



About the Partnership for a HIV Free Generation (HFG)

The Partnership for a HIV-Free Generation (HFG) is a local NGO working closely with local communities, implementing partners, the Government of Kenya and public-private partners at the county and national levels. HFG was registered in Kenya in the year 2012.

HFG Envisions a healthy and productive generation free of HIV. Its mission is "to inspire and empower Kenyan youth to live healthy and productive lives through evidence-informed interventions and partnerships. HFG has over 11 years of experience implementing adolescent and youth programs focusing on HIV prevention & response, GBV, sexual reproductive health rights, economic empowerment, non-communicable diseases and education support.

HFG's experience developing innovative public health responses and scaling up health and social services is evidenced in the national coverage implementing HIV response programs with Adolescent Girls and Young Women (AGYW) aged between 9-24 years, boys, men and the general population.

Between the year 2016 to 2021, HFG implemented 12 projects in nine counties; Nairobi, Kiambu, Mombasa, Kilifi, Kwale, Kisumu, Migori, Homa bay and Vihiga, out of which nine projects were USAID funded. HFG implemented Determined, Resilient, Empowered AIDS-free, Mentored & Safe (DREAMS) projects targeting AGYW with comprehensive HIV prevention, contraceptive method mix and economic empowerment programs in Kiambu, Nairobi, Kisumu, Homa Bay, and Migori counties as a sub-contract under USAID Afya Ziwani and Afya Jijini programs. We managed and fully layered a cumulative DREAMS caseload of 84,212 AGYW, out of whom 3,000 were co-enrolled with CASE Orphans and Vulnerable Children (OVC) partners.

Furthermore, Under the Afya Jijini project, HFG worked in partnership with 47 health facilities in Nairobi County to implement a strategic mix of testing approaches focusing on improving coverage, yield and efficacy at the facility and community level. Tested 264,852 clients, of which 7,296 were identified as positive, a yield of 2.8% APNS contributed 37% to the total positives identified and 94% linked to treatment. As a sub-grant of the Ampathplus Project in Vihiga County, HFG partnered with 54 health facilities to implement a strategic mix of HIV testing approaches focusing on improving coverage, yield and efficacy at the facility and community level. HFG tested 94,546 clients, out of which 1,944 were identified as positive, a yield of 2%. APNS contributed 25% to the total positives identified and 91% linked to treatment. Equally, as a sub-grant of Pathfinder International in Mombasa, Kilifi and



Surf Therapy Immersion activity.

Kwale counties, HFG reached over 8,000 people with HIV information; 4600 tested, 240 positives identified and linked to treatment and over 2,000 defaulters tracked and brought back to care and treatment.

From the year 2021 to date, HFG implements

- the **USAID Tujitegemee Project** as the DREAMS strategic partner in **Mombasa County**, managing a caseload of **14,000 AGYW** and **3500 Orphans and Vulnerable Children**;
- **USAID Nuru Ya Mtoto DREAMS Project** in **Migori County** managing a caseload of over 25,000 AGYW;
- a sub-recipient of **Kenya Red Cross Society**, **HFG implements the global fund HIV project in Nakuru and Kericho counties**, ensuring we achieve the 95-95-95 HIV cascade with the general population, adolescents and vulnerable population;
- piloting a mental health project in Mombasa working with teenagers aged between 10-15 years old through **Surf Therapy for mental health**;
- **USAID Fahari Ya Jamii Project** implements the GBV Component of the Project as a sub grantee to support facility-based GBV interventions that are cross cutting from Prevention, and across the HIV cascade of 95:95:95. HFG has partnered with the 11 health facilities within 6 Sub Counties in the Nairobi County to integrate GBV screening and case identification.

We are governed by a Board of Directors with a clear governance structure, financial systems and by-laws such as: Human resources manual, Procurement manual, Finance Manual, Operations Manual, and Grants Management manual. HFG's institutional structure is driven by synergy, effective coordination, equitable power-sharing, transparency, and respectful interaction with HFG staff and partners.

