LESSONS LEARNED FROM THE C4D NETWORK:

THE USE OF NEW ICTS TO SUPPORT HIV AND SEXUAL HEALTH, TARGETING YOUTH AND ADOLESCENTS

CASE STUDIES AND REPORT

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THE FOLLOWING REPORT AND THE WORK TO DOCUMENT THESE CASE STUDIES HAS BEEN COMMISSIONED AND FUNDED BY UNICEF
Lessons Learned from the C4D Network: The Use of New ICTs to Support HIV and Sexual Health, Targeting Youth and Adolescents

Background
In 2013 the World Health Organisation announced that globally there were more than two million young people aged 10-19 living with HIV - with adolescents being particularly vulnerable to infection and death from HIV-associated causes.¹ A 2014 UNAIDS report stated the adolescent girls and young women account for one in every four new HIV infections in sub-Saharan Africa.²

ICTs – particularly social media platforms such as Facebook and Twitter – are increasingly being used as part of HIV prevention and treatment efforts for young people. ICTs bring a number of advantages to communication for development (C4D) strategies. This is changing the way in which information is created, shared, and disseminated, as well as the way in which sexual health information is sought, accessed, filtered and consumed. ICTs widen communications’ scale and allow greater to new information and knowledge, largely owing to the access they give access to the World Wide Web, which reduces dependency on mass communication. ICTs enable two-way communications by creating a flow of information between a range of communication stakeholders. They also enable activism by allowing communication stakeholders to express and publish themselves in immediate and personal ways. These advantages of ICTs means they have the potential to address the limitations of conventional media challenges and to extend HIV prevention and care.

What is not clear, however, is how all of these changes impact on young people’s processing of information, and what, if any, implications these changes may have on the creation of sexual health messaging and content development. Other challenges to using these technologies include those of access, poverty and security among young people in sub-Saharan Africa. Some of the case studies considered in this project have been successful and celebrated in this regard; others still need further consideration in order to best benefit adolescents.

Objectives and Context of the Study
This study has been undertaken as a contribution to an upcoming technical consultation on media and ICT in sub-Saharan Africa. The three main aims of the consultation meeting are:

1. To explore the role and potential of new information and communication technology (ICT) in the HIV/AIDS response in sub-Saharan Africa;
2. To identify good practices in the use of new media in support of programmes with adolescents and young people;
3. To improve HIV prevention and treatment outcomes.

This report will contribute to a session on evidence of the role and impact of new ICTs for adolescents and young people's sexual health.

Through the C4D Network, eleven case studies have been gathered from Kenya, Tanzania, Zimbabwe, Ethiopia, and Nigeria to highlight the role and impact of social media and ICTs in HIV prevention and sexual health among adolescents.

Purpose of the Study
The overall objective of this project is to identify and document unpublished and published case studies that highlight the use, potential and impact of ICTs in Sexual and Reproductive Health (SRH) and HIV interventions targeting adolescents and young people.

This report highlights the lessons learnt from the identified case studies, and the implications for application in the sub-Saharan Africa context. The case studies illustrate the role of innovation in the use of ICT for HIV prevention; they also provide information on the nature, extent and effect of ICTs among adolescents. It’s hoped that by emphasising what has and what has not worked, the report might serve as a useful learning guide for future design and implementation of future programming on HIV and sexual health among adolescents.

Methodology
C4D Network consultants used the following methods to identify the case studies:

1. **Sourcing case studies through C4D Network global membership:**
   This included a request for submission of case studies via email to all 2,000 plus members, inclusion in the Network’s weekly newsletter, requests via Twitter and front page coverage on the C4D Network website.
2. **Key Informant interviews:** Key informant interviews targeted health communication specialists within the C4D Network, and focused on young people people's use of SRH and HIV prevention.

3. **Meet-up:** A meet-up in Kenya acted as an in-person collaboration of network members, which allowed for collection of case studies through sharing of experiences and research. Issues included the role of ICT and media in HIV prevention, as well as mHealth and other behaviour change communication initiatives.

**Synthesis of Case Studies**

Each case study has documented:

1. What was being done (in terms of use of media combined with ICT; towards what objectives)
2. Where
3. With whom/for whom (description of partnerships, their roles and intended audience)
4. Results observed
5. Lessons learned

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Country</th>
<th>Summary (What, where, with whom)</th>
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<tbody>
<tr>
<td>Femina Hip online multimedia and civil society initiative</td>
<td>Tanzania, 1999</td>
<td>Femina Hip used online multi-media platforms – such as online magazines, TV talk shows, an interactive website, social media and an interactive SMS platform – to provide youth-friendly information on SRHR. FEMINA used edutainment as its main approach to entertain and educate young people on SRHR. They maximized on social media to get young people to join facebook groups.</td>
</tr>
<tr>
<td>Freedom HIV/AIDS: Using mobile technology to raise awareness of HIV/AIDS (Star Programme)</td>
<td>East and Southern Africa, 2006</td>
<td>Freedom HIV/AIDS specialises in mobile game development to combat HIV/AIDS. They use games for ‘edutainment’ rather than as just information packages, because edutainment methods can often be more effective at spreading messages and creating awareness than just presenting large amounts of information to target audiences.</td>
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<tr>
<td>Pathfinder Int.: Using mobile phones to advocate for youth-friendly services at</td>
<td>Kenya, 2014</td>
<td>Pathfinder International has developed a mobile application to mobilize and advocate for increased uptake of youth friendly services (YFS) by students at Kenyatta University. It informs youth on campus about sexual and reproductive</td>
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**Report and Case Studies: The Use of New ICTs to Support HIV & Sexual Health, Targeting Youth & Adolescents**

28.11.15

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<table>
<thead>
<tr>
<th><strong>Kenyatta University.</strong></th>
<th>health rights and mobilizes students to take preventive action including booking of medical and counselling appointments.</th>
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<tr>
<td><strong>‘Learning About Living’ e-learning programme</strong></td>
<td>‘Learning about Living’ (LaL) uses an e-Learning programme which features virtual peer educators who provide interactive information – through games, activities, cartoons, and quizzes – on various sexual and reproductive health issues. This includes HIV prevention, as well as wider issues such as self-esteem and how to stay healthy.</td>
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<tr>
<td><strong>m4Youth SMS service</strong></td>
<td>Pathfinder International's m4Youth SMS service uses a free, menu-based SMS service whose goal is to impact positively on students’ knowledge of SRH, thereby increasing their utilization of relevant and safe services. The SRH information is tailored for university students at Adama Science and Technology University via SMS. Students send a text ‘8990,’ and receive messages containing menus. They can then request information from the menu, texting a number that corresponds to the topic of their interest, and the information is sent to their phone.</td>
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<tr>
<td><strong>‘No Hoodie, No Honey’ social media campaign</strong></td>
<td>“No Hoodie, No Honey” is a social media campaign in Nigeria that tries to educate young people, particularly girls, about the importance of safe sex. The approach involves videos,, the two main female characters, Ene and Toju, discuss having sex for the first time, pregnancy, sexual transmitted diseases including HIV/AIDS, and using and carrying condoms targeted mainly at adolescent girls</td>
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<tr>
<td><strong>Standout22285 SMS: Increasing access to CSE on SRH services among young people through ICT and new media</strong></td>
<td>FHOK has established a Standout22285 SMS information service that targets youth under 25. It is a free, confidential and interactive 24/7 counselling service, providing information on SRHR, youth-friendly FHOK clinics, sexually transmitted infections and HIV/AIDS services. Young people send a text message with the word SRH to 22285 and then follow the instructions and the code number they are given to key in, in order to access the exact information they are looking for which is sent back to them as a message.</td>
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<tr>
<td><strong>Mwili Wangu Changuo Langu (My Body, My Choice)</strong></td>
<td>TICAH uses short scenario videos as a useful way to bring young viewers together to explore issues and to share their experiences with each other. This creates safe spaces for peer groups (young women and young men separately) to think about attraction, intimacy, safety, health, and pleasure. The programme involves a holistic approach that focuses on SRH</td>
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issues, including HIV prevention for young people for discussions.

