-role" and are introduced to the audience.

Once the performance is over the troupe facilitate a post-performance discussion where they are able to offer more individually focused discussion on burning issues that have come up as a result of the performance. The troupe members make referrals to relevant services as necessary and encourage people to come back to them for support and further theatre performances.

Behavior change is a notoriously difficult factor to measure as it relies heavily on subjective reports from people. A descriptive study of Magnet Theatre conducted in 2008 explored the demographics of MT audiences, gauged the frequency of repeat target audience members, examined the influence of MT on health attitude, knowledge and practice and looked at whether MT increases demand for health services. Although audience members only attended an average of two performances during the assessment period, they did show statistically significant changes in their knowledge of the selected topics as well as statistically significant behavior changes, including going for VCT and changing practices relating to condom use.

Working with the existing youth group structures proved to work well as the theatre activities built upon and integrated into existing groups and agendas. Furthermore, Magnet Theatre gave young people a forum through which they feel able to contribute to society and the troupe members are strong role models among their peers. Another strength of this approach has been the linkage of theatre troupes to health facilities, which has empowered troupe members to make appropriate referrals of audience members to facilities. One of the key challenges faced by the troupes is the high level of mobility amongst their members and how to replace troupe members when they leave a group. Future Magnet Theatre interventions could benefit from providing a stronger institutional support mechanism to the groups that offers support beyond theatre and actually builds up the capacity of the youth leadership to participate in other development initiatives.

We can see that Magnet Theatre has an impact on behavior change and health knowledge amongst its audiences. In addition to this, these groups have developed over the life of the project to become a community resource. Many of them have now developed the capacity to generate income for the group and its members whilst delivering important health messages in the community.

Memories of his days at his Shikusa Borstal Institution, one of only two youth correctional facilities in Kenya, are still fresh in **Ferdinand Mukosi's** mind. "When I was arrested in 2008 for dealing drugs and sentenced to three years at Shikusa, I thought it was the end of the road for me," says the Form One student, now at Chavakali High School."
"Initially, life at Shikusa was unbearable. More than 350 of us would share limited facilities and food and most of the times I felt like giving up."

In 2009 Ferdinand's life took a different turn when the Jijazie Magnet Theatre group performed a skit at the institution. "When I watched the skit on drug addiction and its relation to HIV/AIDS I was touched and challenged to make something out of my life. That's when I decided to go back to class and work hard," says Ferdinand.

Later that year, Ferdinand emerged as Shikusa's top scorer in the Kenya Certificate of Primary Education (KCPE) national exams with 372 out of 500 marks. He got a place at Chavakali High School, one of the best schools in Western Province.
"Through theatre performances and behavior change programs at Shikusa, I learned how to be a gentleman," adds Ferdinand, who aspires to be a lawyer. "Now I also encourage my friends back at Shikusa that they too can change their lives for the better."

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