Surf Therapy Pilot

The global and Kenyan-specific prevalence of GBV, early marriage, teenage pregnancies, poverty and poor mental health are well established, as is the interlinked nature of the challenges Kenyan youth face. However, the various challenges facing adolescents and youth have mostly been addressed independently, highlighting the clear need for joined-up/integrated approaches or interventions that address GBV, early marriage, teenage pregnancies, sexual reproductive health, poverty and mental health for youth in Kenya. Out of this need, HFG developed their unique surf therapy intervention through collaboration with Waves for Change (<https://waves-for-change.org/>) on established evidence-based mental health work and existing work alongside other on-going work on GBV, SRH, HIV, and economic empowerment interventions. This novel and unique combination of approaches, subject to robust evaluation, has the scope to support young people across Kenya in facing the compounded challenges mentioned above and poor mental health both in preventative and post-exposure contexts.

From October 2021 to September 2022, HFG partnered with Waves for Change to pilot a Surf Therapy Project in Mombasa County, working with 24 teenagers. HFG implemented a SURF Therapy project for mental well-being using an evidence-informed curriculum used and proven to work by Wave Alliance partners in Liberia, Sierra Leone and Trinidad, among others. Through the Surf Therapy Program, HFG has created a safe space with caring adults and engages the teens through challenging and fun activities to learn social-emotional skills.

Surf Therapy data was collected using the W4C Pre, Mid and Post evaluation survey questions. Pre-test was done at 0 weeks (Pre-Evaluation), mid-point was done at 25 weeks into the Project, and Post- Evaluation at 42 weeks to monitor the outcomes of the Project. At pre- and Post-test, 24 participants submitted usable paired data from before mid-and at end-point of surf therapy delivery.



Surf Therapy participants learning how to use the surf board.

Sample

The 24 participants in this Project are from Nyali Sub-County in the informal settlements of Mkomani, Ziwa la Ng'ombe, Kadzandani and Kongowea wards. They are male and female adolescents aged 11-15 years, of which 50% of them and their families live below the poverty line as per the census report of 2019. The physical and social environmental factors in this Informal settlement where the 24 children are coming from are poverty, insecurity, violence, drug use, school dropouts, etcetera. Out of the 24 children, 5 who come from these wards were referred from the Tononoka safe center who were violated, this center is operated by the department of Gender in Mombasa County as part of the organisation co-creation with the county government.



Surf Therapy participants taking part in the Take 5 session.

Our Measures

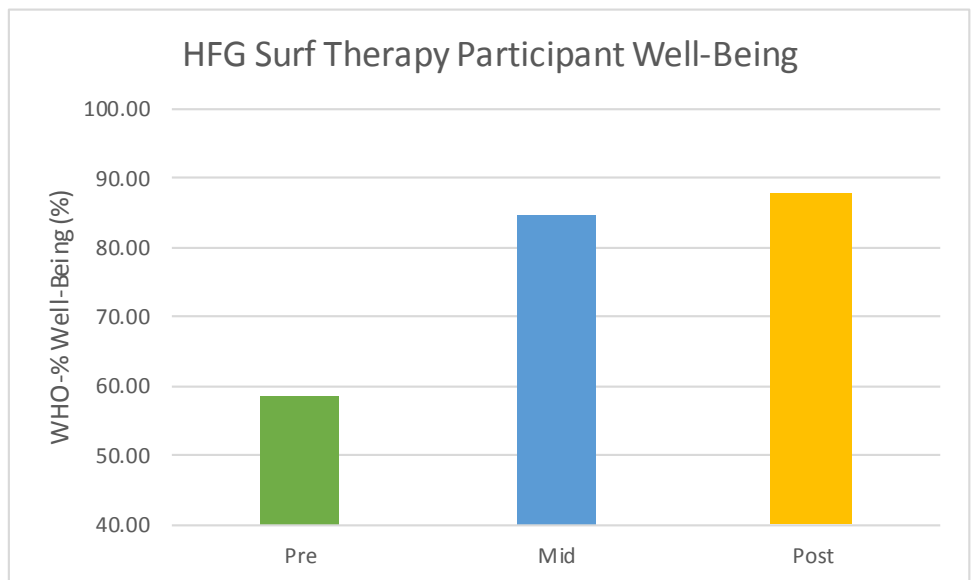
For this evaluation, we used the World Health Organization-5 Wellbeing Index (WHO-5). This scale was developed and scientifically validated to measure mental well-being in the general population and evaluate projects, programmes and policies that aim to improve mental well-being. The 5-item scale is worded positively and avoids symptom-based language. The five items can be summed and multiplied by 4 to present well-being as a percentage, with 100% representing the highest well-being. The scale has been widely used and translated into over 30 languages to support monitoring, evaluating projects and programmes and investigating the determinants of mental well-being. Measures were administered before surf therapy commenced, at a mid-point of the intervention, and after the culmination of a surf therapy curriculum cycle to measure any changes over the course of the intervention. More information on the scale used can be found at the following link:

<https://www.psykiatri-regionh.dk/who-5/about-the-who-5/Pages/default.aspx>

Twenty four participants submitted usable paired data from before and at the mid-point of surf therapy delivery. Four non-matched data sets were excluded from the analysis.

Results

As seen on the graph, the HFG surf therapy intervention, at both mid-point and post-test, was associated with a positive effect on participant well-being from baseline at pre-test. These figures were statically analysed using a Wilcoxon Signed Rank test deemed most appropriate for this small sample size. This analysis confirmed that these positive changes were both statistically significant ($p < 0.001$) and associated with a tremendously positive effect at the mid-point ($r = 0.86$) and post-test ($r = 0.88$). These findings are very



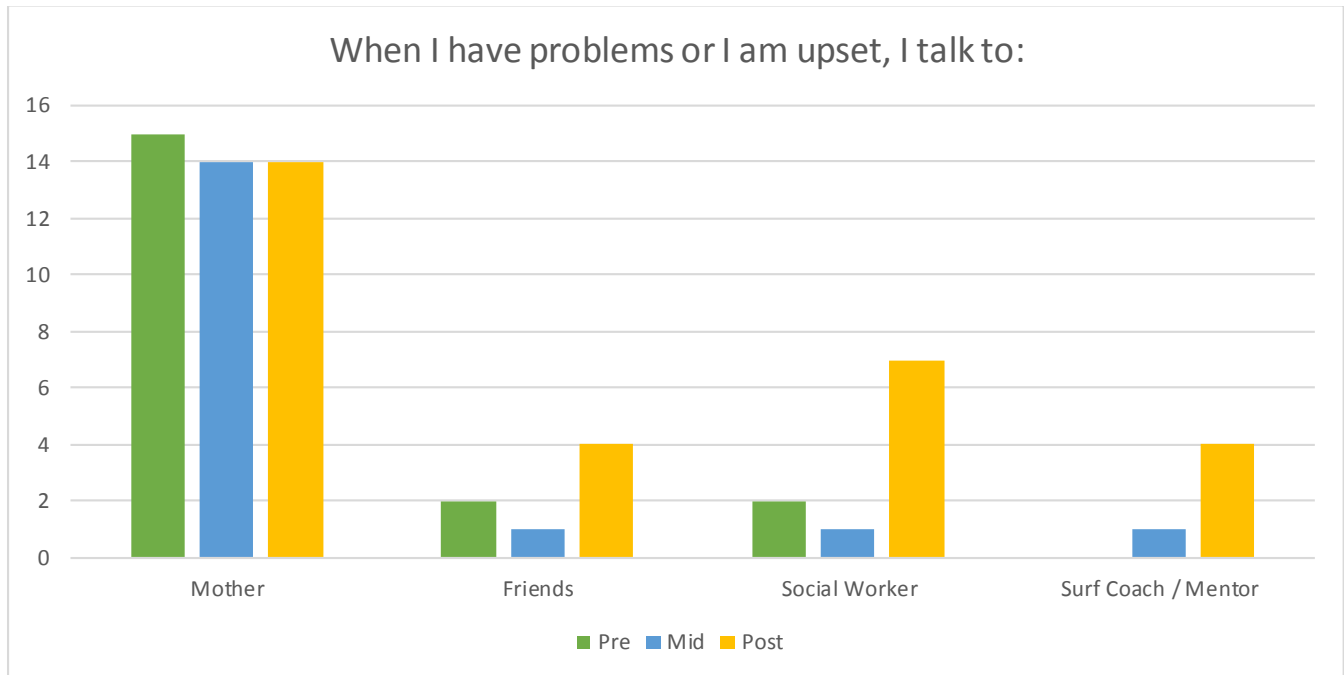
encouraging for the HFG surf therapy intervention, despite the small sample size ($n = 20$). The initial improvement at the mid-point is sustained through to the completion of the evaluation, with the substantial effect sizes representing a significant improvement in participant well-being. The average participant's well-being at the post-test was 87.8%, representing very high levels of well-being. While it could be argued that the intervention achieved its aims at the mid-point, the importance of entrenching the relationships, coping skills, and practices within the intervention cannot be understated in terms of potential long-term sustain of said well-being improvements. Future research at a larger scale could allow for further rigorous exploration of these promising findings. These changes within the validated scales were triangulated with participant satisfaction at the conclusion of the intervention.