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<tr>
<th>Promoting contraceptive uptake in 15-25 year olds through innovative ICT and new media in Western Kenya.</th>
<th>Kenya, 2014</th>
<th>Centre for Adolescent Study focuses on strengthening the capacity of partners and stakeholders to provide comprehensive sexual and reproductive health information and services to young people. They use SMS messages and an interactive Facebook page to relay information to young people to include awareness and prevention of sexually transmitted infections (including HIV/AIDS), prevention of unplanned pregnancies, advice on abortion, and contacts of local youth-friendly health facilities.</th>
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<tr>
<td>ZNNP+ e-Network</td>
<td>Zimbabw e, 2014</td>
<td>ZNNP+ trained 10 youths on the use of technological innovations as advocacy tools. The training was centered on the use of social media. After the training ZNNP+ provided smart phones and periodically provided them with airtime. The youths cascaded the trainings to district representatives in their provinces. Social Whatsapp group platforms were formed in all the districts linking with provinces and feeding to the national social Whatsapp group managed by the Advocacy Officer. The platforms are being used to disseminate information from national to grassroots and getting issues from the grassroots. The issues identified (eg drug stock outs) are taken by the ZNNP+ Officer who engages with the responsible authorities and policy makers.</td>
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<tr>
<td>PamojaMtaani (Together in the Hood) video game</td>
<td>Kenya 2008-2011</td>
<td>The game was designed for young people between 15 and 19 and focused on five key HIV prevention behaviours: delaying first sexual intercourse, abstinence, avoiding multiple partners, correct and consistent condom use, and uptake of voluntary counselling and testing (VCT).</td>
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**Challenges, Lessons Learnt and Best Practices**

The case studies considered have given us nine key learning areas:

1. **The importance of formative research in order to be contextual**

Formative research is defined as research that is undertaken before the intervention has begun, as a way to gain knowledge about the context. This research informs the implementer about what and whom the project ought to be targeting, and how best to do that. It is also crucial for integrating the needs of the young people into the project, and for unearthing the social and cultural beliefs that might hinder young people from accessing HIV and SRH services.
A positive example of formative research can be found in the case of Femina Hip, a multimedia platform and a civil society initiative in Tanzania. Established in 1999, Femina Hip’s aim was to educate and entertain young people in Tanzania and provide them with a voice and a chance to share experiences. It successfully did this through a range of media products including two magazines, TV and radio shows and their Chezasalama (or ‘Play Safe’) website which provided youth-friendly information on sexual and reproductive health targeted at young people aged 13-30.

In 2010, realising increasing numbers of its target audience were beginning to take an interest in and make use of social media, as well as beginning to access the internet via mobile phones, Femina began researching how its audience used, understood, selected, and accessed social media tools (Facebook in particular).

As a result of this, in 2010, Femina Hip opened its first Facebook account, created a profile, and invited young people in their Fema Clubs to become friends and like the Facebook page. Using their analysis on how young people were using Facebook, the page became a place to advertise and communicate about Fema Club activities, answer questions from young people, and every so often, ask a question to generate debate and discussion. The use and functionality of the Femina Hip Facebook account has grown steadily since that time. It currently has over 13,500 likes, is updated regularly and postings generate comments and questions.

**ii. The importance of strategy before choice of technology**

With the findings of formative research (discussed above), the project can consider which group of people ought to be targeted in order to have the greatest impact. From this, a strategy can be created which outlines the project aims (what ought to be occurring), and target audience (which groups the project ought to be focusing on). Only after these have been determined, should choices about the most appropriate and effective technology be made.

The UNFPA Nigerian ‘No Hoodie No Honey’ campaign is a key example of this. Pre-project background research about sexual activity and health in Nigeria highlighted the need to focus on improving sexual health among adolescents, and revealed the lack of young women’s empowerment when it came to sex. Once this was established the aim of the campaign took shape – namely to inform and empower girls aged 15-24 with accurate information and skills that would allow them to make informed decisions when it comes to sex and relationships.
iii. There is need to link different types of platforms for maximum benefits.
It is important for implementing organizations to ensure their ICT platforms are strengthened by being part of a wider package of services young people can access. The Pamoja Mtaani video game, for example, offered wider health services including STI treatment, peer education sessions, HIV testing and counselling and more, which were advertised to young people whilst they were on the site playing the game.

Many of the case studies also had a wider services element, often including confidential referrals to local youth-friendly health clinics. Family Health Options Kenya (FHOK) ‘Standout 22285’ SMS information service not only sends out general messages about SRH issues but the HIV/AIDS SMS code tailors the message to include available services and referrals to the nearest family health youth clinics for services such as HIV/AIDS testing and counselling, voluntary medicalized male circumcision and anti-retroviral treatment. An analysis of the SMS message system from January to June 2015 found there had been an increase in young people accessing Voluntary, Counselling and Testing (VCT) services at the FHOK clinics referred to in the messages, as well as a higher uptake of condoms at these clinics.

These case studies demonstrate the treatment benefits possible – while keeping project costs manageable – of combining digital and in-person healthcare platforms.

iv. The importance of segmentation in order to reach and work with specific groups
Segmentation of the population into groups allows a focus on the specific needs of different groups. For example, dividing adolescents into young men and young women reveals disparities in their average daily life, which allows these two groups to be targeted differently. This makes the project more likely to succeed.

In Ethiopia, there are currently over 30 higher education learning facilities and enrolments are increasing every year. Pathfinder has specifically targeted these university students - older adolescents and young adults - and has implemented the m4Youth programme as an intervention appropriate for this group.

The goal of m4Youth is to impact positively on students’ knowledge of sexual and reproductive health, thereby increasing their use of relevant and safe services. This is done through a free, menu-based SMS service provided through the Integrated Family Health Program which provides tailored sexual and
reproductive health information to university students at Adama Science and Technology University via SMS. Students text ‘8990,’ and receive messages containing topic menus which include: HIV and sexually transmitted infections and contraceptive methods amongst others.

Each topic and SMS message was chosen after a baseline survey and discussions with students highlighted issues students felt they lacked information on. Messages were tested to check they were accurate, easy to understand and culturally appropriate. Messages are written in English and Oromifa – a local language – and are monitored to ensure content remains relevant to the target group.

In Tanzania, although Femina Hip target young people generally they are also aware that phone and internet technologies are still limited in Tanzania and this can make their target group of young women especially vulnerable; being offered the use of a phone and credit by men in exchange for sexual favours, for example. To try and combat this, outreach and face-to-face training are an important component of Femina’s programme as is raising these issues with international donors.

v. Young people prefer privacy and confidentiality

The most effective ICT-based projects provided anonymity for young people, as there is often concern about the stigma attached to seeking information regarding sexual health. Social media may not offer the level of privacy and confidentiality a young person needs if they have questions to ask or concerns they would like to discuss. Online profiles may need to need to include a real name (such as Facebook profiles) for example and as well as confidentiality issues there are also issues around cyber-bullying that can also act as a deterrent.

Young people therefore often feel more comfortable submitting questions at a one-to-one level through SMS messages for example. This was the case in the Learning About Living e-Learning programme in Nigeria, which not only used an interactive e-Learning programme in the form of an electronic version of the Family Life and HIV/Aids Education (FLHE) to teach adolescents about all aspects of reproductive health, also included a supporting mobile phone helpline to support this classroom based learning. This meant students who had more personal questions they felt uncomfortable asking or discussing in the classroom could call or text the confidential mobile phone helpline.

The Kenyatta University mobile health app also offers confidentiality for young people seeking more personal information. This is because the app uses an
anonymous code system which makes students feel more comfortable when booking medical appointments - especially those suffering from STIs and HIV/AIDs.

**vi. The need to strengthen monitoring and evaluation tools for ICT-related platforms.**

Evaluation is crucial for allowing project implementers to determine the project’s success, and potential improvements. The case studies show that organizations use a wide range of different monitoring and report-management systems. It is relatively easy to measure some social media systems purely in terms of reach – e.g. how many retweets on Twitter or likes on Facebook - but quantifying any behaviour change that might result from ICT and social media interventions has proved difficult. It is therefore worth considering the lessons learned from the more complex system of Smart Care.

Family Health Options Kenya uses ‘Smart Care’ – a dashboard that automatically synthesizes real-time data and generates scores/ratings on the information that young people access the most. The incoming SMS traffic is analyzed periodically to track and report on key knowledge gaps and emerging issues related to HIV and STIs among young people. Aside from analyzing data the dashboard gives key performance indicators and provides gender disaggregated data for a given duration. It also records which referral facilities have been recommended and when.

It’s important to point out however that monitoring through this system is not wholly effective, since most young people are not keen to give details on how and where they get information from when visiting the health facility.

**vii. The importance of partnering with the private sector**

The private sector can be a significant help to develop and take to scale new patterns of sustainable projects. The private sector can partner with aid agencies and governments to generate more innovation in technologies and development models, and to mobilize long-term private finance for sustainable development. For example, the Pamoja Mtaani video game was developed as part of a partnership between the United States President’s Emergency Plan for AIDS relief program (PEPFAR) and the entertainment giant Warner Bros to support implementation of the HIV free pilot program. The project was not only able to develop a video game, but had the financial backing to support various different materials such as CDs containing the video game trailers and music from local artists, The Making of Pamoja Mtaani documentary, t-shirts and other related materials which were developed and distributed to raise awareness about HIV.
and draw youth to the game. The video game was extremely popular in Kenya and reached thousands of young people.

NGOs are sometimes unable to sustain ICT-related projects because of the high-cost involved. Many ICT-related projects are carried out as pilot projects, and are then abandoned after the project is complete. Scaling up some of the projects becomes difficult because of lack of funding. Most of the projects carried out by partners are supported by donor funds that end up paying telecommunication companies to get toll free services and/or bulk SMS to enable the young people call or text for SRH information. There is a need for the telecommunication companies to subsidise campaigns on SRH or HIV by providing free services, since the majority of mobile subscribers using internet services are young people with low disposable income.

viii. **ICT-based platforms work better in an urban setting.**

The case studies noted most of the ICT-based platforms targeted mostly urban youth, who have the advantage of internet connectivity and much stronger network coverage than rural youth. Some projects were working to overcome this – such as No Hoodie No Honey who were aware of the importance of ensuring those without access to electricity/ICT do not miss out in their social media campaign and adapted their short edutainment videos were into free comic books to ensure the message was spread.

It was also noted that some of the case study projects rely on the use of the smartphones to access applications such as WhatAapp (a mobile messaging platform) which loads significantly faster on smartphones than standard mobile phones. Young people in urban settings have much higher rates of smartphone ownership than rural youth, as smartphones can be expensive and often beyond the purchasing power of most rural youth. Smartphones are also graphic enabled and power intensive, making them impossible to support for most rural youth who have no electricity. Rural youth are therefore much more likely to access SRH information through SMS-based platforms such as FHOK’s ‘Standout 22285’ messaging service.

ix. **Importance of an appropriate phase-out strategy**

A well thought-out exit strategy by donors for ICT-based projects could be important in anchoring the sustainability of these initiatives. It is important to design, communicate, and implement phase-out plans with these key target groups right from project inception. This can make a big impact in preparing the targets for more effective management of their own change processes.
Involvement of government in the development of such initiatives is an assurance for project sustainability. Though none of the case studies reviewed had articulated an exit strategy, a number of C4D Network members reflected on the importance of this and felt it to be an area needing more attention in the sector.

**Conclusions**

This report sought to explore the role and potential of new information and communication technology (ICT) in the HIV/AIDS response in Sub-Saharan Africa through case studies to identify good practices in the use of new media in support of programmes with adolescents and young people, to improve HIV prevention and treatment outcomes. The case studies give information highlighting projects conducted by ten organizations implemented as pilot projects, while other implemented as short term projects. The case studies provide some learning insights that would be used to improve future interventions in ICT and HIV prevention and sexual health among young people. The case studies looked at the objectives, effectiveness, relevance, sustainability, and impacts of the project.

In its findings, the report concludes that ICT-related projects are challenging to monitor behaviour change because there is a lack of consistency in this area. With regard to effectiveness, the projects implemented seemed to work better in a controlled environment, such as facebook and twitter chats discussions, hotline services and text-based messages targeted to a particular group.

Assessing on merits of sustainability, most of these projects did not have exit strategies to prepare the target groups for sufficient takeover of project strategies. This could impact negatively on the sustainability of project results, particularly the text-based services and toll-free hotline services which are mostly donor supported. Nonetheless, the momentum shown by young people in reaching out for SRH information seems sufficiently high to facilitate the continuity of the project results through peer to peer counselling.

The report concludes that it is difficult to determine ICT platforms’ direct, causal impact on HIV prevention, but positive transformations have undoubtedly been witnessed around the thirst for information in such platforms. If these platforms are sustained, there are therefore promising prospects for realizing the desired impacts of HIV/AIDS prevention for adolescents.
Annex: Case Studies

Case Study 1

| Title, Country, Organisation and Year of Project | Femina Hip online multimedia and civil society initiative [Tanzania] Femina Health Information Project (Hip), 1999 onwards (Source: Report by C4D Network member Lynn ORourke) |

**Summary of Case Study**

**Background:** Founded in 1999, Femina Hip is a multimedia platform and a civil society initiative working with youth, communities and strategic partners across Tanzania. The aim is to promote healthy lifestyles, sexual health, HIV and AIDS prevention, gender equality, citizen engagement and more recently includes coverage of income generation and employment issues through edutainment, connecting young people and giving them a platform to speak up and share experiences.