While I was surfing...	
I felt safe	100%
I had fun	100%
I made new friends	100%
I want to join a surf club	100%

The results of participant satisfaction speak for themselves with all participants reporting 100% satisfaction across all but one of the measures, again telling at this mid-point. The wish from all participants to continue with further participation highlights the value participants placed on the intervention and the need for continued service provision upon completion. An additional measure of participant attitudes towards the intervention was gathered using a word association activity. The larger a word features on the following word cloud, the more often it was reported within the word association activity.



Key themes related to sensory elements in the surfing activities include 'breeze,' 'cool,' and 'floating.' These themes align with the broader literature on the grounding nature of blue space activities in supporting mental health. Social themes such as 'socialising' and 'friends' offer another established pathway to improved mental health. These themes were reflected in participant use of social support as surveyed throughout the intervention. Throughout the intervention, participants were asked whom they would talk to if they had problems or were upset, and the results are presented below.



Unsurprisingly, immediate family and predominantly mothers represented the most frequently sought form of social support, and this stayed relatively constant throughout the intervention. While not as marked as well-being outcomes, it was encouraging to see participants increasingly using other forms of social support throughout the intervention's progress, such as friends, social workers, and the surf coaches delivering the programme. These all represent valuable social support assets for the vulnerable population targeted by this intervention.



Surf Therapy participants illustrating what they 'love most'.

Quote from Participant.

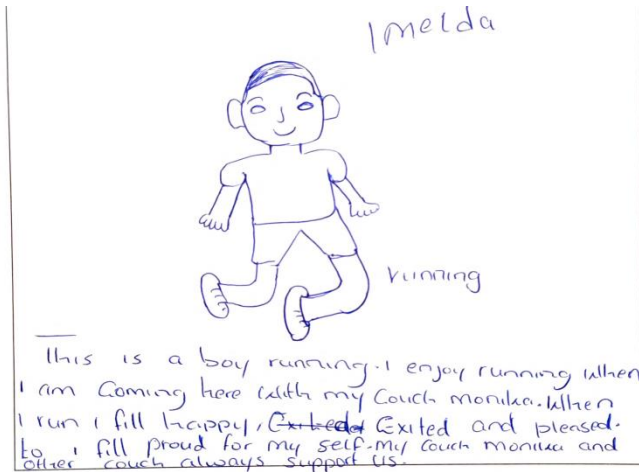
"Every time I come to surf, I feel happy, I don't feel lonely, I learn new things, I have forgotten all the bad things that have happened to me, and I feel happy to have good friends here. Thank you."

- Swaleh.

Quote from Caregiver.

"I am a delighted parent, My daughter Lisa was very reserved. Her courage to even play with other children was not there, and her activeness in school was an issue. Her constant participation in this Project has helped her beat anxieties and can call for help when she is in trouble and open ups freely today."

- Mama Lisa."



Surf Therapy Participant's illustration.



Surf Therapy warm up session before start of Session.



Surf Therapy participants taking part in the Pair Surfing session.



Surf Therapy participants taking part in the pair floating activity.



Surf Therapy participants taking part in the Pair Floating session.



Surf Therapy Coaches taking part in immersion activity.

Conclusion

Overall, the findings from mid and end-point data collection on the HFG surf therapy intervention are very encouraging, most notably the statistically significant, extensive positive effects associated with participant well-being. These findings are further supported by participant satisfaction, social support and qualitative themes. This pilot provides the foundations for scaling surf therapy in Kenya to support youth mental health and for future research with larger sample sizes and robust design.

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