The project has received financial support from a number of partners, including SIDA and USAID/PEPFAR.

**What the programme involved:** Using edutainment as its main approach to entertain and educate young people Femina produced and developed a wide range of media products, which include two magazines (English and Swahili language ‘Fema’ and ‘Si Mchezo!’) aimed at 15 – 25 year olds; two TV products (Fema TV Talk Show and RukaJuu), an interactive website (Chezasalama or ‘Play Safe’) which focuses on providing youth-friendly information on sexual and reproductive health, and an interactive SMS platform. All are supported by community mobilization and interpersonal contact through Fema Youth Clubs.

In 2010, the use of social media and the era of accessing the Internet via phone, and indeed the ‘smart phone’ were just beginning in Tanzania and Femina began exploring how young people used these products and how they in turn could use them – particularly Facebook – to reach out to young people. In 2010, Femina Hip opened its first Facebook account (and later a Twitter account) and invited young people in Fema Clubs to become ‘friends’ and ‘like’ the page. It later encouraged Fema Clubs to develop their own online spaces.

Femina Hip recently updated their SMS system and there is now a strong SMS feedback system that allows young people to communicate with Femina directly.
Outgoing messages are used inform audiences about new issues of TV shows and magazine editions. Incoming SMS messages help generate content (in the form of audience questions), gage the level of understanding and knowledge of audiences, and allow an easy and affordable communication platform. It also encourages young people to learn, understand and use technology more – all of which are useful skills that Femina would like to encourage and expand to include more rural young people, especially girls. Femina Hip is also exploring the use of SMS as a counselling system.

Why this approach? ‘Entertainment education’ – including portraying the realities of everyday life for young people, magazine and TV features that featured and included young people, published messages and letters from young people etc. – encouraged and enabled young people to easily get on board and actively participate in discussions about issues that resonated with them.

Results observed: Femina’s work is evaluated through a Results Based Management system In terms of Femina’s social media output it was found that the audience is mostly urban and mostly male and mostly interested in sexual and reproductive health questions and content. When TV and radio programming is live and on-air Femina sees a surge in SMS responses from young people.

However, through social media engagement Femina has seen an increase in audience participation and engagement with their core topics, they have reached more young people with relevant information, especially with sexual and reproductive health information, and they have expanded the use of technology in rural areas. Overall Femina’s media and social media products are estimated to reach an audience of around 11 million.

Lessons learnt: Social media spaces are public platforms, and often in the public domain. Young audiences might not be fully aware of this and some of the consequences of posting in public spaces, so it’s important awareness is raised, particularly in relation to the content of certain subjects that Femina Hip encourages debate on. A social media policy can provide a useful guideline for staff on how to participate in online spaces.

Access to phone and internet technologies are still limited in Tanzania and this can make young women especially vulnerable; being offered the use of a phone and credit by men in exchange for sexual favours. This makes outreach and face-to-face training an important component of Femina’s programme.
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<tr>
<th>Image and Image Credit</th>
<th>Femina Hip (image credit).</th>
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<tbody>
<tr>
<td>Organisation</td>
<td>This case study is based on the work at Femina Hip. Tanzania</td>
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<tr>
<td>Link to the project website</td>
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Case Study 2

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<tr>
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Summary of Case Study

**Background:** Freedom HIV/AIDS is a company specialising in mobile game development with the aim of trying to combat HIV/AIDS through the use of ICTs.

Their original project was based around educational games created for mobile phones. The success of this project in India led to Freedom HIV/AIDS collaborating with the Africa Reach Programme in 2006 to create the ‘Star Programme’. This programme was implemented in six countries: Kenya, Uganda, Tanzania, Malawi, Mozambique and Namibia, countries of high HIV/AIDS prevalence. The focus was on adolescents and young people, although the games could be used by anyone.

The Star programme aimed to use technology to create HIV/AIDS awareness and sensitivity amongst young people in the target countries. By increasing awareness, the programme aimed to reduce the spread of HIV.

**What did the programme involve?** Two mobile games were created, in both English and local languages: AIDS Penalty Shoot Out - a football game where players save and shoot penalties whilst receiving information and messages on HIV/AIDS awareness and prevention - and AIDS Fighter Pilot - where a village boy and girl who area peer educators, dedicate their lives to fighting HIV/AIDS as they fly around their village and region, distributing knowledge, condoms and red ribbons.

**Why that particular approach?** Mobile technology was used due to its prevalence in the target countries. The number of people with mobile phones - especially young people - was rapidly growing and as youth were the target demographic this made focusing on mobile phone technology a logical move. Using technology to communicate information and raise awareness was also deemed to be more cost effective than using health workers, and it was felt it would allow information to reach rural areas that might otherwise be excluded.

Games were used as ‘edutainment’ rather than as just information packages, because edutainment methods can often be more effective at spreading messages and creating awareness than just presenting large amounts of information to target
audiences. The games engaged and entertained making it more likely that young people would retain knowledge gained whilst playing.

**Results observed:** Assessing the results of the programme is difficult. However, in 2006 there were six million downloads of the game, which suggests that the game is both popular and being used widely.

When the games were first launched there was no evaluation system in place to study the impact of the games. However, since then during the game play the score, variety of messages delivered, message weights, levels and replay history were recorded in order to assess the impact. Using this information, it has been suggested that games have increased players’ knowledge of HIV/AIDS. Freedom HIV/AIDS is developing more games and rolling out the initiative to other parts of the world, which suggests the organisation views the edutainment games as a success.

**Lessons learned:** The Star Programme highlights the importance of formative research. Through connecting with local NGOs the programme initiators learnt about cultural and regional sensitivities, allowing ‘tailoring’ of the games. Formative research also highlighted the popularity of football across Africa which determined the focus of one of the games.

However, the lack of evaluation system when the games were first implemented has made it more difficult to evaluate the impact of the project. This highlights the importance of continual monitoring and evaluation.

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### Relevant Tags & Categories
- Adolescents, Kenya, Uganda, Malawi, Namibia, Mozambique, Tanzania, Edutainment, ICT, HIV/AIDS, Health, Mobiles, Gaming

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#### Case Study 3

| Title, Country, Organisation and Year of Project | Using mobile phone technology to advocate for increased uptake of youth friendly services At Kenyatta University.  
Pathfinder International- Kenya Chapter, 2014 onwards |
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<td>(Source: Bill Okaka, Communication for Development specialist, Nairobi)</td>
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</table>
**Summary of Case Study**

**Background:** In Kenya young people - including students of university age - are particularly at risk from unintended pregnancy, gender-based violence and coercion, harmful cultural practices that adversely impact their health (such as female genital cutting), and sexually transmitted infections and HIV/AIDS. These issues are often not openly discussed leading to young people having no access to information on how to protect themselves.

To help to tackle some of these issues, Pathfinder's work in Kenya since 1998 has included a university-based integrated reproductive health and peer counselling project at three public universities: Egerton University, Kenyatta University, and the Jomo Kenyatta University of Agriculture and Technology.

**What did the programme involve:** Pathfinder's university-based program initially addressed the social, reproductive health, and informational needs of young people through the recruitment and training of a network of university-based peer counsellors, drawn from both students and faculty.

Throughout the life of the program, Pathfinder provided financial and technical assistance to enhance university service delivery by strengthening and promoting clinic-based, peer counselling and community outreach interventions.

Since mid-2014, Pathfinder International (PI) has developed a mobile application to mobilize and advocate for increased uptake of youth friendly services (YFS) at Kenyatta University by students (population 63,500). This action was triggered by findings of an assessment conducted by PI KCO, which indicated that only 20% of the total population in need of adolescent and youth sexual reproductive health services accessed and utilized services on campus - despite the efforts made by youth peer educators, university counsellors and the existence of a student-dedicated health unit offering YFS on campus.

**Why this approach:** Mobile phone usage is high amongst university students so PI field staff hypothesized that digitizing the peer educators on campus was the way forward. The easily accessible digital platform informs youth on campus about sexual and reproductive health rights and mobilizes students to take preventive action including booking of medical and counselling appointments.

**Results observed:** This project is relatively new and ongoing but student-driven content on the mobile phone app has proved popular and has been driven by
Kenyatta University students (i.e. peer educators and counsellors) with funding from APHIAplus.

By mid-2016 PI KCO, envisage that the application will result in an uptake in the following areas:

- voluntary use of Long Acting Reversible Contraception by students; uptake of post abortion care service;
- infant care (for students who have delivered babies); utilization of post rape services and increase in the
- number of student support groups and number of peer counselors. The process will lead to the wider launch of the application (http://electrodyn.net/aphia/) in Kenya.

**Lessons learnt:** Although still relatively new it is possible to draw some lessons from the project. First, the application offers confidentiality - whilst booking an appointment for example. Therefore students, especially those suffering from STIs, HIV/AIDS are not embarrassed to seek medical help.

Second, the programme is limited however, as it is only accessible to those with a smartphone. Developers are currently considering whether an electronic link would be a better option to replace the app or run alongside it. This would allow services to be accessed from a computer as well as a phone.

http://electrodyn.net/aphia/

**Organisation**

This case study is based on the work at Pathfinder International- Kenya Chapter

**Link to the project website**

http://electrodyn.net/aphia/
<table>
<thead>
<tr>
<th>Relevant Tags/Categories</th>
<th>Mobile Apps, Peer Counselling, Sexual Reproductive Health (SRH)</th>
</tr>
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C4D Network
www.c4d.org | 54 Marston St, Oxford, OX4 1LF, UK | admin@c4d.org | (+44) 1865 236 483
Case Study 4

|-----------------------------|------------------------------------------------------------------------------------------------|

**Summary of Case Study**

**Background:** ‘Learning about Living’ (LaL) was designed to empower young people in Nigeria to make well-informed decisions about their personal lives and relationships by utilising ICTs to provide accurate and non-judgemental information about sexual health. Its objectives included a measurable positive change in adolescent knowledge, attitudes and practices relating to sexual health.

It was initiated in 2006 by OneWorld UK and Butterfly Works, Netherlands, working with key stakeholders’ in the youth sexual and reproductive health field in Nigeria. A two-year pilot ran from 2007 - 2009, followed by a three-year scale-up stage which ran from 2009-2011. In 2012 the programme was passed onto local partners and stakeholders to run and manage.

**What did the programme involve?** An interactive e-Learning programme in the form of an electronic version of the Family Life and HIV/AIDS Education (FLHE) national curriculum was created in order to teach adolescents about all aspects of reproductive health, including HIV prevention. This was based on the curriculum developed by the National Agency for Curriculum Development in the Nigerian educational sector. The programme was rolled out across over 500 schools and wider reach was later provided by a national mobile phone helpline.

Teachers from each school involved received training about how to use the programme – including learning about participatory teaching practices, such as how to encourage and prompt discussion amongst young people in response to the issues raised by the programme. Teachers also received copies of the LaL CD and help with set-up, plus ongoing support provided through local organisations. Some schools were also given a computer.

The e-Learning programme featured virtual peer educators who provided interactive information – through games, activities, cartoons, and quizzes - on various sexual and reproductive health issues including HIV prevention as well as wider issues such as self-esteem and how to stay healthy.

The mobile phone helpline supported this classroom based programme as it meant students who had more personal questions they felt uncomfortable asking or
discussing in the classroom could call or text the confidential mobile phone helpline or could be referred by their teacher to a local young-people friendly health service.

Why this approach? The ‘participatory learning’ approach was used as this approach acknowledges and welcomes existing knowledge and competence of the students; students are central in the learning process and teachers become facilitators. Students are given space to develop their own viewpoint through active experience. It is most appropriate when the subject being taught affects deeply help beliefs and attitudes. HIV/AIDs and other reproductive health issues fit into this category, hence the choice of a participatory approach. Participatory approaches should empower young people to co-solve the challenges and co-design the path forward.

Results observed: In the 2012 yearly evaluation, 78% of young people who used the service reported that they passed on the information they received to family and friends. The impact of eFLHE was found to be up to 10-20% more effective as a teaching method when compared to the regular method of teaching the curriculum.

Learning About Living encouraged young people to think about issues relating to sexual health. This is evidenced by the fact that when the mobile phone helpline was launched in November 2007, over 11,000 questions had been sent by the end of January 2008. 27,000 questions had been asked by mid-July 2008. The external evaluation including feedback from students, including one student who said: “I feel free now to talk about issues of sexuality.”

Lessons learnt: One of the key lessons learnt from the case study is the importance of continuing evaluation. Evaluation of the programme in schools highlighted that some students still felt uncomfortable asking certain questions in a class environment. As a result of this, the confidential mobile phone helpline was introduced.

In addition the importance of participation can be seen. Through young people being encouraged to learn actively, they are more likely to share their knowledge with others.
<table>
<thead>
<tr>
<th>Image and Image Credit</th>
<th><img src="http://www.learningaboutliving.org/south/young_people" alt="Image" /></th>
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<tbody>
<tr>
<td>Organisation</td>
<td>This case study was from OneWorld UK and Butterfly Works.</td>
</tr>
<tr>
<td>Project website</td>
<td><a href="http://www.learningaboutliving.org/south">http://www.learningaboutliving.org/south</a></td>
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<tr>
<td>Relevant Tags/Categories</td>
<td>Adolescents, Nigeria, Participatory Learning, ICT, HIV/AIDS, OneWorld UK, Health, Mobiles</td>
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Case Study 5

<table>
<thead>
<tr>
<th>Title, Country, Organisation and Year of Project</th>
<th>m4Youth SMS service</th>
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<tr>
<td>Pathfinder International – Ethiopia Chapter, 2014 onwards</td>
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**Summary of Case Study**

**Background:** Ethiopia currently has over 30 higher education learning facilities with enrolments increasing every year. Many of the young students however lack information to protect themselves against HIV/AIDS infections and many female students face unwanted pregnancy, unsafe abortion and may face sexual and gender-based violence.

To address these issues, Pathfinder International began implementing m4Youth in 2014. This a free, menu-based SMS service provided through the Integrated Family Health Program, in partnership with John Snow, Inc., and supported by USAID. The goal of m4Youth is to impact positively on students’ knowledge of sexual and reproductive health, thereby increasing their utilization of relevant and safe services.

**What did the programme involve?** m4Youth provides tailored sexual and reproductive health information to university students at Adama Science and Technology University via SMS. Students text ‘8990,’ and receive messages containing menus. They can then request information from the menu, texting a number that corresponds to the topic of their interest, and the information is sent to their phone.

When students text they are offered a range of information from six key topic menus including:

- “HIV and sexually transmitted infections” - information about common misconceptions and stigma, in addition to prevention, testing, and treatment facilities.
- “Contraceptive methods” - Information on a full range of methods, with dual method use (a condom plus another method) being encouraged.
- “Sexuality” - the most commonly accessed menu to date, possibly indicating students’ desire for a broad range information on sexual life.
- “Unsafe abortion”
- “Healthy versus abusive relationships”
- “Where to find services” - contact information for sexual and reproductive health services available on and off campus.
Each topic and SMS message was chosen after a baseline survey and discussions with students highlighted issues students felt they lacked information on. Messages were tested to check they were accurate, easy to understand and culturally appropriate. Messages are written in English and Oromifa – a local language.

The service was advertised widely throughout campus with billboard posters and M4Youth also trained peer educators in various sexual and reproductive health issues.

**Why this approach?** Many young university students have access to mobile phones and are used to text messaging and receiving information in this way.

**Results observed:** During the first nine weeks of implementation, the menus most accessed by students were: 'Sexuality' (39%) and 'Contraceptive methods' (20%), followed by 'Sexually transmitted infections/ HIV' (15%), 'Healthy vs abusive relationships' (12%), 'Where to find services' (8%), and 'Unsafe abortion' (6%).

**Lessons learnt:** SMS Services are strengthened when they are promoted as a part of a wider supportive sexual and reproductive health campaign such as the training peer of educators and the establishment of youth-friendly health facilities.

**Image**

![Image](http://www.pathfinder.org/publications-tools/publication-images/m4Youth-Ethiopia_285x366.jpg)

**Organisation**

This case study is based on the work at PathFinder International - Ethiopia
### Link to the project website


### Relevant Tags/Categories

Mobile Apps, HIV/AIDS, Sexual Reproductive Health (SRH)
Case Study 6

| Title, Country, Organisation and Year of Project | No Hoodie, No Honey social media campaign [Nigeria]
|                                               | United Nations Population Fund, (UNFPA) 2013 onwards |

Summary of Case Study

**Background:** In 2013 UNFPA launched its “No Hoodie, No Honey” social media campaign in Nigeria in order to try to educate young people, particularly girls, about the importance of safe sex. The campaign was driven by recent figures that half of girls under the age of 18 are sexually active and that Nigeria has one of the highest rates of adolescent HIV/AIDS prevalence: 3.4%. The aim of the campaign is to inform and empower girls aged 15-24 with accurate information and skills that will allow them to make informed decisions when it comes to sex and relationships.

**What did the Programme Involve?** UNFPA produced two animated videos, 5 minutes in length to which were placed online and were freely available.

In these videos, targeted mainly at adolescent girls, the two main female characters, Ene and Toju, discuss having sex for the first time, pregnancy, sexual transmitted diseases including HIV/AIDS, and using and carrying condoms. The second video also features a young male character whose behaviour and attitudes are also supportive of the film’s main messages – namely, girls in relationships should not feel pressured into having sex but if they would like to have sex then carrying condoms and asking male partners to use them does not make them promiscuous but is rather a sign that they are in charge of their life and sexual health. The videos encourage young women to carry condoms and to be assertive when it comes to their use, even when the man disagrees. The videos also try to stimulate discussions about the embarrassment girls face when it comes to initiating condom use, and give ideas for how that can be overcome.

UNFPA Nigeria has also run a regularly updated and interactive Twitter feed since 2013 – pushing the messages with the #NoHoodieNoHoney hash tag and encouraging engagement and activity through the use of online competitions and Twitter chats.

**Why Animations and a Social Media Campaign?** The target
group, young women and girls, are frequent users of social media in Nigeria. Therefore it was felt that this medium would reach the largest number of the target audience.

The animations allowed a greater engagement as the characters were young people that the target audience felt familiar with and could relate to. Pidgin English is used to make the conversation seem less formal and more engaging for young Nigerians.

**Results Observed:** The campaign was widely reported in the Nigerian media, Facebook, Twitter and other social media sites. On YouTube, the first video has been seen over 6,000 times, and the second video has over 3,000 views. Over 7,000 people have liked the UNFPA Nigeria page, which focuses on issues of sexual health and the #NoHoodieNoHoney hash tag has been tweeted from, to and about on an almost daily basis since 2013. All of which suggests that the campaign has reached significant amounts of the target audience and is sparking conversations about sexual health, which was the aim of the campaign. Due to the nature of the campaign it is difficult to judge the amount of behaviour change it might initiate.

**Lessons Learnt:** This case study emphasises the importance of formative research in deciding target group, message and medium. Background research about sexual activity and health in Nigeria highlighted the need to focus on improving sexual health among adolescents, and revealed the lack of young women’s empowerment when it comes to sex.

It also highlights the importance of ensuring those without access to electricity/ICT do not miss out in social media campaign as the NoHoodieNoHoney videos were adapted into free comic books to ensure the message was spread.
## Image and Image Credit

UNFPA (taken from UNFPA Nigeria Twitter feed)

## Organisation

This case study was from UNFPA.

## Link to the project website


## Relevant Tags/Categories

Adolescents, Nigeria, Video, Animation, ICT, HIV/AIDS, UNFPA, Health, Sex, Pregnancy, Contraception, Gender
### Case Study 7

<table>
<thead>
<tr>
<th>Title, Country, Organisation and Year of Project</th>
<th>Standout22285 SMS: Increasing access to Comprehensive Sexuality Education (CSE) on Sexual and Reproductive Health (SRH) services among young people through ICT and new media</th>
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</table>
| Family Health Options Kenya and International Planned Parenthood Federation, 2015 | *Background:* In Kenya many young people lack comprehensive sexual and reproductive health (SRH) knowledge – including a lack of HIV prevention information resulting in low condom use and low attendance at HIV testing and treatment centres. In April 2015, in response to this lack of information, Family Health Options Kenya (FHOK) launched their Standout 22285 SMS information service to increase sexual and reproductive health information and knowledge among young people in Kenya.  

*What did the programme involve?* The Standout22285 SMS information service targets the under 25s and is a free, confidential and interactive 24/7 counselling service providing information on sexual and reproductive health, youth-friendly FHOK clinics, sexually transmitted infections and HIV/AIDS services.  

Young people send a text message with the word SRH to 22285 and then follow the instructions and the code number they are given to key in, in order to access the exact information they are looking for which is sent back to them as a message. The HIV/AIDS SMS code for example tailors the message to include available services and referrals to the nearest family health youth clinics for services such as HIV/AIDS testing and counselling, voluntary medicalized male circumcision and anti-retroviral treatment. The incoming SMS traffic is analysed periodically to track and report on key knowledge gaps and emerging issues related to HIV and STIs among young people.  

Messages received are monitored and analysed through the smart care dashboard that automatically synthesizes data in real time and generates scores and ratings on the information young people accesses the most. Aside from analysing data the dashboard gives key performance indicators and provides gender disaggregated data for a given duration. It also records which referral facilities have been recommended and when. |
FHOK has partnered with International Planned Parenthood (IPPF) through its affiliate Youth Action Movement (YAM) to spear head this initiative. YAM has been supporting the agenda of young people on their social media sites.

**Why this approach?** Mobile phone usage is high in Kenya, and SMS based messaging systems often work better for young people because they are confidential and private. Young people can get free information about HIV and AIDS through their mobile phones in the comfort of their favourite hangout.

**Results observed:** An analysis of the SMS system conducted from January to June 2015 showed that the largest number of queries related to HIV/AIDS (25%) with questions about family planning methods second (20%). In addition it was found there had been an increase in young people accessing Voluntary, Counselling and Testing (VCT) services at the FHOK clinics referred to in the messages, as well as a higher uptake of condoms at these clinics.

**Lessons learnt:** It’s vital that services like this include a data capturing system, such as the smart care dashboard, as this helps service providers know how to tailor and package information to suit young people’s needs. It’s also vital that young people do not receive information alone but that, where appropriate, this is received as a part of a wider package that includes clinic and services referrals.

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<th>Organisation</th>
<th>Family Health Options Kenya, IPPF</th>
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| Relevant Tags/Categories | Youth friendly clinics, HIV, STIs, SMS, |
## Case Study 8

| Title, Country, Organisation | Mwili Wangu Changuo Langu (My Body, My Choice) [Kenya]  
The Trust for Indigenous Culture and Health (TICAH), 2011-2015 |
|-------------------------------|---------------------------------------------------------------|
| **Summary of Case Study**     | **Background:** Young Kenyans often lack places to safely ask questions, or talk to anyone about their sexual feelings. For various cultural and social reasons (not limited to Kenya, or Africa in general) sex education is not a topic many parents and teachers feel comfortable or happy to take on which often results in young people not having the knowledge or confidence needed to avoid unwanted and/or risky sexual activity.  
To try to tackle this the Trust for Indigenous Culture and Health (TICAH), works with groups of adolescents and youth to help them understand their choices when it comes to their sexual and reproductive health (SRH).  
**What did the program involve?** TICAH created safe spaces for peer groups (young women and young men separately) to think about attraction, intimacy, safety, health, and pleasure. The programme involved a holistic approach that focused on SRH issues, including HIV prevention for young people for discussions.  
Young people involved in the project were involved in discussion groups of not more than 30 young people to share thoughts, experiences and lessons learnt around SRH for a duration of six months. As part of the discussion groups that also produced short five minute films recorded with a true story collected from the discussion groups told in such a way that it evoked discussions on each choice made in the film.  
Through social media, TICAH partnered with other local organisations working with young women for twitter chats and sessions to discuss current affairs relating to young women’s choices and challenges on sexual health. The twitter chats sessions were moderated by a facilitator well informed on SRH issues.  
**Why this approach:** In terms of the social media approach, Twitter works well because discussions and chats can be pre-planned and young people can prepare in advance. These discussions can then be storified and shared in other platforms for young people to read. |
In terms of video production, short videos are a useful way to bring young viewers together to explore issues and to share their experiences with each other.

**Results observed:** Scenario videos have reached over 250 young people who have reported that their knowledge has increased and their behaviour re: safe and wanted sexual encounters has also changed as a result of learning from the scenario videos. However, actual behaviour change can be very difficult to measure.

**Lessons learnt:** Scenario videos are a very effective tool in behaviour change because they open up space for frank discussions that are sometimes regarded a taboo. Young people learn better in spaces where they feel safe and confidentiality is upheld. Twitter chats works better in a controlled environment where young people are notified earlier of chat discussions.

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<td><img src="https://storify.com/CathyNyambura14/srhrdialogue-on-mollis-where-is-the-line-sexual-co" alt="Image" /></td>
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**Organisation:** Trust for Indigenous Culture and Health (TICAH)

**Link to the project website:** [http://ticahealth.org/?page_id=416](http://ticahealth.org/?page_id=416)

**Relevant Tags/Categories:** Counseling, SRHR, Dialogues, Sexuality, Hotline,
Case Study 9

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<tr>
<td>Summary of Case Study</td>
<td><strong>Background:</strong> The Western region of Kenya has a high burden of HIV/AIDS, high teenage pregnancy rates, low condom usage and limited access to SRH information and services among the youth. Unmarried but sexually active young people have an even higher unmet need for contraception, with 46% (nationally) indicating that they are not currently using any form of contraception. This means that they are not only exposing themselves to the risks of unwanted or early pregnancy, and all the social implications of such, but that they are also exposing themselves to STIs including HIV/AIDS. The project seeks to promote contraceptive uptake – particularly condoms, which have been singled out as a critical element in HIV prevention - among young people aged between 15-24 years using ICT and interactive media in western Kenya. It is part of a wider programme being implemented in the region by the African Population and Health Research Centre (APHRC), Great Lakes University of Kisumu (GLUK), Family Health Options, Kenya (FHOK), and Marie Stopes Kenya. <strong>What did the programme involve?</strong> The project focuses on strengthening the capacity of partners and stakeholders to provide comprehensive sexual and reproductive health information and services to young people in four districts in western Kenya over the next two years. It was initiated by a set of strategies including health education, interactive media and linkages to health services. The ICT and interactive elements of the project include SMS messages and an interactive Facebook page. Information relayed to young people includes awareness and prevention of sexually transmitted infections (including HIV/AIDS), prevention of unplanned pregnancies, advice on abortion, and contacts of local youth-friendly health facilities. This is supported by a number</td>
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of young peer advocates on the ground who distribute condoms and can link young people to health facilities for comprehensive HIV and sexual and reproductive health services.

**Why this approach:** Social media and SMS messaging are popular amongst young people in Kenya and can offer a confidential, non-judgemental way for them to feel comfortable about accessing information and services.

**Results observed:** Findings show an increase in contraceptive uptake by young people at local clinics between April and December 2014. Approximately 6,417 young people have ‘liked’ the Facebook page and many have used the page to engage with discussions about the consequences of unprotected sex, abortion, where to access HIV services and condom use. There are also indications that the range of health services offered to young people is beginning to broaden as a result of the project.

**Lessons learnt:** Social media platforms could be widened to include websites and other channels and existing channels could be strengthened.

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<tr>
<td>Organisation</td>
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<td>Centre for Adolescent Study in Conjunction with David and Lucile Packard Foundation</td>
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<td>Link to the project website</td>
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<td>Relevant Tags/Categories</td>
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<td>SRH, HIV/AIDS, Condoms, STIs,</td>
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Case Study 10

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<tr>
<th>Title, and Year of Project</th>
<th>ZNNP+ e-Network [Zimbabwe]</th>
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<tr>
<td></td>
<td>The National Network of People Living with HIV (ZNNP+) and Youth Engage National Youth Alliance, 2014 onwards</td>
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<td>(Source: Edmore Mutimhodyo)</td>
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Summary of Case Study

Youth living with HIV in Zimbabwe face a number of challenges in accessing HIV/AIDS information and services due to a number of factors that range from affordability, inadequate information to stigma and discrimination. ZNNP+ has been facing challenges in encouraging youths to join support groups mainly because of stigma and discrimination. ZNNP+ identified social media as a platform to improve access and availability of Youth friendly and comprehensive SRHR/HIV information and for virtual peer to peer psychosocial support. The platform provides education on sexuality to young affected populations as well as addressing social norms that fuel risk behaviors among young people.

Description

ZNNP+ trained 10 youths one from each of the ten provinces on the use of technological innovations as advocacy tools. The training was centered on the use of social media. After the training ZNNP+ provided smart phones and periodically provided them with airtime. The youths cascaded the trainings to district representatives in their provinces. Social Whatsapp group platforms were formed in all the districts linking with provinces and feeding to the national social Whatsapp group managed by the Advocacy Officer. The platforms are being used to disseminate information from national to grassroots and getting issues from the grassroots. The issues identified (eg drug stock outs) are taken by the ZNNP+ Officer who engages with the responsible authorities and policy makers. The Advocacy person also organise quarterly media discussions on issues affecting youths living with HIV in accessing health needs.

Lessons learned

Through discussions on social platforms youths living with HIV started sharing challenges they face in accessing ART. One topical issue that was raised was high user fees charged at Zvishavane District Hospital in Midlands province. The hospital was charging $3-00 and this was beyond the reach of many youths living with HIV. To take the issue forward ZNNP+ organised a dialogue with youths representatives from Midlands province, Provincial Medical Director (PMD) and Members of parliament. The issue also received limelight from the media. More than sixty youths living with HIV are now empowered and can make informed decisions regarding their health and can demand services at health facilities.

Next steps
The positive results from the project shows that social media is key in reaching out to youths. Plans are underway to strengthen the programme and cascade it to support groups of people living with HIV.

<table>
<thead>
<tr>
<th>Image</th>
<th>Zimbabwe National Network of People Living With HIV</th>
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<tr>
<td>Organisatio n</td>
<td>Zimbabwe National Network of People Living with HIV (ZNNP+)</td>
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<tr>
<td>Link to the project website</td>
<td><a href="https://www.facebook.com/znnpinfo">https://www.facebook.com/znnpinfo</a></td>
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Website: [www.znnp.org.zw](http://www.znnp.org.zw)

Relevant Tags/Categories: Social Media
### Case Study 11

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<tr>
<td>(Source: C4D Network member Nicola Harford)</td>
<td><strong>Summary of Case Study</strong></td>
<td><strong>Background:</strong> During the duration of the project Kenya’s national HIV/AIDS strategy considered youth aged between 15 and 24 &quot;most-at-risk&quot; of contracting HIV, particularly young women had an HIV prevalence of 6.1% - four times higher than their male counterparts. Studies showed that, although knowledge of HIV/AIDS among youth was high, many young people continued to engage in risky behaviours, such as multiple sexual partners and inconsistent condom use.</td>
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<tr>
<td>Developed by Virtual Heroes for Warner Bros Entertainment in partnership with the United States (US) President’s Emergency Plan for AIDS Relief (PEPFAR), Pamoja Mtaani video game was launched in December 2008 in four centre around Nairobi. The goal of the project was to reach young people aged 15-19 years old with HIV behaviour-change messages through the use of a fun and innovative video game.</td>
<td><strong>What did the programme involve?</strong> The game was designed for young people between 15 and 19 and focused on five key HIV prevention behaviours: delaying first sexual intercourse, abstinence, avoiding multiple partners, correct and consistent condom use, and uptake of voluntary counselling and testing (VCT).</td>
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<td>Players assumed the identity of one of five characters - a 22-year-old female musician, an 18-year-old male footballer, a 19-year-old male “techie”, a 21-year-old tout, and a 23-year-old female medical student – as the matatu (commuter bus) they are riding in is carjacked and the passengers are robbed. Played by one, or up to five players, characters set off on a mission to retrieve their stolen items. As a player goes through the four levels of the game they find themselves in situations where their decision-making will either put them at risk of contracting HIV or help to prevent it. The game was a combination of behaviour change messaging and more traditional gaming elements such as assignments and side games. Sheng (a mix of English and Swahili used in urban areas) was chosen as the language for the characters and the game’s soundtrack was provided by local hip-hop groups.</td>
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Girls were encouraged to play through the use of ‘girl only’ time at the gaming centres.

In addition to the game, health services, including STI treatment, peer education sessions, recreational activities, HIV testing and counselling (HTC) and other services were offered to youth on the sites where the games were played or through referral. Large-scale community mobilisation drew young people to the sites. CDs containing the video game trailers and music from local artists, *The Making of Pamoja Mtaani* documentary, t-shirts and other related materials were developed and distributed to raise awareness about HIV and draw youth to the game and available services.

**Why this approach?** Use of technology generally across urban Kenya was very high and video games appealed to young people in particular so opportunities to attract and retain their interest could be maximised.

**Results observed:** Pamoja Mtaani video game succeeded in drawing in and retaining young people. For example, one of the sites attracted over 4,000 young people who played the game from December 2009 to March 2011. While across two different sites an additional 3,472 youth played from May 2010 to March 2011. The game was very popular and well known in Kenya and received high visibility in different TV and radio shows across the continent.

On measuring behaviour change, it was found exposure to the video game increased the intention of male players to initiate secondary abstinence, utilize services (STI treatment and VCT) and reduce sex with older partners. Young men also showed increased self-efficacy for condom use while young women’s exposure to the video game increased their intention to delay first sexual intercourse, self-efficacy for reducing concurrent sexual partners and for correct and consistent condom use.

**Lessons learnt:** The use of video games can be a key instrument in attracting and retaining young people. However, there is a need to conduct further research and focus on how video games can be used as vehicles for assessment as well as intervention - using education on a variety of topics such as wider sexual reproductive health which is relevant to young people.

Video games tend to attract young men more so than young women with the assumption and stereotypes that gaming is for boys. However, in order to reach out to all young people with video games, it’s advisable that young women are engaged in the design process to incorporate some social components that male players may not appreciate or relate to. It is worth noting that young women
may tend to prefer narrative games compared to the competitive scenarios which can often be preferred by young men.

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<tr>
<th>Image and Image Credit</th>
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<tr>
<td>Screen Shot of PamojaMtaani Game</td>
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<td><a href="https://www.youtube.com/watch?v=RtrwkIIX5zo">https://www.youtube.com/watch?v=RtrwkIIX5zo</a></td>
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